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# **THE NEED FOR INTRODUCING AMBULANCE LEGISLATION IN THE INDIAN LEGAL FRAMEWORK**

AUTHORED BY - ARYAN RAGHAVENDRA

## **ABSTRACT**

This research paper mainly focuses on the absence of laws which should have been specifically enacted for the ambulances in India under the advanced emergency medical services which has not been done, and this continues to lead to many accidents while travelling through an ambulance. Every patient experiences a “golden hour” when they are being transported through an ambulance. This makes it important for them to train every ambulance driver to handle of such critical situations which is necessary to transport each and every patient to designated places. It is also necessary to understand that in India due to the absence of laws that is specified to ambulances, it is very easy for anybody to get a driving's license to drive an ambulance which does not require any type of special requirements or special training which is not the case in countries like the USA where there is a particular system established which is known as the Advanced Medical Emergency Services. This failure of not having specific laws further increases the possibility of the patient getting injured in the golden hour that is before even reaching the hospital for the treatment. One of the main reasons for the lack of training in India is the increasing illiteracy rate which deprives people of the required education and also lacks of money which adds up to the above-stated problem. Even the medical institutions are very ignorant about the emergency medical services in India which also leads to accidents. In other countries, like USA and UK the requirements are to be trained in EMT for at least 2 years. They are also required to have an Emergency Vehicle Operator course certificate and special driver license in states. They are also supposed to have Basic life support and cardiopulmonary resuscitation certification. Since India does not have any particular legislations in relation to the regulation of the advanced medical emergency services and maintenance of the ambulances like it is prevailing in countries. There is also negligence found in the selection of vehicles which is used as ambulances there are largely these very congested and narrow vehicles that are used with absolutely no safety whatsoever which not only puts

the patient under the risk of accidents but also increases the probability of accidents by putting the general public also in danger and risk. With my above stated analysis it further becomes evident that the inefficiency of the Indian Ambulance drivers as well as the medical service providers is clearly exposed. There is also no particular thesis that particularly disagrees with my above analysis as the efficiency in emergency medical services which needs to be implemented in India in order to avoid accidents and save as many life's as possible during the golden hour. Another major drawback that can be essentially highlighted in India is when it comes to Emergency Medical Services is lack of centralized system or helpline number that could address all the issues of accidents. There was 102 and 108 established but this inturn proved to be a failure because it did not gain popularity due to the inefficiency and their lack of resources.

### **KEYWORDS**

Advanced Emergency Medical Services, Emergency Life Saving Tech, Basic Life Support, golden hour, Emergency Vehicle Operator,etc.

## **INTRODUCTION**

Emergency Medical Services

Emergency Medical Service (EMS) is a division of emergency services dedicated to providing out-of-hospital acute medical care and/or transfer to final care to patients with diseases or injuries that the patient or medical practitioner considers constitute a medical emergency. The purpose of emergency medical services is to either offer treatment to people in need of urgent medical care, with the goal of properly treating the illness, or to arrange for the patient's quick transportation to the next stage of final care. This is most likely a casualty in a hospital or other location where doctors are available.

## **RESEARCH OBJECTIVES**

1. To determine that the emergency medical service offered in India is very poor and is directly impacting people's life.
2. Lack of legislations in respect to the ambulances is causing high negligence in its operations across India.

3. The need for special license and special training to the ambulance drivers should be made mandatory so as to avoid all the road accidents occurring during the “Golden Hour”
4. The need to have laws enacted which in turn mandates all the medical service providers to ensure the standard of Advanced emergency Medical Services.

## **RESEARCH METHODOLOGY**

Research undertaken is purely doctrinal and the data collected is primary source which includes statutes, legislations, case-Laws etc. Secondary source includes books, journals, articles etc.

## **RESEARCH QUESTION**

1. India being one of the most populated countries in the world, does it not require to adapt the advanced emergency medical services in order to keep up with the growing population?
2. Are there no specific laws required in relation to these emergency services and in regards to the operation of ambulances?
3. Is a Special mental training required for the ambulance drivers to drive and handle the critical situation?
4. Can a normal person with a driving license be trusted with the driving of an ambulance?

## **PRE-HOSPITAL TRAUMA CARE**

The majority of deaths are caused by road traffic injuries that occur outside of the hospital. However, India's trauma care system is still in its early stages of delivering emergency pre-hospital care services. In India, emergency pre-health trauma healthcare treatments are primarily restricted to metropolitan regions. Heavy traffic in metropolitan areas, inadequate health infrastructure, and a lack of competent human resources in rural regions limit the use of traditional automobile ambulances to provide prehospital trauma care services in India. Inadequate public financing, a lack of rules, and a competent personnel are causing a bottleneck in the expansion of ambulance services throughout India. The government may use the services of a broad network of non-governmental organisations, self-help groups, and other social organisations to make this effort a model for providing optimal prehospital emergency trauma care services.

