

improvement and success (96.60%). The province that is most ready for the community traffic safety checkpoint operation is Burirum. A pilot community with full capacity of community traffic safety checkpoint is more ready to operate than a pilot community with partial capacity. Number of accidents in a pilot community with full capacity of community traffic safety checkpoint is less than a pilot community with partial capacity. No accident occurred in a pilot community with full capacity of community traffic safety checkpoint which is highly ready for accident prevention activities.

618 BUILDING THE CONVERSATION FOR HOSPITAL-BASED INJURY PREVENTION PROGRAM CAPACITY IN TEXAS, USA

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Background Trauma centres in the U.S. seeking verification by the American College of Surgeons must meet certain criteria outlined in *2014 Resources for Optimal Care of the Injured Patient*. The criteria state that trauma centres have an “organised and effective approach to injury prevention.”

Description of the problem There are well-defined guidelines for state and local public health injury programs; however, guidance for hospital-based programs has been general and left to individual interpretation. Several U.S. trauma/injury prevention associations and organisations have expressed an interest in developing stronger guidelines for hospital-based injury prevention programs. In 2014, the Texas Governor's EMS and Trauma Advisory Council (GETAC) Injury Prevention Committee convened a work group of Texas representatives from trauma-related associations to reach consensus on standard hospital-based injury prevention program core components for Texas hospitals.

Results Standardised components were developed with input from representatives of the invited Texas organisations, including representatives from all levels of trauma designation (I–IV). Resource documents from U.S. organisations were utilised. The components were developed to be applicable to all hospital-based injury programs regardless of staffing levels or capacity.

A document, *Hospital-Based Injury Prevention Components*, was developed to explain and provide supporting materials for each identified core component. The document was endorsed by GETAC in November 2014 and disseminated to Texas hospital trauma and injury prevention professionals in February 2015. No legislative rule changes or requirements were associated with the endorsement. A survey link to assess use of the document was disseminated in August 2015.

Conclusions Results of the survey will be utilised to determine adoption of the document and inform future improvements and dissemination in Texas. Additionally, the Texas process has generated national attention and may be used to develop national standardised guidelines.

619 COMMUNITY POLICE FOR SAFETY COMMUNITY

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Background Over alcohol drinking often caused altercation and nuisance in the community especially during festivals. Generally, community also encounter problems of drug addicted citizens who often tortured and injured people in the community which often caused violence loss of property and lives. This has been especially worried among the people in remote rural areas. This is because when there was violence in the area it was difficult for people to reach for helps from police in a timely manner. Therefore, a community police program was initiated.

Solving procedure A community police service unit has been established in the community in order to (1) support the community by setting community police in the community and (2) encourage people participation in protection measures (3) to strengthen the community to develop self-protected measures within the community

Working procedure 1. Call for community consensus for the development of police station in the area 2. If the location has been provided by the community, police department would instal necessary safety equipment in the unit 3. Identify respectful and trustworthy citizen among the people in the community. These people will be trained to be a mediator for problem solving in the areas 4. Encourage citizen to join police volunteers. This volunteer should be able to participate in violence alleviation and protecting operation 5. Recruit citizen especially youth group that have a tendency to create nuisance in the community to be trained and assumed role as volunteer in guarding the community. 6. Allocate police officer to be supervisor and consultant to the unit of operation.

Results 1. The operation was implemented in Khon Kaen in 2013 where the project could establish 5 police operation units in each community with full supports from the people. 2. There were 617 volunteers in 5 communities within these volunteers 66 people served as violence mediators, 136 police volunteers, 140 female volunteers for traffic accidents protection, 135 young police volunteers and 140 vulnerable youths who have been trained to serve as community guard and volunteers.

Outcome A significant drops in violence cases by 70.5%, a decrease in drug related cases by 30% , violence and nuisance caused by youth has reduced by 60%, criminal cases dropped by 62.5% (statistics of police station at Kao Suan Kwang district, 2013) People in implemented community have been strengthen and empowered to become self-protected community.

Conclusion The development of community police unit together with strengthening systems should be an effective measures to create safe community in a sustainable procedures. The reduction in crime rate and violence in the community had been evident and the project has become an exemplary project for dissemination.

620 DECREASE ROAD TRAFFIC INJURIES (RTI) MORTALITY IN UDONTHANI, THAILAND: 1997–2015

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The Global status report on road safety 2015, Thailand RTI mortality is the second in the world. Udonthani province is also confronted with this problem but dead case in 1997 to 2015 decrease from 816, 573, 494, 374, 424, 484, 474, 373, 382, 330, 272, 274, 256, 302, 348, 293, 298, 309 and 247 (Budget