Did children ‘stay safe’?
Evaluation of burns presentations to a children’s emergency department during the period of COVID-19 school closures

We are writing to you regarding an evaluation of burns presenting to Leicester Royal Infirmary Children’s Emergency Department (ED) during the COVID-19 school closures, with the hope that our findings will help inform others.

With more children in the home during school hours, while parents juggled home education, childcare and working from home, there were concerns this may lead to increased incidences of burns—common home safety incidents.1 With meal preparation and baking popularity during lockdown, more thermal burns and scalds related to food and drinks were a possibility, as was the potential for significant safeguarding burns presentations. Our aim was to identify whether there had been more burns during the 10-week school closures in the Leicestershire and Rutland population (23 March–31 May 2020) and to identify themes for targeted health promotion.

Data were collected retrospectively using our local electronic management system, Nervecentre V.6.0.2, to identify all patients less than 18 years, presenting with an Emergency Care Data Set2 discharge diagnosis consistent with a burn. Patients were cohorted by age (in years) (0–1, 2–3, 4–5, 6–10, 11–16 and 17) and burn type (scald, thermal, electrical, chemical or friction). Scalds and thermal burns were subdivided, identifying those related to food and drink. Outcomes were recorded, including need for follow-up. The study was registered as a service evaluation via local trust procedures (reference 10646).

During this period, we saw proportionally more burns (1.3% in 2020 vs 0.7% in 2019); however, in terms of absolute numbers, these were lower (64/5031 in 2020 vs 83/12 599 in 2019). Notable findings were burn rate reductions in age groups 2–3 years (45%, 12 vs 22) and 11–16 years (59%, 7 vs 17) but a 27% increase in the 6–10 years group (15 vs 11). There was no proportional increase in thermal burns and scalds related to food and drink overall (38/64=59% in 2020 vs 50/83=60% in 2019). Three children required transfer to regional burns centres versus two children in 2019. One child (2 years), presenting with a burnt hand, represented 10 days later requiring a child protection medical for suspected neglect.

Forty-three children needed outpatient review with dressing changes. Service adaptations included home dressing changes by specialist burns nurses and the creation of dressing videos with provisions to enable parent-led changes. A home safety health promotion video was created and released on social media following this audit, receiving over 1500 views on Twitter.

Our findings are encouraging: despite more children being in the home, the potential for more accidents did not translate into an increased rate of ED burns attendances. However, we cannot exclude whether parents instead chose to source advice from other services such as local pharmacies or from within their support network. Subgroup analysis via age group, severity and significant safeguarding event rates is limited due to the relatively small sample size. Most importantly, the teams caring for these children have been proactive in ensuring appropriate follow-up and accessible health promotion advice despite the challenges this pandemic brings.

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REFERENCES