

FRSC ROAD TRAFFIC CRASH CLINIC, BIRNIN YERO



REPORT ON THE ROAD TRAFFIC CRASH CLINICS IN FRSC NATION WIDE

The Federal Road Safety Corps was established in 1988 and was mandated by law to rescue Road Traffic Crash (RTC) victims from Crash site as one of its duties among many others. The basic principle of emergency medical services is that rescue of Crash victims cannot be separated from first aid administration. One of the major challenges it faced at that time, was the need for prompt rescue and first aid services to RTC victims. The urgent need to cope with the high levels of RTCs in Nigeria at that time could not be over emphasised, as there were high mortality rates among victims and this was due to poor rescue and emergency medical activities on the highways. This necessitated the establishment of reliable Road Traffic Crash Clinics and Ambulance points to combat this challenge.

2. Subsequently in 1992, the Moro Local Government in Kwara state, Nigeria donated a Road Traffic Crash Clinic in Bode Saadu Kwara state long Mokwa-Jebba-Oloru, a road corridor where alarming levels of RTCs were recorded at that time. Federal Road Safety Corps then upgraded the building and deployed medical staff (doctors, nurses and paramedics) to operate the clinic. It was found that the mortality and morbidity of victims were drastically reduced along the corridor.

3. In addition, Lions' club international in 2003 donated two buildings along Kaduna-Kano roads and Lagos-Ibadan in Birnin yero, Kaduna state and Sagamu, Ogun state respectively. The buildings were equipped and upgraded to RTC Clinics and medical staff deployed to make them operational. The road corridors where the clinics were located are all crash prone corridors, upon the establishment of this RTC clinics due to there locations, the response time became shorter while probability of exceeding the golden time was reduced.

4. The Federal Road Maintenance Agency (FERMA) in each of its road maintenance camps, provided buildings for both Police and FRSC. FERMA went further to make the buildings donated to FRSC RTC clinics by providing medical equipment.

- a. There are 47 Road Traffic Crash Clinics distributed along critical road corridors nationwide. Some are furnished and functional, some functional but not furnished while the third group are neither furnished nor functional.

- b. The furnished and functional ones are those that are basically equipped, staffed with medical personnel and perform functions which include among others, rescue operations, collation of road traffic crash data, as well as carry out audit on road conditions which are forwarded to appropriate offices for necessary intervention(s). They are 18 in number.
 - c. The furnished and non functional ones only have a building and basic facilities, but still require some basic medical equipment and medical staff to be able to start operations. They are 15 in number.
 - d. The unfurnished and non functional ones are 14 in number; they are those that have building structures but are not equipped and have no medical staff which makes them not operational. See attached pictorial representation of the location of these clinics in the Nigerian map (Annexure 1).
5. The distance between the Road Traffic Crash Clinics cannot be analysed in isolation, such analysis will have to be made considering the distance between the Ambulance Points and the Clinics. The estimated distance between the RTC Clinics are as shown in the attached (Annexure 2).

The clinics are located along major highways, especially along crash prone roads; to ensure prompt response to victims of RTCs. The rescue teams, when informed of any crash, undertake rescue of victims for treatment in the RTC clinics. At the road side clinics, the medical staff (doctors and nurses) take over the crash victims, stabilize them and administer immediate treatment on them after which they are either discharged or are referred to tertiary health facilities, depending on the condition of the victims. The clinics also attend to the medical needs of the community around them, whenever the need arises. See the attached operational procedure of the FRSC road traffic clinics (Annexure 3).

6. Records of the victims of Road Traffic Crashes attended to are kept by the clinics and report forwarded to the Corps Medical and Rescue Services Office (RSHQ) on a monthly basis. An average of about 30-35 road traffic crash cases are recorded every month from each clinic. The clinics are run by the doctors in charge while drugs and ancillaries are procured, equipment serviced, and other expenditures taken care of from the clinics monthly allocation. In addition, about 25-30 out patients, most times people from neighbouring communities, are given medical attention per month by each clinic, as community social responsibility. There has

been a series of properly designed emergency medical services refresher training program, for both the rescue personnel and the medical staff of these RTC Clinics, conducted by the Corps Emergency Medical Service certified medical practitioners and extrication experts. Many of the clinic staff and rescue personnel have benefited from it and it is still ongoing. The rescue personnel are made up of paramedics and marshals comprising 4 persons per team while the medical staff are usually made up of doctors, nurses, and other paramedics. There are about 6-7 medical staff in each crash clinic.

