



## Notes from forum held 17<sup>th</sup> June 2024 at Te Kete Aronui Rototuna Library and via Teams

**Facilitator:** Amantha Bowen, Community Transport Lead

**Note taker:** Sam Yells, Community Transport Coordinator

**Attendees:** Louise West, Ian Angus, Sarah Gibb, Bridget Doran, Marnie Goodman, Alicia Leef, John Wadey, Giny Van Honk, Dylan Anderson, Julie Taverner, Valerie Sparks, Jan Meredith, Terry Ryan, Ngaire Holmes, Gary Holmes, Wanda Brittain, Celeste Shirley, Brent Gilbert -De Rios, Makarita Tangitu-Joseph, Maurice Flynn

**Via Teams:** Nicky Patterson, Nigel King, Tricia Dawson, Tanya, Desiree Brown, Tony Marsters, Peter Boyce

**Apologies:** Norma Taute, Cllr Angela Strange, Trudi Knight

1. **Welcome:** This session hosted both at Te Kete Aronui Rototuna Library and via Teams. Amantha opened with karakia followed by housekeeping, and a round of introductions.

### 2. **WRC Community Transport update**

NTA feedback discussion:

Amantha is part of a working group for NTA called Let's Drive Change. The National Travel Assistance (NTA) scheme is up for review and an online session (link and details below) has been scheduled as an opportunity to hear feedback, stories, and insights from our community and transport providers. This will help shape the letter, which is likely to be endorsed by not only our community transport groups but also by the NGO's supporting Let's Drive Change.

#### **NTA feedback discussion - online session**

Thursday 27<sup>th</sup> June 1pm-3pm

[Join the meeting now](#)

Meeting ID: 453 572 218 193

Passcode: hXdhKi

Community Transport website:

Amantha demonstrated what the website: [www.waikatocommunitytransport.org.nz](http://www.waikatocommunitytransport.org.nz) looks like now with new branding, and explained how to navigate through if you're a transport provider or a user; where to find information like [forum updates](#), [symposium](#), [funding calendar](#) (also attached on page 4); and other documents.

Please let us know if you spot any errors or if there is any improvements you'd like to suggest and we can edit it - especially information about your services which can be found on the [For transport users](#) page.

### 3. **Update on Total Mobility/Community Transport**

Bridget was engaged as a consultant for the Ministry of Transport to help review the Total Mobility scheme. Bridget is no longer involved with the Review. The Ministry intends to release a discussion paper soon, which the Community Transport Forum will share with you.

Meanwhile Bridget was the lead author on research about overseas experiences of community transport and subsidised taxis for disabled people. You can read that research here: [The characteristics of subsidised mobility services](#)

#### 4. Health & Safety and Wellness: Fatigue Management

Julie, National Community Transport Manager from St John, lead a discussion on the challenges of managing driver fatigue and keeping their volunteers and passengers safe. She shared some of the ways that St John tries to mitigate those challenges:

- Self-declaration health questionnaire – St John requires their drivers to meet P endorsement medical standards and complete a self-declaration on recruitment and advise of any health changes thereafter
- Advanced Driving Assessment - Drivers must complete an initial Advanced Driving Assessment upon recruitment and every 3 years thereafter
- EROAD tool – helps monitor the vehicle. Drivers must use EROAD and log in when driving.
- Logbooks - to record hours per Operator Licensing Rule, and for scheduling and breaks.
- Encourage double crewing – having support person/assistant especially for long distance services, to share driving responsibilities.

\*Driver fatigue and driving with medications information also attached on page 5-6. For other road safety resources, check out [Road Safety resources](#) from our website: [www.waikatocommunitytransport.org.nz](http://www.waikatocommunitytransport.org.nz) and Reduce the Risk website: [www.reducetherisk.co.nz](http://www.reducetherisk.co.nz)

\*For [Health questionnaire sample](#), this can be found from our website and also attached, see page 7-12.

**Important:** Please edit as required to suit your own organisation.

#### 5. Te Whatu Ora Update

Celeste and Brent are part of the Rural Health team from Te Whatu Ora. They are looking at transport services that are currently funded by Te Whatu Ora, and how they are being rolled out.

