



LOKMANYA SAFE LIFE INITIATIVE ON ROAD SAFETY

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FIRST RESPONDERS

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STRATEGY TO IMPROVE ROAD SAFETY IN INDIA

Dr. V.G.Vaidya, Managing Trustee

Road traffic accidents (RTAs) are recognized as a growing public health problem and development concern in India; disproportionately affecting young vulnerable groups of road users; their magnitude is expected to rise considerably in the years ahead.

IN FOCUS – 2009 ACCIDENTAL DEATHS

- Annual deaths are forecast to rise to 1.9 million by 2020
- By 2015 it will be the leading health burden for children over the age of five
- A total of 4,51,283 'Traffic Accidents' were reported during the year comprising 4,21,628 Road Accidents
- Total 3, 57, 021 accidental deaths in the country during the year 2009.
- A total of 6,47,904 cases of 'Un-Natural Accidents' caused 3,34,766 deaths and rendered 4,96,190 people injured during 2009 and the major un-natural causes of Accidental Deaths was 'Road Accidents (37.9%)'.
- 4.3% increase in Accidental Deaths was reported over the previous year.
- Maharashtra has reported 59,114 accidental deaths out of 3,57,021 such deaths in the country during the year 2009 and remained at the top with nearly one sixth (16.6%) of total accidental deaths reported in the country.
- 12 Thousand People are killed / injured on the Maharashtra roads each year.
- Accidental Death rate was highest in Pune (90.0) among cities; of which 20% of these casualties occur in PCMC area
- Deaths in 'Road Accidents' in the country have increased by 7.3% during 2009 compared to 2008.
- 20.7% victims of Road Accidents were occupants of 'Two Wheelers'.
- Most of the victims of accidents were aged between 15 to 44 years. This group of people has accounted for nearly two-third (60.7%) of all persons killed in accidents in country during the year.
- The economic cost to developing countries is at least \$100 billion a year.

Source : National Crime Record Bureau

The increased number of population and vehicles were accompanied by expanding road construction programs. The annual increase in vehicle ownership in India is 12-18%, where as road networks, slower changes in the behavior of drivers and safety measures have not kept pace, resulting in a dramatic increase in the number and rate of accidents.

The magnitude of the road safety problem varied between different regions & states in India. Recent studies have shown that many state have a serious road accident problem and that accident rates are higher than National average. Road traffic accidents are a significant but preventable, cause of death, disability and economic loss in developing countries. Motor vehicle injuries are the third most important cause of death in developing countries. This affects mainly the young males who are economically active. It is projected that RTAs will be the second cause of disability adjusted life years in developing countries.

Please see on page 2

SAFE LIFE INITIATIVE ON ROAD SAFETY (Road Safety Awareness campaign)

GOAL OF THE PROJECT

To reduce morbidity and mortality due to road traffic accidents in Pune.

1.3 OBJECTIVES

- To increase the awareness level of road users especially college going young boys and girls on road safety.
- To create a cadre of Road Safety trained rickshaw drivers/ambulance driver to facilitate careful transportation of road accident victims in case of emergency.
- To establish Road safety consortium

The activities include -

- Advocacy on Road Safety & EMS
- To Develop IEC material on Road Safety and EMS in local language
- To increase the awareness level of road users especially college going young boys and girls, Rickshaw, Ambulance & School Bus Drivers on road safety.
- To create a cadre of Basic Life Support trained rickshaw /ambulance/ School Bus drivers to facilitate First Aid and careful transportation of road accident victims
- To establish Road safety and Emergency Preparedness at Local Level. (REPALL) consortium for road safety.



