

centre for Safe Community-work in Norway since 2004, and also functions as an "International Safe Community Support Centre".

An updated Law of Public Health was introduced in Norway in 2012 where preventive efforts were given a broader attention. The same focus was echoed in the health sector reform, the Strategy for Universal Accessibility and the Planning- and Building Act. These laws and regulations give Norway a supportive framework, and a potential to gain interest for safety work on community level.

Results A new model for community safety has been developed based on Norwegian laws and regulations and the Safe Community concept. The national model is developed to meet the specific political and administrative demands on Norwegian municipalities in terms of health, safety, plan processes etc. The model is based on long term, systematic, evidence based safety efforts. It promotes inter- and cross-sector cooperation, sustainable projects and broad participation from all parts of society. The model is a useful tool for communities turning national policies into local realities.

Conclusion The national model was launched in 2014. It has motivated new municipalities to join the national network and put community safety on the local agenda. The Norwegian national network includes nationally as well as internationally designated communities. 1 all 22 municipalities and 2 counties are designated, and another 15–20 are part of the network but not yet designated. NSF's work with community safety is specifically mentioned in the new National Program for Public Health.

230 THE SAFER HOMES PROGRAMME

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Background Home accidents are a leading cause of death and injury in the UK. Falls among older people lead to over 4 million hospital bed days each year. Almost 1 million children require emergency care following home accidents. Partnership working is vital to address this key public health issue.

Description The Safer Homes Programme provided a package of consultancy, training and intervention across 30 local authority areas with higher than average hospital admission rates for accidents. The programme helped partners, who included local authorities, home improvement agencies, charities, Fire Services and NHS, to develop strategic plans and business cases. It trained local practitioners to plan, implement and evaluate community interventions including home safety checks, falls and burns interventions and advice to vulnerable families.

Results Over 740 staff received the home safety training. The community interventions and advice given to families reached over 166,000 people. An independent evaluation by ICF International found increased home safety awareness among staff; improved partnership working and the development of clear injury prevention strategies. Training increased confidence of staff to raise awareness among client families. Families demonstrated practical safety improvements and behaviour change. One area reported a 12% drop in hospital admissions due to falls.

Conclusions The programme raised the profile of accident prevention among local partners at a crucial time of change as well as making homes safer within their local communities. Learning about effective strategic development and local delivery of interventions has been shared between partners and more widely to improve practice.

231 SAFETY WEEK SKI MUNICIPALITY, NORWAY

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Background In 1991 it was a very terrible accident with a small bus. Parents with many children were hurt and no one used seatbelts. Our public health nurses started to ask the parents about seatbelts and this was the start of the Safety Week. Since then the Safety Week has developed into a judge arrangement once a year. This is also the beginning of Safe community in Ski.

Methods This is a cross sectorial work with many professionals from health, education, police, fire department and doctors. Three working groups organise the lessons for the target groups. The lessons are given during 7 days and for seniors there are several courses over a long period. The target groups are: parents for children up to 18 months, students in 8th degrees and minorities groups, seniors and employees. The themes for the lessons are: first aid, road safety, fire prevention and domestics' violence.

Results Safety Week is held once a year in September while more simplified days throughout the year, whether it is linked with Safety Week. Most of the teaching is both theoretical and practical. About 1000 inhabitants distributed among the various target groups participating in the teaching organised by Safety Week each year. The youth in 8th degrees are new every year. Instruction for this group results in a systematic training in the population. The schools follow up the teaching.

Conclusions Feedback from audiences and from professionals who teach shows that teaching is of high quality and is very relevant.

232 ESTABLISHMENT OF THE FIRST RUSSIAN INJURY REGISTRY IN SHENKURSK

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Background External causes of death are the second main killers in several parts of Russia. However, no systematic collection and analysis of injury data exists hindering development of effective prevention. Our aim was to establish an injury registry in Shenskursk (Arkhangelsk region) and present the structure of injuries in January–June 2015.

Methods All injuries admitted to Shenskursk district hospital during 1.1.2015–30.6.2015 were registered using standard form. It includes items on type, place, time, preceding circumstances, and mechanism of accident, mechanism of injury and socio-demographic data of the injured. Distributions of injuries across these variables were used to identify typical injury cases and risky circumstances.

Results Altogether, 673 non-fatal injury cases were recorded (76%). Injuries to the head (21.6%), injuries to the wrist and hand (18.3%), injuries to the knee and lower leg (10.7%) were the most common. By severity, 64%, 28.7% and 6.2% of injuries were minor, moderate, and serious, respectively, 2 cases were severe, and one was critical. Hospitalisation rate was 9.2%.

