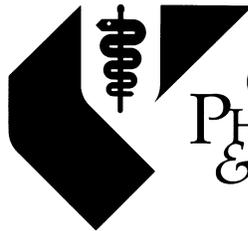


THE
CHILD
HEALTH
STANDARDS
COMMITTEE
2015 ANNUAL REPORT



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

Acknowledgements

The Child Health Standards Committee (CHSC) wishes to acknowledge the continuing support of the following organizations. The information they provide has assisted the CHSC in its deliberations.

- Office of The Chief Medical Examiner
- Health Information Services, Manitoba Hospitals
- Manitoba Vital Statistics
- First Nations and Inuit Health Branch, Health Canada
- Insurance Division, Manitoba Health
- IMPACT/WRHA injury prevention program

The CHSC acknowledges the interest and cooperation of physicians and health care facilities across the province in providing information for the review process.

Due to the extensive and complex nature of these reviews, which rely on completed reviews from other standards committees, and the need to obtain documentation from numerous points of contact in the healthcare system, the CHSC annual reports are typically published several years after the date of death. This report summarizes deaths which occurred in 2015.

The committee is grateful to Manitoba Health for providing financial support.

Executive Summary 2015

- The Child Health Standards Committee (CHSC) reviewed 95 deaths which occurred in 2015. 69 were children 29 days to 14 years of age, 17 were teens 15 to 17 years of age, 4 were infants less than 29 days of age and 5 were children whose place of residence was out of province.
- The mortality rate for Manitoba children aged 29 days to 14 years was 27.8 per 100,000 in 2015 compared to 26.5 per 100,000 in 2014 and 33.8 per 100,000 in 2013. The mortality rate for Manitoba teens 15 to 17 years of age was 33.7 per 100,000 in 2015 compared to 27.8 per 100,000 in 2014 and 56.9 per 100,000 in 2013.
- The infant mortality rate was 5.6 per 1,000 live births, which is slightly lower than 2014, when it was 5.9 per 1,000 live births.
- The cause of death was classified as preventable for 24 of the 69 child deaths (35%) and 14 of the 17 teen deaths (82%). Injury (unintentional injury, suicide, homicide) accounted for all of the preventable deaths apart from one sudden infant death in an unsafe sleep environment.
- Injury was the leading cause of death overall, accounting for 45% of deaths among children and teens. In children 29 days to 14 years of age, the most common causes of injury-related mortality were suicide, homicide, and suffocation. The most common cause of injury-related mortality in teens was suicide.
- There were 14 suicides in 2015, compared to 10 in 2014 and 12 in 2013. In 2015, nine suicides were teens 15 to 17 years of age and five were 14 years of age or younger.
- In 2015, the CHSC initiated educational action with six physicians with respect to medical care provided. Six referrals were made to health administrators, professional bodies, other organizations or government departments. The committee reviewed additional actions taken by other standards committees.

Table of Contents

	INDEX OF FIGURES AND TABLES	5
	DEFINITIONS	6
➤ PART 1:	INTRODUCTION	7
	• Background	
	• Goals and Objectives	
➤ PART 2:	COMMITTEE ACTIVITIES	8
	• Child Health Issues	
	• Clinical Guidelines and Newsletter Items	
➤ PART 3:	STATISTICAL SUMMARY	9
	• Mortality Rates	9
	▪ Deaths Grouped by Age for Manitoba Residents	
	▪ Deaths Grouped by Sex for Manitoba Residents	
	▪ Infant Mortality Rates	
	▪ Regional Mortality Rates	
	• Causes of Childhood Death	14
	▪ Sudden Infant Death	
	▪ Deaths from Injury	
	▪ Autopsies	
➤ PART 4:	TEEN DEATHS, 15 TO 17 YEARS	22
➤ PART 5:	PREVENTABILITY OF DEATH	26
	• Childhood Deaths	
	• Teen Deaths	
	• Educational and Other Actions	
➤ PART 6:	RECOMMENDATIONS	28
	CHILD HEALTH STANDARDS COMMITTEE MEMBERSHIP	29

Index of Figures and Tables

FIGURES

Figure 1:	Mortality Rates (Children 29 days to 14 years)	9
Figure 2:	Infant Mortality Rates	11
Figure 3:	Sudden Infant Death (Children < 1 year)	16
Figure 4:	Mortality Rates from Injury (Children 29 days to 14 years)	17
Figure 5:	Mortality Rates from Injury By Age Group (Children 29 days to 14 years)	18
Figure 6:	Suicide among Children 14 Years of Age and Younger	19
Figure 7:	Mortality Rates in Teens (Teens 15 to 17 years).....	22
Figure 8:	Deaths by Cause in Teens (Injury vs. Natural Causes)	23

TABLES

Table 1:	Mortality Rates by Age Group	10
Table 2:	Mortality Rates by Sex	10
Table 3:	Infant Mortality Rates by Province and Territory	12
Table 4:	Regional Mortality Rates (Children 29 days to 14 years)	13
Table 5:	Causes of Death (Children 29 days to 14 years)	14
Table 6:	Causes of Post-Neonatal Infant Death (Children 29 days to 14 years)	15
Table 7:	Injury-Related Mortality Rates by Age Group	20
Table 8:	Types of Injury Causing Death (Children 29 days to 14 Years)	20
Table 9:	Causes of Death (Teens 15 to 17 years)	24
Table 10:	Types of Injury Causing Death (Teens 15 to 17 years)	24
Table 11:	Educational Actions.....	27

Definitions

Age-Standardized Rates: Death rates are adjusted to account for the differing proportions of children by age group in different regions. Because infants are more likely to die than older children, a region with a higher proportion of infants would have an inflated death rate unless adjustments are made.

Delayed Neonatal Death: The death of an infant occurring after 28 days of age, who under natural selection circumstances, without the benefit of neonatal intensive care, would have died before 28 days of age.

Mortality Rate: The number of deaths occurring in a specified population per 100,000 population per year. Mortality rates for children under five years of age are usually reported as deaths per 1,000 population or 1,000 live births.

Infant Mortality Rate: The number of deaths occurring prior to one year of age per 1,000 live births.

Neonatal Mortality Rate: The number of neonatal deaths per 1,000 live births.

- **Early:** before the 7th full day of life (<168 hours), or
- **Late:** between the 8th and 28th full day of life (≥168 hours to <672 hours)

Post-Neonatal Mortality Rate: The number of deaths from 29 days to one year of age per 1,000 live births.

Sudden infant death syndrome (SIDS): infant deaths that cannot be explained after a thorough case investigation, including a scene investigation, autopsy, and review of the clinical history.

Sudden unexpected infant death (SUID): a sudden and unexpected death, whether explained or unexplained (including SIDS), occurring during infancy.

Under Five Mortality Rate: The number of deaths occurring prior to five years of age per 1,000 population.

