

research team. Activities involved group work to explore and propose solutions for effective CYP recruitment and data collection, produce a study logo and review the plain English summary.

Results YPAG members produced insightful arts-based posters containing important ideas and concepts that were incorporated into the study design. A study logo was created, diaries and electronic communication methods to collect data were added and a variety of age-based leaflets were added to the recruitment strategy. Members reported several benefits from the sessions, including enhanced creative and problem-solving skills and members enjoyed the teamwork and collaborative approach.

Conclusion YPAG involvement resulted in meaningful improvements to research design and members gained new knowledge, transferrable skills and improved confidence. This experience should help inform YPAG involvement in future research.

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Conflict of interest GAW received funding to conduct this project through a post-doctoral bridging fellowship. HT, TB, EM and RT received financial compensation, in line with NIHR/INVOLVE guidelines, for their involvement in the YPAG group.

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Dispatch and triage

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INTRODUCTION OF VIDEO TRIAGE OF CHILDREN WITH RESPIRATORY SYMPTOMS AT A MEDICAL HELPLINE

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Background Calls regarding children make up the relatively largest proportion of contacts to medical call-centers, with calls often concerning respiratory symptoms. Triage of children without visual cues and through second-hand information is difficult, with risks of over- and undertriage. We aimed to test feasibility, acceptance and patient outcome after introduction of video triage of young children at the out-of-hours medical call-center in Copenhagen, Denmark.

Method Prospective quality improvement study, with patients aged 6 months to 5 years with respiratory symptoms enrolled to video or standard telephone triage (1:1). Calculated sample size was 774. The proportion of successful video calls, representing feasibility, and parental acceptance of video participation was registered, along with patient outcome within 48 hours, including adverse events (intensive care unit admittance, lasting injuries, death).

Results We included 617 patients (54% video triage) before the study prematurely was shut-down due to the COVID-19 pandemic. Feasibility was 95.2% and acceptance rate likewise 95.2%. No adverse events were registered in either group. Patients were triaged to stay at home in 63% of video triage calls vs. 58% of telephone triage calls ($p=0.19$). Within 8 and 24 hours there was a trend towards fewer video triaged than telephone triaged patients assessed at hospitals: 39% versus 46% ($p=0.07$) and 41% versus 49% ($p=0.07$), respectively.

Conclusion Video triage of young children with respiratory symptoms at a medical call-center was feasible, acceptable and safe. Video triage can potentially optimize triage and hospital referrals, and might be beneficial in many pediatric call-center contacts.

Conflict of interest None to declare.

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Miscellaneous

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A QUALITATIVE EXPLORATION OF RESTRAINT DECISIONS MADE BY PARAMEDICS AND ADVANCED PARAMEDICS IN THE CONTEXT OF ACUTE BEHAVIOURAL DISTURBANCE (ABD) IN THE PRE-HOSPITAL SETTING

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Background Acute behavioural disturbance, also known as excited delirium, is a medical emergency. Paramedics are required to balance competing concerns, including the risks of restraint to the patient, the need for diagnostic accuracy and the need for compliance with relevant legislation. Decisions take place in the context of challenging situations and paramedics are required to work closely with other professionals, such as the police.

Method 17 semi structured interviews¹ and focus group were undertaken with Paramedics and Advanced Paramedic Practitioners. This data is being analysed using reflexive thematic analysis (Braun and Clarke, 2006), informed by critical realism.

Results We have identified five tentative themes: Professional identity and patient advocacy, adequacy of clinical