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POST-CRASH INDECISION

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POLICE

SHOEI

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POST-CRASH INDECISION

By Brett
Williams



Motorcycle cop John Hirst always knew that he could end up seriously injured on the road. But, after he crashed in 2017, he never expected to find his employer endlessly unable to decide on his future.



Left: One of the scars left on Hirst's head after surgery; **below:** a long scar which resulted from surgery on his forearm.

... THE SHOCKING NEWS

It was a tough way to find out he had lost his right eye. There was no kid-gloves delivery of the shattering news. In fact, it never even came from the surgeon who had removed the precious organ. The accidental bearer of the bad tidings was another surgeon, who had operated on the smashed forearms of critically injured motorcycle cop John Hirst.

That surgeon had been inspecting his orthopaedic handiwork when he made a casual reference to the lost eye, likely thinking that Hirst already knew it had gone.

Hirst, freshly out of surgery for the second time in seven days, had been aware of a thick bandage over the right upper side of his face. But never had he thought that, underneath that dressing, his right eye socket was now empty.

"I was like, 'What do you mean?'" Hirst says of his response to the revelation. "It didn't feel like I'd lost an eye. I just couldn't recognize the fact that there was no eye there."

But Hirst was to have no choice. Ultimately, he would have to reconcile himself to not only the loss of his eye but also a host of other critical injuries. There was his fractured skull and brain bleeding, his broken wrists, his multiple facial fractures, and tears to his knee ligaments and right meniscus.

... THE SURGERY

All that bodily damage was the result of an on-duty crash on his BMW police motorcycle on a July morning in 2017. At around 50km/h, he had slammed into the back of Toyota Hilux on Grange Road at Fulham Gardens. And his head injuries could easily have cost him his life.

The damage was so severe because Hirst, with his helmet visor down, had apparently barrelled face-first into a roof rack atop the Hilux. It seemed a section of that rack smashed through his eye and skull and into the right frontal lobe of his brain.

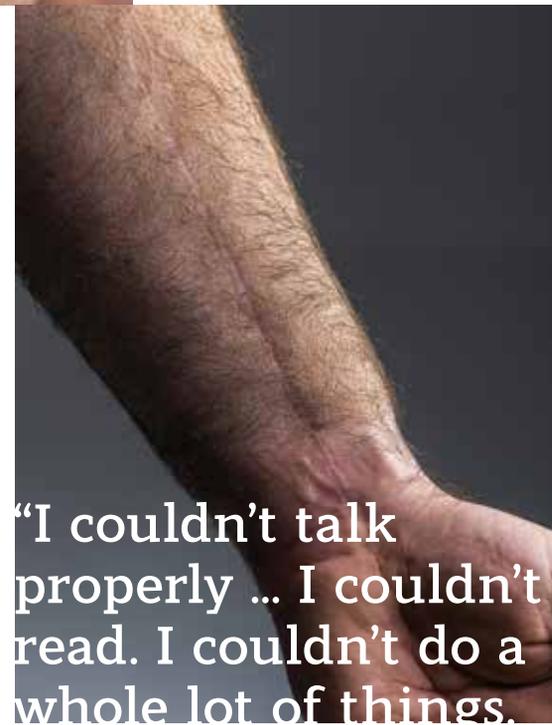
And from his brain, the surgeons who performed those two operations on Hirst had to extract pieces of his smashed sunglasses.

His body went into shutdown six-and-a-half hours into the first operation, which the surgeons had to halt. Days later, after time in a coma in ICU, his second operation went for 21 hours.

"That was when they did all brain and maxillofacial work," he says. "So, basically, they pulled my face off and put in multiple plates and screws. They'd already done my arms in the first surgery, both with titanium plates."

Renowned GP Dr Rod Pearce describes as "amazing" anyone's survival of a crash like the one that almost claimed Hirst.

