≥10 years (716 radiographs). 30 CTs (70% in children ≥10 years) and 8 MRIs (all in children ≥10) were obtained.

Overall, 3 children (0.01%) had abnormalities – 2 undisplaced odontoid fractures (in an 8-year-old and a 12-year-old), and a C7 avulsion fracture (in a 14-year-old).

There were no significant differences in the quality of the lateral or AP radiographs in children <10 compared with ≥10 years. However, significantly more (72.8%; 95%CI 62.2%–81.3%) of the odontoid peg views in children <10 years were of inadequate quality, compared with those in children ≥10 years (50.2%; 95%CI 43.8–56.6).

There was no significant improvement in the proportion of adequate quality views in children in whom additional views were obtained (to improve quality/adequacy), compared with those who had 3 views only.

Conclusions Although uncommon, upper CSI are still seen in young children. There is insufficient evidence to completely exclude the odontoid peg view from cervical spine imaging in paediatric trauma. However, a pragmatic approach to imaging which avoids unhelpful additional views is acceptable.

In children < 10 years, the lateral and AP views should first be reviewed, and only if adequate, should an odontoid peg view be performed.

Additional views do not improve adequacy, hence inadequate initial views should prompt consideration of CT (after senior review and reassessment). Experience with injured children suggests some may have resolution of symptoms or be calmer, allowing more accurate senior assessment.

Association of Paediatric Emergency Medicine

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MENTAL HEALTH PRESENTATIONS TO A PAEDIATRIC EMERGENCY DEPARTMENT DURING A GLOBAL PANDEMIC

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Background Recent anecdotal reports suggests that more and more children are experiencing poor mental health as a result of multiple factors relating to the ongoing pandemic and subsequent school closures. We aimed to describe this change within mental health presentations at our own Paediatric Emergency Department. The department is located at a large children's hospital where, in 2019, we saw nearly 60,000 patients. Since March 2020 and the onset of the coronavirus pandemic, we have seen less than half that number.

Objectives To understand the impact of the coronavirus pandemic and school closures on the mental health of the population attending a paediatric emergency department.

Methods All patients under 16 who attended the emergency department with a mental health problem between 01/02/2019 and 31/01/2021 were identified. The number of presentations and admissions were analysed, as well as the index of multiple deprivation based on the patient's postcode.

Results Over the 24 month period we had 1431 mental health related attendances with a median age of 14 years. When looking at attendances by month, the mean number of

presentations was 53.6 and the median, 61.5. Based on this data, we found that there has not been a significant increase or decrease in the number of attendances over the period studied, with the month with the most attendances being January 2020. It must be remembered that there has been a significant reduction in ED attendances overall and so the proportion of our patient population suffering from a mental health problem has increased.

The mean number of admissions over this time was 28.8 and the median 28.5. There has been an increase in admissions however this seems to have been a steady increase over the 24 months rather than a sudden upsurge during the pandemic, but again, this will equate to an increase in the proportion of admissions that are related to a mental health problem. Specific conditions, such as eating disorders, did show a large increase in numbers during the pandemic.

The vast majority of these patients are in the lowest decile, the 1st, on the index of multiple deprivation. Rather than a gradual reduction in mental health problems as socioeconomic circumstances improve, there is a fairly consistent picture over the 3rd to 10th deciles, with a slightly higher incidence in the 2nd.

Conclusions Absolute numbers of presentations to an emergency department with mental health problems, and onward admissions into the hospital, have not increased significantly during the pandemic but the proportion of patients we see with mental health problems has. The majority of presentations are from sections of the population with the most challenging socioeconomic circumstances.

Our next step is to understand if the presentations we have seen have been more severe during the pandemic. Understanding the long term effects and identifying risk and resilience factors are vital for future planning of services and making these more accessible.

Quality Improvement and Patient Safety

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CAN ONLINE VIRTUAL INSTRUCTION DELIVER SUCCESS FOR RCPCH COVID-ADAPTED CLINICAL EXAMINATION CANDIDATES?... WE THINK SO

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Background Most doctors find examinations very stressful. In order to gain membership to the Royal College of Paediatrics, paediatricians are required to sit a clinical exam. Since November 2020, candidates have had to undertake a new COVID-Adapted Clinical exam involving new examination techniques and an online platform. We noticed the change caused increased anxiety and stress amongst our fellow trainees during an already challenging time.

Objectives To improve exam preparedness and wellbeing for trainees in Wales sitting the COVID-Adapted Clinical exam

Methods We collaborated with the RCPCH examination team to gain insights into the new exam structure and expected standard. Prior to exam diets in November 2020 and February 2021 we provided 4–6 weeks of virtual teaching delivered via Microsoft Teams by registrars (ST4 and above) and Consultants. In November 2020, we organised the first COVID-Adapted Clinical Mock Exam in the UK using the online platform 'Zoom.' We wrote a range of simulated stations and utilised break out room sessions to facilitate the migration of