and 22% from secondary care. In 61% (25 out of 41) of these children there was symptom resolution with no further interventions, and they were discharged back to their GP. 34% of children (14 out of 41) had an alternative diagnosis like constipation, infectious diarrhoea, or toddler's diarrhoea. 1 patient in the group studied (3%) had a confirmed diagnosis of inflammatory bowel disease and they were already under specialist gastroenterology clinic. Of the group studied, the highest calprotectin level was 1660 (attributed to a campylobacter infection).

Conclusions The majority of faecal calprotectin requests comes from primary care setting. The value of this test as a diagnostic marker for inflammatory bowel disease is poor. If it is elevated, alternative diagnosis like constipation and infection should be considered. We propose that faecal calprotectin in children less than 4 years of age should only be requested in secondary care. If elevated, the test should be repeated after 4 weeks and if persistently elevated, children should be referred to Paediatrician with expertise in Gastroenterology. We also propose that the laboratory reports for elevated faecal calprotectin level should state the above plan and not mention the possibility of inflammatory bowel disease, as is currently done. We believe that this will help streamline specialist referrals, reduce unnecessary investigations and more importantly reduce parental anxiety.

Child Protection Special Interest Group

1724

BARRIERS TO REPORTING CHILD DENTAL NEGLECT CONCERNS AMONGST GENERAL MEDICAL PRACTITIONERS IN GREATER MANCHESTER

Layla Whyatt, Cain Coots, Siobhan Barry. *University of Manchester*

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Background Dental neglect presents a global concern which can lead to serious impairment of a child's health and development. Appropriate intervention is a shared public challenge reliant on all healthcare professionals, including general practitioners (GPs). Previous literature has highlighted a lack of training amongst GPs surrounding child dental neglect and suggests that there are barriers present to the reporting of concerns.

Objectives To investigate the current awareness of child dental neglect amongst GPs in Greater Manchester and to investigate barriers to the reporting of child dental neglect concerns.

Methods An anonymous, electronic pilot questionnaire was distributed via email to a sample of General Practitioners in Greater Manchester. Institutional ethics approval was sought and consent was gained from participants. Respondents reported their experience and training in child dental neglect and their management of suspected cases. Results were downloaded into an excel spreadsheet for analysis.

Results Seven GPs completed the pilot questionnaire, all of whom treated NHS patients. Thirty-eight percent of respondents had received formal child protection training at undergraduate level and 100% had completed postgraduate training. Only 25% felt adequately trained in the mechanisms of escalation and referral of a suspected child dental neglect case. There was universal acknowledgement that more training is required for GPs, with 75% believing that this should take place at undergraduate level. All participants were aware of

their practice safeguarding lead and were familiar with their practice policy for child protection, however, none knew of the existence of the handbook commissioned by Department of Health, 'Child protection and the dental team'. Fifty-seven percent of GPs had been suspicious of at least one case of child dental neglect, however, only 75% had recorded their observations in the clinical notes. Further to this, 43% had suspected child dental neglect and not completed an onwards referral. Common barriers to reporting concerns included: lack of knowledge of referral procedures; lack of certainty of the diagnosis; and lack of confidence in their suspicions. Almost 80% of respondents felt that GPs are well situated to identify behaviour and signs of child dental neglect and 86% were prepared to aid in its recognition.

Conclusions Although a lack of awareness surrounding child dental neglect was highlighted, GPs feel that they are well placed to recognise signs and are willing to get involved in its detection. Barriers to the referral of suspected cases are still commonly reported and there is a strong demand for further training and guidance amongst GPs.

RCPCH Trainees Committee

1726

WELLBEING OF INTERNATIONAL FELLOWS DURING THE COVID PANDEMIC

¹Sakeena Samar, ²Meissa Osman. ¹Birmingham Women and Children Hospital Trust; ²Birmingham Womens and Childrens Hospital

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Background The COVID 19 pandemic has affected our society adversely. The International Clinical Fellows have also faced the brunt personally and professionally. In the conundrum of mounting pressures of the pandemic and increasing patient workload the morale of the larger team needed some attention and boosting.

Objectives To address the concerns and challenges faced by the International Clinical fellows and provide a forum to make them feel heard. We wanted to include Pastoral support. We wanted to introduce a forum to share possible solutions and support

Methods We would have quick corridor conversations but in their brevity a sense of low morale was palpable. We formed a group as a social network and collected email ids from the International Fellows across the Trust.

We requested each member to briefly write points that they were concerned about and also compile positive opinions. We compiled these under various headings. A forum of the International Fellows was conceived and we all met virtually. Concerns ranged from workload disparity to lack of learning opportunities. Some of them were missing their Home as the Pandemic restrictions prevented them visiting families.

The positive opinions were that their teams were supportive and most believed that their colleagues were their new families. They were advised and mentored during these sessions

The minutes of this forum would be then taken to higher authorities in the Trust to address and acknowledge.

Results

Results An overwhelming feedback revealed how the Fellows appreciated this initiative. Their performance was enhanced and we had a happier lot of high performing International Fellows. They mentioned that they had a feeling of inclusion.

