the heterogeneity of this group, it is hard to find data to characterise this vital part of the workforce. We hope to fill a gap by starting to understand this group and the particular challenges they face, related to adopting to the new environment in their personal, social and work life. During Covid many of these doctors have faced additional challenges of isolation, being separated for long periods from family overseas, and not having the usual opportunities to make connections outside work. Our project, 'Soft Landing' aims to understand and help address these challenges.

Objectives To explore the challenges faced by an IMGs in personal, social and working lives and how they progress through their careers in UK.

Methods The survey was distributed via email to Training Programme Directors, as well as via social media. It was open to all paediatric IMGs in UK.

Results 108 IMGs participated in the survey. 44% of them had worked in the UK for <12 months. Almost half planned to apply for training posts.

The doctor's roles: Trainees: 15%, Non-Trainees (Level 1 and 2): 65%, Locum SHO: 20%. For most (80%), induction at start of post was not IMG tailored.

75% of participants had more than 5 years postgraduate experience. Despite most having many years of clinical experience, only 14% of IMGs felt confident during their first on call. Communication was a challenge for 50% of the cohort, and safeguarding was another concern with only 9% reporting feeling confident.

Career-wise, 33% of participants mentioned their educational supervisor was aware of their career goals. 90% of the cohort reported opportunity to participate in audits and QIPs. However, only 30% of participants had an opportunity to present at national/international conference.

Of concern, and reflecting WRES (Workforce Race Equality Standard) data on the experience of the medical BAME workforce, 60% of the cohort, mentioned that they had to take time off from work due to stress. The stress was related to 'work load', 'racism', 'non-supportive supervisors', 'difficult colleagues' and 'challenging patients'. 56% of the cohort mentioned that they were bullied and harassed in the work place. 40% of the cohort had received negative feedback at work. A large number, 46%, of the cohort had considered leaving UK.

Conclusions Our survey highlights areas of challenge, data which reflects our own experiences as IMGs. This allows us to identify key areas for improvement. With a better understanding of the issues, and gaps identified we have established the Soft Landing project. We hope to work with key stakeholders to address these identified areas for improved support in order to continue to recruit and retain this valuable part of the workforce.

Association of Paediatric Emergency Medicine

1582

MANAGEMENT AND FOLLOW-UP OF TODDLER'S FRACTURES DURING COVID-19

Louise Ingram, Esther Netto. *University Hospitals of Leicester NHS Trust*

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Background A spiral fracture of the tibia with no injury to the fibula is known as a toddler's fracture. Previously, children

were placed in plaster and followed up in an ED review clinic. During the pandemic, this pathway changed to reduce attendances at hospital and children were referred to a virtual fracture clinic for follow-up. This project aimed to assess the pathway's safety and develop a guideline for the Paediatric Emergency Department (PED).

Objectives

1. To ensure that toddler's fractures are managed appropriately in the PED.
2. To ensure that toddler's fractures are referred for follow-up.
3. To ensure that children are not lost to follow-up.
4. To produce a written guideline/proforma for the current management of toddler's fractures in the PED.

Methods Trust databases were searched to identify children aged 4 years and under, who presented between February and October 2020, and were coded as having a fracture of the tibia and/or fibula, or where the phrase 'toddler fracture' was used on their radiology request or report. When other types of fracture were excluded, 74 patients were identified, and their notes were retrospectively analysed. Two children were eliminated as they had followed the pre-COVID pathway. Three children had two attendances and their second presentation was directly related to the first, so the second presentation was removed for each. This gave a total of 69 attendances.

Results 68% of children were male; there was no pattern of age or date of presentation. 68 children with a suspected toddler fracture had an x-ray and fractures were seen in 37% of them. 94% of children were placed in a soft wrap and 100% were referred to Fracture Clinic. 75% of children were seen in virtual fracture clinic; time until follow-up varied from 1 to 91 days, with 56% being reviewed between 8 and 35 days after presentation. 7% had appointments made but no letters from these were available so it is not known whether the appointment occurred. 12 children (17%) had no follow-up appointment; 8 were given advice about cast removal and where to seek help if the child did not recover, 2 had no further information, 1 had multiple unsuccessful attempts to contact the family documented and 1 had no appointment made. No children reattended ED for advice about cast removal or follow-up; 3 children reattended after a second injury or ongoing refusal to weight-bear after cast removal.

Conclusions Moving to a virtual follow-up system has been broadly successful, with most children being followed-up in a timely fashion. A proforma has been produced to support diagnosis and management in PED, consistent with those currently in use for injuries. Further work would be to assess the sustainability and acceptability of the pathway to stakeholders, and to standardise follow-up outside PED.

International Child Health Group

1584

'SAFETY OF CHILDREN'S CLOTHING: AN UNMET NEED IN A DEVELOPING COUNTRY' INQUIRY INTO SAFETY STANDARDS AND PARENTAL KNOWLEDGE ON PAEDIATRIC CLOTHING IN SRI LANKA

¹Ruwanthi Perera, ²Piyumaka Peiris, ³Kavee Perera, ²Ishani Jayanath, ²Kishani Jayasekera, ⁴Madushika Dewasurendra, ⁵Malithi Guruge, ⁶Duleni Gunaratne. ¹University of Sri Jayewardanapura; ²University of Sri Jayewardanapura; ³University of Monash; ⁴University of Sri Jayewardanapura; ⁵Colombo South Teaching Hospital; ⁶University of Birmingham

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Background Clothing is one of the basic needs of human life. Clothing provides a proper way to cover the body with added numerous uses. With time, clothing industry has become sophisticated with increasing innovation in apparel materials and designs.

