- 3 with developmental delay

New Diagnoses – neurodevelopmental and behavioural conditions:

- 10 children: Significant learning disabilities, often patchy, involving language, non-verbal skills, and memory.
- 1 child with ASD
- 2 children with ADHD
- 2 with anxiety
- 2 with sleep difficulties

New Diagnoses – additional conditions and physical health:

- tics,
- chromosomal abnormalities
- sensorineural hearing loss
- obesity

Education and Health Care Plans (EHCPs) - changes after assessment:

- 3 children had EHCPs at time of referral; 2 were significantly modified
- 2 completed, 1 in process
- 10 requests supported

Impact The clinic was well received by carers. Families needed time and sensitivity to tell complicated stories and to find and interpret their family and health information. Explanation and advocacy were also needed and appreciated. An understanding of the impact of abuse and neglect on child development and liaison with colleagues in many agencies and disciplines were core.

G284(P) ABSTRACT WITHDRAWN

G285(P) DENTAL EXTRACTIONS IN THE PAEDIATRIC POPULATION: IDENTIFYING PHYSICAL AND PSYCHOLOGICAL HEALTH CONDITIONS THAT PRESENT AN OPPORTUNITY FOR TARGETED PROMOTION OF DENTAL HEALTH

¹R Clarke, ²G Hann. ¹Foundation Year Doctor, North Middlesex University Hospital, London, UK; ²Paediatric Consultant, North Middlesex University Hospital, London, UK

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Introduction NHS figures have shown an increasing number of children undergoing tooth extractions in the UK with 170 children a day having decayed teeth removed with an estimated cost per year to the NHS of £36 million.

Objectives To identify if links exist between neglect, complex physical health needs and dental extractions in our population

Methods Review of all cases of dental extractions in paediatric patients in a 12 month period at a busy London district general hospital, identifying the patient's past medical history, whether or not they were known to social services and how many times they had presented to A&E previously.

Results There were 87 cases identified that fitted the inclusion criteria. The age range of cases was 2–17 years, with an average age of 5.37 years; 38 were female and 49 male. 41 of the patients had no known medical history. 19 had one condition and 27 had more than one condition. Of

note, 23 of the individuals had a diagnosed behavioural condition (attention deficit hyperactivity disorder, autism and non-specified developmental disorder) accounting for 50% of the patients with a medical condition; 27% of the total study population. Only 8 (9%) of the total cohort were known to social care. More than 25% had not presented to the emergency department before whereas 16 had had one presentation and 47 had more than one presentation. Notably, there were 4 patients who had 20 or more presentations suggesting this cohort had difficulties in accessing routine health care.

Conclusions Whilst a link between neglect and dental extraction is well established, an alternative area to be targeted for intervention has been highlighted during this retrospective study noting that children with behavioural conditions account for more than 25% of children undergoing dental extraction. Further work should look into the reasons underpinning this, whether this is related to poor diet, poor dental hygiene, a reluctance to visit the dentist or a mixture of the three. This data could then help to provide a targeted public health message to promote dental health in children with additional learning needs.

G286(P) BLOOD BORNE INFECTIONS IN LOOKED AFTER CHILDREN

TM Masand, NK Kiddo, VS Sadavarte. *Community Paediatrics, University Hospitals of North Midlands NHS Trust, Stoke-on-Trent, UK*

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Introduction Looked after children (LAC) can be vulnerable in many ways. Some of the social risk factors that contribute to the likelihood that a child is 'looked after' also increase the probability of exposure to blood borne infections (BBI) such as human immunodeficiency virus (HIV), Hepatitis B, Hepatitis C, and syphilis. However, there is lack of data on the incidence of these infections in LAC.

Method We looked at the practice of BBI screens in LAC in our unit over a one-year period.

Results A total of 347 children (excluding asylum seekers) were seen in LAC clinic between January 2018 – January 2019. Of these, 12.7% (n=44) had a BBI screen. There was only one patient (2.3%) who had a true positive result; this patient was screened due to a maternal diagnosis of hepatitis. 15.9% of those screened were antibody positive only (6.8% for treponema antibodies, 6.8% for hepatitis C IgG antibodies and 2.3% for hepatitis B core and surface antibodies). All of these children were <4 weeks of age and the presence of these antibodies is likely due to maternal placental antibody transfer. They are awaiting repeat testing as per guidelines. The reasons for screening were parental intravenous substance misuse (65.9%), family history of BBI (31.8%), limited parental information (2.3%), personal drug use (2.3%), unprotected sexual activity, and exposure to HIV (2.3%). The reason was unknown in 2.3%, however this was because screening was undertaken in a different hospital. 4 patients were screened for more than one risk factor. We also picked up one patient who was not screened despite the medical request for a BBI screen.

Conclusion From the patients seen in LAC clinic, 87.3% did not have a BBI screen, and patients were screened in accordance with British Association for Adoption and Fostering