Three-Year Moving Average: Three-year moving averages are used in some of the calculations because large fluctuations in rates may occur from year to year in small populations such as Manitoba. This rate is calculated by averaging the rate for 3 one-year periods and presenting that rate using the median year. For example, data for 1999, 2000, and 2001 rates are averaged and presented as a “2000” rate.

1. Introduction

Background

In 1976, The College of Physicians and Surgeons of Manitoba established the Paediatric Death Review Committee. In 2001, this committee was renamed the Child Health Standards Committee. This committee reports to the Central Standards Committee of the College of Physicians & Surgeons of Manitoba. The major function of all Standards Committees is to maintain and improve quality of care through education. ***These educational functions of the College are separate and distinct from its disciplinary functions.***

Educational strategies used by the Child Health Standards Committee include:

- Sending letters to physicians, hospitals, Area Standards Committees and regulatory agencies for other health professionals.
- Publishing articles in the College Newsletters and Annual Reports to draw members' attention to important aspects of medical care involving children.
- Developing and disseminating recommendations to improve paediatric care.
- Advocating for the health of Manitoba children by informing government and other public agencies of recommendations to improve legislation or public policy.

Goals and Objectives

To monitor and improve the quality of medical care provided to Manitoba children by:

- Reviewing all deaths in the province of children between the ages of 29 days and the day before their 18th birthday.
- Determining whether or not each death was preventable at the family, community or medical care level.
- Communicating with involved practitioners or agencies where medical care or other actions could have affected the outcome.
- Making recommendations to government, medical organizations and the community at large regarding preventable mortality and morbidity.

2. *Committee Activities*

In addition to reviewing deaths, the Child Health Standards Committee functions as a sounding board for child health issues for the College of Physicians & Surgeons of Manitoba.

The Medical Consultant conducts the initial case reviews and, with the administrative assistant, sends out and receives correspondence, maintains the database, contributes to the development of draft Newsletter items, attends relevant meetings and collaborates with other interested parties.

Regional mortality rates are reported using the boundaries of the Manitoba Regional Health Authorities (RHAs). On June 1, 2012, the previous 11 RHAs were amalgamated into five larger regions. The new RHAs are listed below, with the old RHAs listed in brackets:

- Winnipeg (Winnipeg, Churchill)
- Interlake-Eastern (Interlake, North Eastman)
- Prairie Mountain (Assiniboine, Brandon, Parkland)
- Southern (Central, South Eastman)
- Northern (Burntwood, NOR-MAN)

Newsletter Items

The following newsletter item was written by the committee in 2015:

- Child and Family Services Critical Incident Reports

Other Committee Activities

The CHSC conducted two Morbidity/Mortality audits in 2015:

- Suicide: Children and Teens
- Sudden infant deaths

The CHSC advocated for the following issues in 2015:

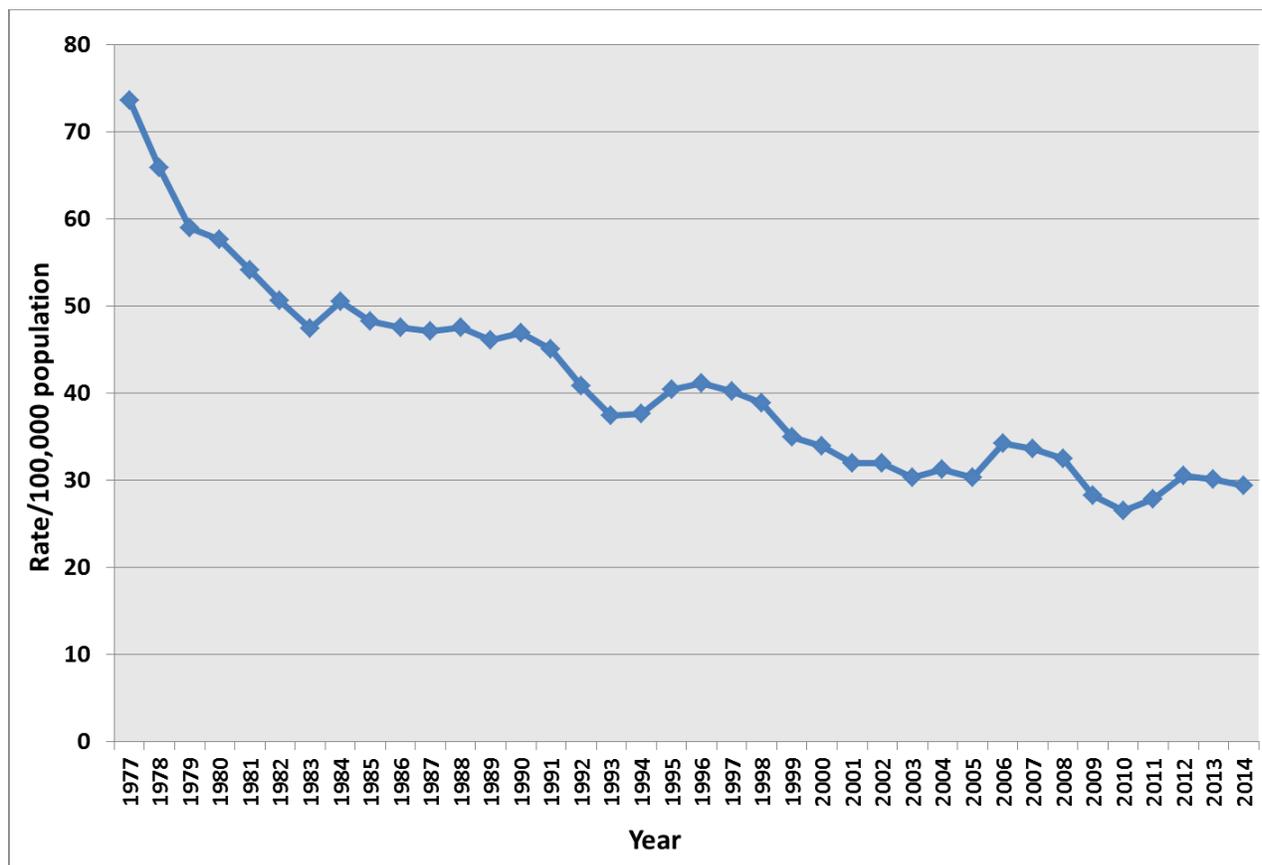
- Safe sleep guidelines, policies and public education
- Sepsis identification and management protocols

3. Statistical Summary

Mortality Rates

Figure 1 shows the three-year moving average trends in pediatric mortality from 1977 to 2015 for Manitoba residents. *The 2015 data are included in the three-year moving average reported as 2014.*

Figure 1 - MORTALITY RATES
In Children 29 Days to 14 Years (Three-Year Moving Average)



