SUDDEN UNEXPECTED DEATH IN INFANCY AND CHILDHOOD

INTRODUCTION

The vast majority of sudden child deaths are the result of natural causes and are tragedies for any family. However, all unexpected child deaths need to be fully investigated, to reassure the families that their child's death has been fully investigated, to ensure that future children are protected and to satisfy wider public concerns.
This pack of guidance and information relates to the initial management and investigation of sudden unexpected deaths in childhood and is complementary to the Child Death Review Process which provides overarching information for the management of all child deaths.

The **processes** involved are:

1. A rapid response by a team of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child
2. An overview of the death undertaken by the Child Death Overview Panel (CDOP), which is responsible for reviewing all child deaths to determine the extent to which they were avoidable or potentially avoidable and to identify any trends, patterns or lessons that might be learnt.

The **principles** that Professionals need to work to when dealing with a sudden child death are to:

1. Assess whether there is any prospect of survival, and carry out resuscitation as appropriate
2. Collect evidence that might help determine the cause of death
3. Provide a coordinated and timely Inter-agency response and to share information
4. Maintain a sympathetic and sensitive approach to the family, regardless of cause of the child's death.
5. Ensure compliance with the law and the meeting of forensic requirements. All professionals must realise that the body of any deceased person, including a child who has suffered a sudden death, falls under the jurisdiction of HM Procureur. For the avoidance of doubt, throughout this document reference to HM Procureur includes HM Comptroller. This is until such time that he/she has determined the death is natural or if there is to be an inquest, he/she has opened and adjourned that inquest. HM Procureur must be informed about any death that is sudden, violent or unexplained or where there is reason to believe that it may be unnatural.

The flow chart on page 7 provides an overview of the whole process.

The remainder provides guidance and proformas for use at various stages of the process.

Definition of Unexpected Death

This procedure applies to all deaths when a child (birth to 18th birthday excluding stillborn) dies unexpectedly or where there is lack of clarity about whether the death of a child is unexpected. An unexpected child death is defined as the death of a child that was not anticipated as a possibility 24 hours before the death, or where there was a similarly unexpected collapse precipitating the events which led to the death.

Action by Professionals when a Child Dies Unexpectedly

This interagency guidance is provided by the Islands Safeguarding Children Partnership (ISCP) to promote effective cooperation between all those involved in safeguarding and ensuring the welfare of children in the islands. It is aimed at ensuring a coordinated response by partner agencies, and other relevant persons, when a child dies unexpectedly.

When a child dies suddenly and unexpectedly, the duty consultant paediatrician dealing with the child in a hospital setting or the professional confirming the fact of death in the community if the child is not taken immediately to an Accident and Emergency Department should inform HM Procureur and the police. The police will begin an investigation into the death on behalf of HM Procureur and will inform the Designated Health Professional for Child Deaths (DHPCD). The DHPCD should initiate an immediate information sharing and planning discussion between the lead agencies (i.e., health, police and children's social care) to decide what should happen next and who will do it. The joint responsibilities of the professionals involved with the child include:

- responding quickly to the child's death in accordance with agreed procedures
- maintaining a rapid response protocol with all agencies, consistent with the Kennedy principles and current investigative practice from the association of chief police officers
- making immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with HM Procureur
- liaising with HM Procureur and the pathologist
- undertaking the types of enquiries/investigations that relate to the current responsibilities of their respective organisations
- collecting information about the death
- providing support to the bereaved family, referring to specialist bereavement services where necessary and keeping them up to date with information about the child's death

If the child dies suddenly or unexpectedly at home or in the community, the child should normally be taken to an Accident and Emergency Department. In some cases, the police may decide that it is not appropriate to immediately move the child's body, e.g., because forensic examinations are needed.

As soon as possible after arrival at the hospital the child should be examined by a consultant paediatrician and an immediate medical history should be taken from the parents or carers. The purpose of obtaining this information is to understand the cause of death and identify anything suspicious about it. In all cases when a child dies in hospital, or is taken to hospital after dying, the hospital should allocate a member of staff to remain with the parents and support them through the process.

