Submission No 38

INTERVENTIONS TO REDUCE ROAD TRAUMA IN REGIONAL NSW CAUSED BY SPEEDING, FATIGUE, DRINK AND DRUG DRIVING

Organisation: Australasian College of Paramedicine

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24 July, 2025

Greg Warren MP
Committee Chair,
Joint Standing Committee on Road Safety (Staysafe)
Parliament of New South Wales
6 Macquarie St, Sydney NSW 2000
Email: staysafe@parliament.nsw.gov.au

Dear Mr Warren,

Submission: Interventions to reduce road trauma in regional NSW caused by speeding, fatigue, drink and drug driving

The Australasian College of Paramedicine (the College) wishes to thank you for the opportunity to prepare a submission for the NSW Inquiry into "Interventions to reduce road trauma in regional NSW caused by speeding, fatigue, drink and drug driving". Paramedics will be an important part of any solution to reduce road deaths in regional NSW.

About the College

The Australasian College of Paramedicine (the College) is the peak professional body representing and supporting paramedics across Australasia. We champion the role of paramedics in emergency, urgent and primary care, driving a connected, interdisciplinary approach to high-quality healthcare in all communities.

The College is future-focused and committed to enhancing person-centred care through sustainable, evidence-based approaches and holistic workforce initiatives that see paramedics valued, recognised and optimally utilised across the healthcare system for their unique capabilities. With our reach across jurisdictions, practice contexts and employment relationships, the College is uniquely and ideally situated to lead and advocate for the role of paramedics across the broader healthcare system to ensure they work to their full scope of practice.

Terms of Reference

That the Joint Standing Committee on Road Safety inquire into and report on interventions to reduce road trauma in regional NSW caused by speeding, fatigue, drink and drug driving, with reference to:

- Research and data on regional NSW-specific factors, characteristics and demographics of road crashes
- Effectiveness of current strategies and programs to reduce speeding, fatigue, drink and drug driving in regional NSW
- Proposed measures to reduce road trauma in regional NSW
- Implementation of relevant recommendations from the 2023 Performance Audit Report of the Auditor-General, entitled 'Regional Road Safety', dated 30 November 2023, and
- Any other related matters.

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Introduction

Road crashes are a major cause of preventable death and injury in regional NSW. Although around one-third of the population lives outside metropolitan areas, these communities account for almost two-thirds of all fatalities and serious injuries on the road. Between 2016 and 2020, over 9,700 people were killed or seriously hurt in regional areas, with the estimated social cost reaching $13.7 billion. According to the NSW Auditor-General's 2023 report on regional road safety, the gap between regional and metropolitan outcomes has not narrowed over time. Current efforts have not led to consistent improvements in regional areas. This submission outlines how paramedics, as trusted local health professionals, can contribute to practical and targeted prevention efforts. Their lived experience, strong community relationships, and clinical capability position them to play a greater role in reducing harm on the roads.

Executive Summary

1. Embed paramedics into prevention and harm reduction strategies
2. Paramedics are key stakeholders in infrastructure planning
3. Leverage real-time cross agency data to inform priorities
4. Prepare and Equip Communities to Prevent and Respond to Road Trauma
5. Strengthen paramedic bundles of trauma care to reduce preventable deaths and morbidity

1. Embed Paramedics into Prevention and Harm Reduction Strategies

Paramedics are among the most trusted professionals in Australia. Registered under the National Law and regulated by the Australian Health Practitioner Regulation Agency (AHPRA), paramedics are clinically trained, professionally accountable, and deeply embedded in the communities they serve especially in regional NSW. Despite their unique position on the front line of road trauma, paramedics have rarely been formally integrated into state-level prevention and harm reduction strategies. This represents a missed opportunity. Paramedics possess a different kind of expertise. Paramedics are the only health professionals who routinely attend every severe crash on NSW roads. They see the consequences of speeding, fatigue, and drug or alcohol use first-hand, often within minutes of impact. They know the road, the curve, the signage, the lighting. They know when a rest stop is too far apart, where a high-risk driver lives, and when a fatal crash was avoidable. They bear witness not only to the injuries but to the aftermath for families, for communities, and for the system.

