

In addition, Safekids acquired a creatives made for children, by children.

Conclusion Effective engagement with children increased awareness and acceptance of wearing a helmet.

Key concepts supported effective intersectoral collaboration between Safekids, schools, families, communities and the media to reduce the risk of injury to children.

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DANGEROUS STUDENT PASSENGER DROP-OFF, PEDESTRIAN BEHAVIOURS AND THE BUILT ENVIRONMENT NEAR SCHOOLS

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Background Dangerous drop-off of student passengers and pedestrian behaviours near schools have not been well described despite the potential for pedestrian motor vehicle collisions (PMVC). Safe environments are required for children around schools. Passenger drop-off and child pedestrian behaviours are described by occurrence of child PMVC and built environment (BE) features in Toronto, Canada.

Methods Dangerous passenger drop-off and pedestrian behaviours observations were done in 2015. Child PMVCs from 2000–2013, age 4–12 years, were mapped near 100 schools. Case schools had ≥ 1 collision and control schools had 0. Dangerous driving/parking, unsafe pedestrian crossings, distracted walking and disobeying crossing controls/guards were compared using chi-square statistics by case/control status or BE features: downtown/inner suburbs, school crossing guards and designated car drop-off areas.

Results Dangerous drop-off and/or pedestrian behaviours occurred at over 92% of schools. A greater proportion of case schools had children crossing at uncontrolled midblocks (97% vs. 78% controls). A greater proportion of inner suburb schools versus downtown had cars double-parked (52% vs. 28%) and parked blocking crossing controls (25% vs. 4%). A smaller proportion of schools with crossing guards versus without had cars parked blocking crossing controls (10% vs. 25% without) and drivers texting (5% vs. 22%). A smaller proportion of schools with designated drop-off areas versus without, had cars reversing dangerously (76% vs. 55%), parked blocking crossing controls (31% vs. 10%), children crossing at uncontrolled midblocks (78% vs. 95%) and between parked cars (48% vs. 76%).

Conclusions Dangerous student drop-off and pedestrian behaviours were pervasive at schools. Occurrence of behaviours was related to the BE; particularly designated car-drop off areas. Adaptations to the BE near schools may defer dangerous behaviours and provide a safer child pedestrian environment.

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ASSOCIATION OF MATERNAL DEPRESSION AND ANXIETY WITH CHILDREN'S INJURY RISK: A PROSPECTIVE COHORT

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Background Maternal depression and anxiety are common in the early years following childbirth and are associated with children's health outcomes. The impact of maternal depression on childhood injuries is underexplored, with existing studies relying on maternal reporting of injury occurrences. Using linked population healthcare databases from England, we assessed the association between episodes of maternal depression and/or anxiety and the incidence of three common childhood injuries.

Methods We conducted a prospective cohort study of 209,418 mother-child pairs who had linked primary care and hospitalisation data from the Clinical Practice Research Datalink and Hospital Episode Statistics from 1997–2014. Episodes of maternal depression and/or anxiety were identified using diagnostic codes, prescriptions and hospitalisation records. Adjusted incidence rate ratios (aIRR) for the risk of child poisonings, fractures and burns during episodes of maternal mental health episodes were estimated using Poisson regression.

Results 55,431 children (26.5%) were exposed to one or more episodes of maternal depression and/or anxiety between birth and their fifth birthday. During follow-up 2,772 poisoning, 6,252 fracture and 4,316 burn events occurred. Child poisoning risk increased during episodes of maternal depression (aIRR 1.61, 95% confidence interval 1.39–1.87), depression with anxiety (2.10, 1.74–2.53) and anxiety alone (1.61, 1.07–2.42). A similar pattern was seen for burns, with the greatest risk during episodes of depression with anxiety (1.53, 1.28–1.82). Fracture risk only increased during episodes of depression alone (1.16, 1.04–1.30).

Conclusions Episodes of maternal depression and/or anxiety were associated with increased risks of child poisonings and burns. Prompt identification and treatment of maternal depression and/or anxiety and provision of safety advice (e.g. safe medication storage) to mothers with depression and/or anxiety may reduce child injury risk.

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TEKO – SAFETY IN SCHOOL SPORTS IN FINLAND

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10.1136/injuryprev-2016-042156.74

Background In Finnish schools sport injuries happen mostly in physical education (PE) classes and in recess. A remarkable part of the injuries can be prevented. TEKO – Safety in School Sports (2010–) is part of the Sports and Exercise Safety program LiVE. The primary target group for TEKO is PE and health education (HE) teachers in secondary schools. Safety promotion focuses on 10 segments; physical activity (PA), sports skills, maturation, nutrition, rest and sleep, environment and equipment, health care, atmosphere and rules, injuries and support network.

Objective TEKO has produced free of charge educational material and methods to internet to encourage PA, to increase quality and contents of PE and to promote safety of sports widely in school settings. TEKO has built up education material e.g. information packages, electric homeworks, videos and PP-slides for teaching. The main delivery channel is www.tervekoululainen.fi.

