Attendees
Dr Teri Reynolds, Chair, WHO
Mrs Rochelle Sobel, Co-chair, ASIRT
Ms Lotte Brondum, GARS
Dr Jesús Monclus
Dr Nino Paichadze, JHU-IIRU
Mr Manuel Ramos, FEVR
Mr Jason Friesen, Trek Medics
Mr Paul Schroeder, World Rescue Organization
Ms Jeanne Picard, FICVI
Dr Mantiti Kola, Road Accident Fund, South Africa

The objectives of the meeting were:
● To update on global activities in the area of post-crash care
● To discuss dissemination the “post-crash” booklet
● To discuss Pillar 5 components of the SAVE LIVES package
● To discuss World Day of Remembrance activities
● To review the Pillar 5 group workplan

1. Welcome and Introductions
Dr Teri Reynolds welcomed participants to the project group and attendees introduced themselves and their organisations. The agenda was agreed.

2. Reports
2a Report back on meeting of GACI/NVI
Dr Teri Reynolds updated the group on the work of WHO and WHO GACI (Global Alliance of the Care of the Injured) efforts. The completion and upcoming launch of the Post-crash response guide was discussed with many thanks to all members for their essential input. Participants were briefed on current WHO initiatives, including: completion of the WHO Basic Emergency Care course and the systematic review on the impact of trauma care systems in LMIC (forthcoming in Annual Review of Public Health), the WHO Emergency Care System Assessment underway in over 20 countries, the WHO Data Set for Injury and registry platform under development, and the recent launch of the WHO Trauma Care Checklist. There was particular discussion on the Checklist and interest among member organizations in exploring development of checklists for other areas (rescue, post-crash case management, etc).

Action: All to notify relevant partners and membership regarding availability of these tools.

2b Update on Comprehensive guide for traffic crash victims Jesús Monclus presented the Ibero-American comprehensive guide for post-crash victims (see Appendix 1). There was
discussion regarding strategies for global dissemination and possible modification of title or cover to make the global relevance evident.

**Action:**
- JM and JP to follow up with MAPFRE regarding presentation of guide to global audience
- All to notify relevant partners and membership regarding the guide’s availability

**2c FEVR update**
Mr Ramos presented on the ETSC REVIVE project (Improving post-collision response and emergency care in Europe) and discussion centred on possible coordination with WHO and other activities. He also discussed progress on the plan for an informational-research product on sociocultural aspects relevant to PG 5, and reiterated FEVR commitment to such a product. The group agreed that this would be a valuable initiative. Next steps were agreed to be a draft survey and a concept note.

**Action:**
- MR to link ETSC REVIVE with WHO (TR).
- MR, RS and LB to follow up with draft survey and concept note on sociocultural aspects project.

**3. Product dissemination and group coordination**
All members were enthusiastic about the possibility of shared and coordinated dissemination of group efforts where relevant. In addition, there was particular interest in developing a coordinated and consistent strategy around layperson first aid response (potentially including clear recommendations on training resources and implementing partners in some areas).

**Action:**
- TR to link group with an email. Group to consider more formal distribution method if needed at next meeting.
- Coordination of efforts around layperson first aid to be on discussion agenda for next meeting.

**4. Brief overview of PG5 workplan**
The workplan was generally agreed, and it was noted that the current workplan ends in 2017. Revision will be on the agenda for the next meeting in 2017.

**Action:**
- TR to place the workplan online for review and updating as activities evolve, and to facilitate planning for the upcoming development of the new workplan. In particular, there was interest in explicitly engaging actors in the area of rehabilitation in the group going forward.
- TR to reach out to rehabilitation unit at WHO

Dr Paul Schroeder of WRO reported back to plenary on behalf of the group.
Appendix 1 Presentation of the guide for traffic crash victims
GUIDE CONTENTS:

FOLLOWING AN ACCIDENT
- Activation of the traffic accident response system and chain of assistance
- Emergency assistance
- Data collection
- Delivering the "bad news"
- Training the professional parties
- How should the "bad news" be delivered?
- Communication protocol in 10 steps
- After-effects, medical care and rehabilitation.

