



SUPREME COURT COMMITTEE ON ROAD SAFETY

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No.54 /CoRS/2015
Dated: 9th February, 2017

Sir,

As you are aware, this Committee has been functioning on behalf of the Hon'ble Supreme Court to measure and monitor on a continuing basis the implementation of various laws relating to road safety in each State/UT and the concerned Ministries of the Central Government.

2. Based on the detailed analysis of the replies to a Questionnaire received from the States and the detailed discussions held with them, the Committee has issued various directions to the States to establish institutional arrangements to promote Road Safety and implement laws and best practices by way of enforcement, engineering, education and emergency care.

3. The Committee has now decided to assess the extent and quality of the action taken by the States to implement the directions issued by the Committee till date. M/s Delhi Integrated Multi-modal Transit System (DIMTS), Delhi has been appointed to carry out this assessment on behalf of the Committee in your State. DIMTS is expected to commence the work in the 1st week of March, 2017.

4. A copy of the Scope of Work to be carried out by the DIMTS is **annexed**. The Team appointed by the Consultant for carrying out the assignment would consist of:-

- (iii) Team Leader
- (iv) Road Safety Expert/Highway Expert
- (v) Road Safety Capacity Building Expert
- (vi) Emergency Medical Service Expert

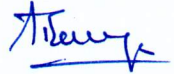
The Team may also be assisted by some support staff as per their requirement.



5. The Committee has asked the Team Leader to contact you for a briefing and the assistance that they may require to carry out the assessment before they commence the assignment. The Committee would request that they should be assisted in availing of the necessary office accommodation and be allowed to access the concerned minutes, notifications, orders etc. Issued by the State Govt. or its Agencies in order to enable them to complete their assignment within the given time frame. You may also kindly request the other concerned Departments to extend the similar assistance to the Team.

With regards,

Yours sincerely,

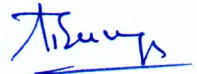


(S.D. Banga)


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(S.D. Banga)
Secretary to the Committee

Scope of Work

This assignment is intended to audit/verify the implementation by the States of the directions issued by the Supreme Court Committee on Road Safety. The following will be the Scope of Work to be carried out by the Consultant:

1. Verify whether the Lead Agency set up by the State to coordinate all activities on road safety is headed by a senior officer and has dedicated & professional staff and the necessary funds to effectively discharge its functions and whether other Departments in the State have been sensitized on road safety. Indicate briefly the working of the Lead Agency.
2. Verify whether a Road Safety Fund has been established by the State. Indicate whether the Fund is adequate for meeting expenses on road safety. If so, which Department administers such a fund? Are there rules for the Fund? If so, obtain a copy of the Rules.
3. Verify whether the road accident data is being collected by the State on the format as prescribed by the MoRTH and is analyzed properly to identify causes for high accidents. Which Department is responsible for data collection and analysis? Provide details of the data collection arrangements and analysis thereof.
4. Verify the number of equipments viz. (i) alcohol-meters (ii) speed checking devices deployed to check traffic violations and whether these equipments are functional. Also verify the number of CCTV Cameras deployed to detect traffic violations and whether the footage from these cameras is continuously monitored. Please verify these in 4 Cities in each State as per **Annexure-III.**
5. Verify whether the police personnel are well trained to use these equipments.

6. Verify the number of traffic police deployed by the State to detect traffic violations and comment on the adequacy of the traffic police deployed.
- .7. * Verify whether the use of helmet has been made compulsory both for driver and pillion rider all over the State and is rigorously checked. Please verify this in 4 Cities in each State as per Annexure and at a stretch of 100 km each on National Highways, State Highways and Major District Roads.
- .8. * Verify whether the seat belt and cell phone laws are being implemented in the State and are rigorously checked. Please verify this in 4 Cities in each State as per Annexure and at a stretch of 100 km each on National Highways, State Highways and Major District Roads.
- 9 Evaluate the driver licensing system in the State and the measures being taken to reduce human intervention in the issue of driving license to the drivers of cars, two-wheelers and commercial vehicles.
- 10 Examine whether the driver licensing data has been computerized and fed into a Central Data Base so that Licensing Authority can verify whether an applicant has obtained the License from another Licensing Authority.
- 11 Examine whether the traffic violations are linked with drivers' licenses, and records of violations kept and updated so that repeated violators can be identified for appropriate action.
- .12 Examine whether separate unit/ team with necessary equipments has been set up to patrol National/ State Highways and traffic violations.
- .13. Verify on the ground whether the sale of alcohol has been banned by the State on National and State Highways.
- .14. Verify the arrangements made by the State for detection of Black Spots and their rectification and assess the efficacy of the rectification measures both on the State roads and National Highways. Provide a summary of Short- term and Long-term remedial measures proposed and the action already taken for implementation of these measures.

