INTERNATIONAL ROAD FEDERATION
FEDERATION ROUTIERE INTERNATIONALE

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K. K. Kapila
President (Emeritus)

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6th April, 2022

Sub: IRF-IC's 5E Programme to Enhance Road Safety Scenario in the Country – focus on the aspect of 5th E on Emergency Response for Trauma Care and Strengthening of Health Facilities along Highways

Dear Shri Bhushan ,

Kindly accept my heartiest salutations and warm greetings.

It is my pleasure and privilege to write to you in my capacity as President (Emeritus) of the International Road Federation, Geneva a not-for-profit organisation working to promote road safety in over 80 countries of the world, over last 7 decades. India is a key country in the IRF Geneva chapter and in line with this, an India Chapter of IRF, known as IRF-IC was set up in 2009.

As you might perhaps be aware, we in the IRF India Chapter, are preparing the Road Safety Action Plan 2022 an encompassing document covering all the 5Es, i.e.,

1. Road Engineering – E1
2. Vehicular Engineering & Policy Interventions –E2
3. Road Safety Education - School and Mass Education – E3
4. Traffic Management and Accident Data Collection by the Police Department –E4
5. Emergency Trauma Care – E5

During the UN Decade of Action (2010 - 2020) on improving global road safety scenario, a number of initiatives from the 5Es named above were undertaken with focus on two or three aspects at the most in various road segments. As a result, the desired outcome of achieving 50% reduction in road traffic accidents and fatalities was not achieved by the end of the decade. One of the main reasons for this non-achievement was due to the fact that all the 5Es were not addressed simultaneously as envisaged by the UN's 5 pillar strategy.

In the extended Decade of Action for Road Safety (2021-2030), IRF-IC launched a two- pronged strategy for formulating a National Road Safety Action Plan- 2022 for India to approach Road Safety during the Decade by altering the approach to be in sync with UNs 5 Pillar strategy. As a first step, a 12 Webinars Series based on 5Es concept titled "Road Safety Challenges in India and Preparation of an Action Plan" was launched in February 2021 by the Hon'ble Minister Shri Nitin Gadkari ji. The series concluded on 15th December 2021.

In the webinar held on the subject of Emergency Response for Trauma Care and Strengthening of Health Facilities along Highways, we had with us very learned and outstanding speakers including Prof. Dr. Sunil Kumar, DG Health Services, Dr. Kanwar Sen Principal Consultant CGHS, Ministry of Health, Prof. Dr. Amit Gupta, APEX Trauma Centre, & Prof. Dr. Subodh Kumar, JPN APEX Trauma Care Centre, AIIMS. The Session was summed up with a Panel Discussion. The Panelists were; Dr. Arun Mohan, Sr. Advocate of Supreme Court, Padmashri Dr. Subrata Das, Founder, Lifeline Foundation, and Dr. Maneesh Singhal, AIIMS.

IRF is now in the process of putting together an Action Plan on each E, based on the recommendations arising out of the Webinars which included vide international participation as well. We have drawn out the recommendations under E5 - Emergency Response for Trauma Care and Strengthening of Health Facilities along Highways. A copy of which is enclosed.

Office at Geneva
2 chemin de Blandonnet, 1214 Vernier / Geneva, Switzerland
Tel. : +41.22.306.0260 Fax : +41.22.306.0270
E-mail : info@irfnet.ch

Office at New Delhi
A-8, Green Park Main, New Delhi - 110 016
Tel. : +91.11
E-mail : kkapila@irfnet.ch; cmd@ictonline.com

As a second part of the strategy, IRF embarked upon an on ground validation programme of showcasing the efficacy of working simultaneously on the 5Es of Road Safety namely, Engineering of Roads, Engineering of Vehicles and Policy Intervention, Education, Enforcement and Emergency Care. For this mission, IRF identified the 7 top ranking States in number of road traffic accidents and fatalities, namely Karnataka, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh, for undertaking the 5E interventions simultaneously. To lend support and solidarity, the Hon'ble Minister Gadkari ji had written to the Chief Ministers of these 7 States, soliciting their support of identifying a 100-150 Km of worst affected road stretch for IRF-IC to undertake 5E interventions and convert them to one of the safest stretches in the State.