PSYCHOLOGICAL SUPPORT
- Grief and how to combat emotional stress
- Different stages and how to face them
- Grief for children
- Grief for adolescents
- How can you combat emotional stress in the event of hospitalization

LEGAL GUIDANCE
- General information
- Complaint and claim
- What is an agreement between parties?
- Key Documents:
  - Report containing information on the accident
  - Hospital admission medical report
  - Forensic medical report
  - Types of legal proceedings
  - Main legal options
  - Time periods to keep in mind
  - Third-party liability and expenses that can be claimed

COMPENSATION, FINANCIAL COVERAGE AND INSURANCE

UNITS FOR ASSISTANCE AND SUPPORT

NETWORK FOR VICTIMS

CONCLUSION
P.A.S: ACTIVATION OF THE TRAFFIC ACCIDENT RESPONSE SYSTEM AND CHAIN OF ASSISTANCE

**P** - Guard the place of the accident
- Wear reflective clothing and mark off the area with lights or triangles.
- Do not stand in the road.

**A** - Alert emergency services
- Call the emergency number and inform them of what has happened, giving them the most precise location of the place.
- Number of injured people and special circumstances.

**S** - Help the victims
- Do not move people who are injured, nor remove helmets from motorcyclists.
- Calm those who are injured and offer first aid, if you know how to.
➢ The efficiency of emergency systems must be improved.

➢ 73% of countries in the region have a national emergency telephone number, but the single number for receiving the call must be harmonized.

911 is used in the majority of countries in the region.

➢ 70% of countries in the region have specialized personnel for traffic emergencies, but they need to make improvements in their response time as every moment is vital in emergency response.

There must be an action protocol that guides and assesses professionals.
CARE RESPONSE PERIOD IN TRAFFIC ACCIDENTS

1. Traffic Accident
2. Alert - request for help (911)
3. Call management - health response
4. On-site treatment
5. Hospital/post-hospital rehabilitation
6. Hospital Care
7. Transferring victims - specialized transport
DATA COLLECTION

The information gathered must guarantee its dual purpose:

✓ The first is data collection for expert reports and the necessary records that are to be submitted to the judicial authority. This data is essential at the time of determining liability, and ensures the greatest amount of information possible for investigation into the accident.

✓ The second is collecting data and variables of interest to design road safety measures: exhaustive and unique information on factors relating to the accident, the road, the vehicles and the people involved.
ACTION TO CONSIDER

Record of victims and traffic accidents in each country, this must contain information from the compilation of different sources (police, forensic, hospital) to prevent the duplication of data.

To obtain the actual number of deaths in traffic accidents within 30 days.

The publication of the data must be on a daily basis with regard to fatal accidents that take place on the highway, with 24-hour calculations of deaths.
DELIVERING THE "BAD NEWS"

To know how to communicate bad news is the first step in reducing the psychological impact that could be caused to people.

Be very careful when communicating to prevent victimization at two levels:

- Direct or indirect involvement at the time of the accident
- In the relationship between primary victims and legal or social institutions that must attend to them. Secondary victimization is caused when this relationship does not take the circumstance and needs of the victims into account properly.

Delivering bad news is a professional and ethical commitment, and at the same time an art that must be learned

- Training for all those involved in the process: authorities, professional and emergency healthcare workers, rescue teams, firefighters, etc.
  - Development of an action protocol
HOW SHOULD THE BAD NEWS BE DELIVERED?

There should be an assistance protocol that must provide two key elements:

- Knowing how to transmit securely
- Creating confidence and trust

Communication strategies in crisis situations:

- Assess the scale of the traffic accident, compile the information, contrasting it, ensuring that it is reliable.
- Find a private setting where the person feels comfortable.
- Communicate the facts at a pace that the person can follow, clearly and concisely.

It is advisable to offer a narrative approach of the situation. Inform that something serious has happened, explain it in general terms and finally communicate without giving excessive detail.
A look, a gesture, is worth more than a thousand words
COMMUNICATION PROTOCOL IN 10 STEPS

- Assess the urgency of communication
- Prepare communication
- Have an appropriate setting
- Presentation to the representative
- Gather the close friends and relatives
- Communicate the bad news
- Await reaction, support and control it
- Attend to needs and requirements
- Facilitate arrangements and practical aspects
- Accompany
**ACTIONS TO CONSIDER:**

To public authorities: The training of all professionals enables the prevention of second victimization and impact on the improvement of the service provided.

Take a lot of care over the communication of emotions and the therapeutic use of a hug.

To victims: Family is a critical pillar for those suffering grief as an after-effect of a traffic accident.

The scale of the situation affects all those emotionally involved, it is therefore necessary to offer psychological support to professionals as well as victims.

"The family is left utterly defenseless, like navigating in the depths of the ocean"

Edit Rissi, mother of Florencia, killed in a traffic accident in Argentina
AFTER-EFFECTS, MEDICAL CARE AND REHABILITATION

High-quality medical care, starting with the reduction in initial emergency response times and ending with comprehensive rehabilitation, is vital for the reduction of after-effects from traffic accidents.
PSYCHOLOGICAL SUPPORT FOR VICTIMS AND RELATIVES.

