both meningococcal septicaemia and meningitis. Five symptoms that may be non-specific signs of febrile illness in children were also included as 'red herrings'.

Results The survey had 41 participants: 28 doctors, 2 nurses and 11 final-year medical students (with exposure to paediatrics). The most common subspecialty amongst respondents was general paediatrics (19), followed by paediatric emergency medicine (8). 90% of participants had seen less than 10 meningococcal cases, while 4.9% had seen more than 20.

Table 1. lists each clinical symptom/sign and the percentage of participants that selected its association with meningococcal septicaemia.

Leg pain was selected as a 'red flag for meningococcal septicaemia' by only 4 participants (9.8%). All participants that did not identify it as a red flag had seen <10 cases in their career, including senior specialty registrars.

Abstract 332 Table 1

Symptoms/Signs	Selected as a Sign/Symptom of Meningococcal Septicaemia (%)	Selected as a Non-specific Sign (%)
Specific for Meningococcal Septicaemia		
Non-blanching rash	92.7	7.3
Unconsciousness	85.4	14.6
Shock	82.9	17.1
Altered mental state	80.5	19.5
Hypotension	73.2	26.8
Significant cold hands/feet	60.9	39.1
Capillary refill time > 2 seconds	51.2	48.9
Leg Pain	9.8	90.3
Symptoms/Signs more specific for Meningitis		
Stiff neck	87.8	12.2
Photophobia	85.4	14.6
Brudzinski's sign	75.6	24.4
Kernig's sign	75.6	24.4
Back rigidity	58.5	41.5
Non-specific Symptoms/Signs		
Headache	24.4	75.6
Fever	17.1	82.9
Coryzal symptoms	0	100
Conjunctivitis	0	100
Cough	0	100

Conclusions This survey highlights the limited awareness of leg pain as a sign of meningococcal septicemia amongst final-year medical students, clinicians and paediatric nurses. Education is necessary to ensure all healthcare professionals working in acute and emergency pediatrics, including primary care, are aware of the predictive value of this symptom to enable appropriate suspicion and timely diagnosis.

British Association of Perinatal Medicine and Neonatal Society

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OESOPHAGEAL PERFORATION IN VLBW INFANTS IS ASSOCIATED WITH AIR LEAK SYNDROME AND COMBINED MORTALITY WITH MODERATE-SEVERE IVH

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Background Oesophageal perforation in neonates is rare and usually iatrogenic in origin, unlike in adults where causes include iatrogenic, spontaneous, foreign body ingestion, trauma and malignancy. Oesophageal perforation in neonates has been attributed to procedures including intubation, gastric tube insertion, pharyngeal suctioning, and traumatic delivery. Historically, oesophageal perforation has been surgically managed. Recent case series suggest a shift toward conservative management which includes keeping the baby nil by mouth, provision of parenteral nutrition, and empiric antibiotic coverage to prevent mediastinitis. The purpose of our study was to summarise the clinical presentation, course, treatment, and outcome of very low birth weight (VLBW) infant with oesophageal perforation (OP), and to identify potential risk factors.

Objectives OP is rare but associated with high risk of complications. Prevention by identifying risk factors and early diagnosis through a high index of suspicion are important to improve outcomes. A review of the clinical presentation, course, treatment, and outcomes of VLBW infant with OP compared to matched gestation controls.

Methods Retrospective case control study of VLBW infants admitted between 2005 and 2020 and diagnosed with OP at a tertiary neonatal unit in Singapore. Four controls per case was matched by gestational age and the month of birth. Data on baseline characteristic (maternal age and medical history, gestational age, birth weight, size for gestation, mode of delivery, Apgar score), morbidities (occurrence of air leak, intraventricular haemorrhage, patent ductus arteriosus, necrotising enterocolitis, retinopathy of prematurity, bronchopulmonary dysplasia, osteopenia of prematurity, TPN cholestasis), mortality, and time to attain full feeds were collected for each neonate.

Results The incidence of OP was 3.8 per 10,000 livebirths. 12 cases of OP and 48 matched controls were included. Comparing OP with controls, median gestation was 26 compared to 26.5 weeks, median birthweight 692.5g compared to 827.5g and median Apgar scores at 5 minutes were 8 for both. There were no significant differences in these baseline characteristics. There were no significant differences in terms of SGA incidence or caesarean section incidence. However, all patients with OP were male (OR 1.51, $p < 0.01$). Besides male gender, maternal pre-eclampsia was a risk factor (OR 3.55, $p < 0.05$).

