

activities and advocate for local road traffic injury prevention. This approach promotes collaboration to enhance road safety and involvement of grassroots organisations. With the help of the CRSMs, communities are enabled to form Community Road Safety Forums, whose role is to gather local perspectives and inform palika leaders regarding road safety decisions. Quarterly meetings, using participatory learning and action methods, have been planned for the next three years to hone ideas around road safety challenges and possible solutions. The costs of the CRSF meetings are provided and annual evaluations will assess the impact of CRSF activities on local decision making.

Outcomes and Learning We have developed a framework for activities, recruited and trained the CRSMs, obtained authorisation from the mayors of the eight selected palikas, formed community road safety forums and developed meeting guides. Convincing local leadership for historically neglected issues is challenging and time consuming. Formation of a Local Road Safety Committee in each of the selected Palikas is anticipated at the end of the process.

Implications From our learning we will co-produce a toolkit for all palikas in Nepal that describes how this approach to community level advocacy for road safety can be established.

Conclusions Our experience has confirmed our expectation that at local government level in Nepal there is little awareness of the issues that could be addressed to make local roads safer. Our approach has the potential to enable community level advocacy for local government action.

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PREDICTORS OF 24-HOUR MORTALITY IN PATIENTS WITH MAJOR TRAUMA ATTENDED BY EMERGENCY MEDICAL SERVICES IN NEW ZEALAND

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10.1136/injuryprev-2024-SAFETY.122

Background Major trauma is a significant contributor to morbidity and mortality. The provision of optimal prehospital Emergency Medical Services (EMS) care and timely transfer to advanced-level hospital care are vital to increase the likelihood of survival of following major trauma.

Objective To identify factors that predict 24-hour mortality in patients with major trauma who were attended by EMS at the scene of injury in New Zealand (NZ).

Methods Analysis of routinely collected data (major trauma registry and EMS providers) from a retrospectively designed prospective cohort study was undertaken. Patients aged 84 years or less who experienced major trauma between December 2016 and November 2018 that were attended by an EMS provider in NZ were included. Factors predictive of 24-hour mortality were explored using modified Poisson regression.

Results 3,033 patients met the eligibility criteria; 3% (n=99) died within 24 hours following injury. Univariate analysis suggested that being aged between 80 and 84, being triaged by EMS as having threat to life injuries (purple/red), having an ISS greater than 24, experiencing non-blunt trauma or

intentional injury, having one or more comorbidities, and having one or more previous hospital admissions increased the risk of mortality. Following adjustment for the characteristics of injury, the relationships between mortality 24 hours after injury with age (80–84 years cf. 0–14 years) (Adjusted Relative Risk [aRR]: 13.17; 95%CI: 2.96–58.55), triage (purple/red cf. orange/green/grey) (aRR: 2.19; 95%CI: 1.38–3.47), having one or two previous hospital admissions compared to no having admissions (aRR: 1.83; 95%CI: 1.13–2.97), experiencing non-blunt trauma in relation to experiencing blunt trauma (aRR: 2.64; 95%CI: 1.16–6.02) and having an ISS greater than 24 compared to having an ISS of 24 or less (aRR: 10.19; 95%CI: 6.03–17.20) remained.

Conclusion Our results suggest that mortality within 24 hours following major injury is predicted by injury severity, a patient's age, and other injury-related factors such as mechanism of injury and injury intent. However, of these, severity of injury was the strongest predictor in this study. The findings reinforce the need for continued primary prevention efforts and the rapid EMS assessment and management of those with severe injuries in the prehospital setting.

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RELATIONSHIP BETWEEN PREHOSPITAL TIME AND 24-HOUR MORTALITY FOLLOWING INJURY IN PATIENTS WITH MAJOR TRAUMA IN NEW ZEALAND

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10.1136/injuryprev-2024-SAFETY.123

Background Time is an important determinant of outcomes for individuals following trauma. Optimising prehospital trauma systems and care, such as (where appropriate) reducing prehospital times, and ensuring patients get to the appropriate receiving facility are necessary in order to reduce serious injury-related mortality and morbidity.

Objective To explore the relationship between time spent in the prehospital phase and 24-hour mortality following injury in patients with major trauma in New Zealand (NZ).

Methods This retrospectively designed prospective cohort study analysing routinely collected data included hospitalised patients aged 84 years or less attended by an Emergency Medical Services (EMS) provider in NZ for major trauma between 1 December 2016 and 30 November 2018. Modified Poisson regression models considered total prehospital time and EMS time intervals, and were adjusted by patient sociodemographic, triage and injury characteristics.

Results 3,033 patients met the eligibility criteria; 3% (n=99) died within 24 hours following injury. Univariate analysis indicated that total prehospital time greater than 60 minutes was a predictor of survival, reducing the risk of death by 49% (Relative Risk [RR]: 0.51; 95%CI: 0.35–0.76). Response times greater than 14 minutes, on-scene times between 30–45 minutes and transport times of 10 minutes or more were independent predictors of lower risk of death. In the

multivariable analysis after adjusting for patient sociodemographic, triage and injury characteristics, response times between 5–10 minutes (adjusted RR [aRR]: 0.39; 95%CI: 0.18–0.84) or greater than 14 minutes (aRR: 0.37; 95%CI: 0.18–0.80) compared to response times less than 5 minutes, predicted survival.

