

Fast Tracking Road Safety Through 5Es



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सत्यमेव जयते

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Background

- **In September 2020**, the UN General Assembly adopted [resolution A/RES/74/299](#)
"Improving global road safety"
Proclaiming 2021-2030 the Decade of Action for Road Safety
- **Target**
Preventing at least 50% of road traffic deaths and injuries by 2030.
- **Plan**
Global Plan for the Decade of Action
Released in October 2021.

Global Plan for the Decade of Action

A holistic approach to road safety.

- ❖ Continued improvements in the design of roads and vehicles
- ❖ Engineering of Roads, Vehicular Engineering & Policy Corrections
- ❖ Enhancement of laws and law enforcement
- ❖ Education & Mass Awareness, Enforcement & Traffic Management
- ❖ Provision of timely, life-saving emergency care for the injured.
- ❖ Emergency Care Management

Our Commitment



Mr. Nitin Gadkari

Hon'ble Union Minister of Road Transport
& Highways, GoI

"We are committed to achieve the UN Decadal Goals through 5Es interventions and it is my vision to achieve it by 2025, five years ahead of the global target."



Mr. Kiran K. Kapila

President (Emeritus), IRF &
Founder President, IRF-IC

"It is our conviction that when 5Es are simultaneously undertaken, they will bring about visible improvements in the road safety scenario in the country. I am confident that IRF's Road Safety plan for India will reinforce our conviction".

Fast Tracking Road Safety

Through 5Es

- Engineering of Roads
- Vehicular Engineering & Policy Corrections
- Road Safety Education & Mass Awareness
- Enforcement & Traffic Management
- Emergency Care Management

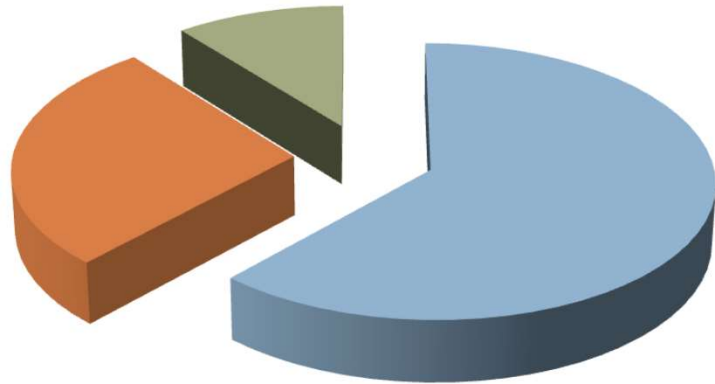


EMERGENCY CARE MANAGEMENT

Landscape of Emergency Burden

■ Non communicable diseases

Injuries
10.7 %

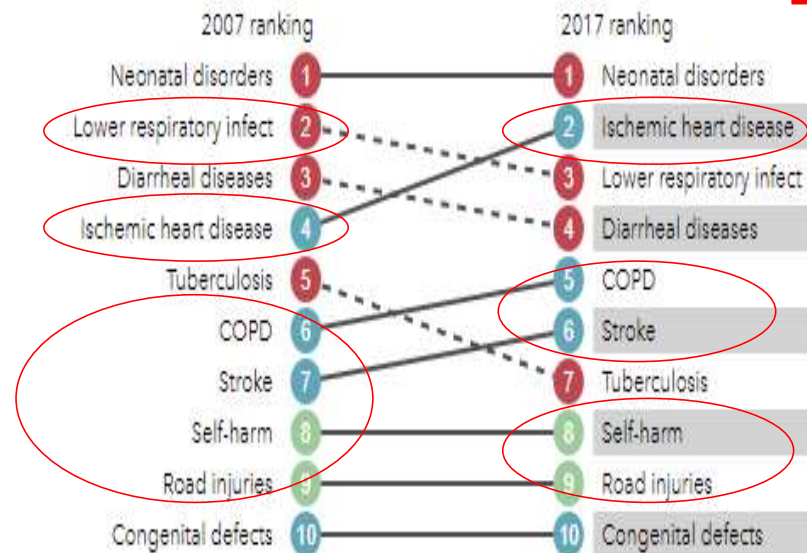


Communicable Disease
27.5%

Non Communicable
61.8 %

What causes the most premature death?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries



