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SAVE THE DATES!

Learning from Children's Deaths

12th - 16th October 2020

Sessions each day: 10:00-11:30 & 14:00-15:30

[Links to each event to follow](#)

Some topics to be included:

[Sudden Infant Death](#)

[Neonatal Deaths](#)

[The Post-Mortem](#)

[Information Sharing](#)

[Rare Conditions](#)

[Impact of COVID-19](#)

To request further information click [here](#).

Suffolk Child Death Review Team

Dr Sarah Steel - Designated Doctor for Child Death Suffolk

Cindie Dunkling - Designated Nurse for Safeguarding Children and Lead for Child Death

Jacky Wood – CDR Nurse

Bernie Spiller – CDR Nurse

Lucy Lavender - CDR Nurse

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Learning from Children's Deaths

A newsletter for professionals

September 2020, Volume 1, Issue 2

Introducing Lucy Lavender



Our new CDR Nurse, Lucy Lavender, joined the team at the beginning of May. A lot of people will know Lucy from her health visiting days

where she has worked in a variety of teams across Suffolk for 10 years. For the last 5 years, Lucy has worked as a Named Nurse for Safeguarding Children. Lucy says 'As part of my professional development, I enjoy the challenge of evaluating cases and as part of my public health role, I want to work towards the prevention of children's deaths and best practice'.

GHB/GBL Illegal Drugs

Over the last few years, GHB (gamma-hydroxybutyrate)/GBL (gamma-butyrolactone) has become increasingly popular amongst some groups of drug-users but they have particular risks associated and are not well known amongst medical communities.



GHB and GBL look identical and are usually sold as a colourless, oily liquid. They can be sold as capsules or powder, but this is rare. GHB has almost no smell and a salty/soapy taste, whilst GBL has a strong, chemical taste and smell. The liquid is usually mixed with soft drinks to give a sedative/anaesthetic effect and reduce sexual inhibitions but the dose required for this is very specific and it is easy to overdose, with the result of the person becoming unconscious, having a respiratory arrest or dying. If the liquid is not mixed with a dilutant, it can burn the mouth and throat.

Effects can start between 10 - 60 minutes after ingestion, depending on what the GHB/GBL is mixed with, the dose per kg of body weight and what else is in the stomach. The effects can last for several hours. GHB and GBL are class C drugs under current law.

GHB/GBL is most often used within communities engaging in gay sex, and sometimes in non-consensual situations. There have been several deaths linked to its use within this community and it is not routinely tested for at post mortem unless specified. It is detected in the urine and can be specifically requested at the time of post mortem if its use is suspected. Having a high index of suspicion for cases where it may be involved is key.

Deep Dive Educational Subjects

A recent child death has made professionals on the Child Death Overview Panel think in depth, and discuss how some children and teenagers may perceive, and look deeper at what they are being taught in school. Subjects such as philosophy, physics or chemistry, medical science, politics and psychology are just some of the available courses. Some older 15, 16 and 17 year olds may exhibit more maturity than others, and may seek to look more closely at the meaning of certain aspects within these subjects. Many are encouraged to think critically. For example, in philosophy, teenagers learn about philosophers that talk about life and death. In medical science they are encouraged to make breakthroughs



into the unknown. In psychology, students look into how the mind works, study thoughts, emotions and the thought process. It is important to think about each student's mental health and well-being whilst studying such subjects and how one student's thoughts may differ greatly to another, which may lead them down a path that is dark and destructive. They may end up harming themselves or others. It is good practice to regularly check in with these students and make sure teachers and professors support them fully.

Click [here](#) to view the latest CDOP newsletter for families.

If you would like to receive this newsletter, please click [here](#) to sign up.

Make Every Sleep a Safe Sleep!

A new review by the Child Safeguarding Practice Review Panel identified that the Government needs to develop new tools to prevent sudden unexpected death of infants (SUDI). [Government Press release July 2020](#)

Heightened risk factors for SUDI'S are identified as:

- Domestic abuse
- Poor mental health
- Unsuitable housing

Disruption from a normal routine, can inhibit the ability to adhere to safer sleeping guidance. Co-sleeping in a bed, chair or sofa is not advised.

SUFFOLK SIDS FACTS since September 2019:

- ◇ There have been 5 SUDIs since September 2019
- ◇ Aged between 4 days and 14 weeks
- ◇ 4 boys and 1 girl

There were one or more of the following SIDS risk factors in all cases:

- * Smoking in household (4)
- * Cluttered or inadequate housing conditions (3)
- * Overheating (4)
- * Co-sleeping with an adult who has drunk alcohol (3)
- * Co-sleeping with an adult who has taken drugs (including prescription) (2)
- * Co-sleeping when a baby is unwell (snuffly) (1)
- * Co-sleeping on a sofa or armchair (1)
- * Baby under six months sleeping on their front (1)
- * Swaddled or head covered or inadequate bed for baby (2)
- * Parents have consumed alcohol and drugs (5).

Professional intervention to support and ensure safe sleeping guidance is heard and embedded:

All professionals, (not just midwives and Health Visitors) working with families are to share the messages about safer sleeping.

Approaches should be tailored, flexible and responsive to the reality of people's lives, which includes tailoring honestly about how parents will cope in different situations to ensure every sleep is safe.

Professionals should work together in wider initiatives to promote infant safety, health and well-being.

Tools for professionals:

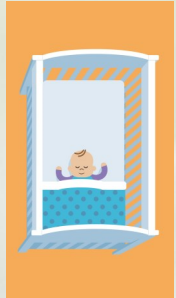
[Government Review July 2020](#)

[Safer sleeping saving lives—a guide for professionals](#)

Tools for parents:

[Safer sleep for babies a guide for parents](#)

[Baby Check App](#)



Salmonella Risk from Keeping Reptiles

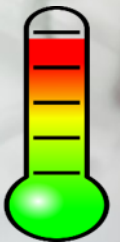
We recently had a case where a baby was sleeping in her parent's bed next to an open tortoise enclosure. We do not think this was a contributing cause of death but it highlighted the importance of professionals being aware of pet safety so that we can educate the families we work with about the risk to young children from keeping reptiles.

While healthy tortoises do not excrete a specific disease-causing substance, as such; like all reptiles, they do often carry the Salmonella bacterium which can cause Salmonellosis, a serious disease which can have potentially fatal consequences if untreated, especially in children. Babies and children under 5 are particularly at risk from infection. Children who have no contact with reptiles can also get infected indirectly through the reptile handler or by contamination of the environment (i.e. baby bottles). However, many children can be curious and like to handle and stroke pet reptiles and as a result their hands and fingers become contaminated. In addition, children do not have fully developed immune systems and so are therefore at increased risk of becoming severely ill following exposure to salmonella.



Temperatures in Children - High or Low?

One of the first signs of infection in children or adults is a high temperature of 38°C or above. Children can become lethargic and unwell sometimes with vomiting and other symptoms. However, indicators of a serious illness may not just be a high fever, a child with a low temperature may also be seriously ill. A low temperature can also indicate that a child has a serious infection with worsening sepsis. It is important for professionals to think of the late signs of a septic child and NICE have produced some guidelines around temperatures to help:



[Algorithm for managing suspected sepsis in children aged under 5 years outside and acute hospital setting](#)

[Algorithm for managing suspected sepsis in children aged 5 - 11 years outside an acute hospital setting](#)