On Te Whatu Ora/Health NZ Contracts:

If your contract ends this month (June), you should have received a letter indicating whether your contract will roll over in the next year. There should be a contact details on the contract agreement, if you have any questions. For anyone with a contract expiring later, you will be contacted closer to the date.

Health forums:

Upcoming confirmed schedule – unfortunately we received this notice too late to communicate ahead of the Morrinsville date.

Health Forum	Date	Time	Venue
Matamata Piako Community health Forum	Wednesday, 26 June 2024	10:30am-12:30pm	Methodist Church cnrs Thames and Canada Sts, Morrinsville
Disability Whanau Haua forum	Tuesday, 16 July 2024	4:00pm-6:00pm	*Online via Zoom

*\*For Disability Whanau Haua forum, please contact us if you're attending; we will share the zoom link once available.*

Norma is still working on a calendar schedule for other future health forums. We will notify the forum as soon as we receive the schedule.

#### 6. Anything else

- \$300K grant funding is confirmed in WRC Long Term Plan. WRC are awaiting news about our bid to Waka Kotahi for them to match the fund and will share the news once received.
- **Fleet day** – we highly recommend coming along to this fleet management event, its interactive and informative with 15+ speakers and 70+ exhibitors.

Date: Wednesday 7th August, 2024

Time: 8:00am – 4:30pm

Venue: Mystery Creek, Hamilton

For **FREE** tickets click [here](#) and use Code: **FleetdayWRC**

## 7. Actions:

Topic	Discussion	Action &time frame	Person/s responsible
NTA feedback online session	To set up an online session to hear feedback from forum members.	Find the online session and Teams link details on page 1.	Amantha Bowen
Health Forum	Norma is still working on the calendar schedule.	To be shared by Sam once schedule is confirmed from Norma.	Norma Taute and Sam Yells
Can St John partner with Raglan?	Inquiry from Terry asking if Raglan can join the St John network.	Terry to arrange a discussion with Julie in future (3-4 years).	Terry Ryan

### Next forum dates:

16 September 2024

9 December 2024

Please contact us or email through any agenda item suggestions to [communitytransport@waikatoregion.govt.nz](mailto:communitytransport@waikatoregion.govt.nz)

## Funding Calendar for Waikato Community Transport Providers

Funders	Funding rounds	Website
ANZ New Zealand Staff Foundation	1 January - 5pm on 15 February, or on the next business day if 15 February falls on a weekend or public holiday 1 July - 5pm on 15 August, or on the next business day if 15 August falls on a weekend or public holiday	<a href="http://www.anz.co.nz/about-us/corporate-responsibility/community/staff-foundation/">www.anz.co.nz/about-us/corporate-responsibility/community/staff-foundation/</a>
Aotearoa Gaming Trust	Always open for applications that benefit the community. In most cases, applications are processed within 20 working days. Requests for grants of \$30,000 or more are reviewed at the next available monthly Board of Trustees meeting.	<a href="http://www.agt.nz">www.agt.nz</a>
Common Good Foundation	The next funding round will open in September 2024	<a href="http://www.commongood.org.nz/support-others/grants">www.commongood.org.nz/support-others/grants</a>
Community Organisational Grants Scheme (COGS)	<a href="#">Hāpai Hapori Funding Calendar 2024/25 (PDF 202KB)</a>	<a href="http://www.communitymatters.govt.nz/community-organisations-grants-scheme">www.communitymatters.govt.nz/community-organisations-grants-scheme</a>
Community Waikato	Tindall Annual Fund: Opening in early August and closing mid September	<a href="http://www.communitywaikato.org.nz/funding">www.communitywaikato.org.nz/funding</a>
DV Bryant Trust	2024 FUNDING ROUNDS CLOSING DATES: 19 July - round opens 7 June 13 September - round opens 9 August 15 November - Round opens 4 October	<a href="http://www.bryanttrust.co.nz/funding">www.bryanttrust.co.nz/funding</a>
Gallagher Trust		Contact by phone on (07) 838 9800
Grassroots Trust	APPLICATIONS CLOSE: 30 June 2024 31 July 2024 31 August 2024 30 September 2024 31 October 2024 20 November 2024 PLEASE NOTE: meeting and application closing dates can change without notice.	<a href="http://www.grassrootstrust.co.nz/apply-for-a-grant/">www.grassrootstrust.co.nz/apply-for-a-grant/</a>
Harcourts Foundation	Application rounds 2024 Round 62   1 May 2024 - 30 July 2024 Round 63   1 August - 29 November 2024	<a href="http://www.harcourtsfoundation.org/new-zealand">www.harcourtsfoundation.org/new-zealand</a>
WEL Energy Trust Within the Trust's region North Waikato <a href="#">View Map</a>	2024 Closing Dates Quick Response Grants (Up to \$20,000): 27 June 2024 30 August 2024 31 October 2024 Community Support Grants (above \$20,000): 28 March 2024 27 June 2024 30 September 2024	<a href="http://www.welenergytrust.co.nz/grants/">www.welenergytrust.co.nz/grants/</a>
Trust Waikato	Round 3: Closes 4.30pm on Friday, 6 September 2024	<a href="http://www.trustwaikato.co.nz">www.trustwaikato.co.nz</a>
Waikato Regional Council – Community Transport Fund	Fund applications open: November - December	<a href="http://www.waikatocommunitytransport.org.nz">www.waikatocommunitytransport.org.nz</a>

