



# **Final Report**

**March 2020**

**Study Report on First Response and Emergency Trauma Care in India**

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# Executive Summary

In 2018, the World Economic Forum adopted the Global Road Safety Initiative, with the aim to contribute to and support actions toward road safety challenges, focusing in particular on low- and middle-income countries, which account for 90% of road deaths. As part of this initiative, the Road Safety Partnership for India was established to improve road safety by facilitating cooperation between key health and mobility stakeholders. Subsequently, a needs assessment was carried out that defined clear guidelines and interventions for India, such as including civil society in the delivery of road safety measures, monitoring progress, and improving data collection and statistics. From that, a [Road Safety Manifesto](#) was developed. Along with its prescriptions for safety, research, and regulations, the manifesto encourages measures to improve post-crash responses, including the 2016 legislative protection of “Good Samaritans.”

The Global Alliance of NGOs for Road Safety (the Alliance) proposed to tap into the Road Safety Manifesto to look at the current status of what NGOs do and what engagement there is in the interventions involving first response and emergency care services. The Alliance carried out a study to determine the legal and programmatic framework for the implementation of the Good Samaritan law and to assess the capacity of Alliance member NGOs to improve community awareness among the citizens and sensitization of key stakeholders.

The research design was both qualitative and quantitative, using a combination of data collection methods. Extensive desk review was supported by key informant interviews to gather data relevant to the legal and programmatic framework for post-crash response and emergency care. This information was used in part to formulate and administer an online questionnaire that was circulated to all member NGOs in India. An in-depth case study of two states was then designed to further investigate the capacity needs of NGOs to advocate for the implementation of the Good Samaritan law. The study succeeded in providing important findings and recommendations, which, if adopted, have the potential to speed the uptake of the Good Samaritan law by communities in India.

The main findings have been summarized as follows:

- India has taken a significant step to improve post-crash response by passing the Good Samaritan law
- But there are still challenges, especially in establishing a universal toll-free emergency number across the country
- Low public awareness and noncompliance with Good Samaritan law guidelines by police and hospitals are negatively impacting the intentions of the Good Samaritan law
- There is limited government support in extending services to communities and providing basic infrastructure toward ensuring emergency care services in the country; the coverage is limited to urban settings and inadequate or missing in rural and suburban areas, but indirectly, government support is visible in terms of policy making, as the government formulated the Good Samaritan law
- Post-crash data systems and processes are not well established, but initial efforts to create a trauma registry are underway; with pilot efforts initiated in 2017 in Delhi, there is potential for scaling up to cover all states and union territories of India

- Post-crash response systems and trauma-care services are present or inadequate in cities and urban areas, while they are inadequate or totally missing in rural and semi-urban areas
- Uptake of the Good Samaritan law and its provisions by government, civil society, and local communities as envisaged in the 2016 ruling by the Supreme Court is poor; the primary stakeholders, including police, hospitals, and NGOs, are lagging in professional skills and training; they are not successful in creating a sense of confidence among the people
- The implementation of the law still remains a major challenge; despite the new legislation, implementation at a systemic level is missing
- NGOs are working in silos and lack standardized methods to promote the Good Samaritan law, which has slowed down progress toward community awareness
- NGOs are using various advocacy materials to promote Good Samaritan law implementation; 20% of the NGOs admitted not to use any toolkits, and the remaining 80% had used some form of a toolkit; the majority (92%) used self-created toolkits but complemented this with toolkits from the government and WHO
- The implementation of a Good Samaritan law training and campaign-management project is the next step to equipping NGOs to better advocate and carry out initiatives to increase knowledge of the Good Samaritan law

From the findings, this report recommends developing common guidelines aligned with the WHO but customized for India to promote Good Samaritan law implementation. Further, the report recommends a capacity-building program for NGOs, to enable them to empower communities through awareness campaigns that promote the Good Samaritan law at the grassroots level. The program should include formal training, online toolkits, and mentorship.

