

doing so, parents are preparing their children for independent, safe navigation of the world around them.

918 PATTERN OF CHILDHOOD INJURIES: FINDINGS FROM HOSPITAL BASED INJURY SURVEILLANCE SYSTEM IN OMAN

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Background Globally, injuries cause death and disability for millions of children every year. Literature from high-income rapidly developing countries, such as the Arab Gulf states, on this burden is sparse. Realising this gap, a surveillance system was established in two hospitals of Oman. Data on childhood injuries was collected and analysed to better understand such injuries in the Arab Gulf States.

Methods Data was collected over a 6-month period in two large hospitals of Oman. All patients up to 18 years who were admitted with a history of trauma between October 2014 and April 2015 were included. External cause and place of occurrence according to age and sex was analysed.

Findings 35% of all cases were paediatric (891/2549 cases) and of those, 69.3% were males. Children between 0–5 years accounted for 53% of the study population. Most common external causes of injuries were falls (51%), exposure to mechanical forces (20.4%), and transport injuries (16.5%) for all ages. Analysis by age revealed that falls accounted for 50.9% of injuries for ages 0–5 years and 53.3% for 6–12 years. Transport injuries (43.5%) were the most common cause for children 13–18 years, which were also more common in males (20%) than females (8.4%). Larger proportion of females (13.5%) was injured by contact with heat and hot substances vs. males (6%). Home was the place of injury for most children 0–5 years (86.4%) and 6–12 years (61.5%), whereas streets and highways were the most common place of injuries for age 13–18 years.

Conclusion Childhood injuries are a significant cause of hospital admissions in Oman. Significant age-related differences in cause of injury highlight the need for targeted interventions. Prevention of home-based falls and transport injuries must be a priority for all children. Additionally, road safety interventions and education must be the top agenda for young Omani males.

919 NEW CRAZY GAME “RUSSIAN BIKER ROULETTE”

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Background The spread of different games through the internet and via social networks is becoming a serious health problem that physicians and medical professionals have to deal with, and it is necessary for them to be aware of the risks those behaviours are connected to. Unintentional injuries are the leading cause of morbidity and mortality among child and teens and some Authors reports recommendation regarding safe practices to reduce injuries [1][2]. The “deadly new craze” involving bikers taking turns

to cross a busy road without checking for cars is an unsafe practice visible in web videos.

Methods In this study we considered a particular case of bicycle accident related with a game proposed via web: the bike roulette challenge. We developed an appropriate, educational public health training program to understand the current characteristics of unintentional road traffic injury related with web challenges.

Results This case is about a 16 year-old male patient arrived alive to the hospital with thoracic and abdominal trauma. The length of stay was 18 days associated with serious surgical complications.

Conclusion In recent years is commonly possible to find strange, crazy, popular videos, via web with the intention to obtain in young population a good number of “likes”. Bike roulette is a particular game described via web and is one of the new cause of trauma. Identifying biker roulette related injury in administrative data collections can be very problematic; the results of this apparently isolated case report can be used to research appropriate procedures and timely referrals of severe adolescent injury related to web games. School appropriate interventions have got the potential to reduce unintentional trauma related to these behaviours.

920 GAMBELLA ETHIOPIA PRIMARY 5 SCHOOL VIOLENCE

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Background For decades in Gambella Ethiopia collective ethnic violence has been recurrent among the Nuer (Pastoralists), Anuak (Agriculturalist) & Highlanders (Northern Ethiopians). The Anuak have been moved from their land to accommodate Indian, Saudi and Chinese agribusiness. Land pressures are augmented by refugees from the Southern Sudan. Injury and violence among grade 5 children growing up in this milieu was evaluated.

Methods The study was conducted in March 2013. Qualitative and quantitative data was collected from a randomised stratified sample. Ethical approval was obtained. Study population came from 21 Schools, (11 Urban, 2 Semi-urban, 10 rural) , Pupils N = 1674 females 795).

Results Violence included physical attacks & fights and hitting or stabbing with weapons. Attack Frequency: last 6 months 51.8%, Fight 46.3%, all Violence 57.5%; Serious Injury = 16.7% (67.2% Fracture; 28.6 % Cuts). Validation was via School First Aid Records. Bullying episodes: 2/month (girls 67.2%, boys 57.2%); 10/month 14%. Emotional Dimensions: social isolation in all: 8.51%, no friends 15%. Victimised 33% no friends, 9.6% felt hopeless, 2.2% suicidal, 13 sleep disorders 30% absenteeism. Drug use among violence exposed: alcohol 38%, tobacco 20% khat. 23%, & 21% had initiated sexual activity. Children (1/3) noted parents were unaware of their situation. Violence associations: female gender OR 2.35 (1.78–3.01), khat or Alcohol use OR 9.86 (6.16–15.77, sexual activity OR 2.16 (1.98–3.99). Family Support was protective.