15. Verify whether the protocol for identification, rectification and monitoring of black spots, as directed by the Committee, has been drawn up and is being implemented.
16. Verify whether Road Safety Audits are being conducted during the design, construction and operation of roads and the recommendations of the Road Safety Audits are being implemented. Indicate the %age of roads which have been subjected to road safety audits at different stages.
17. Verify the extent of traffic calming measures adopted by the State like rumble strips, speed breakers, road signage etc. at 50 locations in the State where lower hierarchy roads merge with higher hierarchy roads and are accidents prone.
18. * Verify whether road safety signs, pavement markings and traffic lights meet the IRC specifications. Please verify this in 4 Cities in each State as per Annexure and at a stretch of 100 km each on National Highways, State Highways and Major District Roads.
19. * Verify whether the driver rest areas, truck lay byes and bus bays are provided at suitable locations. Please verify this in 4 Cities in each State as per Annexure and at a stretch of 100 km each on National Highways, State Highways and Major District Roads..
20. * Verify the action taken by the State to remove hoardings and objects that obstruct driving or distract drivers. Please verify this in 4 Cities in each State as per Annexure and at a stretch of 100 km each on National Highways, State Highways and Major District Roads.
21. Verify the status on Driving Training Institutes and Vehicles Inspection Centres sanctioned by the MoRTH for the State.
22. Verify whether the footpaths and service roads have been provided at required locations and are free from encroachments. Please verify this in 4 Cities in each State as per Annexure .

- 23 Verify whether there are programmes to educate and train commercial drivers, traffic police personnel, highway engineers and planners in road safety in the State. Indicate the facilities available and details of the programmes.
- 24 Verify whether modules on road safety have been included in the school curricula and indicate the level at which these have been included.
- 25 Verify whether commercial vehicles are being strictly checked from safety point of view at the time of renewal of registration.
- 26 Verify whether school buses are being checked on an annual basis to ensure their safety and road worthiness.
- 27 Verify whether States have developed a comprehensive State Trauma Care System plan for setting the way forward with regard to all components of an organized trauma care system with specific strategies and timelines as per the template provided to the States by Dte.GHS/ MoHFW. The details of template listing the components/equipments and specifications will be provided to the successful bidder at the time of Audit.
- 28 Verify whether the States have done GIS based mapping of potential ambulance points and the health care facilities (both public and privates) and its spatial relation to accident prone areas (black spots), for developing scientifically well organized State wide emergency and trauma care network.
- 29 Verify whether the States have established an effective network of ambulances for emergency response with an aim to provide definitive care to the victims well within the golden hour.
- 30 Verify whether the States are effectively following the prevailing national specification for ambulances and rescue vehicles.

- 31 Verify whether the States have verified and designated existing health care facilities (both public and private) along/ near the highways as Level III, Level II or Level I hospitals based on the operational definition provided by MoH&FW. A copy of the operational definition for Level III, Level II or Level I hospitals as provided by MoH&FW is at **Annexure-iv**.
- 32 Verify whether the States have conducted gap analysis in terms of infrastructure, manpower, equipments and organizational functions at the identified trauma care facilities in the State (based on the operational definition for these by MoH&FW) and worked out a realistic plan for filling the critical gaps with definite timeline in its implementation.
- 33 Verify whether the States have set up a mechanism to ensure dynamic linkages between various health care facilities (across Level III, Level II, Level I hospitals) in terms of manpower, resources, skills and information.
- 34 Verify whether the Standardized pre-hospital trauma technician curriculum as developed by Dte.GHS/ MoH&FW for training of pre-hospital Trauma Technicians is being followed by all the States.
- 35 Identify the action being taken by the State in Capacity Building for human resources (starting from first responders-drivers, police personnel, conductors, teachers, students, etc. to specialists).
- 36 Verify that the States are maintaining records/information on injury and trauma.
- 37 Verify the effective measures including the awareness strategies by the States on the Good Samaritan Guidelines circulated to them by MoRTH & MoH&FW.
- 38 Identify any other good practices being followed by the States on Trauma Care.