Inauguration of Safe Life Initiative on Road Safety

Drawing Readers from page 1

STRATEGY TO IMPROVE ROAD SAFETY IN INDIA

Road Accidents are caused by a complex interaction among agent (vehicle, product), human and environmental factors operating in complex sociopolitical and economic systems. Many studies have shown that Direct and Indirect factors contribute to higher accident risks with serious consequences. Moreover, road user behavior is reckless; drivers routinely ignore traffic laws and pedestrians routinely walk in the middle of streets and cross roads without checking for traffic. Many studies in India have reported that in general, driver's errors, often accompanied by law violations, are in the chain of events leading to more than 90% of all highway accident. While alcohol drinking Investigations into some aspects of driver behavior indicated that drivers acquire many dangerous and harmful driving habits and that driver observations of traffic regulations is poor.

Comprehensive strategy for accident reduction and prevention is required to improve road safety situation in any country. In recent years, India launched integrated road safety programs which attempt to incorporate all the diverse elements related to accidents and casualties which are expected to increase the efficiency of road safety work and generate new solutions to the accident problem.

Injury prevention and control depending on evidence-based research is gaining momentum in India. High-income countries have made significant progress in the past 2-3 decades by developing comprehensive, integrated and intersectoral approaches based on scientific understanding. This has resulted in a decline in death and disability due to injuries. The lessons learnt so far reveal the following:

- Injury prevention and control is an intersectoral activity requiring inputs from different sectors such as the police, road transport, road engineering, health, education, judiciary, Insurance sector, media and the others.
- It is an integrated activity, as multiple interventions need to be combined to obtain the best results and greater success. It is best developed by a systems approach by integrating several components for each intervention.
- It is in need of active inputs in terms of resources, support and cooperation of policy-makers, professionals, public and the press (media); political commitment is crucial in this process.

It should be implemented according to a public health approach of identifying the problem, delineating risk factors and mechanisms, developing, prioritizing and implementing interventions, and evaluating them for cost-effectiveness, sustainability and culture specificity; ad hoc and crisis-oriented

- approaches do not lead to a real decline in deaths and disability.
- Injury prevention and control is possible only with the development of institutional mechanisms for research, policies and programmes.
- It is dependent on development, implementation and evaluation of programmes at local, State and national levels.
- It is based on the combined approaches of Engineering; Enforcement, Education and Emergency care (4 Es), resulting in economic benefits.
- It needs many passive countermeasures (requiring minimal or no action by the individual), as implementing active measures (requiring voluntary human efforts) is difficult and time-consuming.
- Investments made in prevention and controls are beneficial to society in the long run.

लोकमान्य हॉस्पिटल तर्फे सेफ लाईफ इनिशिएटिव्हचे उद्घाटन

लोकमान्य मेडिकल फाउंडेशन, पुणे आणि युपीएस इंडिया फाउंडेशन प्रा. लि. यांच्या संयुक्त विद्यमाने अपघातग्रस्त रुग्णांचे प्राण वाचविण्यासाठी, अपघातातील रुग्णांचे पुनर्वसन, उपचार आणि अपघात प्रतिबंधात्मक उपाय यासाठी 'Safe Life Initiative' या द्वारे अपघातविषयक जन जागृतीच्या कार्यक्रमाचे उद्घाटन ह.भ.प किसन महाराज सारखे व ज्येष्ठ संगणक तज्ज्ञ डॉ. विजय भटकर यांच्या हस्ते पुण्यात यशदाच्या सभागृहात करण्यात आले. यावेळी पोलीस सहआयुक्त अशोक धिवरे, ज्येष्ठ कायदेतज्ज्ञ चंद्रशेखर अय्यर, प्रादेशिक परिवहन अधिकारी चंद्रकांत खरटमल, वाहतूक शाखेचे पोलीस उपायुक्त मनोज पाटील, लोकमान्य मेडिकल फाउंडेशनचे व्यवस्थापकीय विश्वस्त डॉ. वि.गो.वैद्य विश्वस्त डॉ. नरेंद्र वैद्य, सुरेंद्र गुलुवालिया, बजाज अलियांझचे वरिष्ठ उपाध्यक्ष संजय मोहोळकर, सतीश पाटील, डॉ. भातलवंडे, डॉ. दामोदर पाटील, डॉ. श्रीकृष्ण जोशी उपस्थित होते.