Deaths Grouped by Age and Sex for Manitoba Residents

Table 1 – MORTALITY RATES BY AGE GROUP 2015				
Age Group	Number of Deaths	Population	Rate/100,000	Three-Year Average (2013-2015)
29 days to <1 year	24	16,641	144.2	145.4
1 to 4 years	22	67,048	32.8	31.0
5 to 9 years	9	84,414	10.7	11.3
10 to 14 years	14	79,955	17.5	22.5
Total 29 days to 14 years	69	248,058	27.8	29.3
15 to 17 years	17	50,424	33.7	39.5

Table 2 – MORTALITY RATES BY SEX 2015				
Sex (Age Group)	Number of Deaths	Population	Rate/100,000	Three-Year Average (2013-2015)
Male (29d to 14y)	33	127,279	25.9	29.7
Female (29d to 14y)	36	120,779	29.8	29.0
Male (15y to 17y)	8	26,031	30.7	34.5
Female (15y to 17y)	9	24,393	36.9	44.8

Infant Mortality Rates

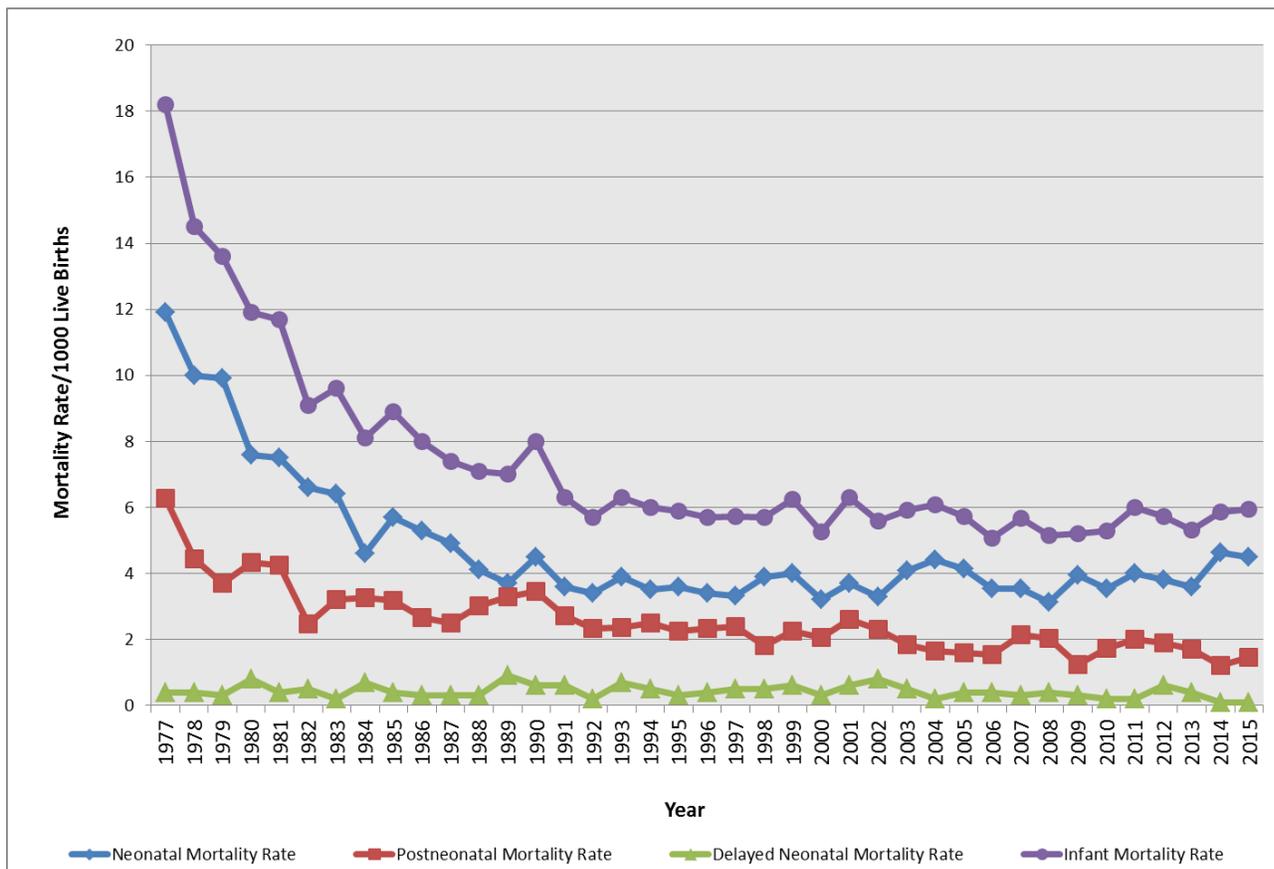
In 2015 there were 24 deaths in the Manitoba population between 29 days and one year of age. The number of live births for Manitoba residents was 16,582. This gives a post-neonatal infant mortality rate of 1.5 per 1,000 live births. There were 69 neonatal deaths in the first 28 days of life. The neonatal mortality rate was 4.2 per 1,000 live births. Combining the neonatal mortality rate with the post-neonatal mortality rate gives an overall infant mortality rate of 5.6 per 1,000 live births. This is similar to rates in recent years.

Notes: (1) The above numbers include all live births and neonatal deaths (hospitals and other locations). (2) These figures include neonates born weighing <500 grams born alive. (3) In previous years, live births and neonatal deaths were provided by Manitoba Health. These data are no longer available, so the Manitoba Vital Statistics Annual Report 2015/16 was used for live birth and neonatal death data. See https://vitalstats.gov.mb.ca/pdf/2016_vs_annual_report_en.pdf

Infant Mortality Rates Continued

Figure 2 shows Manitoba infant mortality rates over time. Also plotted are neonatal, post-neonatal and delayed neonatal infant mortality rates. When children’s lives are prolonged by technology and they die from neonatal illnesses after 28 days, they are classified as delayed neonatal deaths and become part of the post-neonatal infant mortality statistic. In 2015, two infants less than one year of age were classified as dying from delayed neonatal causes. Infant mortality rates have remained relatively stable for the past decade with a slight decline over time.

Figure 2 - INFANT MORTALITY RATES



Infant Mortality Rates Continued

Table 3 shows Statistics Canada infant mortality rates for Canada as a whole, and by province. The Statistics Canada figures for Manitoba are slightly different than those presented in this report. Statistics Canada counts infants born in Manitoba to mothers from out of province as being the responsibility of Manitoba. They also count registered births and neonatal deaths weighing less than 500 grams, which are not included in our statistics. Manitoba has had one of the highest infant mortality rates in Canada each year for the last decade.

