

based on the data provided by the fire department (ambulance transportation) and the medical institutions in some communities working on SC.

Results Although there are limitations to have the exact cost of the social loss under the different conditions in each community, in the case of community A, one of the communities with longest experience of SC programs, we found that the community can save 18,081,333 USD (per 100,000) when they have zero suicide and depression.

Conclusion In this study, possible losses made from influence on their families and workplaces are not included to the calculation. With the consideration of those conditions, the social loss can be much higher. To see precise losses, in addition to direct losses, we should identify what make indirect influences on the social losses. and it can be different by different causes of injuries.

Learning Outcomes With the scandalized frame for the calculation of the social loss, we can show the benefits of prevention programs. It can convince policy makers to understand how much benefit the programs for injury prevention can make in their communities

P1.005 ACTION PLAN FOR SAFETY, BASED ON LOCAL CONDITIONS, NATIONAL POLICIES, GLOBAL VISIONS

Eva Vaagland*. *Norwegian Safety Forum, Oslo, Norway*

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Context Norwegian laws and regulations state that municipalities shall promote health and well-being, contribute to good environmental conditions and prevent mental and somatic illnesses and injuries. Preventive efforts are given broad attention.

This gives Norway a supportive framework for prevention, and a potential interest for safety work on community level. But public health work mainly focuses on lifestyle diseases and the prevention of these. Less effort is put into injury prevention and safety promotion. The Norwegian Safety Forum (NSF) is a non-profit organization, a national advocate for safety supported by the ministry of health. It's a a hub for information with activities, networking and meetings on the agenda. We want to engage local communities in safety promotion.

Process NSF has developed a national program for community safety based on local conditions, challenges and available resources, Norwegian laws and regulations, WHO visions, and Safe Community experiences. The program is developed to meet national targets and will guide municipalities to reach these goals by developing multisector collaboration and use documented prevention measures. NSF offers advice, guidance, tools, networks and seminars.

Outcome We have established a national network With about 40 municipalities using the program for community safety. The program is endorsed by the National Program for Public Health, The National Program for Safe Elderly and the National Plan for Road Safety. The model with a step-by-step approach is a useful instrument for communities, turning global visions and national policies into local realities.

2A – Child – Road, March 23, 2021

2A.001 ROAD TRAFFIC INJURIES AMONG CHILDREN AND ADULTS IN THE REPUBLIC OF MOLDOVA

Angela Cazacu-Stratu, Svetlana Cociu*. *Department of Hygiene 'Nicolae Testemitanu' State University of Medicine and Pharmacy, Republic of Moldova, Chisinau, Moldova (the Republic of)*

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Background Road accidents are a major problem for public health and a major cause of deaths and injuries worldwide. In the Republic of Moldova, road accidents are one of the mortality cause among children aged between 14–18 years old and one of the main causes of morbidity of children aged between 0–14 years old. The aim of this study was to underline the particularities of road injuries and to develop effective preventive measures of reducing road injures.

Methods A retrospective study was performed with data collection from the official statistical reports of the Chisinau Police Department for 2010–2018, SPSS was used for data analysis.

Results Road injuries account for 1.2% of the total number of child injuries in the country and 1.4% in Chisinau. Mortality from road trauma in the country during the last 8 years registered the highest level in September (13.5%) and June (11%) and the fewest deaths were detected in March - 3.4%, while in Chisinau, most deaths were registered in January, August and November (19.1% each). In 46.2% of children were as a pedestrian. Men aged 20–29 years old and 50–59 years old were identified at higher risk of dying being a driver or being a passenger in a transport unit.

Conclusion Data showed a downward trend of 30.3%, although it is necessary to strengthen the cross-sectoral actions and take common efforts in road safety.

Learning Outcomes Our results suggested the need for health promotion and health education campaigns and intersectoral approach among the vulnerable groups.

2A.002 CHILD SAFEGUARDING – IT'S A JOURNEY NOT A DESTINATION

^{1,2}Alan Foster*. ¹City of Casey, Australia; ²Narre Warren, Australia

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Background/Aims The City of Casey wanted to be aspirational and not just compliant when implementing the Victorian Child Safe Standards and Reportable Conduct Scheme.

Methods Council set out to embed a child safe culture throughout the organisation that would:

- demonstrate a zero-tolerance approach towards child abuse,
- ensure children and young people who engage with City of Casey services are safe and feel empowered to seek support,
- equip staff and volunteers to recognise the signs of child abuse and manage reportable incidents effectively and in compliance with legislation; and
- develop and maintain a robust governance framework.