1.46 lakhs
Road traffic
Injury deaths
(MORTH-2021)

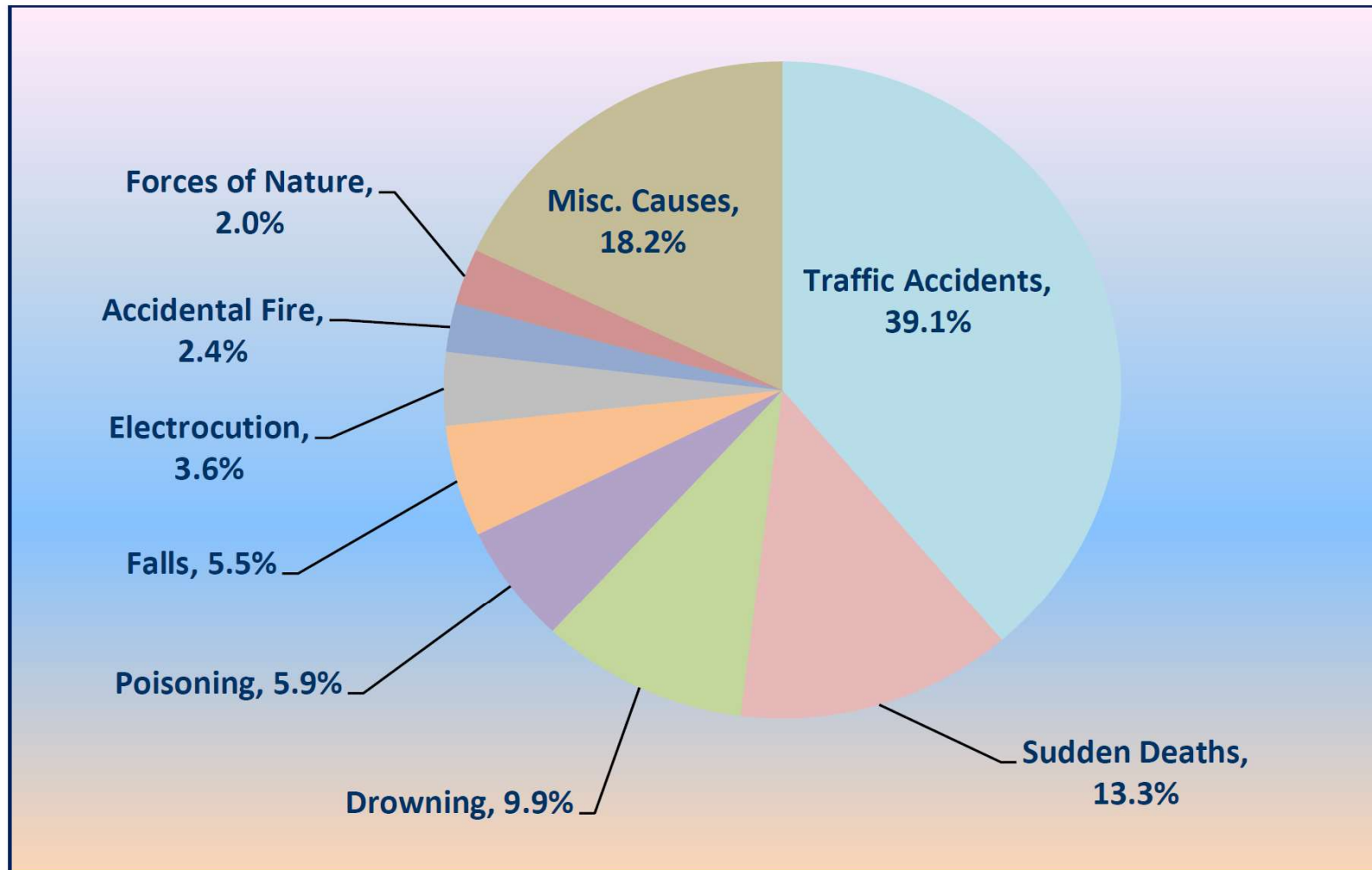
≈3% GDP
loss

28 Lakh deaths
Cardiovascular
Disease

10 lakh deaths
Respiratory
Diseases

