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

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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

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

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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,