

Prehospital trauma care systems



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Preface

Injury is a major cause of premature death and disability worldwide. Most existing injury control strategies focus on primary prevention – that is, avoiding the occurrence of injuries or minimizing their severity – or on secondary prevention – providing adequate medical response to enhance treatment and thereby minimize harm following an injury. In many instances the prompt provision of emergency care and rapid movement of injured victims from the scene of injury to a health-care facility can save lives, reduce the incidence of short-term disability and dramatically improve long-term outcomes. Unfortunately, the capacity to provide this basic level of medical care does not exist in many parts of the world.

In 2000, a group of international experts attending a special meeting convened by the World Health Organization (WHO) in Geneva agreed that there is a pressing need to strengthen the quality and availability of systems of prehospital trauma care throughout the world. To achieve this goal, they proposed a collaboration that would identify the core strategies, equipment, supplies and organizational structures needed to create effective and adaptable prehospital care systems for injured persons worldwide.

This document is the realization of this objective. It focuses on the most promising interventions and components of prehospital trauma care systems, particularly those that require minimal training and relatively little in the way of equipment or supplies. These elements can and should form the foundation of any emergency care system, regardless of the level of resources available. Once these elements are in place, additional components may be added at the discretion of local, regional or national planners and policy-makers, contingent on available resources and a clear understanding of the likely costs and benefits of each intervention. Recommended organizational strategies for training, record-keeping, supervision and accountability are also included.

This document is based on several fundamental principles.

- An effective prehospital trauma care system should be simple, sustainable, practical, efficient and flexible.
- Whenever possible, prehospital care should be integrated into a country's existing health-care, public health, and transportation infrastructures.
- Effective systems for prehospital trauma care will form the foundation for all emergency care wherever they are established and will also quickly be tasked

with the responsibility of addressing a broader range of health concerns, including paediatric, adult medical and obstetrical emergencies.

The principles outlined in this document should be valid for the care of injured people in the majority of emergency situations, whatever their cause or consequence. It is important to keep in mind, however, that this document is not a treatment manual. References that provide in-depth coverage of prehospital care techniques are listed in the Reference section and in the Selected Readings list.

The focus of this document is on the development of prehospital trauma care systems. Accordingly, it addresses key elements of such a system, including organization and oversight, accountability, documentation of care, communications, and important ethical and legal considerations.

The lack of empirical data on the benefit of many prehospital care interventions is a serious problem. This document is not an evidence-based review because there is insufficient evidence to prove or disprove the benefit of many interventions in widespread use. Rather, this document can be more accurately characterized as a product of expert consensus. The individuals who contributed to this report were drawn from around the world, and represent a wide range of disciplines, perspectives, experiences and viewpoints.

In light of the dearth of well-controlled studies of prehospital care, the authors and editors of this report issue an unequivocal call for clinical trials that are carefully designed to fill the large gaps in our knowledge. This is the only way planners can ensure that resources spent on prehospital care and other public health interventions produce the greatest possible benefit for the largest number of people.

On behalf of everyone who worked on this project, I express our collective hope that the information contained in this document will lead to the implementation of effective and sustainable prehospital trauma care programmes worldwide.

Etienne Krug, MD, MPH

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WHO

Geneva, Switzerland

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