therapist input suggests the potential widespread use for services in the hospital. Future research and clinical implications are highlighted for implementation and outcomes.

37 HYPoxic CHALLENGE TESTING IN INFANTS; WHO IS RECOMMENDED TO FLY WITH SUPPLEMENTAL OXYGEN?

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Infants with a history of neonatal chronic respiratory problems may demonstrate hypoxaemia when at in-flight oxygen levels, despite normal sea-level oxygen requirements. The British Thoracic Society recommend these infants have hypoxic challenge testing (HCT) before air travel, SpO₂ <85% is recommended as a threshold below which in-flight oxygen is required and 'paediatrician discretion should be used when SpO₂ between 85–90% and, where there is doubt, the doctor should err on the side of caution.'

Aim To establish how many infants fell into each of the threshold categories during HCT; SpO₂ <85%, >90%, 85–90% and which of these patients were recommended to fly ± supplemental oxygen (suppO₂).

Methods Our HCT protocol for infants is 20 minutes in 15% FiO₂ within a body plethysmograph. SpO₂ is monitored throughout and suppO₂ administered via nasal cannula if SpO₂ < 85%. If after 20 minutes SpO₂ has remained >85% but <90% then suppO₂ is titrated for 5 minutes. We reviewed data collected from infants (aged < 1 year) whom had HCT between March 2017– January 2020.

Results Data collected from 65 infants, median age 27.6 weeks (range 5 to 51.6), 37 were male. None were receiving suppO₂ in room air prior to testing; all had baseline SpO₂ ≥96%. In 40 infants, SpO₂ did not dip to <90%. SpO₂ dropped to <85% in 16 infants, requiring administration of suppO₂. 9 infants required extended protocol due to SpO₂ 85–90%. SuppO₂ corrected SpO₂ in all to baseline levels.

In the 85–90% category, all 9 infants were advised by their clinician to use suppO₂ for air travel. The flight times in this subgroup ranged from 90 to 450 minutes.

Conclusion Infants with baseline SpO₂ ≥96% may still exhibit SpO₂ desaturation during HCT. We found all paediatricians recommended in-flight oxygen for infants with HCT SpO₂ <90% regardless of flight duration.

38 ADAPTING THE DELIVERY OF PSYCHOLOGICAL INTERVENTION IN A CHILDREN'S HEADACHE SERVICE IN RESPONSE TO COVID-19

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Objectives Psychological intervention forms part of a multidisciplinary approach to the treatment of headache conditions in childhood. Within the Children's Headache Service at Great Ormond Street Hospital many children and young people typically access this in the format of a group intervention. In response to the impact of COVID-19 on service provision,

the group materials were adapted into an alternative low-intensity psychological intervention format to be offered via individual video appointments.

Methods The group materials were reviewed and adapted into a six session guided self-help intervention. Session material was underpinned by an evidence-based approach utilising a CBT model, which forms the current basis of psychological headache intervention. This intervention was offered to young people who were originally referred to the group, and who subsequently agreed to the alternative guided self-help intervention. Goal-based outcome measures were used to monitor progress during the course of the intervention. The materials were reviewed by the practitioners providing the intervention and the young people accessing the intervention were also asked for feedback to enable continued adaptation and development based on experience.

Results Initial results suggest that a guided self-help intervention via video appointments is an accepted low-intensity psychological intervention by young people with headache conditions.

Conclusion Service found a way to adapt support for young people with headache conditions in the face of exceptional circumstances due to Covid-19. This has implications for the future provision of interventions and improves accessibility for the young people referred to our service who may otherwise be limited by financial or geographical means.

39 PEERS – POST EVENT EVALUATION REFLECTION AND SUPPORT

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The NHS is the largest employer in the United Kingdom, the largest employer in Europe and the fifth largest employer in the World employing over 1.7 million people. Great Ormond Street Hospital employs over 4200 of these individuals.

Many teams and Industries support their teams by debriefing following significant negative events and indeed some teams debrief all events.

Healthcare teams are unique when compared to teams in other industries. Health Care teams differ in Gender, age, culture, ethnicity, cognitive ability, experience and training and specialty. The spectrum of a healthcare team may range from student nurse to professor all working with a common same focus – 'the Patient'.

Health care teams are Heterogeneous unlike the Homogeneous nature of teams such as the Military or Aerospace which are for example, predominantly male, similar backgrounds and similar ages.

PEERS recognises and responds to needs diverse of individuals and teams that make up our healthcare system.

The aim of PEERS meetings is to provide support for colleagues, assisting them to explore and make sense of and process common reactions to potentially stressful events.

The PEERS approach seeks, nurture resilience, vulnerability and wellbeing through supported reflection by creating a safe space where individuals can speak openly and honestly, and be heard without bias, judgment or threat.

The fundamental objective is to foster, support and encourage, personal growth, wellbeing and to encourage 'help-seeking' behaviour, if needed.