*Disclaimer: Funders listed are an indication only. It is important to visit each funder's website for current information.*



# Driver fatigue

When does our body clock make us feel most sleepy?

- Between 12-2am and 12-2pm
- Between 3-5am and 3-5pm
- Between 6-8am and 6-8pm

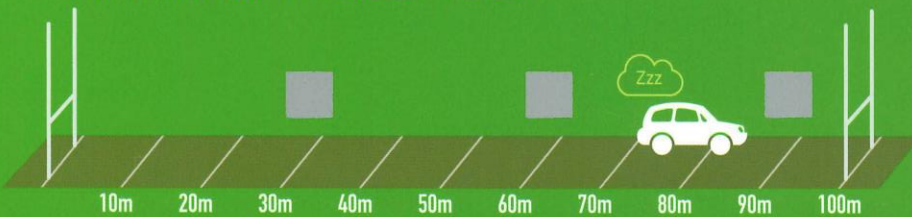
The most common effects of fatigue on driving are

- Difficulty concentrating
- Drifting out of the lane
- Frequent and unnecessary changes in speed
- Slower reactions
- All of the above

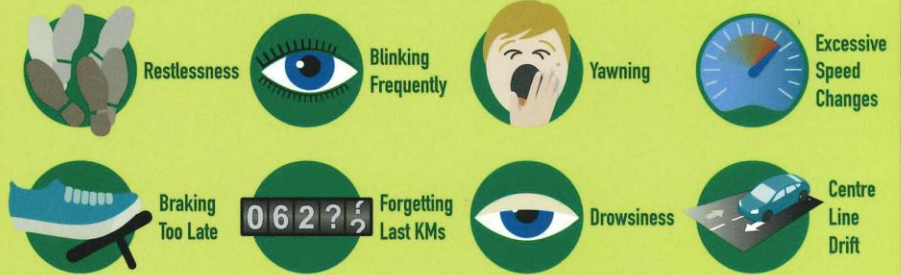
The most common object struck in a Waikato fatigue crash is a

- Fence
- Ditch
- Tree

If a driver has a three seconds micro-sleep while travelling at 100km/h how far will the car travel?



## WARNING SIGNS OF FATIGUE



## MINIMISE RISK



## COMMON MYTHS



These only help with fatigue short-term. Stopping and getting a good night's sleep is the only cure.





## Drug Driving



Taken alone, medication has numerous benefits but when taken in combination with other drugs and/or alcohol, the risk of impairment significantly increases.

Research shows that when medications are combined with alcohol and/or illegal drugs, the risk of being involved in a crash increases.

It's important to talk honestly with your doctor, pharmacist or nurse about your medication (and anything else you're taking) so they can help you stay safe on the road.

Many prescribed medications (or those purchased over-the-counter) can impair your driving, as can illegal drugs and alcohol.

If you take any substance that impairs your driving ability it is **unsafe to drive**.

