Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

sensitivity and specificity of 0,787 and 0,757 respectively. ROC area under curve (AUC) was 0.815. (Figure 2) No meaningful cut-off value to differentiate between type 2 and no MI was found with a ROC AUC of 0.565. (Figure 3)

Conclusion: For patients with OHCA, hs-TnT is not useful to differentiate between MI as cause of OHCA and other causes. We propose a different model to assess MI status in OHCA patients, not based on hs-TnT levels.

Figure 1

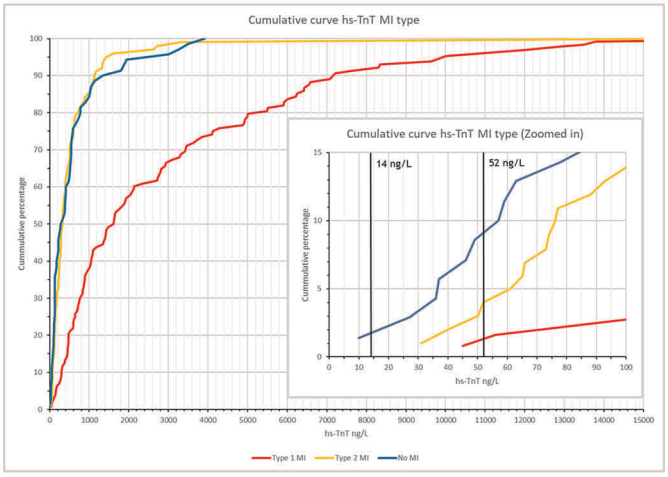


Figure 2

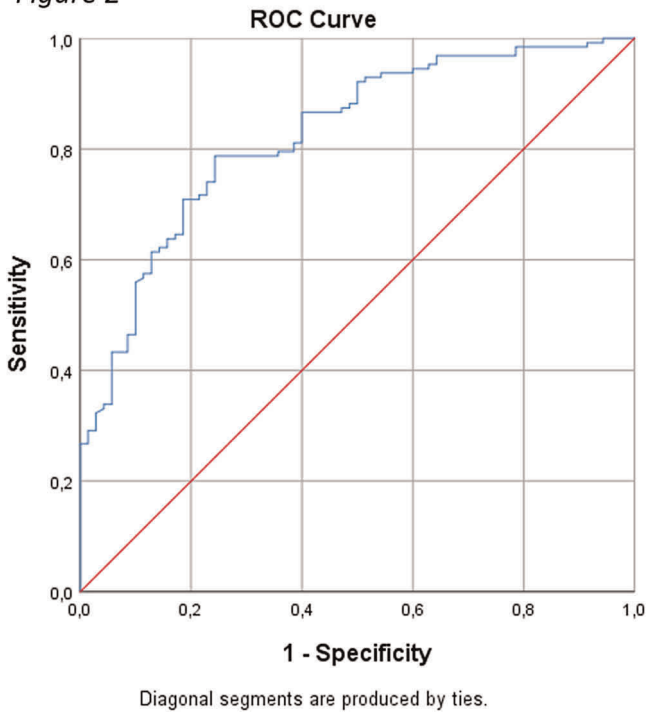
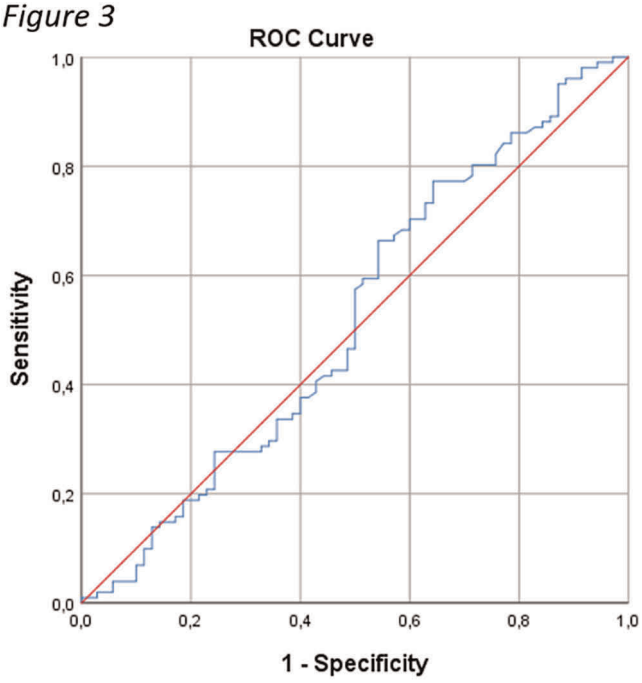


Figure 3



Reference

1. Thygesen K *et al.* Fourth universal definition of myocardial infarction (2018). *European Heart Journal*. 2019;40(3):237–69.

Y03

The nationwide impact of COVID-19 on Advanced Life Support courses. A retrospective evaluation by Resuscitation Council UK

Christopher Thorne[1,2], Sue Hampshire[2], Isabelle Hamilton-Bower[2], Adam Benson-Clarke[2], Sultana Begum-Ali[2], Keith Couper[2,3,4], Joyce Yeung[2,3,4], Andrew Lockey[2,5], Gavin Perkins[2,3,4], Jasmeet Soar[2,1]

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[5]*Calderdale & Huddersfield NHS Foundation Trust, Halifax, United Kingdom*

Purpose: The COVID-19 pandemic led to widespread workforce redistribution within the National Health Service (NHS) to accommodate the influx of patients with COVID-19. Medical education was consequently sacrificed to focus on patient care1. This observational study characterises the impact that the COVID-19 pandemic had on Advanced Life Support (ALS) courses in the United Kingdom (UK).

