of lived experience had a medium-sized impact in terms of a reduction of suicidal ideation in those participants from the general population with baseline suicidality above the sample median. This effect was present immediately after exposure, and was sustained one week later. In particular, personal beliefs about coping skills increased during the trial. Also knowledge related to suicide improved.

Overall, these findings underline that media can make a very relevant contribution to suicide prevention by minimising sensationalist reporting, and maximising reporting on how to cope with suicidality and adverse circumstances. This presentation will review recent progress in research on the Papageno effect, and provide recommendations for future research and practice.

Emergency and Trauma Care

21 EMERGENCY CARE SYSTEMS

Teri Reynolds. *Emergency, Trauma and Acute Care, World Health Organisation*

10.1136/injuryprev-2016-042156.21

Emergency care is an essential part of the health system and serves as the first point of contact for many around the world. Especially when there are logistical or financial barriers to healthcare access, people may present for care only when symptomatic with acute illness or injury. In most cases, the ill and injured present to frontline providers responsible for the care of both children and adults, with emergencies including injuries, communicable and noncommunicable diseases, and complications of pregnancy. Prioritising an integrated approach to early recognition and resuscitation substantially reduces the morbidity and mortality associated with all of these conditions.

This presentation will review the initiatives of the WHO Emergency, Trauma and Acute Care programme designed to support strengthening of emergency care systems. Techniques for identifying system gaps and for developing planning and funding priorities will be discussed, and the presentation will introduce the WHO Emergency Care System Framework. The Framework captures essential emergency care functions at the scene of injury or illness, during transport, and through to emergency unit and early inpatient care. Different systems may achieve each function in different ways, based on available resources, and the Framework allows policy-makers to use these essential system functions to create context-relevant priority action plans.

Rural and Remote Area Safety

22 APPROACHES TO PREVENTION AND CARE OF INJURY IN RURAL AND REMOTE SETTINGS

Rebecca Ivers. *The George Institute for Global Health, Australia*

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Traumatic injury is more prevalent in rural and remote settings globally. Large inequalities in the injury burden are found across rural and remote populations of most countries around the world, from the US and Australia to rural China and Bangladesh. Challenges in prevention include over-representation of marginalised populations, fewer preventative programs, implementation gaps and less well developed systems of care, particularly in resource poor settings. These unique challenges call for different approaches.

For decades injury practice and policy has concentrated on a public health approach that identifies burden and risk factors, and develops and implements cost effective programs. However, preventive programs need to incorporate the wide range of risk factors, both structural and individual that contribute to injury, in order to achieve change, and this is challenging to do in a context that focuses on injury as a vertical issue. There are complex interactions between environmental, organisational and personal factors which determine health outside of traditional 'health' services, and systems approaches recognise these, in addition to supporting the critical role of communities in bringing about change. Horizontal programs, that is, those that address systemic issues across disease groups and strengthen health systems maybe more likely to achieve success, especially in remote or resource poor settings where both preventive programs and health services are limited.

The sustainable development goals offer a new opportunity to shift our approach to both injury prevention and care by providing a mechanism to engage multiple stakeholders and work collaboratively. With major goals addressing road injury, universal health care, sustainable transport, disasters, and the rule of law amongst many other goals relevant to injury in rural and remote settings, there are major opportunities to develop cross-cutting programs that prevent injury and improve trauma care and rehabilitation, but also address multiple other conditions. This talk will focus on practical examples of such programs, with case studies from rural and remote settings in both high and low income countries.

23 AGRICULTURE INJURIES WITH A FOCUS ON RURAL ROADWAY SAFETY: A GLOBAL CHALLENGE

Corinne Peek-Asa. *Associate Dean for Research, College of Public Health*; *Professor, Occupational and Environmental Health*; *Director, Injury Prevention Research Centre, University of Iowa*

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Throughout the world, transportation-related injuries are among the leading causes of death for agricultural workers. Rural roadways pose unique risks that contribute to their high fatal crash rate per miles travelled when compared with other types of roads. This presentation will introduce the burden and risk factors for agricultural injuries with a focus on farm equipment safety in different types of global roadway settings. Two case studies will demonstrate the complex factors that contribute to crash risk, ranging from roadway design, to rural population demographics, to traffic safety culture. Effective rural roadway safety requires a multisectoral approach and will require input from all rural roadway users. Prevention and intervention approaches will be discussed within the public health framework, addressing primary, secondary and tertiary prevention and policy, engineering, and educational approaches.