देशाला दर मिनिटाला एक अपघात होतो तर, सहा मिनिटाला अपघातात एकाचा बळी जातो. त्यामुळे अपघात हा एक साथीचा रोग झाला आहे असे डॉ. नरेंद्र वैद्य यावेळी बोलताना म्हणाले. मागील वर्षभरात पुण्यात नोंद झालेल्या अपघातांपैकी सर्वाधिक रुग्णांवर लोकमान्य रुग्णालयात उपचार झाले आहेत अशी माहिती त्यांनी दिली. त्यावेळी त्यांनी लोकमान्य रुग्णालयामधील ट्रॉमा केअर सेंटर बाबत माहिती दिली. या अपघातांना आळा घालण्यासाठी अशा प्रकारच्या जीवरक्षक जनजागृती उपक्रमाची नितांत गरज असल्याचे त्यांनी प्रतिपादित केले. यावेळी डॉ. विजय भटकर म्हणाले की, आधुनिक जीपीआरएस प्रणालीमुळे भारतात लवकरच अपघात झाल्यानंतर तातडीने संपर्क साधून जखमीवर त्वरित उपचार करता येऊ शकणार आहेत. येत्या काही वर्षात या प्रणालीमुळे आरोग्यक्षेत्रात अमूलाग्र बदल घडतील. परिणामी अपघातांची संख्या कमी होईल.

वाहनामधील जवळपास बत्तीस कार्यप्रणाली संगणकांच्या सहाय्याने नियंत्रित करण्यात येऊन अपघातांची संख्या कमी होईल. जणू काही धावणारे संगणक असेच याला म्हणता येईल. अशोक धिवरे म्हणाले की, अपघातांची संख्या कमी होण्यासाठी नागरिकांनीही वाहतुकीच्या नियमांचे काटेकोरपणे पालन केले पाहिजे. अपघातामुळे होणारी जीवितहानी टाळण्यासाठी नागरिकांनी याबाबतीत कायम सतर्क राहिले पाहिजे. २००३ मध्ये मला अपघात झाला असताना लोकमान्यच्या रुग्णवाहिकेने मला त्वरित हॉस्पिटल मध्ये दाखल केले. ही सेवा त्यावेळी अस्तित्वात नसती तर आज मी तुमच्यासमोर उभा राहू शकलो नसतो असे संत श्री सारखे महाराज यावेळी बोलताना म्हणाले. अपघातांची संख्या कमी होण्यासाठी आजच्या शिक्षणपद्धतीत बदल करून अधिक जबाबदार नागरिक निर्माण करण्याची गरज असल्याचे ते म्हणाले. उद्घाटनकार्यक्रमानंतर पुण्यामधील पोलीस, न्यायव्यवस्था, वाहतूक, शासकीय अधिकारी, डॉक्टर्स विमा कंपनीतील वरिष्ठ अधिकारी, प्रसारमाध्यम प्रतिनिधी, सामाजिक संस्थांचे पदाधिकारी यांनी अपघात प्रतिबंधासाठी तसेच अपघात निवारण, उपचार, पुनर्वसन व व्यवस्थापन या विषयांच्या चर्चासत्रात सहभाग घेतला. अमेरिकन संस्था यूपीएस, लोकमान्य रीसर्च सेंटरचे प्रमुख विश्वस्त डॉ. व्ही. जी. वैद्य, डॉ. नरेंद्र वैद्य, डॉ. प्रकाश भातलवंडे; डॉ. दामोदर पाटील, डॉ. श्रीनिवास पत्तार यांच्या पुढाकारातून महाराष्ट्र राज्यासाठी 'Safe Life Initiative' या अपघाताविषयक जनजागृतीचा कार्यक्रम घेण्यात आला आहे. या कार्यक्रमांतर्गत पुढील बाबींवर भर देण्यात येणार आहे. या प्रकल्पामध्ये विविध कॉलेजमधील युवक-युवती, रिश्का चालक, खाजगी वाहन चालक, रुग्णवाहिका चालक, एसटीतील चालक, विद्यार्थ्यांची ने-आण करणारे बसचालक दुचाकी-तीनचाकी वाहनचालक यांच्यासाठी वाहन चालविताना घेण्याविषयीचे मार्गदर्शन, रस्ता सुरक्षा व प्रथमोपचार विषयक प्रशिक्षण देण्यात येणार आहे. या प्रकल्पामध्ये विविध कॉलेजमधील युवक-युवतींचा संघ तयार करून त्यांना 'Basic Life Support, First Aid' चे प्रशिक्षण देवून अपघात जीवन रक्षक बनविण्याचे कार्य केले जाणार आहे. रिश्काचालक, विद्यार्थ्यांची ने-आण करणारे बसचालक, रुग्णवाहिका चालक यांच्यासाठी तातडीक वैद्यकीय सेवेविषयी प्रशिक्षण कार्यक्रम घेऊन त्यांचा एक संघ तयार करून अपघातात सापडलेल्या जखमींना तातडीने वैद्यकीय मदत उपलब्ध करून देण्यावर भर दिला जाईल. महाराष्ट्र रिश्का पंचायतीचे अध्यक्ष बाबा कांबळे यांच्या सहकार्याने ७०० रिश्काचालकांना अपघाताच्या वेळी जीव वाचविण्याच्या दृष्टीने प्रथमोपचाराचे प्रशिक्षण देण्यात येणार आहे. महामार्गावर दर चाळीस किलोमीटर अंतरावर शासनाच्या वतीने अपघात मदत केंद्र सुरु करण्याच्या दृष्टीने शासनाला आवाहन करण्यात येणार आहे. पाहुण्याची ओळख डॉ. सुचित्रा मानकर यांनी करून दिली.