The primary limitation of the study was the scope. India is a land of diverse cultures and areas. The case study was limited to metropolitan cities only, whereas the majority of the Indian population resides in villages, where one can find a clear contrast in availability of basic services and practices. Hence, the findings cannot be generalized to the whole of India.

We want to take this opportunity to thank all of the Alliance members who participated and collaborated with this study, and to our Board members who constantly support our efforts.

# Introduction

According to the WHO's Global Status Report on Road Safety 2018 <sup>1</sup>, more than 150,000 people die in India from road crashes each year. The country has partial coverage for emergency response, and only some facilities have trauma registry. In addition to this, bystanders usually don't offer first response for several reasons.

**“When a road [crash] occurs, bystanders will usually try to help the injured, or at least call for help. In India it's different. In a country with some of the world's most dangerous roads, victims are all too often left to fend for themselves.”** —BBC, Preeti Jha, Delhi 2016

Piyush Tewari of SaveLIFE Foundation (SLF) asserts that, apart from the fear of being falsely implicated, people are also worried about becoming trapped as a witness in a court case or made responsible to pay medical expenses if they help the victim to get to the hospital. As a consequence, in 2016, the Indian Supreme Court Judgment established the Good Samaritan law (Good Samaritan law), to encourage and protect a bystander who aids a crash victim. The law laid out guidelines for the implementation of Good Samaritan law and declared them compulsory in India. To ensure that they would be enforced, civil society must embark on a countrywide campaign to get each of India's 29 federal states and seven union territories to enshrine them in a Good Samaritan law.

The main objective of this research on “first response and emergency trauma care in India” was to collect and analyze data and give recommendations for promoting community awareness within the context of the Good Samaritan law, regarding:

- Legal framework for first responders (Is there a law put into place?)
- First response and emergency care systems
- First response and emergency care reach and coverage
- Post-crash data-collection methodology
- Community perception and knowledge on first response
- Capacity of NGOs to advocate for Good Samaritan law implementation

The purpose of this research was to create a baseline document that can be used to inform the design of a capacity-building program for promoting Good Samaritan law implementation in the community and among key stakeholders (police and health professionals).

# Study Design and Methodology

The study was carried out in three steps:

1. **Desk reviews, key informant interviews.** The desk review was carried out using online sources and resources, including the WHO, various publications, and studies conducted in India on first response and emergency trauma care and the Good Samaritan Law (Good Samaritan law). The desk review sought to look at the relevant previous research work done with regard to traffic crash first response and emergency trauma care in India. Specific focus was given to the development of systemic and legal infrastructure that provides road safety NGOs with an enabling environment for improved advocacy, to promote speedy implementation of India's historic Good Samaritan law. **Annex 1** contains a list of documents used in the desk review. Targeted key informants were contacted and interviewed in order to provide expert opinion from their firsthand experience on the subject. They included leadership from the SavelIFE Foundation, India Head Injury Foundation, and Apex Trauma Care. **Annex 2** summarizes the responses from key informants.
2. **Online survey.** This was administered to member NGOs to assess the extent to which NGOs were involved in advocating for better first response and implementation of Good Samaritan law guidelines. There are currently 21 registered member NGOs in India working on road safety; they are key change agents in the community. A survey was designed and administered to assess their experience and involvement in first response and emergency trauma care, while advocating for implementation of the Good Samaritan law. The online survey findings were aimed at providing a useful baseline upon which to assess knowledge and perceptions of NGOs on Good Samaritan law. Out of 21 NGOs targeted, 85% responded to the survey.
3. **Case study.** Two states, Delhi and Rajasthan, were investigated to gauge the extent of Good Samaritan law implementation by police and hospitals and thrust areas for NGOs to promote Good Samaritan law and advocate for speedy implementation of Good Samaritan law guidelines. Delhi and Rajasthan were selected for their large metropolitan cities, Delhi and Jaipur. Delhi is the capital of India, whereas Jaipur is the capital of Rajasthan. These cities are more prone to road crashes because of their prime locations and connections to other important trading states in India, including Gujarat, Punjab, Haryana, Himachal, and Uttar Pradesh. A combination of different methods was applied to collect and validate data: semi-structured interviews, Focus Group Discussions (FGDs), and self-assessments tools. The sources of primary data are shown in the figure below, and the complete list is in **Annex 3**.