It is illegal to drive when impaired, whatever the cause of the impairment (substance, symptoms, illness, injury).

For more information visit:  
[www.nzta.govt.nz](http://www.nzta.govt.nz)  
[www.reduceetherisk.co.nz](http://www.reduceetherisk.co.nz)



Visit [www.reduceetherisk.co.nz](http://www.reduceetherisk.co.nz) or scan here to order stock

## Do you or someone you know take any of these?



These 25 drugs and many others could affect your ability to drive safely especially if used in combination with alcohol or other drugs.

Drug	(ng/ml)
Alprazolam	50
Amphetamine	100
Buprenorphine	1
Clonazepam	50
Cocaine	20
Codeine	200
Diazepam	200
Dihydrocodeine	200
Fentanyl	0.5
GHB	50,000
Ketamine	50
Lorazepam	30
MDMA	50
Methadone	200
Methamphetamine	50
Midazolam	30
Morphine	20
Nitrazepam	50
Oxazepam	800
Oxycodone	50
Temazepam	800
THC (cannabis)	3
Tramadol	250
Triazolam	4
Zopiclone	50



Visit [www.reduceetherisk.co.nz](http://www.reduceetherisk.co.nz) or scan here to order stock

# Health questionnaire

## Instructions

- 1 Please read each question carefully and answer it accurately.
- 2 Please familiarise yourself with the Medical Standards.
- 3 Once you have completed this health declaration email it to **\*organisation's email**.
- 4 If there are any changes to the information disclosed here, during the course of the recruitment process, please notify by email to **\*organisation's email**.
- 5 You may be asked to provide additional information regarding health issues declared on the form. This may be from yourself or a medical provider. Your ability to provide this information will help facilitate the assessment process.
- 6 False or misleading information or answers, or wilful suppression of facts may result in this application being declined, and may subsequently result in dismissal from appointment with the organisation.

This information is required for the purpose of assessing your suitability for the applied role. The relationship between work and health is two-way; we need to ensure, as much as we can, that our people are not harmed by their work in any way. We also need to ensure that their health does not impact on their ability to undertake their work and minimise any risk that an impairment could put their own health at risk, or that of their colleagues or patients in their care.

We collect personal information from you, including information about your name and medical information. This information is collected from you to assess suitability for the role applied for. Providing some information is optional. If you choose not to enter or provide information, our assessors will provide recommendations to the recruitment team based on the information provided. This may mean we cannot process your application further as we may not have enough information.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, please contact us at **\*organisation's email**.

All health information will be handled in strictest confidence in accordance with the organisation's Privacy Policy. Our organisation's Occupational Health Services Team or independent Occupational Health provider will have access to information provided as will the Recruitment Experience Team. If you are accepted into the organisation the information will be retained on your file and may be used and /or disclosed for the purpose of ensuring you maintain your health while a member of the organisation.

The organisation consider information provided in this health questionnaire to be valid for **12 months**. After this time, or if anything changes, a further questionnaire must be completed.

## Applicant details

Full name	<input type="text"/>		Date of birth	<input type="text"/>										
Contact number	<input type="text"/>		Email address	<input type="text"/>										
GP/Medical centre	<input type="text"/>		Location of position	<input type="text"/>										
Position applied for	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>Other</td> <td>Please detail →</td> </tr> </table>										Other	Please detail →	Hiring manager	<input type="text"/>
Other	Please detail →													
If existing member, enter Member ID and role here:		Member ID	Primary role	<input type="text"/>										
		<input type="text"/>	<input type="text"/>											

## Medical questions

The organisation is required to assess your medical suitability for the applied role. This involves confirmation that your health does not impact on your ability to undertake the role in addition to minimising risk that an impairment could compromise your own health, or that of your colleagues, patients, or the general public.

