



सड़क परिवहन
एवं राजमार्ग मंत्रालय
MINISTRY OF
ROAD TRANSPORT
AND HIGHWAYS
सत्यमेव जयते

SaveLIFE
FOUNDATION

TOWARDS ZERO-FATALITY DISTRICTS

A Quick-Reference Guide
for District/City
Leadership to Assess
and Improve Road Safety



Centre for
Advancement of
Road Traffic Safety
(CARTS)

by

SaveLIFE
FOUNDATION

Preface

Road Safety is a significant public health issue causing a monumental burden on Indian society and economy every year. In 2022, 1.68 lakh people were killed and nearly 3 times more were injured on Indian roads.

While policy level reforms for road safety continue to be undertaken, on-ground implementation is the key to ensure tangible improvement in the road safety landscape of the country. Therefore, the mandate rests with the district administrations to implement comprehensive measures on the 5-Es of road safety namely, - road Engineering, traffic Enforcement, Emergency trauma care, Education and Engagement of road users, and Enactment of policy.

Every road crash has its own distinct characteristics and complexities. There are two main factors to consider. Firstly, what caused the crash, for example, safety issues with the road, speed of the vehicle, the vehicle condition and performance and the driver behaviour. Secondly, what caused the injury, for example, absence of safety features in the vehicle, not wearing safety devices like seatbelts and helmets, ejection from vehicle amongst others. The interplay and impact of these factors can significantly differ from one crash to another, making each road crash a unique event with its own set of contributing elements and outcomes. Another key factor critical to saving lives is the aspect of emergency trauma care that must be evaluated and strengthened to improve outcomes of road crashes.

This District Guidebook titled “Towards Zero-Fatality Districts” conceptualised by the SaveLIFE Foundation in partnership with the Ministry of Road Transport and Highways, Government of India aims to be a practical and strategic tool for district administrators to ACT,

- Assess district’s road safety scenario
- Convene the stakeholders & resources
- Track implementation and measure progress



This guidebook helps you

- establish and review district road safety targets,
- identify road safety challenges, and
- finalise and monitor interventions,

and achieve the zero-fatality mission in the district

How to use this Guidebook?

This Guidebook aims to be a ready-reckoner for the district/city leadership (District Magistrate, District Collector, Municipal Commissioner, SP/SSP, Police Commissioner, etc) to formulate and implement key road safety strategies, convene targeted District Road Safety Committee (DRSC) meetings, and effectively monitor the progress of work done by concerned agencies.

The Guidebook is divided into three sections—

□ **PART A: Essential Questions for District Leadership to Ask**

This section lists the questions pertaining to various agencies to reveal the road safety scenario in the districts and helps estimate the quantity of work to be undertaken to achieve 'Zero Fatality'.

□ **PART B: District Road Safety Profile Development & Tracking Tool**

This section presents the assessment and execution plan to be undertaken by various stakeholders responsible for road safety.

□ **PART C: Two-Point Impact Monitoring Criteria**

This section presents the tools required for impact monitoring to achieve zero fatality.

□ **PART D: Road Safety Parameters**

This section presents the factors to be considered for execution of road safety measures.

This Guidebook provides Quick Tips 📌 to steer action, key insights for context 💡 and graphic illustrations for assistance.

Comprehensive resources including detailed checklists and descriptive materials mentioned in this document can be accessed at www.savelifefoundation.org/ZFD or through the QR Code on the right. →



Table of Contents

Preface	I
How to use this Guidebook?	II
Part A: Essential Questions for District Leadership to Ask	1
1. On Road Safety Indicators in the District	1
2. On Conducting the DRSC Meetings	1
3. On Road Safety actions taken in the District	2
Part B: District Road Safety Profile Development	4
1. Identification of District Road Safety Stakeholders	4
2. Functions of District Road Safety Committee	5
3. Mapping the Roads in the district	5
4. Monthly Road Crash Data for the District	6
A. Identification of High Priority Jurisdictions	6
B. Temporal Distribution of Crash data in the District	7
C. Crash Dynamics	8
5. Tracking Engineering Interventions	9
6. Assessing Enforcement in the District	10
7. Assessment for Emergency Trauma Care strengthening	10
A. Status of Ambulances in the District	11
B. Status of Receiving Hospitals in the District	12
8. Working on Community Engagement for Road Safety	13
9. Integrating Policy Enactment in the 5-E's Approach	13
10. District Road Safety Action Plan	14
11. Funds Available for Road Safety Interventions	14
Part C: Two-Point Impact Monitoring Criteria	15
1. Reduction in Road Traffic Crashes	15
Part D: Road Safety Parameters	16
1. List of frequently observed Engineering Issues	16
2. Engineering Return Form	17
3. List of frequently observed Enforcement Issues	18
4. Enforcement Return Form	18
5. Emergency Trauma Care Systems assessment	19

Part A: Essential Questions for District Administrator to Ask

1. On Road Safety Indicators in the District

Crash Data (Department: District Police & Highway Police)

- 1.1. How many road crashes took place in the last three years?
- 1.2. How many road crash deaths happened in the last three years?
- 1.3. Are there any time-periods during the day that see higher frequency of crashes than other times?
- 1.4. Which are the Police Station jurisdictions that contribute to 50% of all road crash deaths in the district?
- 1.5. What have been the top 5 causes of fatal road crashes in the last three years?
- 1.6. What is the primary victim category among users/vehicles involved in crashes over the last three years?
- 1.7. What is the primary offending category among users/vehicles involved in crashes over the last three years?

Location Data (Department: Road-owning agency)

- 1.8. How many locations in the district are crash-prone?
- 1.9. What is the length of various road categories such as Expressways, National Highways, State Highways, MDRs and ODRs in the district?
- 1.10. What is the breakup of road crashes and crash fatalities on each of the road categories in the last three years?

2. On conducting the District Road Safety Committee (DRSC) Meetings

- 2.1. Has the DRSC been constituted in the district?
- 2.2. Who are the members of the DRSC?
- 2.3. When was the last DRSC meeting conducted?
- 2.4. What is the action taken report on the decisions taken during the last meeting?
- 2.5. Is the Road Safety Fund established in the state?

