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I. PUBLIC HEALTH CARE AT NATIONAL, REGIONAL AND GLOBAL DIMENSIONS



DEVELOPING OF EMERGENCY MEDICAL SERVICES IN INDIA

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Summary. The article analyzes the prehospital health care system in India. The study presents a number of problems that need immediate solution and substantiates the need to reorganize the existing health care system at the prehospital stage.

Keywords: prehospital care; India; population.

Prehospital Emergency Care in India is very important part of people life but it is not supported at the national, provincial and community levels. As compared to developed countries with proper emergency systems in place, there is no single system which could play a major role in managing emergency medical services in India. There is a fragmented system in place to attend the emergencies in the country. Ambulance systems in India are known by main helpline numbers, 108 (for Emergency Disaster Management) and 102 (for Ambulance). But in different states of India there are different emergency numbers for providing ambulance services.

Premedical Aid is not widely understood topic for India, so the hospitals as well as different medical institutions should work upon spreading more awareness about it and should have a completely different section for Premedical emergencies which will have doctors and nurses at all times present for victims treatment. Clearly, India is in need for proper emergency medical service that can be accessed from anywhere in the country. The existing fragmented system falls terribly short of meeting the demand.

In 1989, Colohan et al reported [p. 202] that only 0.5 % of head injury cases were transported by ambulances in New Delhi and no first aid was admin-

istered in 65 % of cases. Additionally, only seven percent of head injury patients arrived at a hospital within the “first golden hour”. Pandian et al reported in 2006 [2, p. 81] that only 12 % of stroke patients used ambulances to reach a hospital in an urban city.

Mostly emergency medical services in India, is required in cases of road accidents. India registers a high number of road and train accidents every year. Emergency medical services are not supported by state policy. In 50 % of cases, no Prehospital care or treatment was offered by qualified personnel when ambulances were need used to transport patients to hospitals. In other words, the ambulance system has been ineffective due to poor infrastructure, the lack of trained prehospital personnel, and lack of access to services. Ambulances need to be stationed at locations of high volume traffic accidents to reduce response times [5, p. 494]. The World Health Organization National Commission on Macroeconomics and Health Report on India said that an average villager in India, who does not have a motor vehicle, needs to travel over two kilometers to get a tablet of paracetamol, over six kilometers for a blood test, and nearly 20 kilometers for hospital care. Improvements in Emergency Medical System (EMS) services are needed to effectively transport patients from limited resource sites. For example, hospital births are a challenge for villagers in India. Many deliver at home or in a vehicle while on their way to the hospital. This may contribute to the high maternity and infant mortality rates [4, p. 308]. Therefore, one of the ways to improve the work of ambulances is build the roads and connections between remote areas and developed cities in India.

There are two types of hospitals, government and private, so it depends on which locality are you. Ambulance service usually takes victims to the nearest government hospitals. An emergency medical system must be sensitive to and meet the needs of the poor. The poor in every country confront barriers to access when they must pay directly for the costs for transportation, medical treatment and pharmaceuticals [1, p. 629].

In some cases, the caller is placed in a conference call with an emergency medical technician (EMT), or a physician in the Emergency Response Centre (ERC) who supports EMTs when required. Premedical Aid records are maintained, and include details of drugs and disposables consumed. The time or receipt of call, time of arrival at the site, and time of hospital arrival is captured either manually or automatically in a log register or dispatch software. The medical equipment onboard for a BLS ambulance is an oxygen cylinder, blood pressure apparatus, and a stethoscope [4, p. 308].

Helicopter Emergency Medical Service (HEMS) – best option in quick transportation, treatment and stabilization of critically ill patients. Is most advanced form of Pre-hospital emergency. Ambulance Premedical Aid is very important component because sometimes if there is an accident in a village, the local hospital is not able to provide a quick response, so the patient sometimes is required to be transported to a city hospital to get a better treatment. In HEMS

the time of action should be improved. Also more hospitals should provide HEMS, because in India just few areas have this service.

The first step in building a robust EMS system in India would be to develop enabling government policy. A centralized governing authority is required to set the standards of EMS training and operations throughout India. This also should result in the creation of a unique telephone number which can be dialed from any part of the country (like 911 in US or 999 in UK) and an emergency service available across the country.

Conclusion: Emergency Medical Services in India is still in developing condition and it is very fragmented. Awareness of the population about the possibility of receiving emergency care, improving the infrastructure of remote areas, modern equipment for providing of Premedical Aid will ensure adequate work of the service.

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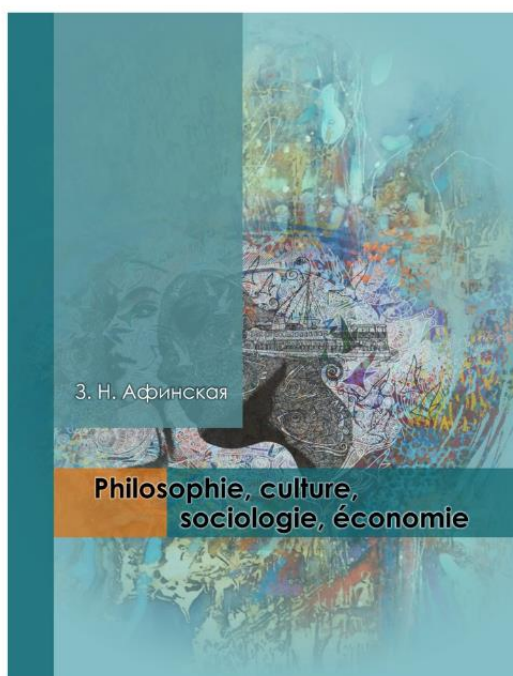
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