Grief and how to combat emotional stress:

- The vast majority of people, if they receive adequate primary psychological care, do not require professional assistance.
- Mental health problems in survivors require assistance and follow-up over a prolonged period of time, during which they must face the task of reconstructing their lives.
- Grief is a journey along which a set of stages must be passed through.
ACTIONS TO CONSIDER:

- **To public authorities:**
  - The training of all professionals enables the prevention of second victimization and impact on the improvement of the service provided.
  - Take a lot of care over the communication of emotions and the therapeutic use of a hug.

- **To victims:**
  - Family is a critical pillar for those suffering grief as an after-effect of a traffic accident.
  - The scale of the situation affects all those emotionally involved, it is therefore necessary to offer psychological support to professionals as well as victims.
LEGAL GUIDANCE

➢ To public authorities:
  ➢ Protection must be provided, recognizing a period of reflection to guarantee the victim's rights, that makes it possible to regulate which lawyers or professionals interested in the accident can talk to the direct or indirect victims of traffic accidents to offer their professional services until a minimum of 30 days from the accident have passed unless the provision of these services was expressly requested by the victim or a member of his/her family.
  ➢ You should make pro bono lawyers available to the victims.

➢ To victims:
  ➢ Do not sign any kind of document, power or agreement without having reviewed it and seeking a second opinion unless you truly trust the professional. It is important to obtain advice on all of your rights in order to assert and call for criminal liabilities from the responsible parties and claim the civil rights that correspond to you.
  ➢ It is important to know that the extrajudicial route does not have to be accepted.
  ➢ They should also know what their rights and the time periods established to file their complaint are as victims of a traffic accident.
  ➢ Obtain a copy of the Report containing information on the accident.
  ➢ Demand the application or modification of laws to protect your rights as citizens.
“For the purpose of guaranteeing post-accident response, there is a law governing third-party liability insurance or TLPI (Third-Party Liability Law) that regulates both the third-party liability derived from the use and circulation of motor vehicles as well as their insurance”

**ACTIONS TO CONSIDER**

- **To public authorities:**
  - Create a national relief fund that guarantees coverage of payments to traffic accident victims.
  - Guarantee damage estimation tables.

- **To victims:**
  - Know what their rights and obligations are with the TPLI or the health system.
UNIT FOR ASSISTING VICTIMS OF TRAFFIC ACCIDENTS AND SUPPORT NETWORK

Creating, in the countries of the region, units for assisting victims of traffic accidents. This is a requirement from victims' associations.

- Reception and general orientation: Información jurídica individualizada para el ejercicio de los derechos
- Personalized legal information
- Psychological intervention and follow-up
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<th>CREATE A PROTOCOL</th>
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<td>Sign a protocol to coordinate the actions that, from the different institutions, are undertaken to attend to victims in the country. This protocol will apply to victims that request it.</td>
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<th>ESTABLISH A NETWORK</th>
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<td>Create or design a network for general coordination of the protocol drawn up by different political, institutional (education, health, justice) and social agents, among others, who will be responsible for tracking and responding for execution of this protocol.</td>
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<th>ESTABLISH COORDINATION</th>
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<td>Appoint model professionals for technical and administrative management.</td>
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<th>DISSEMINATE PROTOCOL</th>
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<td>Disseminate the contents of the protocol among technical personnel of the different towns, provinces… that are part of the network</td>
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<th>TRAIN PROFESSIONALS</th>
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<td>Encourage training plans to understand the needs of victims of traffic accidents, especially referring to the guidelines in the protocol for its coordination.</td>
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ESTABLISH AN ORIENTATION AND ASSISTANCE SERVICE
Assist victims, trying to avoid, as much as possible, secondary victimization and reducing, to a minimum, the lack of information or misinformation that adds pain and uncertainty.

PROVIDE RESOURCES AND INFRASTRUCTURE
Guarantee the procedures, tools and resources needed to comply with all aspects that are not considered in the initial protocol and that are present from the time of signing to its revision in a minimum period of three years.

INFORM THE POPULATION
Communicate the existence of this service and encourage media of influence to get involved in spreading the word about the assistance service and the fight against road violence. Get citizens from the victims' associations involved.

EVALUATE AND FOLLOW-UP
It is important for this victims' support network to have a follow-up stage in order to analyze the legal, psychological and financial situation of the victim after the accident in different time periods. These evaluations will be internal and external in order to analyze the degree of satisfaction of the people who provided and received assistance.
THANK YOU
VERY MUCH