



British Red Cross

Caring for people in crisis

Anyone can save a life

Road Accidents and First Aid

Within 20 years, road accidents are likely to be the third biggest killer.

We may have the power to change that.

“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 injury eventually received and the chance of survival”

*European Transport Safety Council (ETSC),
A strategic road safety plan for the European Union,
Brussels, 1997.*

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Introduction

In this the new millennium, the prevalence of road accidents is so frequent and fatal it is an issue uppermost in the minds of individuals, decision-makers, governments and Non Government Organisations (NGOs) worldwide. The British Red Cross Society - as part of the International Red Cross and Red Crescent Movement - is seeking to develop its commitment to the health and safety of all citizens by addressing this issue as part of its overall disaster preparedness and emergency response responsibilities.

As an auxiliary to the emergency services, the British Red Cross and its trained volunteers are on standby 24 hours a day, 365 days a year, to support and assist the emergency services whenever and wherever there is a need. First aid has always been a vital part of an effective emergency response and disaster preparedness strategy for the general population. The most vital and practical of these skills - first aid have been learnt and used by members of the public effectively in times of emergency from the time of war-time Voluntary Aid Detachments (VADs) to modern-day trained volunteers helping tend victims of disasters such as crashes, floods, earthquakes, and explosions as these occur.

This report seeks to highlight the current situation regarding road accidents and their consequences and propose a recommendation by the British Red Cross which addresses one way in which the impact of road accidents can be reduced. The report's recommendation aims to develop greater first aid knowledge amongst the general population be they drivers, car-users or pedestrians involved in, or bystanders to, road accidents.

The picture of carnage on our roads

- 3,423 people were killed in the UK in 1999
- 39,122 people were seriously injured in the UK in 1999
- 277,765 people were slightly injured in the UK in 1999
- of the total 320,310 casualties, 205,735 were car users, 42,888 were pedestrians and 42,051 were children
- 40% of all pedestrian casualties were children
- over 20 million people world-wide are injured and disabled by a road accident every year
- 1 in 3 Europeans will need hospital treatment at some point in their lives because of a road accident
- 1 in 80 European citizens will have their life expectancy shortened by 40 years through death on the road.¹

It doesn't matter which statistic is reported, whether the total is a percentage up or down on the last recorded set of figures, it all paints a grim picture of carnage on our roads.

Serious injuries can result in disability, fatalities and life-long psychological, emotional and economic damage to loved ones.

The Global Burden of Disease Study,² undertaken by Harvard University in 1996 on behalf of the World Health Organisation and World Bank, showed road traffic accidents were the leading cause of death among men, and the fifth likeliest cause of death for women aged 15-44. Most alarmingly though, the study projected that little over two decades after the report was published, road accidents could be the third leading burden on health worldwide, exceeded only by cardiovascular diseases and depression.³

The global picture

Road accidents claimed 30m lives world-wide in the last century. In one year alone road accidents now account for 700,000 deaths, 10m injuries and cost the global economy US\$500m.⁴

Closer to home - the UK perspective

In Northern Ireland the number of road accidents and casualties is increasing each year. In England and Wales, local and unitary authorities are required to include planned road safety measures as part of their transport plans. In Scotland, local authorities are required to set out plans for cutting the number of road accident casualties in their strategies for transport. In the UK, it is clear there is a heightened intention to address **the shocking reality of what amounts to an average of 10 deaths a day on the UK's roads.**⁵

In 2000, the government announced its road safety strategy - *Tomorrow's Roads - Safer for Everyone* - aiming to reduce the number of fatalities and serious injuries by 40% in the next 10 years.⁶

The European picture

Every year, over 42,000 people die on roads in the European Community - more than 800 persons every week and over 115 daily. The numbers of people who are involved in serious or slight accidents are 1.7 million. Being killed in road traffic is the most common cause of death for children and all EC citizens under 45 years old.

The EC certainly feels it has a challenge to face. At the European Council's Hearing on Pedestrian Protection held in February 2001, Ewa Hedkvist Petersen, MEP and a member of the Parliament's Committee on Regional Policy, Transport and Tourism, commented in her address: "These numbers are shocking and unacceptable...it is unimaginable that we would accept the same death rates in, for example, air transport."

Young people most at risk

Globally and locally, statistics reflect one clear fact: young people (17-29) are most at risk, as they are amongst the highest number involved in accidents.