The recommendations under E5 are enclosed with Responsibility Matrix. I solicit your kind support in arranging a meeting to finalise this component of the National Plan, inviting all those responsible for ensuring smooth implementation of this component of the Plan.

With warm Regards

Yours Truly,

(K. K. Kapila)

Encls: *Emergency Care Plan*

Shri Rajesh Bhushan
Secretary (Health & Family Welfare)
Ministry of Health & Family Welfare
Room No. 156-A
Nirman Bhawan, C-Wing,
New Delhi - 110001
Tel: 23061863,23063221
Email: secyhfw@nic.in

Copy to:

1. Shri Pankaj Jain, Secretary, Ministry of Petroleum and Natural Gas, Shastri Bhawan, New Delhi, Email: sec.png@nic.in .
2. Shri Anoop Kumar Mendiratta, Secretary, Deptt. Of Legislation, Ministry of Law, Email: secylaw-dla@nic.in
3. Shri Apurba Chandra, Secretary, Ministry of Information & Broadcasting, Room No. 655 A, Ministry of Information & Broadcasting, Email: secy.inb@nic.in
4. Shri K. Rajaraman, Secretary, Ministry of Electronics & Information Technology, Electronics Niketan, 6, CGO Complex, Lodhi Road, New Delhi, Delhi 110003 Email: secretary@meity.gov.in
5. Shri R. N. Singh, Secretary, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi, Email: secyrb@rb.railnet.gov.in
6. Shri Giridhar Aramane, Secretary, Ministry of Road Transport & Highways, Parliament Street, Email: secy-road@nic.in
7. Shri Mahmood Ahmed, Joint Secretary, Road Safety, Ministry of Road Transport & Highways, Parliament Street, Email: mahmood.ahmed@nic.in
8. Shri Sanket S. Bhondave, PS to the Hon'ble Minister of Road Transport & Highways, Parliament Street, Email: ps-morth@nic.in

Office at Geneva
2 chemin de Blandonnet, 1214 Vernier / Geneva, Switzerland
Tel. : +41.22.306.0260 Fax : +41.22.306.0270
E-mail : info@irfnet.ch

Office at New Delhi
A-8, Green Park Main, New Delhi - 110 016
Tel. : +91.11.2686.6789
E-mail : kkapila@irfnet.ch; cmd@ictonline.com

ROAD SAFETY ACTION PLAN

E5- Emergency Response for Trauma Care and strengthening of Health Facilities along Highways

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
(a)	**Strong Leadership and Improved Trauma Care Management**		
1	**Status:** There is a need for coordinated management of multi-sectoral multi-agency interventions, for bringing all key stakeholders to one platform, which facilitate shouldering responsibility and strengthening accountability in delivering trauma care. This will require establishing a Nodal Agency for Trauma Care which can demarcate the responsibilities among the concerned agencies to avoid confusion and duplication in the chain of the process for delivery of trauma care. **Action Plan :** 1. The Ministry of Health and Family Welfare (MoHFW) along with other Government Agencies/hospitals to prepare a Standard Operating Procedures (SOP)/Guidelines for treatment in Trauma Care and a Policy/Procedure to follow in the treatment protocol. 2. A dedicated division/department should be made responsible for assigning the work to different agencies. The Level 1 trauma centre with vast experience in management of trauma care cases, such as JPN Apex Trauma Centre can be a sub-nodal centre for allocation of responsibilities to all other Govt. agencies. 3. A uniform treatment protocol should be followed across all the hospitals, in cases of trauma care, so that any errors in the line of treatment will be avoided and quality of trauma care is maintained. 4. Leadership at these nodal agencies should be a doctor or person with medical background, well versed with the medical treatment protocol, so that he/she can be good decision maker and enable improved quality trauma care across the country. 5. Medical protocol/guideline should be developed for certification units of trauma training. A team of experts should be assigned for developing these protocols which will be uniform for all trauma centres for the certification of trauma care training. 6. Trauma Registry plays an important and integral part in the trauma care system. It offers distinct advantages for evaluating the effectiveness of trauma care systems.	**MoH&FW** **State Government directorates** **Ministry of Chemicals, Oil, Petroleum and Natural Gas**	

