change. Feedback collated pre and post-training sessions were used to inform gaps in services and to improve changes.

Results Three training sessions were organised over 6 months, feedback was collected using a survey link and analysed. A more than 20% increase in confidence in performing the procedures with neuroprotective techniques was noted in the attendees. Over 95% of the attendees thought of the training as beneficial and found that the neuroprotective technique was easy to follow and resulted in procuring adequate blood sample. The feedback and suggestions were implemented and a new local guideline was generated for capillary blood sampling.

Conclusions Good compliance with the neuroprotective techniques for the routine procedure was demonstrated in the initial pilot phase. Our next target is to ensure sustainability. A regular training session before every new rotation of doctors and nurses will ensure this along with parent engagement.

British Association of Perinatal Medicine and Neonatal Society

1330 THE EFFECTS OF SARS-COV2 (COVID-19) ON NICU HEALTH CARE PROVIDERS

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Background The Neonatal Intensive Care Unit (NICU) has risks of burnout and psychological morbidity for health care providers. The COVID-19 pandemic has required the rapid adaptation of work practices to accommodate social distancing and Personal Protective Equipment (PPE) policy changes. Many departments have recognized the wellbeing implications to staff and made changes to try and mitigate this risk.

Objectives In this study, we aim to begin to understand how COVID-19 and its associated workplace practice changes have impacted the existing situation.

Methods An online survey was distributed to tertiary NICU physicians, nurses, nurse practitioners, respiratory therapists and allied health professionals in British Columbia and Alberta (table 1). We employed a combination of closed- and open-ended questions to understand the participants' views on work in the NICU during the pandemic and how this has impacted their wellbeing.

Results 142 replies of which 121 were complete. 93 were from Alberta, 45 from British Columbia, and 4 did not provide their province.

Of the respondents, 33 (22.7%) had cared for a patient with COVID-19.

98.3% reported a major change as a result of COVID-19. These included homeschooling children (40, 33.3%), caring for vulnerable relatives (19, 15.8%), shielding vulnerable relatives (107, 89.2%), changes to a family member's employment (36, 30%) and being unable to connect with friends and family outside their city/province (101, 84.2%)

Respondents also cited themes of personal isolation, delayed care for their or their family's non-COVID-19 physical and mental health conditions, anxiety at working on multiple sites and a lack of access to their usual daily coping strategies such as sports.

Abstract 1330 Table 1

'Would you agree that, overall, the neonatal intensive care environment has been supportive through the pandemic?'

Mean Score 61.53 (SD 21.5) Median 65

'Do you agree access to PPE (Either regular items such as scrubs or specific items such as N95 masks) improved over the course of the pandemic?'

Mean Score 59.4 (SD 26.3) Median 66

'Has access to the usual range of bedside equipment (Such as ventilators or IV lines) changed from pre-pandemic?' (0=Completely negative change, 100=Completely positive change)

Mean Score 38.2 (20.1) Median 36

'Has the pandemic had an emotional effect on you through your work in the NICU?' (0=Completely negative, 100=Completely positive)

Mean Score 30.1 (SD 15) Median 30

There were a series of Likert-scale question, with 0 = 'Completely disagree' and 100 = 'Completely agree'.

Conclusions All NICUs have made significant adaptations to their operating procedures and sought to support their staff through the pandemic, and these data suggest that this is recognised by the majority of participants. This is necessary but not sufficient. The successes we can demonstrate in the logistical response must be taken in context of a global change affecting staff's physical, psychological and social circumstances which changes their relationship with the NICU. In future work, we aim to use quantitative and qualitative analysis from this survey in order to better understand the current state of staff wellbeing, the nature of the difficulties experienced by staff and their perception of the interventions used to support them.

British Association of General Paediatrics

1332 UNITED KINGDOM NICE HEADACHE QUALITY STANDARDS APPLIED TO GENERAL PAEDIATRIC CLINICS: ROOM FOR IMPROVEMENT

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Background Headache is one of the most common presentations in children.

Objectives This registered clinical audit explores the management, and outcome of cases referred to secondary care paediatric clinics.

Methods We reviewed 35 consecutive patients referred to secondary care paediatrics over 4 months from August 2018 to November 2018. We extracted data on demographics, symptoms at presentation, diagnosis, indication for MRI, treatments recommended, and outcomes. Our audit of process was based on NICE Quality Standards, for people age 12 and older.¹

Results 20/35 (57%) were females, and the mean age was 11 years old at initial visit.

Within 12 months of the initial visit 18/35 (51%) had headache diagnosed but unclassified, 7/35 (20%) were diagnosed with migraine with or without aura, and 1/35 (3%) with migraine and tension-type headache. 3/35 (9%) were diagnosed with secondary headache, 3/35 (9%) were diagnosed