

in many ways. Leaders felt that they got a valuable tool to handle different kinds of problematic situations at work. The model was also utilised within concerns about an organisational change.

Conclusions Mental first aid model was aimed to help work communities handle workplace incidents quickly on the spot. In addition to that, the model appeared to be more versatile instrument. It can be used to encourage discussing and solving challenging cases at work. It brings help easily available and strengthens work communities' own competence to deal with stressful situations. Inspired by positive experiences, a further use of the model is developed and more support persons are trained.

197 NEED FOR NEW HUMAN FACTOR MODELS AND TOOLS IN THE SAFETY-CRITICAL NUCLEAR DOMAIN

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Background In the nuclear industry and other safety-critical domains, recognising human behaviour as a key factor for improving safety culture is essential. Yet the focus has traditionally been on technical and procedural issues rather than human factors (HF). As HF remain both a resource and risk for nuclear safety, we need to improve our abilities to identify, analyse and learn about them. The aim of this study was to determine how the safety experts and supervisors of two nuclear power plants (NPPs) define HF, and to identify current HF procedures and the need for new HF tools as a part of safety management.

Methods We studied the current HF procedures in safety management using document analysis. Safety experts (n = 8) from two NPPs participated in a two-day workshop, in which a new HF tool was tested in the investigation of three operational events. We interviewed 22 safety experts and supervisors (20 from the NPPs, 2 from the regulator side), in order to study the current views and procedures of HF, and the development needs for new HF tools in the domain.

Results Current safety procedures, for example, event analysis, still focus on technical aspects. HF procedures are seen as a way to inhibit individual errors. Several human performance tools were implemented at the NPPs, but none of them highlighted human success factors. Current HF tools were not actively used to analyse operational events, and no tools were used to summarise information from reports or their analyses for top management purposes. There was no model for normalising personnel's capacity after unwanted events at work: consequence management was seen more as the correcting of operative items.

Conclusions To improve HF management in the nuclear industry, practical HF tools are needed, as is stated in safety legislation and guidelines. To improve safety competence, it would be useful to further study the prerequisites and the hindrances of applying new HF tools in nuclear and other safety-critical industries.

Strategies and Policies

Parallel Mon 3.5

198 POLICY MAKER'S PERCEPTIONS OF THE ROLE OF RESEARCH IN INJURY PREVENTION LEGISLATION

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Background Injury prevention policy is crucial for the safety of Canada's children; however, legislation is not adopted uniformly across the country. Researchers and policy makers must work together to develop effective legislation that is evidence-based but little is known regarding policy makers views regarding the importance of research in facilitating the legislative process.

Methods Purposive snowball sampling identified individuals involved in injury prevention practice and policy throughout Canada. In an online survey, respondents identified injury topics relevant to them and rated the importance of enablers to injury legislation using a 5 point Likert scale.

Results There were 57 respondents with representation from all 10 provinces. The most common topics were, bicycle helmets (77%), cell phone-distracted driving (63%), booster seats (49%), ski helmets (42%), and graduated driver's licensing (37%). The most frequently identified enabler was that research/surveillance was readily available (59%). Other commonly reported research enablers were: research of sufficient quality/quantity that was easy to understand and in a useful format and affiliation of researchers with reputable organisations. Less important was researchers having similar priorities as policy makers and understanding the policy process. The importance of different research enablers varied by injury topic.

Conclusions Although policy makers identified the importance that injury prevention research was readily available, it appeared to be less important that researchers had similar priorities or understood the policy process, with variability by topic. This presents a challenge for researchers to conduct timely research and emphasises the need for ongoing relationships with policy makers with discussions early in the research process. This would facilitate the development of common injury prevention priorities to ensure research is used effectively in the legislative process.

199 TARGET PROGRAMME FOR THE PREVENTION OF HOME AND LEISURE INJURIES 2014–2020

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Background Almost 90 per cent of the deaths caused by accidents and more than 70 per cent of the accidents causing an injury occur at home and in leisure time. The most common type of accident is falling and tumbling. One third of the fatal accidents occur under the influence of alcohol.

Description of the problem The treatment of injuries and poisonings causes the second most inpatient periods in medical care and fourth most in institutional care within primary health care.

Injuries are the fourth most common cause of death. Annually about 2,500 Finns die accidentally (Population 5.4 million).

Results The multi-sectoral coordination group has drawn up a national target and action programme for the prevention of home and leisure accident injuries 2014–2020 (<http://www.julkari.fi/handle/10024/126217>). The programme encompasses 91 actions, for each of which the coordination group has designated bodies responsible for them. In this programme, by home and leisure accident injuries is meant accident injuries other than those occurred at work or in traffic.