This first-hand visibility and experience makes paramedics a vital, and currently underutilised, source of intelligence, insight, and influence. Paramedics need to be recognised as a public health asset. Increasingly NSW paramedics are university-qualified health professionals. This tertiary education has both breadth and depth including training in trauma care, alcohol and other drug misuse, mental health, communication, and cultural safety. They possess the necessary skills required to deliver evidence based public health interventions, including brief interventions for alcohol and other drugs, fatigue awareness, first aid education, and harm minimisation.

Some already do this informally talking with young drivers after a non-fatal crash, working with schools or clubs on safe driving talks, or providing advice to local councils on dangerous intersections. But these contributions are often ad hoc, unfunded, and unrecognised in formal

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prevention frameworks. Embedding paramedics into prevention strategies means moving from passive, reactive roles to active, structured participation. This may include:

- Designing and delivering community-based fatigue or drug-driving harm reduction programs
- Co-producing safety messages and storytelling campaigns using local experience and cases
- Partnering with councils, police and health services in multidisciplinary prevention teams
- Delivering culturally safe education with and for First Nations communities
- Supporting schools, sports clubs, and community groups with targeted trauma education

This is not a replacement for enforcement, education, or infrastructure solutions. It is a complementary role that brings a trusted clinician voice into prevention efforts where it has been missing.

In regional, rural and remote areas, paramedics are not just emergency mobile health care providers they are also embedded and integral members of their communities. Their local presence builds trust. In many small communities, they are one of the few health professionals consistently available.

This positions paramedics to deliver harm reduction messaging in a way that is more culturally relevant, timely, and accepted than externally driven campaigns. They can reach at-risk groups including young men, First Nations youth, and those involved in substance use through direct contact and community engagement.

Where other services are stretched or absent, paramedics could help fill the gap in early intervention. With training, resourcing, and system-level support, their contribution can go beyond responding to the crash, it can help prevent it.

Embedding paramedics into prevention and harm reduction strategies offers:

- Access to people and communities often missed by other services
- Trust from the public, particularly in regional communities
- Relevance due to lived knowledge of local crash patterns and high-risk behaviours
- Skill in delivering clinical and educational content in diverse settings
- Impact through integration into existing government and non-government organisation programs

Importantly, this is a scalable and cost-effective approach. The initial step is to recognise paramedics as health partners in prevention activities . Paramedics could participate in these activities as part of their core paramedic role with NSW Ambulance however protected time to participate would be essential to ensure paramedic involvement was not just ‘ad-hoc’ and inconsistent. An alternative would be to embed and integrate paramedics into health promotion and harm minimisation activities as a valued member of the multi-disciplinary team within government and non-government prevention activities. An exciting potential solution is to explore the role and utility of the globally evolving model of care utilising “Community Paramedics” where paramedics provide community-based, preventative and primary healthcare services which could include interventions to reduce road trauma in regional NSW caused by speeding, fatigue, drink and

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drug driving. An accepted working definition of a community paramedic is: "*A community paramedic provides person-centred care in a diverse range of settings that address the needs of the community. Their practice may include the provision of primary health care, health promotion, disease management, clinical assessment and needs-based interventions. They should be integrated with interdisciplinary healthcare teams which aim to improve patient outcomes through education, advocacy and health system navigation.*" Community paramedics could become a core part of the health system's response to preventable trauma deaths in regional NSW. Community paramedics would be uniquely positioned to deliver targeted, community-based care and prevention programs in areas where access to GPs, allied health, and emergency departments is limited.

Community paramedicine is already recognised in the NSW Ambulance Strategic Plan 2021–2026 as a model requiring development, testing and implementation. However, there is little development, testing and implementation to date. a In the context of rising regional road trauma, this model should now be accelerated and supported with dedicated roles, formal partnerships with local government and primary care providers, and integration into regional health planning. Community paramedics could support early intervention, deliver education and harm reduction, identify patterns of risk, and provide timely care to prevent escalation helping reduce the burden of trauma on individuals, health services, and the wider community. This approach is especially relevant in remote, very remote and significant disadvantage areas where paramedics may be the only available health professionals. These community paramedics would not necessarily need to be employed by NSW Ambulance and may be better placed within the Agency for Clinical Innovation or the Institute of Trauma and Injury Management or Centre for Road Safety or even in specific Local Government Areas.

Paramedics are a missed voice in prevention and recommend this gap be addressed.

