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Spinal Life Australia submission to the Aviation Green Paper:

Towards 2050: Access for people with disability

Australia has been developing and flying aircraft for over 100 years and we have not yet properly achieved accessible air travel. Whilst we value the opportunity to collaborate on this issue, we strongly suggest the right outcomes will only occur if government, airlines, airports and customers requiring accessible travel unite to co-design the solutions that cover the kerb to seat and seat to kerb experience. The leadership to drive this should come from the federal government by creating a National Accessible Air Travel Taskforce with sufficient funding to develop and test specific requirements and mechanisms to achieve safe, dignified outcomes.

The goal of the Taskforce should be to 'Develop accessible, inclusive air travel in Australia'. Key outcomes need to be embedded by 2030 or before, to avoid 2032 Olympics/Paralympics embarrassment. It will require planning for two stages: Stage 1 is to achieve outcomes by having to find solutions for current fleets which are unsuitable because they are narrow bodied but will be in service for several years. Stage 2 is the design elements for wider bodied aircraft that offer 800mm aisle width. And both Stages will require collaboration with the International Civil Aviation Organisation (ICAO).

The work done in Stage 1 will inform airline manufacturers about creating accessible airline travel in Stage 2 wider bodied aircraft. That said, international airline collaboration must be considered for Stages 1 and 2.

How do wheelchair user customer's prefer to fly?

Our organisation is primarily concerned with people with spinal cord injury and other physical disabilities who use a wheelchair for their mobility. Our starting point was to understand capital city domestic travel flight times and what might be the longest flight. Google says Brisbane to Perth at 5.5 hours. We discussed this with allied health professional's, assessing the need for back rests on wheelchairs, similarly head rests, tie downs and toileting. Further, we have wide ranging feedback from our members who have flown. We arrived at the following:

1.

Wheelchair user customer's seated in their wheelchairs on their own pressure mapped cushion is their preferred air travel for the reasons below:

- a. It minimises personal injury, i.e. customers being dropped during transfer to and from the airline aisle chair.
- b. It minimises pressure areas, the clinical term for pressure sores, arising from transfers between the airline aisle chair and the aircraft fixed seat – and also when they are required by the airline to transfer between their wheelchair and the airline aisle chair at various locations within an airport.
- c. It avoids the damage done to customer's wheelchairs loaded in and out of the cargo hold which results in multiple claims for repair and support because the wheelchair cannot be used upon destination arrival. It would also potentially save the airlines thousands of dollars in repair and replacement bills.
- d. It removes the time and effort associated with removing parts from the wheelchair before it enters the cargo hold (and reinstatement at destination arrival).
- e. It allows easy evacuation given no need for the use of the airline aisle chair.
- f. It eliminates manual handling for airline staff.

2.

Tie downs: To remove the risk of wheelchairs tipping backwards during take-off or moving forward during landing, a seat belt system will be required to tie them down. Airline safety professionals will determine a design, preferably co-designed with Occupational Therapists experienced in working with a wide range of manual and power chair users. For example, the design might be a variation of the motor vehicle lap/sash but different as follows: it has a belt around the person's middle but also a left hand belt and a right hand belt attached to floor mountings which are drawn up and over the person's legs and click into a holding buckle on top of their legs. The underside of the buckle would need to be padded so as not to cause discomfort to the person.

Seat belts could be removed at the same time as all customers once the aircraft has levelled out – and would similarly be resumed for landings.

3.

Toileting. The toilet design on current fleets in Australia, likely to be with us for 10 or more years, is unsuitable for wheelchair users. The issue is simply circulation space for turning circle. A new generation of wide bodied aircraft will be required to offer an aisle width of 800mm to provide a path of travel for wheelchair user customers and an accessible unisex toilet design.

Currently, customers such as people with traumatic spinal cord injury have a bowel and bladder routine taught and practiced in hospital before transition back to the community that allows them to fly without concern. Many self-catheterise which is required 4 hourly on average. Currently, people who need to empty their bladder 4 hourly, may choose to use an alternative catheter for longer flights which allows the use of a drainage bag. Whilst not ideal, this is the current work around.

Stage 1 proposed seating outcome:

The authors of the Green paper say they are seeking innovation. Easier with a clean sheet of paper, i.e. Stage 2. For Stage 1, the issues are work arounds on built aircraft.

We propose wheelchair user customer's fly seated in their own wheelchair instead of transferring to an aircraft passenger seat because of (a) comfort, (b) ease of access during the kerb to seat and seat to kerb process; (c) to avoid being dropped during assisted transfers to and from the airline aisle chair, and (d) to avoid pressure sores.

The comfort results from the user being able to manage long distance sitting because of the cushion they sit on, a purpose designed cushion that has been pressure mapped by specialist allied health staff to suit the individual's shape and weight.

The ease of access from kerb to seat and seat to kerb comes from avoiding use of the airline's aisle chair, a device that removes the customer's freedom and leaves them at the mercy of airline/airport staff who have no experience of the associated jeopardies. For example, wheelchair users can develop a pressure sore by transferring from their mobility device to an aisle chair – it only requires a small bump. Once transferred, airline/airport staff frequently leave the wheelchair user customer in the aisle chair for extended periods, effectively making the customer a prisoner of the chair because it cannot be wheeled independently by the occupant, it must be pushed by an airline/airport employee. The customer cannot go to the bathroom, get food, drink or any airport service – and cannot self manage any emergency situation. They can be left to wait hours in these circumstances and the anecdotes by customers are horrific.

