

per year in all cities/provinces. Only 16% of volunteers are equipped with essential tools for providing injuries and accident emergency care. 74.5% of volunteers and VHW had seen traffic accidents. 36.7% of volunteers had experiences with traffic injury emergency care. 22% of volunteers/VHW had reported on injuries and accidents; 31.2% of volunteers/VHW had participated in training courses for injuries emergency care and 37.7% of them had got training from local hospitals.

Conclusion Volunteers and VHW should be provided training, essential emergency trauma care equipments for road traffic injuries.

0277 ASSESSING INJURY EMERGENCY RESPONSE OF VILLAGE HEALTH WORKERS AND VOLUNTEERS IN FIVE PROVINCES IN VIETNAM

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In Vietnam, road traffic injury is the leading cause of injuries with about 12 000 death cases per year. The prehospital care is still a new issue in the injury prevention work. Village health workers (VHWs) and health volunteers are considered as first tiers of prehospital care in Vietnam. Therefore, it is necessary to assess the injury emergency response capacity of village health workers and volunteers in order to strengthen their capacity.

Methodology Cross sectional and qualitative methods including interview of 3000 VHWs and volunteers in 60 communes in Vietnam.

Result Nearly 70% of volunteer and VHW graduated from middle school and high school. In 60 communes, the main cause of injury mortality during 2007–2008 was road traffic 64.5%. There were three death cases due to RTA in each commune in average. The VHW and volunteers provided prehospital care for 10% of road traffic injury (equal about 400 cases)