The Parliamentary Advisory Council for Transport Safety (PACTS) reports that car drivers between 17 and 20 are six times more likely to be involved in a collision which causes injury than a driver over 40, with Royal Society for the Prevention of Accidents research indicating that with just the first year's driving experience, accident risk reduces for new drivers by 34%.⁷

Certainly there is already a perception that our roads are unsafe and young people, including child pedestrians, are at risk. In England, for example, parents' fear of traffic is said to be a significant reason behind the fall in the number of children who are allowed to play in the street or walk to school: the percentage of seven- and eight-year-olds walking to school dropped from 80% in 1971 to 9% in 1990.⁸

It is not difficult to see why the issue of road safety is being addressed by organisations and governments world-wide.

The issue of road safety and the International Red Cross and Red Crescent Movement

The Plan of Action 2000-2003 from the XVIIth International Conference of the Red Cross and Red Crescent held in 1999, proposed the goal of “improved health for vulnerable people based on strengthened co-operation between states and National [Red Cross and Red Crescent] Societies”. One of the specific areas the Red Cross Movement turned its attention to in aiming to achieve this goal was the issue of road accidents, already a priority topic discussed in the Movement’s World Disasters Report 1998. Accordingly, the following point was set down in the plan, pledging:

*“States will respond to the growing global problem of road accidents through, for example, the further development of road safety measures in collaboration with all concerned partners, in particular their National Societies.”*¹⁰

Putting this commitment into practice, the International Federation of the Red Cross and Red Crescent Societies (IFRC) hosts the Secretariat of the Global Road Safety Partnership (GRSP)¹¹ – a ‘global strategic alliance’ consisting of 70 organisations world-wide, including the World Bank Group and the IFRC. The British Red Cross is an active member of the GRSP. The Group has undertaken to identify and address ways in which road safety can be promoted by the public and private sectors and by individual members of society.

Furthermore, this IFRC Secretariat now has the opportunity to address road safety regulations and legislation globally after being invited by the Economic and Social Council of the UN to be part of its road safety working group. This shared expertise and commitment to address this fundamental threat to the health and economics of each and every nation could provide the very platform on which road safety measures might eventually succeed.

Responding to road accidents

Some needs are time-limited

One of the most common causes of a road accident fatality is the casualty suffering from an anoxia – loss of oxygen supply – caused by a blocked airway. On average, it takes less than four minutes for a blocked airway to cause death. Ambulance response time targets for ‘Category A/urgent cases’ in the UK are set at ‘within eight minutes’ and in a metropolitan area such as London, the current target is for three quarters of responses to these cases to be within this time.¹²

Immediate intervention - the ‘golden hour’

There is a wealth of medical evidence to suggest a ‘golden hour’¹³ exists for casualties after an accident. Within this time, road accident victims stand a greater chance of survival and a reduction in the severity of their injuries, if first aid and medical (paramedic or ambulance) assistance can be immediately administered.

One may be presented with all kinds of scenario when considering road accidents – delays to receiving hospital treatment may be caused, for example, by a casualty being trapped in the wreckage. In such circumstances, immediate on-the-scene assistance is vital. Dr Eric Bernes, First Aid Manager, IFRC, says: “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.**” In fact one doesn’t need to imagine:

Making the case: a case study

In May 2000, when 22-year-old Stuart Strachan went to the aid of a motorcyclist who crashed his bike near Stuart’s home, he didn’t know what to expect. Running down an embankment where the man, suffering from shock, was trying to get up, Stuart saw that the man had been badly injured in the crash and part of one of his legs had been severed. Stuart had learnt first aid as part of the Duke of Edinburgh Award Scheme as a student at school, and had since become a Red Cross volunteer, but he had never been in such a situation. He knew he had to apply his first aid knowledge to what was facing him now. He laid the man down, talked to him, and tried to stabilise the situation. As he tried to raise the man’s legs, he could see that already a great deal of blood had been lost and knew that he had to apply pressure to the artery. When the ambulance arrived, due to the nature of the injury and the scene of the accident, the crew asked Stuart if he was alright and if he could carry on applying pressure to the wound. Stuart continued to help, applying pressure whilst the crew tried to stabilise the man until an A&E doctor arrived. Stuart had been attending to the man for over 40 minutes. The man, once stabilised, was transferred to hospital. Whilst medics were unable to save the man’s leg, his life was saved. Stuart received a commendation from the District Ambulance Officer, and the police and medical team believe that had it not been for his knowledge and intervention, the outcome for the man, a married father of two, may have been very different.

Robert Gifford, Executive Director of PACTS notes: “The importance of the ‘golden hour’ – the first hour after a road crash – has been recognised for some time”. Indeed, this is demonstrated in France, where specialist medical staff – such as anaesthetists – are taken by the Samu emergency service directly to the scene of serious accidents so that they can attend patients before they are transferred to hospital.¹⁴

The medical evidence

“...Indisputable findings [show] that pre-hospital deaths from injury are not inevitable and that at least some can be prevented by simple first aid measures” British Medical Journal, 1994.¹⁵

If the emergency services are unable to be on scene immediately, could others play a role in the ‘golden hour’ which could affect the outcome for road accident casualties?

