

## CDOP is a subgroup of the 6 LSCBs of Berkshire

[Sepsis |Self-Asphyxial Behaviours|CDOP 2nd Annual Conference|Rubella Case - Learning | Daisy's Dream - Support for Schools

The Child Death Overview Panel (CDOP) started in 2008 and meets quarterly to review all child deaths and share lessons learnt to prevent further deaths. The panel consists of representatives from all six Local Safeguarding Children Boards in Berkshire, i.e. health, the police, coroners, social care and the voluntary sector. We analyse all child deaths in Berkshire and make recommendations to prevent deaths in the future and include helpful tips to prevent child death. This is the eleventh newsletter for frontline staff.

### Paediatric Sepsis, Screening Action Tool and Learning



#### Sepsis

36,000 patients die of sepsis across the UK every year. The mortality (death) rate is 28- 50%. Once sepsis has developed, each hour that treatment with antibiotics is delayed increases mortality by 11%. It is therefore vital to recognise the symptoms and signs of sepsis quickly and to act quickly.

A significant amount of learning/training concerning the recognition of when to refer a child to a doctor who may have an infection that could lead to sepsis and how paediatric sepsis screening tools can be used to help with recognition and escalation for life saving treatment has been carried out across Berkshire West and is being rolled out across the county. This includes schools, GPs, Out of Hours Services, hospitals and the ambulance service.

Important learning points from recent case reviews include:

- A child or adult with recurrent boils or abscesses could have an infection caused by PVL-Staphylococcus aureus (PVL-SA).
- PVL-SA can cause invasive disease and severe sepsis. Severe sepsis may be prevented if it is picked up as a skin/soft-tissue infection rather than when it has caused invasive disease.
- PVL-SA is more common in close communities such as schools and sports teams.
- Healthcare practitioners should always examine a surgical site where surgery was performed in a potentially unsterile way.

- A new cough and diarrhoea and vomiting in a child who is already unwell may be signs of worsening sepsis. They should be examined by doctor.
- Avoid prescribing antibiotics over the telephone in a previously well child. Review the child.
- Be familiar with your healthcare agency's Paediatric Sepsis Assessment tool.
- Sepsis screening tools do not replace clinical judgement or clinical experience.
- Particular caution needs to be taken with children under the age of 2.
- If concerned refer/take child to the nearest hospital emergency department.

Link to video explaining signs and symptoms on meningitis and sepsis in children for families & carers:

<https://www.meningitisnow.org/meningitis-explained/signs-and-symptoms/>

Link to best practice article for healthcare professionals:

<http://bestpractice.bmj.com/best-practice/monograph/1201/treatment/step-by-step.html>

Link to PVL-staphylococcus aureus guidance for healthcare professionals. <https://www.gov.uk/government/publications/pvl-staphylococcus-aureus-infections-diagnosis-and-management-for-primary-care--2>



Do you have any ideas or suggestions for future issues of the Berkshire CDOP Newsletter? If so, we'd like to hear them, contact:

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## Deaths from Self-Asphyxial Behaviours (the Choking Game)



University of  
BRISTOL

A report has been written recently by a research team based at the University of Bristol, School of Social and Community Medicine regarding possible child deaths in children and adolescents arising from engagement in self-asphyxial behaviours [SAB]; also known as the 'Choking Game'. SAB is self-strangulation or strangulation by another person to achieve a brief euphoric state. There is potential for deaths which present as suicide to be misclassified by coroners or child death

reviews.

36 relevant studies were identified by the team and deaths from self-asphyxial behaviour have been reported in 10 countries, though the numbers are low (99 deaths) support groups estimated there have been closer to 1000 deaths. In North America, France and Colombia, SAB awareness in young people ranged from 36% to 91%. Around 7% of young people in surveys that were conducted in these countries had engaged in SAB. The research included one UK study dating back to 1963 which described two non-fatal SAB cases. No further UK studies were found; therefore it is not known how common this behaviour is in this country. Despite the lack of research, members of child death reviews and coroners should be aware of the characteristics of SAB when reviewing deaths from strangulation, hanging or suffocation.

If you would like further information on this subject or to discuss it further contact [ruth.kipping@bristol.ac.uk](mailto:ruth.kipping@bristol.ac.uk)

A copy of this review can be found via this link <http://adc.bmj.com/content/early/2015/06/25/archdischild-2015-308187.full.pdf+html>

### COMING UP - 2nd Annual Conference

National Network of Child Death Overview Panels

#### INVESTIGATING PAEDIATRIC & NEONATAL DEATHS

At the Tally Ho Conference Centre, Birmingham 17<sup>th</sup> February 2016 (9am – 5pm) For further information contact: [CDOPNN@gmail.com](mailto:CDOPNN@gmail.com) Speakers include Professor Peter Sidebotham (University of Warwick)

### Learning from A Recent Case of Rubella

Following the death of a baby from Rubella in 2014, a Public Health England review concluded that improved education and training as well as coordination among primary care and maternity health professionals with regard to the appropriate investigation of rash illness in pregnancy is crucial in preventing a recurrence of a similar incident. A history of rash in pregnancy should trigger a proper evaluation and risk assessment which should include ascertainment of MMR status, travel history to



rubella endemic country and should be accompanied with laboratory request for both IgM and IgG antibodies for rubella and other viral rash illnesses which can adversely affect pregnancy (ie measles, rubella – see rash in pregnancy guidelines).



Daisy's Dream supports children and their families who have been affected by the life threatening illness or bereavement of someone close to them. **The charity also provides support to schools;** both to individual members of staff or via specific staff training or support sessions for schools who have been affected by the death of a pupil or the sibling of a pupil. Please contact them on **0118 934 2604** if you require information about training or support to schools. An information pack is also downloadable from their [website](#):