Conclusion Although longer total prehospital times were found to predict reduced 24-hour mortality, analysis of the components of prehospital time was less conclusive and highlighted the importance of factors such as age, triage, and other related-injury factors, namely the severity of trauma. Further research is necessary to examine in more detail other factors (such as vital signs, length of hospital stay, etc) that may impact the relationship between EMS times and mortality.

238 POLICY ADVOCACY: MANDATORY CHILD RESTRAINT SYSTEMS IN COLOMBIA

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10.1136/injuryprev-2024-SAFETY.124

In Colombia, article 82 of the National Transportation Code states that only children under 2 years old must use a child restraint system (CRS). Only 1 in 10 children under 2 years old use them. Between 2021–2022, the number of serious injuries of passengers under 10 years travelling in vehicles increased 30% [from 632 to 824].

Colombia signed the UN 1958 Agreement for vehicle regulations which requires the modification of Article 82 of the National Transportation Code, specifically to mandate what the international practice recommends: CRS for children by age, weight, and height [below 150 cm, 35 kg and a minimum age (12 years old)].

Evidence shows that the use of CRS reduces serious injuries in infants by 73% and those of children under 12 years old by 76% in the event of a crash (American Journal of Public Health, 2009). Hence, as set forth in the Colombian national constitution, families, society, and State must share duties to protect children, and in this case, advancing road safety for children is an ethical, social, and legal imperative.

This paper aims to present the advocacy campaign promoted by Red PaPaz to demand mandatory child restraint systems in Colombia.

Since 2022 Red PaPaz has advocated for the correct application of child restraint system regulations through a media advocacy framework. This work has had two main objectives:

- Implement policy advocacy for promoting the mandatory use of CRS
- Develop and implement a digital campaign that supports the advocacy of CRS

While decision makers such as congress members support the needed regulation for compulsory CRS, there is still low political will from the side of the Ministry of Transport to regulate them. On its side, the media advocacy strategy had advanced with citizenship reached out and exposed the relevance of CRS correct wearing. The media campaign has also served as a mechanism for citizens to demand decision makers the mandatory and correct usage of CRS. At this time, we have over 600 people that have signed our online petition available at <https://entretodos.redpapaz.org/es/movilizaciones/ministerio-de-transporte-su-inaccion-los-esta-matando>

239 IMPROVING ROAD SAFETY IN LATIN AMERICA: THE CASE OF BOGOTA, SAO PAULO, AND FORTALEZA

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10.1136/injuryprev-2024-SAFETY.125

Background The Bloomberg Initiative for Global Road Safety (BIGRS) is a partnership between international organizations and local governments to implement evidence-based interventions to improve road safety (Bloomberg Philanthropies 2018). From 2015–2019, BIGRS took place in ten selected cities in nine countries, aiming to identify and evaluate effective road safety interventions in low- and middle-income countries.

Objective To characterize the city-wide prevalence of speeding, drunk driving, helmet use, and seatbelt use in three Latin American cities, Bogota, Sao Paulo, and Fortaleza, from 2015 to 2019.

Methods In partnership with local universities, we conducted eight rounds of data collection per risk factor. We collected information about the driver (sex, approximate age, and the use of seatbelt or helmet), the motor vehicle (number of passengers, type), and the observation sites (date, weather conditions, start and end time, lanes) using standardized data collection protocols. We used STATA 15 to calculate each city's summary measures (frequencies and percentages) per round.

Results We observed 1,982,423 vehicles for all Bogota, Sao Paulo, and Fortaleza risk factors. Across cities, Fortaleza had the most substantial increase in overall seatbelt and helmet-wearing rates among all sites, and Bogota had the largest decrease in speeding. Similarly, across cities, the prevalence of child restraints and seat-belt use in back seat passengers was very low (30% and 10%, respectively).

Conclusions Fortaleza is a model to follow to improve road safety risk factors. However, this city had a higher starting prevalence of all risk factors than others. This could partly explain the faster rate of risk factor improvement when the city implemented measures to improve road safety.

240 SCOTLAND'S CROSS PARTY GROUP ON ACCIDENT PREVENTION AND SAFETY AWARENESS

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10.1136/injuryprev-2024-SAFETY.126

Background The Cross Party Group (CPG) on Accident Prevention and Safety Awareness was formed in 2013 so that interested Members of the Scottish Parliament (MSPs), organisations and individuals could come together to discuss and progress issues within the arena of accident prevention. The Secretariat to the CPG is provided by the Royal Society for the Prevention of Accidents (RoSPA) which is a long-established charity covering accident prevention.

Objective The purpose of the CPG is to promote all aspects of safety through safety awareness and accident prevention and as such considers safety issues in the home, on the road, in and around water and in the workplace and any other place where accidents occur.

Programme Description The CPG provides a platform for families, individuals and groups affected by serious and fatal accidents to directly access organisations and policymakers that