Despite the magnitude of the road trauma problem, paramedics are not formally involved in the design, delivery, or evaluation of most road safety initiatives. Their clinical insight, professional reach, and frontline experience are absent from many committees, working groups, and local government programs. This inquiry presents an opportunity to change that by making a recommendation that the NSW Government recognises paramedics as trusted health professionals with a role in prevention and harm reduction, and funds structured, evidence-informed initiatives to embed them in local and state efforts to reduce road trauma in regional NSW.

2. Paramedics are key stakeholders in crash prevention infrastructure planning

Paramedics in NSW attend thousands of serious crashes every year, most commonly in regional areas. They are the first clinical responders at the scene and witness first-hand the consequences of dangerous intersections, narrow shoulders, unsealed roads, limited signage, and inadequate space for safe stopping or emergency response. Despite this, paramedics are rarely included in road safety audits or infrastructure planning processes at the local or state level.

This is a missed opportunity and a critical gap.

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Paramedics bring a practical, ground-level perspective that complements crash statistics and transport modelling. They can describe where trauma occurs, why certain sites are overrepresented, and how the layout of a road or roadside contributes to injury severity or delays in care. They also understand where access for emergency vehicles is limited or unsafe and how that impacts patient outcomes especially for time-critical conditions such as airway obstruction, uncontrolled bleeding, or major trauma requiring rapid intervention.

Involving paramedics in infrastructure planning is particularly relevant in regional NSW, where geography, distance, and road conditions already place communities at higher risk. Many regional paramedics live in the same towns they serve. They understand which roads have persistent safety issues, where rest stops are needed to reduce fatigue-related crashes, or where signage and lighting are inadequate. They also know which locations have limited GPS coverage, limited mobile service coverage (leading to delays in access), ambiguous intersections, or poor roadside access for ambulances or helicopters.

Paramedics can support local governments and transport for NSW in a number of ways:

- Participating in black spot reviews and crash cluster analysis with a clinical lens
- Advising on ambulance access, visibility, and safe egress in road upgrade designs
- Providing local intelligence on near misses, delays, and modifiable environmental risks
- Contributing to road safety committees alongside police, engineers, and community reps
- Supporting infrastructure prioritisation through linkage with patient harm and delay to care.

In areas with limited data granularity, paramedic insight can help validate or contextualise crash patterns. They can also contribute to equity-focused planning by highlighting areas where poor infrastructure disproportionately affects remote, low-income, or Aboriginal and Torres Strait Islander communities. This approach has precedent. In parts of the UK and Canada, paramedics are included in road design feedback loops and pre-construction consultations. In Queensland, paramedics contribute to regional trauma planning and partner with road safety officers in high-risk areas. These examples demonstrate that collaboration is feasible and adds value to investment decisions.

Integrating paramedics into road planning processes requires no new infrastructure or operational change—just formal recognition and structured involvement. The benefit is a more complete understanding of how roads function under real conditions, particularly when minutes can mean the difference between life and death. Where roads are upgraded based only on crash frequency, without reference to injury severity or access challenges, there is a risk of misdirected investment. Paramedics help bridge this gap.

Paramedics must be formally engaged in road safety and infrastructure planning processes at both the LGA and state level particularly in regional, remote and very remote areas with high trauma rates. This should include input into road safety audits, black spot investigations, infrastructure project reviews, and crash site evaluations. Doing so would improve targeting of safety investments, reduce response delays, and ultimately help prevent avoidable deaths and injuries.

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3. Leverage real-time cross agency data to inform priorities

Data is one of the NSW Government's greatest strengths and opportunities and holds the key to enable all levels of government to make data and evidence informed decisions to prevent road trauma deaths in regional, remote and very remote NSW. The potential solution is a real-time, cross-agency data platform which combines all critical data sources in as close to real time as possible. Without timely, linked, and actionable information, prevention strategies risk being delayed, misdirected, or incomplete. In a complex system where one or more government agencies respond to every incident, data must flow seamlessly between these agencies rather than sit in silos risking the loss of data richness and valuable intelligence and insights that should be used to prevent crashes, morbidity and ultimately deaths.

