disability through the care they render. However, there are several smaller, technical items that could be addressed to strengthen the programme: consumable of first aid kits, training course methods, protocol for airway management for transport without accompanying person trained in first aid and refresher training.

02

EVALUATION ON FIRST-AIDS' QUALITY OF VOLUNTEER NETWORK OF PRE-HOSPITAL TRAUMA CARE SYSTEM IN VIETNAM

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Background The majority of trauma deaths occur in pre-hospital settings. Pre-hospital trauma care system built on first responders' network (such as village health workers, police, bystanders, volunteers, and others) with 3000 people in five provinces, which were trained and provided first aid to injured victims.

Objectives and methods Determine proportion of injured victim provided first aid by volunteers and quality of first aid evaluated by doctors in 5 months.

Results There were 3320 cases recorded by volunteers. In which, 61.1% of first aid cases were transferred to health care facilities (40.5% road traffic injuries). 67.2% of victims was male, and at the age of 20–39 was highest. 81.8% victims were transferred by motorbikes (by ambulance is only 3%). Bleeding injury was most popular with rate of 60%. 68.3% had been provided first aid by bandages, 62.8% by stopping bleeding. 91–99% cases were evaluated well—first aid quality by provincial level doctors.

Significance This has been a very successful programme and there is high potential for them to positively impact upon mortality and