Absatrc 1196 Table 1 Patient characteristics

	Number of patients with positive HHV-6 PCR	Number of patients without positive HHV-6 PCR	Total number
Sex			
Male	9	36	45
Female	3	25	28
Age			
0–2 years	5	16	21
3–5 years	0	10	10
6–8 years	2	12	14
9–11 years	0	13	13
12–14 years	2	8	10
15–18 years	3	2	5
Diagnosis			
Malignant	4	25	29
Non malignant	8	36	44
Stem cell source			
Bone Marrow	6	44	50
Peripheral Blood	5	10	15
Umbilical cord	1	7	8
Serotherapy			
ATG	5	29	34
Alemtuzumab	5	22	27
None	2	10	12
Ex vivo T cell depletion			
Yes	3	10	13
No	9	51	60

CSF samples in Leeds Teaching Hospital Trust between Oct 2015– Dec 2019.

Statistical analysis was carried out using a chi-squared test on DATAtab (3).

Results Of the 73 paediatric HSCT patients, 12 tested positive for HHV-6 (16.44%) and 61 did not (83.56%). Of the patients with a positive HHV-6 PCR, four died within one-year post-transplant (33.33%). Nine patients who had a negative HHV-6 PCR died within the same time period of one-year post transplant (14.75%). The difference in the mortality rate of these two groups was found to not be statistically significant ($p = 0.12$) and therefore supports our null hypothesis that HHV-6 infection in paediatric HSCT patients is not associated with increased mortality. Our effect size was found to be small (0.18), further supporting our null hypothesis.

Conclusions Our study suggests that infection with HHV-6 infection in paediatric HSCT patients is not necessarily associated with increased mortality. This has potential implications for HHV-6 screening, which is undertaken by some paediatric transplant centres in the UK. Despite our findings, this study clearly had a small sample size and we will now seek to validate these findings in a larger, national cohort.

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British Association of Child and Adolescent Public Health

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THE AWARENESS OF ADVERSE CHILDHOOD EXPERIENCES FOR PRACTITIONERS IN TRAINING

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10.1136/archdiscchild-2021-rcpch.465

Background The term ACES (adverse childhood experiences) was first recognized in 1988 by the Kaiser Permanente study that identified three main areas that related to premature death in adults, abuse, neglect and household challenges (Bryan:2019).

The concept of childhood adversity was further explored by Felitti et al (1988) cited by Olsen and Warring (2018) who suggested that there are ten categories of abuse and family dysfunction that were linked to a variety of poor health outcomes; physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, violent treatment of the mother, household substance abuse, household mental illness, parental separation or divorce, incarceration of a household member.

It is apparent that Adverse Childhood Experiences are a significant public health concern (Olsen and Warring: 2018). Frontline health professionals particularly medics and nurses will require knowledge around the topic of adverse childhood experiences in order to carry out an assessment for the mitigation of risks to children and their families. Furthermore, Gill et al (2018) argues that many health professionals have highlighted their unmet needs about the knowledge of adverse childhood experiences in their education and work.

Following a literature review exploring ‘How does education support students with adverse childhood experiences?’ (Turner: 2020) This literature review highlighted:

1. Professional knowledge and awareness of childhood adversity and how this effects children and young people across the life course is a work in progress
2. Adverse childhood experiences have long term consequences at population level, and in turn this effects health, educational and social outcomes
3. Inter professional learning can be valuable to share knowledge and learn new information and skills
4. Importance of awareness and knowledge of childhood adversity has been identified within the literature and it is evident that literature pertaining to this is also lacking and requires further development (Turner:2020)

Objectives To ascertain the levels of knowledge and whether there are gaps in knowledge of practitioners in training.

To assess the current knowledge and understanding of trauma informed care.

Methods A questionnaire pilot study, sampling pre-registration BSc nursing students in the first year of a three-year pre-registration degree

Results The results of this pilot study identify two clear themes:

1. Students identify not knowing enough about trauma informed care and wish to learn more.
2. Students identify a clear learning need around adverse childhood experiences. Requesting to attend a workshop with

service user involvement which focuses on the lived experience and the effect of childhood adversity.

Conclusions Following evaluation of the research I wish to introduce the concept of trauma informed care for the second-year student nurses. Furthermore, work with the undergraduate medical school to introduce trauma informed care to medical students.

Conduct further research with other allied health professional students to ascertain their knowledge and understanding. For example, with samples of allied health professionals, paramedics and midwives.

Further research to be conducted with trained health care professionals to ascertain their understanding and knowledge.