STATUS OF RTC CLINIC DISTRIBUTION IN FRSC NATIONWIDE (ANNEX 1)



PRESENT STATUS OF RTC CLINIC NATION WIDE

NON FUNCTIONAL BUT FURNISHED

1	SABON WUSE (BURNT)	RS7.26
2	9 TH MILE	RS9.12
3	KM 78 TOLLGATE	RS9.31
4	NJABA	RS9.43
5	NGOR OKPALA	RS9.44
6	ORE	RS.11.21
7	TOROMAGA	RS12.14
8	DOGON KUKA	RS12.32
9	KAKAU	RS1.16
10	ALKALERI	RS11.12
11	ALAIDE	RS4.24
12	BORI	RS6.32
13	GBONGAN	RS11.16
14	GUNJE	RS4.1
15	ABADA	RS5.1

NON-FUNCTIONAL AND NOT FURNISHED

1	ISIAGU	RS9.22
2	AWGU	RS9.1
3	NINGO	RS4.3
4	FELELE	RS8.34
5	KAKURI	RS1.1
6	YAURI	RS10.2
7	NGALANG-GUYUK	RS3.1
8	TUDUN WADA	RS1.26
9	CHIROMAWA	RS1.5
10	GAME RESERVE	RS3.2
11	OBUDU	RS6.2
12	OGERE	RS2.24
13	SAPELE-WARRI ROAD	RS5.25
14	IHIALA	RS5.3

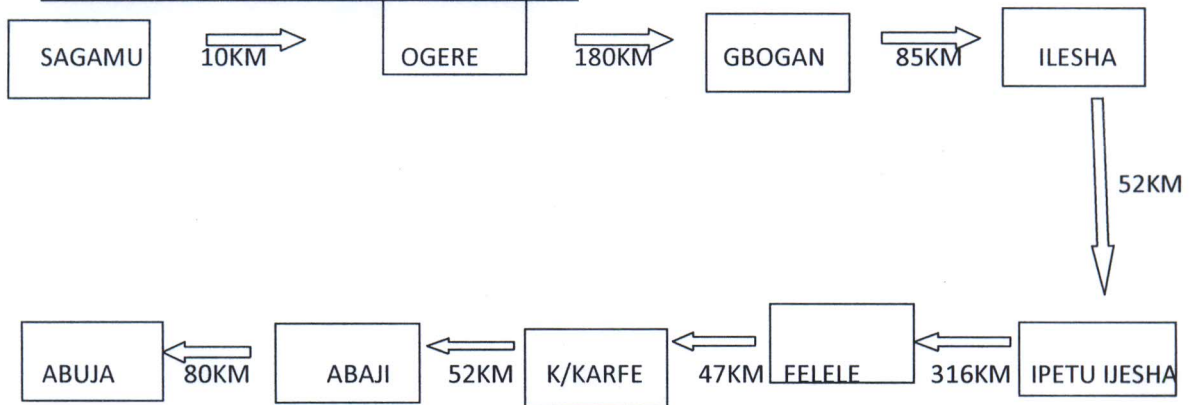
FURNISHED AND FUNCTIONAL

1	BIRNIN YERO	RS1.17
2	SAGAMU	RS2.25
3	GIREI	RS3.13
4	HAWAN KIBO	RS4.13
5	SHABU	RS4.31
6	KATSINA ALA	RS4.23
7	OLUKU	RS5.12
8	ISELE UKU	RS5.23
9	NTEJE	RS5.33
10	ABAJI	RS7.12
11	MOKWA	RS7.21
12	BODE SAADU	RS8.11
13	OLOORU	RS8.15
14	KOTON KARFE	RS8.34
15	IPETU IJESHA	RS11.13
16	MAINOK (BOMBED)	RS12.23
17	ITORI	RS2.2
18	ILESHA	RS11.12