A study carried out in Staffordshire by Hussain and Redmond¹⁶ into pre-hospital deaths “showed that at least 39% and up to 85% of preventable pre-hospital deaths may be due to airway obstruction” and all the pre-hospital deaths reported occurred before the arrival of medical help or a paramedic/ambulance crew.¹⁷

Discussing the study, Dr Matthew Cooke, Senior Lecturer at Warwick University and Consultant in Emergency Medicine at University Hospitals, Coventry, and Warwickshire NHS Trust, argued: “Neither an anaesthetist nor a paramedic would have been of any use”. In his opinion, “preventable deaths in pre-hospital care are rarely due to availability of advanced techniques but more often to failure [for example] to treat basic ABC [airway, breathing, and circulation] problems.”¹⁸

According to the clinical implications listed in the study: “Pre-hospital deaths from injury are not always inevitable; a third of people whose deaths are not inevitable have airway obstruction...” and the study concluded: “There was no suggestion that the emergency services were slow to respond, although in some cases a delay occurred before they were called. **If death could have been prevented, it would have to have been through the actions of the public.**”

Indeed, much earlier, a cardiovascular study in the USA in 1980 reported that “[where] bystanders had initiated cardiopulmonary resuscitation (CPR), the percentage of patients who survived and returned home with little or no neurologic deficit was twice that of patients for whom CPR was not begun until the arrival of the [emergency services]...”¹⁹

The consensus here is clear: many pre-hospital deaths may be preventable and injuries may have less long-term impact if casualties could be treated immediately by non-medical people who had basic first aid knowledge.²⁰

First aid and road accidents - a real life-saver?

In the UK, the commitment to road safety is clear: when delivering the government's strategy, Transport 2010 - the 10 Year Plan, John Prescott, the Secretary of State for DETR, impassioned: "...Over 3,000 deaths on our roads every year are a vivid reminder that we can never afford to be complacent". But every day, whilst the £21billion pledged for a strategic road network is being spent, the £43m National Cycle network is being developed and the 'home zone' pedestrian areas are being trialled, our roads are claiming more and more lives.

Whilst the UN, EU, EC, IFRC, and governments world-wide try to address the daily tragedy of thousands of road fatalities by looking at road safety, the British Red Cross, alongside its IFRC colleagues, is seeking to encourage simple practical steps in the immediate care of road accident victims.

The arguments for the immediate administering of first aid are clear and logical and have widespread proponents.

With evidence to suggest that **over half²¹ of all road accident deaths occur within the first few minutes at the scene**, and over 20% during transfer to hospital or within the same day of the accident, Robert Gifford of PACTS agrees that "these figures obviously argue for greater knowledge of first aid among all road users. This is an area now included in the Theory Test as part of the driving test. It is also highlighted in the Highway Code."

The **medical evidence** would also appear to make the case clear. Matthew Cooke argues²² that in the Hussain and Redmond study: "There is no reason to suspect that the airway problems were complex: they might have been resolved by simple manoeuvres. The deaths might have been prevented if the public was able to undertake simple airway manoeuvres".

In Europe, the European Transport Safety Council, addressing a strategic road safety plan for the EU in 1997,²³ stated: "**Delivery of First Aid is one of the activities of the management of the casualty which is a crucial determinant of the severity of injury eventually received and the chance of survival.**"

Commissioner Kinnock, addressing delegates at the European Parliament's Road Safety in Europe: A Shared Responsibility conference in 1997, stated that the Commission was committed to "reducing the consequences of accidents when they occur".²⁴ By the time the European Commission's *Priorities in EU Road Safety Progress Report and Ranking of Actions* was released in 2000, it was agreed that one measure which could be adopted in order to reduce the consequences of accidents would be the application of first aid.²⁵

States which attended the XVIIth Conference of International Red Cross and Red Crescent Movement agreed in the Plan of Action:

"Concerned National Societies will develop their role in support of first aid training and public awareness activities to reduce levels of road accidents and the resulting casualties, especially among vulnerable populations".²⁶

For the **ambulance crews and paramedics** called to the scene of an accident, having a first aider already on scene can make a significant difference. Of utmost importance when tending to a casualty is the ability to ascertain some understanding of the history of the incident and the casualty's condition. If a first aider is able to provide details such as any changes in conditions/levels of consciousness and pulse rates, this can prove vital.

