

Results Among 2678 recreational and daily living boating victims during 1991–2010, included were infants less than 1 year old 4, toddlers 1–4 years old 18, 5–14 year olds 57 and youth 15–19 years old 219. By sex, all 4 infants were male, 13 toddlers male and 5 female, 40 of 5–14s male and 17 female, and 198 youth male and 21 female. 20% of 0–14-year-old victims were properly wearing a PFD, compared with 11% for youth 15–19 years. For 35% of child boaters, there was reportedly no PFD present, representing a violation of current legislation, and for another 27% it was unknown whether a PFD was present. Hence as many as 62% were in violation. For indigenous children, in 63% no PFD was present, and for 17% unknown, i.e., as high as 80s in violation, compared with other ethnicities where 21% were not present and 26% unknown. Concerning youth, for 40% no PFD was present, and for 28% unknown, hence as high as 68% in violation. Among indigenous youth, 58% had no PFD present and 36% unknown, i.e., as high as 92% in violation. For other ethnicities, 41% had no PFD present and 26% unknown. 33% of 0–14-year-old non-indigenous victims were properly wearing a PFD, and 13% of 15–19-year-olds. Not a single aboriginal victim 0–19 years was properly wearing a PFD during the 20 year period, compared with 18% for other ethnicities. 25% of victims 0–14 years were alone or with minors only. For the remaining 75%, at least one adult was present. For 15–19-year-olds, 20% were alone or with minors only, 65% with at least one adult and 13% with others. Of the 17 victims 0–19 years alone at the time of the incident, only one was wearing a PFD. For 0–14 year olds with an adult, 25% were properly wearing a PFD, and for 15–19 year olds, 13%.

Conclusions Wearing of a flotation device was low among all child and youth immersion victims. Non-wearing was markedly lower among indigenous victims. Special effort is needed to address non-wearing and lack of compliance with regulations among indigenous peoples of Canada.

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THE TOTAL SERVICE PLAN: CASE STUDIES HIGHLIGHT HOW EVIDENCE IS USED TO SHAPE POLICY AND INFORM INTERVENTION STRATEGIES

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Background In an effort to reduce drowning deaths Surf Life Saving Australia (SLSA) has created the Total Service Plan to develop the national coastal safety strategy. A central tenet of the plan is that SLSA is a knowledge and research hub with a focus on nationally significant issues and programs.

Key items included in and driven by the plan are:

- Research and data
- National Safety Agenda
- Operations, including distribution of resources and services
- Public education

The Total Service Plan is created using an iterative process of data analysis and review to identify coastal safety issues of national importance. It follows the public health model and is aligned with international risk management principles.

Methods At the core of the plan is the data, including existing material such as population and drowning data, rescue statistics

and operational data, as well coastal risk assessments. SLSA also uses new data, for example, a recent National Coastal Safety Survey, which explored attitudes and behaviours of the Australian public regarding the coast and safety.

In collaboration with stakeholders, the Coastal Safety team analyses this information to identify and prioritise national safety issues and priorities as well as drowning blackspots. The issues and blackspots identified through this process form SLSA's National Safety Agenda.

Monitoring and evaluation is built into the Total Service Plan. Each component is reviewed, evaluated, revised and updated as new evidence and data become available. Every program or project is regularly assessed and improved upon or discontinued as the case may be.

Results The National Safety Agenda influences and prioritises lifesaving operations, including services and equipment allocation, such as introducing lifesaving patrols during the wet season in Darwin, NT, to reduce drowning deaths and decrease the incidents of box jellyfish stings and crocodile attacks.

It also drives public education including evidence-based mitigation strategies, communications campaigns and pilot projects. For example, funding a community education project in Wanneroo, WA, to build residents' knowledge and awareness of specific water safety hazards to help increase their resilience to coastal hazards and ultimately reduce drowning deaths.

Conclusions This presentation will investigate case studies from the Total Service Plan to show how SLSA uses evidence to ensure lifesaving services and assets are located in areas of need and appropriate public education programs and mitigation strategies are in place to address coastal safety issues and known drowning blackspots.

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EVOLUTION OF THE CHILD DROWNING PREVENTION PROGRAMME IN THAILAND

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Background Drowning is the number one cause of death among children under 15 years of age in Thailand, taking into account all deaths due to infectious and non-infectious diseases. Child drowning death rate (per 100,000 child population) ranged from 6.8 to 11.5 between 2004 and 2014. The Child Drowning Prevention Programme in Thailand has been implemented since late 2006 with the goal of reducing the child drowning death rate to 5.0 by 2018. The Objective of this study is to develop the standards for the operations of the Child Drowning Prevention Programme in Thailand.

Methods The operations of the Child Drowning Prevention Programme in Thailand during the period 2006–2014 were reviewed and then a gap analysis was conducted for use as a guide for developing the standards, or bridging the gap, for the operations of the programme.

Results After implementing several of such measures, the child drowning death rate declined constantly from 11.5 in 2005 (the first year of programme implementation) to 6.8 in 2014. But gaps were noted at the local or community level, such as the lack of continuity, encouragement and operations of in all aspects of