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.

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the rate of enrollment declined substantially (to 1.1-fold of the BL value), but the percentage of the course completers remained high: 45.4% vs. 42.9% DL and 25.1% BL. The proportion of participants who reported high baseline readiness to attempt resuscitation (4--5 points) was higher DL (53.7%) compared to BL (46.3%; p < 0.001), and AU (58.1%) compared to DL (p = 0.009). In all time periods under study, the training produced a significant increase in levels of willingness to perform resuscitation (see Fig. 1; p < 0.001) and in proportions of trainees with high level of willingness (up to 79.8% BL, 84.3% DL, 85.7% AU; p < 0.001).

Conclusions: The COVID-19 lockdown boosted engagement of the lay public in the distance learning of BLS/AED. The baseline willingness to provide help tended to increase during the lockdown and further after the unlocking. The massive open online training is effective to support and enhance laypeople's motivation to attempt resuscitation during the pandemic.

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PT45
Implications of COVID-19 pandemic in Out-Of-Hospital Cardiac Arrest
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The SARS-CoV-2 pandemic determined a modification in the approach to Out-of-Hospital Cardiac Arrest (OHCA), promoting the safety of providers and maintaining effectiveness of resuscitation.

Before the orientations from ERC, AHA and UKRC were published, in Portugal the National Institute of Medical Emergency (INEM) developed clinical recommendations based on the available scientific evidence, including the use of Personal Protective Equipment (PPE) and management of OHCA (surgical mask for patients, chest compressions, oxygen by nasal cannula without ventilation as well as rational use of airway and ventilation management techniques).

To evaluate the impact of the referred measures a retrospective observational study analysed the data collected from the Portuguese's National Registry of Cardiac Arrests between March 1 and May 31 of 2020 and compared with the homologous period of 2019.

During the referred period were registered in 2020 a total of 4673 cases of OHCA, 11% more than in 2019 during the same period (n = 4201). No gender or age differences were found between the two samples. The cause of OHCA showed no major differences concerning cardiac (48.92% vs. 49.41%) or respiratory causes (4.78% vs. 4.39%).

Basic life support was performed in 74.93% of OHCA cases in 2020, 6.17% less than in 2019 (68.76%). From these, ROSC (return of spontaneous circulation) was obtained in fewer cases in 2020 (8.45% vs. 4.17%).

The recommendations issued determined safety as during the referred period INEM had 0.9% (18/1936) of providers infected with COVID 19.

Considering the results (11% more of OHCA, 6.17% less life support manoeuvres and 4.28% less of ROSC) the effectiveness of modifications addressing OHCA needs a more profound analysis namely the relation between time of arrival at the scene and donning of PPI as well as the correlation of ROSC and the medical decision not to perform advanced life support.

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PT46
Out-of-Hospital Cardiac Arrest during the COVID-19 pandemic in Portugal
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The first SARS-CoV-2 patient was detected in Portugal on the 2nd of March 2020, by then the virus was already spread worldwide. Same publications refer to an increase in Out-of-Hospital Cardiac Arrest (OHCA) during the pandemic period.1–3

The purpose of this study is comparing the incidence of OHCA in Portugal in the first months of the pandemic, with the same period of the previous year.

A retrospective observational study was performed, with data collected from the Portuguese's National Registry of Cardiac Arrests (OHCA records) between the 1st of March and the 31st of May of 2020 compared with the homologous period of 2019.

During the referred period were registered in 2020 a total of 4673 cases of OHCA, 11% more than in 2019 during the same period (n = 4201). No gender or age differences were found between the two samples.

OHCA happened more frequently at home (77.30% vs. 73.96%), with a decrease in public places (6.24% vs. 4.60%). No difference was found between nursery homes (13.28% vs. 13.08%) or other undefined places (6.52% vs. 5.03%).

The cause of OHCA showed no major differences concerning cardiac (48.92% vs. 49.41%), respiratory (4.78% vs. 4.39%) and other undefined causes (42.23% vs. 43.55%), nevertheless there was a reduction in traumatic OHCA (4.07% vs. 2.67%).

Life support manoeuvres were performed in 74.93% of the OCHA cases in 2020, 6.17% less than in 2019 (68.76%). From these, ROSC (Return Of Spontaneous Circulation) was obtained in fewer cases in 2020 than in 2019 (8.45% vs. 4.17%).

These results suggest a slight increase in OHCA from March to May 2020 compared with the same period in 2019. Nevertheless