

Programmes were designed and delivered by people with different professional backgrounds which influenced content and format. Examples of mutual support between community safety teams in neighbouring counties were found. Programme evaluation was variable.

Conclusions Children and young people in the UK are receiving variable fire safety education and training. Devolved responsibility for programmes and financial pressures on Fire and Rescue Services are thought to contribute to differences in access, content and format. Examples of innovative programmes delivered by motivated teams were identified, though there are opportunities for greater sharing of best practice and developing evidence of effectiveness. These findings have the potential to inform future research and practice in fire safety education across the UK.

840 RISK, MOTIVES AND PREVENTION OF DELIBERATELY SET FIRES

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Background The amount of fires, such as the deliberately set fires has decreased in recent years. Regardless arsons (~2000) seems to be a permanent phenomenon in Finnish society. Even if setting a fire haven't used in political, racist or radicalised reasons, they cause every year remarkable costs, danger of life and health and personal suffer also for outsiders.

Methods This research examined deliberately set fires based on reports from the electronic resource and accident statistics system (PRONTO) of the Emergency Services, investigation reports from the electronic investigation and executive assistance system (Patja) of the police and telephone interviews and an email survey of the representatives of the Rescue Services and the police.

The qualitative data was gathered by analysing and categorising the typical targets, methods, severity of fires, situational elements, motives, perpetrators and other descriptive information. The main idea was to examine high-risk targets and areas as well as potential perpetrators and victims.

Results Research shows that deliberately set fires occur in our everyday living environment: homes, yards, parks, nearby woods and streets. The most common type of goods set on fire are miscellaneous articles: cast-off and abandoned "nobody's property". The second most common type are refuse shelters and containers, and paper and clothes collection boxes.

Of all buildings set on fire, every third one was in residential use at the time of the fire.

The control and prevention of deliberate fires is difficult by means of supervision, as the underlying causes include vandalism, curiosity, revenge, jealousy, the seeking of a financial benefit, suicidal behaviour and mental problems. A portion of the fires set by young people are caused by thoughtlessness and curiosity, some are the result of more serious, accumulated problems. Arson performs also as an extremely goal-orientated form of aggressive or destructive behaviour.

Conclusions The presentation concentrates on risk targets and the personal properties of fire-setters. By analysing different motives, intentions and situational conditions is possible to find out some relevant practices to combat deliberately set fires.

841 HUMAN BEHAVIOUR IN THE FIRE CASES

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Background Most of fires are caused by human activity: by accident or deliberately. People may handle incautiously electrical equipment, fire place, grill or other burning element, like matches, ash or cigarettes. They might set a fire too near the buildings, use too much charcoal lighter fluid or forgot to suppress the fire carefully. Population surveys shows that almost every responders have smoke alarm. The experience and daily observation of fire fighters this is not true especially in the cases where inhabitant has injured or dead.

Methods Data consist of the electronic resource and accident statistics system (PRONTO) of the Emergency Services and interviews of the representatives of the Rescue Services.

Results This research will start in spring 2016. Research is concentrating on human action which leads in catching fires and how people are behaving in the case on fire. More specific, the research will find out what are the most general causes of fires and what situations and circumstances are most potential for fire-related accidents.

More detailed analysis will be made on fires caused by minors, immigrants, older people and patients of institutional care. It's also interesting to investigate the circumstances where persons have injured or dead – why they didn't manage to suppress the fire or escape from the burning space.

Conclusions Results will benefit many authors as well researchers and planner officers to develop different safety campaigns, improve safety culture and housing safety.

842 GENDER DIFFERENCES IN BURNS MANAGEMENT: A CROSS-SECTIONAL STUDY FROM EMERGENCY CENTRES, SOUTH AFRICA

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Background Gender differences have been reported both in exposure to and outcome of burn injuries. Whereas the general gender distribution of burns is relatively well known, few studies have examined gender differences in incidence and management of burns for different burn mechanisms in sub-Saharan Africa.

Methods The study is cross sectional and based on case reports of patients seeking care for a burn injury at Emergency Centres in eight health care facilities in the Western Cape Province, South Africa between June 2012 and May 2013 (n = 1915). Gender specific incidence rates were compiled for age groups 0–4, 5–9, 10–14, 15–19, 20–54 and 55+. Differences in proportions in men and women were examined for AIS, length of stay and disposition. All analyses were stratified by burn mechanism.

Results Children 0–4 years have the highest incidence of burns with boys and girls relatively equally affected. Gender differences in burn incidence are found in ages 20 years and older. Men 55 years and older have a higher risk compared to women for hot liquid burns whereas men aged 20–54 have a higher risk of fire burns. While no gender differences in children are observed in injury management, adult men are significantly more transferred than women (all burn mechanisms aggregated) while women with both hot liquid and fire burns are treated as outpatients to a