



EMERGENCY SERVICES (1122); A TEN YEARS DATA FROM FOUR LARGEST CITIES IN PUNJAB 2004-2014

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INTRODUCTION

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health¹. Those emergencies were dealt by individuals themselves or by the nearby people available at the sight. With the passage of time special services were made available to deal with those emergencies. The emergency services consisted of specially trained workers who could deal with any type of emergency at the sight including resuscitation, handling, and transportation to nearest medical facility for further management. There were three main components of emergency services. Police, providing protection to community from any unlawful act. Fire department provided fire fighters who protect people from fire incidences and building collapse. Emergency medical services had to deal with medical emergencies and provided ambulance service for shifting the people to nearby medical facility².

Response time was the time taken by emergency responders to arrive at the scene of incidence

ABSTRACT... Emergency services were working all over the world to deal with different types of emergencies and the frequency of emergencies were increased with the passage of time. Many developing countries even don't have such services and it was difficult to estimate the scale of emergencies in those countries. **Objectives:** To know about the types of emergencies and to help to plan for their prevention in future. **Place and duration of study:** Data was collected from emergency services department 1122 in four big cities of Punjab from Nov.2004-Feb.2014. **Methods:** Descriptive observational study. **Results:** The road traffic emergencies received were 243481 in Lahore, 92367 in Faisal Abad, 52507 in Multan and 33847 in Rawalpindi. Medical emergencies were 247692 in Lahore, 82910 in Faisal Abad, 112531 in Multan and 31069 in Rawalpindi. Fire incidences were 14594 in Lahore, 6369 in Faisal Abad, 3707 in Multan and 3929 in Rawalpindi. Crime incidence related emergencies were 13301 in Lahore, 15051 in Faisal Abad, 5326 in Multan and 1705 in Rawalpindi. **Conclusions:** Road traffic related emergencies were increased even some times more than medical emergencies. Fake calls were also in higher proportion.

Key words: Accidents, Emergencies, Hospitals, Emergency services.

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when emergency system was activated. The minimum was the time the more effective were the services. The first ever ambulance service was provided by the physician of Napoleon Bonaparte in 1766-1842³. Camel carts were used in Egypt for patients in 1793⁴. Civilian ambulance service was started in London in 1832⁵. The first hospital based ambulance service was started in Ohio in 1865⁶. With the passage of time air ambulance services were also started for rapid shifting. In Pakistan the largest province was Punjab consisting of 36 districts. The first official emergency services were started in 2004 and in 19 June 2006 Punjab emergency services Act was promulgated to give the legal cover. Average response time was set to be 7 minutes. A slogan; saving lives and changing minds; was given based upon; development of safer communities through establishment of an effective system for emergency preparedness response and prevention. This emergency service was accessed by the no. 1122⁶. The first direct number to access emergency services 999 was started in London in 1937⁷. In Los Angeles it was 116 and among majority of European countries it

was 112⁸. A data was collected from four largest cities in Punjab i.e. Lahore. Faisal Abad, Multan and Rawalpindi during 2004-2014.

MATERIAL AND METHODS

It was an observational study. The record of all emergency calls was collected from the control center of emergency service 1122. The duration

was from Oct. 2004 to Feb. 2014. Only those emergencies which were shifted to nearby tertiary care hospital or DHQ. Hospitals were included. Patients who received minor injuries and were given first aid at the spot with no further management required were excluded. Data was processed in SPSS version 17. Frequency tables were generated.

RESULTS

Type of emergencies	Lahore	Faisalabad	Multan	Rawalpindi
RTA	243481	92367	52507	33847
Medical	247692	82910	112531	31069
Fire	14594	6369	3707	3929
Crime incidence	13301	15051	5326	1705

Table-I. Total emergencies received during November 2004 to February 2014 by emergency service 1122.

City	Calls received	Emergency calls
Lahore	13251113	536089
Faisalabad	5366282	220016
Multan	3689189	181109
Rawalpindi	3252446	73500

Table-II. Total calls and emergency calls received by emergency service 1122 during November 2004 to February 2014

Table-I showed the results of scale of emergencies received by emergency services in the four largest cities in Punjab during Nov. 2004 to Feb.2014. In Lahore, 243481 patients were shifted to hospital due to road traffic accidents compared to 92367 in Faisal Abad, 52507 in Multan, and 33847 in Rawalpindi. About 247692 suffering from various medical problems were shifted to hospital in Lahore compared to 82910 in Faisal Abad, 112531 in Multan and 31069 in Rawalpindi. The fire incidences reported were in Lahore compared to in Faisalabad, in Multan and in Rawalpindi. Different crime incidences reported were 13301 in Lahore, 15051 In Faisalabad, in Multan and in Rawalpindi. Table-II presented the status of Calls received by emergency services during that period. In Lahore total calls received were 13251113 in which 536089 were emergency calls, in Faisal Abad 5366282 calls were received in which 220016 were emergency calls. In Multan 3689189 calla were received in which 181109 were emergency calls. In Rawalpindi calls were received in which were emergency calls.

DICUSSION

In developed countries the emergency services personals were well trained in their respective disciplines. Those were mainly based upon medical knowledge, communication, collaboration and interpersonal skills, organizational planning and service management skills. Education and research were also part of their duties⁹. Triage principle had to be followed including primary assessment and stabilization of life threatening conditions by ABCDEF approach. Communication, collaboration and clinical skill were the hall marks¹⁰ Documentation of each emergency patient received or shifted to the nearby health facility was also necessary¹¹. It was clear from the data that major burden on emergency services was of medically ill patients and from road traffic accident causalities. Sometimes the road traffic causalities exceeded from other emergencies. In European Union there were more than 30,000 deaths from road traffic accidents in 2011. For each death there were 4 permanent disabilities, 8 serious injuries and 50 minor injuries¹². Road safety was the major social issue in those countries. Strict rules were implemented to make the roads safer¹³. Pakistan was ranked 94 in world regarding the deaths due to road traffic accidents. In 2011 there were 20,154 deaths due to road traffic accidents¹⁴. According to WHO report 2010, i.24 million deaths occurred every year due to accidents and 92% of the deaths were in low income countries¹⁵.

There were 3,400 deaths every day and tens of millions became disabled yearly including children, pedestrians, motorcyclists and old aged people. WHO report (The global status report on road safety 2013) presented information on road safety in 182 countries accounted for 99% world population of the world. According to the report only 28 countries comprised of 7% of the world population have comprehensive road safety rules¹⁶. That report served as the base line for the (Decade of action for road safety 2011-2020) declared by General Assembly¹⁷.

WHO in Collaboration with regional countries had started to take safety precautions like wearing helmets, seatbelts, no drunk driving and avoid over speeding. After RTAs the major emergencies received by emergency services were of medical problems like coronary heart diseases, diarrhea, stroke, Diabetes mellitus, and Pregnancy related issues. Fire incidences were also increased^{18,19}. According to WHO report published in April 2011 Pakistan was ranked 5th in the world and estimated deaths were 16626 per year (i.3%) of all deaths²⁰.

There was an issue of unnecessary or fake calls received in emergency centers. Quite a number of unnecessary calls were received putting extra burden on emergency services.

CONCLUSIONS

The road traffic emergencies were more than the medical emergencies. Other emergencies were less in frequency, Fake and non-emergency calls were another problem for emergency services.

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"I find that the harder I work,
the more luck I seem to have."

Thomas Jefferson (1743-1826)



PREVIOUS RELATED STUDY

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AUTHORSHIP DECLARATION

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