Province	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Prince Edward Island	2.2	2.1	5	2	3.4	3.6	4.2	3.5	2.3	1.4	2.1
British Columbia	4.5	4.1	4	3.7	3.6	3.8	3.9	3.8	3.7	4.3	3.3
New Brunswick	4.1	4	4.3	3.2	5.8	3.4	3.5	5.7	4.7	4.1	4.0
Nova Scotia	4	4	3.3	3.5	3.4	4.6	4.9	4.6	3.3	4.5	4.1
Ontario	5.6	5	5.2	5.3	5	5	4.7	4.9	4.8	4.6	4.4
Canada	5.4	5	5.1	5.1	4.9	5	4.9	4.8	4.9	4.7	4.5
Alberta	6.8	5.3	6	6.2	5.5	5.9	5.2	4.3	5.3	5.1	4.7
Newfoundland	6.2	5.3	7.5	5.1	6.3	5.3	6.3	5.5	6.6	6.2	4.7
Quebec	4.6	5.1	4.5	4.3	4.4	5	4.5	5	4.9	4.4	4.8
Saskatchewan	8.3	6.1	5.8	6.2	6.7	5.9	6.8	5.5	7.4	5.9	5.3
Northwest Territories	4.2	10.2	4.1	9.7	15.5	1.4	7.2	4.4	7.5	6.2	6.1
Manitoba	6.6	6	7.3	6.5	6.3	6.7	7.7	5.9	5.7	6.2	6.4
Yukon	0	8.2	8.5	5.4	7.8	5.2	0	2.2	2.3	5	9.8
Nunavut	10	13.4	15.1	16.1	14.8	14.5	28.7	21.4	18.2	16.8	12.2

Source: Statistics Canada, CANSIM, table 102-0504. Last modified: 2018-02-23.

Regional Mortality Rates

Table 4 shows mortality rates by Regional Health Authority (RHA). Note that updated RHA boundaries have been used in our reports since 2013.

Table 4 – REGIONAL MORTALITY RATES 2015 In Children 29 Days to 14 Years				
RHA	Number of Deaths	Population	Rate per 100,000	Three-Year Average (2013-2015)
Northern	17	22,590	75.3	74.2
Interlake-Eastern	9	22,389	40.2	29.8
Prairie Mountain	5	31,642	15.8	25.5
Winnipeg	24	126,518	19.0	24.3
Southern	14	44,919	31.2	23.4
All Manitoba	69	248,058	27.8	29.4

Note: Data are presented in descending order of three-year average rates.

Causes of Childhood Death

Table 5 shows the causes of death in children 29 days to 14 years of age.

For 2015, 69 deaths of Manitoba children 29 days to 14 years of age were reviewed. Injury was the leading cause of death and accounted for 36% of all deaths in this age group. The CHSC also reviewed five deaths of children whose place of residence was out of province.

Table 5 – CAUSES OF DEATH In Children 29 Days to 14 Years		
Cause of Death	Deaths	Rate per 100,000
Injury Total	25	10.1
<i>Injury - Unintentional</i>	14	5.6
<i>Injury - Intentional*</i>	9	3.6
<i>Injury - Undetermined</i>	2	0.8
Congenital Anomaly	9	3.6
SUID	7	2.8
Respiratory System	5	2.0
Sudden death cause unknown	4	1.6
Nervous System	4	1.6
Neoplasm	3	1.2
Circulatory System	3	1.2
Endocrine, Nutritional, Metabolic	3	1.2
Infectious Disease	2	0.8
Diseases of the Digestive System	2	0.8
Diseases of the Blood	1	0.4
Perinatal Conditions	1	0.4
Total	69	27.8

*Intentional Injury includes homicide and suicide.

Causes of Childhood Death Continued

Table 6 lists the frequency of various causes of post-neonatal infant mortality among Manitoba residents 29 days to one year of age.

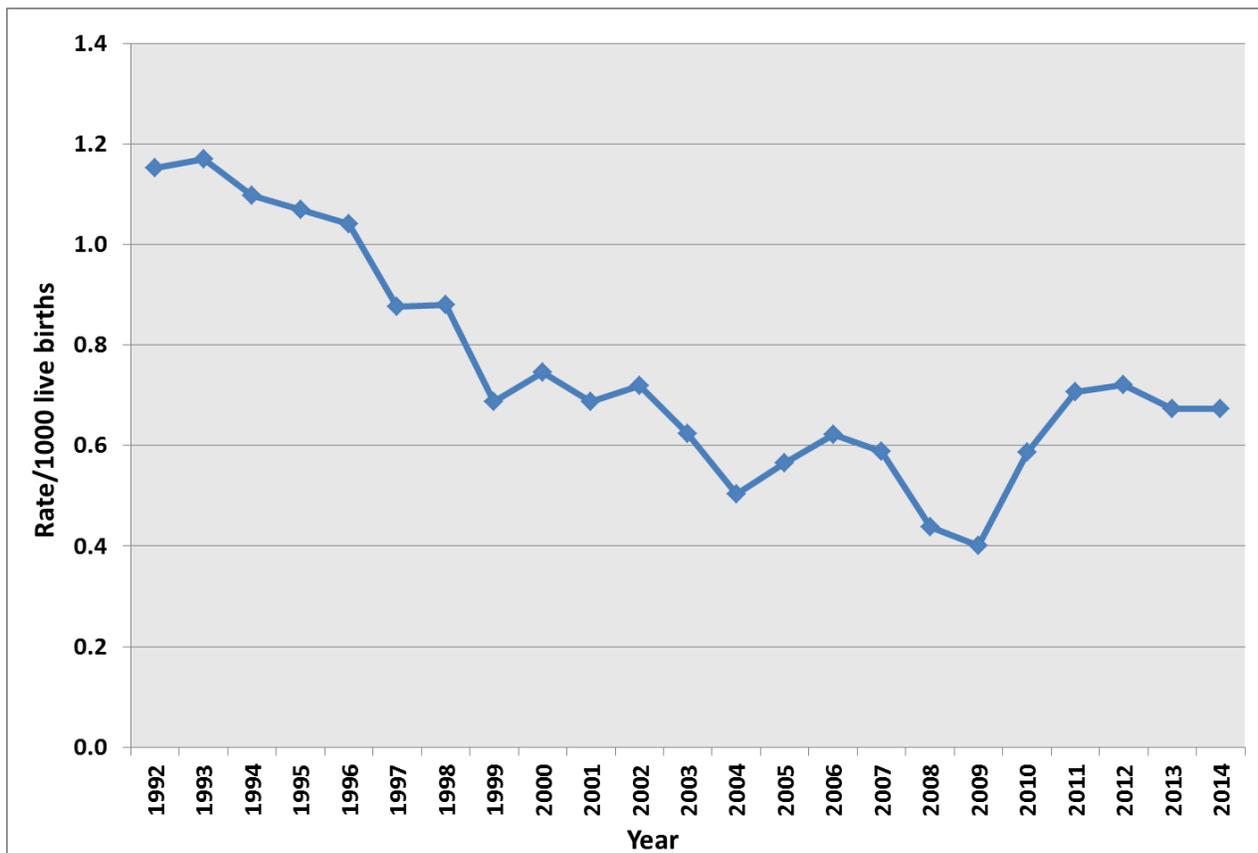
Table 6 – CAUSES OF POST-NEONATAL INFANT DEATH In Children 29 Days to 1 Year		
Cause of Death	Deaths	Rate per 100,000
SUID	7	42.1
Injury - Total	5	30.0
<i>Injury - unintentional</i>	4	24.0
<i>Injury - intentional</i>	1	6.0
Congenital Anomaly	5	30.0
Circulatory System	2	12.0
Perinatal Conditions	1	6.0
Infectious Diseases	1	6.0
Endocrine and Metabolic	1	6.0
Diseases of the Nervous System	1	6.0
Digestive System	1	6.0
Total	24	144.2

Sudden Infant Death

Figure 3 shows the three-year moving average rates for Sudden Infant Death (including SIDS, SUID - sudden unexpected infant death, and suffocation/entrapment in the sleep environment) from 1993 to 2015. There was a consistent decline in sudden infant death rates during this time period until 2010 followed by an increase since 2011.

