

etc has gained a lot of interest. By September 2016 we will have experiences to share.

Conclusions The project gives us new possibilities to increase awareness and involve new groups in community safety.

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SUPPORTING A JOINT JOURNEY TOWARDS ZERO: CASE FINNISH ZERO ACCIDENT FORUM

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Background Developing proactive safety culture in today's dynamic and turbulent business environment calls for inspiring approaches and effective safety practices. The Zero Accident Vision (ZAV) is based on the belief that all accidents are preventable. It should not be understood as a target or a numeric goal but more widely as a journey where genuine commitment plays an important role. In Finland the Zero Accident Forum was founded in 2003 to support workplaces in promoting safety and health. In November 2015 it had 337 member organisations.

Description of the problem In 2015 the Forum started to develop its activity to the next level to better respond to the members' needs. A new web portal is being developed to support more effective communication and learning. A question was raised whether the designed portal and its contents are what the members really wanted. To tackle this problem an agile development method was chosen as a method to get the member workplaces' needs and ideas integrated in the new portal.

Results To have a reliable estimation of the effects of the new portal we will measure appropriate variables; the occupational accident frequency and the workplaces' satisfaction with the service. During last review 2008–2012, the member workplace accident frequency had decreased by 46% while at national level the decreased was 7%. The updated review will show how the members have succeeded in accident prevention. Also a usability and satisfaction survey will be conducted in spring 2016. The results will show how well the customer needs were taken into account.

Conclusions The new portal will support the Forum's main function: networking between workplaces and learning together. In the presentation we will illustrate the benefits the new web portal brings to communication, learning and benchmarking within the network. By presenting the results we want to inspire other stakeholders to take an initiative and steps forward in building and developing learning networks in the field of OHS.

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ASSOCIATION OF POST-TRAUMATIC STRESS DISORDER WITH WORK PERFORMANCE AMONGST EMERGENCY MEDICAL SERVICE PERSONNEL, KARACHI, PAKISTAN

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Background Emergency medical service (EMS) personnel are exposed to various stressors in their day to day functioning. They are exposed to various kinds of stressors which includes but not limited to handling dead children, medical emergencies, severe injuries, acts of violence, organisational problems etc. Their daily exposure to diverse critical and traumatic incidents can lead to

stress reactions like Post-Traumatic Stress Disorder (PTSD). Consequences of PTSD in terms of work loss can be catastrophic because of its compound effect on families, which affect them economically, psychologically as well as socially. Therefore, it is critical to assess the association between PTSD and Work performance in Emergency Medical Service (EMS) if exist any.

Methods This prospective observational study was carried out at AMAN EMS in Karachi, Pakistan. EMS personnel were screened for potential PTSD using impact of event scale-revised (IES-R). Work performance was assessed on basis of five variables; number of late arrivals to work, number of days absent, number of days sick, adherence to protocol and patient satisfaction survey over the period of 3 months. In order to model outcomes like number of late arrivals to work, days absent and days late; negative binomial regression was used. Whereas logistic regression was applied for adherence to protocol and linear for patient satisfaction scores

Results Out of 536 EMS personnel, 525 were found to be eligible, of them 518 consented. However data on 507 were included because 7 left the job during study period. The mean scores of PTSD was found to be 24.0 ± 12.2 . However, weak and insignificant association was found between PTSD and work performance measures: number of late arrivals (RR_{adj} 0.99; 95% CI: 0.98–1.00), days absent (RR_{adj} 0.98; 95% CI: 0.96–0.99), days sick (Rr_{adj} 0.99; 95% CI: 0.98 to 1.00), adherence to protocol (OR_{adj} 1.01; 95% CI: 0.99 to 1.04) and patient satisfaction (0.001% score; 95% CI: –0.03% to 0.03%).

Conclusion Higher score of PTSD were found among EMS personnel signifying their exposure to range of stressful incidents from handling violence to trauma and other medical emergencies. No association was found between PTSD and Work performance in the selected EMS population in Karachi Pakistan. Further studies are needed to explore the phenomenon of resiliency in this population.

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NATIONAL ACTION PLAN ON WORKERS' HEALTH IN THE RUSSIAN FEDERATION

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Background Resolution WHA 60.26 "Workers' Health: Global Plan of Action" urges countries to develop national action plans on workers' health according to the WHO global plan of action on workers' health 2008–2017.

Description of the problem The Russian Federation (RF) has developed strategic and operational plans for workers' health at the federal and sub-national level. Such plan should include: national profiles; priorities for action; objectives and targets; actions; mechanisms for implementation; human and financial resources; monitoring, evaluation and updating; reporting and accountability.

