

## Introduction

Currently, India does not have a centralized body which provides guidelines for training and operation of Emergency Medical Services (EMS). Emergency Medical Services are fragmented and not accessible throughout the country. Most people do not know the number to call in case of an emergency; services such as Dial 108/102/1298 Ambulances, Centralized Crash and Trauma Service (CATS), and private ambulance models exist with wide variability in their dispatch and transport capabilities. Variability also exists in EMS education standards with the recent establishment of courses like Emergency Medical Technician- Basic /Advanced, Paramedic, Pre hospital Trauma Technician, Diploma Trauma Technician, and Postgraduate Diploma in EMS. *In 1989, Colohan et al reported that only 0.5% of head injury cases were transported by ambulances in New Delhi and no first aid was administered in 65% of cases.*[1] Additionally, only seven percent of head injury patients arrived at a hospital within the “first golden hour.” Another study reported *that 80% of trauma patients in India cannot get access to medical care within the first hour.*[2]

A study conducted in an urban South Indian city reported *that in 50% of cases, no prehospital care or treatment was offered by qualified personnel when ambulances were used to transport patients to hospitals.*[3].

The World Health Organization National Commission on Macroeconomics and Health Report on India said *that an average villager in India, who does not have a motor vehicle, needs to travel over two kilometers to get a tablet of paracetamol, over six kilometers for a blood test, and nearly 20 kilometers for hospital care.*[4]

In the year 2015, as per National Crime Record Bureau India report, 4800 people lost their lives in road crashes in the state of Punjab[5]. For every death, several more are hospitalized and hundreds seek emergency care and their numbers remains unknown for various reasons. State government is running 108 state-wide free emergency response system ambulances for all types of emergencies and their data shows that more than 30,000 road crashes victims are rescued by these ambulances. In spite of this, large numbers of road crashes victims or primary respondents called at 100 numbers for police assistance. Multiplicity of the different authorities and because of lack of unified approach, large numbers of people are still not to reach hospital within the golden hours of crashes .

## What inspired us

“Preventing **Road Traffic** injuries from occurring should be the main goal to be pursued, but the reality is that crashes continue to occur. Society therefore has **to be prepared to mitigate the consequences of crashes** and enhance the quality of life of people who are injured.”**WHO**

The aim of post-crash care is to avoid preventable death and disability, limit the severity of the injury and the suffering caused by it, and ensure the crash survivor’s best possible recovery and reintegration into society.” **WHO**

“It is well acknowledged that at least **50 percent** of the fatalities can be averted if victims can reach a hospital within the shortest possible time (referred to as the Golden Hour).” Source : Joshipura MK. Guidelines for essential trauma care: progress in India.

## What was accomplished? Why was it important?

improvement in post crash care is accomplished simultaneously .How ?

*a) By analysis :* We conducted a joint study(copy attached) “Evaluation of arrival pattern of road crash victims in hospitals of city of SAS Nagar Mohali” with Office of Traffic Advisor Government of Punjab to understand the scene and collect data.

On the findings of this study we came to know that

1.Ambulances which is generally considered the major player of transportation road victims is contributing only 15% share .Police Control Room vehicles PCRs are more quick , immediate and contributing 21%. **So we worked on the upgrading of PCR vehicles . We analyzed the PCR vehicles and equipment of First Aid .We met expert doctors of Trauma and emergency care to set a panel and advise the necessary list of basic First aid equipments for PCR vehicles. We started meeting the Police Chief and officials concerned .And Finally State Traffic Police Chief issued order to each Police chief of state of Punjab to equip their PCR vehicles with list of necessary First aid equipments issued by panel of doctors. This was very important because average time of Ambulance to respond in India is 30 minutes .And PCR vehicles being stationed on fixed spots and moving in the city respond very quickly to the crash site. So these vehicles must be equipped with necessary First Aid.So we tried to convert all PCR vehicles into Basic Life Transport Vehicles and we achieved it .**

2. We came to know more than 50% road victims are transported by private vehicles car, jeep etc the Good Samaritans .India has made an act for protecting and encouraging Good Samaritans .We checked its implementation in our state and found unfortunately nothing has been done on the name of implementation except passing the mere letters from Top to bottom level officers .