- 1 Do you have, or have you had, any of the following:**  
*If answering yes to any of the following, please provide details including diagnosis, duration, treatment, medication and indicate any resulting disabilities for each condition in the box below.*

Condition	Relevant Medical Standards section	
Any neurological or related condition (e.g. epilepsy, seizures, loss of consciousness, migraines, strokes, etc)	Two	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Any cardiovascular condition (e.g. heart condition, or blood pressure problem etc)	Three	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Diabetes	Four	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Locomotor conditions (e.g. musculoskeletal condition that inhibits movement)	Five	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Condition which affects vision, or deteriorated vision, in either eye	Six	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Hearing difficulties (including tinnitus), or requiring hearing aids/implants	Seven	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Mental disorder (e.g. mental health condition or illness)	Eight	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Respiratory conditions (e.g. asthma, or breathing problems)	Ten	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Cancer	Ten	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Serious injury (e.g. head injury)	Two, Thirteen	<input type="radio"/> No <input type="radio"/> Yes (specify below)
Severe allergies (e.g. food, medicine, beestings, any that could cause anaphylaxis)		<input type="radio"/> No <input type="radio"/> Yes (specify below)
Skin conditions (e.g. dermatitis, psoriasis)		<input type="radio"/> No <input type="radio"/> Yes (specify below)

**Details:**

- 2 If you use medication regularly or intermittently, please provide details below:**  
*This is important, as drug screening is required in the application process.*

*Our assessors rely heavily on the information you provide in this form to assess your suitability to the role applied for, and to assess safety risks, it is therefore important that you have familiarised yourself with the Medical Standards.*

- 3 I have reviewed the organisation's Medical Standards and believe I meet these standards.**  No (specify below)  Yes



## Health questions

The following questions enable our assessors to identify your suitability to the roles within the organisation which require the functional ability to lift, carry, pull, push, and hold positions for sustained periods of time. Frontline roles are also exposed to traumatic events which could impact their mental wellbeing.

*If answering **yes** to any of the following questions, please provide details including diagnosis, duration, treatment, medication, and whether there are any resulting disabilities affecting ability to work.*

4	<b>Do you have any musculoskeletal problems (e.g. back, joint pain, bone conditions, repetitive strain injuries, issues with mobility)?</b>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
<div style="border: 1px solid #ccc; height: 143px;"></div>		
5	<b>Do you have any problems with your ability to push, pull, carry, lift, kneel, walk, stand for long periods, sit for long periods, or hold sustained position for long periods which have not already been disclosed?</b>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
<div style="border: 1px solid #ccc; height: 143px;"></div>		
6	<b>Have you ever been suspected, or diagnosed, with a mental health condition?</b> <i>This includes any psychological, psychiatric, or mental disorder such as depression, anxiety, post traumatic stress disorder, phobia, or suicidal ideation.</i>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
<div style="border: 1px solid #ccc; height: 143px;"></div>		
7	<b>Have you ever been suspected, diagnosed, or treated for substance use issues (e.g. drugs, or alcohol)?</b>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
<div style="border: 1px solid #ccc; height: 137px;"></div>		

<b>8</b>	<p><b>Do you have a condition, or are you required to take medication, which reduces your immunity?</b></p> <p><i>The role may require you to transport and provide care to patients with infectious conditions, or diseases. It is therefore important that you outline any condition or medication which may reduce your immunity.</i></p>	<input type="radio"/> No <input type="radio"/> Yes (specify below)

## Immunisation questions

Roles which require patient contact may expose you to communicable diseases and also to patients whose immunity is compromised. \**The organisation fund immunisation for Influenza, Hepatitis B, Diphtheria, Tetanus, Pertussis, and COVID 19 for roles with patient contact.*

<b>9</b>	<p>Please advise which of the following conditions you have been immunised for, or have immunity to:  <i>Note, this is self certification so if you are unsure please select No.</i></p>			
Polio	<input type="radio"/> No	<input type="radio"/> Yes	Pertussis (Whooping Cough)	<input type="radio"/> No <input type="radio"/> Yes
Tuberculosis	<input type="radio"/> No	<input type="radio"/> Yes	Tetanus	<input type="radio"/> No <input type="radio"/> Yes
Measles, Mumps, Rubella (MMR)	<input type="radio"/> No	<input type="radio"/> Yes	Hepatitis B	<input type="radio"/> No <input type="radio"/> Yes
Varicella (Chickenpox)	<input type="radio"/> No	<input type="radio"/> Yes	COVID-19	<input type="radio"/> No <input type="radio"/> Yes
Diphtheria	<input type="radio"/> No	<input type="radio"/> Yes	Influenza	<input type="radio"/> No <input type="radio"/> Yes