Conclusions The prevalence of physical violence and bullying among Grade 5 children in Gambella is high. There was no variance between rural and urban settings. Injury was common; social consequences are severe Social misconduct was associated with violence; Family support was protective. Gambella Ethiopia has suffered from decades of collective ethnic based violence

which may be causative in this high level of primary school violence.

921 FALLING TVS: IS IT A RESOLVED PROBLEM?

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Introduction A growing number of injuries and deaths from televisions falling from furniture are reported in literature although these are completely preventable injuries. Such injuries are ideal for a public education campaign targeting parents, health care workers, and television manufacturers.

Methods We report 2 cases of trauma sustained from falling TV arrived to our Emergency Department.

Results In these 2 cases there are no adult witnesses to the event, but they were alerted by a loud crashing sound of a falling TV. The death incidents occurred because TVs were on surfaces not suitable for TVs, a bookcase in the first case, and in the second case on a small table. The Glasgow Coma Scale score on admission was 3, in the first case and 8 in the second.

The first baby, 2 years old, reported major traumatic brain injuries, and the impact force resulted in severe trauma and death. CT results revealed extended fracture parietal-occipital. In the second case the baby was playing with the TV's electrical cords and remained blocked under the product resulting in crushing and compressing injuries: the entire dresser and television fell over and the television landed on the boy's head.

Discussion The kind of trauma sustained from a falling TV depends on the length of time the victim has been trapped under the TV, on the impact force, on the point where the victims were hit on the age, and on the weight and size of the TV.

Conclusion As the incidents resulted from the instability of the furniture on which the TVs were set and that the same TV's were not properly anchored and could fall onto the victims, it is to be noted that they can be prevented by simply anchoring TVs and furniture.

Televisions should only be placed on furniture designed to hold them, such as stands or media centres or they should be anchored to the wall. Items that might tempt kids to climb should also be removed, such as toys and remote controls, from the top of the TV and furniture.

922 CHILD RESTRAINT USE IN THE STATE OF QATAR: FINDINGS FROM AN OBSERVATIONAL STUDY

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Background Properly used child restraints have been shown to reduce serious death and road traffic injuries to children under 5 years by 80 to 90%. Yet such use remains low around the world. In Qatar, a high-income developing country, child restraint use is not mandated by law even though road traffic injuries are a leading cause of death for 0–5 year olds. This study aimed to assess the extent of child restraint use, among children under 5 years, in Qatar.

Methods A roadside observational study was conducted outside of 9 nurseries and 3 shopping malls in Qatar. Trained observers observed vehicles over a 10- day period and completed 240 hours of observations collecting data on estimated age of child, restraint use and type at nursery and mall entrances.

Results 2,232 vehicle observations were captured from May-June 2015. Over half of all children were either unrestrained (38%) or restrained improperly (21%). Only 27% of vehicle drivers were unrestrained or improperly restrained. For children less than 5 years old and seated in a rear seat, 28% were unrestrained while 8% were improperly wearing an adult seatbelt. Eleven percent of children were incorrectly located in the front passenger seat, unrestrained and/or on an adult's lap.

Conclusions Child restraint use among under-5s is low in Qatar even while the majority of adult drivers use seatbelts. Given that road traffic injuries are a leading cause of death for children aged 0–5 in Qatar, efforts should be focused on increasing their appropriate use. As a high-income country where much of the population with children is able to afford restraints, interventions should be developed to increase child passenger safety. This should include the enforcement of the current law banning children under 10 years from riding in the front seat, the passage and enforcement of a national law mandating child restraint use, and educational campaigns to increase parental awareness of the benefits of child restraints.

923 ROAD TRAFFIC INJURIES BY ROAD USER TYPE AMONG CHILDREN AND ADOLESCENTS BETWEEN 1990 AND 2013

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Background In 2010 more than half of road traffic injury (RTI) deaths occurred to pedestrians, bicyclists and motorcyclists defined as vulnerable road users (VRUs). Lower middle income countries account for the highest proportion of VRU deaths. The distribution of RTI burden by road user type in children globally, regionally and by income levels is unclear. To investigate country-level changes over time in global child RTI deaths among VRUs and non-VRUs with respect to region, economy between 1990 and 2013

Methods Country-level data were extracted from the Global Burden of Disease study, split into seven geographical regions and four income levels (low-income [LICs], lower-middle [LMICs], upper-middle [UMICs] and high-income [HICs]). Death rates and percent change in rates between 1990 and 2013 were calculated for road users aggregated, and independently for VRUs and non-VRUs.

Results Child RTI death rates decreased globally, by region and across all country economic categories between 1990 and 2013 (a global average of 32% reduction in RTI death rates from 1990 to 2013 and a range of 28% (LICs)–54% (HICs). Reductions were also found for both VRUs (35%) and non-VRUs (25%) except in LICs where a 16% increase arose among non-VRUs. This applies particularly to those LICs from South Asia (26%). Death rates of VRUs (35%) in the LMICs of Sub-Saharan Africa also reported increments. For VRUs, the decrease was more than twice higher in HICs (58%) and LICs (44%) compared to UMICs (20%) or LMICs (23%).