The need for a structured pathway for training with end goals was identified. Ideas and experience from other Trusts will be explored and evaluated.

Conclusions

Conclusion These Forums are crucial as a platform to share worries and concerns, especially during these challenging times. It will also help people to share coping strategies and ideas that will aid colleagues to adapt and cope with rapidly changing work environment. The need of the hour is to look out for each other and by communicating and mentoring International Fellows, it would not only boost their morale but also aid in more International Fellows being recruited from overseas due to positive feedback.

We are hoping that this allays mental health issues too.

Paediatric Critical Care Society

1730

JUST IN CASE TRAINING

Petra Carroll, Denise Welsby. *Great Ormond Street Hospital for Children NHS Foundation Trust*

10.1136/archdischild-2021-rcpch.815

Background The Trust introduced Just in Case Training (JIC) in 2014 in the ITU areas under the global PediRES-Q research study.

The initiative reinforces traditional annual resuscitation training, delivering refresher and preparatory training at the bed side to help staff become more focused and aware of essential skills and interventions that may be required for individual patients, meeting the learners needs when it is required, promoting a confident and responsive workforce, providing a timely, child-centric approach to the delivery of resuscitation skills at the bed-side where all clinical staff can be engaged and appreciate the end goal of identifying those at risk of deterioration and prevention.

Objectives To improve the recognition and enable early intervention and management of the acutely unwell child in order to prevent deterioration into cardiorespiratory arrest and rapid response in paediatric resuscitation by providing Just in Case training to clinical staff.

Methods In response to the impact of the Covid 19 pandemic, there were opportunities to extend the JIC training, bringing additional expertise, support and reassurance to all clinical areas but especially where Covid 19 patients were identified, increased acuity of patients, staff levels were stretched, the PEWS >9, ward teams, Clinical Site Practitioners (CSP) or parents had identified a high risk of deterioration or collapse. Also, to support staff redeployed from the North Central London Paediatric Network, ward-based training regarding the trust emergency response systems and familiarisation and use of Trust emergency equipment was delivered.

Success led to an extension of the initiative and collaboration with the CSP team and clinical staff, identifying JIC opportunities, including a refresher of the skills of effective bag-valve-mask ventilation, application of defibrillator pads and quality CPR. Reviewing emergency processes such as algorithms and protocols, highlighting situational awareness including bedspace preparation, role allocation and clinical decision-making is supported. Furthermore, expertise within the team encourages the staff to explore clinical conditions of patients, giving context to the disease process including support for

modified approaches to resuscitation. Increased visibility in the clinical areas, has resulted in increased requests from staff for this training to develop their confidence, supporting the complex and progressive clinical needs of the child requiring a higher dependency.

Results

	Jan 2019–Dec 2019	Jan 2020–Dec 2020
Total 2222 Calls attended by Clinical Emergency Team	147	125
Cardiorespiratory arrests	13	10
Respiratory arrests	34	48
Unplanned admissions to Critical Care Units	158	168
Number of staff trained	-	384

Conclusions Aside from the earlier escalation and interventions, resulting in a decrease in 2222 calls overall and cardiorespiratory arrests, the positive impact of this additional bedside teaching has been very well received and praised by the staff in clinical areas, especially those caring for complex, high risk patients at the point of care and in context of the specific disease process.

Association of Paediatric Emergency Medicine

1731

EPIDEMIOLOGY, SEVERITY AND OUTCOMES OF CHILDREN PRESENTING TO EMERGENCY DEPARTMENTS ACROSS EUROPE DURING THE SARS-COV-2 PANDEMIC: AN OBSERVATIONAL COHORT STUDY

Ruud Nijman¹, Kate Honeyford², Silvia Bressan³, Luigi Titomanlio⁴, Study group EPISODES study⁵. ¹Imperial College of Science, Technology and Medicine, Section of Paediatric Infectious Diseases, London, UK; ²Imperial College London, Faculty of Medicine, School of Public Health, London, UK; ³University Hospital of Padova, Division of Pediatric Emergency Medicine, Padova, Italy; ⁴Robert Debré Paediatric Hospital, Paediatric Emergency Department, Paris, France; ⁵Imperial College London, Section of Paediatrics, London, UK

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Background An unprecedented reduction in paediatric emergency department (PED) attendances has been reported following the introduction of social distancing measures during the first wave of the SARS-CoV-2 pandemic in the UK. Emerging evidence also suggests changes in the type of acute presentations to urgency and emergency care.

Objectives We aimed to describe the patterns of children presenting to PEDs across Europe during the first wave of the SARS-CoV-2 pandemic, and compare these with historical data, to understand the timeliness of their presentations in relation to the disease severity, and to monitor for emerging disease entities.

Methods The 'Epidemiology, severity and outcomes of children presenting to emergency departments across Europe during the SARS-CoV-2 pandemic' (EPISODES) - study collected data from 39 PEDs in 18 countries including 6 UK sites. Routine clinical data were extracted from electronic health records for all children aged <16 years from January 2018 – May 2020,