This guidebook contains the necessary processes and formats for seeking information on the following queries that are essential to be answered to enable a district administrator in effective implementation of road safety measures:

Section 215(3) of Motor Vehicles Act, 1988 mandates each state to set-up a District Road Safety Committee (DRSC). Further, the Supreme Court Committee on Road Safety (SCCoRS) lays down the mandatory composition of DRSC and mandates monthly meetings.

3. On Road Safety Actions Taken in the District

A. Engineering (Department: PWD/ NHAI/ NHIDCL/ BRO/ State Expressway Authorities/ Other Road Owning Agencies)

- 3.1. Has a 'Road Safety Audit' been conducted for all major roads in the district in the past? →
- 3.2. Does the road owning agency carry out inspections of their jurisdictional roads? What is the frequency of conducting these inspections?
- 3.3. What is the last report of these inspections? What is the action taken?
- 3.4. What are key engineering defects/ issues that exist as on date based on the third-party audits conducted by the road owning agencies?
- 3.5. How many of the identified road engineering issues have been rectified in the last three years?

B. Enforcement (Department: RTO/ Traffic Police/ Highway Police/ Other Enforcement Agencies)

- 3.6. What is the offence-wise total number of challans issued in the last three years? →
- 3.7. What is the offence-wise percentage of challans issued at the designated black-spots, out of the total number of challans issued?
- 3.8. What is the offence-wise percentage of challans issued via electronic-enforcement out of the total number of challans issued?
- 3.9. How often are checkpoints (*Nakas*) for inspection and enforcement are installed during a day and during a week? →
- 3.10. Are the enforcement activities in the district, 'active and visible'?



Road Safety Audit refers to an formal examination of a road by independent experts to identify and assess potential safety issues and risks associated with the road design, layout, and traffic control elements that can lead to a crash.



The top offences for each of which, the challan data should be sought are –

- over-speeding
- non-usage of helmets
- non-usage of seatbelts
- drunken driving
- wrong-side driving
- dangerous driving
- red-light violations



Active and visible enforcement is creating an effective deterrence amongst road users by optimal positioning of nakas/checkpoints and traffic personnel, during specific times of the day.

D. Emergency Care (Department: Civil Surgeon/ CMO/ 108 Ambulance/ Other Concerned Departments)

- 3.11. Are there one or more designated trauma centres in the district? →
- 3.12. In each receiving medical facility, what is the
 - sanctioned strength and present strength of medical personnel, →
 - position of infrastructure,
 - quantity & condition of equipments
- 3.13. How many Advanced Life Support (ALS)/ Basic Life Support (BLS) & Patient Transport (PT) ambulances are operating in the district?
- 3.14. What is the qualification and certification criteria for Emergency Medical Technicians (EMTs) present in the ambulances?

E. Community Engagement & Awareness (Department: Traffic Police/ NGOs/ Education Department)

- 3.15. How many campaigns have been organized in the district in the last three years for roads safety education and awareness?
- 3.16. What was the theme/topic and objective for each campaign?
- 3.17. For each campaign, what was the coverage or number of people reached?

F. Policy Enactment (Department: RTO, District Police)

- 3.18. Whether the Good Samaritan Law (Section 134A of MVA, 1988) has been implemented in the district?
- 3.19. Whether a Grievance Redressal Authority has been designated at the district level for violation of the rights of good samaritans?
- 3.20. Whether the bus-body code is enforced in the district?
- 3.21. Whether the ban on trucks and vehicles carrying protruding rods and other loads is enforced?
- 3.22. Whether the 'Compensation to Victims of Hit and Run Motor Accidents Scheme, 2022' is being implemented in the district?
- 3.23. Whether the Inspection of Vehicle Fitness is carried out? What is the frequency of these inspections?

For a detailed criteria for trauma center designation, list of level-wise trauma centre requirements and EMS standards, refer to Part-D, page 19 of this guidebook or visit savelifefoundation.org/ZFD or scan QR Code



A receiving medical facility refers to such hospital or health-center where road crashes victims are taken for primary treatment as well as such facilities where the victims are referred to for advanced treatment.

Part B: District Road Safety Profile Development

The first step to address the road safety challenge in the is to gain a holistic overview of the activities that have been undertaken by each of the concerned agencies. →

By analysing data from the concerned agencies like police, traffic, transport, and emergency services, a comprehensive District Road Safety Profile of the district can be developed.

This section seeks to equip you with the requisite assessment tools to develop the district profile. Further, deploying these tools will enable you to get regular data updates, make informed decisions, implement strategic measures, and ultimately contribute to a safer and more secure road environment for the entire district.

Please ask your office to coordinate with the respective agencies as indicated in this section, on a monthly basis, particularly before each DRSC meeting so that an efficient assessment meeting can be conducted each-time.

1. Identification of District Road Safety Stakeholders

To ensure the effectiveness of initiatives at the district level, the Supreme Court Committee on Road Safety (SCCoRS) issued the directions for the formation of DRSCs in every district, to be chaired by the District Administrator. →

The DRSCs are structured to ensure collaboration between various agencies, including police, traffic, transport, public health, local government and civil society. This unified approach is integral to fostering adequate road safety measures in the district.

District Collector/Magistrate - Chairperson	
Superintendent of Police	Chief Medical Officer
ARTO or above	Representative of NHAI/ MoRTH
Executive Officer of Urban Local Body	At-least one NGO/Civil Society member
Superintendent Engineer/ Executive Engineer (PWD) - Member Secretary	

Composition of DRSC prescribed by SCCoRS

You may ask your office to prepare a data repository on the district website or internal drive to ensure efficient data updation and management on a monthly basis. SCCoRS mandates that road crash data be published monthly in the public domain on the district portal.

While the DRSC composition laid down by SCCoRS is the mandatory minimum, you may invite stakeholders such as universities, medical colleges, engineering experts amongst others, that you feel would help in taking the work forward in the.