"It reminds me of those sorts of stories we see on programmes like *Ripley's Believe It or Not*," he says. "You hear stories of



"I couldn't talk properly ... I couldn't read. I couldn't do a whole lot of things.

So, you start to think: 'Is this how life is really going to be?'"

someone who's got an arrow through the head and can still function. It's one of those freaky things.

"A normal kind of assessment says that, with that sort of injury, someone's going to be dead, or never function again. Then, not only are they functioning but they actually seem to get back to normal levels (of health). It's an amazing situation."

“(I remember) lying on the road and looking up at the Frederick Road sign, and a lot of voices yelling.”

... BETTER OFF DEAD

As Hirst languished in the Royal Adelaide Hospital ICU, he came to think his survival had not been the best outcome. It was a dark thought for a father of two teenagers, and it came to him once he understood the implications of his injuries and his recovery prospects.

Says Hirst: “I recall thinking: ‘F--k, why didn’t I just die at the scene? What value am I now, not only to myself but to everybody else?’”

“I couldn’t talk properly because of the brain injury. I couldn’t read. I couldn’t do a whole lot of things. So, you start to think: ‘Is this how life is really going to be?’”

“I remember thinking: ‘My policing days are finished, and my employment’s finished. I’m 44 years old. Where am I going to be employed? What am I going to be doing?’”

“It wasn’t a case of being concerned about the recovery as much as it was about what the injuries actually meant and what issues would arise.

“There was never a thought of self-harm. It was just simply the thought: ‘Why didn’t that (my death) happen?’”

... SOMETHING NOT RIGHT

While Hirst might then have wondered why he did not die, he wonders now about a “bizarre” pre-crash feeling he had that morning. From the moment he woke, in perfect health at 5:45am, something told him he should not go to work.

The feeling stayed with him as he showered, prepared breakfast, and spoke with a colleague over the phone. But, rather than act on it, he headed out from home on his motorcycle to begin his workday.

He was soon on Tapleys Hill Road dealing with a motorist he had spotted using a mobile phone. After that, as he got back on his motorcycle, he noticed how perfect a day it was under the recently risen sun and clear blue sky.

“It was actually stunning,” he recalls, “and I thought: ‘Why on Earth don’t I want to go to work on a day like this? I’m riding my motorcycle that I love; I’m speaking with people; I’m getting good money. Why wouldn’t I want to be here?’”

But whatever was telling him that work was not where he should be that day persisted. When he got to around Harbour Town, it was as if a voice was urging him to consider that it was still not too late to go sick.

“And that’s one of the last discernible thoughts I actually had before the crash,” he recalls.

... THE CRASH

Hirst continued north along Tapleys Hill Road to Grange Road, onto which he turned left. As he headed west, in the right of two west-bound lanes, he saw the Hilux in the distance pulling out of a service station and into the left lane.

The Hilux driver then indicated, and made, a move into the right lane, in which Hirst was now approaching from several car lengths away.

At that point, Hirst noticed an east-bound motorist using a mobile phone. He turned his head to the right to be certain he had seen correctly and then activated his flashing red and blue lights. His thought was that, if possible, he would pursue the offending driver.

But after just a second, when Hirst had turned his head back to look directly forward again, the Hilux had stopped. It seemed its driver was waiting to turn at a break in the traffic island just east of the junction of Grange and Frederick roads.

For Hirst, however, it was too late to pull up. Any chance he might have had to save himself was gone. And he knew it.

At 7:38am, he slammed into the back of the Hilux. And what happened immediately after the impact became, and remains, only a bits-and-pieces recollection to him.

“(I remember) lying on the road and looking up at the Frederick Road sign, and a lot of voices yelling,” he says. “That sort of faded out and, then, in came sirens, but then that faded out, too.”

“I remember thinking that it was bizarre that I was lying on the roadside. I was under that thought process and drifting in and out (of consciousness).”

Major Crash investigators and other police converged on the scene as did an ambulance, which rushed Hirst to the Royal Adelaide Hospital. His memory of events there remains as sketchy as his other recollections.

