

year 2015) respectively. Key successful factors are 5 community safety strategies. First Injury Surveillance information that led to second strategy risk management. Third was multidisciplinary activity. Fourth the participation from local municipality, school and work place (labour). Fifth started to work together on the easy way that made better result. Correction of many risk black spots, enforcement on alcohol related driver since 2000–2015 can decrease drink-driving from 35.34% to 27.74% (Budget year 2015). Post crash care that include EMS improvement, ER quality and interfacility quality care were continually implemented and finally mass casualty preparedness.

621 "ROAD SAFETY MANAGEMENT FOR MODEL SUB-DISTRICT" THE BEGINNING OF SUSTAINABLE ROAD SAFETY

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Background Road accidents are the great dangers that affect both individuals and society. Thai government regards the problem as high priority and has put its efforts in planning and implementing traffic safety measures to minimise the road traffic injuries. As a result, establishing collaboration in the local private sector can be another choice for effectively preventing the road accidents.

Description of the problem Road Safety Operations Centre of Kranuan sub-district has set up a project named "Prevention of Road Traffic Accidents for Model Sub-District" with the objectives to study the development of an innovation for managing the prevention and the solutions of road traffic accidents through the promotion of collaboration in the local private sector under government support. The methodology included in-depth investigation to obtain the statistical records of road traffic accidents in the studied area. The data were analysed for the causes and the risk factors prior to returning the information to the community for further collaboratively planning its solutions. A civil society for each community was formed to establish its own constitutions and manage to have community check points to prevent the at-risk groups from going out of the areas, to conduct a survey on the hazardous environmental factors and the areas at the high- and the mid-levels of risk in order to lessen the road traffic accidents, and consistently promoting the correct and safe traffic behaviours to road users through the local wire and the community radio broadcastings. The studied area was Nong-No sub-district in Kranuan district. The project had been operated during 2014–2015.

Results Nong-No sub-district is the area under jurisdiction of sub-district municipality consisting of 5 major communities. There were 7 villages with 1,294 households and population of 6,027 in total under its administration. The main road passing through the communities is Kranuan-Nampong route. The vehicles at risk consisted of 224 pickup and large trucks for agricultural products and over 1,490 motorcycles. Majority of the at-risk groups included children and youths who were students of 3 educational institutions in the area. The high-risk environments were the junctions, road curves, slippery road condition, and the roads without traffic line marking. The results from the accident surveillance in the studied area indicated the lower tendency of road traffic accident. In other words, during the fiscal years from

2012–2015, it was reported that there were 133, 97, 83, and 78 accidents with 2, 3, 4, and 0 number of death respectively. There was only once accident occurred on the main road in the year of 2015 while the safety helmet wearing ratio increased from 38% to 42% in the same year.

Conclusions The results suggest that the safety measures being enhanced to the large community from a small but strong community can be another choice to reduce the road traffic accidents. Due to its previous performance, the studied sub-district was rewarded as the winner for the "model sub-district in preventing road traffic accidents in Khonkaen province for the year of 2015". As a result, in the years from 2015–2016, the Road Safety Operations Centre of Kranuan sub-district committee have enhanced its operation to cover all villages in all sub-districts following the policy for managing "District Health System: DHS". It is expected to be the major approach to systematically and consistently minimising the road traffic injuries and deaths with sustainable road safety.

622 EXPLORING THE IMPACT OF COMMUNITY-LEVEL TRAUMA AND IMPLICATIONS FOR INJURY PREVENTION

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Background Communities that experience high rates of violence typically experience high levels of trauma. Trauma not only has a significant impact on development, health, and well-being, but can also be a barrier to the successful implementation of injury prevention strategies. The predominant construct for addressing trauma is currently based in a medical model at the individual level. In high-violence neighbourhoods, however, trauma can manifest at the community-level. To address this scale of trauma means not only insisting on trauma-informed care for individuals, but also exploring how to address trauma at the population level. **Objective** This session presents an emerging construct for population-level trauma and poses a framework to inform the development and implementation of strategies to prevent injury and trauma and promote community healing.

Results With funding from Kaiser Permanente, Prevention Institute and Dr. Howard Pinderhughes conducted a study to explore trauma at the population level, how it impacts other community health improvement efforts, and emerging strategies. The impact of trauma extends beyond the individuals who directly witness or experience violence. Trauma is also produced by structural violence, which prevents people and communities from meeting their basic needs. The result is both high levels of trauma across the population and a breakdown of social networks, social relationships and positive social norms across the community – all of which could otherwise be protective against violence and other health outcomes. The study found that the impact of trauma extends beyond individuals who directly experience violence. This results in both high levels of trauma across the population and a break-down of social networks, social relationships and positive social norms across the community – all of which could otherwise be protective against violence. In order for communities to build resilience, strategies must be implemented that build on indigenous knowledge, expertise, and leadership to yield strategies that are culturally relevant and effective

After this session, attendees should be able to discuss various ways community trauma can manifest at the community level. During this session, we will briefly describe the findings of the study and present the emerging framework., along with examples of communities that are developing and implementing community level strategies. Prevention Institute will then facilitate a peer-to-peer discussion exploring how community level trauma shows up in communities, and emerging resilience strategies to prevent and address it.

