Process The following lexicons will be reviewed at a high-level: International Classification of Diseases (ICD) diagnoses and mechanism of injury codes, the International Collaborative Effort (ICE) on Injury Statistics Barell Injury Diagnosis Matrix, the Association for the Advancement of Automotive Medicine’s (AAAM’s) Abbreviated Injury Scale (AIS), and multiple mapping options from ICD to AIS codes for various versions of each.

Analysis and Outcomes Understanding a systematic and standardized approach to injury coding and mapping is critical to ensure methodologically rigorous and valid activities for injury registry personnel, medical providers, and researchers. There are multiple applications for injury coding and mapping including: mandates for trauma registry accreditation, informing surveillance and interventions, contributing to regional and national trauma databases, facilitating database sharing across various entities, describe community and region-specific epidemiology, guiding injury prevention prioritization efforts, facilitating the evaluation of injury prevention programs’ effectiveness, and synergistic collaboration with other groups.

Learning Outcomes The audience will learn about injury coding and mapping using various, standardized lexicons.

Abstracts

6E – Mixed Bag – Injury Prevention, March 25, 2021

6E.001 PHYSICAL INJURIES AND BURNS AMONG REFUGEES IN LEBANON: PREVENTION, PROGRAMS, AND POLICIES

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Background Refugees are prone to increased risks of injury frequency and severity. In this study, we systematically quantified the prevalence of injuries and burns among refugees in Lebanon and examined injury characteristics, risk factors and outcomes.

Method We conducted a cluster-based population survey across 21 refugee camps in Lebanon from February to April 2019. We used a modified SOSAS tool to record refugees’ injuries sustained in the last 12 months. We performed descriptive and multivariate regression analyses to understand the association between variables.

Results of the 1,500 refugees interviewed, 33% sustained an injury, of which 30% were occupational injuries. Injuries caused 12% of refugees’ reported deaths. Almost 18.1% of refugees (N=136) suffered from burns and 14.8% (N=111) suffered from other injuries (i.e. road traffic, assault). Most burns were sustained by children and caused by boiling liquid (N= 61, 49.6%), heat contact (N= 38, 30.9%) and open flame (N= 17, 13.8%). Injuries mainly affected extremities (43%, p<0.001) compared to head/face (26%, p<0.001), and occurred on the road (29%) and in the field (4%). Burns was more frequent to face (34%, p<0.001) compared to abdomen (17%, p<0.001) and occurred mostly inside the tent (31%). Male gender, illiteracy and occupation were associated with increased injuries (p<0.05). Almost 31.4% of injured suffered long term disability, and 6.8% required help with mobility.

Conclusion Refugees suffer from a high burden of injury with human and economic repercussions. These findings will guide the allocation of healthcare resources and the design of refugee injury prevention programs and policies.

6F – WHS – Program, March 25, 2021

6F.001 INJURY AT WORK: HOW CAN WORKERS CONTRIBUTE TO REDUCE HARMs?

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Background Work-related injury is a major concern for business, society and community. Identifying workers’ role in addressing health and safety (H&S) risks in the workplace is key for implementing better harm prevention.

Methodology: The survey was conducted from 2014 to 2017. A total of 8489 workers in the four New Zealand high risk industries including construction, forestry, manufacturing