The coordination group has defined the most important measures for the following sets of actions: improved safety culture and strengthened safety work, prevention of accident injuries related to the use of medicines, alcohol and drugs, increased equality and in particular improving the safety of vulnerable groups, improved environmental and product safety, and prevention of falling accidents. Specific objectives have been defined for each set of actions.

Conclusion The vision of the present national programme to prevent home and leisure accident injuries is that no one needs to die or be injured as a result of an accident. The objectives of the programme include reaching a good safety level in all environments, 25% reduction in the number of serious accident injuries by 2025 and allocation of more substantial and permanent resources for accident injury prevention.

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ADDRESSING FATAL INJURY IN LOW-MIDDLE INCOME COUNTRIES: THE RESEARCH-POLICY-PRACTICE-CONTEXT NEXUS

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Background Despite evidence that injury impedes development in low-middle income countries (LMICs), injury prevention remains low priority in global agendas. Current injury prevention in LMICs is largely based on the Public Health Approach (PHA), with most strategies borrowing high income country interventions based on good injury surveillance systems (ISS).

A study was conducted to investigate the capacity and adequacy of the PHA for injury prevention in LMICs.

Methods Taking data as an indicative key element of the PHA, a systematic review was conducted to assess the utilisation, efficacy and effectiveness of the existing WHO Injury Surveillance Guidelines (2001) in LMICs. Subsequent, LMIC focused fatal injury surveillance guidelines were developed, evaluated by pilot studies conducted in six LMICs for process and case capture effectiveness.

Results The review identified limitations of the WHO 2001 guidelines in LMIC utilisation: mainly short-term studies, ISS not ongoing; single issues addressed; minimum dataset use lacked detail for injury prevention; local capacity not built. The pilot studies showed eligible external cause deaths are poorly captured and reported by the medico-legal system, apparent systemic issues, limited workforce capacity and training in ISS; lack of strong stewardship for fatal injury surveillance. Nonetheless, indicative data on injury deaths was obtained.

Conclusions Complementing the PHA, fatal injury response in LMICs must (i) continue to improve fatal injury data quality to quantify the issue and identify solutions, (ii) evidence gaps should not paralyse progress, rather the ‘policy window’ opportunity in

the new Sustainable Development Goals should be seized, (iii) consider complex contextual and systemic issues in LMIC injury prevention policies. Proposed therefore is a modified model seeking to complement existing approaches by accounting for content, process, practice, policy environment and context for injury prevention in LMICs.

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INJURY PREVENTION IN THE WHO SOUTH-EAST ASIA REGION, 2005–2015: FROM POLICY TO PRACTICE

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Background Several WHO resolutions on injury prevention were adopted since 1966 and several UN resolutions on road safety were adopted since 2003. The WHO South-East Asia (SEA) Regional committee resolution on accident prevention and trauma care was adopted in 1994. However, in 2005 injury prevention did not progress substantially.

Methods In 2005, WHO South-East Asia Regional Office (SEARO) modified the post description of Regional advisor responsible for injury prevention to be more focused. SEARO injury work plan 2006–7 formed the strategies in promoting injury information, multi-sectoral and inter-country collaborations, experience sharing, and training. In 2008–9 work plan, establishment of an injury management unit in the MOH was added. Regular regional and national trainings/workshops were organised and supported. In 2010, the Regional resolution: Injury prevention and safety promotion was adopted. It identifies the major causes of injury in the region, endorses existing strategies and calls for a national mechanism at the highest level to enhance national plans/programs. A progress report was requested for 2014. The Global Road Safety Status Surveys and the Decade of Action for Road Safety were coordinated. Regional epidemiological data, the expert group recommendations and the world reports were used for guiding interventions. Resources were mobilised by WHO Geneva to support regional and national activities.

Results By 2015, all countries have national policies/plans. 7 countries have national policies, budgeted plans and a mechanism at the highest level for road safety. 5 countries have budgeted plans for the Decade. 6 countries have budgeted plans to strengthen injury data. 4 MOH's have injury management units. Injury prevention is integrated into undergraduate medical and nursing curriculum and MCH systems. 2 countries enforce and manufacture standardised child motorcycle helmets. 2 countries have sustained injury surveillance.

Conclusions Progress is seen in the SEA Region from 2005–2015.

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A NEW MODEL FOR TRANSLATING RESEARCH TO POLICY: THE CONSORTIUM FOR EVIDENCE-BASED POLICY

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Background Effective and promising policy interventions exist for many injury problems. There is a need for strategies to