### 10 Please answer the following:

Are there any medical or religious reasons why you cannot be immunised?  No     Yes (specify below)

Are you a carrier of any blood borne virus (e.g. Hepatitis, HIV)?  No     Yes (specify below)

*Details if answered yes:*

## TB screening questions

<b>11</b>	<p><b>Answer the following if you were born in, have worked in, or recently visited a high TB prevalent country*</b></p> <p><i>*High prevalent countries include the following: Angola, Bangladesh, Brazil, Cambodia, China, Congo, Central African Republic, D PR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, the United Republic of Tanzania, Viet Nam, Zambia, and Zimbabwe.</i></p> <p><b>Do you have:</b></p>	
A bad cough which has lasted 3 weeks or longer	<input type="radio"/> No	<input type="radio"/> Yes
Pain in the chest	<input type="radio"/> No	<input type="radio"/> Yes
Cough up blood or sputum	<input type="radio"/> No	<input type="radio"/> Yes
Generalised weakness or fatigue	<input type="radio"/> No	<input type="radio"/> Yes
Weight loss/loss of appetite	<input type="radio"/> No	<input type="radio"/> Yes
Chills, fever, or night sweats	<input type="radio"/> No	<input type="radio"/> Yes

## General questions

<b>12</b>	<b>Are you a current smoker?</b> <i>Please note that our organisation is a smoke-free workplace and can support with smoking cessation programmes. Please indicate whether you are interested in more information about these.</i>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
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<b>13</b>	<b>Do you have, or have you had, any of the following</b>	
	Ill effects from shift work	<input type="radio"/> No <input type="radio"/> Yes (specify below)
	Any conditions associated with excessive daytime sleepiness (e.g. Obstructive Sleep Apnoea, Chronic Fatigue Syndrome, Fibromyalgia, or Narcolepsy)?	<input type="radio"/> No <input type="radio"/> Yes (specify below)
	Any other reasons why you may have difficulty undertaking shift work?	<input type="radio"/> No <input type="radio"/> Yes (specify below)

*Certain roles require a significant amount of clinical based learning, assistance can be provided with learning requirements.*

<b>14</b>	<b>Do you have any specific learning needs (e.g. dyslexia, literacy challenges, cognitive deficit)?</b>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
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<b>15</b>	<b>Is there any other health-related information that you consider to be relevant to the role you are applying for/your role which has not been disclosed already?</b>	<input type="radio"/> No <input type="radio"/> Yes (specify below)
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## Applicant acknowledgement

- > I declare that the information that I provide on this form is true to the best of my knowledge. I understand that failure to provide information, providing incorrect information, unreasonably refusing to undergo tests, or unsatisfactory test results may result in the offer of appointment being withdrawn by the organisation, or if appointment has commenced my appointment being terminated.
- > I agree to inform the organisation (my Manager and/or the Occupational Health Services team) promptly if I develop a medical condition, experience a significant change in a pre-existing medical condition, or require treatment including medication during the term of my appointment which could adversely affect my work performance, or the safety of myself or others at work.
- > Where required, I consent to have my health monitored and provide periodic medical reports from my healthcare providers for the duration of my appointment with the organisation. I agree to undertake appropriate tests (e.g. vision, hearing, urine or blood tests) with appropriate explanation as to the reason.
- > I agree that the organisation may seek additional relevant information from any other treatment providers I have seen, (details supplied) and those providers may disclose that information to the organisation.
- > I understand that by signing this appointment application form I authorise the organisation to access any relevant information (including information held by other agencies) relating to the pre-placement health assessments and drug and alcohol screens where this is deemed necessary for the purpose of a:
  - Disciplinary process and/or investigation relating to the provision of information during the pre-appointment medical assessment: and/or
  - Medical examination and/or medical disengagement/termination process.
- > I acknowledge and agree that my personal and health information disclosed here and subsequently, will be used and generally dealt with as set out in the organisation's Personnel Privacy Notice and the public facing the organisation's Privacy Notice, in accordance with the organisation's Personnel Privacy Policy.

Full name of applicant

Signature of applicant

Date