Baseline statistics on specific aspects of interest in response and emergency trauma care in India were obtained. Similarly, important qualitative data was gathered via triangulation by source and method (different data collection methods were used from different sources).

# Data collection, analysis, and findings

Data was acquired using three sources: our previously collected data, data extracted from other researchers, new data collection. Collected data was put in appropriate output form for subsequent processing and analysis. The analysis involved describing facts and figures, detecting patterns, and developing explanations to answer the research questions.

## Finding 1: Legal framework for first responders

The current annual death toll on Indian roads is more than 140,000. Potentially, 70,000-plus lives can be saved if bystanders come forward to help. The Global Road Safety Initiative endorsed at the World Economic Forum Annual Meeting 2018 seeks to support road safety policies and principles. The initiative welcomes measures to improve post-crash response, including the recent legislative protection of Good Samaritans. According to Legal Service India, "Good Samaritan" refers to someone who renders aid in an emergency to an injured person on a voluntary basis, and a Good Samaritan statute is a law that requires a person to come to the aid of another who is exposed to grave physical harm, if there is no danger of risk of injury to the rescuer<sup>1</sup>.

The World Health Organization (WHO), asserts that in the absence of established emergency medical services, bystanders can play a reality-changing role in saving lives. They can call for help, provide first aid to the injured, and even rush them to the nearest hospital, if an ambulance does not arrive in time.

In India, the Supreme Court Judgment on the Good Samaritan law (Good Samaritan law) was passed in 2016<sup>2</sup>. According to a study carried out in 2018, Impediments to Bystander Care in India<sup>3</sup>: National Study on Impact of Good Samaritan Law, 84% of people are not aware of the legal protection provided by the Good Samaritan law; 76% of medical professionals reported that no action was taken against professionals who did not comply with the Good Samaritan law; and 59% of Good Samaritans reported being detained by police despite the law. The study reveals that the implementation of the Good Samaritan law is a major challenge, given the low levels of awareness. Consequently, interventions must be centered around raising awareness about the law among citizens and key stakeholders.

The Hon'ble Supreme Court in the case of Save Life Foundation and another vs. Union of India and in Writ Petition (Civil) No. 235/2012 vide its order dated 29th October 2014, inter-alia, directed to issue necessary directions with regard to the protection of Good Samaritans until appropriate legislation is made by the Union Legislature; and, the Central Government's guidelines in the Gazette of India, Extraordinary, Part I, Section I dated 12th May 2015 for protection of the Good Samaritans, i.e. a person who is a bystander or a passer-by, who chooses to assist an injured person or a person in distress on the road; and whereas, as per para 1 (7) and (8) of the said guidelines dated 12th May, 2015, Standard

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<sup>1</sup> ["Model Good Samaritan Law"](#)

<sup>2</sup> [Supreme Court Judgment on the Good Samaritan Law](#)

<sup>3</sup> [Study on Impediments to Bystander Care in India](#)

Operating Procedures are to be framed for the examination of Good Samaritans by the Police or during trial; and whereas, the Central Government considers it necessary to issue Standard Operating Procedure for the examination of Good Samaritans by the Police or during trial. The standard operating procedure can be found in **Annex 4**.

## Finding 2: Post-crash care system reach and coverage

The health care system in India is universal, meaning that everyone, everywhere, has access to essential healthcare services without facing financial hardship. However, most post-crash-care coordinating agencies are restricted to metropolitan areas. Both governmental and private agencies participate in prehospital care; however, there are no set protocols or guidelines regarding prehospital care. Untrained and unskilled personnel provide most of the prehospital care. Only about 4% of ambulance workers have certified training. Many ambulances are used for transport only. Only 56% of ambulances have one or more paramedics. This is true, despite the fact that the majority of ambulances are equipped with supplies for intravenous infusion (74%) and blood pressure measurement (62%)<sup>4</sup>.