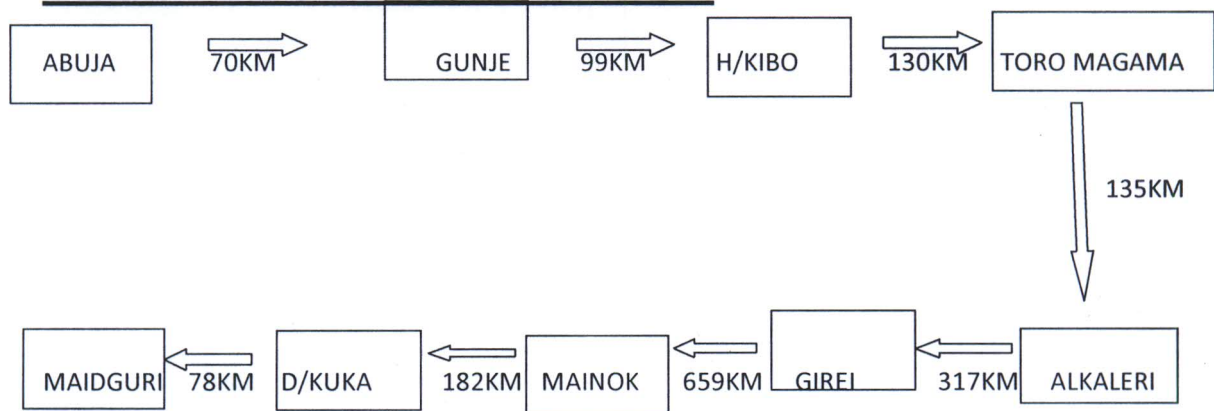
ANNEX 2

SCHEMATIC ILLUSTRATION OF ROAD TRAFFIC CLINICS ALONG MAJOR CORRIDORS

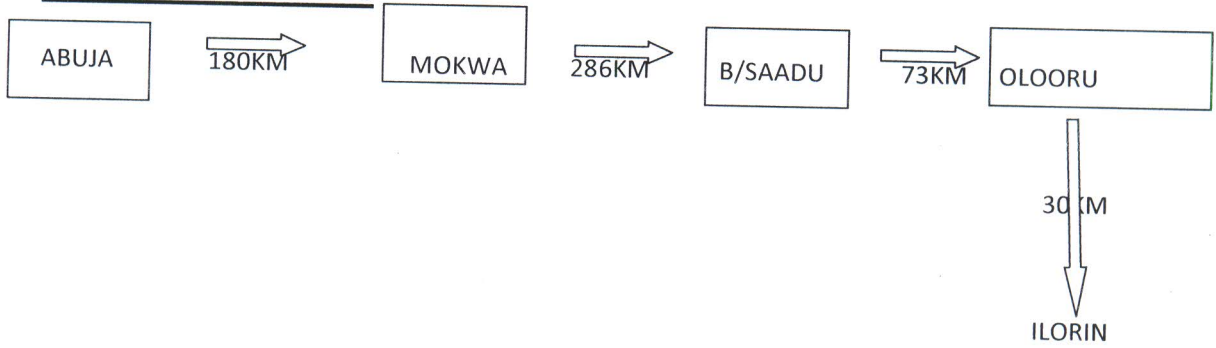
LAGOS – IBADAN - ABUJA



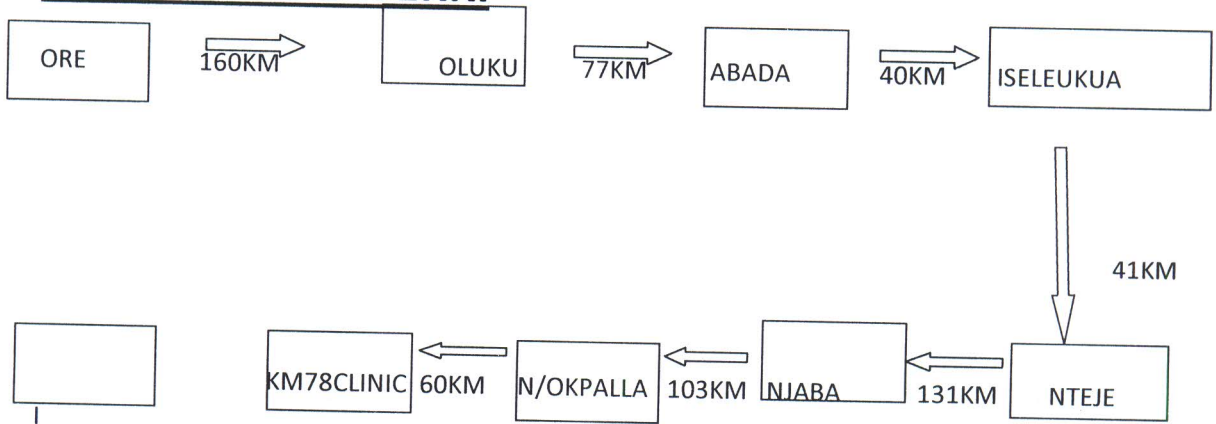
ABUJA – JOS – BAUCHI - BORNO