Among the 11 sudden infant death cases, eight were classified as SUID and three as suffocation. Seven were sleeping on beds or mattresses, two were on sofas, one was in an infant chair and one was in a bassinet. Seven infants were sharing a sleep surface (bed, sofa). Ten of the 11 cases had modifiable risk factors for SIDS, sudden unexpected infant death or suffocation and entrapment.

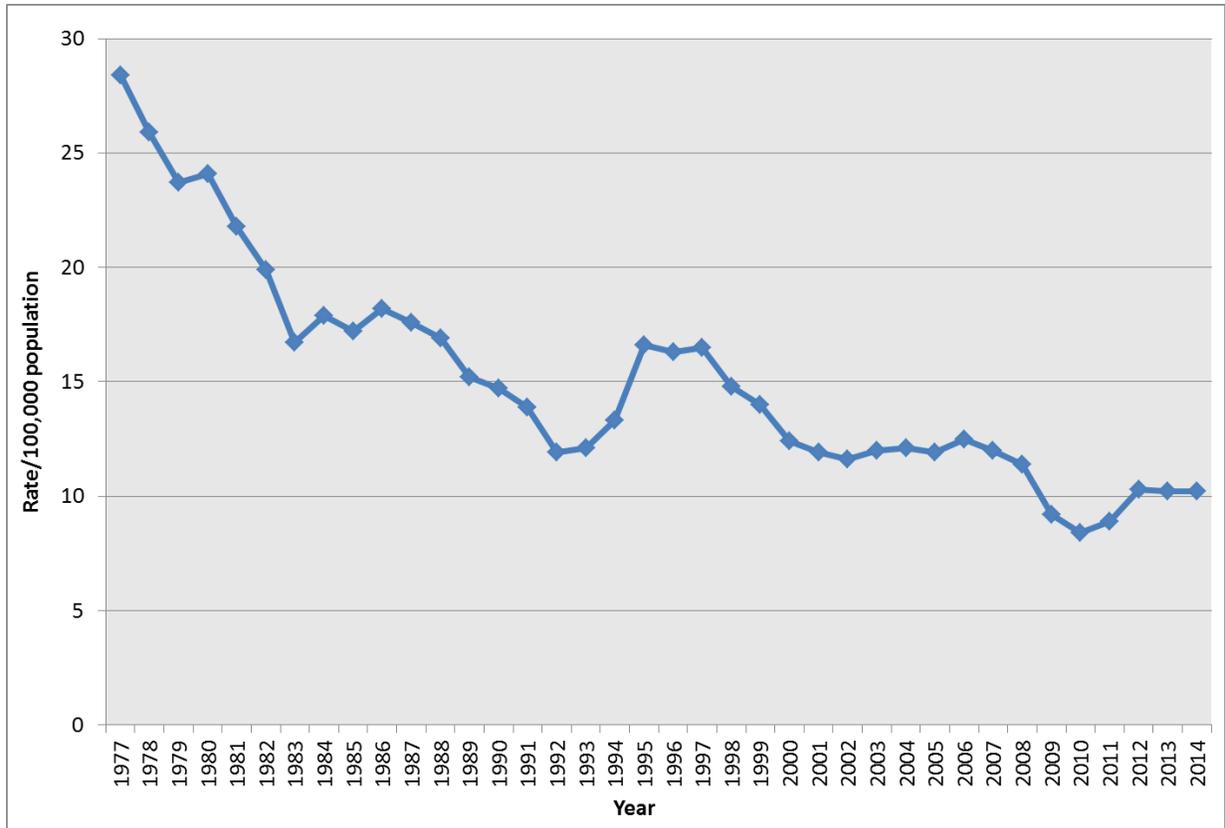
Figure 3 – SUDDEN INFANT DEATH
In Children < 1 Year (Three-Year Moving Average)



Deaths from Injury - Trends

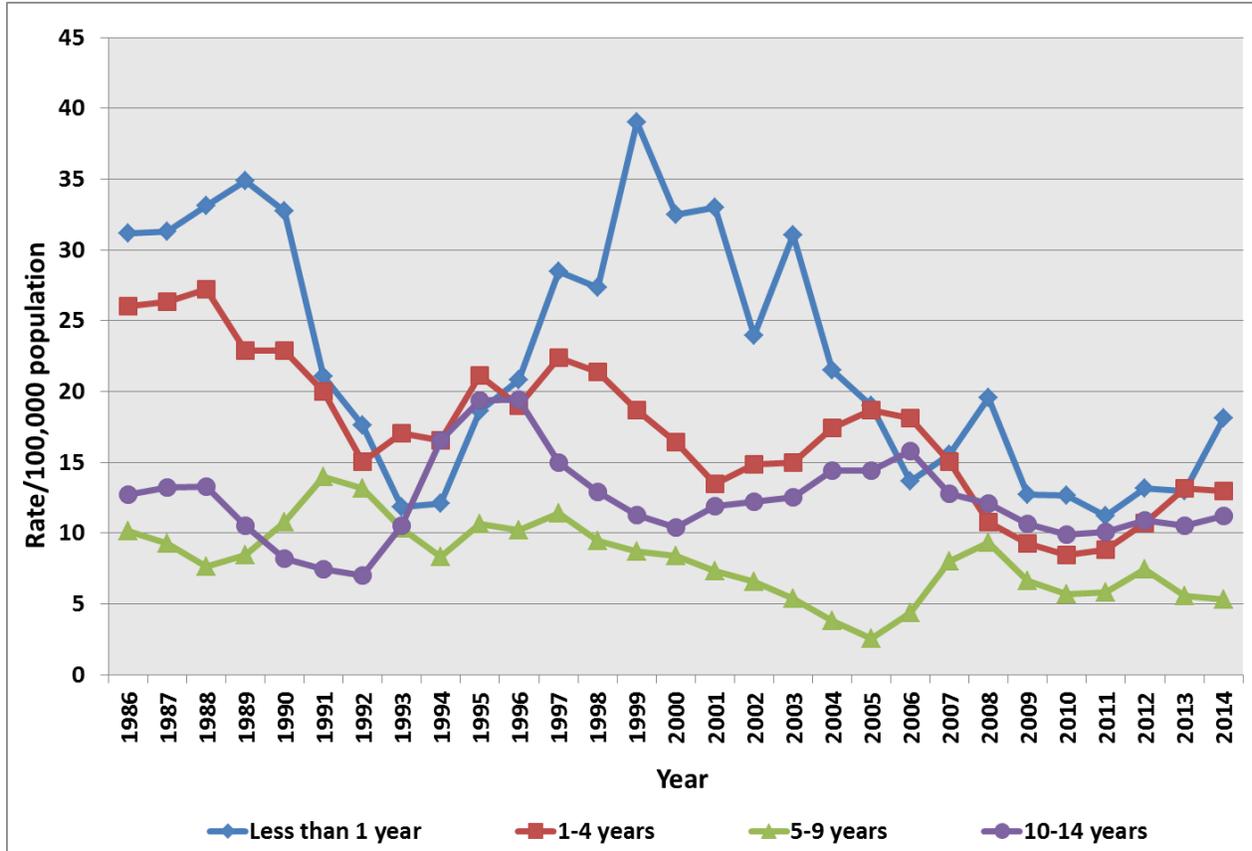
Figures 4 and 5 show the three-year moving average rates for injury deaths (unintentional and intentional combined) for children 29 days to 14 years of age. Data for 2015 are included in the 2014 three-year average (2013-2015).