The table below shows a summary of the post-crash-care system's reach and coverage in India. This also depicts where gaps are in the system and areas that need improvement.

	<b>First response</b>		<b>Trauma care</b>		<b>Rehabilitation</b>	
	(Prehospital care)		(In-hospital care)			
	Rural/ Semi-urban	Urban	Rural/ Semi-urban	Urban	Rural/ Semi-urban	Urban
<b>Infrastructure (Toll-free emergency number, equipped ambulance)</b>	Missing	Present	Present or inadequate	Present	Missing	Present
<b>Trained and Skilled Manpower</b>	Missing	Present or inadequate	Missing	Present or inadequate	Missing	Present or inadequate
<b>Organization (Processes)</b>	Missing	Missing	Missing	Missing	Missing	Missing

Source: All India Institute of Medical Sciences, New Delhi and Apex Trauma Center report: [Post Crash Care in India: Filling in the Blanks, 2018](#)

<sup>4</sup> [Post Crash Care in India: Filling in the Blanks, 2018](#)



When compared to countries with established post-crash trauma systems, those injured in India have up to a sixfold higher mortality rate<sup>5</sup>. The death rate would be reduced with better organized systems, first response, and post-crash trauma care. WHO figures for 2018 indicate that India has a disproportionately high death rate from road traffic injuries—22.6 per 100,000 people—more than twice the rate of developed nations<sup>6</sup>. In this regard, the passing of the Good Samaritan law is significant in India due to the differences in the delivery of rural post-crash trauma care and the care delivered in densely populated urban environments. Bystander response and Good Samaritan law are key components of improving post-crash response<sup>7</sup>. If more bystanders in India are able to act as Good Samaritans in first response, this could help reduce the disparities found between rural and urban areas.

### Finding 3: Post-crash data systems and processes

India's Ministry of Road Transport and Highways Transport Research Wing collects road crash data every year. However, little is known about the magnitude of lives saved through the acts of Good Samaritans at the crash scene. Similarly, in-hospital mortality, the injuries sustained, the care received, and patient outcomes are not clearly known. Currently there is a lack of trauma-related hospital data (registry) and trauma-quality-improvement programs in India, except for a pilot effort that was initiated in 2017 at the JPN Apex Trauma Center<sup>8</sup>. This project is a pioneer effort that is being implemented after the passing of the Good Samaritan law in 2016 and has great potential for integrating bystander contributions to saving lives.

So far, an inaugural report<sup>9</sup> by Australia-India Trauma Systems Collaboration (AITSC) brought post-crash and trauma data together in one report for the first time. Four large hospitals in three states contributed data about the trauma patients who were admitted, from the time of injury to hospital disposition. In this report, data from 5,319 major trauma patients were analyzed in the period between May 2016 and April 2017:

- 634 (11.9%) major trauma patients died in hospital
- 83% of all injured patients were male
- The age group with the highest incidence of injury was 15–44 years old
- 47% of all trauma patients were transferred from other hospitals
- Of those patients arriving directly from the scene, 75% were transported to the hospital by police car, private car, motorbike/moped, auto-rickshaw, taxi, or other forms of non-ambulance vehicle

Although the report does not tell us how many victims died at the scene due to lack of first response, the effort made in this project can tap into the Good Samaritan law space and quantify the contribution of Good Samaritans in saving lives. For example, recording how many crash survivors get to a hospital through the intervention of Good Samaritans.

