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

¹Anthony Hopkins, ¹Susan Albersheim, ²Arianne Albert, ³Shabnam Ziaabakhsh, ³Deepak Manhas. ¹University of British Columbia/British Columbia Women's Hospital; ²Women's Health Research Institute; ³Children's and Women's Hospital of British Columbia

10.1136/archdischild-2021-rcpch.562

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

¹Zi Yin Liew, ²William Whitehouse. ¹University of Nottingham School of Medicine; ²Paediatric Neurology, Nottingham University Hospital Trust

10.1136/archdischild-2021-rcpch.563

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

with chronic headache, and 3/35 (9%) were diagnosed with non-specific headache. None were diagnosed with tension-type headache.

15/35 (44%) had a head MRI, which was normal in all.

Only 5/35 (14%) patients were recommended a headache diary. 3/8 (38%) with migraine and one patient whose headache was not classified were given duo-therapy consisting of a triptan and NSAID. A further 2/8 (25%) with migraine, and two patients whose headaches were not classified, were prescribed a triptan. Five patients without a headache diagnosis, three with chronic headache, one with migraine, one with secondary headache, one with non-specific headache were treated with NSAIDs only. 3/8 (38%) patients with migraines, six with undiagnosed headache, and one with chronic headache were given pizotifen prophylaxis.

Advice about Medication Overuse Headache was documented in six patients.

9/35 (26%), including 4/8 (50%) patients with migraine, four with unclassified headache, and one with non-specific headache were discharged after the initial consult. 2/35 (6%), including one patient with secondary headache, and one non-specific headache were referred to tertiary care after initial consult.

The mean follow-up period after initial consult was nine months. 1/8 (13%) patients with migraine, and seven patients with unclassified headache were discharged after the first follow-up; 1/8 (13%) with migraine, two with unclassified headache, and two patients with chronic headache were discharged after the second follow-up. One patient with unclassified headache was discharged after the third follow-up. Six patients did not have their headaches discussed in subsequent visits and three patients are still being followed-up. Two patients have been lost to follow up.

15/22 (68%) evaluable, who had a follow-up, experienced an improvement in their symptoms.

Conclusions There was a good attempt at describing headaches, but many patients were not given a specific diagnosis as recommended by NICE. Also, fewer patients should have undergone brain imaging, more should have had advice about using headache diaries, and Medication Overuse Headache. We recommend a template to help diagnose and manage headaches in the clinic and a remote follow-up system for patients after discharge.

REFERENCE

- 1.. <https://www.nice.org.uk/guidance/qs42>

Child Protection Special Interest Group

1333

BARRIERS TO IDENTIFICATION AND REPORTING OF CHILD ABUSE CASES AT THE EMERGENCY DEPARTMENT, KHARTOUM, SUDAN

Reem Khidir. *University of Khartoum – Faculty of Medicine*

10.1136/archdischild-2021-rcpch.564

Background Early diagnosis and intervention of Child Abuse is crucial where it prevents approximately one in three children from suffering subsequent abuse. Family and Child Protection Units (FCPU) in Sudan frequently receive cases of abuse. Nevertheless, it is observed that a number of children victims in the community never make it to any FCPU, therefore never

get appropriate management. On the other hand, the emergency department (ED) acts as the main entry of crisis-based health care visits, thus it is assumed to be the first encounter with a health care service for the abused child and therefore the main opportunity for such cases to be identified and managed, yet it is believed that in Khartoum a number of children come to the casualty with signs of abuse disguised in the form of related or unrelated medical complaints, but they tend to be missed or neglected.

Objectives The objectives of the study were to determine knowledge of medical personnel about the common child abuse signs at presentation to the ED, identify reasons behind not reporting, measures they take when identifying such cases and if there is any relationship between received training and the ability to detect and report the cases.

Methods The study was conducted in December 2017 in a hospital setting, in a descriptive exploratory cross-sectional study-design. Stratified sampling was used, where three main public hospitals were chosen via simple random sampling from a list of public hospitals in Khartoum State. Furthermore, proportionate number of medical personnel was taken from each ED in each of the three hospitals, from whom data was collected using a semi-structured questionnaire derived from a previous study by Intima Alrimawi et al, in 2014. Data analysis was done to obtain the frequencies and descriptive statistics, and Chi-square statistical test was carried out to analyze the relationship between the different variables.

Results In order for medical personnel to consider reporting, suspicion of a child abuse must precede, unfortunately only 31.1% of them have had previous training and thus knowledge on the presentation of suspected cases. The majority of those with previous training were always able to detect signs of child abuse. Furthermore, a significant relationship was found between receiving training and the ability to identify a case of child abuse (P -value=0.000), but no impact on the actual attitude of reporting the cases.

It was also found that most of the medical personnel do not consider reporting of child abuse cases, but they would take a detailed history to screen the case without knowing the next step (64.9%). In more than half, the main reasons that impeded them from reporting was to avoid getting in troubles with the victims' family by getting sued for considering such a stigmatizing finding. Only 4.5% attributed it to the absence of a clear protocol and reporting system for such cases.

Conclusions The study revealed a low level of knowledge on detection of child abuse cases, and further, lack of supporting law and protocol to deal with such sensitive cases to allow doctors to confidently report them.

Young People's Health Special Interest Group

1334

VIRTUAL REALITY HOSPITAL: DEVELOPING A PATIENT CENTRED VIRTUAL ENVIRONMENT TO REDUCE PREPROCEDURAL ANXIETY IN CHILDREN AND YOUNG PEOPLE

¹Laura Potts, ²Adit Bassi, ³Alasdair Ross, ³Pratheeban Nambiyah. ¹Great Ormond Street Hospital; ²University College London; ³Great Ormond Street Hospital for Children

10.1136/archdischild-2021-rcpch.565

Background Anxiety is a common experience among Children and Young People (CYP) attending hospital for a procedure