So often we are looking back not forward through retrospective studies, incomplete registries and linkages that only tell part of the story and that lack granularity and timeliness. Paramedics and other first responders record valuable information in real time including time of triple zero calls, geospatial information including GPS location, time to access, scene description, number and severity of injuries, suspected causes (e.g. speeding, alcohol, fatigue), and hazards to other road users. Much of current paramedic clinical records in NSW are not clinically coded, are not routinely linked or available for rapid analysis or visualisation. Additionally the aging VACIS electronic medical record is no longer fit for purpose, lacks integration, is often unavailable, nor is it linked in any meaningful way to the rest of the health system. Data on persons assessed and not conveyed to a hospital are never captured in trauma registries or other sources of truth. Unbelievably, NSW Ambulance has been considered “out-of-scope” for the new Single Digital Patient Record project - these are the insights that a NSW Government appointed Chief Paramedic Officer would identify early in the planning phase if there was such a role existed in NSW like in Victoria and the Northern Territory. Currently there is little appetite for this role in NSW Health despite the Colleges strong advocacy.

The public increasingly expects better. Road users can report hazards through “Incidents Near Me”, Service NSW, or Google Maps. Motorists interact with telematics in modern vehicles, dashcams, and driver apps. Insurance companies gather risk profiles through crash claims. Yet the state lacks a consolidated system that draws these streams together to paint a live, geographic picture of road trauma risk especially in rural and regional areas where community exposure is greatest and resources are limited.

A modern trauma prevention strategy would change that. It would:

- Capture near misses—not just incidents resulting in hospitalisation or police response, but high-risk events reported by road users, paramedics, or councils where harm was narrowly avoided.
- Link data end-to-end, from triple zero through to ambulance response, emergency department care, inter-hospital transfer, and eventual rehabilitation. This includes NSW Ambulance ePCRs, GPS data, incident descriptors, and clinical codes indicating injury severity and likely cause.
- Incorporate multi-agency insights, including police crash investigation data, FRNSW scene reports, SES activity logs, and VRA extrication times.
- Use traffic management information, such as vehicle speed tracking, rest stop usage,

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congestion alerts, and weather-related warnings from the Traffic Management Centre or other services like Google or Waze.
- Integrate local knowledge, such as LGA-level crash audits, black spot funding assessments, and anecdotal reports from council workers and community members.
- Enable predictive analytics, through AI-enhanced heat maps of crash-prone routes, built on granular data about time, location, incident type, and environmental conditions.
- Inform policy in near real time, allowing investments to be redirected to high-risk corridors based on weekly or monthly trends, not retrospective annual summaries.

Such a platform could be supported by existing NSW Government infrastructure leveraging the digital health record, the NSW Health trauma registry, and Service NSW's customer interfaces. But most critically, it requires the routine, coded, and secure integration of NSW Ambulance clinical and CAD data, as well as operational data from other emergency service organisations and other government and non-government sources.

Paramedics play a central role in this system. They provide early insight into injury severity, suspected behavioural drivers (e.g. alcohol, fatigue), access delays, and the practical impact of road design on emergency response. Their data is clinically rich, but currently underutilised in strategic planning.

In particular, consistent coding and integration of paramedic records with trauma registries would provide clearer epidemiology and cost–benefit analysis of interventions. This capability already exists in other systems. The UK's Trauma Audit and Research Network (TARN) uses prehospital data to inform real-time system improvement. Canada's Paramedic Services Road Safety platform integrates emergency health and infrastructure data in several provinces. NSW has the capability and digital maturity to do the same. Importantly, these insights must also be publicly transparent, accessible to local government and communities. A dynamic heat map showing the location and type of incidents including near misses would allow communities to advocate for funding, evaluate the impact of road upgrades, and better understand where and why people are being injured or killed on their roads.

The NSW Government would be wise to establish a cross-agency, real-time trauma and road risk data platform, with NSW Ambulance data as a core input. This platform should support prospective data linkage across emergency services, traffic and transport systems, health, and insurance, and include the ability to capture near misses and behavioural risk factors such as fatigue and drug or alcohol use. This investment will allow faster, more precise targeting of interventions and help ensure that trauma prevention efforts are informed by real-world risk, not just historical statistics.

4. Prepare and Equip Communities to Prevent and Respond to Road Trauma

In regional NSW, the moments following a serious crash are often shaped not by trained professionals, but by community members, bystanders, family, and fellow road users who are first on scene. For trauma victims in rural areas, where help may be delayed by distance, geography or weather, those first moments are critical. Empowering communities to act in those early minutes is not just a response strategy, it is a form of prevention.

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This inquiry rightly focuses on reducing trauma caused by speeding, fatigue, and drink or drug driving. While enforcement and education remain essential, local strategies are equally powerful that build health and safety literacy. First aid and trauma awareness are proven interventions that not only prepare communities to save lives but can also shift attitudes and behaviours that contribute to risky driving.