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<sup>5</sup> [Trauma care systems in India. \*Injury\*. 2003;34:686–692. doi: 10.1016/S0020-1383\(03\)00163-3. \[PubMed\]](#)

<sup>6</sup> [Global status Report on Road Safety 2018](#)

<sup>7</sup> [Post-crash response Booklet WHO 2016](#)

<sup>8</sup> [National Injury Surveillance Trauma Registry & Capacity Building: "Strengthening Injury Prevention and Management](#)

<sup>9</sup> [THE AITSC TRAUMA REGISTRY 2016/2017: \[https://atr.org.au/s/AITSC-inaugural-report\\\_low-res.pdf\]\(https://atr.org.au/s/AITSC-inaugural-report\_low-res.pdf\)](#)

## Finding 4: Community knowledge and perceptions of the Good Samaritan law

From a national study<sup>10</sup>, commissioned by SLF in 2018, to determine the impact of the Good Samaritan law, it was reported that:

- 84% of people were not aware of the newly passed Good Samaritan law, which granted legal protection to a bystander who helped a crash victim
- 74% of bystanders were unlikely to assist a victim of serious injury, irrespective of whether the victim were alone or in the presence of others
- 76% of medical professionals reported no action taken against medical professionals who did not comply with the Good Samaritan law
- 96% of medical professionals admitted to not having a Good Samaritan law committee in their hospitals
- 59% of Good Samaritans reported being detained by police despite the law

These statistics are just a highlight of the immense gap that exists currently between the law and its implementation mechanisms. Three key challenges that emerge from the data indicate that:

- There is low public awareness of the Good Samaritan law and its provisions, among citizens and key stakeholders as well as police and medical professionals
- Even where the police and medical professionals are aware, there is a low level of compliance with the law

## Finding 5: NGOs' knowledge and perceptions of the Good Samaritan law

- More than half (56%) of NGOs reported having been involved in some type of activity specific to post-crash response and emergency trauma care; such activities included training in first aid, CPR, and victim handling in high schools and universities
- 6% of NGOs were not aware of the passing of the Good Samaritan law; 13% were aware but had not read the law and its provisions; a good proportion (81%) were conversant with Good Samaritan law and procedures
- 63% of NGOs reported having carried out at least one activity to promote Good Samaritan law implementation, the primary activity being community awareness meetings
- 20% of the NGOs admitted to not having any toolkits for promoting Good Samaritan law; the remaining 80% had used some form of toolkit or another; the majority (92%) used self-created toolkits but complemented this with toolkits from the government and WHO

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<sup>10</sup> [Impediments to Bystander Care in India 2018](#)

In order to promote the Good Samaritan law, NGOs gave the following suggestions:

1. Enact extensive and sustainable social awareness programs among citizens pushing for establishment of hospital boards to oversee the implementation of the Good Samaritan law by health professionals; train police officials to be fully aware of the Good Samaritan law guidelines and enforce tough penalties for officials who break the law
2. Advocate to the judiciary for early and effective judgment, redefining the gray areas of the law to minimize harassment of Good Samaritans
3. Push for legislation to establish an authority to receive, process, and act on grievances from Good Samaritans

## Finding 6: Legal and programmatic context

There are gray areas from the government around ensuring basic mechanisms to implement the Good Samaritan law, e.g., standard operating procedures required for the proper implementation of the Good Samaritan law guidelines, both in hospitals and police stations, are still awaited.

“The police personnel are not even aware of Good Samaritan Law guidelines in all its aspects. Common man is still afraid of entering police stations.” —NGO key informant, Jaipur

There is a challenge for bystanders, as there is no universal toll-free number, which is a prime recommendation from the WHO; 102 is the emergency telephone number for ambulances in parts of India, including Delhi and Rajasthan, but Rajasthan also uses 108. There are different emergency numbers in India’s 28 states and seven union territories. Hospitals in the country provide different telephone numbers for ambulance services. Thus, there is a need to create a universal toll-free number. NGOs suggested that trauma registration, hospitals, and ambulances should be provided with a walkie-talkie system to facilitate more efficient communication between ambulance teams and hospitals.

NGOs reported that, despite the proliferation of private-public partnerships to improve access to emergency medical services, a wide majority of crash victims are still transported to hospitals by private vehicle. Good Samaritan law guidelines can never be implemented in isolation by one actor. The role of NGOs is crucial, but other stakeholders, including police and hospitals, are equally important. The study found poor support mechanisms in cities with regard to first response and Good Samaritan response.

