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Working Party on Road Traffic Safety (Thirty-fourth session, 4-7 April 2000, agenda item 4 (b))

REVISION OF THE CONSOLIDATED RESOLUTIONS ON ROAD TRAFFIC (R.E.1) AND ON ROAD SIGNS AND SIGNALS (R.E.2)

Assistance to victims of road accidents

Proposal transmitted by the European Federation of Road Traffic Victims (FEVR)

At its thirty-second and thirty-third sessions, WP.1 considered documents by the European Federation of Road Traffic Victims (FEVR) on assistance to victims of road accidents (TRANS/WP.1/1999/3 and TRANS/WP.1/1999/33). The FEVR has made the following additional proposal regarding assistance to victims of road accidents.

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The FEVR considers that many points quoted in TRANS/WP.1/1999/3, **Assistance to victims of road accidents,** and successive versions represent subjects for which further details and information may be desirable for the countries which intend to put these recommendations into practice.

It is widely accepted among medical and health circles that the potentialities of life saving and reduction of the gravity of injuries are improved by legislation allowing a disclaimer for nurses and doctors to give emergency medical assistance while waiting for the arrival of official medical staff at the site of a road traffic accident. In this respect, it would be desirable to review the present juridical situation in the countries of the ECE region and to explore possible means of extending such a disclaimer to countries where it has not yet been adopted.

"Short, medium and long term assistance" (c.f. the above-mentioned document) to road traffic victims is generally the competence of the National Health Service. It may, however, be desirable to give specific recommendations in this respect because of the increasing proportion of road accidents (nearly 50% of all injuries are caused by road accidents). This short, medium and long term assistance is already provided in some countries, as it has the potentiality of limiting the physical, psychological, social and juridical consequences of accidents, facilitating the rehabilitation and the reinsertion of victims into normal life, and limiting the suffering of victims and the expense to society. It has to be noted that this kind of assistance is more and more often given in the case of maritime, air or natural disasters and terrorism. It would therefore be desirable to recommend the extension of this kind of assistance to road traffic victims in those countries which do not yet provide it.

The FEVR proposes therefore that a small group be set up to elaborate these matters and report on them to WP.1.