Conclusions The community trauma framework has implications for practitioners, researchers, and advocates developing strategies to improve safety by overcoming community-level trauma as a barrier to successful injury prevention.

623 INTREGRATING STRATEGY TO TACKLE TRAFFIC ACCIDENTS IN BANPHAI DISTRICT, KHON KAEN PROVINCE, THAILAND

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Background Banphai district is the major economic area in Khon Kaen province where traffic accidents often occur. The numbers of injuries visiting Banphai hospital varied between 1,800 and 2,040 cases/year, with about 30 deaths/year. To tackle this problem, the 'Managing Information System' (MIS) team was set up in 2009.

Description of problems and proposed solution Banphai hospital staff are the founding members. The nature of MIS is action research. Soon after its inception, the team gradually included police, the Department of Highways (DOH), the Department of Land Transport (DOLP), commerce groups, and other stakeholders. The 5E (Engineering, Enforcement, Education, Emergency, and Evaluation) and PDCA principles (Plan-Do-Check-Act) are applied. Each authority is responsible for different 'E', eg. the DOH for road engineering and the DOLP for educating drivers. The reporting systems between authorities were harmonised.

Effects/changes About 80% of traffic accidents related deaths are due to risky behaviours of the riders/drivers, while unsafe environments account for the rest 20%. Some concrete measures (both long run and short run policies) were proposed. Examples of the measures are (1) establishing clear traffic signs in risky junctions, (2) closing the U-turn points where clashes often occurred, and (3) an instigation of Memorandum of Understanding (MOU) between authorities for campaigning helmet use. Since 2011, the incidence of traffic accidents related deaths has declined for about one third. It is estimated that had the MIS not been established, the injuries would have been risen by 81 cases/year. The MIS is also successful in reducing alcohol related traffic injuries by about 6% (28 cases/year).

Conclusions The MIS working system is a beneficial lesson for other countries to learn how to harness local resources and seek coordination from stakeholders for preventing traffic accidents. Open-mindedness, trust and endurance are key success factors.

624 HEALTHY NIGHT IN COIMBRA: PRIMARY PREVENTION PROJECT IN EDUCATIONAL CONTEXT

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Background Night recreation plays an important role for young people but it has, sometimes, an intrinsic association to risk factors in areas such as sexuality, violence, road driving and consumption of alcohol or other substances. The influence of these risk behaviours in health status and life quality of young people has been widely documented in literature; documentation, monitoring and intervention in these behaviours has been considered by healthcare organisations as a public health priority. A survey conducted by European Institute of Studies on Prevention, Portugal (Coimbra, 2014), reports that today there is more violence and aggression in nightlife (60%), more cases of intoxication (70%), higher consumption of illegal drugs (43%) and sex under the influence of alcohol (65%).

Methods Sensibilization activities, on the scope of primary prevention, aimed for students from secondary schools (aged between 14 and 18), with emphasis on the following topics: consumption of alcohol and other psychoactive substances, violence, sexual risk behaviour and night road accidents. Sample: 235 students, 12 classes. A questionnaire was applied at the beginning of the second scholar period in order to characterise and understand the behaviours of the students and in the end of the third scholar period in order to assess the impact of our intervention.

Results We found that majority of the students increased knowledge in the addressed thematics. This methodology enables to introduce a new narrative on youngsters and developing a new perception of these thematics.

Conclusions Focusing the prevention idea and considering the premature beginning of risky behaviour, it is essential the intervention at younger ages, privileging the school context, which will be enhanced by the multidisciplinary and multisectoral network approach. We believe that early investment in these problematics represents an additional contribution to the promotion of healthy nights and safe communities.

625 A TYPOLOGY FOR SAFETY PUBLIC POLICY AND RISK MANAGEMENT

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Five elements could be identified as main components in a typology for safety policy and risk management. *Policy-making* should be used to provide long-term safety planning in a defined political jurisdiction area. *Trauma surveillance* is based on the development and maintenance of supportive systems in trauma emergency care departments. *Risk management* includes a number of organisations for developing supportive environments. *Settings* are channels and mechanisms of influence for reaching defined populations. *Community involvement* should guarantee peoples empowerment in the development of safe communities.