Abstracts

Child Protection Special Interest Group

892	CHILD SEXUAL ASSAULT FORENSIC ASSESSMENTS – AN IMPROVEMENT PROJECT

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Background The forensic assessment of children with alleged child sexual assault (CSA) is largely carried out by the child protection units (CPUs) of tertiary hospitals in Australia on a 24/7 basis. The doctors on these rosters are a mix of community, general and child protection paediatricians. The case numbers are low and they are often referred out of hours and at the weekends. These assessments are time-critical, have huge medical, emotional and legal ramifications for the family and, as such, can be anxiety-provoking for the clinician. At Sydney Children’s Hospital (SCH), we decided to address this problem by doing a Quality Improvement (QI) project.

Objectives To ensure 100% of doctors on the on call CSA roster were confident they could carry out CSA forensic assessments according to the New South Wales (NSW) forensic guidelines by February 2021.

Methods This project was registered and approved by the Clinical Governance Unit (CGU) of SCH network and followed standard QI methodology. Initially the problem was identified, a SMART aim agreed upon and the stakeholders consulted. There was a wide consultation process looking at previous projects assessing a similar problem. A driver diagram was produced with primary drivers of patient and clinician factors, resources and equipment required and the NSW forensic guidelines for CSA. Various problems were identified such as incorrect labelling, wrong samples being taken, not acquiring the correct consent and what to do in certain common scenarios such as a child refusing examination.

One solution was to produce a CSA simulation programme for paediatricians which would address all the primary and secondary drivers. CSA was likened to paediatric resuscitation in that it often occurs after-hours, is rare, time-critical and there is only one opportunity to get it right. We therefore partnered with the simulation department at the hospital.

Results A one day simulation package was written and produced in conjunction with the simulation team at SCH. The pilot forensic CSA workshop was delivered to a group of paediatricians (n=6) currently on the on call roster. The simulation material comprised of a communication station, forensic swabs and toxicology, colposcopy and sexually transmitted diseases screening. Various educational modalities were used such as an instructional video, simulation of pelvic models with hand-made silicon hymens in different states of injury and role play. There was an evaluation before and after using the Likert scale. Pre course evaluation demonstrated 5/6 (80%) of paediatricians ‘strongly disagreed’ or ‘disagreed’ that they were confident in the CSA forensic examination process. Post course evaluation demonstrated 6/6 (100%) of paediatricians ‘agreed’ or ‘strongly agreed’ that they were confident with the examination.

Conclusions The infrequent yet critical nature of a CSA forensic examination requires the clinicians delivering the service to have the correct skills and training and be able to maintain them. The QI process identified a solution of a simulation package that was created and delivered by the clinicians from SCH. The pilot workshop has been well received and pre and post evaluation of the workshop demonstrated a 100% increase in the confidence of the doctors.

Paediatric Special Interest Group: British Society of Haematology

893	EFFICACY AND SAFETY OF DEFERIPRONE AND DEFERASIROX EITHER SINGLE OR COMBINATION IN BETA THALASSEMAIA MAJOR PATIENTS ON REGULAR TRANSFUSIONS

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Background Iron chelation therapy has a very important role in the management of beta thalassemia major patients, who are on regular transfusion therapy. The objective of the study was to compare the efficacy and safety of deferiprone and deferasirox either single or in combination in reducing serum ferritin levels and effects on complete blood count, renal function tests & liver function tests in thalassemia major patients.

Methods This was a hospital based prospective observational study in India. The participants were thalassemia patients of age group 2–18 years with serum ferritin levels >1000 ng/mL,