For SCCoRS directions to states and districts, visit savelifefoundation.org/ZFD or scan QR Code



2. Functions of District Road Safety Committee

The DRSC can play a pivotal role in ensuring the effective implementation of road safety measures in the district by undertaking the following on a monthly basis:

- Conducting reviews of road crashes,
- Monitoring the implementation of road safety interventions,
- Publishing road crash data in the public domain through:
 - o The District Portal
 - o The MoRTH DRSC Portal



The DRSC is mandated to inform the State Road Safety Council on various aspects of road crashes occurring in the district, including details of vehicles involved, causes, findings of spot investigations, details of offenders, and the condition of victims.

3. Mapping the Roads in the District

Taking a stock of existing roads and their road owning agencies will help you to assign responsibilities for interventions on priority stretches identified. Please ask your office to coordinate with the agencies mentioned below to map the road stretches in the district:

Road Name	Department/ Agency	Concessionaire (if any)	Road Length

A tentative list of road owning agencies for each road type is shared below. The concerned agencies are responsible for design, construction, operation and maintenance of the concerned roads –

Road Type	Custodian Agency
a. Expressways or National Highways (NH)	NHAI/ NHIDCL/ MoRTH/ State Agency
b. State Highways (SH)/State Expressways (SEW)	PWD/State Expressway Authority
c. Major District Roads (MDR)	PWD/ ULB
d. Other District Roads (ODR)	PWD
e. Village Roads (VR)	PWD
f. Hill/ Border Roads	BRO

Indicative List of Road Owning Agencies in the District

For detailed road-mapping formats, refer to Part-D, page 17 of this guidebook or visit savelifefoundation.org/ZFD or scan QR Code

4. Monthly Road Crash Data for the District

To analyse the road crash and road fatality patterns in the district, monthly monitoring of key data indicators is essential. The district police can be asked to maintain and submit the following information for each police station jurisdiction, on a monthly basis:

Key Monthly Road Crash Data Points (Police Station-wise)
Total Number of Crashes
Total Number of Fatalities
List of Police Stations together accounting for 50% of total road crash fatalities (Refer to Section A below)
Temporal Distribution of crashes (Refer to Section B in the next page)

For detailed data collection formats, refer to Part-C, page 15 of this guidebook and for data visualisation assistance, visit savelifefoundation.org/ZFD or scan QR Code



A. Identification of High Priority Jurisdictions

On the basis of the police station-wise monthly data, such police station jurisdictions can be identified that together account for 50% or more of the total fatalities. Further analysis these police station jurisdictions can be done to identify the high crash prone locations within each jurisdiction.

The data of high severity locations can be retrieved from eDAR/iRAD.

This will enable prioritisation of such locations in the district that may have the potential to become future black spots.

How to prioritise treatment of Crash Prone Locations using IRC 131-2022?

The IRC lays down a scientific formula, determined by considering different types of crashes, to develop a severity index for each crash prone location. The higher the Severity Index, the greater should be the priority for implementing safety measures at the location.

Severity Index = (Number of Fatal Crashes ×10)+(Number* of Serious Injury Crashes ×5)+(Number* of Minor Injury Crashes ×2)+(Number* of Damage Only Crashes×1)*

**the numbers should be aggregated numbers in the last 3 years.*

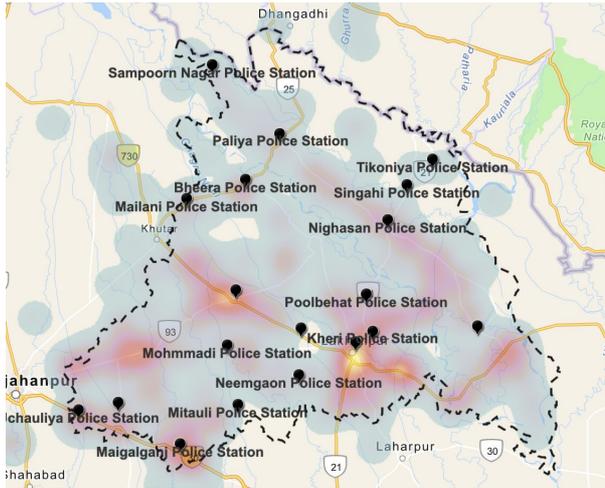
For detailed treatment prioritisation steps, visit savelifefoundation.org/ZFD or scan QR Code



As per IRC 131:2022, the identification of crash prone locations is facilitated through cluster analysis, heat maps, and corridor analysis. These analysis help pinpoint locations having a higher concentration of crashes compared to other locations.

The concerned officials may be asked to use 'heat-mapping' tools to identify crash prone locations or hotspots.

Illustration of a district heat-map



Source: SavelLIFE Foundation

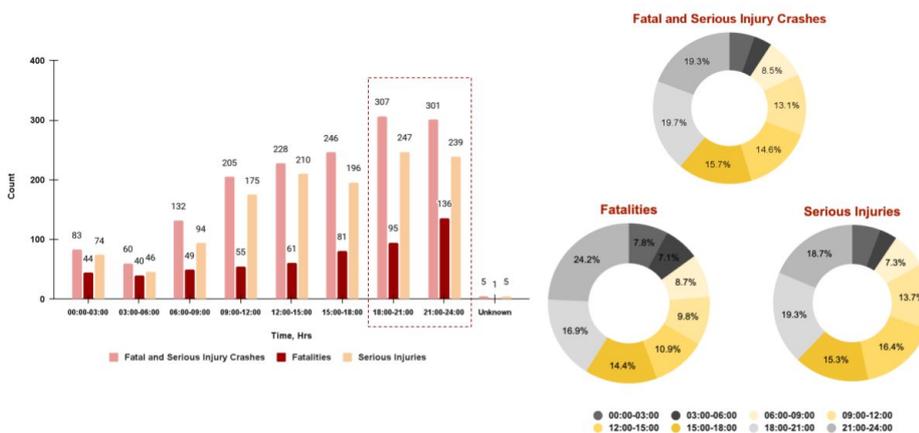
B. Temporal Distribution of Crash Data in the District

To identify the change in crash patterns according to time, assessment of the temporal distribution of crashes and fatalities becomes essential.