The commonest clinical presentation was air leak syndrome (83.3%) followed by misplaced orogastric tube (67%) or inability to insert orogastric tube (33). Most of them (58%) presented on day 1 of life and were associated with intubation and orogastric tube insertion. Among those with available notes of resuscitation available, 42% was associated with difficult intubation. All infants were managed conservatively.

Although there were no significant differences in mortality between OP and controls, OP mortality was high at 25.0% compared to 8.3%. However, the deaths among the OP cohort were not directly related to OP itself. Patients with OP had higher risk of having moderate to severe intraventricular haemorrhage (IVH grades 2–3 by Volpe classification) OR 5.00 ($p < 0.05$) and combined moderate-severe IVH with mortality, OR 5.86, $p < 0.01$.

Conclusions OP is a rare complication among smaller VLBW infants. There was a high incidence of mortality of 25.0%, air leak syndrome and moderate to severe IVH.

British Association for Community Child Health

345 THE SEND STAY AND PLAY SUMMER INITIATIVE 2020

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Background On March 11th, 2020, the World Health Organisation confirmed the coronavirus characterisation (SARS-CoV-2) as a pandemic, leading to the UK being plunged into a national lockdown. This changed a nation's lives and introduced never-before-seen challenges for children, specifically those with special educational needs and disabilities (SEND), their parents and their carers.

Children, parents and carers were struggling to cope in the lockdown. In June 2020, a Parent Forum survey showed that parents and carers, living in Lambeth UK, who did not receive social care short breaks wanted to access safe, outdoor play opportunities for their children with special educational needs and disabilities.

Through discussion with Lambeth parent representatives at the SEND Strategic Joint commissioning and Engagement Board, the following recommendations were made:

- Further stay and play opportunities
- Linking up medical students to provide extra volunteer support

In June 2020, Lambeth Children with Disabilities and Integrated Children's Commissioning launched a pilot short breaks 'stay and play' scheme with three SEND and youth and play adventure playgrounds

Objectives The objective of the SEND 'stay and play' scheme, was to provide safe outdoor play opportunities for children with SEND.

Abstract 345 Table 1 Specific data per site

Site Name	Total Bookings	Total Attendees	Total Volunteers
BOST	56	89	1
Grove	65	57	2
High Trees	4	4	0
Lollard	n/a	n/a	1
Triangle	n/a	n/a	3
Kinetika Bloco	n/a	n/a	1
TOTAL	125	150	6

Methods The Lambeth SEN Inclusion Fund allocated dedicated funding for one household at a time to attend the 'stay and play' sites. A successful pilot scheme resulted in seven site providers signing up to the scheme.

Lambeth's Designated Medical Officer worked with King's College London Paediatric Society, to provide medical student volunteers:

- 24 volunteers signed up to the scheme
- 6 assisted the scheme over the three-month scheme period.

Results In total, across three sites for which data was available, 125 bookings were made, and 150 children, parents and carers attended (table 1).

Feedback from parents:

Feedback from parents was overwhelmingly positive; both they and their children appreciated the scheme's usefulness and supported its continuation. See examples below:

'Keep it open because there are no places like this around.'

'Fun and accepting of Special Needs, Very Safe Play.'

'My son loves the scheme place. We would love him to keep coming here if this place carries on.'

'Our volunteer was our shining light!'

Challenges and lessons learnt:

Although the objective was met, areas of improvement were identified. The scheme would benefit with more planning time, enabling safer volunteer recruitment, including inductions and necessary safeguarding training. We suggest six weeks in advance.

Conclusions In summary, Lambeth Children with Disabilities and Integrated Children's Commissioning Group, with the help of KCL Paediatric Society, successfully launched a 'stay and play' scheme for children with special educational needs and disabilities during the nationwide lockdown. The scheme provided a safe space for carers, parents and children, reducing the challenges posed during the ongoing pandemic; improving their mental and physical wellbeing.

Children's Cancer and Leukaemia Group

348 ALPHA-FETOPROTEIN IN CHILDREN AND YOUNG PEOPLE WITH ATAXIA-TELANGIECTASIA

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Background Patients with Ataxia-Telangiectasia (A-T) are particularly prone to develop different malignancies. Alpha-fetoprotein (AFP) is a useful tumour marker and is well-known to be raised in A-T.

Objectives We undertook a systematic review of studies reporting AFP in A-T patients and conducted a retrospective review of AFP levels in children and young people attending the