

POST-CRASH RESPONSE

Supporting those affected by road traffic crashes

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INTRODUCTION

The Decade of Action for Road Safety (2011–2020) was established by UN General Assembly Resolution 64/255 (2010) to accelerate coordinated international action aimed at reducing the number of deaths due to road traffic injuries. The 2030 Agenda for Sustainable Development has recently reiterated this priority by setting a target for 50% reduction in road traffic deaths and injuries by 2020. The Decade of Action provides a framework for key activities that governments, international agencies, civil society organizations and other stakeholders can use to guide their efforts, see http://www.who.int/roadsafety/decade_of_ action/en/. Central to the framework are five "pillars" that address a range of road safety aspects, including vehicles, roads and road users (Figure 1).

This document addresses pillar 5: the post-crash response.



FIGURE 1: PILLARS OF THE DECADE OF ACTION FOR ROAD SAFETY (2011-2020)

Survivors and families affected by road traffic crashes have a range of physical, psychological and legal needs. Consequences of crashes may include physical injuries and resulting disability, psychological trauma that can impair reintegration into work and family life, and a range of economic and legal sequelae. A broad and integrated approach to support can mitigate the short and long-term effects of experiencing a crash and can help those affected return to function and independence at home and at work. An effective post-crash response requires integration of injury care, mental health services, legal support and legislation, and data on crashes and injuries.

The World Day of Remembrance was established in remembrance of those affected by road traffic injuries, and to pay tribute to post-crash responders. The Day was formally recognized by the UN General Assembly in 2005 and offers the opportunity for recognition of the enormous scale and impact of road traffic injuries and the urgent need for intervention. The theme for 2016's World Day of Remembrance is 'Vital post-crash actions: Medical Care, Investigation, Justice!'. For more information, see http://worlddayofremembrance.org/ as well as the World Day of Remembrance for Road Traffic Victims: a guide for organizers, co-published by WHO, the European Federation of Road Traffic Victims (FEVR) and Road Peace, see http://www. who.int/violence_injury_prevention/road_traffic/ activities/remembrance day handbook/en/

Support for crash survivors and their families

The Development Bank of Latin America, *Federación Iberoamericana de Asociaciones de Víctimas contra la Violencia Vial*, and the *Fundación MAPFRE* have created a comprehensive guide that centres on the experience of those affected by a crash, and addresses emergency assistance and data collection, as well as psychological support, and legal and financial guidance. See <u>http://scioteca.caf.com/handle/123456789/933</u> for more information.



2016 poster for The World Day of Remembrance



THE IMPACT OF ROAD TRAFFIC INJURIES

Road traffic injuries kill more than 1.25 million people every year and are the number one cause of death among 15–29 year olds. Over 50 million people are also injured in non-fatal crashes every year, causing an enormous burden of disability. Road traffic injuries disproportionately affect a young working population and the cost to individuals, families and governments is enormous. Injuries and their associated healthcare costs are a common cause of poverty and bankruptcy, and the overall cost is as high as 5% of GDP in some low- and middle-income countries (*1*).

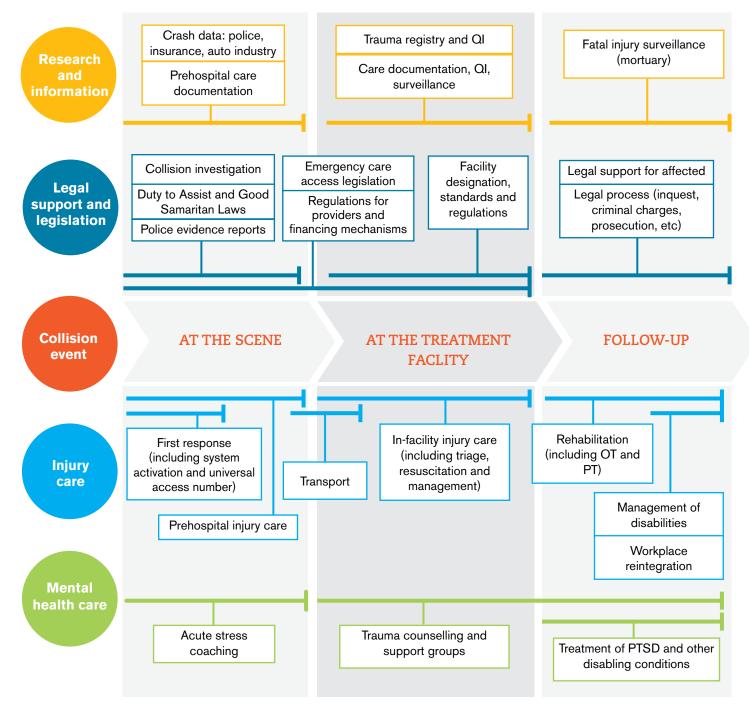
ELEMENTS OF POST-CRASH RESPONSE

Pillar 5 promotes the improvement of health care and other systems to provide the key elements of post-crash support: emergency care and rehabilitation for injury, mental health care, legal support, and data on crashes and injuries (Figure 2).