... HOSPITALIZED

But he does remember specific moments. There was the apology he made to his mother for what had happened. She had come to the hospital to be at her son’s bedside.

There was the advice he overheard members of his family receive: to say their goodbyes to him before the surgery. And there were the questions the neurological team fired at him about the crash.

“All I kept asking for was my kids,” he says. “My son, Jacob, was there but my daughter, Georgia, couldn’t bring herself to come to the hospital.”

Still, Hirst was soon in theatre, undergoing emergency surgery that day, and then again seven days later. When he roused in the ICU after the second operation, he was entirely disoriented.

“I actually thought I was still at work and still in my (work) gear,” he says. “I thought: ‘What police station am I in? Where am I? Why am I sleeping?’ I started putting bits and pieces together, but it was still total confusion.”

Just two months later, Hirst had to undergo another emergency operation to deal with an infection at the base of his brain. He emerged with the front section of his skull removed.

Hirst was to remain in hospital for six months until his release and return home just before Christmas 2017. But in 2018 came his readmission to hospital for more surgery – six times, from January to September.

... REHABILITATION

Despite initially thinking his survival had been a negative outcome, a determined Hirst undertook an intensive rehabilitation programme.

At times, he was turning up to as many as 18 appointments a week with three surgeons, a physiotherapist, a hand therapist, a psychologist, and an exercise physiologist.

The injury to his brain called for a strong focus on restoring his cognition, co-ordination and balance.

"I was able to see a word and recognize it, but I couldn't interpret what it actually meant," he recalls.

Some of his early therapy was as simple as drawing - with coloured pencils in a colouring-in book. Other aids were his tablet and a PlayStation console, both of which provided him with exercises which he found "actually did significantly improve my brain function".

Among the toughest aspects of his rehab were the physiotherapy sessions. Hirst, with his recovering knees, had to take to the parallel bars to learn to walk again and often fell to the floor.

Other commitments Hirst lived up to were case conferences, consultations with the SAPOL Injury Management Section, GP appointments and independent medicals.

Indeed, from the time of his crash up until July this year, he had attended several hundred meetings and appointments.

And, of course, there was the process of making and fitting a glass eye and assessing the capacity of his remaining eye.

"There was concern in the early stages of rehab that my vision had dropped to about 50 per cent in my left eye," he says. "But my vision in the left eye has actually over-compensated.

"So, now, my visual (acuity) is 6/3 as opposed to the 6/5 I think it was when I applied for the speedies. So, I've actually improved on that level."



... MAJOR OBSTACLES

But his goal was to score improvements to his health on every level and get back to work. Strewn across the path to his full recovery, however, were major obstacles, such as the post-traumatic stress disorder Hirst came to suffer.

"I got to a point where I almost became hermit-like," he says. "I'd leave the house only to go to appointments, and my social life diminished."

But it was SAPOL which Hirst considered, and still considers, the greatest obstacle to his return to work. That was evident to him in many ways. One was the refusal of the organization to fund equipment to aid his recovery.

Another was the months-long - and still ongoing - delay in deciding whether to allow Hirst to undertake a motorcycle refresher course.

While a return to life as a motorcycle cop might have appeared impossible after the crash, medical experts ultimately came to the opposite conclusion. And that fitted with the goal Hirst had set himself after months of painstaking but successful rehab: to return to motorcycle duties.

... THE MEDICAL EXPERTS

Oral and maxillofacial surgeon Dr Andrew Cheng, in a letter to SAPOL Injury Management Section 12 months ago, provided his expert assessment.

"... he (Hirst) is clear from the cranial maxillofacial perspective to return to work as a ... police officer and also as a solo motorcycle patrol officer," he wrote.

And Cheng arrived at his recommendation with knowledge of the requirements of the SAPOL *Functional Job Dictionary, Solo Motorcycle Patrol Officer*.

