**Abstracts**

**G433(P)**

**ASSOCIATIONS BETWEEN PRE-INJURY IMPAIRMENT AND THERMAL BURN INJURY IN CHILDREN: ANALYSES OF THE BURNS AND SCALDS ASSESSMENT TEMPLATE (BaSAT) DATA**

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Aim A systematic review of published research on paediatric burn epidemiology in high income countries indicated a paucity of evidence regarding the association between pre-injury impairment in children and the risk of burn injuries. The aim of this study is to investigate differences in paediatric burn injuries by impairment status.

Methods The Burns and Scalds Assessment Template (BaSAT) was used in A and E departments in England and Wales to collect clinical and socio-demographic information on burn cases. From July 2012–November 2016, 2779 burn cases were recorded of which 1364 were suitable for inferential analyses. In this study, impairment was collated from parents/caregivers of reports of what additional needs their children had (i.e. behavioural versus non-behavioural). The primary outcome was burn type (scalds versus non-scalds). Burn depth (full thickness (FT) versus non FT) and use of cold running water (CRW) first aid were secondary outcomes. Inferential analyses employed multivariable logistic regression in STATA v.14. Variables of interest were 90.1% to 100% complete. Unadjusted odds ratios (OR) and adjusted OR (AOR) were recorded with 95% confidence intervals (CI).

Results Compared to children with no impairment, children with behavioural (AOR=0.33 [95% CI: 0.30 to 3.35]) or non-behavioural (AOR=1.23 [95% CI: 0.32 to 4.35]) impairment were no more likely to suffer scalds than non-scalds. Furthermore, children with behavioural impairment (compared to non-impaired children) were more likely to have FT than non-FT burns (OR=8.33 [95% CI: 2.10 to 33.0]). This effect remained when adjusting for individual factors i.e. age and sex (AOR=5.76 [95% CI: 1.38 to 24.0]) but attenuated after adjusting for family (ethnicity, supervision levels, history of domestic violence in home and social workers) and environmental factors (IMD and location of burn event). Furthermore, children with behavioural impairment were less likely to have CRW first aid than those with no impairment (OR=0.26 [95% CI: 0.07 to 0.97]). This effect remained when individual and family factors were adjusted for (AOR=0.32 [95% CI: 0.11 to 0.88]).

Conclusions Children with impairment are not at more risk of having scalds compared to non-scalds; full thickness burns or lesser likelihood of having CRW first aid (after controlling for confounding factors) compared to children with no impairment.

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**MakIng every contact count – a Paediatric piloT TrAining programme in wales**

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Introduction A key recommended from the RCPCH State of Child Health report includes health promotion training for health professionals in order to ‘make every contact count’ (MECC). In order to pilot such a resource, a Public health training programme providing an evidence-based approach to motivational interviewing for behaviour change was adapted for those within the paediatric profession.

Methods The ‘Making every contact count’ level 1 and 2 training programme was adapted and combined into a two-hour training session. This was delivered at a paediatric trainee study day in May 2017 and a health board clinical governance day in July 2017.

Results There were 41 trainees in attendance at the trainee study day. 14 paediatric consultants and 24 paediatric nurses attended the clinical governance session. A total of 57/79 (73%) matched pre- and post-evaluation questionnaires were included for feedback analysis. Through a 5 point Likert scale the pre-session survey highlighted 57% (32/57) strongly agreed...