Methods Indigenous Governance of Project Data occurred through Aboriginal research leadership and an Aboriginal and Torres Strait Islander Governance Group. This acted to protect Indigenous Knowledges and enact Data Governance processes for Data Sovereignty. Knowledge interface methodology informed a mixed-methods approach. Participants were Aboriginal and Torres Strait Islander individuals involved in a road traffic crash above 18 years of age. Administration data over 10 years (June 2012-June 2022) from Transport for NSW and the SA Trauma Registry, were analysed using a strength-based multinomial logistic regression model. The Indigenous data collection method of yarning occurred with participants, thematic analysis identified enablers and barriers to compensation schemes.

Results Multinomial logistic regression identified factors which decreased the odds of no/minor injuries: head on crashes, 10 km/h increase in speed, non-intersection crashes, yearly increases in age or driving unauthorised. Metropolitan crashes increased the odds of no/minor injuries after a crash to country areas (OR 1.34; 95% CI 1.07–1.67). No difference in injury severity was found between crashing on a curved compared to a straight stretch of road. Aboriginal and Torres Strait Islander participants reported strong impacts by their traffic injuries across physical, psychosocial financial, logistical and time domains. Limited participants accessed road traffic injury compensation, barriers included claim time-frames, and access to culturally appropriate compensation support which was further impacted by in hospital care received.

Conclusions Co-designed strength-based road safety campaigns with Aboriginal and Torres Strait Islander communities needs to focus on a variety of contexts, for example country driving, or diving across the life span. Similarly, culturally safe and appropriate compensation support is urgently needed for Aboriginal and Torres Strait Islander communities.

| 132 | PREHOSPITAL EMERGENCY CARE FOR TRAUMA VICTIMS IN NEPAL: A MIXED-METHODS STUDY |

[1]Amrit Banstola*, [2]Preeti Gautam, [3]Gary Smart, [4]Furba Sherpa, [2]Sunil Kumar Joshi, [3]Julie Mytton. [1]Department of Health Sciences, Brunel University London, Uxbridge, UK; [2]Nepal Injury Research Centre, Kathmandu Medical College Public Limited, Bhaktapur, Nepal; [3]School of Health and Social Wellbeing, University of the West of England, Bristol, UK; [4]Nepal Ambulance Service

Background The prehospital care system in Nepal is underdeveloped, with multiple providers, limited co-ordination of services and no national coverage. With no national ambulance service or emergency services phone number, people often call local hospitals during emergencies. Local hospital ambulances often only convey victims without providing care from trained Emergency Medical Technicians (EMT).

Objective To explore the burden of trauma presenting to prehospital care providers and the experience of providing care to people with injuries in Nepal.

Methods A mixed-methods study was conducted in collaboration with the Nepal Ambulance Service (the largest prehospital care provider in Nepal) in the Kathmandu Valley, Chitwan, Pokhara, and Butwal. The study involved the analysis of one year of de-identified callout data (May 2019 to May 2020) and semi-structured interviews with ambulance drivers, EMTs, dispatch officers and service managers. Interviews were transcribed, translated, and analysed using inductive thematic analysis.

Results Of 1,408 trauma calls, 48.4% (n=682) received prehospital care, either at the scene, during transport, or both. Falls (35.8%) and road traffic crashes (19.1%) were the most common mechanisms of injury. The commonest types of injuries were fractures (33.1%) and suspected spinal injuries (10.1%). The cause of injury was not recorded in a third of records. The average time from call to arrival at hospital was 48 minutes (range: 20 minutes - 6 hours). Qualitative analysis identified factors facilitating effective prehospital care including adequate resources, systems and training. Heavy traffic, lack of prioritisation of emergency vehicles on the road and poor road quality often impeded arrival at the scene and delayed transport to hospital. At the scene, bystanders sometimes insisted on immediate hospital transfer without allowing EMTs to provided care and EMTs reported fear of legal repercussions if the patient died or had a poor outcome.

Conclusions Trauma is a common reason for requesting prehospital care, which, on average, can be delivered in less than an hour. However, multiple factors hinder effective care delivery, requiring policy changes and professional development within the prehospital care system. Promulgation of a 'Good Samaritan' law could support prehospital care providers in offering on-site and en-route treatment.

| 135 | RISK FACTORS FOR ADVERSE LONG-TERM OUTCOMES AFTER MILD TRAUMATIC BRAIN INJURY IN CHILDREN: A SCOPING REVIEW |

[1]Sharea Ijaz, [1]Lauren Scott, [1]Sarah Dawson, [1]Rebecca Wilson, [1]Joni Jackson, [2]Kate Birnie, [1]Maria Theresa Redaniel, [1]Jelena Savović, [3]Ingram Wright, [4,5]Mark D Lyttle, [6]Julie Mytton*. [1]NIHR ARC West, Population Health Sciences, University of Bristol, Bristol, UK; [2]Population Health Sciences, University of Bristol, Bristol, UK; [3]School of Psychological Science, University of Bristol, Bristol, UK; [4]Emergency Department, Bristol Royal Hospital for Children, Bristol, UK; [5]Research in Emergency Care Avon Collaborative Hub (REACH), University of the West of England, Bristol, UK; [6]School of Health and Social Wellbeing, University of the West of England, Bristol, UK

Background Traumatic brain injury (TBI) is extremely common in children, with approximately 500,000 cases attending hospital in the UK each year. Over 90% are considered mild and most children recover well. However, some have persistent symptoms, though relatively few are diagnosed as post-concussion syndrome (PCS). TBI, and particularly repeated TBI, is increasingly associated with poor outcomes in adulthood. Poor post-injury symptom pattern recognition impedes the development of interventions to prevent PCS.

Objective To identify factors associated with long-term adverse outcomes in children after mild traumatic brain injury (mTBI) to inform recommendations for research.

Methods Using published methods for scoping reviews, we identified observational studies reporting demographic, premorbid and injury-related factors, or bio-marker risk factors, for adverse outcomes 3 months or longer after mTBI in children under 18 years. We searched Medline, EMBASE and CINAHL and the reference lists of included studies and systematic reviews up to January 2022. Titles, abstracts and full texts were screened in duplicate and data extraction completed by one author. Risk factors were tabulated for outcomes (i) PCS (ii) recovery. Following scoping review methods, effect