It is important for paramedics to have an accurate history for the casualty if they can. The information first aiders can give is essential: on arrival at hospital, assessment is vital and the details provided help give the doctors a true record. This is especially important when it comes to the matter of consciousness levels.

In fact, as shocking as the statistics are, in the UK, fatalities actually account for little more than 1% of all road accident casualties reported. Therefore the chance for first aiders' intervention to really make a difference, particularly in relation to reducing the severity of injury, is very clear.

The role of the British Red Cross

Voluntary service - community responsibility

Practical first aid skills and knowledge amongst the general public has always proved to be an important way in which communities can play a part in emergency preparedness and response in much the same way the British Red Cross and its volunteers do every day. The capacity for community members to help each other at these times is invaluable. The British Red Cross has seen this in action in times of emergency such as Omagh, or when helping those affected by severe weather conditions.

First aid expertise

The British Red Cross has been training members of the public in first aid skills since its founding in 1870.²⁷ In one year alone, the British Red Cross now trains more than 250,000 people in first aid skills - individual members of the public, its own volunteers and commercial clients - and provides trained first aid volunteers to local and regional sporting, cultural and social events and in support of the emergency services when necessary.

Across Europe, National Red Cross Societies already provide a European first aid certificate as part of their first aid training for the public. The certificate has agreed common standards for the training needed and provides an effective model for all. Common 'core' training includes:

- **(How to) Protect the scene** - to prevent further accidents and minimise the risk for those rendering assistance;
- **(How to) Summon help** - report the accident to the emergency services, and give relevant information;
- **(How to) Make an emergency removal** - from the scene, of an injured person - when necessary and possible;
- **(How to) Assess the physical state** (check vital functions - consciousness, circulation, breathing) as well as the physiological needs of those affected;
- **(How to) Respond to visible bleeding, unconsciousness, breathing problems, and shock, and offer psychological support,** to enable the injured person to survive whilst awaiting the arrival of the emergency services.

This hands-on training is vital. Whilst any learning of first aid is wholly worthwhile, practising these skills through scenarios, with trainers, builds confidence in using them. First aid books, guides, CD-Roms and internet information are all very helpful in strengthening the knowledge but it is learning through experience which really makes the difference.

The British Red Cross emergency response role

As an auxiliary to the emergency services, the British Red Cross and its trained volunteers are on standby 24 hours a day, 365 days a year, to support and assist the emergency services whenever and wherever there is a need.

It has always been a vital part of an effective emergency response strategy for the general population to have practical first aid skills: from the time of war-time VADs to trained Red Cross and Red Crescent volunteers tending the scene of a disaster or undertaking a routine first aid public duty throughout the world every day.

Post-accident care in the community

Road accident casualties need care after the incident and so there are wider implications for the community and the British Red Cross than first aid at the scene.

The British Red Cross has been working in communities throughout the UK for over 130 years. Its current community services, include Medical Loan and Home from Hospital, which can provide vital practical and psychological support for road accident victims.

The British Red Cross Community Services are designed to complement each other and, in making the needs of individuals paramount, the skills and approach adopted are flexible. For example, the Home from Hospital service can draw on the British Red Cross Transport and Escort service - providing transport home and/or to and from hospital appointments, which may prove difficult to those who may no longer be able to use their own car.

Home from Hospital volunteers provide practical help and personal care for people leaving hospital after in- or out-patient treatment, helping them to settle back into their home. Volunteers can help by getting the home ready prior to hospital discharge; collecting prescriptions; undertaking shopping; helping to rebuild the person's confidence and, depending on their needs, other tasks with which they may require assistance. The service is available on a short-term basis to hospital patients, with trained volunteers complementing any help that social and community health workers may provide.

The Medical Loan service provides a variety of equipment such as wheelchairs, crutches and back-rests. This can make the difference between an individual having to stay on in hospital or being able to go home and can enable them to care for themselves with more ease. With contracts and service agreements held with health authorities and social services departments throughout the UK, the British Red Cross is able to offer this service to communities in 900 locations.

How to ensure first aid skills are learnt

If this clear case for the intervention of first aid skills can be made *and has support*, then how can this be implemented in practical terms?

Targeting drivers

In 1999, the Driving Standards Agency (DSA) conducted 1.2m driving tests,²⁸ 32.7m people – over half the UK’s population – held a driving licence for a car, and car users accounted for 64% of road accident casualties in the UK. Today the highest risk group – young drivers – are inherently new drivers, with one in five drivers being involved in an accident within the first year of passing their test. Given this context, the British Red Cross believes drivers are the most significant beneficiary group to address and target training towards.