Figure 4 – MORTALITY RATES FROM INJURY
In Children 29 Days to 14 Years (Three-Year Moving Average)



Deaths from Injury – Trends Continued

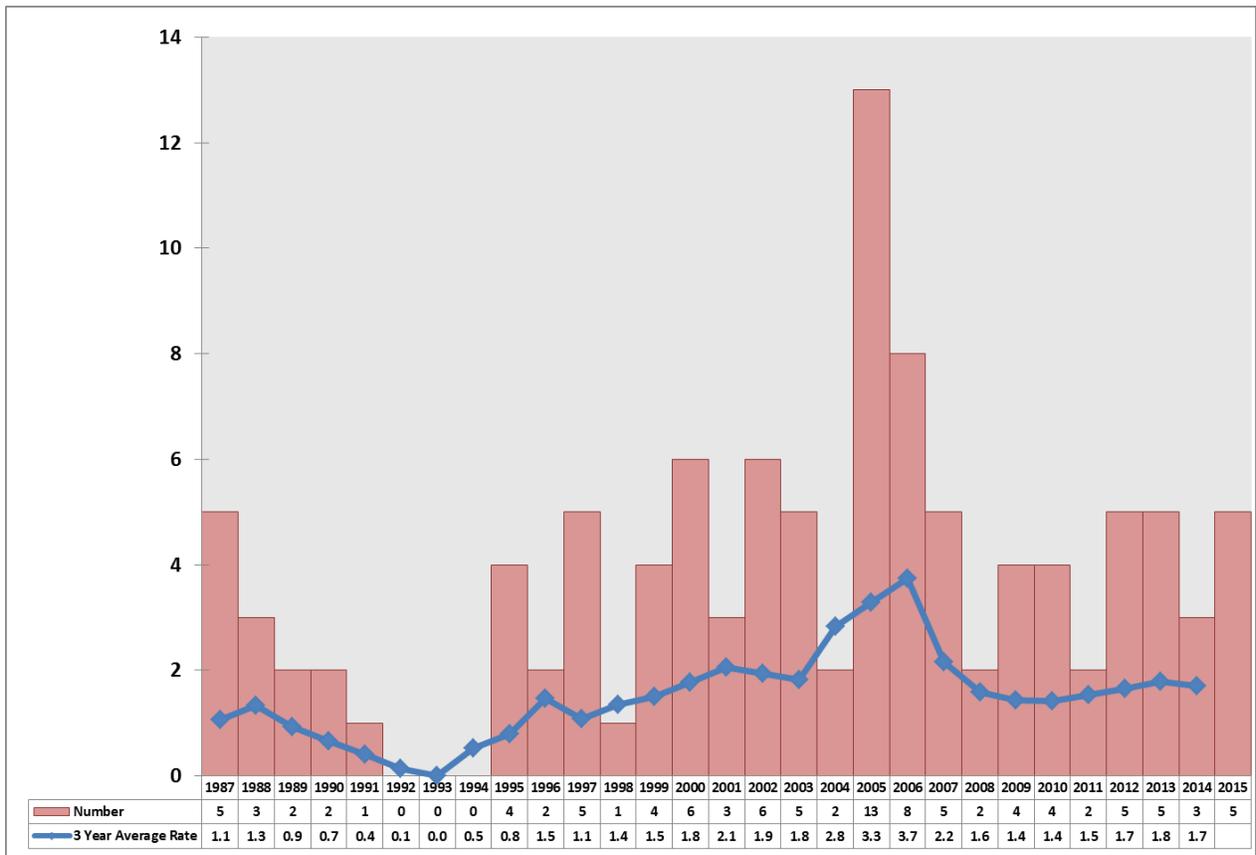
Figure 5 – MORTALITY RATES FROM INJURY BY AGE GROUP
 In Children 29 Days to 14 Years (Three-Year Moving Average)



Deaths from Injury – Trends Continued

Figure 6 shows the annual number of suicides and the three-year moving average rates for suicide for children 14 years of age and younger. Data for 2015 are included in the 2014 three-year average (2013 to 2015). The annual rates of suicide have been stable since 2008.

Figure 6 – SUICIDES AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER
Number Per Year and Three-Year Moving Average Rates



Deaths from Injury – Trends Continued

In 2015, there were 25 deaths due to injury among Manitoba children 14 years of age and under. Injuries caused 36% of all deaths of children between 29 days and 14 years of age (25 of 69).

Table 7 – INJURY-RELATED MORTALITY RATES BY AGE GROUP 2015				
Age Group	Number of Deaths	Population	Rate/100,000	Three-Year Average 2013-2015
29 days - <1 year	5	16,641	30.0	18.1
1 - 4 years	6	67,048	8.9	13.0
5 - 9 years	4	84,414	4.7	5.3
10 - 14 years	10	79,955	12.5	11.2
Total	25	248,058	10.1	10.2

Table 8 – TYPES OF INJURY CAUSING DEATH 2015					
In Children 29 Days to 14 Years					
Unintentional/Undetermined			Intentional		
Cause	Number	Rate	Cause	Number	Rate
Suffocation	4	1.6	Suicide	5	2.0
Motor Vehicle	3	1.2	Homicide	4	1.6
Drowning	3	1.2			
Fall	3	1.2			
House Fire	3	1.2			
Total	16	6.5	Total	9	3.6

Deaths from Injuries

There were 14 deaths related to unintentional injuries and 9 deaths related to intentional injuries (five suicides and four homicides). For two injury deaths the intent was undetermined.

Four children died due to choking or suffocation, which was the leading cause of unintentional injury death. One child died when a children's product malfunctioned, and three died as a result of suffocation related to unsafe sleeping conditions.