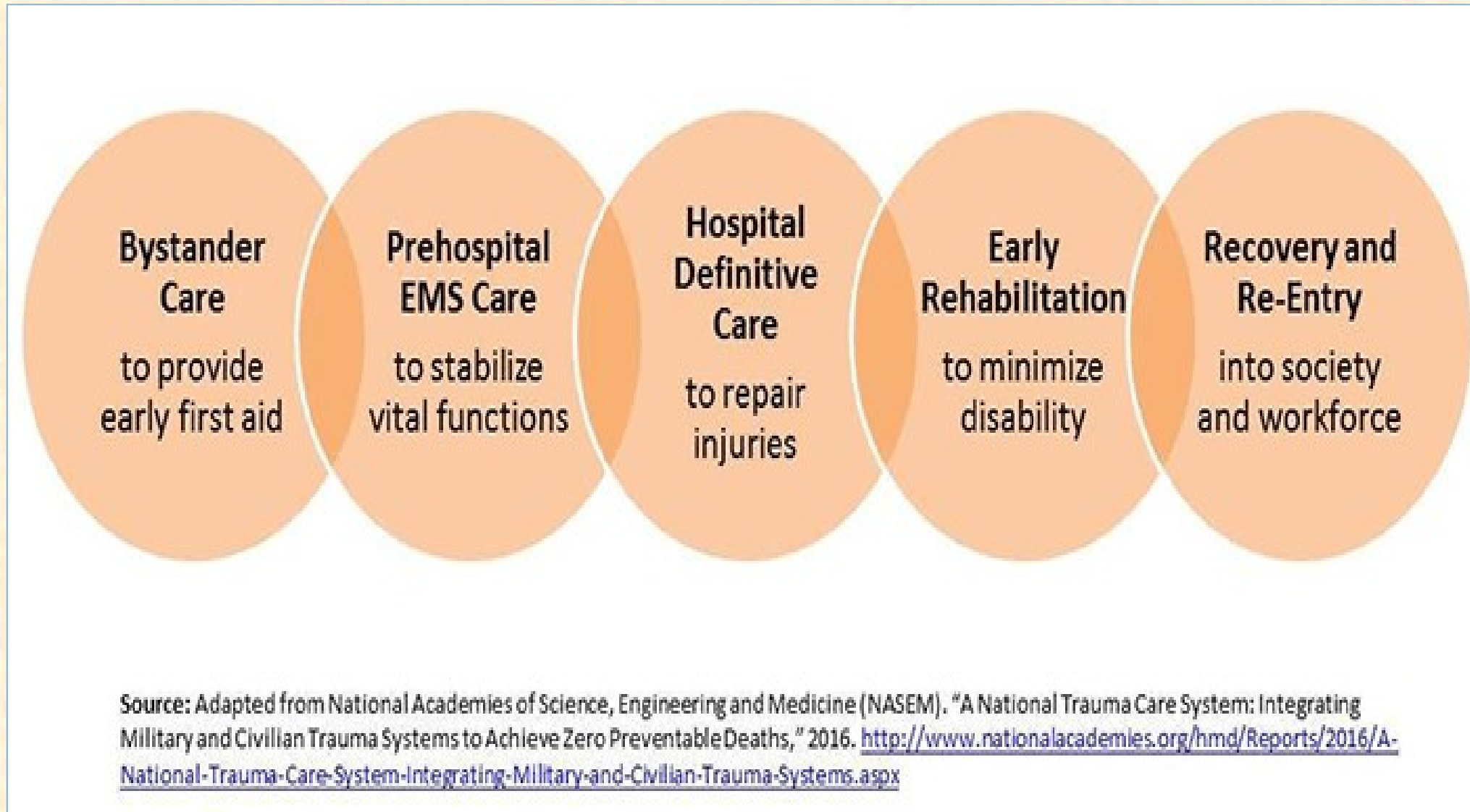
11 Lakh deaths
Injuries

Percentage Share of Various Major Causes of Accidental Deaths during 2020 (Forces of Nature and Other Causes)



- As per data provided by States/UTs.