Existing provision

The UK’s *Highway Code*, under the Road Traffic Act 1988, makes some mention of a driver’s responsibility should they be involved in an accident (point 257), and of simple first aid measures which may prove vital (Annex point 7), and as Robert Gifford from PACTS points out, the Theory Test now tests whether learner drivers are familiar with these.

However, research and the experience of first aid training organisations shows that the practical learning of first aid skills gives the first aider vital confidence to administer their skills effectively. Having to rehearse skills often helps to diminish the reservations one may have when confronted with tending to a casualty in a real life situation.

First aid training

Training designed to meet specific needs can also make a big difference. British Red Cross volunteers who undertake the first aid duties for all major motorcycle races in Northern Ireland, including the North West 200, are trained specifically to deal with injuries which may be sustained by drivers. These volunteers are trained to consider the specifics such as whether to remove a cyclist’s helmet after a crash. The type of injury sustained in a motorcycle crash can be quite different to that of, say, falling down the stairs at home or suffering a heart attack.

First aiders are always trained in the basics with an understanding of the need to adapt their skills, and the basic premises underlying the treatment, to the situation they have to address. What the experience in Northern Ireland shows is the benefits of being able to have thought through the possibilities of needing to treat those with road injuries.

First aid training as a pre-requisite for acquiring a driving licence?

In 1998 a researcher in Poland, believing that road accidents are now a serious social problem, argued that there was “a necessity to improve citizens’ ability to give first aid”, and looked to survey drivers for their opinions of their own ability to give first aid.³⁰ The research revealed that they lacked confidence and the “drivers’ views on possibilities of decreasing the number of fatal casualties of the road accidents included, among others, the following propositions: in addition to the driving licence exam, [a] first aid exam should be compulsory [with] severe enforcement and execution of the law which regulates mandatory first aid giving.”

In fact, first aid training for drivers is not a new idea. In countries throughout the world, Red Cross and Red Crescent Societies provide information and training in first aid to drivers, often supported by their State. Furthermore, in several European countries such as Austria, Bosnia and Herzegovina, Estonia, Germany, Hungary, Latvia, Lithuania, Slovakia and Switzerland, holding a first aid certificate or having completed some form of first aid training is required before a licence is granted.

This idea has support far and wide³¹ and is being promoted worldwide by the GRSP, which states: “Every effort should be made to promote the adoption of a regulation requiring drivers to hold a first aid certificate – to be renewed regularly – and have first aid material constantly in the vehicle”.³²

“As car occupants account for most pre-hospital deaths from injury, knowledge of first aid should be tested before a driving licence is issued”, Hussain and Redmond.³³

Proposals

Inherent to all the road safety measures beginning to be implemented is the understanding that road safety improvement will take time. In the meantime, accidents will still happen and lives will continue to be endangered. Even with the safest roads and road users, accidents will occur.

What is being proposed by the British Red Cross is not complicated, obscure or aimed at any particular group or individual. This recommendation seeks to enable individuals – non-medical personnel, road users who may find themselves involved in, or a bystander to, a road accident – to help save lives.

The government has pledged its commitment to safety time and time again, with a commitment of funds, but at what price severe injury and fatality if preventative road safety measures don't succeed or an accident simply can't be avoided? Anita Kerwin-Nye, First Aid Advisor for the British Red Cross, comments: "Whilst road safety measures are most welcome with the increase in road transport and greater movement of people, accidents will happen, fatalities will occur and injuries will be suffered. And yet within us all, there is the ability to learn simple life-saving skills, which if administered at the scene of a road accident, could have such an impact."

There will always be a delay between the time an accident occurs and the arrival of the emergency services. Wherever and whenever an accident takes place, those involved and those in the immediate vicinity are best placed to assist. *Very simple first aid skills can be learnt in as little as 10 minutes* – skills which could possibly save lives and lessen the severity of injuries received. If the casualty has a blocked airway, a bystander has the ability, by ensuring the airway is not obstructed, to stop the blocked airway resulting in death.

Those who have first aid knowledge are able to assist in other fundamental ways, too, such as being able to give paramedics and ambulance crews accurate, vital information. The likelihood is that the willingness of bystanders to offer assistance at the scene, and the quality of the assistance or intervention they give, is dependent on them having received formal training in first aid.

First aid training for drivers in the UK

Research and experience would seem to suggest awareness and education can only be effective up to a point. Whilst it is a significant step in the right direction, a type of formal, assessed training is what is needed.

The British Red Cross

The British Red Cross proposes that what is needed in the UK is a legislative provision for demonstrating first aid practice as part of the overall test of proficiency for each individual seeking to obtain a driving licence.

