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**REVISION OF THE CONSOLIDATED RESOLUTIONS ON ROAD TRAFFIC (R.E.1) AND
ON ROAD SIGNS AND SIGNALS (R.E.2)**

Assistance to victims of road accidents

Transmitted by the small group

At its thirty-second and thirty-third sessions, WP.1 considered a document by the European Federation of Road Traffic Victims (FEVR) on assistance to victims of road accidents (TRANS/WP.1/1999/3). The Working Party decided to set up a small group composed of the delegations of France, Israel, FEVR and the International Federation of Red Cross and Red Crescent Societies (IFRC) under the chairmanship of France to revise the text so that it could be included in R.E.1. The revised text appears below.

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Assistance to the victims of road accidents

The study COST 313 [1] as well as the European Parliament's Conference on Road Safety [2], have estimated that the socio-economic cost for one person killed in a road accident amounts to US \$ 2 million, quite apart from the infinite sum of suffering it causes to the victims and/or their relatives.

The experience of and studies done by the European Federation of Road Traffic Victims (FEVR) show that appropriate emergency assistance can lead to a decrease in the number of victims and the gravity of trauma caused. Furthermore, an adequate emotional, social, medical and juridical assistance to the injured as well as to their relatives, could reduce their psychological and physical stress, thus decreasing their suffering, and facilitating their return to normal life, which in turn would contribute to a decrease in the socio-economic costs [3].

The improvement of first aid for road traffic was among the Recommendations of the 3^d Meeting of the Economic Commission for Africa (ECA) and the Organisation for Economic Co-operation and Development (OECD) [4].

The improvement of first help and assistance to the victims of road accidents was also included in a recent "Resolution for road safety" adopted by the European Parliament [5].

The World Health Organization (WHO) has expressed its support for FEVR's efforts concerning assistance to the victims of road traffic accidents [6].

In the "Universal Declaration of Human Rights" [7], Article 22 states: "Everyone, as a member of society, has the right to social security".

In the "Comparative study of the organization and functioning of emergency medical assistance services" undertaken by the Council of Europe [8] in 1990, the possibilities of harmonization and national and international coordination are considered.

In Resolution NE45 approved in 1983 by the European Conference of Ministers of Transport (ECMT), some measures aiming to improve first help in road traffic are recommended to member countries [9].

In the Agreement on Minimum Requirements for the Issue and Validity of Driving Permits (APC) [10], knowledge and understanding of the rules applicable to the driver concerning correct behaviour in the case of accident, are required for the driving licence.

In the Council Directive of the European Union on driving licences [11], "knowledge and understanding of general rules specifying how drivers must behave in the event of an accident (setting warning devices and raising the alarm) and the measures he can take to assist road victims where necessary" are required for the driving licence.

On the basis of the documentation cited above,

convinced that a qualitative and quantitative improvement of first help in road traffic would contribute towards an increase of the chances of survival of road accident victims and would reduce the seriousness of their injuries;

convinced that the huge social and economical costs caused by road traffic accidents justify investments in first help and assistance to the victims, proportional to the importance of those costs;

considers that an improved education and training at all levels would increase the efficiency of first aid;

considers that simple first help procedures should be part of school education and training;

considers that these simple procedures should also be regularly highlighted by the media, in order to reinforce the education of children and students as well as to keep the general population aware of them;

considers that theoretical and practical knowledge and proof of simple practical first aid skills should be required in examinations for the issuance of driving licences;

considers that all motor vehicles should be equipped with a first aid kit;

considers that professional drivers, policemen, firemen etc. should have the possibility of receiving enhanced education and training in first aid techniques;

considers that a rapid transport of the injured to an appropriate health structure may be essential for the survival and reduction of the severity of the victim's injuries;

considers that these health structures should have the qualitatively and quantitatively appropriate facilities and medical and paramedical personnel trained in the specialty of emergency medicine;

considers that, in addition to the medical help given to the injured, it is necessary to provide psychological, social and juridical help to those victims and/or to their relatives as is now often the case with large scale catastrophes;

considers that to provide access to rehabilitation of all road traffic victims, and particularly those who have suffered brain damage, is an expression of human rights;

considers it necessary to maintain at the same level of efficiency each link of the chain of interventions, from first aid to medical care up to final rehabilitation and/or assistance with psychological, social and juridical problems.