Children's clothing is an important as well as a famous arm of current clothing industry under various categories. It has a significant impact on children's health, safety, and well-being. These outcomes can be affected not only by the type of clothes that children wear, but also by many other factors related to child, caregiver and environment.

Different components and elements of clothing can have different impacts on children. The accessories in clothing such as cords, drawstrings, cords, belts, ties, buttons on garments can act as safety hazards on children. Several mechanisms of injury are impacted by clothing such as choking, swallowing, strangulation, entrapment, entanglement, burns, skin allergies, cut injuries, contusions, entrapments, tripping overs, falls can lead to disability or even death.

Objectives

- To assess the parental knowledge and attitudes on safety of clothing worn by their children and associated factors and to describe the factors influencing the purchase of children's clothing
- To assess the safety of children's clothing available at the local market, with regard to quality and contents of labelling and packaging, safety hazards safety standards in different categories of children's clothing

Methods Two descriptive cross sectional studies. An interviewer administered questionnaire was used to gather information from parent/caretaker of every other patient admitted to paediatric wards or out patient department of Colombo South Teaching Hospital, Sri Lanka

Interviewer administered checklist which is developed according to Safety Policy of Inditex which in cooperates Global and Asian standards for children clothing and International Labelling Standards was used to collect data on 14 different clothing types. The data was collected from clothing shops located at Pamunuwa- Maharagama area, which is one of main wholesale and retail clothing markets in the country.

Results A total of 425 respondents participated in the research and 73% were females with 13% of them being house wives. 64% of clothing purchases were need based and in 76% of cases the decision for the purchase was made by parents. 90.8% Bought clothes from shops in the area and 30.7% opted for online purchases. T shirts(24%) and infant ware (19%) were most frequently bought.

Fabric type (82%), size (79%) and safety(65.5%) were the main factors which affect the decision of purchasing. The fabric preference was mostly for cotton (90.8%) and least for silk and woolen (0.2%). Choking hazards (79.4%), sharp edges & point (68.3%) and strangulation hazards (69%) were the mainly concerned aspects regarding clothing safety. 22.5% of respondents have experience clothing related injury in their children and zipper injuries (4.7%) and allergic reactions (3.8%) were the main hazards. Childhood factors (7.8%) was the main reason for accidents.

In clothing standards study shirts, T shirts and long trousers were the safest. Majority lacked safe labeling and proper packaging. Buttons were the most unsafe accessory.

Conclusions It is evident from our analysis that the clothing accessible to children of middle to low income families do not adhere to expected safety standards which expose them to

numerous hazards. Therefore new clothing standards should be laid and existing standards should be reinforced.

Our parents and care takers were knowledgeable in many aspects of clothing safety. yet there is place for improvement and they are ready for it.

Paediatric Critical Care Society

1586

DIFFUSE ALVEOLAR HEMORRHAGE IN CHILDREN WITH DENGUE FEVER: AN OBSERVATIONAL STUDY

Revanth Baineni, Ramesh Mallavarapu, Bhanu prasad Devarapalli, Venkata Ramarao Paturi. *Andhra Hospitals*

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Background Dengue fever is an arthropod-borne viral disease commonly encountered in many tropical countries. The spectrum of the disease varies widely, and at times, it may present with unusual complications. One such dreaded but rare complication is, diffuse alveolar hemorrhage (DAH). It is usually regarded as a terminal event that occurs after refractory shock and associated with high mortality.

Objectives We aim to evaluate the incidence, clinical features and outcome of children presenting with DAH associated with Dengue fever.

Methods All children admitted with a diagnosis of dengue fever in the past three years (2018–2020) in our hospital were included in the study. Confirmation of diagnosis was done by a serological assay detecting NS1 antigen or Dengue IgM antibody. All children are managed according to the WHO (World Health Organization) Dengue management guidelines.

Results Total 250 children were diagnosed with Dengue Fever during the study period. Among them, six (2.4%) children were diagnosed with DAH. All of them had low platelet counts and three (50%) of them had coagulopathy as shown in table 1. Two (33%) of them had no features of shock while in three children, shock had responded to treatment (Fluids and inotropes) prior to the onset of DAH. Only one child had catecholamine refractory shock before the onset of DAH. One (17%) child had hemophagocytic lymphohistiocytosis (HLH). Three (50%) children with DAH succumbed to the disease. Children who survived, received supportive care with blood products transfusion, mechanical ventilation (MV) with high PEEP.

Abstract 1586 Table 1

Case	Duration of illness at onset of DAH	Platelet count (Cells/mm ³)	Coagulopathy	Shock	HLH	Outcome
1	5	10000	No	No	No	Died
2	10	7000	Yes	Yes	Yes	Survived
3	6	11000	No	Yes	No	Survived
4	5	8000	Yes	Yes	No	Survived
5	4	12000	No	No	No	Died
6	8	11000	Yes	Yes	No	Died