Access to timely and high-quality medical care is critical in saving lives in emergency situations. Prehospital trauma care services, which are the first point of contact for emergency trauma care, vary greatly and are dependent on infrastructure, resources, and trained staff. As a country progresses from the pre-industrial to the industrial, developed, and urbanised eras, the number of accidents and deaths is projected to rise. The vast majority of fatalities caused by accidents occur before the patient arrives at the hospital.

In India, prehospital trauma treatment services confront challenges in delivering appropriate timely patient care and geographical coverage. India's emergency auto ambulance services are in disrepair. The main disadvantage of traditional ambulance services is accessibility, and more than half of the population resides in areas without a regular EMS auto ambulance system. The prehospital trauma vehicle services are weakened by a lack of rigorous traffic laws, poor transportation facilities, insufficient logistics, and skilled human resources. Driving an ambulance is a common activity for emergency medical service workers in order to reach the person in need. In the National Road Traffic Regulations, specific exclusions are made for ambulances, and other road users are instructed on how to act if a special unit approaches with warning lights and sirens. These legal reasons for driving with special privileges are analogous to those in many other nations. Driving an ambulance with warning lights and sirens, on the other hand, frequently results in emergency situations and has a substantially greater accident rate when compared to other road users. Furthermore, driving with warning lights and sirens had little effect on patient outcomes. Higher accident rates are also a key cause of EMS staff injury and death rates. Accidents occur most frequently at red lights and during overtaking manoeuvres. Significant speed and tailgating are significant risk factors for catastrophic traffic accidents, both for the ambulance and in general. Training has the ability to positively impact road safety. There are two sorts of trainings that are commonly available: low and high order trainings. Low-level training focuses on skill development and vehicle handling and manoeuvring in crucial situations. In contrast, high-level training focuses on insights into driving behaviour while reflecting on one's own driving performance in order to predict and avoid crucial circumstances rather than having to face them. Although driver training has the potential to improve knowledge or behaviour, modifying behaviour does not automatically lower traffic accidents or crash risk. Transporting patients from one area to another is an essential component of emergency medical care. However, there has been little interest in the actual driving of the ambulance. The ambulance driver has an effect on the patient and the medical care delivered in an emergency medical scenario. One of the most basic

functions of any ambulance service is to carry patients from point A to point B, most commonly while providing medical care of some form. In emergency situations, the transportation itself may be life-saving.

The majority of the ambulance services were concerned with a significant rise in calls, particularly treating on the scene or treating and referring to another healthcare institution rather than being transported by ambulance. As a result of the ambulance services' concentration on response times and transportations to an end destination, there may be a significant underestimation of the value and cost-effectiveness of actions at the site. This was reinforced by the performance measurement regime's emphasis on reaction times. However, the majority of industrialised nations do not merely emphasise response time as a primary measure; they also promote clinical outcome indicators, concentrating on medical emergency prevention and community volunteer engagement. Furthermore, we believe that the process of generating new indicators should be deliberate and involve a diverse range of stakeholders, such as healthcare organisations and law enforcement. The main issue here is the information gap between healthcare providers and their patients, which implies that the traditional economics idea of the completely informed client is missing. It is possible that the highlighted information problem is the primary impediment to the closer participation.

Few things are more upsetting than an unexpected death or severe handicap caused by physical assault or an accident. It is especially heartbreaking when an injured, potentially recoverable patient dies prematurely as a result of a delay in treatment.

Inadequate evaluation, retrieval, or treatment. This not only maims many young lives, but also deprives everybody impacted of the 'Right to Life' granted by Article 21 of the Indian Constitution.

## **REGULATIONS REQUIRED IN INDIA**

The need for India to adapt and accept the Advanced Emergency Medical Services which is followed in countries like USA and Japan which includes that the ambulance drivers to be specially trained and be given special driving licenses which can only be attained after several hours of mental training to handle such critical situations. Further the expenses that are incurred by the patients on the pretext of transportation is extremely high and not at all affordable by 80% of the Indians due to the high prices

and rates that is quoted by such medical service providers. There has to be specific law that needs to be legislated where such prices and rates should be regulated by the government and it should also subsidise the amounts payable to such services from the taxes paid by the people of the country. The vehicles that operate as these ambulances need to be equipped with minimum of 6-8 airbags, speed limiters, ABS and ESP should also be made mandatory and the old ones being in use should be put through emission test and other safety test. If it fails to pass the same then such vehicles should be retired from serving as ambulances. To elaborate further there should also be ample amount of focus and importance given to the crew members who are there in the back of the ambulance attending the patients during their golden hour of time that is when the patient is being transported from place A to place B. Such crew members have to be sufficiently trained under aspects of such as stabilization, transportation and advanced care of traumatic and medical emergencies. We also need to mandate the requirement for drivers to have training in paramedics or atleast to have done an apprenticeship in their local ambulance service trust. Simultaneously we need to run through all the checking of basic requirement of state license which can be derived only through passing all the training stages and also each person wishing and willing to become a server under the advanced emergency medical services must have a clean criminal record and driving record. This is basically to make sure that each person enrolling themselves under this advanced emergency medical services are in the right frame and state of mind which is possible only when there are having clean criminal and driving record that is they should not have caused any deaths in their lifetime that is during driving of vehicle and causing accidents or by any other means. All these above stated are already in functioning in other countries, however it is important for India also to adapt the Advanced emergency medical services in order to keep up with the population of the country.

