

# Working Group on Emergency Care in India

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# PROBLEM STATEMENT

- **At the site of Impact**
  - There is lack of awareness about the Emergency Medical Service (EMS) System
  - The general public doesn't possess basic first aid skills
  - There is no standardized toll free national access number to call for emergency medical help
  - Adequate number of First Responders/Ambulances are not there
  - There are no standardized protocols & medical directives for EMS

- **In Transit to a definitive care health facility**
  - Non availability of **appropriate & safe transport** for the injured patient in the form of road ambulances, air ambulances, etc.
  - The real concept of an Ambulance is missing in India. Existing ambulances are more like transport vehicles and any vehicle suitable to lay a patient is called an ambulance without consideration to the overall **ambulance design** w.r.t. patient care, comfort & ergonomics.
  - Currently there is no '**National Ambulance Code**' in the country which specifies the minimum National Specifications for various types of Ambulances, viz ALS, BLS, First Responder, etc.
  - The ambulances are **inappropriately/inadequately equipped**
  - In-adequate care during transportation due to lack of trained **Emergency Medical Technicians (EMT's)** in the country & unskilled existing manpower
  - Lack of **Standard Operating Procedures (SOP's)** for pre-hospital triage and transport to appropriately designated hospitals in sync with the type and gravity of their injury
  - **Remuneration** of paramedics and drivers are not in sync with their skills

- **At the Healthcare Facility**

- Appropriate healthcare facilities are not available within reasonable **distances**
- There is a mismatch between the healthcare facility capacity vis a vis the catchment area resulting in **overcrowding** at the limited number of available facilities
- **Infrastructure** at the existing healthcare facilities is deficient due to lack of funds or poor planning
- Inadequately **equipped** healthcare facilities due to lack of National Standards and Guidelines regarding the same
- Sub-optimal quality care at the existing health facilities due to inadequately skilled **manpower**
- Lack of SOP's regarding the handling of a patient on his arrival at the healthcare facility
- Lack of **accountability** and monitoring mechanisms to ensure timely and optimal care

- **Miscellaneous**

- Lack of **documentation** and a foolproof **reporting** mechanism due to which majority of the Road Traffic Accidents (RTA's) go unreported and the real magnitude of the problem is not known.
- **Laws** like Motor Vehicles Act 1988 and CMVR 1989 which have been in vogue since 1980's and have not been updated since then
- This is **lack of co-ordination** between agencies resulting in a mismatch between the existing resources
- There is **no appropriate database** for further evaluation and enhancement of the services being rendered
- Post Trauma **Rehabilitation Facilities** for the injured are deficient
- Research into **post crash response** and emergency care is not there
- There is lack of awareness regarding **Hon'ble Supreme Court of India's directives regarding the Right to Emergency Care for RTA victims** & the legal protection available to good Samaritans who offer help to a RTA victim.
- There is no provision to ensure adequate compensation to an RTA victim in case the accident causing vehicle doesn't have a **third party insurance**
- Majority of the drivers do not have a personal **mediclaim** policy to cater to their emergency medical needs in case of an accident

# REVIEW OF THE EXISTING SCHEMES

## - Immediate Implementation

- **National Highway Trauma Care Project (NHTCP)**
  - The scope of the scheme should be expanded to cover all the national highways in all the states with initial emphasis on states with difficult terrains.
  - State Governments should be encouraged to replicate similar schemes on the state highways
  - '102' should be adopted as the Toll Free National Medical Distress Call Number across the country on lines of '100' for police, '101' for Fire, etc. and should be used by all State & Highway EMS Networks

## National Highways Accident Relief Services Scheme

- A periodic audit for the already supplied Ambulances & Cranes should be done w.r.t. their location, availability, utilization, efficacy, manpower, uptime, etc.
- A monitoring mechanism to ensure proper implementation of this scheme should be institutionalized
- It is observed that the ambulances alone are grossly ineffective in initiating a post crash response as the victims are more than often trapped inside the crashed vehicle and need to be extricated with professional powered tools to ensure prompt emergency care. Thus, instead of providing small/medium cranes alone, versatile **crash rescue vehicles (CRV's) equipped** with 'hydraulic rescue tools for extrication', fire extinguishing equipment (ABC Type), hydraulic towing arm & road clearing equipment should be provided. The same should be staffed with trained manpower.
- The **CRV's & Ambulances should operate in sync** as a **crash rescue unit** and their operations should be integrated
- All CRV's & Ambulances should be integrated under a **National Highway Accident Relief Network** which should be accessible by a Uniform Toll Free Number across the country
- The **National Highway Accident Relief Network** should be closely linked with the state EMS Network and the **Toll Free Number** should be same as the state EMS Number (102).

## NHAI – Incident Management System (IMS)

- This scheme be rapidly **extended all the national highways in all the states with initial emphasis on states with difficult terrains.**
- A **periodic audit** for the already awarded contracts should be done w.r.t. the quality of service being rendered, quality of vehicles being used as patrol cars, ambulance and cranes, their utilization, linkages, uptime, etc to ensure they are meeting with the T&C of the contract in letter & spirit. NHAI should institutionalize this activity by establishing an **IMS monitoring unit** staffed by skilled manpower.
- The **response time** of 30mins for the Ambulances, Cranes, etc to reach the site needs to be **reduced to 10mins** over a period of 10 years. To ensure this, a **close liaison with the corresponding State's EMS Network** is obligatory.
- Instead of providing small/medium cranes alone, versatile **crash rescue vehicles (CRV's)** staffed with trained manpower should be provided.
- The specifications for the Ambulances, Patrol Cars & CRV's should be revised, updated & standardized to remove ambiguity and ensure uniformity in form and function.
- The **Patrol Cars, CRV's & Ambulances should operate in sync** as a **crash rescue unit** and should be integrated under a **National Highway Accident Relief Network**
- The **National Medical Distress Call Number (102)** should be well advertised by displaying prominent signage at every 5kms.



# Recommendations

- **Assured essential emergency care** to all citizens of India
- Enunciate a **National Accident Relief Policy & a National Trauma System Plan**
- Deployment of a **Pan-India Pre-Hospital Emergency Medical Care Network** supported by a unified toll free number, centralized dispatch, medical direction, triage protocols & crash rescue units.
- To **verify & designate the existing healthcare facilities** along the Highways and upgrade those found deficient to minimum defined levels & to plan for new facilities where there is a deficit so as to ensure the availability of one emergency care facility at every 50km along the national highways.
- Plan for **seamless networking amongst health facilities**, rescue services, existing fleet of ambulances, etc.

# Recommendations

- Standardize minimum **national specifications for various types of Emergency Response Vehicles** viz. First Responders, Patient Transport Ambulances, BLS Ambulances & ALS Ambulances, Crash Rescue Vehicles, Dispatch Centers, Command & Control Centers, etc. so as to bring homogeneity in the system across the country.
- Appropriate changes in the Motor Vehicles Act 1988 & CMVR 1989
- **Capacity building and regular training** in EMS to all involved in trauma care supplemented by training in First Aid to the public
- Plan for **rehabilitation centres** for the trauma care victims
- Encourage **research & development** into post-crash response.