

surveillance. These. The status of the data sources with respect to these data elements was recorded and compared to reporting standards of the ILO, OSHA and ICD10.

**Results** 8 data sources were included. 4 from the Hamad Medical Corporation [HMC], the national health service provider: trauma registry, ambulance service, emergency department [3 hospitals] and mortuary. Other data sources were: Qatar Red Crescent Clinics, Public Works Authority, the Ministry of Labour and Ministry of Interior. The following data elements were collected by all sources: age, sex and nationality. External causes of injury, circumstances and nature of injury were collected by 6 or more sources, occupation by 4 sources, while the documentation of work-relatedness, and injury severity score calculation was only done by 1, the HMC Trauma registry.

**Conclusions** Data collection for the estimation of WRIs in Qatar is not systematic and thus important aspects of injury prevention and safety promotion are overlooked. A mechanism to generate data in compliance with international standards is needed. In the interim, linking these data sources, through ongoing multi-sectoral collaboration will improve the quality of WRI data and inform occupational injury prevention efforts.

771

#### QUAD-RELATED FATAL INJURIES 2007–2012: A COMPARISON BETWEEN AUSTRALIA AND NEW ZEALAND

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**Background** Serious concerns have been raised over the safety of quad bikes in Australia and New Zealand (NZ). Previous studies have sought to describe quad fatalities within each country. Given the economic similarities between Australia and NZ, cross-country comparisons could tease geographical and policy influences to inform injury prevention initiatives in both countries. This presentation describes and compares the personal, injury and environmental factors associated with quad fatalities for the period 2007–2012 using Coronial case files for Australia and NZ.

**Methods** Coronial case files for the period 2007 to 2012 held by the National Coronial Information System, Australia were used to identify fatalities involving a quad for both Australia and NZ using key word and mechanism searches. Information on the decedent was extracted from coronial case files. The circumstances surrounding the fatal incident was coded using the Australian Farm Injury Optimal Dataset coding framework. Comparison of the distribution of decedent, injury characteristics and event circumstances were undertaken.

**Results** A total of 101 quad-related fatalities were identified: 69 in Australia and 32 in NZ. The pattern of decedent characteristics was similar between both countries. Month of incident differed with 63% of Australian fatalities occurring January-June, while 66% of NZ fatalities occurred July-December. Differences were observed for primary mechanism of injury with Australian fatalities mainly involving collisions with stationary objects while NZ fatalities mainly involved quad roll-over. The presence of a slope was more commonly observed in NZ quad-related fatalities.

**Conclusions** Given patterns of quad-related fatalities are similar between Australia and NZ consolidation of injury prevention initiatives, particularly around quad manufacturing standards and

controls, could be undertaken to develop effective prevention interventions to address commonly held quad safety concerns.

772

#### GAP ANALYSIS ON PESTICIDES CONTROL AND OCCUPATIONAL HEALTH LEGISLATION IN THE UNITED ARAB EMIRATES

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**Background** The United Arab Emirates (UAE) is one of the leading agricultural producers in the Middle East, particularly for date fruit cultivation. Federal and local agencies are responsible for governing occupational health and safety regulations across the seven emirates. A gap analysis was performed on specific UAE legislation related to the safe use of pesticides compared to a compliance checklist developed from international best practice. Interviews with municipalities, authorities, and industry representatives were used to collect the data required in the checklist.

**Description of the problem** The UAE Ministry of Environment and Water reported that the average amount of pesticides used in the UAE in 2013 was five to ten times higher than in India, Europe, and the United States. Sixty-percent of UAE expatriate workers (~5.5 million) are unskilled migrants from less-developed countries with low education and literacy rates (39% educated only to primary level or less). Agricultural workers lack any job-specific training and may not understand instructions on handling chemicals or pesticides safely which places them at a high risk of occupational exposure.

**Results** The UAE Ministry of Labour only stipulates broad federal occupational health regulations for worker protection and residency visa screening obligations for employers. There are no specific articles related to the control of hazardous chemicals such as pesticides. At the local level, only Abu Dhabi and Dubai emirates provide guidelines related to occupational specific chemical exposures; however, there is currently limited evidence of application and enforcement.

**Conclusions** Currently, there is inter-emirate fragmentation in the scope and enforcement of regulations related to the use and control of chemicals such as pesticides. Future legislation should include job-specific training, implementation of effective chemical hazard control methods, and health surveillance of workers exposed to pesticides.

## Client and Patient Safety

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773

#### INDIAN EXPERIENCE WITH PATIENT SAFETY IN PUBLIC HEALTH

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