provide acute medical care and long-term support services that address the underlying causes of ACEs.

Program To participate, women must have characteristics that increase the likelihood of maternal or infant morbidity and mortality. Throughout pregnancy and the 16 weeks following birth, community paramedics make regular in-home visits to provide clinical care directed by the physician.

Community paramedics also provide services to meet the complex needs of mothers and infants. Nearly all mothers receive transportation assistance, abusive head trauma prevention education, home safety inspections, and guidance on coping, among others. Community paramedics often provide referrals to partner services, such as mental health and substance abuse services or doula services, and some unconventional services, such as connecting women with free or low-cost infant supplies. (e.g., diapers, formula) or assistance finding employment.

Evaluation As a new program, we first conducted a process evaluation. We interviewed community stakeholders and mothers, which we analyzed using content analysis.

Both groups are happy with the current program and believe it meets a significant need in the community. Several mothers discussed specific ways the program reduced violence in the home.

Learning Objectives To explain how developers considered the community needs and matched program components to these needs.

To define and summarize several challenges and strengths of the program.

1G – WHS – Impact, March 22, 2021

1G.001 LONG-TERM INJURED WORKER EXPERIENCES AFTER COMPENSATION CESSATION

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10.1136/injuryprev-2021-safety.23

Background The Victorian Injured Worker Outcomes Study (VIWOS) was initiated by WorkSafe Victoria in 2016 in collaboration with Monash University. The broad research focus was on understanding the recovery journey both prior to and beyond 130 weeks of income replacement, which is when a worker will cease receiving income compensation unless they can prove permanent incapacity.

Methods As part of VIWOS, the Institute for Safety, Compensation and Recovery Research (ISCRR) carried out a cross-sectional survey comprising 697 injured workers three to five years post-injury. It captured a snapshot of injured worker experiences and outcomes who were on average 1.4 years after cessation of income replacement.

Results The vast majority of workers had attempted to return to work with transient employment common. The best self-reported recovery rates were seen with those who left the compensation scheme due to return to work, and the poorest rates seen with those who were on the scheme longer. Those aged 55+ had the lowest rate of employment. A positive perception of recovery increased the likelihood of a reduced time spent on benefits. A negative perception of recovery was associated with self-perception as permanently unable to work, and others at fault for their workplace injury/illness. Financial

hardship was experienced widely throughout this cohort, regardless of outcome.

Conclusion While many injured workers were seen as successfully recovering from their workplace injury or illness, this study highlighted the fact that many still perceived themselves as struggling, either from their injury or illness, in return to work and/or financially

1G.002 INSIGHTS INTO HOME AND WORKPLACE INJURIES IN NEPAL: A QUALITATIVE STUDY

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10.1136/injuryprev-2021-safety.24

Background In Nepal, there are limited qualitative data that help explain home and workplace injuries. This study explored perceptions of injury risk at home and work with residents and workers of Makwanpur district, Nepal.

Methods Focus groups and interviews with workers from diverse occupations, residents (living in slum, traditional or modern homes), health care providers and local government decision makers were undertaken between May and August 2019. Interviews and discussions were audio-recorded, transcribed verbatim, translated into English and analysed thematically.

Results Nine focus groups and nine interviews were completed. Overarching themes developed in the analysis included: beliefs that injuries were normalised; injury prevention was not a prioritised agenda within homes, communities, the workplace or at government levels; inadequate supervision of children; hazardous home and workplace environments; lack of adherence to safety regulations – both workers and employers; lack of national injury prevention programmes. To increase understanding about injury risks and explore opportunities for injury prevention, respondents stated the need for education and training. Participants believed injury research and safety enforcement could play instrumental roles in planning future injury prevention programmes and when developing measures to mitigate against injuries in different environments.

Conclusions The need for feasible, contextualised home and occupational injury prevention programmes was highlighted, led by local and national governments.

Learning Outcomes Residents and workers understand some risks associated with their living and working environments. Knowledge about how and why home and workplace injuries take place could lead to the development of interventions to reduce premature mortality (SDG 3.4).

1G.003 OPPORTUNITIES TO IMPROVE WORKPLACE ROAD SAFETY: FINDINGS FROM NEW ZEALAND

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10.1136/injuryprev-2021-safety.25

Introduction The Sustainable Development Goals strive to halve the number of deaths from road traffic injuries. Driving