The temporal distribution data can be retrieved from eDAR/iRAD. This data will assist you in optimising the enforcement activities.

For this it is recommended to examine the daily crash data (number of crashes, fatalities and serious injuries) in 3 hours periods. For instance, 12AM to 3AM, 3AM to 6AM, and so on till 9PM to 12AM.

Illustration of a temporal distribution



Source: SavelLIFE Foundation

C. Crash Dynamics

The Haddon Matrix serves as a framework for analysing incidents by determining the factors that contributed to the crash. These are known as the crash contributing factors.

For more details on Crash Contributing Factors, Crash Configurations, Injury Contributing Factors and the Haddon Matrix, visit savelifefoundation.org/ZFD or scan QR Code



Crash Contributing Factors are those factors leading to a crash and can be categorised into three groups - Human, Infrastructural, and Vehicular. However, the cause of the victim’s injury may be different from cause of the crash and the factors leading an injury are referred to as Injury Contributing Factors.

Haddon Matrix of contributing factors to crashes and injuries

PHASES	FACTORS		
	HUMAN	VEHICLE	INFRASTRUCTURE
PRE-CRASH (Crash Prevention)	Lack of Information; Carelessness; Sensory Impairment; Lack of Enforcement	Not Roadworthy; Inadequate equipment; Improper Handling	Erroneous design and layout; Inadequate pedestrian facilities
CRASH (Injury Prevention)	Non-usage of protective devices	Crash protection design; Malfunctioning equipment	Crash Protection Infrastructure
POST-CRASH (Life Sustenance)	Delay in Access to First-Aid	Difficulty in Extraction	Inadequate Rescue Facilities

Source: SaveLIFE Foundation

Crash Configuration refers to the specific features of a road traffic crash including details such as the position and point of impact, the direction of movement, and other relevant factors. Broadly, the configurations are as follows:

- Head-on Collision
- Object Impact
- Rear End Collision
- Sideswipe
- Rollover
- Side-impact Collision
- Pedestrian Crash
- Others
- Unknown

For ensuring optimal Interventions in engineering, enforcement and engagement as well as for planning rescue scenarios, it is essential to identify the recurrent crash configurations as well as crash and injury-contributing factors.

To identify these factors, the following data can be sought from the district police for all crashes in the last three years:

- Most Frequent Crash Configurations
- Top 5 Crash Contributing Factors
- Top 5 Injury Contributing Factors
- Top 3 Victim/Victim Vehicle type
- Top 3 Offending Vehicle type

This information can further be used for the following opportunities:

- Permanent Engineering Improvements
- Tactical Redesign of School Zones and Intersections
- Vigilance and Traffic Compliance
- Active and Visible Patrolling
- Capacity & Resource Upgradation of Emergency Response
- Targeted Awareness Campaigns

Before and After Photos

Tactical Redesign at Karla Phata Intersection, Old Mumbai- Pune Highway



Source: SaveLIFE Foundation

5. Tracking Engineering Interventions

The engineering aspect of road safety is crucial to address infrastructure deficiencies and design flaws contributing to road crashes in the district. It involves improving road layouts, signage, and implementing measures like speed-calming devices to create safer traffic environments.

For repetitive engineering issues, detailed engineering audit formats, refer to Part-D, page 16 of this Guidebook or visit savelifefoundation.org/ZFD.



Enhanced engineering standards ensure safe traffic flow and address potential hazards. These include measures to mitigate collision risks, control vehicle speeds, and provide clear guidance for road users. The goal is to establish a transportation system in the district that is not only safer but also more efficient.

Engineering Data Points to be Tracked	Concerned Agency
Details of engineering audits conducted	PWD and/or NHAI
Action taken on frequently observed engineering issues	PWD and/or NHAI and/or Development Authority
Details of action taken on each of the frequent issues identified above	Police and/or Transport and/or Road Owning Agency

6. Assessing Enforcement in the District

Enforcement is essential to ensure compliance with traffic regulations and deter risky behaviour such as speeding, drunken driving, non-usage of helmets & seat-belts amongst others.

A robust enforcement system acts as a preventive measure, fostering a culture of compliance and reducing the likelihood of road crashes in the district. Effective enforcement measures hold individuals accountable for their actions. This includes penalising traffic offenders, conducting regular checks for adherence to safety protocols, and implementing measures to curb reckless driving.

For list of repetitive enforcement issues and tracking return forms, refer to Part-D, page 18 of this Guidebook or visit savelifefoundation.org/ZFD

Enforcement Data Points to be Tracked	
Offence-wise Challans issued in the last three years	
<ul style="list-style-type: none"> Over-speeding Non-usage of helmets Non-usage of seatbelts Drunken driving Unauthorised parking 	<ul style="list-style-type: none"> Wrong-side driving Dangerous driving Red-light violation Speed governors violations
<ul style="list-style-type: none"> At identified blackspots 	
<ul style="list-style-type: none"> In the district 	
<ul style="list-style-type: none"> Through E-enforcement measures 	

7. Interventions for Emergency Trauma Care Strengthening

Strengthening emergency care services involves capacity building of first responders, upgrading ambulance fleets, and ensuring hospitals are adequately equipped to handle trauma cases promptly.

An effective and coordinated emergency response enhances the overall post-crash care and minimises the severity of injuries sustained in road crashes.

