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**PART I : SECTION (I) — GENERAL**  
**Government Notifications**

**NATIONAL POLICY AND STRATEGIC FRAMEWORK ON INJURY PREVENTION AND  
MANAGEMENT IN SRI LANKA**

National Policy and Strategic Framework on Injury Prevention and Management in Sri Lanka has been approved by the Cabinet of Ministers at its meeting held on 06.06.2017 and is effective from same date. The policy is a long felt need of the country and will provide policy guidance and directions to the national and provincial authorities and other relevant stakeholders for effective implementation of the National Injury Prevention Programme.

JANAKA SUGATHADASA,  
Secretary,  
Ministry of Health, Nutrition & Indigenous  
Medicine.

20th December 2017.

**National Policy and Strategic Framework on Injury Prevention and Management in Sri Lanka**

**Ministry of Health Nutrition and Indigenous Medicine 2016**

**Non Communicable Diseases (NCD) Unit, Ministry of Health & Indigenous Medicine.**

*Introduction*

Injuries are the leading cause of hospitalization and the 11th leading cause of hospital deaths in Sri Lanka. Majority of the injury victims are in the productive age group (15 to 44 years) and cause devastating consequences to the injured person as well as the lives of family members and community.

As this growing burden of injuries challenge economic and social development, the Government of Sri Lanka has recognized prevention and management of injuries as a priority area of work.

Thus the Ministry of Health has taken the initiative to develop the National Policy and strategic framework on injury prevention and management with input from government officials, experts and stakeholders engaged in injury prevention.



*Scope of the current policy document :*

The National policy will cover the unintentional injuries among all age groups through following levels of prevention.

1. Primary prevention - Which involves interventions aimed at reduction in the exposure to risk and prevention of injuries from occurring, through adoption of safer behaviours and safer environments.
2. Secondary prevention - Which involves interventions that can provide early detection and appropriate management of an injury event to prevent more serious consequences. (pre-hospital care, emergency trauma care).
3. Tertiary prevention - Which involves interventions to reduce the likelihood of disability and management of disabilities due to injury (rehabilitation).

Intentional injury is addressed through the Mental Health Policy. Secondary prevention and selected aspects of tertiary prevention are seen as common to all types of injury and this policy addresses the service structures that are required. The Disaster preparedness policy is coherent with this policy in service delivery aspects.

*Vision*

Injury free Sri Lanka

*Mission*

The mission is to reduce the frequency and severity of injuries by incorporating injury prevention strategies into everyday life of people.

*Policy goal*

To minimize injury events and reduce injury morbidity, disability and mortality in Sri Lanka.

*Key Strategies*

The following strategies areas are identified and prioritized to achieve the policy objective

- 1) Strengthen coordinated action for injury prevention.
- 2) Raise awareness on gravity of the injury problem and prevention of injuries
- 3) Maintain and recommend legislative and regulatory mechanisms supporting injury prevention.
- 4) Empower community and stake holders to design and develop safe environments.
- 5) Strengthen the organization capacity to provide optimum post event care and rehabilitation of the injury victim.
- 6) Strengthen the injury information system and promote research.

*Strategic Objectives*

Strategic objectives are identified under each strategic area

*Strategy 01 : Strengthen coordinated action for injury prevention*

*Objectives :*

- 1) Strengthen the National Committee for Prevention of Injuries (NCPI) to enhance coordination mechanism and to ensure integration of injury prevention efforts. (shall be represented by : Health, Transport, Highways and Road Development, Department of Motor Traffic, National Transport Commission, Police, Labour, National

Institute of Occupational safety and Health (NIOSH), Education, Justice, Provincial Councils and Local Governments, Social Services, Treasury, Ministry of Mass Media and Information, Insurance Board)

- 2) Develop and implement plans to coordinate and guide injury prevention at different levels : National, Regional and Community.

*Strategy 02 : Raise awareness on gravity of the injury problem and prevention of injuries*

*Objectives :*

1. Create awareness and acceptance among policy makers, professionals and general public that most injuries can be prevented.
2. Incorporate module on Injury Prevention into the curricula for primary, secondary and relevant undergraduate education.
3. Develop and include Injury Prevention module in relevant in-service training programmes in the respective departments.
4. Encourage individuals and groups to be actively involved in injury prevention.
5. Encourage positive attitudes towards safety promotion and injury prevention among all.

*Strategy 03 : Maintain and recommend legislative and regulatory mechanisms supporting injury prevention*

*Objectives :*

- 1) Strengthen implementation and enforcement mechanisms of existing legislation and regulations.
- 2) Support compliance by formulating and updating guidelines, code of practices and standards to the communities.
- 3) Identify deficiencies in existing legislative and regulatory mechanisms
- 4) Recommendation, introduction or modification of the legislation and regulations that facilitate injury prevention.

*Strategy 04 : Empower community and stake holders to design and develop safe environments.*

*Objectives :*

- 1) Promote safe environment through empowerment of individuals, families and communities.
- 2) Ensure safety and freedom from injury as a key component in all development projects and programmes.
- 3) Improve environments and products to reduce the likelihood of injuries occurring as a result of human error.