People who understand the consequences of trauma who've trained in CPR, bleeding control, and airway management are more likely to drive safely, rest when fatigued, and intervene early when others are at risk. In this way, community capability is both a response asset and a form of upstream prevention.

Research consistently shows that laypeople can make life-saving interventions with limited training:

- Uncontrolled bleeding is the leading cause of preventable death from trauma. Programs like Stop the Bleed have demonstrated that brief, practical training in direct pressure, wound packing, and tourniquet use enables laypeople to act with confidence and reduce mortality. Trauma first aid kits significantly improve intervention rates by increasing bystander confidence.
- Airway obstruction and traumatic cardiac arrest can often be mitigated by simple techniques. CPR and basic airway manoevers can sustain life while help is on the way.
- Early recognition and action in trauma also improves time to triple zero call, improves caller information quality, and enhances downstream triage and care coordination.

These interventions are particularly relevant on regional roads, where response times are often prolonged and the severity of crashes often greater. They are also low-cost and scalable when delivered in partnership with local organisations.

Paramedics are registered health professionals with a strong community presence and the trust of the public. They are uniquely positioned to partner with local government, schools, NGOs, First Nations organisations, sporting clubs, and emergency service volunteers to deliver trauma awareness, first aid education, and community safety programs.
In this capacity, paramedics can:

- Co-deliver trauma training tailored to high-risk groups (e.g. young drivers, shift workers, First Nations communities, heavy vehicle operators)
- Advocate for placement of trauma kits in remote and high-risk locations
- Participate in community planning for high-risk roads and events
- Provide trauma debriefing and psychological first aid support
- Support community-led harm reduction strategies, such as local road safety forums or peer-designed education.

Community paramedicine models, widely adopted in Canada and being piloted in parts of Australia, have demonstrated how paramedics can play a proactive, preventive role in rural and remote areas not only delivering care, but building resilience.

For community-led trauma prevention and first response to be effective, they need structural support:

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- Access to practical training: Subsidised or free trauma-first-aid courses, integrated into local government programs, Service NSW offerings, or school curricula
- Placement of trauma kits: Stocked and visible in regional locations, with clear signage and QR-coded instructions
- Digital tools: Integration with NSW Ambulance GoodSAM, Service NSW or other platforms to map kit locations, register trained community responders, and support just-in-time learning
- Coordinated public messaging: Align trauma education with road safety campaigns to reinforce behaviour change.

Paramedics should be resourced and supported to lead or participate in these initiatives as part of a broader shift toward prevention-focused health services.

Community preparedness reduces the harm from trauma, and in doing so, reinforces the behaviours that prevent it. People who are confident to act are also more likely to act early. The College recommends that the NSW Government invest in local trauma preparedness and education programs, delivered in partnership with paramedics, to improve both trauma survival and reduce the incidence of preventable road trauma caused by speeding, fatigue, and substance use.

5. Strengthen Paramedic Bundles of Trauma Care to Reduce Preventable Deaths and Morbidity

In regional and remote NSW, the best chance a critically injured person has of survival lies in the minutes and hours before hospital care is available. These settings are defined not by proximity to trauma centres, but by distance, delay, and complexity. The inevitability of time-critical delays makes it imperative that paramedic-delivered trauma care is both contemporary, consistent and grounded in best practice, and tailored to prevent the most common and reversible causes of death. Timely evidenced based care is critical if we are to prevent deaths from road crashes.

NSW Health's Clinical Services Strategy 2022–2032 acknowledges that care must be available "at the right time and place" and prioritises reducing "avoidable death and disability." Its trauma goals include preventing reversible causes of death: uncontrolled haemorrhage, airway obstruction, hypoxaemia, and shock. NSW Ambulance's own strategic priorities aim to deliver "clinically appropriate emergency care in the safest possible timeframe" recognising that in regional areas, paramedics are often the sole providers for extended periods.

Today, clinical gaps remain in the standard trauma bundles currently available to the majority of frontline paramedics in NSW, particularly those outside of specialist teams. These are not failures but rather known opportunities for system improvement, especially when considered through a prevention lens.