For return forms for tracking Emergency Trauma Care, refer to Part-D, page 19 of this Guidebook or visit savelifefoundation.org/ZFD

Trauma Care Data Points to be Tracked	
A. Emergency care facilities in Receiving Facilities for road crash victims	
<input type="checkbox"/>	Total Number of Ambulances available (BLS and ALS with 100% equipments and consumables)
<input type="checkbox"/>	Total Trained Doctors and paramedics in the hospitals with details of training
<input type="checkbox"/>	Number of Ambulance base stations within a 2 km radius of crash-prone locations
B. Details of trainings to personnel	
<input type="checkbox"/>	Doctors trained in ATLS (complete training on joining and refresher training in last 6 months)
<input type="checkbox"/>	PHTLS for paramedics and first responders
<input type="checkbox"/>	Paramedics and first responders certified / trained in BLS
C. Details of protocols and systems in place	
<input type="checkbox"/>	Trauma Registry
<input type="checkbox"/>	Inter-hospital transfer protocol
<input type="checkbox"/>	Triage guidelines and protocols
<input type="checkbox"/>	Alert System for Trauma
<input type="checkbox"/>	Emergency Care Manual

For Trauma Care audit and tracker form, refer to Part-D, page 19 of this guidebook or visit savelifefoundation.org/ZFD or scan QR Code



A. Status of Ambulances in the district

The effectiveness of ambulance services in providing swift medical assistance within the “Platinum Ten Minutes” and transportation to a care facility within the ‘Golden Hour’ following an emergency, significantly enhances survival rates.

Care provided by paramedics/ EMTs in the ambulance is the first instance of medical care provided to a victim of a road crash.

What is the “Platinum Ten Minutes”?

The ‘Platinum-Ten-Minutes’ approach is based on the idea that seriously injured patients should take no more than 10 minutes for on-scene stabilization by emergency medical personnel prior to transport to definitive at-facility care. According to this model, *emergency medical treatment at the scene must be initiated within 10 minutes to optimize patient survival rates.*

What is the “Golden Hour”?

“Golden hour” stands as a pivotal concept in the realm of trauma management, particularly for individuals affected by road crashes. The concept of the golden hour is based on the idea that an injured patient has 60 minutes from the time of injury to receive definitive care, after which morbidity and mortality increase significantly. According to this model, *emergency medical treatment at the scene must be initiated within 10 minutes to optimize patient survival rates.*

The “platinum ten minutes” and the “golden hour” are concepts of emergency medical situations referring to different time periods and have different goals.

Various service providers provide ambulance service in a district under different schemes. The most prominent ambulance service is Dial-108. It is essential to map all the existing ambulances in the district. It is to be noted that these Ambulances may or may not be registered with the RTO of the same district where they are being run and hence data from the CMO/ Civil Surgeon should be sought as well instead of solely relying on RTO data.

Type	Agency
Dial 108	Ambulance Service Provider & CMO/ Civil Surgeon
Dial 1033	NHAI
Dial 102	CMO/ Civil Surgeon
Private	RTO & CMO/ Civil Surgeon



Ambulance Response Time

The response time of emergency medical services is a fundamental factor for pre-hospital care to be successful. As per WHO, an ideal response time is equivalent to less than 8 minutes. It is defined as the time between notification of an occurrence and the ambulance arrival at the scene.



Random Check:
 Dial the helpline number and call for an ambulance at a crash prone location for real-time assessment of response time, skills and equipment in an ambulance

Sample Format for Ambulance Audits

Base Location	No. of Ambulances		No. of EMTs	No. of Pilots	RTA Calls	
	Functional	Non- Functional			Previous Month	Current Month

B. Status of Receiving Hospitals in the District

When road safety issues are addressed through targeted interventions in engineering, enforcement, and engagement, the potential for crashes and their severity is reduced. However, crashes may still occur, making it imperative to focus on enhancing the quality of emergency trauma care.

A well-equipped trauma care system can alleviate the burden on healthcare resources by preventing the escalation of injuries into more severe and complicated conditions for all trauma cases.

Sample Format for Hospital Information

Rank	Name of the Hospital	Head and Contact Information	RTA patients Admitted	
			Previous Month	Current Month

Check if the receiving centres maintain a trauma registry or database

Ask the EMTs during the dial-an-ambulance audit which hospital do they take road crash victims to collate the list of receiving hospitals

8. Working on Community Engagement for Road Safety

Promoting road safety education and awareness is vital to inform and educate the community about safe road behaviour, potential hazards, and the consequences of irresponsible actions. These measures empower individuals with the knowledge needed to make informed decisions on the road.

Key indicators to develop road user engagement tracking
A. Review of campaigns undertaken
B. Details of behavioral change observed in the target audience with the campaigns, if any
C. Details of data used to assess the campaign's success in changing behaviour
D. Details of campaigns proposed for future.

For assistance on tracking engagement interventions, refer to Part-D, page 18 of this guidebook, savelifefoundation.org/ZFD or scan QR Code



9. Integrating Policy Enactment in the 5-E's Approach

Enactment of Policy - the fifth E of road safety serves as the overarching framework for the that integrates and guides the implementation of the remaining 4-Es.

Implementation of policies is as crucial as targeting Engineering, Enforcement, Emergency Care and Engagement, for achieving the desired road safety outcomes in the district.

Key Regulations that can be tracked for Road Safety
Implementation of the Good Samaritan Law - Implementation of Section 134A of MVA in the district. - Designation of a Grievance Redressal Authority - Display of Charter of Rights of Good Samaritans in all hospitals and police stations
Enforcement of the Bus Body Code
Ban on trucks and vehicles carrying protruding rods and other loads
Installation of Fire Detection and Suppression Systems in buses
Implementation of the 'Compensation to Victims of Hit and Run Motor Accidents Scheme, 2022'
Inspection of Vehicle Fitness

Please check the state government notifications issued for further state level policy frameworks on Road Safety.

10. District Road Safety Action Plan

The district road safety plan are a comprehensive framework designed to address various facets of road safety and emergency response within the region. With a focus on proactive measures, the plan should aim to mitigate crashes, optimize emergency medical services, and enhance coordination between relevant stakeholders.