If a child has died at home or in the community, the lead police investigator and the DHPCD should decide whether there should be a visit to the place where the child died and a joint interview with the child's carers, how soon this will take place (ideally within 24 hours) and who should attend. This should almost always take place for cases of sudden infant death. After this visit the senior investigator, DHPCD, GP, health visitor or school nurse and children's social care representative

should consider whether there is any information to raise concerns that neglect or abuse contributed to the child's death.

Where a child dies unexpectedly, all registered providers of healthcare services must notify the Health and Social Services Department's Governance and Assurance Team of the death of a service user. Where a young person dies at work the Health and Safety Executive should be informed.

If there is a criminal investigation, the team of professionals must consult the lead police investigator and HM Procureur to ensure that their enquiries do not prejudice any criminal proceedings. If the child dies in custody, there will be an investigation by the Prisons and Probation Ombudsman (or by the Independent Police Complaints Commission in the case of police custody). Organisations that worked with the child would be required to cooperate with that investigation.

GENERAL ADVICE

This is a very difficult time for everyone. The time spent with the family now may be brief but actions may greatly influence how the family deal with the bereavement for a long time afterwards. A sympathetic and supportive attitude whilst maintaining professionalism towards the investigation is essential. Any communication difficulties, which the family might face, should be considered and addressed at this stage before any serious dialogue takes place. The following principles should be applied: -

Ensure the family have privacy
Sensitivity
Open minded and balanced approach
An inter-agency response
Appropriate sharing of information
Appropriate responses to the circumstances
Preservation of evidence
Use of a skilled interpreter or communicator when necessary

The behaviour of the first professionals in contact can have a lasting effect on the family's later feelings about the death. The following pointers for all professionals in talking with bereaved parents encompass advice given by The Lullaby Trust

When you arrive always say who you are and why you are there, and how sorry you are about what has happened to the child

The parents will be in the first stages of grief and may react in a variety of ways, such as shock, numbness, anger or hysteria.

Allow the parents space and time to cry, to talk together and to comfort any other children.

It is normal and appropriate for parents/careers to want physical contact with their dead child. In all but exceptional circumstances (such as where the parents are obvious suspects and crucial forensic evidence may be lost or interfered with) this should be allowed, albeit with observation by an appropriate professional (Health or Police).

In talking about the child use the first or pet name. If you don't yet know the child's name, ask. Terms such as 'your baby/child', 'he' or 'she' are acceptable as second best; but ***never refer to the child as 'it'*.**

Have respect for the family's religious beliefs and culture. The family's preferred language should be used where possible and if English is not their first language an interpreter should be arranged.

Take things slowly and clearly, allowing the parents to gather their thoughts and tell the story in their own way.

Be prepared to answer practical questions, for example about where the child will be taken and when they can next see him/her.

Most parents feel guilty when their child has died. When talking to them try to ask questions in a neutral way, e.g. 'Would you like to tell me what happened?' Avoid questions that sound critical, such as 'Why didn't you?'

It is important to ensure that someone is looking after any other young children in the family. Confirm and document the health of other twin or siblings. (Twin = at risk)

Offer help in contacting other family members or close friends, employers, the hospital chaplain or other religious leader if the parents wish. If the child was a twin, it will normally be appropriate to admit the surviving twin for monitoring.

All professionals in contact with the parents/carers must record the history and background information given by parents/carers in as much detail as possible. The initial accounts about the circumstances, including timings, must be recorded accurately and contemporaneously.

The child should always be handled as if he/she were still alive; remembering to use his/her name at all times as a sign of respect and dignity.

Parents need to understand the role of HM Procureur (see www.guernseylawofficers.gg) and the need for a detailed multi- disciplinary investigation, which will include a comprehensive medical and post-mortem examination and meetings between the professionals involved. They must be given simple, practical advice about what happens to their child, on funeral arrangements and what to do with their other children. They will need to be informed of the immediate post-mortem result and other information as it becomes available, but they will need to know that the final cause of death may not be established for a few weeks or even months. The parents (including any siblings) must know to whom they can turn for help and support in their bereavement. Refer to local bereavement guidelines available in A&E, Loveridge and Frossard Wards.

