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

**LONG-TERM INJURED WORKER EXPERIENCES AFTER COMPENSATION CESSION**

1Jimmy Twin*, 1Samantha Barker, 2Andrea de Silva. 1Institute For Safety, Compensation and Recovery Research (IScRR), Melbourne, Australia; 2WorkSafe Victoria, Geelong, Australia

**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.

**INSIGHTS INTO HOME AND WORKPLACE INJURIES IN NEPAL: A QUALITATIVE STUDY**

1Elisha Joshi*, 1Nepal Injury Research Centre, Kathmandu Medical College Public Limited, Kathmandu, Nepal; 2University of the West of England, Bristol, UK; 3Mother and Infant Research Activities, Kathmandu, Nepal; 4Department of Community Medicine, Kathmandu Medical College Public Limited, Kathmandu, Nepal

**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 planing 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.

**OPPORTUNITIES TO IMPROVE WORKPLACE ROAD SAFETY: FINDINGS FROM NEW ZEALAND**

1Rebecca Uilley*, 1Bronwen McIvor, 2Gabrielle Davie, 3Simon Hordurgh, 4Professor Tim Driscoll. 1University of Otago, New Zealand, Dunedin, New Zealand; 2University of Sydney, Sydney, Australia

**Introduction** The Sustainable Development Goals strive to halve the number of deaths from road traffic injuries. Driving...
on public roads is a common activity in many occupations and industries. Previous New Zealand (NZ) research suggests that work-related driving contributes significantly to the overall burden of work-related fatal injury. This presentation will identify and describe the contribution of work-related driving injuries to fatalities that occurred on a public road in NZ between 2005 and 2014.

Methods Data collection involved: 1) identifying all possible injury deaths in those aged 0–84 years from mortality records using selected external cause of injury codes; 2) linking these to Coronial case files; 3) reviewing and coding work-related cases; and 4) restricting to motor vehicle traffic crashes (MVTC). Frequencies, percentages and rates per 100,000 workers/persons were calculated. The burden of ‘bystanders to others’ work’ and people ‘commuting to/from work’ was also quantified.

Results A total of 919 work-related MVTC fatalities occurred on public roads (216 workers, 227 commuters, and 476 bystanders). Work contributed to 33% of transport-related deaths in New Zealand. The Transport sector was the major contributor to work-related MVTC fatalities (42%) while the Utilities sector had a notably high rate (8.5 per 100,000 workers).

Conclusions One third of MVTC fatalities in NZ are work-related therefore interventions focusing on occupational and general road safety mechanisms could provide beneficial reductions in the national road toll. These data have informed NZ’s new road safety strategy, Road to Zero, informing the introduction of a new pillar in work-related driving.

1G.004 REMEDIATING DISABILITY SUPPORT WORKERS’ PSYCHOSOCIAL SAFETY USING A WORK SAFETY CLIMATE MEASURE
Neil Kirby*, Julia Harries, Terry Ford; The University of Adelaide, Adelaide, Australia; Flinders University, Bedford Park, Australia
10.1136/injuryprev-2021-safety.26

Background Disability support workers (DSWs) are at high-risk of psychosocial work hazard exposure. This research reports on the follow-up findings from action research undertaken in three consecutive studies over five years to address DSW psychosocial work safety issues. The first study (n=99) showed DSWs experienced poorer outcomes than norm groups on measures of work safety climate, burnout, physical and mental health, and bullying. In a second study (n=129), stakeholder feedback associated with these measures informed the implementation of seven work safety recommendations. Evaluation after 9 months of implementation showed improved trends using the same measures compared to study 1. A third study investigated whether gains were maintained after 18 months.

Method A follow-up evaluation (study 3, n=138) used the same measures to examine changes overtime and relative to instrument norms.

Results Follow-up findings showed that all health and safety outcomes had continued to improve. There were significant improvements across the three studies in the measures of work safety climate, personal and work-related burnout, witnessed bullying, and mental and physical health. Favourable work safety climate findings were supported by improved incident and workers’ compensation statistics for the organisation.

Conclusions Whilst causation cannot be established (e.g., due to the absence of control groups), progressive improvements in psychosocial safety outcomes support the use of psychosocial measures including work safety climate to assist in the selection and evaluation of work safety interventions.

E-Posters P1 – Disaster, Emergency Services & Safe Communities, March 22, 2021

P1.001 DEVELOPING THE CITY EMERGENCY-HEALTH RESPONSE CAPABILITY (CERC) TOOL
Agnes Usoro*, Junaid Razzak, Johns Hopkins University, Baltimore, USA
10.1136/injuryprev-2021-safety.28

Background There is no validated tool to identify gaps in emergency response systems of urban cities in low-and-middle