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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10.1136/archdischild-2021-rpchs.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.

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

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10.1136/archdischild-2021-rpchs.816

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 SAS-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,
and these were uploaded using a standardised data entry form on the validated online REDCap system. Standardised 28-day rates were calculated for PED attendance, hospital admission, and selected diagnoses; interrupted time series were performed. Ethics approval was obtained at all study sites. Results PED attendances varied between 420 and 6,370 between sites for January 2020. Across sites, a reduction in PED attendances (March 2020 vs March 2021) ranged from 29.0% in children aged 5–12 years to 44.8% in children <14 days; a larger reduction was seen at the 6 UK sites. In a preliminary sample across sites, no increase was seen for appendicitis (standardised 28-day number of patients of 181 in April 2018 vs 219 in April 2019 vs 182 in April 2020) or diabetic ketoacidosis (27 vs 29 vs 28); a reduction was observed for otitis media (1628 vs 1538 vs 214), tonsillitis (3672 vs 3506 vs 776), and mental health issues (329 vs 300 vs 176). Reductions in hospital admissions were seen for any type of admission, including admissions >72 hours and to intensive care.

Conclusions This multinational study confirms a dramatic reduction in PED attendances of all levels of severity observed during the first wave of COVID-19 across Europe. The reduction was consistent in all participating sites, despite the heterogeneity in social distancing measures introduced. We did not find an increase in appendicitis or diabetic ketoacidosis, and a decrease for mental health issues.

British Society of Paediatric Endocrinology and Diabetes

1732 THE EXPERIENCES AND PERCEPTIONS OF CHILDREN AND YOUNG PEOPLE WITH OBESITY PARTICIPATING IN VIRTUAL EXERCISE SESSIONS
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Background Childhood obesity is a major public health concern. The causes of obesity within the paediatric population are multifaceted, contributing to its complex management approach. Most children do not meet the recommended guideline of 60 minutes of physical activity a day. The COVID-19 pandemic has forced unprecedented restrictions on physical activity levels, in conjunction with national school and sports facility closures. This has greatly impacted patients with obesity, whose clinical management often involves physical exercise implementation. The pandemic has propelled the use of digital solutions, with virtual platforms becoming the main source of interaction and engagement. The perceptions of children with obesity who participate in virtual exercise sessions have not been studied. To optimize future weight management services, more information on the perceptions of children with obesity is needed. This project was conducted to determine whether virtual sessions are an acceptable method to increase activity levels among these children and young people.

Objectives To explore experience and perceptions of virtual exercise sessions among children and young people with obesity.

Methods Semi-structured telephone interviews were conducted on 6 patients with obesity who had participated in virtual exercise sessions. All interviewees were participants in virtual exercise sessions ran by a tier three weight management service. The data was transcribed verbatim, reviewed by 2 independent researchers, and undergone thematic analysis.

Results Six children and young people (9–17 years old) were interviewed. The respondents preferred virtual exercise to traditional face to face exercise due to many reasons, primarily being able to exercise at home. Patients described previously lacking confidence to participate in traditional face to face exercise provisions and that the virtual sessions enabled them to participate in group exercise with cameras turned off. Patients were consistently motivated to join the virtual exercise sessions due to increased enjoyment upon participation. Children felt that both their activity levels increased and that virtual exercise sessions provided benefits to both their energy levels and sleep routine. Children identified whole family involvement via the virtual exercise sessions increased their enjoyment and assurance.

Conclusions Participants in weight management services benefit from attending virtual exercise sessions. This exploratory study highlights virtual sessions as a vital adjunct allowing patients with obesity to receive relevant input for physical activity. We need to however consider digital exclusion as a barrier for some families. Health professionals play a key role in not only delivering medical care to patients but also providing and promoting lifestyle support through new digital platforms. This qualitative study seems promising for enhancing physical activity engagement, but further research needs to be carried out to evaluate the effectiveness in weight management programs.