Objective This study was conducted to amass compelling evidence supporting the formulation of comprehensive policies concerning Child Restraint Systems in Vietnam.
Methods Conducted as a mixed-method study during the period of 2021 - 2022, the research employed various methodologies including literature reviews, market surveys, parental Knowledge, Attitudes, and Practices (KAP) assessments, on-site observations of CRS usage, and key informant interviews with relevant stakeholders.
Results An observational study involving 14,924 private cars, of which 7.4% had children aged 0 to 10, revealed that over 42% of parents permit their children to sit in the front seat, with 19.2% being held by an adult. The utilization of Child Restraint Systems (CRS) is notably low across all three observed cities (Ho Chi Minh City, Hanoi, and Da Nang), accounting for only 1.3%, with the highest usage in Hanoi at 2.6%, and a mere 0.4% in Da Nang. Surveying 756 parents and caregivers indicated that over 50% possessed prior knowledge of CRS. Regarding the safest seating position for children in cars, 36% believed the back seat to be the safest, 28% opted for the front seat, and 27.8% considered specialized safety devices as most appropriate. Regarding the necessity of mandatory CRS regulations, a significant 75.4% expressed support for such legislation.
Conclusions The series of studies conducted unveiled critical insights into the existing state of CRS utilization, encompassing market availability, parental KAP, and on-site observations of CRS usage. This evidence has played a pivotal role in advocating for policy development, providing lawmakers and stakeholders with a robust factual basis for comprehensive Child Restraint System regulations.

272 THE IMPACT OF INDIRECT TRANSPORT TO A TRAUMA CENTRE ON SHORT-TERM SURVIVAL FOR MAJOR TRAUMA PATIENTS

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Background An optimally structured prehospital trauma care system can reduce the serious consequences of many injuries. Whether all major trauma patients should be directed to a trauma centre (TC), bypassing closer lower-level hospitals, is a contentious issue. In particular, it is unclear if direct transport reduces risk of death.
Objective To explore the relationship between direct versus indirect transfer to a definitive care hospital on short-term survival following major trauma in Aotearoa-New Zealand (NZ).
Methods This prospective cohort study using administrative data analysed patients aged <85 years with major trauma (Injury Severity Score>12) attended by Emergency Medical Services (EMS) who were admitted to a TC, either directly or indirectly. Patients for whom there was no intermediary hospital closer than the TC (ie direct was the obvious option) were excluded. Propensity scores were obtained from a logistic regression model with directness of transport to definitive care as the outcome variable and all other available variables accessible at the time of EMS retrieval and considered to be related to mortality. Crude and adjusted mortality rate were estimated using a generalised linear Poisson regression model with a log-link function and robust standard errors.
Results Of 1,008 major trauma cases meeting the eligibility criteria, 370 (36.7%) had pathways to definitive care that involved one intermediary hospital. Similar percentages of direct and indirectly transported patients died within 30 days following the EMS call (8.9% and 10.0% respectively).

The propensity-weighted adjusted model estimated an 8% lower 2-week mortality (95% CI -41%, 44%) for those that were transported indirectly compared to directly. For 30-day mortality, the adjusted relative risk estimate was 21% lower mortality (95% CI -48%, 19%) for those transported indirectly.
Conclusion Study findings suggest that in NZ, major trauma patients secondarily transferred to TCs may have decreased mortality when compared to directly transported patients, although there was considerable uncertainty with these estimates. Residual confounding from the observational study design is a limitation as is the relatively small sample size.

275 ENABLE YOUTH PARTICIPATION IN IMPROVING CYCLING SAFETY IN VIETNAM

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Background Cycling is a mode of transportation for a sustainable mobility paradigm with numerous benefits (WHO, 2000). However, Vietnamese young cyclists are particularly vulnerable when they have little road safety literacy and ride in unprotected settings with inadequate bicycle-enabled infrastructure and equipment and neglected policies.
Objective In response, AIP Foundation is piloting a program that aims to strengthen youth's contribution to improving cycling safety in Vietnam.
Program Description The initiative has utilized multi-faceted approaches: 1) Increasing youth's bicycle knowledge and riding skills; 2) Building advocacy capacity for youth to enable and empower them to raise their voices on road safety issues; 4) Enhancing students' involvement in road safety design through the application of a youth-driven app; 5) Providing data-based evidence to call for actions by the government; 6) Raising awareness among various groups to increase public support for cycling safety.

Starting in 2022, the program trained more than 18,000 students from 19 secondary schools in Pleiku city, Gia Lai province where 46.23% of the population are from ethnic minorities. A series of creative events were conducted to enable youth to raise their voices and bridge youth and government such as Bike Day, Photovoice Competition, Youth Forum.

In 2023–2024, the program is developing a high-quality, portable Ride Safe GPS app that help track young cyclists' safety on their way to/from school. This data will identify high-risk zones for government investment priorities in bicycling infrastructure. Results will also be circulated to a wide community member group, including youth, educators, and general road users, through different media channels to boost public attention and support.
Outcomes and Learnings Initial success was achieved. Students with good scores on cycling safety increased from 72% to 84%. They also expressed more positive attitudes (24% to