

Post-crash first response by traffic police in Nepal: a feasibility study

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Abstract

Background

Road traffic injuries are a significant and increasing public health burden in Nepal, but there is no national coverage of regulated and standardized emergency medical service systems. Therefore, this study was designed to develop a first responder trauma training program for the Nepal traffic police and to evaluate the feasibility of its delivery and follow up.

Methods

A training needs assessment with traffic-police officers in a single district of Nepal informed the development of a 3-day first-response course which was provided to officers in May 2019. Participants were supplied with a trauma-pack and asked to complete a report form when first-responder skills were used. Knowledge and confidence face-to-face surveys were used before and after training to assess learning, and were repeated at 6 months to assess retention of knowledge. The surveys at 6 months assessed the factors affecting application of first response skills.

Results

Most (97%) participants believed giving first-aid was part of their responsibilities and 95% had experience of transporting road crash victims to hospital with a range of injuries. Low levels of first-aid training and variable course content were reported. Knowledge and confidence scores improved post-intervention but were reduced at 6-months. During attendance at 303 road crashes in the 6-months follow-up period, 44% of the participants self-reported using at least one skill from the course; applying them on 92 occasions. Incident report-forms were frequently not completed. Barriers to providing treatment included: the patient already en-route to hospital when police arrived at scene; resistance to providing care from relatives or bystanders; and competing police duties (e.g., traffic management).

Conclusions

Delivering a first-response training program for traffic-police in Nepal is feasible. Knowledge was retained and used, and skills were in frequent demand. A study of effectiveness and cost-effectiveness appears warranted to determine if extending the training to other districts can improve outcomes in road traffic injury patients in the absence of formal emergency medical services.

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