Key elements to be included in a District Road Safety Action Plan are:

- Data Analysis based on the District Road Safety Profile
- Issues Identified based on the analysis
- Key interventions across 5Es of Road Safety
- Specific targets for each stakeholder
- Performance indicators for each stakeholder
- Identification of key projects to be undertaken

11. Funds Available for Road Safety Interventions

Diversifying funding sources for road safety interventions in the district involves re-allocating budgets from various sectors. By strategically utilising these budget heads, the district can comprehensively address road safety challenges. These budget heads may not directly relate with road safety but certain elements for it. A deliberation at the committee level shall be required to identify the funds to be utilised to fund road safety interventions. Following is a list of fund sources which the district administration can leverage —

- State Road Safety Fund
- District Police Department
- District Health Department
- NHAIR Regional Officer Fund

Other financing options may include:

- Public Private Partnership Models
- Corporate Social Responsibility funds
- Project specific Grants and Loans from Big Donors

S No	Name of the Fund	Amount (at FY start)	Amount spent till date	Balance	Expiry date

Please ask NHAIR Project Directors/ ROs for budgets on road safety.

For other departments, check if Operation & Maintenance funds from stakeholder departments can be used for road safety.

Categorise the Road Safety Fund across the 5Es of Road Safety to check how the fund is being spent.

For road safety fund assessment form, visit savelifefoundation.org/ZFD or scan QR Code



Part C: Two-Point Impact Monitoring Criteria

In assessing the effectiveness of road safety initiatives within the district, a comprehensive monitoring framework is indispensable. The success of these measures can be evaluated through a multifaceted approach that goes beyond mere road crash statistics. Two pivotal criteria involve monitoring the reduction in road crash and a decrease in road crash fatalities.

1. Reduction in Road Traffic Crashes

The number of reported road crashes serves as a key indicator to monitor the success of road safety initiatives.

2. Reduction in Road Crash Fatalities

Monitoring the number of Road Crash fatalities is another crucial for assessing the impact of Road Safety Interventions. Tracking a consistent reduction in the overall incidence in road crashes, including fatalities and injuries, would reflect the effectiveness of implemented measures in enhancing road safety in the district.

The reporting from the Police Stations can be sought in the following suggested format every month:

Police Station	Month	Crashes	Fatalities	Grievous Injury	Crash Investigations conducted

The reporting from the Hospitals can be sought in the following suggested format every month:

Name of Receiving Centre	Name of CMO/ In-charge	RTA patients Admitted	
		Current month	Last month

A complete understanding of outcomes requires consideration of additional criteria such as adherence to speed limits, usage of seat belts and helmets, and response time of emergency services. Public perception surveys provide a qualitative dimension, while the condition of road infrastructure and incident reporting contribute to a thorough analysis of engineering and enforcement interventions. This diversified set of criteria collectively enables a comprehensive assessment of the impact of road safety initiatives in the district.

Define specific targets of road safety initiatives, such as a reduction in the number of road crashes and fatalities. Establish a regular reporting mechanism for all key indicators and conduct periodic reviews.

For road crash and fatalities monitoring forms, refer to Part-D, page 16 of this guidebook or visit savelifefoundation.org/ZFD or scan QR Code



The suggested format is similar to the data collection format used to prepare the Road Accident in India report by the Ministry of Road Transport and Highways. Every state collects road crash data per this format to be submitted to the Union Ministry annually. The District may add to the template as per requirement.

Check for number of crashes investigated by forensic crash investigation and their findings

Part D: Road Safety Parameters

This section provides detailed information to assist the district leadership in conducting effective road safety assessments.

1. List of Frequently Observed Engineering Issues

The table lists the engineering issues that may be observed on a road stretch and should be noted for the engineering return form

S No	Issue	Associated Risks
01	Absence of crash barrier along median and along road edge	1. Head-on collision 2. Object impact
02	Inappropriate transition of crash barrier	1. Head-on collision 2. Rollovers 3. Object impact 4. Impalement type
03	Inappropriate termination of crash barrier	1. Head-on collision 2. Rollovers 3. Object impact 4. Impalement type
04	Damaged crash barrier	1. Head-on collision 2. Rollovers 3. Object impact 4. Impalement type
05	Man-made hard structures/ Natural hard structures	1. Object impact 2. Head-on collision 3. Rollovers 4. Vision obstruction
06	Absent truck lay-byes and truck rest stops	1. Rear end collision
07	Untreated median opening	1. Side impact collision 2. Rear end collision 3. Pedestrian crash
08	Signages covered by vegetation	1. Head-on collision 2. Rear end collision 3. Run off crashes 4. Loss of control 5. Vision obstruction
09	Vision obstruction at the curve due to poor road geometry or excess vegetation	1. Head-on collision 2. Rear end collision 3. Run off crashes 4. Loss of control

The Zero Fatality Corridor program has been undertaken across 21 highway corridors in India.

The Mumbai Pune Expressway has recorded a 58% decrease between 2016 to 2023 while the Yamuna Expressway recorded a 45% reduction in crash fatalities between 2019 and 2023.

Key Safety measures implemented include installing median crash barriers, deploying speed cameras, installing safety-critical signages, relocating ambulances to key locations, and more.

This demonstrates the practical effectiveness of the zero-fatality solutions.

S No	Issue	Associated Risks
10	Absent signages/ Damaged signages/ Wrong signages	1. Rear end collision 2. Head on collision
11	Narrow Shoulder	1. Pedestrian/cyclist crash 2. Rear end collision
12	Absent pavement marking/Faded marking	1. Pedestrian/cyclist crash 2. Loss of control 3. Side impact collisions
13	Absent safety during routine maintenance works or construction zone	1. Loss of control 2. Vision obstruction 3. Pedestrians/workers crash
14	Absent/ Discontinuous pedestrian path/crossing/rails	1. Pedestrian / cyclist crashes
15	Absent facilities at bus stops	1. Pedestrian / cyclist crashes 2. Rear end collision
16	Roadside encroachment	1. Object impact 2. Loss of control 3. Rear end collision
17	Unauthorised parking	1. Rear end collision

2. Engineering Return Forms

(Department: PWD/ NHAI/ NHIDCL/ BRO/ State Expressway Authorities/ Other Road Owning Agencies)

a. Mapping of District Roads - Half Yearly

S No	Road Name & Number	Category (NH/SH/MDR/ODR/UR/RR)	Road Length Mapping		
			Type (Plain/Rolling/Mountainous)	Start Chainage	End Chainage

b. Assessment of Crash-Prone Locations - Monthly

S No	Road Name & Number	Category (NH/SH/MDR/ODR/UR/RR)	Crash-Prone Locations		
			Point Name	Latitude	Longitude

c. Assessment of Prevailing Engineering Issues - Monthly

S No	Road Name & Number	Category (NH/SH/MDR/ODR/UR/RR)	Engineering Issue (refer to Pt.1 above)			
			Issue	Carriageway & Direction	Latitude	Longitude

3. List of Frequently Observed Enforcement Issues

The table lists the enforcement issues that may be observed on a road stretch and should be noted for the enforcement return form contained in the section below.

