This was a very sick cohort of infants and 7 babies died. 9 babies were assessed to have had major morbidity in relation to TANEC. When considering how likely a transfusion is to have caused an adverse event a measure called imputability is used, ranging from 0 to 3. An imputability of 1 means 'possible', where the evidence is clearly in favour of attributing the adverse reaction to causes other than the blood or blood components. Six of the babies who died had an imputability of 1, and one was unrelated to transfusion.

Conclusions TANEC is associated with significant morbidity and mortality. The cases reported to SHOT had gestational and postnatal age characteristics in line with those previously described for TANEC. Based on available observational studies, there appears to be under-reporting of these cases to SHOT. Staff should be aware of this potential association between transfusion and NEC in sick infants. TANEC cases are SHOT reportable. Reporting helps share the learning and can identify common themes with increasing cohort numbers.

Further high-quality research is necessary to identify causation and risk factors for both NEC and TANEC, together with effective mitigation measures. We await with interest the outcome of the WHEAT (WithHolding Enteral feeds Around packed red cell Transfusion) randomised controlled trial.

Child Protection Special Interest Group

1243

SHOULD PAEDIATRICIANS BE TRAINED IN THE USE OF MEDICAL PHOTOGRAPHY?

¹Lara Staffurth, ²Lucy Killian. ¹Brighton and Sussex University Hospitals NHS Trust; ²Western Sussex Hospitals Trust

10.1136/archdischild-2021-rcpch.503

Background Paediatricians are responsible for carrying out child protection medical examinations, which will sometimes include the use of photography to document injuries. Ideally, a trained medical photographer would take all photographs when needed. This service is not always available and the paediatrician may have to take time critical photographs.

Objectives Our aim was to audit the child protection photographs taken in one year at our hospital and compare them to the national guidelines from the Institute of Medical Illustrators.

Methods All children (0–18years) who had a child protection medical in 2019 were identified. Those that had photographs taken during their medical were highlighted and the photographs were compared against the standards set out by the Institute of Medical Illustrators.

Results 49 child protection medicals with photography were completed in 2019. Clothing was removed appropriately in 86% of cases. However, an appropriate background was used in only 18% of photographs. The three photograph principle (a location photograph, a close-up photograph, and a close-up photograph with a linear scale) was used in 0% of cases. Location photographs or close-ups with no linear scale were taken in only 14% of cases. Photographs with a linear scale were taken in 67% of cases, in which a triangle ruler was used in 83% of these.

Conclusions Overall, child protection medical photography in our centre is of inadequate quality. Ideally, support from medical or police photography should be available at all times for child protection medicals and other medical photography. This

is not currently the case in all centres. With the COVID-19 pandemic, there has been an increase in domestic child abuse cases, possibly leading to more of us, as paediatricians, needing to complete child protection medicals. We recommend that training is offered to all paediatricians who may be taking medical photographs, and could be considered an important part of trainee induction. Any photographs taken can be used as evidence in court and, therefore, their quality is of paramount importance.

British Society of Paediatric Endocrinology and Diabetes

1244

COVID-19, LOCKDOWN 1.0, AND THE MOVE TO TELEMEDICINE: IMPACT ON GLYCATED HAEMOGLOBIN IN PAEDIATRIC DIABETES MELLITUS

Emily Armon-Drewett, Nivedita Aswani, Julie Smith, Tracy Tinklin. *University Hospitals of Derby and Burton NHS Foundation Trust*

10.1136/archdischild-2021-rcpch.504

Background Maintaining blood glucose levels within target is the cornerstone of diabetes mellitus management, reducing the risk of complications. Glycated haemoglobin (HbA1c) is the gold standard assessment, reflecting plasma glucose over 2–3 months. NICE guidance recommends four clinic attendances and HbA1c measurements per year, with a target of 48mmol/mol or lower. The National Paediatric Diabetes Audit showed a mean of 64.6mmol/mol in 2018/19.

At a UK paediatric diabetes unit, face-to-face clinics (F2F) were converted to telephone appointments on 30/03/2020 due to the first COVID-19 UK lockdown. There was a phased return to F2F and HbA1c testing from June 2020.

Objectives To determine whether the COVID-19 pandemic and consequent national lockdown and move to telemedicine affected HbA1c levels in children with diabetes mellitus.

Methods HbA1c results were recorded throughout 2020, excluding those diagnosed in 2020. Each patient's final HbA1c in January-March before lockdown (Pre-LD) was compared to both their first HbA1c after lockdown (Post-LD) and the mean of all of their HbA1cs after lockdown (Av-Post-LD). Comparisons were analysed grouping patients by Pre-LD, which was assumed to be their baseline.

Results Of the 258 patients, 61 (23.64%) had no Pre-LD and 38 (14.73%) had no Post-LD, excluding them from further analysis. Numbers of F2F and HbA1c testing varied throughout the year; 92 tests were done in January, pre-pandemic, falling to 1 in April, peaking at 83 in September, dipping to 27 in December. Number of tests per patient post-lockdown varied from 1–5 (mean 1.45). When comparing results grouped by baseline, a correlation was seen (table 1).

In the four groups with the highest initial HbA1c, improvements were seen when comparing Pre-LD to both Post-LD and Av-Post-LD, with the >69 group improving by 9.73mmol/mol and 10.18mmol/mol respectively. Only the two highest groups demonstrated a sustained improvement. In the two groups with the lowest initial HbA1c, a slight deterioration was seen when comparing Pre-LD to both Post-LD and Av-Post-LD, with a trend towards deterioration.

Conclusions Perhaps unsurprisingly, HbA1c testing fell during lockdown and never returned to pre-lockdown levels,