Results After 6 years websites ha 10000 visits per month and YouTube videos have been watched 43000 times. TEKO has kept over 60 education events. TEKO has also built up a large collaborator network, which enables the spreading of sports safety message.

A web-based project evaluation survey was done in 2013 to PE and HE teachers (n = 900). The response rate was 20%. The

survey will be repeated in November 2015. According to the survey 54% of the PE and HE teachers knew TEKO. 50% estimated that the content they use in sports safety education has been expanded and the methods are now more diverse. Teachers who had used TEKO material at schools were pleased to it, mean grades (scale of 4–10): expertise 9.0, exterior 8.7, feasibility 8.6 and suitability for the target group 8.3.

Conclusions The reach of teachers has been rather good with the used methods and financial investment 120000 € per year (mostly funded by the Ministry of Education and Culture). The repeated survey will give more information about the stabilisation of TEKO to the basic school work.

Traffic Safety

Parallel Mon 1.3

75 THE RISING GLOBAL BURDEN OF ROAD INJURIES

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Background The Global Burden of Diseases, Injuries, and Risk Factors Study, 2010 was established to provide reliable estimates on the leading causes of death and morbidity in populations worldwide and how these are changing over time. The aim of this paper is to present the findings of the study in relation to road injury in order to inform policy debates in the area of road safety.

Methods Information on death and morbidity was obtained from various sources (vital registration, verbal autopsy, surveillance, censuses, surveys, hospitals, police records, etc.) for 187 countries. DALYs were calculated as the sum of years of life lost (YLLs) and years lived with disability (YLDs). YLLs were calculated from age-sex-country-time-specific estimates of mortality and death by standardised lost life expectancy at each age. YLDs were calculated as prevalence of disabling sequelae, by age, sex, and cause; and weighted by new disability weights.

Results The number of deaths related to road injury increased by 43.6% from 908,000 in 1990 to 1.329 million in 2010. This rise was mainly due to pedestrians deaths which increased by 62.3% from 284,000 in 1990 to 461,000 in 2010. Road injury was the leading cause of death among males aged 15–49 years in 2010. Road injury moved from being the 14th cause of YLL globally in 1990 to 8th in 2010. In term of DALYs, road injury also moved from 12th position in 1990 to 10th in 2010. Regional analysis shows road deaths in east Asia, south Asia, and eastern and western sub-Saharan Africa rapidly escalating over the past two decades, whereas in high-income areas with a history of road safety programmes such as western Europe, high-income North America, Australia and New Zealand road deaths have decreased.

Conclusions Despite various global road safety initiatives, the burden from road injury globally continues to rise, particularly amongst pedestrians. Continued efforts from all sectors are needed in order to address this growing challenge.

*List of all collaborators (a few hundreds) and their affiliations will be provided as part of the presentation at the conference, if the abstract is accepted.

76 EUROPEAN FACTS AND THE GLOBAL STATUS REPORT ON ROAD SAFETY 2015

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Background Road traffic injuries are the leading cause of premature death in young people aged 5–29 years in the WHO European Region. The Decade of Action for Road Safety 2011–2020 was adopted by the United Nations General Assembly in 2010 to reduce the global toll of road traffic injuries by 2020.

Methods This fact sheet describes the status of road safety in 52 out of the 53 Member States of the WHO European Region, representing 95% of the Region's population. Experts from several sectors in each country reached consensus to complete a self-administered questionnaire. Furthermore, an independent expert analysis of national legislative documents was conducted.

Results In 2013, there were almost 85 000 deaths from road traffic injuries in the WHO European Region. Although the regional mortality rate is the lowest when compared to other WHO regions, with 9.3 deaths per 100 000 population, there are wide disparities in the rates of road traffic deaths between countries of the Region. This requires more systematic efforts if the global target of a 50% reduction in road crash deaths is to be achieved by 2020. Laws and practices on key risk factors such as regulating speed appropriate to road type, drink-driving, and use of seat belts, motorcycle helmets and child restraints are assessed to reduce the risk of road traffic injury. While 95% of the population in the Region is covered by comprehensive laws in line with best practice for seat belts, only 47% of the population is adequately protected by laws for speed, 45% for helmet use, 33% for drink-driving and 71% for use of child restraints.

Conclusions Many countries need to further strengthen their road safety legislation and enforcement in order to protect their populations, improve road user behaviour and reduce the number of crashes. Much can be gained from improving the safety of vehicles, having better road infrastructure and promoting sustainable physically active forms of mobility as alternatives to car use. Concerted policy efforts with systems approaches are needed to protect all road users in the Region.

77 REPORTING ROAD TRAFFIC SERIOUS INJURIES IN EUROPE. GUIDELINES FROM THE SAFETYCUBE PROJECT (H2020)

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Background Reliable data on the number of serious road injuries is a prerequisite for monitoring and evaluation purposes. In January 2013, the High Level Group on Road Safety representing all EU Member States established the definition of serious injuries as in-patients with an injury level of MAIS3+ (Maximum Abbreviated Injury Scale). Since then it is recommended that all EU countries provide data of serious injuries. The High Level Group identified three main ways Member States can estimate the