

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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. 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.







Diagonal segments are produced by ties.



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

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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 postpandemic (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

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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)

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		Pass rate (%)	95.0	94.5	94.5	94.9	94.4	94.0	94.5

Table 2: Course outcomes per year