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Safe Life Initiative on Road Safety was launched on 9th October 2010 at YASHDA Pune at the august hands of Spiritual Guru Shri. Kisan Sakhare Maharaj and Sr. Scientist Dr Vijay Bhatkar in presence of joint Commissioner Ashok Dhiware; Advocate Shrish Iyer, Member Pune Bar Council; Manoj Patil, DCP (Traffic), Chandrakant Kharatmal RTO Pune; Mr. Satish Patil, Sr. Manager UPS Representative; Mr. Abhijeet .K Chatteraj National Insurance Academy; Mr. Sanjay Mohalkar, Sr. Vice-President Bajaj Allianz and other dignitaries of Lokmanya Medical Foundation Dr. V.G.Vaidya, Managing Trustee, Dr. P.V. Bhatlawande, Director; Dr. Suchitra Mankar Medical Director.



Dr. S. Mankar welcomes all the dignitaries and briefed about the Lokmanya Medical Foundation and its activities in the field of health care, road safety and trauma care .



Dr. P.V. Bhatlawande Director LMRC; "Road Safety Ek Dristiskhep" emphasized on Global Concern on Road Traffic Accidents; Indian Road Scenario; Solutions for Reducing Road Accidents & Road Safety Issues.



Dr. Narendra Vaidya Chief Orthopaedics Surgeon and Traumatologist presented his views on Lokmanya Model of Comprehensive Trauma System and stressed the need for advocacy for EMS in Maharashtra; introduction of EMS Law, improving political awareness, infrastructure and adequate trauma and rehabilitation Centre.



Mr. Satish Patil, Sr. Manager UPS India: "Role of Community in Road Safety": Appealed for extending support by means of volunteerism to various civil society and organizations.



Shri. Ashok Dhiware, Commissioner of Police, Pune spoke on the "Role of Police on Road Safety". He emphasized on Behavioral change of People towards Road Safety and need for people to be more humane and sensitive towards Road victims and appealed the road users to come forward for helping the unfortunate.



