

## 821 A GOOD PRACTICE ON CHILD DROWNING PREVENTION IN RURAL AREAS IN CHINA

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**Back ground (issue/problem)** Drowning is the first killer for children aged 14 and under in China. Death rate of drowning among Chinese children's in rural areas is 1.5 times that of children in urban cities. Open water and other water hazards are the main risks.

**Description of the problem** Lishui is a community in southern China, Guangzhou provinces. It is an open water-based community. Lishui Hushun Primary School is the one with 2085 students from 8 rural villages. 46% of the students are migrant worker's children. Community's injury surveillance told that since 2010, 95% of the children died from drowning were migrant worker's children and during playing in or near open water in the villages.

**Results (effects/changes)** In addition to the community injury surveillance system, Lishui community initiated a Risk Assessment System (RAS) and a Safety Enforcement System (SES). The RAS conducted by school teachers and community staffs using photovoice method. Data of the photovoice were evaluated, child-readable signs were assigned at the evaluated risky spots and photovoice exhibition were conducted at school and villages regularly. The SES were conducted by village-based team including school teacher, senior students and community staffs who live in each villages. With the RAS, 137 drowning risky spots were identified, 20% environment related risks were changed, all the risks were marked with safety signs. The SES were conducted by a team of 20 school teachers, 24 senior students and 16 community staffs, educating and enforcing behaviour related risks. Since 2013, there was not a single child died or injured by drowning.

**Conclusions** Risk assessment using photovoice is a good way for environment change. Photovoice exhibition is a good way for awareness building and behaviour guide. Enforcement through local collaborating teams is effective and sustainable. Drowning to children in rural areas with open water is preventable.

## 822 SWIMSAFE – CHILD SURVIVAL SWIMMING SKILLS – RISKS MANAGEMENT

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**Background** Child drowning in LMICs has become a major new public health issue. Drowning is the leading cause of death in children 1–17 yrs in Bangladesh. The lifecycle approach addresses child drowning for each age group. The BASS program is a multi-intervention drowning prevention program in rural Bangladesh demonstrating sustainable, effective interventions that can be scaled up.

**Methods** Community-based Participatory Research was done in a rural community under injury surveillance. The partners in the research are UBC, CIPRB, TASC and RLSSA. SwimSafe is one of a suite of interventions. Risks of the SwimSafe intervention have been carefully reviewed and mitigated.

**Results** There is risk assessment and mitigation in the planning and implementation of SwimSafe. The risks are greater when SwimSafe is provided in village ponds. Village pond risk

management is also needed to ensure that the pond is not an add source of risk. Consultation with experts within the RLSSA is ongoing. There is Community Swimming Instructor (CSI) Training and policy on water instructor to child ratios, and other risk management issues. There have been no BASS SwimSafe training significant injuries or drowning events. SwimSafe was provided for 1393 children 3–9 yrs. 73% met the SwimSafe competency. Pass rates are not acceptable until age 6. There is increased safety risk with children under 6 yrs. SwimSafe for children with disabilities is possible but the impact remains unclear.

**Conclusions** Risk management is a very important part the SwimSafe intervention in pond structures. Training and policy for CSI's and supervision for enforcement is needed to prevent unintended injury or mortality. The risks are greater in children under the age of 6. The ratio of CSI to learners and the careful management of the in water teaching sessions is necessary. SwimSafe training for children under 6 yrs of age, is recommended only in research settings with high risk management ability. Interventions for children with disabilities remains a challenge.

## 823 VILLAGE INJURY PREVENTION COMMITTEES A DROWNING PREVENTION STRATEGY

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**Background** Forming and facilitating Village Injury Prevention Committees is being evaluated as an interventions in the Bangladesh Anchal and SwimSafe (BASS) Child Drowning Prevention Project. The burden of child drowning in Low and Middle Income Countries (LMICs) had become a major new public health issue. Drowning is the leading cause of death in children 1–17 yrs in Bangladesh and other LMICs. Drowning prevention recently emerged as a priority public health intervention focus.

The Bangladesh Anchal and SwimSafe (BASS) Child Drowning Prevention Research introduced low cost child interventions that are culturally appropriate, community based, safe and effective, using a life-cycle approach.

**Methods** Community-based Participatory Research was undertaken in a rural community under injury surveillance. The partners in the research are UBC, CIPRB, TASC and RLSSA. The interventions included Anchals, SwimSafe, First Responder/CPR and community engagement. Village Injury Prevention Committees are formed as one aspect of community engagement. Elders, spiritual leaders and village elected officials are invited to volunteer to participate in support of the drowning and injury reduction project.

**Results** Village Injury Prevention Committees provide advice to the BASS Child Drowning Prevention Field Team and Project Leadership Team. They assist with the transitions of thinking and actions when interventions are new or challenge traditional cultural beliefs or behaviours. The Committee assist with selection of pond and Anchal sites, notifications of programs, recruitment, coaching and support for staff. They assist with the event verbal autopsy intervention.

**Conclusions** Village Injury Prevention Committees assist the BASS Child Drowning Prevention Project in many important ways. Their advice to the project staff/leaders and their education and reassurance to their community, improves the effectiveness and reach of the other interventions.