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
	7. Development of Trauma Quality Improvement database should be initiated and linked with Trauma Quality Improvements programs at various Level-I Trauma Centres. All Level -I Trauma Centres should be mandated to run the TQI Programs. The Apex Trauma Centre at AIIMS, New Delhi can be roped in to provide initial hand-holding and implementation of these TQIP through various workshops and training programs as they are already experts in the field. 8. Data collection and research are important to validate any policy intervention and it helps in checking errors in the continuum of care. The National Injury Surveillance, Trauma Registry & Capacity Building Centre (NISC) established by DGHS, MoHFW is an initiative of the Government for injury surveillance and trauma registry. It will be linked to all the designated Trauma Care Facilities in the country for the purpose of data collection and for use in training. 9. An uninterrupted and dedicated funding for research and data management should be created by the MoHFW to maintain the data collection process and National Registry. 10. The National Trauma Care Scope needs to be revamped to include Chemicals and Hazardous Goods Transportation and associated incidents on the road.		
(b)	**Development of Trauma Care Facility Network**		
1	**Status:** Post-crash care and survival is extremely time-sensitive, and therefore, appropriate, integrated and coordinated care should be provided as soon as possible after a crash occurs. About 70% of the accident victims in India do not receive the medical attention within first hour (Golden Hour), while a majority of the permanent disabilities and a large share of eventual fatalities due to these road accidents can be avoided by appropriate and timely trauma care to the victims. More than 60% of all fatalities and a larger proportion of the injuries due to road accidents are occurring on National and State Highways in the country. At present there is acute shortages of medical facilities lest Trauma Care Centres, and their uneven geographical distribution in a region is also a serious concern. **Action Plan:** 1. A network of Level-I, II, and III Trauma Care Centres (TCC) are to be established along the NH and SH network of 300,000 km in the country by mapping all the health facilities with a 10/15 km belt along the highways and also will develop an appropriate decision support system on GIS platform to assist the accident victim's quickest transport to the appropriate medical facility.	**Ministry of Health** **Ministry of Road Transport and Highways**	

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
	2. Similar network of TCCs are to be established in cities and along other significant network with higher volume of traffic with poorer safety records. 3. To start the development of the network of TCCs, all the district hospitals located along the NH and SH within a distance of 10/15 km from the highway be upgraded with 24 hr Emergency Care facilities as well as all other requirements of Level-II or III facilities of trauma care. One TCC should be available with 50km from any point on the highway network (NH and SH) of the country. 4. All AIIMS in the country are having a Level-1 TCC in the 20 now, and a total of 25 in a couple of years, These AIIMS TCC should be developed on the template of the Apex Trauma Centre at AIIMS, New Delhi which is a only true Level-I Trauma Centre providing not only state of the art patient care but also running short/ long term trauma training programs and research projects; and similar Level-1 TCCs should be created in all the 36 states and UTs of the country and supported by a network of Level II and III trauma centres across each State and UT.		
2	**Status:** Establish and strengthen the provisions of professional medical care facilities to all the accident victims when they are brought to a hospital of any level. Research has established that mortality and morbidity in India due to road accidents is 16 time higher than western world. Getting the right patient to the right place (TCC) at the right time for the right care is the *'mantra'* for saving lives and disabilities from road accidents. Inclusive trauma care system needs to be developed with physical and human resources and the associated processes for successful trauma care. **Action Plan:** 1. Get the audit done for the capacity assessment of the in-hospital trauma care resources in so called trauma centres available in the country and then develop them to required levels. 2. Carry out capacity assessment survey for all significant medical facilities (government and private) along the high-speed highways and expressways on priority for complete assessment of physical and manpower resources as well as the trauma process followed, following the WHO/GOI guidelines for TCC of Level I to IV, and the recommended findings must guide the State Governments for developments of TCCs. 3. Establish trauma registries in health-care facilities to gather information on the cause of injury and clinical interventions. 4. Build capacity of pre-hospital, hospital and rehabilitation care/services, and establish a basic	**Ministry of Health** **Ministry of Road Transport and Highways**	

