**HOW M.Volunteer HELPS**

**RTA states the following factors to be pivotal in situation of accidents:-**

**Importance of First Aid in Road Accidents**

Many deaths and impact of injuries can be prevented with first aid if causalities are treated immediately. The basic aims of first aid are to save life, to protect the casualty from getting more harm, and to reduce pain and priorities of casualty treatment. Trauma surgery methods like resuscitation and CPR if executed with precision, could prove to be lifesaving. ***With the help of volunteers, the app could potentially help in providing first aid to a broader range of victims in reduced time range.***

**Utilizing the “golden hour”**

The first hour after the trauma is called the “golden hour.” If proper first aid is given, road accident victims have a greater chance of survival and a reduction in the severity of their injuries. One of the main objective is to avoid delays in response time by providing first aid to the victim and quick navigation to the nearest hospital thereby utilizing the golden hour. Emergency medical care to victims of accidents and other emergencies In section 4 and 5 of RTA it is clearly mentioned that, Accident victims should be provided with medical care without raising any objection that it is a medico-legal case requiring information to the police authorities, questioning the financial condition of the victim or volunteer. ***In spite of this legal protection, the emergency care to accident victims is delayed resulting in loss of precious lives. This app intends to reduce such occurrences with its educated and well-informed volunteer based.***

**Current Efforts to improve road safety**

**Road Safety Information Systems**

Road Traffic Injuries are one of the leading causes of premature deaths, hospitalizations, disabilities, and socioeconomic losses. The problem is hidden and unrecognized due to the absence of good quality information within the health and related sectors. The currently available data reveal only the number of deaths due to different causes of injuries which is not enough to formulate injury prevention programs. The Injury surveillance system aims at collecting relevant information from a large number of participating organizations in a uniform way to understand injury profiles and characteristics. Reliable and scientific information is one of the basic requisites to plan, implement, and evaluate road safety activities. Information of RTI is primarily collected by the Police department and sufficient information is not available from the health sector and under-reporting is a serious issue undermining the public health burden and impact of RTIs. ***Features of the app like Reporting Accident, real time road safety data, and recording the assistance response time could prove pivotal to provide quality information to prepare injury prevention program through***

**Road Traffic Injury Surveillance Project**

A Bengaluru study showed that nearly 5 − 10% of deaths and more than 50% of moderate to serious injuries are not included in official reports. In this context, the Bengaluru injury and road traffic injury surveillance program had been initiated in 2007 under the auspices of the Indian Council of Medical Research, World Health Organization India country office and Ministry of Health and Family Welfare, New Delhi. This project was planned to develop a surveillance program with data collection from 25 major hospitals in Bengaluru along with linkages to police records. As a pilot project, this program was initiated in Bengaluru, Pune, and New Delhi. Depending on the experiences and the lessons learnt, the program will be expanded to other parts of India. This RTI surveillance endeavour is a prelude to integration with the Government of India's Integrated Disease Surveillance Project (IDSP). IDSP is a decentralized, state-based surveillance program in the country, which is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. RTAs is one among the core conditions under surveillance in IDSP (linkup with police computers).***By linking directly (and the community of volunteers) to hospital and police stations, the app can help in implementation of this project as well.***

**Road Traffic Injury is a Public Health Issue**

The health sector is an important partner in the process of prevention and control of RTA. But the role of the medical professionals in advocacy for the prevention and control of RTA is always under-rated. The role of health sector is to provide appropriate prehospital and hospital care and rehabilitation for victims, improve data collection, contribute to policies, develop prevention activities, conduct advocacy, and contribute to the implementation and evaluation of interventions. All of which could be assisted by data provide by the app.

**Road traffic injury prevention can be achieved by**

1. Avoiding Over speeding and following speed limits (**suggested by the app**)
2. Avoiding drunken driving( **Warned by the app**)
3. Use of helmets by two-wheeler drivers
4. Use of seat belts and child restraints in cars(**Warning provided in the app**)
5. Improving visibility, appropriate headlights and road lightings
6. Obeying traffic rules.

**Guidelines in the law which protect the interests of our volunteer**

The guidelines which were finally notified on 13th May 2015 by the Ministry of Road Transport and Highways are as follows-

1. A Good Samaritan who takes an accident victim to a hospital will not be asked any questions and can leave immediately. He/she cannot be forced to stay unless they are an eyewitness in which case only their address can be noted.

2. ***A bystander for helping the accident victim could be rewarded by the State government so as to encourage others to come to the rescue of accident victims.***

3. The Good Samaritan will NOT be held for any criminal or civil liability.

4. A bystander who calls the police or emergency service to the site of a road accident does not have to reveal his name or any other personal details on the phone or in person.

9. A Good Samaritan point can be examined through video conferencing in order to protect him/her from harassment or any inconvenience.

10. The Ministry of Health and Family Welfare will issue guidelines which will prevent public and private hospitals to not detain bystanders or good Samaritans or ask them to pay for registration and admission costs unless he/she is a family member of the injured who has to be treated immediately.

13. If the Good Samaritan requires an acknowledgement to confirm that he/she has brought the injured person to the hospital with the details of time and place, the hospital shall oblige and the acknowledgement can be prepared in accordance to the format prescribed by the State government.

***Even after the implementations of the guidelines, recent surveys and case studies have shown that people are still hesitant to help victims. The app can potentially encourage people in volunteering to help people.***

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893966/>