- 39 Propose a formal mechanism of active coordination of MoH&FW with MoRTH and other relevant stakeholders of road transport/ associated department at the state level.
 40. Any other observation considered relevant for enhancing road safety in the State.
 41. Provide a list of departments / officers/ NGOs/ Civil Society met with date and time.
- **The verification can be done at the same stretches for each State.**

ANNEXURE-III

Sl.No.	Name of the State	Cities
1.	Madhya Pradesh	Indore, Bhopal, Jabalpur, Gwalior .
2.	Bihar	Patna, Gaya, Bhagalppur, Muzzafarpur.
3.	West Bengal	Kolkata, Asansol, Siliguri, Durgapur.
4.	Chhattisgarh	Raipur, Durg-Bhilai, Bilaspur, Korba.
5.	Karnataka	Bangalore, Hubballi-Dharwad, Mysore, Gulbarga.
6.	Kerala	Thiruvananthapuram, Kochi, Kozhikode, Kollam.
7.	Maharashtra	Mumbai, Pune, Nagpur, Thane.
8.	Gujarat	Ahmedabad, Surat, Vadodra, Rajkot.
9.	Tamil Nadu	Chennai, Coimbatore, Madurai, Trichy.
10.	Andhra Pradesh	Visakhapatnam, Vijayawada, Guntur, Nellore.
11.	Telangana	Hyderabad, Warangal, Nizamabad, Karim Nagar.
12.	Odisha	Bhubaneswar, Cuttack, Behrampur, Rourkela.
13.	Uttar Pradesh	Lucknow, Kanpur, Ghaziabad, Agra.
14.	Rajasthan	Jaipur, Jodhpur, Kota, Bikaner.
15.	Haryana	Faridabad, Gurgaon, Rohtak, Hisar.
16.	Punjab	Ludhiana, Amritsar, Jalandhar, Patiala.

ANNEXURE-IV

Operational definition of L I, II, III and IV hospitals as specified under 'Capacity for developing Trauma Care Facilities in Govt. Hospitals on National Highways'.

Level IV Trauma Care: This would be provided by appropriately equipped and manned mobile hospitals/ ambulances. These shall be provided by MoRTH/ NHAI/ NHRM/ State Govts., etc as the case may be.

Level III Trauma Care Facility provides initial evaluation and stabilization (surgically if appropriate) to the trauma patient. Comprehensive medical and surgical inpatient services would be made available to that patient who can be maintained in a stable or improving condition without specialized care. Emergency doctors and nurses are available round the clock. Physicians, surgeons, Orthopaedic surgeon and Anaesthetist would be available round the clock to assess, resuscitate, stabilize and initiate transfer as necessary to a higher-level Trauma Care Services. Such hospitals will have limited intensive care facility, diagnostic capability, blood bank and other supportive services. The district/ tehsil hospitals with a bed capacity of 100 to 200 beds would be selected for level III care.

Level II Trauma Care Facility provides definitive care for severe trauma patients. Emergency physicians, surgeons, Orthopaedicians and Anaesthetist are in-house and available to the trauma patients immediately on arrival. It would also have on-call facility for neurosurgeons, paediatricians. If neurosurgeons are not available, general surgeons trained in neuro surgery for a period of 6 months in eminent institutions would be made available 24*7. The centre should be equipped with emergency departments, intensive care unit, blood bank, rehabilitation services, broad range of comprehensive diagnostic capabilities, and supportive services. The existing medical college hospitals or hospitals with bed strength of 300 to 500 should be identified as Level II Trauma Centre.

Level I Trauma Care Facility will provide the highest level of definitive and comprehensive care for patient with complex injuries. Emergency physicians, nurses and surgeons would be in-house and available to the trauma patients immediately on their arrival. The services of all major super specialties associated with trauma care would be available 24*7. It should be situated at essentially at a distance of less than 750 to 800 kms apart; these level I trauma care centres need not necessarily be along with the Highways corridor. These should be tertiary care centres to which patients requiring highly specialized medical care are referred. Due to high level of skill, specialists and infrastructure required, Level I Trauma Centres should be only in medical college hospital.