Results The action plan of occupational health is developed in accordance to policy of WHO collaborating centres for occupational health network The purpose of activity is to review the lessons learned from the previous plans and strategies on workers' health in RF, to develop a national profile of the situation on workers' health and to set up a planning process for updating the national action plan on workers' health in collaboration with WHO and other countries. FSBSI "Research Institute of

Occupational Health” carries out active work directed to working conditions optimisation, protecting workers’ health, and decrease working losses dealing with occupational and work related diseases, invalidity and premature mortality, that will result in creation of the best conditions to increase the population and working longevity. The plan is focused to ensure full coverage of all workers, including those employed in the informal sector, small and medium enterprises and agriculture, as well as migrant workers, etc. in the field of occupational health.

Conclusions The concept of implementation of state policy aimed at Russian workers’ health maintaining for the period up to 2020 and future includes the national action plan on workers’ health and contains main principles and measures directed occupational health and safety ensuring.

92 RELIGIOUS AND CULTURAL FACTORS: BARRIERS TO DEVELOPING INTERVENTIONS AND SAFETY COUNTERMEASURES

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Background Most of the world’s people live in developing countries yet there has been limited application of scientific methods of injury control in many of them. Traditional cultural and religious values can act as a barrier to health-promoting and injury prevention behaviours, in general and especially in relation to road safety, and may also contribute to risk-taking behaviours. Such beliefs, including fatalism and superstition, can present significant challenges for health advocates who aim to change behaviour in order to avert road crashes and diminish their consequences.

Methods Qualitative research was undertaken in Islamabad, Rawalpindi and Lahore in Pakistan with a range of drivers, religious orators, police and policy makers to explore cultural and religious beliefs and their association with risky road use, and to understand how they might affect development of road safety interventions.

Results Overall, findings indicated a variety of strongly-held religious and cultural beliefs (such as fatalism and superstition), many that were non-scientific in nature, about road crash causation and ways in which people protect against harm on the road. The findings highlight a range of issues, including the identification of aspects of beliefs that have complex social implications when designing safety intervention strategies. The pervasive nature of such beliefs can affect road user behaviour by reinforcing the presumption that the individual has no part to play in safety, thereby supporting continued risk taking behaviours.

Conclusions The mechanisms of culture and religion should be taken into account when trying to change attitudes and behaviours relating to public health. For effective road safety interventions in developing countries, it is important to understand the prevailing cultural and social beliefs towards road crashes which influence behaviour and thereby preventive measures and responses to interventions adapted from developed countries.

Falls

Parallel Mon 1.5

93 OLDER ADULT FALL PREVENTION—GETTING TO OUTCOME MEASURES IN THE CLINICAL SETTING

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Background Worldwide falls are a threat to adults 65 and older. In the United States, one in three older adults will fall annually costing the health care system \$34 billion. With U.S. fall rates on the rise, and 10,000 older adults turning 65 each day, falls are a major health threat.

Description of the problem Falls can be prevented by addressing modifiable risk factors (e.g., medication usage, vitamin D deficiency, vestibular disorders, vision deficits) with effective clinical interventions; however, few older adults talk to their health care provider about falls. Therefore, CDC launched the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) initiative. STEADI uses established clinical guidelines and evidence-based interventions to empower primary care providers to screen, assess, and treat elderly patients’ modifiable fall risk factors. This session describes the STEADI implementation process, key implementation steps, and subsequent health outcomes.

Results STEADI was implemented in multiple health systems. Critical in implementing STEADI was the proactive leadership of clinical champions embedded within the clinical practice; the identification of relevant quality and financial drivers; the modification of electronic health record tools; and the adoption of a STEADI clinical workflow for patients, staff, and providers that aligned with existing workflows. Preliminary measures in one setting indicate providers have screened upwards of 70 per cent of their older adult patients, and hospitalizations and emergency department visits for fall-related injuries are declining.

Conclusion Fall interventions offered in clinical settings can prevent falls among older adults, thereby improving their health, independence, and quality of life. These interventions can reduce medical costs associated with fall injuries, including hospitalisation costs for traumatic brain injuries and hip fractures. Using these data, CDC is disseminating the adoption of STEADI nationwide.

94 FALLS IN MIDDLE-AGED ADULTS PRESENTING TO EMERGENCY DEPARTMENTS IN QUEENSLAND, AUSTRALIA: RISK FACTOR EXPLORATION

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Background Falls represent a significant public health issue, with previous studies focusing on older adults. With an ageing population and corresponding escalation of health expenditure, the need to target the current and future health of middle-aged population is evident. However, little is known about the characteristics of fall risk factors in middle-aged populations. This study