Where possible, written contact names and telephone numbers should be given and the leaflet from the Lullaby Trust should be made available if appropriate.

HM Procureur must be informed of all such deaths and the parents and family must be made aware of this procedure and that a postmortem and inquest may be necessary. The family also need to be made aware that a police investigation will take place and that it will be necessary for the police to speak to the family and to visit the scene of the child's death as soon as possible. This information will obviously have to be given sensitively to the family. The family will need practical advice and information on what happens to their child. All professionals involved in this process will need to be aware of the requirements of the law, but also be very sensitive to the distress of the family.

Professionals from all agencies need to be aware that on occasions, in suspicious circumstances, the early arrest of the parent/carer may be essential in order to secure and preserve evidence and thus effectively conduct the investigation. Professionals also need to be aware of the constraints placed on the police by the Police Powers and Criminal Evidence (Bailiwick of Guernsey) Law, 2003 (PPACE) that determines how suspects may be questioned and the length of time they may be detained without charge.

Agency professionals will be requested to provide statements of evidence promptly in the above circumstances.

BEREAVEMENT SUPPORT

Helpline Tel: 0845 123 2304	**The Compassionate Friends:** Bereavement Support for parents, siblings & grandparents. Helpline, One-to-one meetings, Local groups, Online 'meeting point'. http://www.tcf.org.uk
Helpline Tel: 0800-282 986 0808 800 6019	**The Child Death Helpline:** Bereavement helpline for child loss Www.childdeathhelpline.org.uk
Helpline Tel: 0808 802 6868	**The Lullaby Trust** **(Previously the Foundation for the Study of Infant Deaths)** Infant/Cot death research and support. Email: support@lullabytrust.org.uk Befriender network. "When a baby dies booklet" www.lullabytrust.org.uk
Helpline Tel: 0844 477 9400	**Cruse:** Individual face to face Bereavement support from Bereavement Volunteer. Counselling helpline. Support Groups. Free leaflets. www.crusebereavementcare.org.uk **For young people,** on line access to information, forums and support groups www.rd4u.org.uk helpline 0808 808 1677

Appendix 1

Unexpected Infant & Child Death
Medical Information-gathering Proforma
Form 1: For completion in ED

NB: Once a child has been declared dead following a sudden unexpected death in infancy, HM Procureur has jurisdiction over the body and has agreed to the procedures and sample taking outlined in this proforma. For the avoidance of doubt, throughout this document reference to HM Procureur includes HM Comptroller.

Child's label or details

Hospital Number _____
Surname _____
First Name _____
Home Address _____
Date of birth _____
Is interpreter required? Yes / No
If yes, state language _____

Family

Family composition (draw family tree)

Place of death: Home address as above / another location (specify) / Hospital (specify)	
Date and Time found:	Date and Time arrived in ED and accompanied by:

Resuscitation carried out prior to arrival in A&E? Where? At scene of death / Ambulance By whom: Carers / GP / Ambulance Crew / Others (specify)

Details of ED resuscitation including drugs given:

Personnel involved:

Extent of resuscitation:

Endotracheal tube
If an endotracheal tube has been inserted, this should also be removed after its correct placement in the trachea has been confirmed by direct laryngoscopy (preferably by someone other than the person who inserted it).

ET tube size and position _____

Intravenous, intra-osseous and intra-arterial access
Following the consent of the coroner, these can be removed. Please document below all attempted and successful vascular access. If any attempt at access might have contributed to failed resuscitation, then this must be left in situ.

Intravenous access _____
_____ _____
_____

Intra-osseous access _____
_____
_____

Intra-arterial access _____
_____
_____

Other emergency medical interventions - these may include nasogastric tubes, tracheostomies etc.
Following the consent of HM Procureur, these can be removed. Please document below all attempted and successful medical interventions, and document sites of venepuncture on the body chart. If any attempt at a medical procedure might have contributed to failed resuscitation, then this must be left in situ.

Details of any medical history shared by carers (please note that a detailed history will be obtained by the Lead Health Professional for Child Deaths at a joint visit with police within 24 hours of the child's death)

Examination of body

The child should be examined by the most senior doctor present.