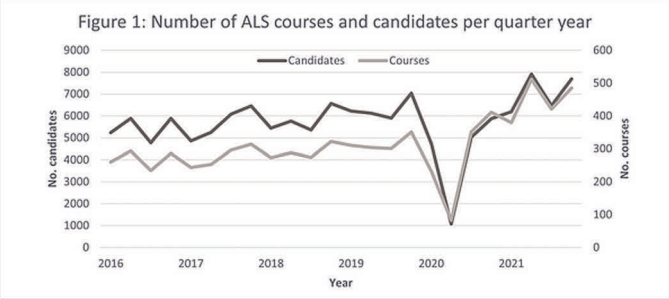
Methods: We extracted data for ALS courses between 01/01/16 and 31/12/21 from the Resuscitation Council UK learning management system (LMS). Chi-squared and t-tests were used in Microsoft Excel to compare pre/post-pandemic outcomes with the national lockdown on 23/03/20 as the cut-off date. P-values of <0.05 were significant.

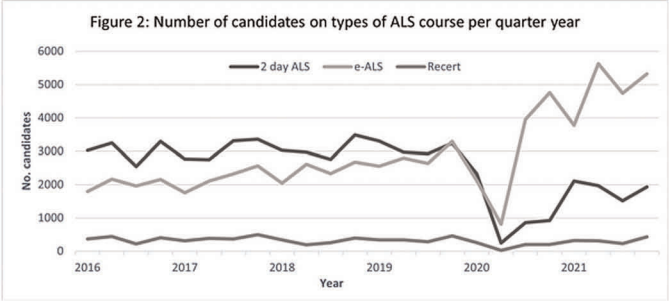
Results: There was a decline in the number of courses, and candidates attending ALS courses in the second quarter of 2020 (Fig 1). Subsequently both rebounded in 2021 to exceed pre-pandemic levels.

Post-pandemic there has been a significant increase in the number of e-ALS candidates compared to the traditional 2-day ALS course ($P < 0.001$, Fig 2).

The mean number of candidates on individual ALS courses was significantly lower post-pandemic (14.8 vs 20.2, P < 0.001).

Both CAS-Test and MCQ performance were significantly lower post-pandemic (P < 0.001). Overall course results were marginally lower post-pandemic (Fig 3, P < 0.001).





Conclusions: COVID-19 caused a sharp decline in the number of ALS courses and candidates being trained in the second quarter of 2020. These have since rebounded but with a marked increase in candidates undertaking e-ALS. Social distancing measures likely explain why the average course size has reduced by 25%; this will have far-reaching ramifications for course centres. Surprisingly there has been a decline in candidate performance in both forms of ALS assessment since the pandemic. Further research is required to ascertain the cause of this.

Reference

1. Papapanou M *et al.* Medical education challenges and innovations during COVID-19 pandemic. *Postgraduate Medical Journal*. 29 March 2021.

Y04

Trends in pediatric out-of-hospital cardiac arrest over an 18-year period in Rotterdam, the Netherlands

Marijn Albrecht[1], Rogier De Jonge[1], Vinay Nadkarni[2], Mathijs De Hoog[1], Maayke Hunfeld[1], Janneke Kammeraad[1], Xavier Moors[1], Lennart Van Zellem[3], Corinne Buysse[1]

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[3]*GGD Amsterdam, Amsterdam, Netherlands*

Purpose of the study: Survival following pediatric out-of-hospital cardiac arrest (pOHCA) increases due to 'chain-of-survival' improvements. Shockable rhythm is associated with long-term favorable neurologic outcome (1). This study investigates secular long-term outcome at least one year after pOHCA and secular trend in bystander CPR, AED use and shockable rhythms.

Materials and methods: All children aged 1 day-18 years with non-traumatic pOHCA between 2002–2019 admitted to the emergency department or pediatric intensive care unit (PICU) of Erasmus MC Sophia Children's Hospital were included. Long-term outcome was determined using a Pediatric Cerebral Performance Category (PCPC)

Table 2: Course outcomes per year

Year		2016	2017	2018	2019	2020	2021	Total
ALS CAS-Test	Pass	17694	18433	18523	20300	12947	21792	109689
	Fail	3379	3531	3927	4441	3214	5425	23917
	Overall	21073	21964	22450	24741	16161	27217	133606
	Pass rate (%)	**84.0**	**83.9**	**82.5**	**82.1**	**80.1**	**80.1**	**82.1**
ALS MCQ	Pass	20212	20981	21524	23677	15427	25799	127620
	Fail	848	972	925	1060	728	1414	5947
	Overall	21060	21953	22449	24737	16155	27213	133567
	Pass rate (%)	**96.0**	**95.6**	**95.9**	**95.7**	**95.5**	**94.8**	**95.5**
ALS Overall	Pass	20124	20873	21352	23600	15312	25488	126749
	Fail	1068	1207	1237	1261	916	1619	7308
	Total	21192	22080	22589	24861	16228	27107	134057
	Pass rate (%)	**95.0**	**94.5**	**94.5**	**94.9**	**94.4**	**94.0**	**94.5**

Table 2: (abstract: Y03)