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
	package of emergency care services for each level of the health care system. 5. Ensure 24-hour access of the accident victims to operative and critical care services supposed to be available at TCC that are staffed and equipped, regardless of ability to pay. 6. Implement cashless treatment for 48 hours in main trauma care centres along NH and SH network, in similar lines as that of MoRTH scheme launched for NH-1. 7. Provide recovery and rehabilitation services to prevent most of the permanent disabilities.		
3	**Status**: There should be provision of minimum standards of emergency departments with a dedicated trauma emergency section and resuscitation area, within the same emergency department managed by trained and dedicated trauma surgeons/nurses. Therefore, there is an urgent need to enhance in-hospital Trauma Care Infrastructure in all District Level hospitals with at least 50-100 beds and a 24 hour Emergency. **Action Plan:** 1. There should be a mandate to have Department/ Divisions of Trauma Surgery & Critical Care or Trauma & Emergency Surgery in all the hospitals as are currently existing in AIIMS (Delhi, Rishikesh), KGMU Lucknow. Similar to specialty of Emergency Medicine (catering to medical emergencies), The Government should enforce that all NMC Recognized Medical Colleges open the Division/Departments of Trauma and Emergency Surgery (for catering to trauma and non-trauma surgical emergencies), especially in all the hospitals which have a running 24x7 emergency. 2. These Divisions/ Departments of Trauma & Emergency Surgery should give Post Graduate training (Master of Surgery MS) in the specialty of Trauma & Emergency Surgery (Already recognized and Notified by the NMC) and the AIIMS like Institutions provide training for the post doctoral (super-specialty training - Magister Chirurgie M.Ch) in Trauma Surgery & Critical Care. 3. This is also required as management of trauma and surgical emergency patients differ from non-trauma patients, and a dedicated trauma emergency care will help reduce the number of mortality and disability in the country. 4. The private hospitals should be encouraged to take approvals for training General Surgeons in Fellowship (FNB – Trauma & Acute Care Surgery) certified by the NBEMS (National Board of Examinations for Medical Sciences). 5. Further as the burden of road traffic injuries is very high and increasing exponentially, particularly	**Ministry of Health**	

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	impacting the productive age group of 15 to 44 years, there is a dire need of trained trauma surgeons and nurses across the country to save lives and contain injuries.		
4	**Status:** There is lack of trained manpower that can effectively cater to the seriously injured patients at all levels of health care facilities (primary, secondary and tertiary). The concept of a 'trauma team' is non-existent in most cases and often the persons taking care of the patients are not adequately trained/skilled in life saving protocols and procedures. Therefore, there is an urgent need for skilled capacity augmentation. **Action Plan:** 1. Short term courses like Advanced Trauma Life Support (ATLS) course, Advanced Trauma Care for Nurses (ATCN) course, Pre-Hospital Trauma Life Support Course (PHTLS), Rural Trauma Team Development Course (RTTDC), Ultrasound Trauma Life Support courses; Basic Emergency Care Course (BECC) of AIIMS, etc should be carried out regularly to create the required capacity in the country, and these contents be incorporated in the normal medical education curriculum uniformly across the country. 2. Long term training for in-service doctors and nurses should also be encouraged for updating with latest know-how. Initiating surgical super-speciality training, e.g., M.Ch (Magister Chirurgie), Trauma Surgery and Critical Care or post speciality fellowship programs are the need of the hour to develop future leadership in trauma care. (It is worth mentioning here that AIIMS is the first institution in India to start a formal degree course for surgical speciality to be trained in trauma surgery).	**Ministry of Health** **State Governments (Department of Health)**	
(c)	**Development of a System of Pre-hospital Care**		
1	**Status:** Community first-responder training should be promoted to greatly expand the capacity to access simple lifesaving interventions, especially in areas where pre-hospital services are limited and/or response times are long. Targets for first-responder (bystander) training include non-medical emergency responders such as police and firefighters, and many others whose occupations frequently put them at the scene of road traffic accidents, for example, professional drivers of trucks, including taxi drivers and public transport (bus) drivers. The country's legal system must provide legal protection to them through a 'Good Samaritan Law'. In addition, provide a unique system to activate post-crash response with coordinated mechanisms for dispatching response to the victims,	**Ministry of Health** **Ministry of Road Transport and Highways**	