This pilot study will be preparatory work for a larger scale study as part of a professional doctorate.

British Association of Perinatal Medicine and Neonatal Society

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OUCH! NOT MY NOSE!STOP: AUDIT & QUALITY IMPROVEMENT INITIATIVE: (SEPTUM TRAUMA OCCURRENCE PREVENTION)

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10.1136/archdischild-2021-rcpch.466

Background Following guidance from BAPM as well as the European Consensus, we are resuscitating smaller babies at an earlier gestation. We are also trying to stabilise more babies onto Nasal Continuous Positive Airway Pressure (nCPAP) from birth or after a brief period of ventilation as this is the mainstay of respiratory management for the majority of our babies. As we get better at resuscitation, so must the care we provide to the most delicate of babies.

Nasal trauma is a recognised complication of nCPAP therapy. Nasal septal injuries from NCPAP can be very distressing to the baby, parents and the staff looking after the baby.

As the usage of non-invasive ventilation using nasal CPAP is increasing more care needs to be undertaken to prevent nasal injuries caused by nCPAP.

Objectives This is an Audit and Quality Improvement (QI) project whose aim is to audit rates of nasal injuries caused by nCPAP as well prevent and reduce nasal trauma caused by nCPAP by ensuring all staff have the correct education and knowledge regarding nasal care, by the design and implementation of a standard teaching package amongst all staff.

Methods Data regarding rates of nasal trauma in preterm infants (< 37 weeks) as a result of nCPAP was collected retrospectively from Jan to December 2019 and from Jan to July 2020. Initial audit findings were presented at Audit meeting in July 2020. From this a teaching package was designed a poster was developed and displayed on the unit and attached to every cPAP machine as well as stickers printed and attached to the chart of each baby commenced on CPAP to act as a memoire aide when looking after preterm infants on CPAP. Audit standards were created and data was then collected prospectively from August to December 2020 after teaching had been disseminated to all staff.

Results Before this QI initiative, there was a total of 20 nasal injuries from nCPAP in 2019 (~1.7 injuries per month).

From January to July 2020 there were 11 nasal injuries and similar rates of ~ 1.6 injuries/month.

Post QI: after the implementation of the teaching package and education to all staff, there were only 3 nCPAP related injuries from August to December 2020 of whom all were in babies < 30 weeks. This was an average of 0.6 nasal injuries/month from NCPAP. Hence this project demonstrated a ~60% reduction In the number of nasal injuries per month.

Conclusions Although there is a risk of nasal injuries, nCPAP, remains the mainstay of non invasive respiratory management for our preterm babies and prevention and avoidance of nasal injury remains crucial. Having positive uptake from both doctors and nurses and having nursing champions on this project was crucial to its success and the dissemination of education and care practices across the unit. Overall this project has successfully demonstrated that with the right education and dedication to a standardised practice, we can improve the Quality of care given to our tiniest babies to prevent and reduce distressing (nCPAP) related septal injuries.

British Academy of Childhood Disability

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HOSPITAL PASSPORTS FOR CHILDREN WITH COMPLEX ADDITIONAL NEEDS IN ANEURIN BEVAN HEALTH BOARD

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10.1136/archdischild-2021-rcpch.467

Background Parents and children with complex additional needs (CAN) admitted to paediatric wards can experience communication difficulties with health workers. This can result in frustration, delays, errors, and distress. Hospital passports (HPs) can improve patient-centred care and in-patient experiences. HPs help children and carers communicate their needs, values, and other essential information. They are recommended by the children's charity Wellchild.

Objectives As part of a service improvement project, we sought the views of parents, nurses and paediatric doctors, before and after piloting a HP.

Methods We surveyed parents of CAN and paediatric doctors and nurses in the Royal Gwent Hospital, Newport and Serennu Children's Centre, Rogerstone, anonymously for the month of July 2019. Questions concerned previous experience of HPs, desirability and recommendations. Thematic analysis was applied to open-ended question responses, to identify themes and sub-themes. Following this, a pilot was created. Paediatric Consultants and carers of CAN were then surveyed during the month of October 2020, to assess awareness, frequency of use and initial feedback.

Results 20 staff and four parents (mostly of children with neurodisability) responded. 55% of staff were aware of HPs. All reported a need to improve the communication between staff and families, and that HPs could help. Themes and sub-themes arising from the first survey open-ended questions were as follows:

- Communication – assistive technology awareness, carers constantly repeating themselves, forgetting vital information in acute situations