Elements of the Trauma System



Elements of the Trauma System



Bystander
Care
to provide
early first aid

- Training on First aid
- Interaction with Community on injuries including RTI and burn
- IEC materials including audio/ video spots
- Strengthening primary care

Elements of the Trauma System



- Strengthening ambulance services
- Empowering attendants posted in ambulance
- Utilizing GPS services
- Pre-hospital trauma technician course

Elements of the Trauma System



- 196 Trauma Care Facilities and 50 Burn units funded
- Strengthening Emergency Department of District Hospitals and Medical Colleges
- Empowering triage
- Trauma Nurse Coordinators
- National Guidelines
- Training of doctors, staff nurses, dressers

Elements of the Trauma System



- Involvement of PMR and physiotherapist
- PTSD Support

Elements of the Trauma System



- Patient wise follow up
- Psychological support

Programme so Far

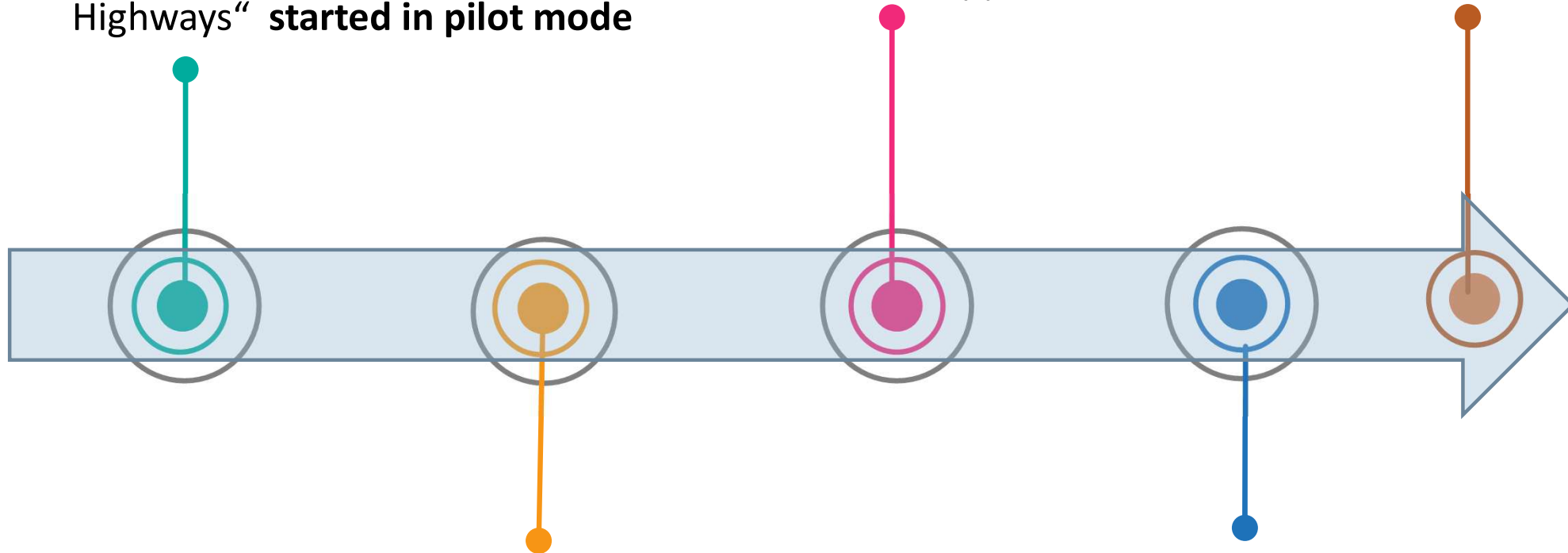
9th and 10th FYP:

"Up-Gradation and Strengthening of Emergency Facilities in Govt. Hospital located on National Highways" **started in pilot mode**

12th FYP (2012-17): (Capacity Building for developing TCFs in Govt. Hospitals on NH)

80 TCFs supported

**2021-26:
New EFC**



11th FYP (2007-12): "Assistance for Capacity Building for trauma care in Govt. Hospitals on NH" 100% centrally sponsored, **116 TCFs supported**

2017-20: " National Program for Prevention & Management of Trauma and Burn Injuries" 60:40 ratio in **Reimbursement mode**

Objectives - During 11th & 12th FYP

To establish a network of TCFs to reduce the incidence of preventable deaths due to accidents by observing golden hour.