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	which is far from unique till date in the form of 1033, 108, 102, 112, and many others representing private ambulance services. GVM-EMRI had introduced a network of BLS ambulance network system (with 108) under PPP mode, and some 15-18 States/UTs have adopted it now for meeting a part of their total requirements, but it is too little for the vast demand, which is being filled by all others. **Action Plan:** 1. Provide basic (EMS) training for lay providers (bystanders) and able-bodied community volunteers from general public and commercial establishments (like employees of hotels, restaurants, eateries, petrol stations, etc) including the group such as, taxi drivers, truck drivers, police, fire brigade personnel, and public transport (bus) drivers, etc. This is a requirement as per the provision of M. V. Act, which can be easily implemented/ensured along with yearly inspection or Fitness Certification of the commercial vehicle and/or regular renewal of commercial driving license. 2. Drivers of all commercial vehicles (trucks and buses) should be mandatorily provided with the first aid trauma care training (as a provision of the law for the driving license of commercial vehicles), because such a vehicle is likely to be passing through the accident scene soon after the occurrence of accident, and they will be able to provide all required help to the victims (and all such vehicles are also supposed to be equipped with a standard first aid box/kit/facilities as per law: M. V. Act). 3. MoRTH has amended the MVA rules to include provisions of Good Samaritan Law. The Protection of Good Samaritans is provisioned for in the Revised Motor Vehicles Act 2019 under Section 134A. However, there is a dire need to publicise it so that all hospitals, police personnel and general public become aware of it. 4. Establish a unique emergency telephone number with national coverage, which is still not available in the country as unique number and with coordinated response system.	**All State Governments** **Ministry of I & B**	
2	**Status:** In India, the public ambulance system has only been operating for less than a decade and varies across the states. There is currently hardly any pre-hospital notification in India. It is also found that the pre-hospital notification, in those few places where it occurs, is unstructured and not linked to a well-defined hospital response. As the number of severely injured patients being transported by public ambulances increases, the need to mobilise a team with relevant expertise in	**Ministry of Health**	

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	the emergency department will be essential. **Action Plan:** 1. The Centre and State Government together should propose a single universal number for ambulances services and it should be displayed all over the country and especially in the NH, SH and Expressway networks. 2. The ambulances should be well equipped whether it is a Basic Life Support (BLS) or Advance Life Support (ALS) ambulance (as per National Ambulance Code). 3. The concept of motorbike ambulances should be promoted, especially in inaccessible areas such as hilly terrains, congested areas, etc especially for lesser injuries involving bleeding. 4. The ambulances should be audited by team of expert doctors annually to assess the equipment and medicines, as well as the knowledge and skills of the paramedic staff. 5. Use of technology to create Emergency Trauma Care Apps fully powered by network of hospitals, TCCs, pre-hospital care teams, and ambulance services, etc be developed and adopted.	**Ministry of Road Transport and Highways** **Ministry of I. T.**	
(d)	**Training of Community on Trauma Care for Providing Pre-hospital Care**		
1	**Status:** In a vast and populous country like India, to provide the required system and facilities for transferring the accident victims to trauma facilities as per international standards will take much longer. Also, this system of ambulance is totally disintegrated/fragmented in States and also in Centre, while the availability of ambulance per unit population is also very low. **Action Plan:** 1. Able bodied citizens from the communities and commercial establishments along the highways and expressway, who volunteer for the services, are to be provided with first aid trauma care training, so that these first responders can help the accident victims by handling them scientifically as well as organize their transfer to hospitals and/or trauma care centres. 2. Basic driver training course curriculum should include the First Aid Trauma Care training as a part of it (a nationally designed uniform syllabus to be covered in all cases) and it may also be included in the test for issuance of driving license. 3. Drivers of commercial vehicles are to be mandatorily equipped with knowledge and skills for	**Ministry of Health** **MoRTH**	