Available first response and emergency trauma service are inadequate in meeting with the needs of the overall population. The hospital staff interviewed reported that, although few trauma care centers are operational in cities, there is no such provision for the villages where the majority (70%) of the population reside.

## Finding 7: Strength and thrust areas for NGOs

NGOs reported not seeing any single display of Good Samaritan law guidelines at any public place, even police stations and hospitals. The National Highway Authority of India (NHAI) has made the provision that every toll booth should be provided with, at least, the basic facilities of trauma care and ambulances for road users. But the system is nonfunctional. Toll plazas have ambulances without paramedical staff or

equipment. Hence, NGOs need a framework that provides sufficient resources and government support for awareness services and Good Samaritan law compliance among these key stakeholders.

Although NGOs are in a position to promote the Good Samaritan law and encourage communities to act as Good Samaritans, communities reportedly usually question NGOs about the realities on the ground. For example, a Good Samaritan calls an ambulance as a first response measure but is directed to another number which generates no response. This means that, for the bystander to act as a Good Samaritan, the government needs to follow through with Good Samaritan law guidelines implementation.

NGOs reported that information on Good Samaritan law guidelines is disseminated through social media (19%) and TV news (19%). This is because social media and TV channels are more frequently accessed. Other information sources are newspapers (18%), followed by mobile phones, activists, word of mouth, and Good Samaritans.

NGO leaders are working hard to train and keep their staff updated before sending them into the field. However, the training was found to be more about safe road use, where basic information about the Good Samaritan law is only mentioned and not emphasized. NGOs also described limited resources and budgets to carry out awareness activities. The study further showed that NGOs lack adequate technical knowledge and skills related to first aid training, campaigning, and media engagement.

NGOs are targeting and reaching a mix of groups: teachers (19%), children (17%), and others (16%), which includes police professionals of higher rank, police academies, corporate executives, youth, business groups, villagers, restaurants, and petrol pump owners on highways and in cities. However, it was found that a large section of the population—including elders, women, persons with special needs, beat constables, local leaders, residents welfare association representatives, victims, community bystanders, parliamentarians, legislators, emergency medical teams, ambulance staff, and media—are still left behind in staying up-to-date and sharing Good Samaritan law guidelines. These groups can also be targeted for awareness and education campaigns.

The mode of awareness creation adopted by NGOs was found to be a blend of activities incorporating both traditional and modern approaches. They are using awareness campaigns (28%), simple training (15%), motivational lectures (12%), and workshops/case studies/demonstrations (25%), along with social media as a tool to sensitize people. The other significant activities are short films and videos; coordination with stakeholders; use of information, education, and communication materials; advocacy with government; establishing post-counseling systems; and interaction with the common public.

## Finding 8: Challenges faced by key stakeholders in Good Samaritan law implementation

The two key stakeholders—police and hospitals—reported having some challenges in the implementation of Good Samaritan law guidelines.

**Challenges faced by the police:** Police are facing problems with frequent transfers at both the higher and lower levels. Hence, trained police personnel in road safety and traffic management have to be

replaced by untrained professionals, which leads to further challenges in traffic management. This was found to affect traffic police's Good Samaritan law implementation; they were found to not maintain proper records of victims. Police also cited the public's spreading of negative messages about police as a factor in poor relationships between Good Samaritans and law enforcement.

**Challenges faced by hospitals:** Public hospitals in India are few and overcrowded; private hospitals are more numerous, but they are not keen to follow Good Samaritan law guidelines. If a Good Samaritan or road crash victim reaches a hospital, the expected services are not delivered by private hospitals or time is lost at the overcrowded government hospitals before the victim is attended to. There is also a lack of awareness among medical staff and the general population alike about Good Samaritan rights. Hospitals do not display any Good Samaritan law guidelines or stickers on hospital walls or at entry gates. This also blocks Good Samaritans from enforcing their rights. Private hospitals do not start emergency treatment before relatives arrive.

