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.

**REFERENCES**


**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.

**Funding** This project formed part of a post-doctoral bridging fellowship supported by the National Institute for Health Research (NIHR) Applied Research Collaboration East Midlands (ARC EM) and Health Education England. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

**Dispatch and triage**

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

1-C Grex*, 2-A8 Hasselager, 2-4, G Lindeth, 3-MS Frederiksen, 2-5, F Folke, 7-AE Emball, 8-1 Hu Garnst-Jensen, 1-2D Cortes. 1-Department of Pediatrics and Adolescence Medicine, Copenhagen University Hospital – Amager and Hvidovre, Copenhagen, Denmark; 2-Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark; 3-Department of Pediatrics and Adolescence Medicine, Copenhagen University Hospital – Herlev and Gentofte, Copenhagen, Denmark; 4-Department of Anesthesia and Intensive Care, Copenhagen University Hospital – Bispebjerg and Frederiksberg, Copenhagen, Denmark; 5-Copenhagen University Hospital – Copenhagen Emergency Medical Services, Copenhagen, Denmark; 6-Department of Cardiology, Copenhagen University Hospital – Herlev and Gentofte, Copenhagen, Denmark; 7-National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark; 8-Department of Clinical Research, Copenhagen University Hospital – Amager and Hvidovre, Copenhagen, Denmark; 9-Department of Emergency Medicine, Copenhagen University Hospital – Amager and Hvidovre, Copenhagen, Denmark

**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.

**Funding** Tryg Foundation, Research Foundation of the Capital Region, Research Foundation of Amager-Hvidovre Hospital.

**Miscellaneous**

**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**

1-L Lindridge, 1-L Blackwood, 2-T Edwards. 1-University of Bath, UK; 2-London Ambulance Service NHS Trust, UK

10.1136/bmjopen-2022-EMS.7