

Background Drowning is the leading cause of death among children under 18 after infancy in Bangladesh. The BASS program is a multi-intervention drowning prevention program in rural Bangladesh aimed at demonstrating sustainable, effective drowning interventions that can be scaled up to national scope.

Methods Community-based Participatory Research in a rural community under injury surveillance. The partners in the research were UBC, International Drowning Research Centre-Bangladesh of the CIPRB, TASC and RLSSA. The interventions included Anchals (community crèche), SwimSafe (survival swimming), First Responder/CPR and community engagement.

Results 3,200 primary and 10,000 secondary received targeted interventions.

40 Anchals operated 6 days/week from 9am-1pm for 1032 children age 9 mo-4 yrs with 854 siblings and 2640 adult family members. Growth monitoring and disability screening, review of immunisation and breastfeeding was achieved after support training. Children with deficits were identified and connected to health/social resources. The Anchal was deemed an important program by parents.

SwimSafe was provided for 1393 children 3-9 yrs. 73% met SwimSafe competency. There is lower completion and increased safety risk with children under 6 yrs. CPR was taught to 768 children 7-9 yrs of age by trained instructors. 96% of these children passed competency.

Conclusions Anchals, SwimSafe, CPR and Community Engagement for drowning prevention in rural Bangladesh is culturally acceptable. A lifecycle approach increased the likelihood of sustainability. Integrated growth monitoring and disability screening in Anchals adds value to beneficiaries and community. Swim training for children under the age of 6 yrs in SwimSafe is only recommended as part of a research protocol with risk management. Children 7-9 yrs can learn perform CPR. This program a model for LMIC drowning prevention.

674 REALITY TV – A WAY TO PREVENT DROWNINGS?

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Background In Finland there are 188 000 lakes, 42 000 km of coastline and 3000 beaches (200 supervised). Approximately 150 people drown in Finland every year. This is relatively more than e.g. in other Nordic countries. How to educate people in order to prevent drownings? The idea to create a reality TV show, on the subject of lifesaving, came from the media company AitoMedia. The Finnish Swimming Teaching and Lifesaving Federation (FSL) decided to co-operate with the production.

Objective Martina and the Lifeguards game show features ten female celebrities learning lifesaving skills in Thailand. The main instructor Anne Hiltunen represents FSL. The participants are eliminated one by one until there is just one competitor left. She is then declared the winner and a professional lifeguard. The show has its own website with information on water safety. The first season was broadcast in 2014 and the second season in 2015.

Results 32% of the Finns (1 537 000, 10 years and older) watched season 1 for at least 3 minutes. The first episode had 232 000 viewers (average 169 000 spectators per episode). The total views online were 994 944 (whole episodes 583 596, video

clips 411 348). Most of the viewers were female. The program was mentioned 184 times in 26 different media during season 1 (86% of the articles were neutral, 8% positive, 6% negative). There were no changes in the FSLs' lifeguard education course statistics. After the project, the media has been more active in promoting water safety articles (payback time).

Conclusions Compared to the FSLs' annual water safety tour Wise on the Water in 2014 (24 places, 29 media) the media coverage of the TV show was very good. The awareness of lifeguard education and water safety issues was increased. New openings are needed for promoting water safety attitudes. Entertainment seems to be a way to reach especially young people. Measurement tools need to be improved for evaluating the effectiveness of the interventions.

675 BUILDING CAPACITY FOR INJURY RESEARCH: A CASE STUDY FROM UGANDA

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Background Despite the high burden of injuries, they have largely been overlooked in global health research. One of the reasons for this is that in many developing countries there is limited supply of trained human resources for addressing injury research. Uganda is one such country where two critical gaps in addressing the lifelong consequences of trauma, injuries and disability are the lack of trained human resources and the lack of data.

Objectives Through innovative model of sustainable development, the Johns Hopkins University-Makerere University Chronic Consequences of Trauma, Injuries and Disability in Uganda (JHU-MU Chronic TRIAD) program aims to strengthen research capacity on the long-term health and economic consequences of trauma, injuries and disability across the lifespan in Uganda.

Results Since 2012, the program has been working to 1) develop a core group of researchers focused on Chronic TRIAD at MU; 2) promote research around key national priorities for Chronic TRIAD; 3) establish a national forum on Chronic TRIAD; and 4) create a program for research on the lifelong impact of trauma, injuries and disability at MU School of Public Health (MakSPH). The program has had early success and for the first time there is new MPH track at the MakSPH that focuses on trauma, injuries and disability. Three cohorts have been enrolled in the 2-year TRIAD fellowship and the program is recruiting its fourth cohort of fellows. The program has offered training opportunities to students, faculty and staff at MU through short-term workshops, has established Uganda Injury Forum and has hosted two symposia to raise awareness and stimulate dialogue about the impact of TRIAD in Uganda.

Conclusions Through this program we hope to build local capacity that will be critical in bridging the gap and be a step toward addressing the burden of trauma, injuries, and disability in Uganda.