State of the Art Sessions
Wednesday 21.9.2016 10:30–12:00
Safety of Older Adults

24 ELDER ABUSE

Minna-Liisa Luoma. *National Institute for Health and Welfare (THL)*

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In many parts of the world elder abuse occurs with little recognition and is still considered mostly a private matter. Even today, elder abuse continues to be a taboo and mostly underestimated. This presentation will discuss the prevalence of abuse of older people as well as methods, instruments that are used in studies. Research about where, when and how often elder abuse occurs, is inadequate and inconsistent. Data in some cases are based on professionals' reports rather than on information from older people themselves. Some EU countries have a rich history of prevalence research, whereas other countries have just begun to tackle this aspect of research on of elder abuse. Surveying elders about such a sensitive topic, however, implies the need for an adequate research instrument (questionnaire) and research design, and an adapted data collection method. Substantial attention has to be paid to outlining possible guidelines for future research. Information on elder abuse helps health and social services to identify and deal with the problem. Without awareness raising and approaches to define, detect and address elder abuse this important wellbeing and health issue of elderly population will continue to be underestimated and overlooked.

Child and Adolescent Safety

25 DROWNING – A NEGLECTED BUT PREVENTABLE PUBLIC HEALTH ISSUE

Aminur Rahman. *International Drowning Research Centre – Bangladesh (IDRC-B) at the Centre for Injury Prevention and Research, Bangladesh, House – B162, Road – 23, New DOHS, Mohakhali, Dhaka 1206, Bangladesh*

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In 2012 WHO estimated that 372,000 people died from drowning, which has made it the world's third leading unintentional injury killer. Over half of all drowning deaths occur among those aged under 25 years. 91% of the drowning deaths of all ages occur in LMICs. The fatal drowning rate in LMICs is several times higher than the HICs. Although drowning occurs in all ages, studies suggest that children aged 1–4 years are at the highest risk of drowning globally. Children of the LMICs are the worst victim. In Bangladesh drowning is the leading cause of death among children 1–4 years (86.3 per 100,000 children-years) which is followed by pneumonia, malnutrition and diarrhoea.

In the HICs there is evidence of long term reduction of drowning. These reductions are due to piped water and reduced exposure to open water. The other factors include safety standards, policies and legislations. The interventions of HICs are not readily applicable in the resource constraint settings. However, some interventions in the LMICs which are developed considering the country context are appearing to be effective in child drowning prevention. A recent research showed that child drowning is also preventable in a low resource setting Bangladesh utilising locally available low-cost resources. Two interventions – *Anchal* (community crèche) and SwimSafe (survival swimming teaching to children) were identified effective and cost-effective in preventing childhood drowning. A typical *Anchal* is a spacious room located in the house of a care-giver. The care-giver provides supervision of about 25 children aged 1–5 year-old 6 days a week within the hours of 9:00 *a.m.* and 1:00 *p.m.*, the peak period when children are most at risk for drowning in rural Bangladesh. During this period, the care-giver addresses safety, development, hygiene, nutrition and other health issues of the children. The SwimSafe is a survival swimming teaching intervention for children 4 years and over. Trained community swimming instructors teach survival swimming to children in a local pond modified with submerged bamboo platform. In the similar settings these interventions could be applicable to prevent child drowning.

Data on drowning is essential for developing drowning prevention strategies, which is severely lacking especially in the LMICs. To improve the drowning situation in these countries a system of collecting data needs to be established. Moreover, all countries should implement proven drowning prevention measures considering their country context. All countries should have a national plan on drowning prevention. In order to achieve all these activities to prevent drowning a global partnership should be established.

26 YOUNG PEOPLE – ALCOHOL AND RISKS IN NIGHTLIFE ENVIRONMENTS

Karen Hughes. *Public Health Wales*

10.1136/injuryprev-2016-042156.26

Alcohol consumption is strongly related to both unintentional and intentional injury. The more people drink, the greater their risks of injury through violence, road traffic incidents and other causes. For young people, much alcohol consumption occurs in bars and nightclubs, where environmental factors such as crowding and poor lighting can contribute to injury risk. Thus nightlife environments are high risk settings for both drunkenness and injury. This presentation will discuss drinking behaviours and alcohol-related injuries in nightlife environments and strategies that can work to prevent them. Such strategies include those to reduce risky drinking behaviours, to modify nightlife environments to make them less conducive to alcohol-related injury, and to address the broader alcohol environment to reduce access to alcohol. The challenge for policy makers and local partners is to create nightlife environments that are both safe and fun.

27 INNOVATIVE APPROACHES TO CAPACITY DEVELOPMENT FOR INJURY PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS)

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Background Despite the high burden of injuries, in many developing countries there is limited supply of trained human