

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%).