

function. Overall, most were interested in safety information and to improve the safety, but the will to invest on safety was low.

Conclusions The care service chain has overall good motivation to improve the safety and fire safety of vulnerable people. However requirements of rescue service act did not materialise in assisted living as well as possible. There is apparent need of knowledge and vocational education material.

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EPIDEMIOLOGY OF BURNS AND SUBSEQUENT CARE SEEKING IN MARINGÁ, BRAZIL

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Background Like other injuries, the majority of burns (90%) occur in low and middle-income countries (LMIC). However, burn epidemiology is highly variable between regions, with females having a higher prevalence in some areas. This projects aims to examine the demographics of burn patients and the proportion and characteristics of those who seek care.

Methods Injury and burn injury data was collected by survey on care seeking behaviour after injury in Maringá, Brazil between May and September 2015. Surveys compiled household demographics, then randomly selected one household member to provide lifetime injury history. Injuries due to burns were analysed by frequency and chi-square to describe the relationship between burns and care seeking with consideration to gender, occupation and injury severity, defined as immediate loss of normal functioning.

Results 2678 surveys were collected reporting 812 injuries including 120 burns. 86 (71.7%) of the reported burn patients were women and half (55%) were 18–55 years old. 31.4% of women were housewives and 32.7% of men were self-employed. Significantly more burn victims (39.2%) did not seek care compared to non-burn injury victims (9.66%, $P < 0.001$). Of the burn victims that did not seek care, 74.7% were female compared to 50% of the non-burn injury victims. Burn victims had a 7.8 ($P < 0.001$) increased odds of not seeking care compared to road traffic victims. Most burn patients (90%, equal for both sexes) reported no long-term disability from their burn.

Conclusions A disproportionate number of women are injured by burns in Maringá, similar to other LMIC likely due to gender roles. Of the women injured by burns, 40% did not seek care and almost a third of those women were severely injured, suggesting significant barriers to appropriate treatment. This study offers important information on a subset of burn victims with potentially severe injuries that are not accounted for due to the fact that they did not seek care.

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FIRE SAFETY TRAINING INTEGRATING INTO MEDICAL PERSONNEL STUDIES

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Background According to the statistics of the National Labour Inspectorate, an alarming number of deaths and serious fire accidents have taken place during the past 10 years in the health care institutions in Estonia. There is a special legislative act for

insuring fire safety in these institutions, but it has proven to be insufficient. Each hospital and nursing home has to ensure their own safety. Therefore, the Fire Safety Training course has been implemented in Tallinn Health Care College for the future personnel of medical institutions as a method of raising awareness. It consists of an introductory training for future hospital employees and annual trainings held by hospitals. The introductory portion of the programme lies in simulation training and E-learning.

The aim of this study is to assess the effectiveness of the learning programme.

Material and methods The course is located in an online environment in which every employee goes through a number of topics followed by a test. Everyone who passes the test can print out a certificate as a confirmation of the theoretical knowledge acquired throughout the course. This programme was first used in 2014. The practical portion of the programme takes place at Tallinn Health Care College's simulation centre and includes patient evacuation practice, fire extinguishing simulations etc.

The effectiveness of the learning package was examined by comparing the results of different approaches on the programme with the participation of 70 nurses, that had undergone the usual fire safety training for 2 hours in their workplaces. The nurses were divided into 2 equal groups (35 people). The training took place for two days.

The first group began with a 2-hour lecture, followed by individual training in the E-learning environment and the simulation portion of the programme.

The second group began with a 2-hour lecture, directly followed by simulation, leaving individual training portion in the E-learning environment for last. In the first phase of the simulation portion it was necessary to extinguish a fire, the second was to ensure the proper evacuation of the patients. All of the action was filmed. The training ended with discussions, analysis and evaluating the activities recorded on video.

Results The results were better in the group that passed the E-learning course before entering simulation training, than for those who began their course with simulation training.

The students got the possibility to analyse important problems that may arise in real-life work situations.

Conclusions It is necessary to use the advanced training methods to decrease the number of fire related accidents and human losses.

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AN EVALUATION OF EMERGENCY MANAGEMENT OF SEVERE BURN (EMSB) COURSE IN BANGLADESH: A STRATEGIC DIRECTION

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Background Burn is major Public health problem in Bangladesh. Interplast Australia and New Zealand, Australian & New Zealand Burn Association (ANZBA) and CIPRB come forward to help Bangladeshi physician to improve their burn management skill. ANZBA initiated EMSB training program for Bangladeshi physician in 2008. The study was designed to determine the effectiveness of EMSB programme in Bangladesh.

