importance not only for the purpose of entertainment, but also for the neuro-development of the child. However, toys are not without hazards. A simple piece of a toy can act as a weapon. The hazard of each toy type is very variable from various injuries and even to death.

The safety standards are almost non existing in developing countries as well as no data are available on toy related injury to children.

Objectives

- Evaluating the safety of toys available in the local market
- Assessing parental knowledge and attitudes on safety of toys used by our children

Methods We examined the labels of 400 toy pieces at local market, belonging to 16 categories and data was gathered via an interviewer administered questionnaire developed using International Standard ISO 8124-1, European Union standards and ASTM-USA standards. During our next endeavour, we assessed knowledge, attitudes and practices regarding toy safety from 400 parents of warded children or attendees at clinics or outpatient departments of the Colombo South Teaching Hospital, Sri Lanka and at who got at least one child aged between 1 and 5 years. Interviewer administered pre-tested questionnaire was used for data collection.

Results Toy safety standard study

Labels were present in 88.8% and 50.5% were priced less than SLR 500.00. 87% of toys in the local market were imported and the main country is China (86%) while country of manufacture was displayed only in 81%. Name and address of manufacturer and distributor were displayed in 16% and 17%. Age specified in 66% and weight in 0.8%. Warning statements or graphics displayed in 74%, below 3 months symbol in 72%. The label details as presence(80%), legible(78%), understandable(82%) and in English(80%) of toys were considered.

Toy type	Presence of safety instructions under different categories
Balloons	1.3%-2.3%
Toys with small parts	58%-62%
Aquatic toys	1.8%-2%
Crib mobiles	0.3%
Toys in contact with food	0.5%
Simulated protective equipment	1.8%
Toys with functional sharp edges	0.3%
Skates	0.3%
Projectile toys	1.5%
Kites	0.3%-1%
Bicycles	0.5%-1.8%
High impulse noise toys	0.3%-3%
Scooter	0.3%-0.8%
Art & craft	0.3%-11.5%
Battery operated toys	0.3%-18%

Parental knowledge and attitude study

85% were mothers and 47% were house wives. 54% had only one child. Mother(70%) and grand parents(57%) were the main observers during play. Majority 60%, buy less than 10 toys per year and 95% occasions non parents bought toys

as well. Toys were bought from different locations. Allocated play area was present only in 11%.

Parental concern on toy purchase	Valid percentage
Safety	78%
Cost	24%
Need of child	55%
Educational value	37%
Age of child	58%
External appearance	15%
Lead/chemical content	40%
Choking hazards	60%
Breakability	74%
Projectability	26%

QY average for the sample is 68.20 and skewness value is > 0.1.

Conclusions Physical aspects of toy safety and parental knowledge and attitudes need to be reinforced.

Young People's Health Special Interest Group

1532

VIRTUAL YOUTH WORK: MEETING THE INCREASED PSYCHOSOCIAL NEEDS OF CHILDREN AND YOUNG PEOPLE WITH A LONG TERM CONDITION DURING THE COVID-19 PANDEMIC

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Background Studies show that young people (YP) aged 16–30 years with a long-term condition (LTC) do less well than their healthy peers in terms of their mental health and employability. 30% of YP with a LTC have mental health issues compared to 15% of the general population. They have higher rates of unemployment. Such adverse outcomes often originate in childhood as a result of depression, anxiety, educational difficulties, relationship issues, low self-esteem and social isolation.

To address these issues a Children's Hospital, in early 2019, developed a charity funded youth project, called PEEER, to improve Patient Empowerment, self Esteem, Employability and Resilience. PEEER youth workers bring Children and YP (CYP) with a LTC together to participate in activities to build self-esteem, build peer support, reduce isolation and help CYP gain accredited awards. Activities include rock climbing, cooking, football, Glow golf, art; ASDAN qualifications; Duke of Edinburgh Award.

The current COVID-19 pandemic has had an adverse impact on the psycho-social wellbeing of CYP, especially those with a LTC. There has been an increase in demand for psychosocial support -posing the challenge how such needs might be met.

To meet these increasing psychosocial needs during the pandemic the PEEER project was moved to zoom - a virtual platform, with modification of activities.

Abstract 1532 Table 1

CYPs mean Feedback Scores (1=strongly disagree, 6=strongly agree) for PEEER activities	Group 1 N=109	Group 2 N=236
I enjoyed this session	5.58	5.33
I would like to attend future sessions	5.53	5.50
This activity enabled me to feel part of a friendship group/team	5.24	4.33
This activity enabled me to feel confident	4.96	4.17
This activity gave me the opportunity to feel good about myself	4.88	4.00
This activity enabled me to feel independent	4.68	5.00
This activity gave me the opportunity to learn/improve a skill	4.46	4.00

Objectives To assess the feasibility and effectiveness of delivering the PEEER youth Project virtually compared to face to face youth work.