Males constituted 60.9% of cases. Children and elderly accounted for 32.5% and 13%. A half of injuries occurred during leisure. Most injuries occurred on homestead lands (20.1%), inside of dwellings (16.3%) and on streets (7.1%) during walking (30.2%). The most common accident mechanisms were “have slipped” (16.0%); error or loss of control when dealing with object, person or animal (15.7%); “have stammered/stumbled” (13.9%). The most common injury mechanisms were punch/kick due to fall after having slipped/stammered/stumbled (23.7%), punch/kick due to contact/collision with an object in motion (9.2%) and punch/kick due to impacts of human or animal. Most common external injury-related factor was ice-covered surface (11%).

More injuries occurred on Sundays (17%) than during other days. Use of alcohol 24 hours prior to trauma was reported by 28.1% of cases.

Conclusions Children and men and are most vulnerable groups. Preventive interventions should address leisure, domestic and other routine activities on homestead lands, in dwellings, and on the streets. Removal of slippery surfaces and promotion of anti-slip devices should be considered. Special emphasis should be given to reduction of alcohol use.

233 DEVELOPMENT AND IMPLEMENTATION OF SAFE SCHOOLS IN AUSTRIA OUR ROAD TO SUCCESS

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Background We initiated and designed Safe School Communities, developed structures for implementation and evaluation in close cooperation with two different types of schools: Lannach Primary School and Rein Secondary School.

Description The first step was to motivate responsible persons of the advantages to becoming a designated Safe School. Together with them the second step was to establish a Steering Committee comprising all stakeholders and relevant representatives for safety in the schools and their community.

Results Each Safe School Committee has been developing programs for all ages and genders, with specific safety programs for those most at risk of injury.

Lannach Primary School was designated as International Safe School in May 2015. The data and evaluation of the developed and realised programs prove that their initiatives are effective.

Rein Secondary School also established a board of pupils – the elected Health and Safety School Representatives (two from each class) – to address the needs of students. During his site visit to the school in May 2015 Max Vosskuhler made the following statement: ‘Rein is easily the best example of what International Safe Schools is trying to do. Their faculty, students and staff showed clear commitment and understanding.’ The application to be designated as the first Safe School at the secondary level in Austria is the next step.

Conclusions It is helpful to implicate approved methodologies and follow the International Indicators for Safe Schools.

Lannach Primary School as the first International Safe School in Austria has a leading role, which makes it easier to share successful projects and programs with other schools – especially within the Safe Children Community Deutschlandsberg.

To develop and realise projects it is adjuvant to have additional financial support. The Austrian Workers Compensation

Board and the Styrian Government are relevant partners of Safe Kids Austria assisting these two pilot schools.

234 REDUCING VISITS TO LOCAL HEALTH CARE BY ONE THIRD SAFETY PROMOTION EFFORTS IN WESTERN SWEDEN

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Background Surveillance and analyses of unintentional injuries can help prioritise community prevention efforts. Community based safety promotion programs aimed at reducing injuries high-risk groups, including children, elderly and people in traffic environments, have been ongoing in the Swedish communities of Falkoping and Lidkoping (31,000 and 38,000 inhabitants respectively) over the past three decades (both are designated as Safe Communities).

Methods This study describes changes in local patterns for unintentional injuries resulting in outpatient visits to health care clinics and emergency rooms, hospitalizations and deaths, comparing information from two different study periods, 1978 and 2008. Injury cases were analysed, and confidence intervals were derived. Data for outpatient injuries were provided from the Skaraborg Injury Registration Unit. We also used data from the Swedish National Board of Health and Welfare’s national patient register and causes of death register.

Results The study results show significant decreases in outpatient visits from 130.5/1,000 to 107.2/1,000 (18 per cent) in Falkoping and from 143.9/1,000 to 88.8/1,000 (38 per cent) in Lidkoping. Available data from comparison communities in the south and mid-north of Sweden, the surrounding district of the study areas, and Sweden as a whole, showed increasing number of outpatient visits. No significant changes were shown for mortality or hospitalisation in the study areas.

Conclusions This study points to the importance of more systematic collection data of injury events treated at the outpatient level, particularly for communities where there are relatively low numbers of injury-related deaths and hospitalizations. It also shows that long-term action- programs can be successfully.

Child Safety

Parallel Tue 1.2

235 EVALUATION OF ‘SAFE HOME SAFE KIDS’: A HOME VISITING PROGRAM FOR ABORIGINAL AUSTRALIAN CHILDREN

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Background Research reveals consistently higher injury rates amongst Aboriginal Australian children (AIHW: Pointer 2014). Intervention strategies for this population must be culturally appropriate and take into account a broad range of social, historical and cultural factors impacting on Aboriginal health and safety, however few culturally acceptable interventions have been