For the British Red Cross, this wealth of evidence from medical and social research, the variety of International and European working practices, and the support of those involved in the issues around road accidents, safety and emergency care such as Dr Matthew Cooke – now A&E advisor to the Department of Health's Winter and Emergency Services Team – make a strong case for this recommendation.

Anita Kerwin-Nye argues: "When we know that car drivers between 17 and 20 are six times more likely to be involved in a collision which causes injury than a driver over 40 and if we have it within our power to respond to such a reality, surely first aid training as part of drivers' training is a necessity?"

The British Red Cross is aware that to target only drivers would be short-sighted. With young drivers less experienced behind the wheel and over 10% of the UK's road fatalities being children, incorporating first aid learning into the school curriculum is vital, too.

The UK government

With the UK government conceding that a “more structured approach to learning to drive” is needed as the existing tests “cannot examine everything a new driver needs to know”,³⁴ the government would appear to be showing a willingness to consider measures which may see a change in the process in which learner-drivers are tested and deemed proficient before securing a licence.

The government is already looking into possible causal relationships within the incidence of road accidents and how to address these. One idea suggested is a ‘hazard perception test’³⁵ - testing the ability of a driver to make an early identification of situations where taking action/s to avoid potential hazards may be necessary, such as speed reduction.

The government may also be committed to encouraging wider first aid awareness and training,³⁶ but would it consider completing first aid training as a pre-requisite to a learner-driver securing their licence? In fact there may already be measures in place which could pave the way for this recommendation.

Putting commitment into action -

European Commission Directive 2000/56/EC³⁷

The European Council categorically believes that **“improving the effectiveness of that aid [first aid] is one of the factors which has helped to reduce the number of road deaths”**. If the effectiveness is strengthened by formal training, then the support of the European Commission for a binding measure laid down in legislation would be wholly significant.

Annex II (2.13) of the Council Directive of July 1991 on driving licences,³⁸ effective from July 1996, required that drivers must be able to demonstrate that they had the ability to assist road accident victims where necessary. However, few Member States implemented measures to support this - as aforementioned, only in a few European countries is it now a requirement for those applying for motor vehicle licences to complete first aid training before they are given their licence.

In 2000, European Commission Directive 2000/56/EC was delivered by Vice President Loyola De Palacio, amending the earlier Directive (91/439/EEC). This new Directive sets a deadline (September 2003) when all new measures must be undertaken by member states including that of point 2.1.5 which addresses the need under the Theory Test to assess: “...general rules specifying how the driver must behave in the event of an accident (setting warning devices and raising the alarm) and the measures which he can take to assist road accident victims...”

It is the IFRC’s contention that this provides the opportunity for first aid training to become integral to the learning of how to drive and the rules of the road. Furthermore, Article 4.1.4 makes mention of ‘How to behave in the event of an accident; knowledge of measures to be taken after an accident or similar occurrence, including emergency action such as evacuation of passengers and basic knowledge of first aid;’ and Article 8.1.8. of ‘being capable of taking special vehicle safety measures; controlling the body, service doors, emergency exits, first aid equipment, fire extinguishers and other safety equipment’ as areas to be tested for certain categories of driver.

This demonstrates the clear intention of the Commission to make sure that drivers know first aid and ensure that these drivers should be able to apply this knowledge. In the UK, the responsibility of the implementation³⁹ of this rests now with the government (DETR, the Scottish Executive, the National Assembly for Wales, Northern Ireland Assembly) and the agencies charged with responsibility for transport and safety in this regard: the DETR, the Highways Agency and the DSA.

This responsibility is borne out of a need not only to address a life-threatening issue for citizens but also a realisation that the cost of road accidents far exceeds even that of the tragic human cost for all concerned. Alongside the suffering caused by loss or injury to loved ones and ‘bread-earners’, are the multi-million-pound ‘knock-on effects’ of road accidents: the costs of damage to vehicles and property; police and ambulance attendance; administration and operational costs; hospital treatment; insurance; loss of earnings and loss of consumption and recreation.

Furthermore, the Department of Transport’s own study in 1995 reported “the estimated economic value of a 1% reduction in casualties involving drivers in the first three years after passing the practical test would be approaching £20million”.⁴⁰ These costs add up to a convincing cost-benefit argument for those working to develop road safety measures to prevent accidents.⁴¹

The British Red Cross recommendation

A legislative provision for demonstrating first aid practice as part of the overall test of proficiency for each individual seeking to obtain a driving licence.