Dr. D.H Patil Public Health Specialist Lokmanya Medical Research Centre introduced about the UPS India supported Safe Life Initiative on road safety project



India's renowned scientist Dr. Vijay Bhatkar, Sr.Scientist, Trustee LMRC ; deliberated on 'Use of Technology in Road safety'; the need for research and hybridization of Engineering and Medical science for developing advances technology to bring down the morbidity and suffering.



Mr. Shirish Iyer Sr. Advocate, Pune Bar Council, covered legal aspects on Road Traffic Injury and Safety.



Dr. Kokane, District Health Officer elaborated on Role of Public Health Department in Road safety.



*Mr. Abhijeet K Chatteraj, National Insurance Academy; " Role of Insurance agencies in road safety"
Mr. Mohalkar Sr. Vice-President Bajaj Allianz : narrated some good insurance models, experiment in insurance policies . Web based solution for early reporting of accidents and insurance services.*



Dr V.G Vaidya, Managing Trustee Lokmanya Medical Foundation; summed up the meeting proceedings and called for positive political commitment for establishing EMS system in Maharashtra soon and assured the gathering for effective implementation of Safe Life Initiative on Road Safety.

Government of India to conduct Road Safety Audits

Rapid increases in vehicle ownership, especially in motorcycles in the Asia and in India during the past 3 decades have placed considerable pressure on the road networks, their traffic and control devices, and on users of road facilities. The number of people killed and injured in traffic crashes has been steadily increasing. This continued steep increase in the number of crashes and fatalities indicates that these losses are even higher today and are undoubtedly inhibiting the economic and social development of India and adding to the poverty and hardships of the poor.

Unfortunately, in the rush to develop and expand road networks, problems can sometimes arise in new construction and especially in rehabilitation schemes if insufficient attention is given to road safety impacts that can be associated with road infrastructure projects. The higher speeds that become possible on improved roads can lead to an increase in road safety risk for communities along such routes and for vulnerable road users. This, in turn, can lead to an increase in the number of deaths and casualties on such roads. Conscious of this potential outcome, India needs to make every effort to ensure that it does not, through its infrastructure projects, inadvertently add to what is already a major socioeconomic concern facing its DMCs.

The RSA is a systematic procedure that brings traffic safety knowledge into the road planning and design process to prevent traffic crashes. The RSA is a formal systematic road safety assessment or "checking" of a road or a road scheme. This is usually carried out by an independent qualified auditor or a team of auditors who report on ways of minimizing risks to road users. These auditors can be in-house safety experts of the road authority or external specialist consultants.

The RSA concepts are increasingly being adopted and they are beginning to have an impact in preventing the development of unsafe road networks. The RSA can be applied to all kinds of road projects—new road construction as well as rehabilitation of existing roads. It can be applied to small and large projects and used on rural as well as urban roads. The RSA can be applied to specific operating and maintenance activities on existing roads as well as for systematic assessment of road safety aspects on existing roads and road networks.

The RSA is also focused only on **accident prevention** and does not usually address the separate issue of **accident reduction**. For safe road networks to exist, it is necessary to carry out both accident prevention (using the RSA) and accident reduction (using hazardous location improvement programs). The RSA in India alone cannot solve all safety concerns but can play an important part in preventing the circumstances that can lead to road accidents.

- At least 15 people die every hour and 1.37 lakh every year in road accidents in the country. The major reason identified for these accidents has been the faulty road designs.
- To put a stop to these fatalities and road accidents, the government will start road safety audits – which will identify engineering deficiencies and suggest corrections needed in structure and construction of roads.
- The audit process is estimated to cost Rs. 420 lakhs for a period of three years.
- To start with, 1000 engineers will be trained as road auditors by the road transport ministry. These auditors will then suggest structural changes in road design and identify construction errors in already existing projects.

STAKE HOLDER : ROLES AND RESPONSIBILITIES IN TACKLING ROAD SAFETY

The most important groups who can be mobilised and who have a role to play in reducing road Crashes are:

1. Government and the Public Sector can:

- Provide leadership and a framework for the development and implementation of effective road safety policies.
- Provide high standards of accountability in meeting road safety objectives and to ensure the effective use of resources.
- Provide funds for road safety programmes that maximize benefits.