S No	Component	Issue
01	Patrolling & Enforcement	Inadequate/ absence of active patrolling
02		Vehicles parked on road and road-side
03	Dangerous Driving	Wrong side driving
04		Lane hogging, or slow moving vehicles on fast lane/ right-most lane
05		Overtaking from the left side
06		Distracted driving/ use of mobile phone
07		Overloading with passengers or goods
08	Road User Behaviour	Non-usage of safety helmets and seatbelts
09		Pedestrians on road or shoulder
11		Public Buses stopping at undesignated spots
12	E-Enforcement	Inadequate or absent speed traps/cameras
13	Encroachment	Roadside stalls/vendors/dumping etc

4. Enforcement Return Forms

(Department: District Police & Highway Police)

The enforcement activities can be tracked using the following forms:

a. Penalties Assessment Form - Monthly

S No	Police Station / Circle	Over-speed	Challans Issued for					
			Red-Light Jump	Helmet Non-Use	Seatbelt Non-Use	Over-loading	Wrong-Side	Others

b. Equipment Stock Assessment - Quarterly

S No	Police Station/ Circle	Number of Equipment in Use		
		Breath Analyser Meters	Body Wearable Cameras	Fine Issuance POS Machines

c. Traffic Staff Strength Assessment - Quarterly

S No	Police Station/ Circle	Sanctioned Strength					Present Strength				
		Insp	SI	ASI	HC	Ct	Insp	SI	ASI	HC	Ct

5. Emergency Trauma Care Systems Assessment

The following are the parameters developed by the SaveLIFE Foundation for operationalisation of trauma care based on WHO, MoHFW and MoRTH standards. Under the Trauma Care assessments, the clinical establishments and the ambulances may be audited as per these parameters.

a. Medical Facilities (Hospitals & Clinical Establishments)

Broadly, a facility can be classified between Level-4 to Level-1 of Trauma Care (TC) standards.

Level-1 Trauma Center	Level-2 Trauma Center	Level-3 Trauma Facility	Level-4 Trauma Facility
24 x 7 Operational			
Minimum 75 TC Beds	Minimum 50 TC Beds	Minimum 30 TC Beds	Minimum 10 TC Beds
Specialist Surgeons	Specialist Surgeons	Surgeons on-call	MBBS Physicians
Fully equipped major OT, ancillary services	Fully equipped major OT, ancillary services	Fully equipped major OT, ancillary services	First-aid & patient stabilisation capacity
Medical college/ Speciality hospital or equivalent	District Hospital/ Speciality hospital or equivalent	Sub-District Hospital/ Community Health Centre or equivalent	Primary Health Centre or equivalent

The hospitals and clinical establishments may be operationalised for effective trauma care using the following indicative checklist.

Category	Details	Level 1	Level 2	Level 3	Level 4
Human Resources	Emergency GDMO (MBBS)	✓	✓	✓	
	Physician (MBBS)	✓	✓	✓	✓
	General Surgeon	✓	✓	✓	
	Anaesthetist	✓	✓	✓	
	Orthopaedic Surgeon	✓	✓		
	Plastic Surgeon	✓	✓		
	Neurosurgeon	✓	✓		
	OT Technician	✓	✓	✓	
	Radiologist (MD, MBBS)	✓	✓	✓	
	Radiographer Technician	✓	✓	✓	
	MRI Technician	✓	✓		
	Lab Technician	✓	✓	✓	
	Nurse & Nursing Attendant	✓	✓	✓	✓
	GDA and Safai Karamchari	✓	✓	✓	✓
Infrastructure	Direct & levelled access to Emergency Ward	✓	✓	✓	✓
	Adequate number of Stretchers & Wheelchairs at Entrance	✓	✓	✓	✓
	Electricity Backup (atleast 8 hours)	✓	✓	✓	✓

Category	Details	Level 1	Level 2	Level 3	Level 4
Infra-structure	Tables in Major OT	✓	✓	✓	
	Minor OT in Emergency	✓	✓	✓	
	Treatment Room	✓	✓	✓	✓
	Manifold Gas Supply System	✓	✓	✓	✓
	Laminar Air Flow	✓	✓		
	Humidity & Temp Control	✓	✓	✓	
Equip-ment	Emergency Tray Set	✓	✓	✓	✓
	Crash Cart	✓	✓	✓	✓
	Vitals Monitor	✓	✓	✓	✓
	Pneumatic Tourniquet	✓	✓	✓	✓
	Splints and Traction	✓	✓	✓	✓
	Transport Ventilator	✓	✓		
	ABG machine	✓	✓	✓	
	O.T. Ceiling Light	✓	✓	✓	
	OT Headlights & Microscope	✓	✓	✓	
	Surgical Instruments, Power Saw & Drill	✓	✓	✓	
	Orthopaedic, Thoracotomy & Spinal Surgery Instruments	✓	✓		
	Craniotomy/Faciomaxillary Instruments	✓			
	Anesthesia Machine	✓	✓	✓	
	Central Suction Pipeline	✓	✓		
	Suction & Cautery Machine	✓	✓	✓	
	Angiography Machine	✓	✓		
	Defibrillator with Monitor	✓	✓	✓	✓
	Standard Ventilator	✓	✓	✓	
	Syringe Infusion Pump	✓	✓	✓	
	Digital X-ray Machine	✓	✓	✓	✓
Portable Ultrasound Machine	✓	✓	✓		
C-Arm Image Intensifier, CT scan Machine, MRI Machine	✓	✓			
Blood Investigation Equipment	✓	✓	✓	✓	
Physiotherapy Equipment	✓	✓			
Protocols	Triage Guidelines and Protocols	✓	✓	✓	✓
	Patient Transfer/Referral SOPs	✓	✓	✓	✓
	Trainings for Emergency Ward Staff	✓	✓	✓	✓
	Prominent Display of Rights of Good Samaritans & Adherence to Good Samaritan Protocols by the Staff	✓	✓	✓	✓
	Disaster Management Plan for Mass Casualty Scenario	✓	✓	✓	✓
	Hospital Management Information System(HMIS) software for operations and management	✓	✓	✓	✓
	Pre-Hospital Arrival Notification/ Linkage with Ambulances	✓	✓	✓	✓