## Conclusions from the Findings

- India has taken a significant step to improve post-crash response by passing the Good Samaritan law (Good Samaritan law). The WHO voluntary target 12, addressing timely emergency care, describes prehospital services, an area where NGOs and Good Samaritans can play a key role.
- Lack of a universal toll-free calling number for emergency response is one factor that discourages Good Samaritans from coming forward to help road crash victims.
- Low public awareness and noncompliance with Good Samaritan law guidelines by police and hospitals are negatively impacting the intentions of the Good Samaritan law.
- There is limited government support in extending services to communities and providing basic infrastructure toward ensuring emergency care services in the country. The coverage is limited to urban settings and inadequate or missing in rural and suburban areas. Yet, government support is shown in the passing of the Good Samaritan law.
- Post-crash data systems and processes are not well established. But initial efforts to create a trauma registry are underway. With a pilot effort initiated in 2017 in Delhi, there is potential for scaling up to cover all states and union territories of India.
- Post-crash response systems and trauma care services are present or inadequate in cities and urban areas, while they are inadequate or totally missing in rural and semi-urban areas.
- Uptake of the Good Samaritan law and its provisions by government, civil society, and local communities as envisaged in the 2016 ruling by the Supreme Court is poor. The primary stakeholders, including police, hospitals, and NGOs, are lagging in professional skills and training. They are not successful in creating a sense of confidence among the people.
- The implementation of the law still remains a major challenge. Despite the new legislation, implementation at a systemic level is missing.
- NGOs are working in silos and lack standardized methods to promote the Good Samaritan law which has slowed down progress towards community awareness.
- NGOs are using various advocacy materials to promote Good Samaritan law implementation; 20% of the NGOs admitted to have not used any toolkits. The remaining 80% had used some form of toolkit or another. The majority (92%) used self-created toolkits but complemented this with toolkits from the government and WHO.

# Recommendations

## From NGOs' Perspective

- This report recommends common guidelines for India, aligned with the WHO's for promoting the Good Samaritan Law (Good Samaritan law)
- Build the capacity of NGOs to carry out Good Samaritan law awareness campaigns in India through targeting communities and different stakeholders
- NGOs can be given technical training in first aid to equip them with skills and to cascade them down to the community
- Develop toolkits and training materials to support NGOs in addressing challenges from the various stakeholders, e.g., police personnel, hospitals, schools, truck drivers, bystanders, elected community representatives, scouts, and guides, etc.
- Deploy extensive and sustainable social awareness programs among citizens, pushing for establishment of hospital boards to oversee the implementation of Good Samaritan law by health professionals; train police officials to be fully aware of Good Samaritan law guidelines and tough penalties for officials who break the law
- Advocating to the judiciary for early and effective judgment, redefining the gray areas of the law to minimize harassment of Good Samaritans
- Push for legislation to establish an authority to receive, process, and act on grievances from Good Samaritans

The proposed **capacity-building program** is attached separately.

## To Government

- Police, hospitals, and NGOs may be directed to adhere to the directives of Good Samaritan law  
Initiate one National Helpline and Digital App, to share information related to road crashes and seek help
- There is a need for a universal toll-free emergency number that works across all of India; this would not only encourage Good Samaritans to come forward to help but also improve coordination of post-crash response
- Networking of ambulances with private and government hospitals should be improved, to develop a centralized system of management; government should initiate mobile emergency care units on highways and crash-prone areas and must check implementation of emergency care services at toll plazas

# Study Limitations

The primary limitation of the Good Samaritan Law (Good Samaritan law) study was the scope. India is a land of diverse cultures and areas. The case study was limited to metropolitan areas only; the majority of India's population resides in villages, where one can find a clear contrast in availability of basic services and practices. Hence, the findings cannot be generalized to the whole of India.

In India, there are many stakeholders who are responsible for the effective implementation of the Good Samaritan law guidelines, including NGOs, police, judiciary members, media, parliament, hospitals, and

bystanders. The study was limited to NGOs, police, and hospitals. A broader view of the problem from the vantage of media, judiciary, and politicians was not included. If added, it may add dimensions to the actual scenario of implementation practices related to the Good Samaritan law.