To develop proper referral and communication network.

To develop National Injury Surveillance, Trauma Registry and Capacity Building Centre.

To develop trauma registry centres for quality services.

To develop a National Trauma System Plan.

To improve awareness through IEC activities.

Level – I (Highest Level)

Highest level of trauma care services

- Round the clock availability of major super- specialties including rehabilitation services with bed strength of more than 500
- Apex institutions providing leadership in clinical management research, training, community outreach services, community education, and maintenance of trauma registry



1. SCB Medical College Cuttack Odisha
2. IGMC Govt. Hospital, Shimla
3. Govt. Medical College Kozikode
4. Regional Institute of Medical Sciences, Imphal
5. Chengalpattu Govt. Medical College & Hospital
6. Govt. Medical College, Goa

Level – II for severe trauma patients

- Definitive care for severe trauma patients.
- Round the clock availability of physicians, surgeons, orthopaedic surgeons and anaesthetists.
- On-call facility for neurosurgeons.
- Well equipped Emergency Department, ICU, blood bank, rehabilitation services, comprehensive diagnostic capabilities and supportive services.
- Medical college or district hospital with bed strength of 300 to 500.

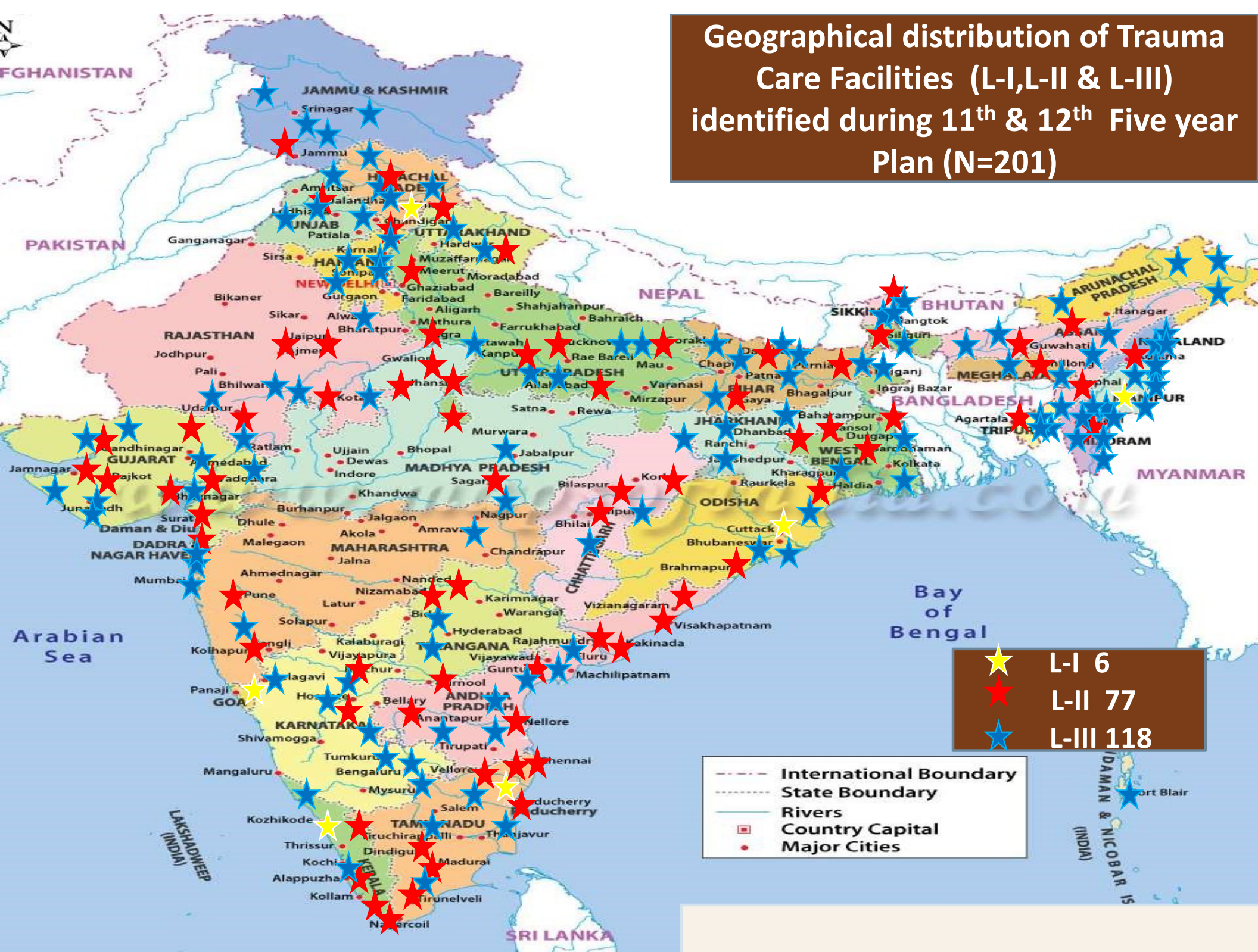


Level – III for Evaluation & Stabilization

- Comprehensive medical and surgical inpatient services.
- Emergency doctors and nurses round the clock.
- Intensive care facility, diagnostic capability, blood bank and other supportive services.
- District/ tehsil hospitals with a bed capacity of 100 to 200 beds



Geographical distribution of Trauma Care Facilities (L-I, L-II & L-III) identified during 11th & 12th Five year Plan (N=201)



★ L-I 6
★ L-II 77
★ L-III 118

- - - - International Boundary
 - - - - State Boundary
 ——— Rivers
 Country Capital
● Major Cities

National Injury Surveillance, Trauma Registry and Capacity Building Centre (NISC) (www.nisc.gov.in)

- Software for Injury Surveillance and Burn Registry developed
- Data Capture Format & SOPs for collection of injury data finalized
- NISC connected with 65 TCFs in 15 states

NISC
Dr. RML Hospital, New Delhi, India

