

of lived experience had a medium-sized impact in terms of a reduction of suicidal ideation in those participants from the general population with baseline suicidality above the sample median. This effect was present immediately after exposure, and was sustained one week later. In particular, personal beliefs about coping skills increased during the trial. Also knowledge related to suicide improved.

Overall, these findings underline that media can make a very relevant contribution to suicide prevention by minimising sensationalist reporting, and maximising reporting on how to cope with suicidality and adverse circumstances. This presentation will review recent progress in research on the Papageno effect, and provide recommendations for future research and practice.

Emergency and Trauma Care

21 EMERGENCY CARE SYSTEMS

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Emergency care is an essential part of the health system and serves as the first point of contact for many around the world. Especially when there are logistical or financial barriers to healthcare access, people may present for care only when symptomatic with acute illness or injury. In most cases, the ill and injured present to frontline providers responsible for the care of both children and adults, with emergencies including injuries, communicable and noncommunicable diseases, and complications of pregnancy. Prioritising an integrated approach to early recognition and resuscitation substantially reduces the morbidity and mortality associated with all of these conditions.

This presentation will review the initiatives of the WHO Emergency, Trauma and Acute Care programme designed to support strengthening of emergency care systems. Techniques for identifying system gaps and for developing planning and funding priorities will be discussed, and the presentation will introduce the WHO Emergency Care System Framework. The Framework captures essential emergency care functions at the scene of injury or illness, during transport, and through to emergency unit and early inpatient care. Different systems may achieve each function in different ways, based on available resources, and the Framework allows policy-makers to use these essential system functions to create context-relevant priority action plans.

Rural and Remote Area Safety

22 APPROACHES TO PREVENTION AND CARE OF INJURY IN RURAL AND REMOTE SETTINGS

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Traumatic injury is more prevalent in rural and remote settings globally. Large inequalities in the injury burden are found across rural and remote populations of most countries around the

world, from the US and Australia to rural China and Bangladesh. Challenges in prevention include over-representation of marginalised populations, fewer preventative programs, implementation gaps and less well developed systems of care, particularly in resource poor settings. These unique challenges call for different approaches.

For decades injury practice and policy has concentrated on a public health approach that identifies burden and risk factors, and develops and implements cost effective programs. However, preventive programs need to incorporate the wide range of risk factors, both structural and individual that contribute to injury, in order to achieve change, and this is challenging to do in a context that focuses on injury as a vertical issue. There are complex interactions between environmental, organisational and personal factors which determine health outside of traditional 'health' services, and systems approaches recognise these, in addition to supporting the critical role of communities in bringing about change. Horizontal programs, that is, those that address systemic issues across disease groups and strengthen health systems maybe more likely to achieve success, especially in remote or resource poor settings where both preventive programs and health services are limited.

The sustainable development goals offer a new opportunity to shift our approach to both injury prevention and care by providing a mechanism to engage multiple stakeholders and work collaboratively. With major goals addressing road injury, universal health care, sustainable transport, disasters, and the rule of law amongst many other goals relevant to injury in rural and remote settings, there are major opportunities to develop cross-cutting programs that prevent injury and improve trauma care and rehabilitation, but also address multiple other conditions. This talk will focus on practical examples of such programs, with case studies from rural and remote settings in both high and low income countries.

23 AGRICULTURE INJURIES WITH A FOCUS ON RURAL ROADWAY SAFETY: A GLOBAL CHALLENGE

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Throughout the world, transportation-related injuries are among the leading causes of death for agricultural workers. Rural roadways pose unique risks that contribute to their high fatal crash rate per miles travelled when compared with other types of roads. This presentation will introduce the burden and risk factors for agricultural injuries with a focus on farm equipment safety in different types of global roadway settings. Two case studies will demonstrate the complex factors that contribute to crash risk, ranging from roadway design, to rural population demographics, to traffic safety culture. Effective rural roadway safety requires a multisectoral approach and will require input from all rural roadway users. Prevention and intervention approaches will be discussed within the public health framework, addressing primary, secondary and tertiary prevention and policy, engineering, and educational approaches.