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**ECONOMIC COMMISSION FOR EUROPE**

**INLAND TRANSPORT COMMITTEE**

Working Party on Road Traffic Safety  
(Thirty-eighth session, 19-22 March 2002,  
agenda item 5 (a))

**Note by the European Federation of Road Traffic Victims (FEVR) and the  
International Federation of Red Cross/Red Crescent Societies (IFRC)**

The Working Party on Road Traffic Safety (WP.1) at its thirty-sixth session adopted the recommendation on the inclusion of document TRANS/WP.1/2001/7, "Assistance to victims of road accidents" [1] in Consolidated Resolution R.E.1 as chapter 10.

This theme was the subject of an international workshop held in Budapest on 30 and 31 August 2001 under the auspices of the United Nations, on Human Aspects of Road Traffic Safety. The Hungarian Prevention of Road Accidents Bureau (KTI), an agency of the Hungarian Ministry of Transport, is preparing a report on this workshop which could be annexed to chapter 10 referred to above.

The workshop concluded with the adoption of recommendations addressed to WP.1 to expand and develop the aim of the aforementioned Resolution by measures which could, if applied, save many lives.

The recommendations of the workshop are as follows:

### **1. Harmonization of the definition of deaths and injuries in road accidents**

Experience shows that the statistics furnished by the various countries represent only a very incomplete view of the true situation, making it difficult to assess the impact of road safety measures and rendering international comparisons uncertain.

Two pitfalls may be encountered: (a) non-standardization of the period within which death is attributed to a road accident and (b) underestimation of the number of deaths and injuries furnished by the various services involved in collecting the data - basically, the police and the hospitals.

The definitions and methods proposed by the Working Party on Transport Statistics, WP.6, do not seem to be any more accurate (cf. TRANS/WP.6/2001/2).

#### ***Recommendation 1:***

***Collaboration with WP.6 in proposing simple definitions for deaths and injuries which will lead to more reliable statistics for recording them***

### **2. Support for the implementation of the resolution “Assistance to victims of road accidents”**

The discussions in WP.1 sessions on this resolution and the merits of the resolution itself call for support for its implementation. Guidelines need to be developed to enable States to implement it. They would consolidate practice and experience in this area and set out various possibilities for implementation, bearing in mind the differences which exist in the world.

#### ***Recommendation 2:***

***Development of guidelines to support the implementation of the resolution “Assistance to victims of road accidents”***

### **3. First-aid kit**

There have been developments in some practices and equipment since the publication of Revision 5 (ref. TRANS/SC.1/294/Rev.5, of 6 January 1998) of the Consolidated Resolution on Road Traffic (R.E.1).

The first-aid kit naturally supplements any information or training road users have acquired. It should allow drivers to have basic equipment enabling them to provide help safely (e.g. a reflecting device), protect themselves (e.g. protective gloves), and be more efficient (e.g. a tourniquet to contain haemorrhaging).

**Recommendation 3:**

***Updating of Revision 5 (ref. TRANS/SC.1/294/Rev.5, of 6 January 1998) of the Consolidated Resolution on Road Traffic (R.E.1)***

**4. Special rights and duties of medical and paramedical professionals who happen to find themselves on the scene of an accident**

The victims of road accidents may receive better immediate assistance if medical and paramedical professionals are among the first witnesses. Their know-how, habitual practices and sometimes their equipment (when it is to hand) may make a significant contribution at the scene of the accident to saving a life and stabilizing the victim until the emergency services arrive.

First of all, it should be borne in mind that medical and paramedical professionals are citizens with the same duty to assist road accident victims as others. Like everyone else, they use roads and cross borders for holidays or for professional trips (e.g. participation in a congress). It may, however, be noted that in some countries professionals either benefit from specific regulations (e.g. the obligation of providing medical care), or may be liable to prosecution (e.g. proceedings in the event of complications even where there has been no negligence on the part of the health professional).

These disparities are a constraint on the participation of medical and paramedical professionals in the first moments of a road accident, and thus on the benefits that could accrue to road accident victims in terms of lives saved and suffering relieved.

**Recommendation 4:**

***Establishment of a common legal reference defining the roles and the place of medical and paramedical professionals when they intervene in the first moments after a road accident, outside the official structure (e.g. emergency medical assistance) or health care organization (e.g. doctor on call)***

**5. Improvement of hospital accident and emergency services**

Many countries benefit from high-quality pre-hospitalization care for road accident victims. This is due to the improvement and availability of emergency medical transport (medically-equipped ambulances and helicopters) which enables the scene of an accident to be reached promptly (e.g. between 5 and 15 minutes after the emergency call). This improvement is also due to the professionalization of pre-hospitalization medical teams.

Some statistics show that the advantage gained in the pre-hospitalization phase is wasted because of inadequate hospital reception structures. It has been estimated that 10 to 40 per cent of deaths after admission to hospital are “avoidable”. These victims could have been saved by appropriate treatment provided by sufficiently numerous qualified and trained personnel, using currently available technologies. Better coordination among the services concerned (accident

and emergency, laboratories, etc.) is also regarded as a factor of quality. The serious nature of post-traumatic disabilities could also be considerably mitigated through appropriate treatment, early rehabilitation and psychological support.

Deaths in hospital account for approximately half of all road fatalities. It is reasonable to calculate that eliminating the “avoidable deaths” would make it possible to reduce total road deaths by 5 to 20 per cent depending on the country. This move towards improvement also has significant economic effects.

***Recommendation 5:***

***Assessment of the problem of “avoidable deaths” among road victims in hospitals in the various countries and proposal of practical solutions for cutting down numbers.***

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