Pressure sores are the curse of wheelchair users because they start so innocently without sound. When a person spends life in a wheelchair, the skin on the buttocks become thin. The skin can break from a small bump against objects such as a seat or armrest. It may start out looking 'red' and not appear as a break until a few days later. The curse is the time they take to heal and having to lie on the stomach to keep weight/pressure off the buttocks. If not attended to properly, the hole enlarges progressively and can go as deep as the bone. It can take 18 months for a pressure sore to heal – and there are few plastic surgeons who can or will do the work, and not an option for people in some regional/rural settings. Hence, the use of the term

'curse' and the fear associated with skin breaks for people who rely upon mobility devices to be a participant and customer in the community.

Generally speaking, nobody wants to use the aisle chair. Therefore, we propose the following:

That wheelchair user customers enter through the front door and the seating area at 1d and 1e seats (behind the bulkhead that separates 1st class/business class from economy) to be removed to allow wheelchair users to access and fly seated in their wheelchair. To reach those seats, aisle width of 800mm must be created from the front door to 1d and e. This means seats A1, B1, C1 need to come out – then reinstated for 1st class passengers. It must be an easy task to remove these seats - a quick release mechanism needs to be designed that meets safety requirements for customers and airline staff.

Rear door entry allocated spaces for wheelchair users at the rear of the aircraft is also a prospect for some aircraft - it happens now for wheelchair users at Wellcamp Airport Toowoomba. They are lifted off the tarmac to enter via the rear door and are seated in that area. What appears possible is that if the last two rows of seats were removed, it could offer the turning circle to reach and utilise the allocated space of 1300 x 800mm. There are lifting devices to convey wheelchair user's from the tarmac to the aircraft at most airports, capital city and regional.

The concept we propose is that larger aircraft can offer 4 x wheelchair allocated spaces per flight or at least 2 x spaces – preferably on the basis that these Allocated spaces can be sold by a set date provided a safe portable seat can be located in those spaces. This is what happens with bookings for concert/stadia event seating. The spaces for the mobility device users - the Allocated space – is available until sold out or if not all sold out, the Allocated space is then sold to an able bodied patron. It is easy for concert hall/stadia to provide a portable seat. For aircraft, a quick release removable seat(s) is required.

Whatever mix and process is decided upon, it has to try to work within a time frame for airline tarmac turn around, which for some airlines is as little as 20 minutes.

The international governing body:

The additional issue for this examination of accessible air travel is the International Civil Aviation Organization (ICAO), the international body that accepts or rejects change for airline travel. Therefore, the federal government will need to show leadership by engaging ICAO to participate at key stages of the project.

Stop the blame game:

Over many years, Wheelchair user customer's convey the difficulty with tracking down answers or finding who is responsible when things go wrong. They say the cause is the blame game: the airport blames the airline and vice versa. The reason this happens is because two separate business's are running their own operations with separate staff, systems and cultures. They need to form up as a far more efficient coalition and that can only happen if they become customer focussed and allow their services to be co-designed with customers.

Other considerations:

Some Wheelchair user customer's may prefer to fly 1st class because of the extra room. They leave their wheelchair at the aircraft door and use the aisle chair. It's a short distance from the door to seat but they complain about the aisle chair, claiming it needs a new design with a seat height that approximates the height of the aircraft seat. There may be other customer groups who wish to transfer into an aircraft seat in which case, a re-designed aisle chair will be required – and ensure it is co-designed with customer groups.

Accessible travel:

Do people with disability travel?

Below is a compilation of data prepared March 2018 by Spinal Life Australia

My TravelResearch.com

My TravelResearch.com has completed major research on Accessible Tourism in Victoria, Queensland and Australia in 2017

The research says the contribution of Accessible Tourism to the Australian Visitor economy is \$10.8 billion

Key findings:

- Tourism Research Australia's (TRA) National Visitor Survey (NVS) 2017 First Quarter data on day and overnight trips shows that:
- People with disability spent \$3.3 billion on tourism services, accounting for 17 per cent of all tourism expenditure
- On average, people with disability spent more on day trips than people without disability, \$111 compared with \$106
- People with disability took around 9 million day trips, which accounted for 21 per cent of all day trips
- Expenditure was \$2.9 billion for older people and \$2.7 billion for young families.

Accessible tourism

Search this report "Inclusive tourism: economic opportunities"

This report is part of a project being implemented by the University of Technology Sydney Institute for Public Policy and Governance and Local Government NSW to enable local governments and tourism operators in New South Wales to improve access to their infrastructure, services and products. Search at:

<http://apo.org.au/node/133611>

Changes to Transport Standards required:

There is a need to alter the Disability Standards Accessible Public Transport. In this area, we agree with the proposals put forward by Dr John McPherson AM in his submission.

Last word:

Accessible air travel needs to stop being a final frontier that we are yet to reach. We have to make progress because it's a human rights issue on the one hand, and in a practical sense, customers are fed up with current poor experiences but want to travel. Further, we need to close the gap at the air travel cash register. No more excuses. We went to the moon in 1969.

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We agree to be published.

The above are the questions – and feel free to offer observations of what might work or definitely will not work. But we do have to make progress because (a) the community is fed up, (b) airlines playing the safety card as an escape road to maintain the status quo rather than innovate, and (c) we went to the moon in 1969 and airlines have to stop telling us what they can't do and tell us what they could do.