EXERCISE 3: PARAMEDICS WHO ALSO DRIVE AMBULANCES

- What are the main tasks involving colour vision?
    - Paramedic tasks involving colour: identification of jaundice, cyanosis, correct identification of colours of medical equipment, eg IV cannulas
    - Driving tasks – driving above speed limit at night – risk of rear end collisions with protan drivers
- How do these tasks fit into the hierarchy of risks of colour vision tasks?
    - Paramedic tasks – Task critical (?? Safety critical)
    - Driving task – Safety critical
- What type of colour vision is used to perform these tasks?
    - Paramedic tasks – surface colour recognition
    - Driving at night – signal light recognition
- What factors make these tasks more difficult?
    - Time pressure
    - Driving at speed
    - Poor lighting in ambulance
- What factors make these tasks easier? Can redundancy be introduced?
    - Colleague with normal colour vision present
    - Coloured medical equipment is also labelled – redundancy
    - Experience in paramedic tasks
- Considering the hierarchy of controls, what practicable control measures can be employed to control the remaining risk?
    - Reduce the risks through engineering controls: Better lighting in ambulance
    - Reduce exposure to the hazard using administrative controls: colleague with normal colour vision present, don't drive above speed limit, colour vision testing to exclude protans
- If colour vision screening or testing is to be used, what, in general terms, are we looking at?
    - Paramedic tasks: test for adequate surface colour recognition using D15 (but is this discriminatory, considering we don't do this with Accident & Emergency Physicians?)
    - Driving tasks: exclude protans with Medmont C100 or anomaloscopy