The British Red Cross recommends:

- *the demonstration of first aid skills for all learner-drivers seeking to obtain a driving licence through experiential learning, not theory;*
- *assessing other practical measures such as first aid kits for cars (see appendix). In Belgium it has been a legal requirement⁴² for a first aid kit to be carried in every vehicle since 1975; and quick written first aid guidance to be available in each and every car; and requiring vehicles to carry warning devices;*
- *continuing to address the needs of young drivers. First aid as part of the school curriculum has long been called for by the British Red Cross and where training has been delivered within schools voluntarily, children have had cause to use their skills to save the lives of others. For the child pedestrian, the child passenger or the young bystander, these skills could prove vital. For young drivers, who may have only recently left school or college, skills learnt in school-time reinforced by first aid training whilst trying to gain their licence would leave them better equipped.*

British Red Cross First Aid Kit

Basic contents for a first aid kit:

- *Easily identifiable watertight box*
- *20 adhesive dressings (plasters) in assorted sizes*
- *six medium sterile dressings*
- *two large sterile dressings*
- *two extra-large sterile dressings*
- *two sterile eye pads*
- *six triangular bandages*
- *six safety pins*
- *disposable gloves*

Useful additions:

- *two crepe roller bandages*
- *scissors*
- *tweezers*
- *cotton wool*
- *non-alcoholic wound cleansing wipes*
- *adhesive tape*
- *notepad, pencil and tags*
- *plastic face shield*
- *for outdoor activities – blanket, survival bag, torch and whistle*
- *(road-side) warning shield*

First Aid Manual – 7th Edition, The Authorised Manual of St. John Ambulance,
St. Andrew's Ambulance Association and the British Red Cross, Dorling Kindersley

¹ Road Accidents Great Britain: 1999 - The Casualty Report (RAGB), TSO October 2000; Royal Society for the Prevention of Accidents (RoSPA) - www.rospa.org.uk; 'A Strategic Road Safety Plan for the European Union', European Transport Safety Council 1997

² Global Burden of Disease Series (Volume I), 1996, Harvard School of Public Health, Harvard University Press

³ It is worth noting that currently holding ninth place, road accidents are already one of the top ten causes of death worldwide.

⁴ World Disasters Report, 1998, International Federation of Red Cross and Red Crescent Societies (IFRC), Oxford University Press 1998

⁵ Britain 2001 Yearbook, ONS

⁶ Tomorrow's Roads - Safer for Everyone, The Government's Road Safety Strategy and Casualty Reduction Targets for 2010, DETR 2000

⁷ Key Issues, RoSPA, 2001 - www.rospa.org.uk

⁸ World Disasters Report, 1998

⁹ Final goal 3.1, Plan of action 2000-2003, IFRC

¹⁰ Final goal 3.1, Point 6, Plan of action 2000-2003, IFRC

¹¹ Set up in 1999, the Secretariat is located at the IFRC's headquarters in Geneva and can be contacted at grsp@ifrc.org

¹² Government Performance Standards for Ambulance Services, April 2000. In Scotland different levels of population density result in different target times - again the minimum is 7 and 8 minutes - Scottish Ambulance Service Annual Report 1999-2000

¹³ The term "golden hour" was originally coined by Dr. R Adams Cowley, an American WWII Army surgeon, who advocated that prompt and co-ordinated medical treatment can be critical to a trauma patient's survival if given in the initial 60 minutes following injury. Believing that most trauma patients die of shock, which often results in slow or non-existent circulation and the resulting chemical changes in the body, Dr Cowley felt that most trauma patients could be saved if he could stop the bleeding and restore blood pressure within one hour. The 'golden hour' is said to begin at the moment of impact of injury.

¹⁴ World Disasters Report, 1998

¹⁵ Letters, Redmond, A D, BMJ 1994;309:57 (2 July)

¹⁶ Are pre-hospital deaths from accidental injury preventable? Hussain, L M and Redmond, A D, BMJ 1994;308:1077-1080 (23 April)

¹⁷ Letters, Cooke, M BMJ, (September 2000)

¹⁸ How much to do at the accident scene? Cooke, M W, Editorial BMJ 1999;319:1150-1150 (30 October)

¹⁹ Sudden Cardiac Death. II Outcome of Resuscitation, Management and Future Directions', Cobb, L A; Werner, J A; Trobaugh, G B, Modern Concepts of Cardiovascular Disease, Vol. XLIX, 7, July 1980

²⁰ "The injury severity scores indicated that only a fifth of those who died before reaching hospital had injuries incompatible with life;" "The death of those who died before reaching hospital was potentially preventable in many cases. Moreover, death might have been averted by simple first aid protection of the airway." Letters, Redmond, A D, BMJ 1994;309:57 (2 July); Are pre-hospital deaths from accidental injury preventable? Hussain and Redmond