Methods From 1.1.20 – 31.7.20: CYP received PEEER youth worker support.

Group 1: Pre-Covid-19 lockdown: (1.1.2020 – 23.3.2020). PEEER youth support delivered face to face (F2F).

Group 2: Covid-19 lockdown: (23.3.2020 – 31.7.2020) PEEER youth support delivered virtually

Both groups CYP received 1:1 sessions, group activities and workshops,

Feedback was collected on the effectiveness of the sessions: enjoyment of activities, self-esteem, building friendship, improved mood, confidence and feeling good about themselves.

Results Group 1 (N= 109); Group 2 (N= 236).

Both Groups (table 1): 100% enjoyed the sessions, would like to attend future sessions, agreed with the statements: they felt part of a friendship group, the sessions allowed them to socialise with their peers, they felt more confident and more independent, the activities gave them the opportunity to learn or improve a skill and they felt good about themselves.

Conclusions PEEER youth support delivered virtually on Zoom is effective in helping CYP build confidence and self-esteem, reduce sense of isolation, and develop independence.

Restrictions imposed by the pandemic have helped drive the development of a more widely accessible resource for patient benefit.

Paediatric Critical Care Society

1536

RENAL ANGINA INDEX PREDICTION OF SEVERE ACUTE KIDNEY INJURY IN CRITICALLY ILL CHILDREN WITH LIVER DISEASE – A SINGLE CENTRE, RETROSPECTIVE OBSERVATIONAL STUDY

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Background Children admitted to paediatric intensive care units (PICU) are at increased risk of developing acute kidney injury (AKI), which is associated with increased morbidity and mortality. Early recognition and management of AKI could improve outcomes. The renal angina index (RAI) is a risk stratification score, validated for early prediction of AKI in heterogeneous critically ill paediatric populations. Children with liver disease are a group of patients at high risk of developing AKI. As far as we are aware, the assessment of RAI for the prediction of AKI in children with liver disease has not been reported.

Objectives The aim of this study is to assess the efficacy of RAI in the prediction of AKI in children with liver disease.

Methods 60 patients admitted to PICU aged 1 month to 18 years with a liver condition between 01/01/2017–31/12/2019 were analysed retrospectively. Children who were admitted < 48 hours, received renal replacement therapy for non-renal reasons in the first 48 hours of admission and had a history of renal impairment or renal transplant were excluded. RAI is the product of renal risk score and renal injury score, yielding a score between 1 and 40. RAI positivity (RAI+) is defined as RAI ≥8 within 12 hours of PICU admission. The primary outcomes: the development of day 3 severe AKI (stage 2–3 AKI according to the Kidney Disease Improving Global Outcomes [KDIGO] criteria), length of stay, mortality and the effect of incorporation of international normalised ratio (INR), bilirubin and lactate, as liver-related biomarkers into RAI.

Results Of the 60 eligible patients, 33% developed D3 sAKI. RAI was fulfilled in 67%. The incidence of D3 sAKI in RAI + i.e., positive predictive value was 43% was higher than in RAI – (15%) and statistically significant (p-value 0.03). RAI fulfilment in our cohort had 85% sensitivity, NPV 85% and specificity of 43% (AUC=0.64). 50% of patients were admitted after liver transplant, with the majority having a RAI score of ≥10 on admission rendering them positive hence a high false-positive rate. On excluding patients admitted following a liver transplant, the specificity of RAI improved to 79% (AUC=0.76). INR showed an association with the development of D3 sAKI for the whole cohort (OR: 1.49, 95%CI 1.05–2.13, p-value: 0.02) but this association was not consistent on the exclusion of the liver transplant patients from the analysis. Combining bilirubin and lactate with RAI showed no improvement in D3 sAKI prediction with AUC= 0.64 for both. When combining INR with RAI, the predictive performance for D3 sAKI slightly improved with AUC=0.74. In the patient cohort excluding those admitted following a liver transplant, the combination of RAI with INR, lactate and bilirubin had AUC = 0.89, 0.77, 0.76, respectively.

Conclusions RAI appears to be useful in predicting Day 3 sAKI in critically ill liver patients, however, it appears to be less efficient in patients admitted following a liver transplant. The combination of RAI with other parameters INR, lactate and bilirubin improved the prediction of D3 sAKI in critically ill children with liver disease.