The remaining unintentional and undetermined injury deaths were equally distributed between house fires, falls, drowning, and motor vehicle collisions.

Three children (and one youth) died in a single house fire of unknown cause. It is not known whether smoke alarms were installed and functioning.

Three children died due to falls. Two children fell at home (intent undetermined) and one died while downhill skiing.

Three children died due to drowning. These children were 4-8 years of age and drowned when they fell into natural bodies of water while playing unsupervised.

Three children died related to transport injuries. All were motor vehicle occupants. Two were unrestrained and one was properly restrained.

Autopsies

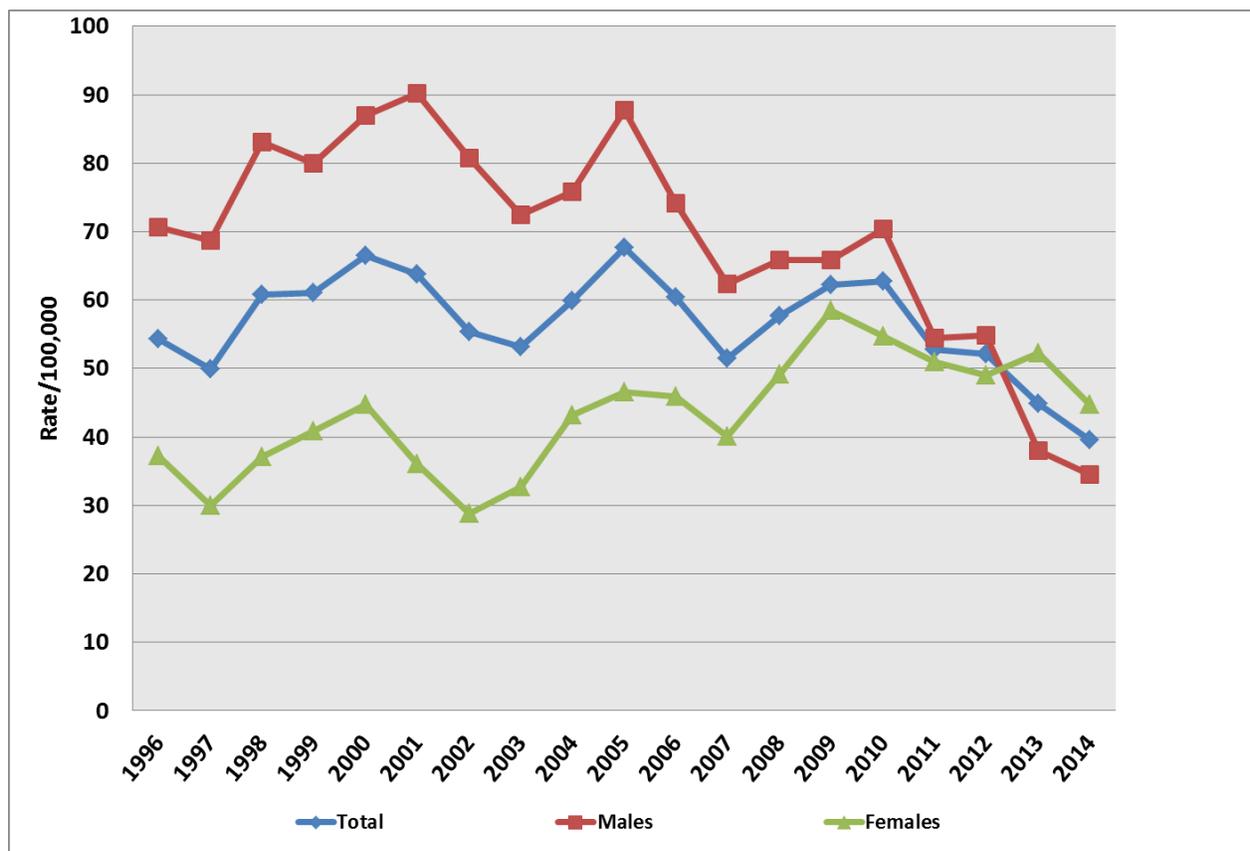
In 2015, 48 of the 69 Manitoba children who died between the ages of 29 days and 14 years had an autopsy (70%). Among teens 15 to 17 years of age, 14 of 17 had autopsies (84%).

4. Teen Deaths, 15 to 17 Years

Since 1994, the Child Health Standards Committee has reviewed deaths of Manitoba youth 15 to 17 years of age. The death rate in 2015 was 33.7 per 100,000, lower than the three-year average rate of 39.5 per 100,000. Male mortality rates were consistently higher than females until 2013, when for the first time since 1996, the three-year average mortality rates for females were higher than the rates for males (2012-2014 and 2013-2015).

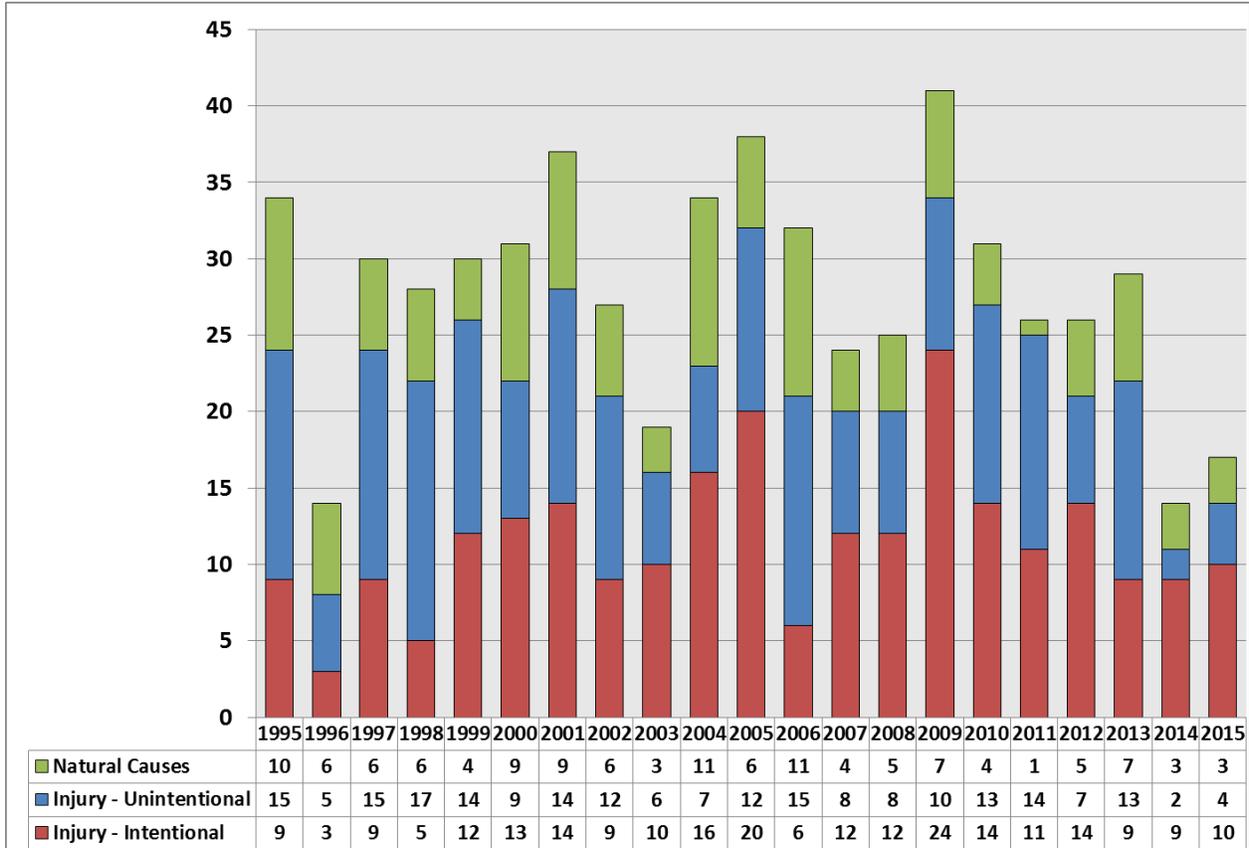
Figure 7 shows mortality rates by sex. **Figure 8** shows the proportion of deaths due to injury and other causes.