National Injury Surveillance Trauma Registry & Capacity Building Centre
Directorate General of Health Services
Ministry of Health & Family Welfare

"strengthening Surveillance for Injury Prevention & Management"

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Department of Accident & Emergency (Dr. RMLH, N)

Training Calendar

- Frequently asked questions
- Circulars
- IEC Materials

On Going courses

- Advanced Trauma Life Support (ATLS)
- National Emergency Life Support (NELS)
- Comprehensive Life Saving Skills (Including BLS)
- Pre-Hospital Trauma Care Technicians (PTT) Course

News & Highlights

- Trauma Care Facilities established by Dte.GHS, MoH&FW in various State Government Hospitals & Medical Colleges in India
- Burn Units established by Dte.GHS, MoH&FW in various State Government Hospitals & Medical Colleges in India

Up Coming Course

- National Trauma Care (NTC): 1 Year
- Trauma & Critical Care: 2 Year
- Trauma Surgeon: 6 Months
- Trauma Support (ACLS) : 3 Days

MAIN ENTRY
मुख्य प्रवेश

Major Activities and Achievements

196 TCFs during
11th and 12th FYP

Operational
guidelines for TCFs
and rehabilitation
units.

Standard Treatment
Guidelines and KPIs
for pre-hospital,
hospital and
rehabilitation.

ATLS/NELS & BLS
training for Doctors,
Nurses and
Paramedics

Pre-Hospital
Trauma Technician
Course

AV / Print material
on Good Samaritan
& First Aid

First Aid course

Minimum
Standards for TCFs

Technical
consultation on
different types of
trauma

Achievements Activities

Provision of Trauma Nurse Coordinators training - Four batches have completed training at JPN Trauma Centre, AIIMS.

Guidelines - Management of common emergencies, burns and trauma at primary care level, 2020

Review of the Emergency & Trauma Care services in 3 Central Government Hospitals Delhi in order to suggest practical interventions to improve the same.

National Injury Prevention Strategy - in making

Provided technical inputs for National Framework For Drowning Prevention.

Capacity Building & Training Activities

- Development of National Trauma System Plan on the directions of the Supreme Court Committee on Road Safety
- 7 regional workshops organized with states for formulating State Action Plans (SAP)
- SAP has been submitted by 32 States (???)