For example, intraosseous (IO) access is a life-saving intervention when intravenous access is not possible in many shocked or paediatric patients is still restricted to predominantly Intensive Care Paramedics (ICPs). In many parts of regional NSW, the workforce is composed almost entirely of non-specialist paramedics. By contrast, in other jurisdictions, IO access is routinely available to all paramedics, recognising that it may be the only viable route for fluid or drug administration in

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certain trauma presentations. Delaying IO access can mean delaying treatment for hypovolaemic shock and traumatic cardiac arrest conditions where time is directly linked to outcome. Research supports that there is a fundamental mismatch between care standards in regional, remote and very remote parts of NSW even in areas of practice which are considered core in contemporary paramedicine practice.

Similarly, tranexamic acid (TXA), an antifibrinolytic known to reduce mortality in major trauma (and other conditions) is currently only administered by NSW Ambulance medical teams. This contrasts with several other Australian jurisdictions where TXA is safely administered by paramedics. In major bleeding in regional, remote and very remote NSW the evidence supports early administration which can safely be achieved by paramedics

The same applies to pre-hospital blood products. While NSW has a sophisticated system of field-based massive transfusion packs (MTPs) coordinated centrally by NSW Ambulance's Aeromedical Control Centre, these lifesaving resources are currently limited to scenes attended by doctor-paramedic teams. Nurses in hospitals, under medical oversight, routinely administer blood and blood products. There is no clinical reason why a trained, credentialed paramedic could not do the same in a rural paddock particularly when the alternative is no transfusion at all or other inferior treatments such as intravenous fluids. The clinician who gives blood to a profoundly shocked patient matters less than the availability of the intervention itself. Whilst it may not be cost effective for paramedics to routinely carry blood products, ensuring that blood products arrive promptly to patients that need it, needs to be explored.

Appropriate paramedic bundles of care for trauma aim to prevent early, reversible causes of death by addressing critical physiological threats before they escalate. Rather than focusing solely on the traditional "lethal triad" of hypothermia, acidosis, and coagulopathy, modern trauma care recognises the early onset of trauma-induced coagulopathy (TIC) and the need for proactive interventions to maintain perfusion, control bleeding, preserve oxygenation, prevent hypothermia and hypocalcaemia (low calcium levels). These bundles when applied consistently and equitably across regional and remote NSW is likely mitigate the impact of delayed access to definitive care, reduce avoidable morbidity, and improve survival by targeting the root drivers of trauma deterioration in the out of hospital setting

These gaps are not criticisms but are an invitation to improve, grounded in evidence and clinical pragmatism. As the peak body for paramedicine, the College advocates for strong, contemporary trauma care bundles that are available across all levels of the paramedic workforce, including in rural and remote settings. This means:

- Expanding IO access to all appropriately trained paramedics
- Authorising TXA under paramedic-led protocols, with medical governance but without reliance on a medical team being physically present
- Investigating the safe extension of blood product administration to paramedics using existing central MTP deployment models and remote physician oversight
- Ensuring trauma bundles include thermal protection, haemorrhage control, strategies to prevent and treat hypoxaemia, prevent and manage shock and hypotension
- Supporting continued role evolution and scope optimisation, including CCPs working

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independently where clinically appropriate as a potentially more cost-effective model than doctor-CCP teams.

When paramedics are empowered with the right training, tools, and clinical governance, they deliver world-class trauma care safely, effectively, and cost-efficiently. A system that limits these capabilities due to workforce classification or tradition rather than patient need runs the risk of avoidable morbidity and mortality.

Ensuring that every ambulance in NSW, regardless of location, is equipped and authorised to deliver evidence-based trauma care is not a luxury; it is a necessary condition of equitable access to emergency care. Strengthening paramedic trauma bundles is a prevention strategy that saves lives, reduces long-term disability, and supports communities where access to definitive care is not immediate. It also ensures that paramedics continue to operate at the top of their scope, underpinned by professional regulation, evolving standards, and modern clinical governance.

Conclusion

The College urges the NSW Government and this Committee to:

- Formally recognise paramedics as health professionals with a prevention role
- Integrate paramedics into infrastructure and crash site planning processes
- Establish a real-time, multi-agency trauma data platform with paramedic input
- Fund local trauma preparedness initiatives involving paramedics and communities
- Expand paramedic trauma bundles to address known gaps in care

These actions are evidence-based, scalable, and respectful of the existing health and emergency care landscape. They centre the voice and capability of paramedics as trusted, skilled professionals who are vital to the future of trauma prevention and response in regional NSW.