Figure 7 – MORTALITY RATES
In Teens 15-17 Years of Age (Three-Year Moving Average)



Teen Deaths Continued

Figure 8 – NUMBER OF DEATHS BY CAUSE (INJURY VS. NATURAL CAUSES)
 In Teens 15-17 Years of Age, 1995-2015



Teen Deaths Continued

Table 9 shows the causes of death for this age group and **Table 10** shows the types of injuries causing death.

Table 9 - CAUSES OF DEATH in Teens 15 to 17 years		
	Deaths	Rate per 100,000
Injury	14	27.8
<i>Unintentional Injury</i>	4	4.0
<i>Intentional Injury*</i>	10	10.0
Neoplasms	1	2.0
Diseases of the blood	1	2.0
Sudden death, cause unknown	1	2.0
Total	17	33.8

* Includes homicide and suicide

Table 10 - TYPES OF INJURY CAUSING DEATH in Teens 15 to 17 Years					
Unintentional			Intentional		
	Deaths	Rate/100,000		Deaths	Rate/100,000
House Fire	1	2.0	Homicide	1	2.0
Motor Vehicle	1	2.0	Suicide	9	17.9
Off-road Vehicle	1	2.0			
Poisoning	1	2.0			
Total	4	8.0	Total	10	19.9

Teen Deaths Continued

In 2015, there were three deaths due to natural causes. Four deaths were due to unintentional injuries, with causes including motor vehicle, off-road vehicle, house fire and poisoning. There were ten intentional injury deaths, including nine suicides and one homicide. All but one of the suicides were by hanging; one was caused by an overdose/poisoning.

5. *Preventability of Death*

The CHSC divides preventability into two categories: (i) preventability of the disease or the injury that caused the death, and (ii) preventability of the outcome once the disease or injury has occurred. Medical care is sometimes involved in the preventability of outcome, and rarely is implicated in the cause of death. Educational action was taken by the committee or another standards committee for cases where medical care could have been improved.

Childhood Deaths

(i) Preventable Cause

In 2015, 24 of the 69 childhood deaths were deemed to have a preventable cause. Twenty-three were injuries (including unintentional injuries, suicide, and homicide) and one was a sudden infant death (unsafe sleep environment). Five cases were theoretically preventable, related to significant risk factors in the sleep environment (SUID). For seven cases the preventability of the cause was unknown.

(ii) Preventable Outcome

Three cases were classified as having a preventable outcome, related to adult supervision and delays in seeking urgent medical care. Thirteen cases were classified as having a theoretically preventable outcome, including five cases where there was a delay in seeking care, one case where more aggressive care could have modified the outcome, three cases where proper use of a safety device could have modified the outcome, and four cases where the parent or guardian could have modified the outcome with better supervision and attention. For six cases the preventability of the outcome was unknown.

There were additional cases where the care provided did not alter the outcome but could have been improved:

- Failure to document a core (rectal) temperature at the time of death.*
- Medication errors during resuscitation that did not affect the outcome; these may reflect or include documentation errors.*
- Lack of documentation of significant physical findings relevant to diagnosis, clinical management, and/or discharge counseling/instructions.*
- There were several cases of missing documentation in the medical records reviewed.*

* indicates observations also made in previous years

Teen Deaths

(i) Preventable Cause

In 2015, 14 of the 17 teen deaths were judged to have a preventable cause. All of the preventable deaths were due to trauma (injury), homicide or suicide.

(ii) Preventable Outcome

One case was classified as having a theoretically preventable outcome, where closer adult supervision and/or the actions of peers could have altered the outcome.

Educational and Other Actions

The Child Health Standards Committee took 12 educational or other actions for six cases in 2015. Additional actions taken by other Standards Committees were also reviewed by the committee.

Table 11 - EDUCATIONAL AND OTHER ACTIONS	
Action Taken	
Physician Providers	6
Health Administrators	2
Referrals to other agencies/organizations	4
Total number of actions	12

6. Recommendations

The Child Health Standards Committee had the following recommendations related to child health in 2015:

1. That the committee support the work of regional and provincial partners who are developing safe sleep guidelines, policies, and public education.
2. That the committee work with regional and provincial partners to update and disseminate sepsis management guidelines including assessment and management of fever in young infants.
3. That the committee work with regional and provincial partners to consider the communication needs of families who speak languages other than English/French, in particular to communicate discharge instructions and warning signs that indicate an urgent need to seek care.
4. That physicians be familiar with and comply with the reporting requirements of the *Child and Family Services Act*.

CHILD HEALTH STANDARDS COMMITTEE

COMMITTEE MEMBERS (2015)

Dr. K. Gripp, Chair, Paediatrician
Dr. D. Beer, Paediatrician
Dr. A. Goldberg, Paediatric Nephrologist
Dr. C. Littman, Pathologist
Dr. S. Lum Min, Paediatric Surgeon
Dr. S. Veroukis, Paediatrician
Dr. T. Bodnarchuk, Paediatrician

ADMINISTRATIVE STAFF (2015)

Dr. L. Warda, Paediatrician, Medical Consultant
Dr. T. Babick, Family Physician, Deputy Registrar, CPSM
Mr. J. Martin, Administrative Assistant, Child and Maternal Standards, CPSM

CURRENT ADMINISTRATIVE STAFF (2018)

Dr. L. Warda, Paediatrician, Medical Consultant
Dr. T. Babick, Family Physician, Deputy Registrar, CPSM
Mr. J. Martin, Administrative Assistant, Child and Maternal Standards, CPSM