

sampled: airway management, O2 delivery, team organization and assessment/treatment of cardiac arrest. **Conclusion:** This initiative is the first time high-fidelity simulation training has been used with Corrections nurses and the first in-situ simulation in a maximum security institution in Canada. The sessions were well-liked by participants and were assessed as very effective, validating the demand for further implementation of clinical simulation in correctional facilities. **Keywords:** acute care, innovations in EM education, simulation training

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Bridging knowledge gaps in anaphylaxis management through a video-based educational tool

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Introduction: Cases of anaphylaxis in children are often not appropriately managed by caregivers. We aimed to develop and to test the effectiveness of an education tool to help pediatric patients and their families better understand anaphylaxis and its management and to improve current knowledge and treatment guidelines adherence. **Methods:** The GEAR (Guidelines and Educational programs based on an Anaphylaxis Registry) is an initiative that recruits children with food-induced anaphylaxis who have visited the ED at the Montreal Children's Hospital and at The Children's Clinic located in Montreal, Quebec. The patients and parents, together, were asked to complete six questions related to the triggers, recognition and management of anaphylaxis at the time of presentation to the allergy clinic. Participants were automatically shown a 5-minute animated video addressing the main knowledge gaps related to the causes and management of anaphylaxis. At the end of the video, participants were redirected to same 6 questions to respond again. To test long-term knowledge retention, the questionnaire will be presented again in one year's time. A paired t-test was used to compare the difference between the baseline score and the follow-up score based on percentage of correct answers of the questionnaire. **Results:** From June to November 2019, 95 pediatric patients with diagnosed food-induced anaphylaxis were recruited. The median patient age was 4.5 years (Interquartile Range (IQR): 1.6–7.4) and half were male (51.6%). The mean questionnaire baseline score was 0.77 (77.0%, standard deviation (sd): 0.16) and the mean questionnaire follow-up score was 0.83 (83.0%, sd: 0.17). There was a significant difference between the follow-up score and baseline score (difference: 0.06, 95% CI: 0.04, 0.09). There were no associations of baseline questionnaire scores and change in scores with age and sex. **Conclusion:** Our video teaching method was successful in educating patients and their families to better understand anaphylaxis. The next step is to acquire long-term follow up scored to determine retention of knowledge.

Keywords: anaphylaxis, education tool

P096

Non-legislative interventions to promote helmet use in adult cyclists: a scoping review

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Introduction: Helmets are effective in preventing brain injury and fatality in cyclists. Methods to promote their use include legislation

and non-legislative interventions (NLI) such as education, social interventions, and subsidies. These have been systematically reviewed and proven effective in pediatric populations. We conducted a scoping review regarding NLI to promote helmet use amongst adult cyclists.

Methods: We conducted a scoping review of NLI to promote helmet use amongst cyclists age 18 or older. PRISMA guidelines were followed. Databases searched included MEDLINE, EMBASE, CINAHL, PsycINFO, and SportDiscus, in addition to grey literature. Articles were excluded if non-English, focused on age <18, on legislative interventions, or did not report on outcomes related to helmet use or ownership. Study inclusion and data extraction were conducted in duplicate. Data were extracted regarding participant demographics, setting, intervention details and effects, and were reported using descriptive statistics with a narrative synthesis. A limited quality assessment was conducted. **Results:** A total of 16 papers were included, stratified as 4 randomized-controlled trials and 12 pre-post studies. Only 4 were specific to adults. Community cyclists (5/16, 31%) and community members were most commonly targeted, with most interventions taking place in the community (8/16, 50%) or in a healthcare setting (4/16, 25%). Most interventions were multi-faceted, involving components of community awareness programs, education, information distribution, helmet giveaways and monetary incentives, use of mass media, motivational interviewing, and social marketing. The studies were heterogeneous in quality. Changes in helmet rate use varied between -6% and 26%, with half the studies (8/16, 50%) noting a statistically significant increase. Duration of follow-up of helmet use rates following the intervention varied between 4.5 weeks and 11 years (median 1.38 years, mean 3.0 years.) **Conclusion:** NLI to encourage bicycle helmet use were frequently multi-faceted and generally associated with an increase in use amongst adults. Studies were heterogeneous in quality, varied in their targeted audiences and often not focused on adults. Further evidence is needed to better characterize the efficacy of non-legislative interventions to achieve sustained helmet use in adult cyclists.

Keywords: bicycle helmet, cycling, head injury

P097

The emergency department experience for patients and caregivers referred from an outpatient oncology clinic

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Introduction: Outpatient oncology clinics have become the mainstay of cancer treatment, but their limited services and hours of operation often lead to emergency department (ED) referrals. With Canada's aging population and cancer survival rates improving, cancer-related ED visits are becoming a significant aspect of emergency medicine. A cancer-related visit to the ED is associated with unique challenges for patients, their caregivers and clinicians. This study focuses on understanding the ED experience of patients and their caregivers sent from an outpatient oncology clinic to a separate affiliated large academic hospital. **Methods:** A descriptive, phenomenological study of interviews was conducted using the method of Giorgi. The sample included 12 participants (n = 9 patients, 3 caregivers) referred to the ED at a large academic hospital (i.e., Toronto General Hospital, TGH) following a same-day outpatient oncology appointment at an affiliated cancer centre (i.e., Princess Margaret Hospital, PMH). Interviews continued until thematic saturation. All transcripts were analyzed by 2 reviewers with bracketing to ensure accuracy. **Results:** Four themes were identified from analysis: (1) communication; (2)