Dr Rod Pearce, also in a letter to Injury Management Section last August, outlined his assessment based on a "battery of examinations".

"... I believe John has no evidence of brain injury that should impede his understanding or hold him back from his SAPOL duties," he wrote.

Dr Subbuh Choudhry (Flinders Medical Centre Driving Clinics rehabilitation registrar) delivered his assessment in a letter to the Department of Planning, Transport and Infrastructure in June 2018.

"Please accept this letter as medical evidence that Mr Hirst is fit to return to class C automatic and manual vehicles and motorbike," he wrote.

“They’ve been provided with all medical documentation and every single test I’ve undertaken.

Does it take a year to do a risk assessment on these matters?”

In September last year, ophthalmologist Dr Garry Davis deemed Hirst “competent to perform duties” outlined in the *Functional Job Dictionary, Solo Motorcycle Patrol Officer*.

... INACTION ON EXPERT ADVICE

Although the advice of these seasoned medical practitioners was clear, SAPOL still did not assign Hirst to a motorcycle refresher course.

But then, on March 20, came a case conference at Glynde GP practice Medical HQ. There, it emerged that the police medical officer had, after multiple delays, cleared Hirst to undertake the motorcycle refresher course.

That might have appeared to be a torturous wait over for Hirst. SAPOL, however, still failed to get him on a course.

So, in a follow-up letter in late March,

Rod Pearce recommended that Hirst begin the refresher course “forthwith”.

The Police Association-funded legal team representing Hirst approached the Injury Management Section in early April. It sought urgent advice as to when its client would be afforded his place on a course.

Clinical psychologist Alex Brooks, in a letter to Injury Management Section last April, gave Hirst credit for his dedication.

“John has increasingly engaged in behavioural exposure in regards (sic) to his eye,” she wrote. “He has increased his social interaction and has also been engaging in exercise and managing his diet and ... has lost weight...”

“SAPOL’s recurrent delays ... have created a state of ongoing uncertainty, which is problematic for (Hirst’s) wellbeing.”

Says Hirst: “I empathize with the people who have to make that decision (on the refresher course). However, if we as police were to deal with members of the public this way, dragging the chain, we’d open ourselves up to criticism from management.

“They’ve been provided with all medical documentation and every single test I’ve undertaken. Does it take a year to do a risk assessment on these matters?”

... THE PROMISE OF A DECISION

A decision to return, or not to return, Hirst to motorcycle duties was “imminent” last May, according to an e-mail from Injury Management Section.

Three hours after recipients received that e-mail, however, another one came from Health, Safety & Welfare Branch management.

It indicated that management could not commit to arriving at a decision in time for, and to announce it at, a case conference scheduled for four days later.

Blame for that, according to the e-mail, lay with the non-receipt of a medical report from the SAPOL Medical Section.

But a week earlier, Hirst had received advice from the Medical Section that the report “should be finalised in the next 1-2 days”.

Ultimately, talk of an imminent decision was clearly wrong. And it had then been a year since Hirst had undertaken his first return-to-work meeting, at which discussion had taken place about his return to motorcycle duties.

After that May decision proved not to be imminent, Hirst believed that SAPOL had “no intention of returning me to the motorcycles ... irrespective of medical evidence”.

The indecision continues, even today, and exacerbates the stress on him.

... REIMBURSEMENT, FUNDING DENIED

The tablet and PlayStation console, from which Hirst drew particular benefit, were items which orthopaedic surgeon Dr Aman Sood had described as potentially beneficial “in multiple ways”.

He wrote of PlayStation 4 as an “ideal form of rehabilitation” insofar as wrist, hand and finger dexterity was concerned. And the tablet, in his expert opinion, came with similar benefits, “in particular with fine use of fingers”.

Sood also made clear that, for Hirst, riding a mountain bike would be “highly beneficial for dynamic strengthening of lower limb, upper limb (and) general body fitness...”