References

1/ COST313 Coûts socio-économiques des accidents de la route, Commission Européenne, ISBN 1018-5593 (1993).

2/ La sécurité routière en Europe: une responsabilité partagée, Conférence tenue au Parlement Européen le 14 octobre 1997, publié par M&M Conseil (1997).

- 3/ Impact of road death and injury. Research into the principal causes of the decline in quality of life and living standards suffered by road crash victims and victims' families. ISBN 2-940183-00-7 Publication, FEVR (1997).
- 4/ Joint ECA/OECD 3rd African Road Safety Congress, Pretoria, 14-17 April 1997.
- 5/ Resolution of 11 March 1998 of the European Parliament on the Commission's communication "Promoting road safety in the EU - the programme for 1997-2001".
- 6/ Letter of 11 November 1998 from Dr. C. J. Romer, Chief, Violence and Injury Prevention, Social Changes and Mental Health, World Health Organization (WHO), Geneva, Switzerland.
- 7/ "Universal Declaration of Human Rights", adopted by UN General Assembly Resolution 217A (III) of 10 December 1948.
- 8/ "Comparative study of the organisation and the functioning of emergency medical assistance services", Council of Europe, Strasbourg, 1990, ISBN 92-871-1726-8.
- 9/ Resolution No. 45 on "Measures aimed at improving first aid in road traffic", European Conference of Ministers of Transport (ECMT), Paris, 24 November 1983 [CM(83)20].
- 10/ Agreement on Minimum Requirements for the Issue and Validity of Driving Permits (APC), done at Geneva on 1 April 1975, ECE/TRANS/13, Annex I, item 10.4.
- 11/ Council Directive of the European Union 91/439/EEC of 29 July 1991 on driving licences, Annex II, I. Knowledge, skill and behaviour for driving a power-driven vehicle. Item 2.13.

It is recommended that member States :

A. Early alert

- (a) Install along main roads, highways as well as in accident prone spots, call systems connected to the established emergency system. Encourage, in other areas, the use of mobile phones and all other means of calling for assistance.
- (b) Agree on a specific toll-free phone number accessible to all for emergency assistance.
- (c) Inform the population about this specific phone number and its use.
- (d) Promote among the population (including during the training for a driving licence) a very simple alarm protocol informing the emergency system about the location, nature and consequences of the accident.

B. Secure the area of the accident

- (a) Teach road users (including during the training for a driving licence) to secure and signal the area of the accident (i.e. triangle, lights, road flares) in a safe way until the arrival of the emergency service (police, fire brigade, rescue/ambulance/medical personnel, etc.)
- (b) Teach road users (including during the training for a driving licence) to avoid and prevent further complications (for instance by switching off the ignition of the vehicle, parking the vehicle and/or applying the parking brake).

C. First aid

- (a) Organize training in order to provide all drivers with the know-how/knowledge to perform immediate assistance offering protective and life saving measures to minimize the impact of a health emergency until it is stabilized, remedied or professional help is made available.
- (b) Organize for drivers of certain categories of vehicles (i.e. public transport, trucks, emergency units) the periodical refreshment of their first-aid knowledge and skills.
- (c) Require the availability of a first-aid kit in vehicles of category B, C and D.
- (d) Encourage first-aid information to be incorporated into the materials users usually consult, including highway codes, map books, vehicle handbooks, training programmes and driving tests.
- (e) Encourage the harmonization of first-aid techniques, training and materials.