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	providing the necessary assistance to the accident victims. Their driver training should include a specially designed First-Aid Trauma Care procedures for uniform adoption across the country. As per experience, 70% of all accidents are witnessed by these commercial vehicle drivers as the first responders, who arrive at the scene of accident soon after its occurrence. 4. Training of personnel of Road Contractors/Concessionaires to sensitise them to the importance of such training for saving lives of accident victims, so that they will impart training to the bystanders on their expanse of road stretches and take responsibility. 5. Involvement of insurance companies and other corporates in the training of drivers and bystanders along the entire Road Network.	**State Govts.** **Contractors & Concessionaires**	
(e)	**Education & Campaign for General Public**		
1	**Status:** The system of transferring the accident victims to nearest hospital has not gained any significant encouragement even after the Supreme Court has directed that those who assist the victims will not be part of Police investigation. One of the states (viz. Karnataka) has enacted "Good Samaritan Law" already to protect citizens helping the accident victims, but citizens are still apprehensive, as majority of them are not aware of the law. At the same time the Doctors and Police are also not informed yet through their normal training about this law. As per the directive of SC Police will not question anyone helping the victim in reaching hospital and also doctors in hospitals to start medical process immediately without waiting for police. **Action Plan:** 1. There has to be systematic effort to publicise this direction of Supreme Court through print and visual media continuously to build confidence in citizens (general public) to come forward to help the accident victims within golden hour to save lives and disabilities. 2. The correct information about the Good Samaritan Law regarding having no responsibility in the investigation of the accident is to be publicised through posters, screening of short films in cinemas and commercial CCTV networks, official and public TV networks, metros, railway stations, social media, display boards of hospitals and trauma centres, and other strategic public areas to create awareness. 3. This should form a part of all formal trainings of Police system and Medical fraternity across the country.	**Ministry of Health** **Ministry of I & B** **Ministry of Railways**	

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	4. Able bodied citizens from the communities and commercial establishments along the highways as well as prominent and educated able bodied young adults in cities and communities located along the highways are to be encouraged to voluntarily get trained in first aid trauma care skills, with complete briefing about the Good Samaritan Law.		
2	**Status**: Crating awareness about the trauma care facilities, associated law and procedures is an urgent requirement for building confidence of the general public about any such situation like road accidents, and how to get the assistance in a faster way. **Action Plan:** 1. Setting up a multilingual central portal, which the public can access for information on trauma care, for e.g., www.https/trauma_care.gov.in, with a clear message that in case of trauma, **"You can help others and Others can help you"** 2. All petrol pumps to showcase the accident statistics on real time or updated ever week, to drive home the messages like importance of wearing helmets, seatbelt, etc. 3. Promotion of the National Trauma Care Telephone Line, similar to essential services like 100, 101, 102, etc. 4. Short movies to be mandatorily shown in cinema halls, hospitals, metros, railway stations, social media, etc. to create awareness.	**Min. of Information & Technology,** **Railways** **I&B**	
3	**Status:** Infrastructure industry, especially the road industry is directly involved in the cause of improving or better managing the road accidents and helping the victims of accidents with all necessary assistance. In addition to these, the industry involved in the development, delivery and operation of the road network is required to be involved in campaign and training of road users/community in First-Aid Trauma Care. **Action Plan:** 1. In all Contracts/Concessions for development and operation of roads must have special provisions for road safety education and campaign, which shall include the First-Aid Trauma Care training for the able-bodied young/adults from the communities as well as commercial establishments along the highway, as they are likely to be the first responders in case of accidents. No Completion Certificate to be issued without this training being imparted to the bystanders.	**MoRTH** **Contractors & Concessionaires**	