Hirst’s treating physiotherapist, Sarah O’Donnell, agreed with Sood. In a letter she wrote last January, she added that mountain-bike riding would be beneficial for “improving and challenging dynamic balance and proprioceptive abilities”.

Determined to afford himself every advantage in his recovery, Hirst purchased the console and tablet. SAPOL, however, refused to reimburse him for them, and declined to fund the purchase of a mountain bike.

Among personal items Hirst lost in the crash were gloves, motorcycle and helmet cameras, a helmet Bluetooth set, a watch, a phone and a sat-nav system.

He looked for funding to replace these tools of trade, but SAPOL was not about to contribute and instructed its lawyers accordingly.



“That’s \$24,000 of disposable income gone. I’m financially disadvantaged to the point where I might lose my house.”

Facing page, far left: on duty in pre-crash days; **top left:** starting a shift at 3:30am; **top right:** at the scene of a fatal crash at Bedford Park in 2016; **right centre:** at the SA-Victorian border between Renmark and Mildura; **bottom right:** a tattoo Hirst had done to his forearm to cover scarring.

... THE FINANCIAL COST

Hirst remains attached to State Traffic Enforcement Branch but is currently working at Radio Workshops.

He insists that, had SAPOL returned him to motorcycle duty when medical experts gave him the okay last September, he would not now be financially embarrassed.

By his estimation, his absence from motorcycle duty over the past 11 months has cost him around \$1,100 per fortnight in wages.

“That’s \$24,000 of disposable income gone,” he says. “I’m financially disadvantaged to the point where I might lose my house.”

... THE PARTIES’ COMMITMENT

As he has undertaken his recovery, rehabilitation and the return of his body to functionality, Hirst has committed himself to the demands of six return-to-work plans.

He has also acceded to SAPOL requests to submit himself to independent medical examinations.

Last February, he scored a pass on IMOST and, although never permitted access to the motorcycle refresher course, Hirst undertook and completed the 1A driving course in March.

To him, however, it never appeared as if SAPOL was contributing an equal level of commitment.

In one example, an Injury Management Section case manager attended “compulsory training” rather than a case conference for the Hirst matter last May. And neither that case manager, nor a proxy, attended an earlier case conference in January.

Others, from areas such as the SAPOL Medical Section, also failed to take part in some case conferences and return-to-work meetings.

... THE STATE OF PLAY

Returning to motorcycle duties remains the number-one objective for Hirst. But still, today, he remains without an answer from SAPOL as to when, if at all, he can undertake a motorcycle refresher course.

Naturally, he continues to suffer psychologically, as was identified by medical professionals and exacerbated by SAPOL indecision.

A battle for the reimbursements and funding SAPOL denied Hirst is now taking place in the SA Employment Tribunal, pitting employer against injured employee.

Despite his plight, Hirst remains grateful for, and acknowledges, the support he has received from both within and outside SAPOL.

He speaks of his “brilliant” medical team, his family and friends, work colleagues, and the Police Association.

But intensely frustrating to Hirst is that SAPOL still has not simply acted on the expert medical advice of last September.

“If they had,” he suggests, “there’s every chance I’d be off the WorkCover system, functioning fully, and getting remunerated for the productivity they (SAPOL) expect. Yet they still can’t make a decision.”

But, somehow, Hirst keeps his focus on getting all the way back to life as a motorcycle cop. “It’s not how many times you get knocked over,” he says, “it’s how many times you get up.” **PJ**

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The *Police Journal* sought comment from SAPOL management, which responded with a written statement. It read:

“SAPOL management is aware of John’s concerns and are managing this matter in accordance with our obligations under the Return to Work Act 2014, the Work Health and Safety Act 2012 and SAPOL’s general policies and procedures.

“SAPOL is sympathetic of John’s situation and the significant injuries he has suffered whilst at work. As a result, SAPOL is endeavouring to continue to provide appropriate support to John in order to assist him in his recovery and his return to work.”