FINANCIAL BURDEN OF ROAD TRAFFIC INJURIES IN INDIA

Those injured in road traffic injuries face out-of-pocket health expenditures more than double those of any other condition requiring hospitalization, in many cases constituting a catastrophic financial burden to those affected by crashes (2).

FIGURE 2. KEY COMPONENTS OF THE POST-CRASH RESPONSE



QI = Quality Improvement; PT = Physiotherapy; OT = Occupational Therapy

EMERGENCY CARE SYSTEMS TO ENSURE TIMELY CARE FOR THE INJURED

Emergency care for injury is at the core of the post-crash response. Effective care of the injured requires a series of time-sensitive actions, beginning with activation of the emergency care system, and continuing with care at the scene, transport, and facility-based emergency care (See Figure 3 on the WHO Emergency Care System Framework). In addition, early and long-term rehabilitation are essential to limit the physical and psychological impact of injuries, and to maximize the impact of emergency and surgical care.

The WHO Emergency Care System Framework and Emergency Care System Assessment

The WHO framework describes the essential functions of an emergency care system and the associated assessment tool allows policy-makers to identify gaps and create context-relevant priority action plans for system development. See <u>http://www.who.int/emergencycare</u> for more information.

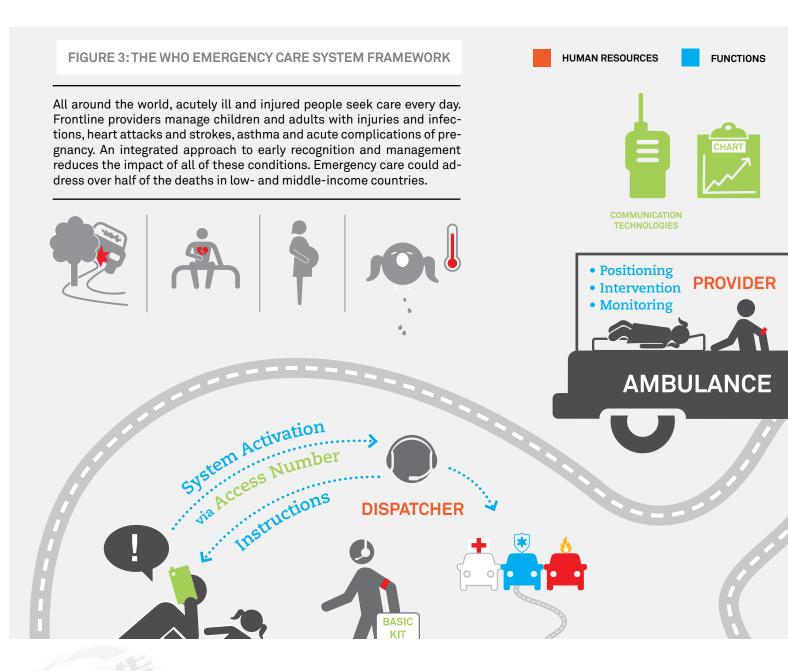
THE WHO GLOBAL ALLIANCE FOR CARE OF THE INJURED (GACI) is

an international collaborative network of governmental, intergovernmental and nongovernmental organizations, including professional societies that work to improve prehospital, in-hospital and rehabilitative care for the injured. By providing technical guidance on essential trauma services to governments and policymakers, GACI aims to significantly improve care of the injured in a sustainable and affordable manner. See http://www.who.int/emergencycare/gaci/en for more information.

The role of bystanders in the emergency care system

Even the most sophisticated emergency care system is ineffective if bystanders fail to recognize a serious injury or do not know how to call for help. While a single universal access number that is valid country-wide and linked to centralised ambulance dispatch is optimal, simple systems requiring only mobile phones and well-designed protocols can also greatly improve care.





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