2. Local and Regional Governments can:

- Take a leading role in coordinating the road safety effort of all relevant agencies and community groups within their particular administrative area. These activities should be consistent with the National Road Safety Plan, and coordinate activity across all relevant agencies in that geographic area.
- Ensure that planning of local facilities and residential areas effectively takes account of the road safety needs of the community.
- Implement road safety programmes and initiatives.
- Ensure effective policies for the control & enforcement of liquor laws.

3. Communities and Cultural or Ethnic Organizations can:

- Provide support and leadership for road safety campaigns & initiatives.
- Demonstrate a concern for the number of road deaths occurring and a commitment to foster improvements.
- Persuade various communities to accept a greater participatory role in road safety improvements.
- Work with other organizations in providing road safety education / publicity and other road safety programmes.

4. Education Sector can:

- Make a formal commitment to promote effective road safety education in schools and pre-schools so that appropriate behaviour is fostered from early age.
- Develop links between schools and other agencies, such as the Ministry of Transport, National Road Safety Council and police, in relation to road safety.
- Assist in the life-long education of road users.

5. Media can:

- Enhance community awareness and understanding of the causal factors and real costs of road crashes.
- Support road safety initiatives through responsible and objective reporting.
- Influence societal changes which lead to a reduction in unacceptable driver behaviour and poor attitudes.

6. Police and Enforcement Agencies can:

- Improve road user behaviour and vehicle standards through a balance of education, encouragement and effective enforcement strategies.

- Maximise enforcement effectiveness using proven enforcement systems and technology.
- Maintain a high level of expertise in crash/casualty reporting.
- Focus on high-risk behaviours and use casualty and crash data to identify locations and where police enforcement could minimise such unsafe behaviours.

7. Health Agencies and Professionals can:

- Ensure development of effective Emergency Medical Services.
- Advise patients on their fitness to use the road, including the effects of prescribed drugs and medication on road user performance.
- Provide feedback from injury assessment to improve vehicle occupant protection and road safety policy.
- Provide health promotion road safety programmes.
- Liaise with other practitioners in the road safety field to avoid duplication of effort.

8. Transport and Land-Use Planners can:

- Adopt effective and safe traffic management measures in planning transport and land-use developments.
- Pay particular attention to the safety requirements of people with disabilities, older people, children, pedestrians, bicycle riders and other non-motorised road users in the planning task.

9. Road Engineers and Highway Authorities can:

- Improve the safety performance of the road network by ensuring that planning, design, construction and maintenance places a high priority on safety outcomes.
- Apply crash reduction and crash prevention techniques to create safer road networks for the future.
- Review and safety audit existing, rehabilitated and new roads to eliminate unnecessary hazardous locations and misleading/absent markings.

10. Insurance Industry can:

- Assist in the development, sponsorship and funding of crash prevention programmes.
- Provide premium incentives as a means of encouraging and rewarding safer behaviour.
- Provide feedback to government and regenerative crash trends and outcomes to assist in the further development of road safety policy.

11. Alcohol and Hospitality Entertainment Industry

- Adopt responsible standards of alcohol serving and host responsibility programmes, especially for young adults.
- Assist patrons in monitoring alcohol consumption, for example, through the use of coin operated breath testers and better labeling of alcoholic content of beverages.
- Promote the consumption of low-alcohol beverages in preference to higher proof drinks.
- Advertise and promote alcohol responsibility.

12. Vehicle Manufacturers and Importers can:

- Improve crash worthiness features of vehicles including enhanced occupant protection
- Progressively introduce in-vehicle crash avoidance technology.
- Adopt an advertising code which promotes the safety features and safety performance of vehicles and their responsible use.
- Discontinue importation of crashed vehicles. Such crashed vehicles must be repaired/restored in the originating country before being imported into use.
- Only vehicles under five years old to be imported and all vehicles to undergo a mandatory vehicle roadworthiness inspection before being permitted to use roads.