²¹ European Transport Safety Council: 'A Strategic Road Safety Plan for the European Union', Brussels, European Transport Safety Council, 1997

²² Letters, Cooke, M BMJ, (September 2000)

²³ European Transport Safety Council: 'A Strategic Road Safety Plan for the European Union'

²⁴ Road Safety in Europe: A Shared Responsibility conference report, October 1997, Commissioner Kinnock, European Commission

²⁵ Field III - Post accident care

²⁶ Final goal 3.1, Point 6, Plan of action 2000-2003, IFRC

²⁷ Indeed, the basic function of the International Red Cross as founded by Henry Dunant was that of providing first aid assistance to those affected by conflict.

²⁸ Britain 2001: The Official Yearbook of the United Kingdom, ONS 2000

²⁹ Cohort study of learner and novice drivers, Part 3, Accidents, offences and driving experience in the first three years of driving, Forsyth, E., Maycock, G. and Sexton, B, 1995, Department of Transport Project Report PR111. Transport Research Laboratory, Crowthorne, UK

³⁰ The ability of drivers to give first aid-testing by questionnaire, Goniewicz, M, Wiad Lek., 1998;51(3-4):208-15

³¹ "Every effort must be made to attain as final aim that every motor vehicle...driver should be the holder of a first aid certificate", Resolution XLIX, XVIIth International Conference of Red Cross and Red Crescent Societies

³² Global Road Safety Partnership - www.worldbank.org/bpd

³³ Are pre-hospital deaths from accidental injury preventable? Hussain and Redmond

³⁴ Tomorrow's Roads - Safer for Everyone, The Government's Road Safety Strategy and Casualty Reduction Targets for 2010, DETR 2000

³⁵ Hazard Perception Makes debut at Motor Show, Driving Standards Agency (DSA), Press Release 12 October 2000

³⁶ Points 3.36 and 3.42, Saving Lives: Our Healthier Nation, White Paper, Department of Health, 1999

³⁷ European Council Directive 2000/56/EC, 14 September 2000 amending Council Directive 91/439/EEC, presented by Loyola De Palacio, Vice President, European Commission

³⁸ European Council Directive 91/439/EEC

³⁹ European Community Changes to the Driving Test, Consultation Paper, January 2001, DSA

⁴⁰ Cohort study of learner and novice drivers, Part 3, Accidents, offences and driving experience in the first three years of driving, Forsyth, Maycock and Sexton

⁴¹ Highways Economics Note No.1: 1999, DETR, 31 October 2000

⁴² Article 81, General Rules, December 9th 1975, Title 7: 'Motor vehicles and the carts they tow'

British Red Cross first aid information:

Books

First Aid Manual - 7th edition
Practical First Aid Manual
First Aid for Children Fast
Pocket First Aid
Emergency First Aid for Sport

Training

www.redcross.org.uk

Advice

www.surgerydoor.co.uk

Kits

First aid kits for the home, the car and the workplace are available from the British Red Cross

BBC On-line

www.bbc.co.uk will feature ten interactive modules designed to encourage users to develop their first aid skills and knowledge. Designed in co-operation with the British Red Cross the modules can be used as part of gaining a formal qualification from the British Red Cross.

Internet references

The International Red Cross and Red Crescent Movement

British Red Cross Society **www.redcross.org.uk**

International Red Cross and Red Crescent Movement **www.redcross.alertnet.org**

International Federation of Red Cross and Red Crescent Societies **www.ifrc.org**;

Europe:

European Commission **<http://europa.eu.int/comm>**

European Transport Safety Council **www.etsc.be**

European Federation of Road Traffic Victims **www.fevr.org**

UK Government:

Department of Environment, Transport and Regions **www.detr.gov.uk**

Statistical Information/ Office of National Statistics **www.statistics.gov.uk**

HM Government **www.open.gov.uk**

Houses of Parliament **www.parliament.uk**

Northern Ireland Assembly **www.ni-assembly.gov.uk**

National Assembly for Wales **www.wales.gov.uk**

Scottish Executive **www.scotland.gov.uk**

Highways Agency **www.highways.gov.uk**

DVLA **www.dvla.gov.uk**

Driving Standards Agency **www.dsa.gov.uk**

Royal Society for the Prevention of Accidents (RoSPA) **www.rosipa.org.uk**

Global Road Safety Partnership (GRSP) **www.bpdweb.org/grsp**

Parliamentary Advisory Council for Transport Safety (PACTS) **www.pacts.org.uk**

British Medical Journal **www.bmj.com**



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