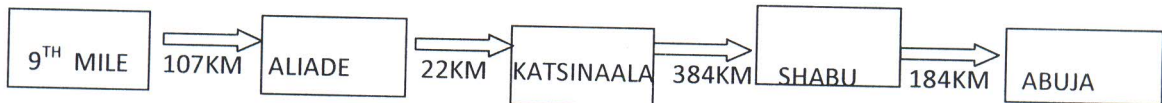
ABUJA – ILORIN



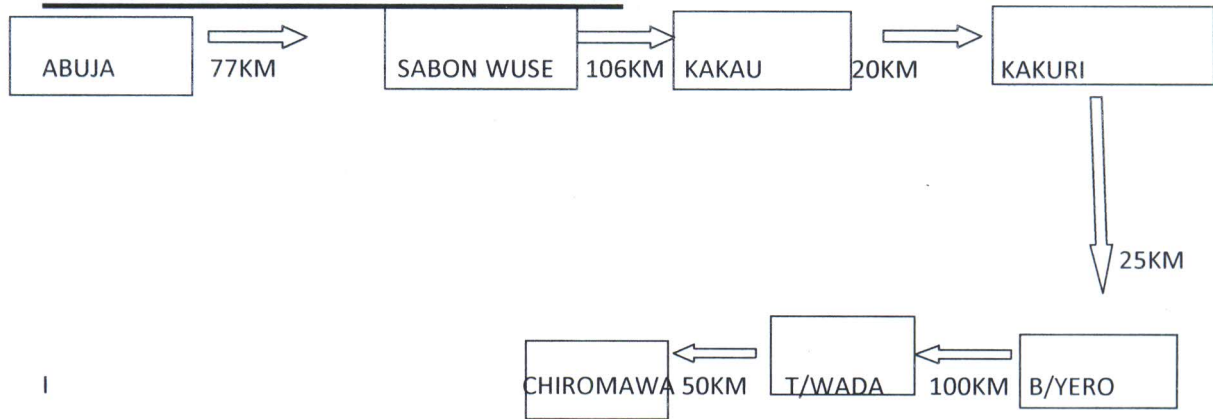
ORE – BININ-OWERRI



ENUGU- ABUJA



ABUJA-KADUNA-KANO



ABEOKUTA-SANGO OTTA (LAGOS)



ESTIMATED COST OF EQUIPPING OF A ROAD TRAFFIC CRASH CLINIC.