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	2. In all estimates of road development and upgradation works, the 1% of the cost out of 10% supposed to be earmarked for road safety features (by global norm), shall be for education, training and campaign for the communities. 3. In all Contracts for development/upgradation/operation of highway projects, the earmarked funds for education/training/campaign shall be the provisional sum computed on the above basis. No Completion Certificate to be issued without this training being imparted to bystanders utilising the provisional sums. 4. Every Concession Agreement of road project, there should be the Contractor/Concessionaire's commitment to train bystanders along the road stretches, as indicated above, without which No C.O.D. should be issued.		
(f)	**Legal Backing for Trauma Care Services (& Support for Accident Victims)**		
1	**Status:** There are very large number of accident compensation claims pending in various courts of the country. This situation is harming the treatment, recovery and rehabilitation of the victims. Further there has to be clear responsibility and accountability in the chain of government departments so as to achieve a productive system of emergency medical services, for which state level law is required to be enacted. **Action Plan:** 1. Every state is required to enact a law as **Emergency Medical Services Act**, similar to the one enacted in Gujarat as early as 2007, through which all required responsibility and accountability of the departments are streamlined for efficient and effective emergency medical services. 2. Special courts are required to be set up by the Ministry of Law with Retired Judges for settling the large number of accident cases expeditiously to provide timely relief to the victims and/or their family members. 3. The Govt. in association with corporates and insurance agencies should help the accident victims with free cashless treatment for 48 hours as part of their CSR initiatives in a standard procedure, which may be started for the acute accident prone stretched of NH and SH stretches, which can be expanded to the entire highway/expressway network over a period of five years. 4. The PM's Health Scheme - Ayushman Bharat Scheme should be extended to include the coverage of road accident related injuries, and a cashless treatment scheme should also cover	**State Govts.** **Ministry of Law**	

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
	such cases.		
(g)	**Post-Crash Rehabilitation of Road Accident Victims & Corrections in the Systems**		
1	**Status:** Rehabilitation is an important component of post-crash response and care systems, as these services can greatly reduce lifelong disability among those injured in a road traffic crash. It is necessary to strengthen the provisions of and access to rehabilitation services for crash victims through a routine procedure. This would also require embedding rehabilitative care into acute care systems, making rehabilitation services available at lower levels of care, and establishing appropriate financing mechanisms through road-users' insurance schemes (e.g. mandatory third-party liability). Government should provide social, judicial and, where appropriate, financial support to bereaved families and survivors. **Action Plan:** 1. Establish rehabilitation centres across the whole country; at least 1 to 2 rehabilitation centres in every state and UT of the country (aiming about 50 centres in the country at the beginning in next five years). 2. The rehabilitation centres are to be equipped with trained medical professionals and other technicians for training the new/modified life skills to the victims of road accidents.	**Ministry of Health** **State Govt.** **Corporate India**	
2	**Status:** The present system of investigation and establishing the causes and fixing responsibilities of accidents is grossly deficient and faulty, making the bigger vehicle always as responsible. The Government should develop institutions and mechanisms for multidisciplinary crash investigation for ensuring justice through correctly fixing responsibility of any accident. Financial and social support should also be provided to victims and their families (through the appropriate normal insurance rules), to ensure that they are not pushed into poverty because of the large costs sometimes associated with prolonged treatments and rehabilitation. **Action Plan:** 1. IITs and NITs are dotted all over the country, and they have extensive capacity and skills to investigate the accidents for identifying true causes for fixing responsibility of the accident to compensate the victims adequately. Establish a set of selected such institutions as the "Multi-disciplinary Accident Investigation and Research Centres". 2. This investigation with true causes of accidents will also simultaneously need improving and	**Ministry of Health** **MoRTH** **State Govts.** **IIT's & NIT's** **Accident investigation State Police Department**	

Sl. No.	Road Safety Issue & Action Plan	Responsibility	Timeframe & Budget
	modifying the present rules and regulations of motor vehicle insurance, which are grossly primitive and irrational, where responsible party's insurance is not made to pay for all damages. 3. There should be mandatory requirement of investigations for accidents resulting in serious and fatal injuries to systematically develop the prevention strategies and apply an effective judicial response for victims and their families. 4. Create and establish a credible independent coordination mechanism for post-crash investigation, and share the data to all relevant stakeholders across the sectors for necessary corrections at all levels of various systems and sub-systems.		