Methods A cross sectional survey was conducted among a randomly selected EMSB trained doctors. In-depth interviews (IDIs) and Focus Group Discussion (FGD) were conducted with faculties and organisers of the EMSB program.

Results In a total of 24 providers courses during the 2008 and 2012, 529 doctors participated and among them 417 completed the course successfully. 43 faculty members also developed to run the course. Trained 87.5% doctors are using EMSB skills in burn management. About 38% doctor felt that the course helped them to improve their confidence. Majority of doctors stated EMSB is essential for the Bangladeshi doctors to learn better management of burn. From qualitative study it was found that the courses maintaining same quality and standard as running anywhere in the world. However, it has recommended to train nurses and more doctors from periphery of the country.

Conclusions EMSB created a large doctors community who are effectively managing burn patients. It also create demand for learning burn management skill. EMSB training is required for medical doctors and nurses at the grass root level which could avert a number of deaths and also reduce the severity of the burn injuries.

802 A SAFER CANDLE PROJECT SOUTH AFRICA

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Background There are two main causes of shack fires in South Africa: Fallen candles and paraffin-related burns. These fires lead to devastating consequences and huge economic losses.

Aim/goal The goal of this project is to facilitate and promote safer use of candles in a glass jar, with the ultimate aim to prevent fires, burn injuries and deaths caused by fallen candles, targeting individuals and families who live in informal homes.



Material and methods Childsafe South Africa personnel conducted a number of trials to test the "Candle in a glass jar" concept. In 2006, the project was piloted in an informal area that exclusively uses candles as source of light. Further demonstration and educational sessions have taken place and over 100,000 jar units have been distributed to various communities to date.

Results The Safer Candle Project has become one of Childsafe's established out-reach programmes over 10 year period. It has been widely accepted and been approved by World Wide Fund for Nature SA (WWF) for Earth Hour and endorsed by various stakeholders and sponsors.

Significance The idea of candle in the glass jar is recommended as its very simple and preventative measure to reduce fires mainly caused by candles tipping. One of its advantages is that it places no financial burden on families, as there are virtually no costs involved.

803 FIRE SAFETY PRACTICES IN INSTITUTIONAL, RESIDENTIAL AND HOME CARE IN FINLAND

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Background The rescue act 2011 in Finland stresses that the responsibility of fire safety is on building owners and service providers. The regulation is justifiable, because people in vulnerable positions, for example elderly and disabled, have an increased risk being fire victims.

The aim of this study was to investigate the implementation of rescue service act among service providers in residential, institutional and home care facilities and to monitor changes from 2013 to 2015.

Methods Online surveys on fire hazard assessment and risk management practices were done in 2013 and 2015. Respondents were managers of residential, institutional and home care facilities for the vulnerable people.

Information of the facilities was obtained from the nationwide Register of Institutions in Social Welfare and Health Care. The study sample was systematically selected (every other) and it consisted 1605 organisations.

Results In 2013 93% of institutional and 95% residential units had written guidelines to ensure fire safety. In 2015 the proportion has decreased to 84 in institutional and 88% in residential units. At home care written guidelines had less than 50%. The accident prevention guidelines had increased in institutional units from 66% to 74% and in residential units from 66% to 77%. At home care the guidelines had 50%. Safety guidelines in general e.g. crime prevention has also decreased and was now less than 50%, at home care only 22%. Patient and residential safety guidelines were increased only at home care from 55% to 60%.

Conclusions The organisations have increased their preparedness for fire risk with sprinklers. But at the same time they made less written guidelines to prevent to fire. Fire risk assessment and management practices have improved only in home care. In IR-units the situation seems to be weaker than in 2013. The situation is not acceptable and the reasons should be diagnosed.

Preparedness and Resilience

Post Tue 2.21

804 LEVEL OF PREPAREDNESS FOR PREVENTION AGAINST TERRORISM IN LIBRARIES: IMPLICATIONS FOR LIBRARIANS IN NIGERIA

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Introduction Terrorism is becoming a common occurrence in the world today. They came like robbers. In Africa and other developing countries of the world terrorism is prevalent. Most reports on terrorist attacks revealed that they strike when no one expected.

In Nigeria, terrorist activities which started in 2009 is still on. Boko Haram Islamic militants have unleashed devastating havoc on Nigerians through bombing of worshipping centres that if