Initiatives on training

- **Pre-hospital Trauma Technicians for ambulances/ Emergency Departments – 700 students trained so far**
- **More than 1500 doctors, nursing students, paramedic staff and members of the general community have undergone the First Aid training.**
- **Training on First Aid for fire fighters at IGI Airport, New Delhi**
- **Training on Management of Common Emergencies and Basic Life Support for the Officers/Official and staff of MoHFW**



Other Activities by the Programme Division



World Remembrance Day for road traffic accident victims



Observance of World Trauma Day



Road safety week

IEC activities

- Audio-visuals on Good Samaritan & First Aid developed and distributed to States.
- Documentary film on Good Samaritan and First Aid developed and distributed to States.
- Print material: posters, charts & stickers developed and distributed.
- Telecast, broadcast and bulk SMS campaign undertaken on Good Samaritan.

IF YOU SEE A ROAD ACCIDENT VICTIM

- Call an Ambulance (102 / 108 / 1033)
- Inform Police (100)
- Take the victim to the nearest hospital
- Call the "Emergency Contact number" saved in the victim's mobile



SAVE LIFE, BE A REAL HERO !!



Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India



SMALL STEPS CAN SAVE A LIFE

- Save your family/friends/relatives mobile numbers as emergency contact on your mobile screen.
- Always keep a first aid kit in your vehicle.



Help accident victims - who knows, it might be someone yours.

SAVE LIFE, BE A REAL HERO !!



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Ministry of Health & Family Welfare
Government of India



PROVIDE FIRST-AID TO AN ACCIDENT VICTIM

- Take care and support the victim's neck and back while moving him / her.
- Stop bleeding by applying direct pressure with a clean cloth on the bleeding site.
- If any limb is broken, then give support by any readily available flat & hard object e.g. Cricket Bat / Bag, Stick, Umbrella etc.
- If any body part (leg / hand etc.) is totally severed, then keep it in a clean polythene bag. Place this bag in a separate polythene bag filled with Ice / Cold Water and transport it with the victim to the hospital.



SAVE LIFE, BE A REAL HERO !!



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Reorientation

- From only trauma Care to Holistic Emergency Care
- From Silos to Team Approach, Integration with
 - National Programme for Prevention and Management of Burn Injuries
 - Higher Multispecialty Centers
- NMC: Mandatory Department of Emergency Medicine in every Medical College

Transforming Ambulance Services to Global Standards

- It is proposed to double the number of ambulances (currently, BLS: 13,705 and ALS: 2741) to 28,892 and 5531 ambulances respectively. This translates to an increment of 15,187 BLS ambulances and 2,790 ALS ambulances.**
- This is envisioned to reduce the mean Response Time for ambulances from present duration of 20-25 minutes to recommended norms of 9-14 minutes.

Integration

- The services will be overseen by a Command Center having 24*7 availability of doctors for Tele-consultation and triaging to guarantee time-sensitive decisions
- The ambulances would have the required numbers of Emergency Medical Technicians (EMTs) to provide on-site and en route care.
- A unified single call number '108' will act as trigger.
- The ambulance services will be GPS-enabled and coordinated by a call center to ensure timely allocation.
- *NHAI Ambulances Network will be integrated (about 500 ambulances)

Improving Health Infrastructure : Emergency care departments at district hospitals and medical colleges

- It is proposed to strengthen infrastructure at District Hospitals and government medical colleges inclusive of diagnostic (CT radiology etc.) and other equipment and human resource, as per prescribed norms.
- The infrastructure development will be phased-out over 5 years, and will exclude those already strengthened under the Govt. Trauma Care Scheme.

Provision of 48 hour cashless treatment for Road Traffic victims.

- Motor Vehicle Act Fund (gazette on 25 February 2022) makes provisions for funds under Account Heads for: Insured Vehicle, Uninsured & Hit-and-Run case, and compensation for Hit-and-Run cases.
- Care of the victims of accidents by Insured vehicles will be covered by funds channeled through GIC from insurance companies.

Provision of 48 hour cashless treatment for Road Traffic victims

- Government funding will be required only for Hit-and-Run victims plus those hit by Uninsured vehicles.
- NHA may be the nodal agency to provide end to end solution [For running this scheme by empanelling hospitals, in a dynamic manner in partnership with SHAs, on an IT Platform]

THANK YOU