b. Ambulances

A trauma response ambulance can be classified as either Advanced Life Support (ALS) (with ventilator support) or Basic Life Support (BLS) ambulance. The ambulances can be made effective for providing trauma response using the following indicative checklist.

Category	Items	BLS	ALS
Human Resource	Qualified Emergency Medical Technician (EMT) - B.Sc. with EMT Diploma or Certification in BLS/ ALS/ ITLS	✓	✓
	Qualified Driver having a valid licence & ability to read, write and maintain log books	✓	✓
Infrastructure	Heating & Cooling System	✓	✓
	Prior Hospital Notification Connectivity	✓	✓
	Stock Register	✓	✓
	Patient Care Record Books	✓	✓
Equipment	Automated External Defibrillator (AED), Triage Bag	✓	✓
	Oxygen cylinder Minimum 360L	✓	✓
	Ambu Bag and Mask Ventilation Device (Adult, Child & Neonatal), Flowmeter with Humidifier bottle, Nebulizer (Electric), Supraglottic device (LMA), Suction Pump, Nasogastric Tubes, Venturi Mask	✓	✓
	Intra Venous Cut Down Set, Suture Kit	✓	✓
	Multi parameter monitor, BP Instrument, Sphygmomanometer, Stethoscope, Digital Thermometer, Pulse oximeter, Glucometer	✓	✓
	Trolley Stretcher with back tilt facility and collapsible wheels, Cervical Collar, Pneumatic Splints, Spinal Board, Cold packs, Thomas splint, Scoop Stretcher, Double Head Immobilizer	✓	✓
	Extrication Equipment - Heavy duty scissors for cutting clothing, belts, and boots; Axe; Wrecking Bar; Crowbar	✓	✓
	Kidney Tray, Urinal or Bedpan	✓	✓
	Transport Ventilator		✓
	End Tidal CO2 Monitor, Infusion Pump, Syringe Pump		✓
	ECG Machine		✓
	Traffic signalling device, Siren, Spare Tyre, Vehicle Tool Kit, Headlights, Flashlights, extra batteries and bulbs	✓	✓
	Fire extinguisher, CO2 or dry chemical or type ABC.	✓	✓
	Personal Protective Equipment, Safety Helmet, Shoes	✓	✓
	Pocket Bin for sharp needles, Waste Bin, Disinfection	✓	✓
	Delivery Kit	✓	✓
Disposable bags for vomiting	✓	✓	

Category	Items	BLS	ALS
Consumables	Sterile Dressing - multi-trauma dressings, Occlusive dressing, Adhesive tape, Elastic bandages, gauze sponges, Cotton Rolls, Triangular Bandage)	✓	✓
	G.V. Paint	✓	✓
	IV Set - Micro/Macro drip and Cannula	✓	✓
	Syringes - 2, 5 & 10 ml	✓	✓
	Nebulisation mask, Guedel's airway, Nasal airways & catheters	✓	✓
	First Aid Box, Burn Pack, Cotton Roll, Bandage - 15cm, 10cm, 6cm, Savlon, Betadine solution or betadine ointment	✓	✓
	Teeth guard		✓
	Sample collection kits		✓
	ECG electrodes		✓
Medicines	Tablets - Paracetamol 500gm, Ecosprin/ Aspirin, Activated charcoal, Clopidogrel, Isosorbide Dinitrate 5mg, Nitroglycerin sublingual	✓	✓
	Syrups - Antacid Anaesthetic Gel, Paracetamol 60ml	✓	✓
	IV Fluids - Dextrose 25%, Normal Saline, Ringer Lactate	✓	✓
	Pain Spray, Mistdress Spray, Coolex Spray	✓	✓
	Other - Xylocaine Jelly 2%, ORS, Glucose, Vinodine Spray	✓	✓
	Injections - Adrenaline, Atropine, Adenosine, Calcium Carbonate, Dopamine, Dobutamine, Noradrenaline, Nitroglycerine, Sodium Bicarbonate, Hydrocortisone, Frusemide, Diazepam/Midazolam, Deriphyllin, Phenytoin sodium, Avil, Metro Chlorpropamide, Ondansetron, KC1, Lignocaine 2%, Amiodarone 50 mg /ml, Magnesium sulphate 25% 2ml, Mannitol 20%, Morphine/ Pethidine, Noradrenaline bitartrate 4mg, 2ml, Naloxone HC1, Fentanyl, Sodium Valproate, Voveran, Paracetamol, Bacteriostatic water, Dextrose solution		✓
	Inhaler Beclomethasone 250 micrograms/ dose, Salbutamol 200 micrograms		✓
	EpiPen		✓



For more information, please contact:

Centre for Advancement of Road Traffic
Safety (CARTS), SaveLIFE Foundation

6, Ground Floor, Bhagwan Das Road,
Mandi House, New Delhi, 110001
Telephone: 011-41091911
Email: roadsafety@savelifefoundation.org

 www.savelifefoundation.org

 [savelifefoundation](https://www.facebook.com/savelifefoundation)

 [@savelifeindia](https://twitter.com/savelifeindia)