A person with a normal driving license cannot be entrusted with a responsibility of driving a ambulance because this particular profession and job involves lot of critical situations. By critical situation it is defined as situations where a person is required to maintain utmost calmness and work with extreme sincerity and presence of mind. This is only possible when a person is provided with such education regarding the same and he is made to go through different stages of education as well as special mental training which becomes absolutely vital for a person to deal with those critical situations that are stated above. If such education and mental training are not given then it tends to lead to inefficiency that leads to causing of accidents which is dangerous to the patient inside the ambulance and also it is violation of Article 21 for the general public who will also be exposed to

such dangers on the road. Hence a person with normal license cannot be entrusted with such a responsibility whereas the person needs to be educated and also the special mental training should be made mandatory. There should also be certain checking to be on the existing vehicles which do not pass the emission tests as well as the safety requirements. All these above stated requirements are already in existence in other countries where countries like USA, Japan and UK have already adapted and made it mandatory under their Advanced emergency medical services. Considering India has overtaken and become the most populated country it is high time it adapts such provisions and also brings in specific laws in respect to such these emergency services in India.

## **EXISTING REGULATIONS IN INDIA**

The existing regulations in India are only related to the exterior requirements of ambulances which is followed by the registration of ambulances. This is later followed by the rules and regulations that needs to be followed and abided by the general public in respect to such ambulances travelling on the road.

The Ambulance Conspicuity Code (Recognition) is given in Annexure 1 of the Ambulance Code. It has been split into six sections:

1. Colour: The basic colour of the van should be brilliant white, RAL code 9010. It should also sustain daily cleaning and washing and should be weather-resistant.
2. Conspicuity Improving Items (C2I): This includes all marking, striping, and symbols, and they should be brilliant red colour, RAL Code 3024. The Conspicuity items include: chevron patterns - red/silver and red/yellow, Battenburg patterns, "AMBULANCE" markings, the Star of Life, emergency number.
3. Emblems: Emblems are government/ private / operator signs, corporate identities (XXX) & any other sign, symbol, ambulance calling number marking, or striping that is not referred to in "Conspicuity Improving Items" section. Their size cannot be bigger than 60% of the word "AMBULANCE" marking.
4. Warning Lights: Type A and B Road Ambulances should have flashers fitted at appropriate

locations as per the vehicle type. Type C and D Road Ambulances should have warning lights.

5. Sirens: The sirens on all ambulances shall be mounted on the front side of the vehicle. The sirens should be in acc

6. Recognition of personnel: Safety garments for ambulance personnel should conform to at least ISO 14116:2008.

Chapter IV of the Motor Vehicles, Act, of 1988, talks about the registration of vehicles, it states that no person shall drive a vehicle that is unregistered with the state registering authority in whose jurisdiction the place of residence or owner is. Section 53 states the grounds for suspension of registration such as its use in a public place would constitute a danger to the public, or that it fails to comply with the requirements of this Act or of the rules, or used for hire or reward without a valid permit for being used as such. Different states have their own requirements for ambulance regulations.

Punishment for those who obstruct ambulances The 2019 amendment of the Motor Vehicles Act, of 1988 brought in the provision for punishment for obstructing emergency vehicles, so under section 194E, causing obstruction to an ambulance is punishable with imprisonment for six months and a fine up to 10 thousand rupees.<sup>1</sup>

## **ANALYSIS**

From the above stated data of existing laws and the news laws that needs to be enacted it is clear to ascertain and understand that the major part of the requirements which covers the special mental training and the safety of vehicles and also the costs that are incurred which becomes a burden on the common people. To resolve all these issues there needs to be a set of legislations that needs to be enacted in the interest of protection of fundamental right of general public that is article 21 of the constitution which reserves a right for everyone to protection of individual life and liberty. This further needs to be given importance and different laws need to be enacted with a blend of subsidies that needs to be given to public in order to reduce the price at which these medical services are offered

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<sup>1</sup> Laws related to Ambulances in India

**<https://www.legalbites.in/topics/articles/laws-related-to-ambulances-in-india-358420>**

and operated. The whole idea of this research paper was to highlight the need to adapt the advanced medical emergency services in India and to introduce legislations with which those services and can be regulated and provided to public. Essentially there is no thesis which particularly disagrees with my above analysis as the efficiency in emergency medical services needs to established and implemented in India in order to avoid accidents and help reduce the pre-hospital time which will in turn fulfill and satisfy the entire motive of the Advanced Emergency Medical Services of saving life's during most critical moments.