D. Emergency medical assistance

- (a) Set up a coordinated dispatch of emergency response resources, including the transport of the injured to the extent possible to the nearest adequate health facilities, according to the nature and severity of the injuries.
- (b) Standardize emergency response protocols and ensure that they permit appropriate management of emergency medical assistance to road traffic victims from the accident scene to and at health facilities.
- (c) Provide and properly distribute geographically, appropriate emergency response and rescue units so that in principle they can be on the scene of an accident in the shortest possible time after the alarm is received.
- (d) Properly equip fixed and mobile emergency resources operated by a sufficient number of qualified and well-trained personnel.
- (e) Encourage the spreading and availability of good practices and instrumentation for life-saving measures, and standardized triage procedures for rescuers.

Note for the attention of members of WP.1

1. In the European Union Directive of 29 July 1991 (91/439/EEC), it is stated :
 - Article 7 - point 1 : “Driving licences shall, moreover, be issued only to those applicants (a) who have passed a test of skills and behaviour and a theoretical test and who meet medical standards, in accordance with the provisions of Annexes II and III.”
 - Annex II 2) : “Drivers must be able to demonstrate a knowledge and sound understanding of the following fields: (...) 2.13. General rules specifying how the driver must behave in the event of an accident (setting warning device and raising the alarm) and the measures which he can take to assist road accident victims where necessary.”
2. In the light of the above Directive, it is proposed that WP.1 reconsider its position and consider extending the application of the part of the directive concerning the compulsory learning of first aid as a recommendation to all other countries of the ECE region.
3. Improvements in the design of road transport systems, vehicle design, and driver training have contributed to improvements in road safety. But as the statistics show, road accidents continue to be a major cause of death and injuries. When accidents happen, the relevant public authorities - police, health, fire services - in each Member State have procedures for the management of traffic accidents, including the speediest possible response to those suffering injury. Significant emphasis is necessarily placed on the provision of high-quality professional medical care. Alongside this emphasis on fast response from specialists in emergency medicine, practical first-aid capability amongst the general population is increasingly recognised as a vital part of an overall emergency response strategy.

"delivery of effective first aid is one of the activities of the management of the casualty which is a crucial determinant of the severity of the injury eventually received and the chance of survival"

[European Transport Safety Council (ETSC), A strategic road safety plan for the European Union, Brussels, 1997]
4. In other words, imagine that a victim has a haemorrhage following a road accident: if nobody applies pressure to the wound to stop the bleeding, even the most sophisticated or the quickest emergency service in the world will only arrive on the scene in time to certify death.

First-aid training seeks to educate the citizen on accident, injury and disease prevention and train them in how to react in a helpful way to major or minor emergencies (whether as the person experiencing the problem or as a bystander) until skilled professional help is available.
5. First-aid can be rendered by ordinary people who happen to find themselves at the scene of an accident, whether because they are in one of the vehicles involved, or live close by, or are in a passing vehicle. The willingness of bystanders to offer this assistance, and the quality of this assistance, is strongly dependent on them having received formal training in first-aid.
6. First-aid can play a role in each of the three approaches to emergency management of road traffic casualties taken by the relevant national authorities:

- provision of immediate emergency treatment at the accident scene by specialist ambulance service personnel, with transportation of the injured person to the hospital accident and emergency department as quickly as possible.
- skilled medical personnel attend the site of the incident as part of the emergency response team and carry out a wider range of stabilizing and treatment procedures before transportation to hospital.
- where no organized emergency response service exists, or cannot reach the scene for some reason, the injured are dependent on passing motorists or local people for first-aid and transportation to the nearest hospital.

7. In the first two cases, first-aid can be critical in the period before the emergency services arrive. People trained in first-aid may also be a help where the emergency team needs additional assistance, for example in comforting passengers who are not critically injured. In the third case, first-aid is a critical support for as long as it takes to get professional medical help for the injured.

8. These simple life-saving measures require a practical competence through an appropriate training. The easiest way to ensure that more people trained in first-aid are available at the scene of road accidents is to require that a practical knowledge requirement of first-aid is built into the driving licence testing procedures of Member States.

9. First-aid being the demonstration of altruism and a true sense of helping one's fellow human beings is a simple gesture of humanity that can protect and save a life.