13. Heavy Vehicle Transport Industry can:

- Adopt responsible freight forwarding and driving schedules which permit adequate rest breaks and promote driver safety.
- Prevent the abuse of alcohol and drug stimulants and promote healthy lifestyle habits amongst drivers.
- Ensure high standards of vehicle, mechanical safety, and load stability and security.
- Enhance industry professionalism and safety through improved fleet management.

14. Driver Training Providers can:

- Require all learner vehicles to display signs.
- Equip learner and novice drivers with the necessary skills, attitudes and behaviour needed to drive safely on our roads.
- Maintain and foster a high standard of driver training, instruction and professionalism.
- Promote and foster the upgrading of driving skills amongst drivers, particularly drivers of heavy & public service vehicles.
- Establish an Association and enhance industry professionalism by developing a Code of Providers teaching materials, Driving Instructors training programmes, etc., for their members.

15. Motoring Associations can:

- Promote road safety amongst their memberships by providing up-to-date and relevant information on traffic laws, safe driver behaviour and techniques, road conditions, maintenance procedures and vehicle safety.
- Support, promote and sponsor effective road safety initiatives and campaigns.
- Provide membership feedback to government and industry on road safety policy and new initiatives.

16. Advertisers can:

- Discourage advertising which glamorises and/or promotes unsafe practices and products.
- Actively encourage safer practices and products.

17. Researchers/Universities can:

- Ensure that there is a balance between research on basic and applied topics.

- Ensure that road safety research is of high quality, timely and that its implications are identified and promoted.
- Ensure the development of high quality databases.
- Evaluate effectiveness of measures implemented to ensure cost effective expenditure.
- Provide reliable research results and knowledge against which policy decisions can be made.

18. All Organizations can:

- Develop internal safety policies for their staff including host responsibility.
- Promote safe practices in fleet operation.
- Larger fleet operators can encourage staff to participate in defensive driving courses, and where feasible, sponsor or buy in defensive driving courses for own staff at own premises.

19. Individual Road Users & Researcher can:

- Attain a greater understanding, awareness, and practice of safe behaviour and skills.
- Make a personal commitment to improve road safety by adopting more courteous and considerate road behaviour and demonstrating care for the safety of others topics.
- Ensure that road safety research is of high quality, timely and that its implications are identified and promoted.
- Ensure the development of high quality accident databases.
- Evaluate effectiveness of measures implemented to ensure cost effective expenditure.
- Provide reliable research results and knowledge against which policy decisions can be made.

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Drawing Readers from page 5

- The developers – private sector in this case, will have to provide for service roads, pedestrian and cattle crossings, truck and bus bays, costing about Rs. 9000 lakh between 2010 and 2013 in their proposed plans.
- The audit process which is part of the Road Safety and Traffic Management Bill already in Parliament will need the Cabinet's nod.
- Every developer will have to adhere to the safety guidelines circulated by the road transport ministry in every stage of road construction.

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HELP ACCIDENT VICTIMS

to Reach Hospital in Golden Hour



- Police shall not question or detain you
- Doctors must attend the victims immediately

- Hon'ble Supreme Court Directives

HELPING ROAD ACCIDENTS VICTIMS

Supreme Court Judgment

As per the Appeal (civil) 919 of 2007 dated 23.02.2007, the Supreme Court has ruled that 'all injured persons especially in case of the road traffic accidents, assault etc. when brought to a hospital / medical centre, have to be offered first aid, stabilized and shifted to a higher centre / government centre if required. It is only after this that the hospital can demand payment or complete police formalities. In case you a bystander and wish to help someone in an accident, please go ahead and do so. Your responsibility ends as soon as you leave the person at the hospital'. The hospital bears the responsibility of informing the police, first aids etc.