We started meeting common people ,doctors ,police inquiring about this act but no body knows about this . We approached the top most authorities of state government and got a notification of guidelines issued from the government (copy of this and a letter of appreciation from State Government could be presented to you for reference if required ) After that we started work on implementation upto root level .And almost two years hard work we have made the approximately 70% public hospitals in State Of Punjab to fix banners in their hospitals Ensuring a warm and hassle free welcome to good Samaritans and immediate medical care to road crash victims without waiting the legal/Police formalities .Soon we shall make it happen in all private hospitals also .

This is most important to encourage common people to come forward and rescue road crash victims .People are hesitant because of fear of harassment by hospitals ,police and legal processes. We made two big fear factors Hospitals and Police our partners in this and both are welcoming and motivating people to help road crash victims .

3. We came to know the First Aid and First Responders is totally missing .Yes immediate after a crash every body became panic and do not understand what to do . So we started to create a force of First Responders "Bhai Ghaniya ji Force of First Responder The Jeevan Rakshak(The life Saver )" by providing a free of cost Basic Life Support system training . We conducted special sessions for PCR vehicle employees so that they must help . We are working with authorities to plan to station ambulances to reduce the respond and transportation timings .We are working with administration to form a voluntary hub of ambulances from each big hospitals This is important because till the time ambulance or medical aid reaches on spot a very basic first aid must be provided to road crash victims .And for this we need mass trainings by experts .And this is what we are doing . Very soon under a big state level project we would be launching these training sessions in each 22 districts of Punjab to train the whole PCR staff of the state .

b) By change in policy  
we are totally convinced that for a change we need to make some policies changed . And we did that We got notification issued on rights of good Samaritans and road crash victims . We got an advisory issued by State Traffic Police Chief to pre plan a safe passage always for an ambulance while planning any social,cultural and political event and especially while planning a route for VIPs due to the security .(This is a big achievement In our India VIP culture is on high level and due this on the name of security arrangements roads are blocked and traffic either halted or diverted for VIPs .In this most of time an ambulance got stuck . With this advisory order now police is planning in advance how to give way to an ambulance ) . We got orders issued by State Traffic Police to upgrade PCR vehicles into basic transport vehicles for road victims and upgrade all necessary first aid equipments

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#### How did you accomplish the advocacy goals?

Our case was little different .Here officials and concerned authorities who have to implement these were not aware about the new act and changes . So our advocacy was done on two levels one for officials and other for common people . For officials we started round of meetings with all concerned with a request (after they are convinced) to convince all the down line . For common people we focused on their fear .Which make them hesitant to rescue and we made both big fear factors our partners . Police whom people generally want to avoid is now giving commendation certificate to people who rescue road victims and commendations to its PCR employess who did something beyond the lines of duty .Hospitals have banners fixed in their premises so people are knowing it now they can help road crsh victims without any problem .

#### Who was involved in these advocacy initiatives?

Media played a good role .Both our local and regional media friends highlighted our effort with related stories to make people aware . We involved corporate also .One industrial organization of the city announced a reserve of cash prize per month to honor people who would be transporting road victims

#### How were local communities mobilized by advocacy leaders?

Communities are moved on with the motivational factor sent by the fear factors . Now Police and Hospitals are highlighting on a broader note that they would honor the communities who would help to rescue .

#### How was consensus created amongst local communities around the advocacy activities?

local people and communities were knowing everything but they were reluctant .Once we started working on it people get motivation and once media ,police hospitals started cooperating people are convinced

How did communities advocate for changes to the government (at local/regional/national levels)?

The change in policies were done by our NGO .We pushed the government to issue notifications for the officials and government does it and that too very strict