There is very limited information clearly available for those with young children and I aim to explore the relationship between screen time and delayed development in toddlers.

Objectives Determine the literature currently present regarding screen time and its impact on children and young people with a specific focus on sleep and how it affects circadian rhythms.

Locate relevant guidelines and information relating to screen time in the UK and analyse this along with the available literature.

Methods A comprehensive search of the literature was undertaken to assess relevant data and studies pertaining to the described objectives. This included search terms and MeSH such as 'sleep', 'child*', 'screen time' and 'development' with differing Boolean operators to narrow the search criteria.

After analysis of the literature and further research of applicable guidelines, two representative papers were described in detail on the poster with conclusions drawn and recommendations detailed.

Results Although a number of covariates were identified such as socioeconomic status, child's physical activity levels and parental media-habits, many studies concluded that there was an association between increased screen time and delayed development. In particular, higher levels of screen time in children aged 2 and 3 were associated with poor performance on the developmental milestones and that irrespective of other covariates, screen time usage was a factor associated with fewer hours of sleep and longer sleep latency.

A lack of focused guidelines in the UK was uncovered with the majority of evidence being low quality.

Conclusions The neuronal connections formed in the first 3 years of life are of utmost importance and it has been shown that increased screen time in early life has been associated with a negative impact on sleep and therefore neurodevelopmental outcomes. Adequate circadian rhythms are required to achieve optimal neurodevelopment and overexposure to the bright blue light emissions, particularly in the hours before sleeping, has been linked with suppression of endogenous melatonin.

It is imperative that more information be made available to expectant and new mothers regarding screen time and the effects that it can have on their infants. Furthermore, clear guidelines should be developed to allow clinicians to adequately advise families about what is right for their toddlers.

Quality Improvement and Patient Safety

1522

DEPLOYMENT TO THE FRONTLINE – IN SITU SIMULATION AS A TOOL TO MAXIMISE PREPAREDNESS FOR COVID-19

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Background The COVID-19 pandemic required medical staff to quickly adapt to new policies and rota structures. In our large tertiary children's department, speciality paediatric consultants were redeployed to acute paediatrics. All clinical staff required training in new resuscitation protocols and personal protective equipment (PPE) guidance.

Objectives Simulation is an acknowledged educational tool. Our aim was to run in-situ simulations to prepare staff for undertaking resuscitation with appropriate PPE precautions during the evolving pandemic.

Methods In March 2020 we invited all clinical paediatric staff to participate in a 1-hour small group simulation. This focused on donning/doffing PPE and paediatric ABC assessment of the seriously unwell child. Feedback was undertaken using an online tool.

Results The main reason cited for participants to attend simulation was due to changing roles on a new rota, returning from other areas such as research and community paediatrics, and to take the opportunity to refresh skills particularly in the context of other courses being cancelled due to the pandemic.

41 participants provided feedback; 34.1% were non-acute paediatric consultants, 48.8% paediatric residents of all grades and 17.1% nurses. 39.2% of participants did not routinely cover an acute area where emergencies occur prior to the pandemic, and as such would not have taken the opportunity to refresh their knowledge if rota changes were not required.

92.3% felt better prepared for acute paediatric shifts during the pandemic. 70.7% reported reduced stress regarding rota reconfiguration. 97.3% found this a useful educational tool.

Anecdotally staff felt these sessions enhanced an overall sense of comradery, feeling more prepared for the 'worst case scenario'.

Conclusions

- In-situ simulation is a versatile tool which can help prepare medical staff following resuscitation policy changes (eg. during a pandemic)
- It has a positive impact on staff feeling prepared, improving staff morale and confidence during resuscitation.
- As access to and the landscape of educational opportunities change, small session in-situ simulations (while acknowledging physical distancing guidance) has an important role in being a key educational tool during pandemics.

Paediatric Critical Care Society

1523

PERSON BEHIND A PARENT

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Background An article 'Please don't call me mum'¹ in BMJ highlighted the parents' perspective of how they would like to be addressed and empower them in decision making, towards the care of their child. How we as HCPs initially address parents or carers sets the tone for further communication and can have an influence on the quality of the relationship.

Objectives We aimed to explore how parents whose child was admitted to NICU or PICU wish to be addressed. Secondly, we aimed to explore how HCPs in PICU usually address parents.

Methods A questionnaire consisting of check-box choices with option of more than one selection and free text questions was designed to collect data from parents and HCPs.