This subject of study is very sensitive in India, as it is associated with many fears, e.g., fear of getting dispelled and fear of getting involved in any criminal proceedings. Many stakeholders expressed their inability/unwillingness to provide information. This resulted in an extended duration of data collection and a missed opportunity to gather more information from more stakeholders. For instance, some private hospitals and personnel declined to share information.

# Annexes

## Annex 1: Literature review documents

1. All India Institute of Medical Sciences, New Delhi and Apex Trauma Center report: Post Crash Care in India: Filling in the Blanks, 2018
2. Global Status Report on Road Safety 2018
3. Supreme Court Good Samaritan Judgment: [https://savelifefoundation.org/wp-content/uploads/2016/10/SLF-v-UoI\\_Judgment.pdf](https://savelifefoundation.org/wp-content/uploads/2016/10/SLF-v-UoI_Judgment.pdf)
4. Study on Impediments to Bystander Care in India: <https://savelifefoundation.org/wp-content/uploads/2016/10/National-Study-on-Impediments-to-Bystander-Care-in-India.pdf>
5. Ministry of Health guidelines for protection of Good Samaritans [https://www.mca.gov.in/Ministry/pdf/Guidelines\\_07sep2015.pdf](https://www.mca.gov.in/Ministry/pdf/Guidelines_07sep2015.pdf)
6. National Injury Surveillance, Trauma Registry & Capacity Building Centre: Strengthening Injury Prevention and Management
7. Road Accidents in India 2018
8. The AITSC Trauma Registry: Reducing the Burden of Injury in India and Australia Inaugural Report
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## Annex 2: Key informant responses

### Expert Key Informants Summary

Question probe 1: With the passing of the Good Samaritan Law, what is the current situation of road crash first response and trauma care in India?

- Implementation at a systemic level is missing; systems for implementation need to be created. Kolkata, Rajasthan, and Delhi are examples of lack of systemic implementation.

Question probe 2: What would be the potential role of road safety NGOs in reducing this gap?

- Advocating for implementation of the law by individual state governments
- Tracking cases of Good Samaritans and building
- System creation at a grassroots level
- Awareness creation

Question probe 3: What would be the entry point for NGO advocacy for Good Samaritan Law implementation?

- First create awareness at a grassroots level
- Improve capacity for research in legal and systemic application of the Good Samaritan Law

## Annex 3: Sources of primary data

SRHC – Satyawadi Raja Harish Chandra Hospital Narela, New Delhi

TRAX – TRAX, NGO for Road Safety

IHIF – Indian Head Injury Foundation

RVF – Road Victims Foundation

SRF – Safe Road Foundation

AIIMS – All India Institute of Medical Sciences

DDUH – Deen Dayal Upadhyay Hospital, New Delhi

SDSL – Safe Drive, Save Life

HCG – Health Care Global

SMS – Sawai Man Singh Hospital

RSC – Road Safety Cell

PHQ – Police Headquarters, Jaipur

RPA – Rajasthan Police Academy, Jaipur

PTI – People’s Trust India

## Annex 4: Standard operating procedure

1. The Good Samaritan shall be treated respectfully and without any discrimination on the grounds of gender, religion, nationality, caste, or any other grounds.
2. Any person who makes a phone call to a police control room or police station to give information about any accidental injury or death, except an eyewitness, is not compelled to reveal personal details such as full name, address, and phone number, etc.
3. Any police official, on arrival at the scene, shall not compel the Good Samaritan to disclose his/her name, identity, address, or other such details in the record form or log register.
4. No police official or other person shall force any Good Samaritan to become a witness in the matter. The option of becoming a witness in the matter shall solely rest with the Good Samaritan.
5. The concerned police official(s) shall allow the Good Samaritan to leave after having informed the police about an injured person on the road, and no further questions shall be asked if the Good Samaritan does not desire to be a witness in the matter.