In the case of Pt. Parmanand Katara vs Union of India in Criminal Writ Petition No.270 of 1988, DI-28.8.1989 (AIR 1989 Supreme Court 2039) the Hon'ble Supreme Court of India has observed:

"Every injured citizen brought for medical treatment should instantaneously be given medical aid to preserve life and thereafter the procedural criminal law should be allowed to operate in order to avoid negligent death. There is no legal impediment for a medical professional when he is called upon or requested to attend to an injured person needing his medical assistance immediately. The effort to save the person should be the top priority not only of the medical professional but even of the police or any other citizen who happens to be connected with that matter or who happens to notice such an incident or a situation".

"There are no provisions in the Indian Penal Code, Criminal Procedure Code, Motor Vehicles Act, which prevents doctors from promptly attending to serious injured persons and accident cases before arrival of the police and their taking into cognizance of such cases, preparation of FIR and other formalities by Police." (Para-6)

"There can be no second opinion that preservation of human life is of paramount importance. This is so on account of the fact that once life is lost, the status quo ante cannot be restored, as resurrection is beyond the capacity of man." (Para-7)

Professional obligation of a doctor/hospital for providing medical care to emergency cases of road accidents

"Every doctor whether at a Government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life. No law or State action can intervene to avoid/delay the discharge of the paramount obligation cast upon members of the medical profession. The obligation being total, absolute and paramount, laws of procedure whether in status or otherwise which would interfere with the discharge of this obligation cannot be sustained and must, therefore, give way" (Para-8)

No Legal formalities before attending to a road accident victim "The treatment of the patient should not wait for the arrival of the police or completion of legal formalities. All hospitals and doctors are required to provide immediate medical aid to all the cases, whether medico-legal or not" (Para-3)

Duty of Driver in case of an Accident- Provisions of Section 134, Motor Vehicles Act 1988

Following the Supreme Court order in 1989, the Motor Vehicles Act was amended in 1994, to make it mandatory on both the driver/owner of the vehicle to take the accident victim to the nearest doctor, and the doctor to treat the victim without waiting for any formalities.

Duty of driver in case of accident and injury to a person -

When any person is injured or any property of a third party is damaged, as a result of an accident in which a motor vehicle is involved the driver of the vehicle or other person in charge of the vehicles -

(a) Unless it is not practicable to do so on account of mob fury or any other reason beyond his control, take all reasonable steps to secure medical attention for the injured person (by conveying him to the nearest medical practitioner or hospital, and it shall be the duty of every registered medical practitioner or the doctor on the duty in the hospital immediately to attend the injured person and render medical aid or treatment without waiting for any procedural formalities), unless the injured person or his guardian, in case he is a minor, desires otherwise;

(b) Give on demand by a police officer any information required by him, or, if no police officer is present, report the circumstance of the occurrence, including the circumstances, if any, for not taking reasonable steps to secure medical attention as required under clause (a) at the nearest police station as soon as possible, and in any case within twenty-four hours of the occurrence;

(c.) Give the following information in writing to the insurer, who has issued the certificates of insurance, about the occurrence of the accident, namely :-

- I) Insurance policy number and period of its validity;
- II) Date, time and place of accident;
- III) Particulars of the persons injured or killed in the accident;
- IV) Name of the driver and the particulars of his driving licence.

Failure to comply with this action is punishable

Under Section 187 of MV Act, 1988 whoever fails to comply with the provisions of the clauses of Section 134, shall be punishable with imprisonment for a term which may extent to 3 months, or with fine which may extend to Rs.500, or with both. If it is the second time for the person concerned, then the penalty is harsher. The imprisonment may extend to 6 months, or with fine, which may extend to Rs. 1000 or with both.

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Lokmanya Medical Foundation is a registered, not-for-profit Organization promoting the Road safety with programs and public information under Safe Life Initiative on Road Safety Sponsored by the UPS India

The information contained in this publication is offered for the benefit of College student, young riders and those who have an interest in riding Road Safety. The information has been compiled from publications and observations of individuals and organizations familiar with the Road Safety, Emergency Medical Services, Road Safety Research and training.

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