S/N	ITEMS	NO	COST RATE	TOTAL COST
1	THEATRE TABLE	1	N350,000	N350,000
2	DIAGNOSTIC SET	2	N17,000	N34,000
3	DRUG/TREATMENT TROLLEY	4	N32,000	N128,000
4	OROPHARINGIAL AIRWAY TUBE SET	3	N1,000	N3,000
5	NASOPHARINGIAL AIRWAY TUBE SET	3	N1,500	N4,500
6	LARYNGIAL MASK AIRWAY	2	N2,500	N5,000
7	WARD SCREEN	4	N32,000	N128,000
8	DRIP STAND	4	N6,000	N24,000
9	HOSPITAL BED	6	N40,000	N240,000
10	TRACHEOSTOMY SET	1	N25,000	N25,000
11	SURGICAL SET	2 SETS	N35,000	N70,000
12	AUTOCLAVE	1	N65,000	N65,000
13	GLUCOMETER	1	N7,000	N7,000
14	OXYGEN CYLINDERS/APPARATUS	2	N35,000	N70,000
15	EXAMINATION COUCH	6	N20,000	N120,000
16	SUCTION MACHINE	1	N35,000	N35,000
17	NECK COLLARS	25	N5,000	N125,000
18	AMBULANCE (EQUIPPED WITH LIFE SUPPORT EQUIPMENT)	1		
19	PORTABLE ULTRASOUND MACHINE	1	N400,000	N400,000
	TOTAL			N1,833,500

ANNEX 3

FRSC ACCIDENT AND EMERGENCY CLINIC OPERATIONAL PROCEDURE.

1. The clinic receives call from the rescue team about rescue performed, and doctor and nurses prepare to receive victims, sometimes the victims are brought in by other sister agents or individuals. On arrival the victims are moved on stretchers into the triage area of the clinic.
2. When the ambulance arrives at the clinic nurses, attendants and with the assistance of some marshals, take the patients into the triage area of the clinic.
3. The doctors carry out a quick triage and assign the patients to the nurses and doctors to stabilise, the doctors attend to the most unstable patients while the nurses attend to the more stable ones.
4. In stabilising the patients the airway, breathing and circulation is secured, the vital signs are monitored. Then the other medical interventions are carried out including surgery to stabilise the patients depending on the individual condition of the patients.
5. During the process of stabilising the patients, the doctors call for drugs, infusions, and medical ancillaries that they require to manage the patients and these are provided and documented by the pharmacist.
6. The Medical Record Officer or Marshal provides RTC patients' treatment cards for the doctor. The doctor assesses each patient properly and documents his findings on the condition of the patient, diagnosis documented, prescriptions written including all drugs called for initially and treatment order\plan written out. The nurses keep the TPR chart records and carry out the doctor's treatment order for the individual patients and document properly on appropriate record form.
7. The patients are then admitted into the wards for continued monitoring and regular reassessment by the nurses and doctor respectively. When a patient is seen to be stable by the doctor, he either discharges the patient home on medications or refers the patient to a tertiary medical institution for further management.

8. The details of each patient are then recorded into the RTC patient record book and each patient is assigned a hospital number.
9. At the end of the shift, the matron or the most senior nurse on duty reports on all accident cases received and managed during the shift on the daily events report book and documents his/her handing over to the nurses taking over from him/her for the next shift.
10. In the case of death, the doctor confirms the victim dead and documents his assessment and the dead is conveyed to a mortuary, subsequently a death certificate is issued to the next of kin by the doctor.
11. The Medical Record Officer records all the relevant documents on the appropriate record book e.g. any referral is recorded in the referral record book etc.
12. In addition, the staff in the command and the people that live in the environment of the clinic are also given medical attention when they in need of medical attention.

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THE ESTIMATED RUNNING COST OF OPERATING A ROAD
TRAFFIC CRASH CLINIC IN A MONTH.

1. PURCHASE OF DRUGS/ANCILLARIES-----	N100, 000
2. FUELLING OF AMBULANCE-----	N80, 000
3. SERVICING OF HOSPITAL FACILITIES-----	N30, 000
4. SERVICING OF AMBULANCE-----	N20, 000
5. PROCUREMENT OF STATIONARIES-----	N20, 000
6. MISCELLENOUS-----	N30, 000

TOTAL-----N280, 000

GRAND TOTAL-----N280,000 X 12 = N3,360,000

FRSC ROAD TRAFFIC CRASH CLINIC, SAGAMU



FRONT VIEW



SIDE VIEW



BIRNIN - YARD RTC CLINIC
(FRONT VIEW)

