

## 912 MULTI-SECTORAL MODEL FOR CHECKING HEALTH, SAFETY AND COMMUNITY WELL-BEING IN SCHOOLS

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**Background** The Health Care Act (1326/2010, sections 16–17) prescribes that school and student health services must carry out triennial checks on the health and safety of school environments and well-being in learning communities in co-operation both with various authorities and with pupils, students and guardians. National follow-up data show, however, that checks have not been made comprehensively and that national guidance is needed.

**Objective** In 2013 preparations were started for a handbook and a model for the checks in order to promote health, safety and community well-being as well as multi-sectoral co-operation in schools and educational institutions. The steering group had representatives from the Ministry of Social Affairs and Health, the National Institute for Health and Welfare, the Finnish National Board of Education, the Finnish Institute of Occupational Health, the Association of Finnish Local and Regional Authorities and the Trade Union of Education in Finland. During the process the group received valuable feedback from nearly 40 experts, and the handbook and the check forms were piloted in six schools.

**Results** The handbook presents a new multi-sectoral model for checking the health, safety and community well-being in schools, covering the different stages of the checks: planning, implementation, monitoring, documentation, and communication of the results. It also includes the necessary forms for the checks and defines the roles of different actors. The handbook was published in autumn 2015.

**Conclusions** Multi-sectoral co-operation increases the health, safety and community well-being in schools and educational institutions as well as improves effectiveness, bringing savings and benefits to all parties. The handbook is primarily intended for national authorities, but it can also be used by pupils and students, by teachers and educators in different educational institutions, as well as by employees and other stakeholders in the relevant sectors.

## 913 SPORT INJURIES IN CHILDREN: 10-YEAR EXPERIENCE AT THE RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

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**Background** Our review focuses on the incidence, aetiology and management of sports injuries in the paediatric population in a tertiary paediatric trauma unit in a developing country.

**Methods** The data from Trauma Unit Register at the Red Cross War Memorial Children's Hospital for the 10-year period from 2000 until 2010 was retrospectively analysed for all children under the age of 13-years, who were documented as having sustained any injury in a Sport setting.

**Results** Over the 10-year period 950 children (average age 9 years), who were presented to the trauma unit had sports related injuries. The male to female ratio was 5.6:1 (males 805, females 145). Whilst 212 needed immediate admission 738 were discharged on initial presentation. Abbreviated injury score was minor for 547, moderate for 393 and severe for 10 children.

The cause of injury was undefined falls in 416 and falls involving playground equipment in 87 cases. The site of injury was the upper limb 392 (forearm 120, elbow supracondylar 44, elbow other 60, hand 82, wrist 74, upper arm 12), the lower limb 224 (tibia and fibula shaft and calf 70, foot 62, ankle 54, femur shaft and thigh, 29 hip and femoral neck 9) and the head 137 (scalp 41, skull 41, brain closed 20, concussion 35) cases.

Fractures were the most common pathology (closed 416, open 10, fracture dislocation 7) followed by closed tissue injuries 168, abrasions 88 and lacerations in 67 cases.

**Conclusions** This review shows a male predominance in sport related injuries in the under 13-year old age group, which may reflect greater sporting participation by boys than girls in South Africa. The upper limb was the most commonly injured extremity and falls the most common cause of injury. This may be a result of a bracing type injury. Increasing sport participation by girls may change this injury pattern. Injury and fall prevention may decrease injuries in this age group.

## 914 RISK FACTORS FOR ROAD TRAFFIC INJURIES AMONG SCHOOL CHILDREN IN RURAL BANGLADESH

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**Introduction** Road traffic injuries (RTIs) are a major health problem internationally, causing illness, deaths and disabilities among young people. Research on RTIs in developing countries has been limited. We studied RTIs among primary school students in a rural area of Bangladesh.

**Objective** The objective of the study is to investigate risk factors for RTIs in school children.

**Method** We surveyed 778 grade IV and V students (aged 8–10 years) in Raiganj using a survey questionnaire. The survey was conducted at fifteen randomly selected primary schools with the cooperation of teachers and field supervisors. The questionnaire gathered data on socio-demographics, school journey, and knowledge & practice of road use.

**Result** The prevalence of risk factors (and confidence intervals) for road traffic injury among school children were estimated. The results from the 778 interviews were: 93.2% and 91.2% reported that they walked to and home from school; 52.2% of them were alone or accompanied by peers; 59.4% reported crossing busy roads or high way during their school journey; 42.3% reported they had received no training regarding road use; and 26.4% re reported that they had RTIs in the last 12 months and most of these incidents occurrence were on the school journey (after school) when they were crossing or walking on the side of the road.

**Conclusion** The results are in accordance with the high rates of RTIs and huge exposure of risk factors among school children, reinforcing the need of integrated inter-sectoral actions, including training and awareness among school children.