*Strategy 05 : Strengthen the organization capacity to provide optimum post event care and rehabilitation of the injury victim.*

*Objectives :*

- 1) Strengthen appropriate pre-hospital care for injury victims.
- 2) Strengthen basic emergency care available at primary level institutions.
- 3) Strengthen emergency care available at secondary and tertiary level institutions.
- 4) Strengthen appropriate rehabilitation and integrated services available at primary, secondary and tertiary level institutions.
- 5) Strengthen appropriate rehabilitation and integrated services available in the community.

*Strategy 06 : Strengthen the injury information system and promote research*

*Objectives :*

- 1) Develop and implement National Injury Surveillance system
- 2) Establish mechanism for systematic dissemination of information among the stakeholders and community periodically.
- 3) Identify research priority in the area of injury prevention.
- 4) Promote research to fill deficiencies in injury information and convert research into practice.
- 5) Disseminate Annual Report to all sectors in a timely manner.

*Coordinating mechanism*

Appropriate coordination mechanisms will be established at the national, provincial and district level. The directorate of Non Communicable Diseases of the Ministry of Health, Nutrition and Indigenous Medicine is the focal point for injury prevention and will serve as the operational and overall coordination body in implementing the National Injury Policy in the country.

Director Non Communicable disease will coordinate with different sectors for proper implementation of National policy, in order to ensure that the national strategic plan on injuries is implemented throughout the country. Also the availability of resources for effective implementation of the policy should be ensured. The NCD Unit is managed by the Director under the supervision and guidance of the Deputy Director General (NCD). A sustainable financial mechanism will also be ensured for implementation of the injury policy efficiently.

Responding to local need and circumstances, PDHSs and RDHSs will develop integrated provincial and district plans that are consistent with the national policy after consulting relevant stakeholders.

At the provincial level, implementation of the injury prevention program will be coordinated by the Provincial Consultant Community Physician (or Medical Officers in their absence) under supervision of PHDS. Implementation of the district plans will be coordinated by Medical Officer Non Communicable Disease (MONCD) under supervision of RDHS. MONCD is the District Program Manager (District Focal Point) for the injury Prevention Program.

*Implementation*

Medium term operational plan (3-5 years) and annual plans shall be formulated from this strategic framework. The strategic plan on injury prevention and management shall guide the preparation of implementation plans at provincial and district level. It is vital to liaise with the Provincial Health Ministries to ensure smooth implementation of the program. Therefore, it is recommended that each province/region formulate a provincial regional committee on prevention of injuries to facilitate better implementation of the activities within the respective areas.

Collaboration with NGO and community groups (Youth groups, Gramodaya and welfare organization etc.) will enhance better delivery of the preventive activities at the grass root level.

*Monitoring and Evaluation :*

Monitoring and evaluation shall take place according to the medium term and annual plan. This Plan will spell out the relevant performance indicators to be used at national, sub-national including institutional levels. A system of regular monitoring will be established at these levels.

*National Committee for Prevention of Injuries (NCPI).*

The NCPI functions as the key technical body advising on implementation of the National Policy. It will be chaired by the Director General of Health Services, and constitute representation from relevant government agencies. The NCPI will recommend and support inter-sectorial actions required for prevention and management of injuries, evaluate the impact of implementation of policy measures and advice on modifications of the national policy as necessity arises, monitor the implementation of the national policy across the sectors and provide yearly reports for the National Health Council and Provincial Councils and flag up important issues that require advice to the National Health Council. Within the NCPI, for each specific type of injury, sub committee will be formed to coordinate the preventive efforts.

The NCPI is accountable to the Secretary of Health for policy implementation.

*Technical Working Group (TWG) on Injuries*

The TWG will consist of 8-10 members and will function under the Director NCD. The membership can be expanded as per the working requirements where additional members will co-opted from representation from the relevant stakeholders.

*Annexure A*

The standard definition of an injury as used by WHO is : “Injuries are caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases (for example, drowning and frostbite), injuries result from the sudden lack of essential agents such as oxygen or heat” (WHO 2002).

It can be bodily lesion resulting from acute exposure to energy in amounts that exceed that threshold of physiological tolerance, or an impairment of function resulting from a lack of one or more vital elements (*i. e.* air, water, warmth) ; as in drowning, strangulation or freezing. The time between exposure to the energy and the appearance of an injury is short (WHO, 2002).

The energy causing an injury may be :

1. Mechanical (*e. g.* an impact with a moving or stationary object, such as a surface, knife or vehicle)
2. Radiant (*e. g.* blinding light or a shock wave from an explosion)
3. Thermal (*e. g.* air or water that is too hot or too cold)
4. Electrical
5. Chemical (*e. g.* a poison or an intoxicating or mind-altering substance such as alcohol or a drug)

Injuries are the acute, physical conditions listed in Chapter XIX and Chapter XX in the *International Statistical Classification of Disease and Related Health Problems, Tenth revision* (ICD - 10)

The above definition of an injury includes drowning (lack of oxygen), hypothermia (lack of heat), strangulation (lack of oxygen), decompression sickness (excess nitrogen compounds) and poisonings (by toxic substances). It does Not include conditions that result from continual stress, such as carpal tunnel syndrome, chronic back pain and poisoning due to infections. Mental disorders and chronic disability, although these may be eventual consequences of physical injury, are also excluded by the above definition (WHO 2002).

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