General appearance of child

Child's weight _____kg

Child's length _____cm

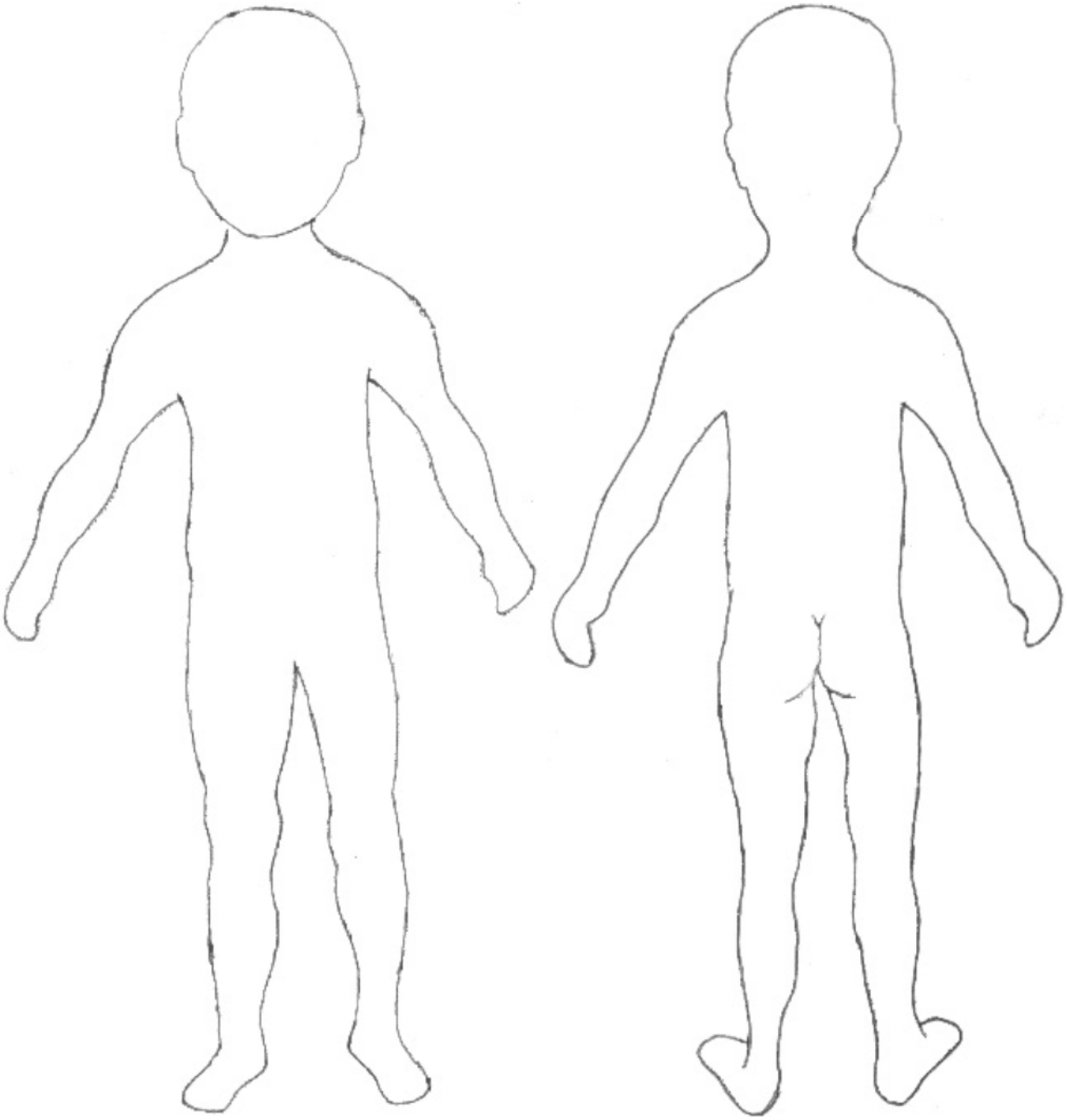
Child's head circumference _____cm

Rectal temperature (if appropriate)

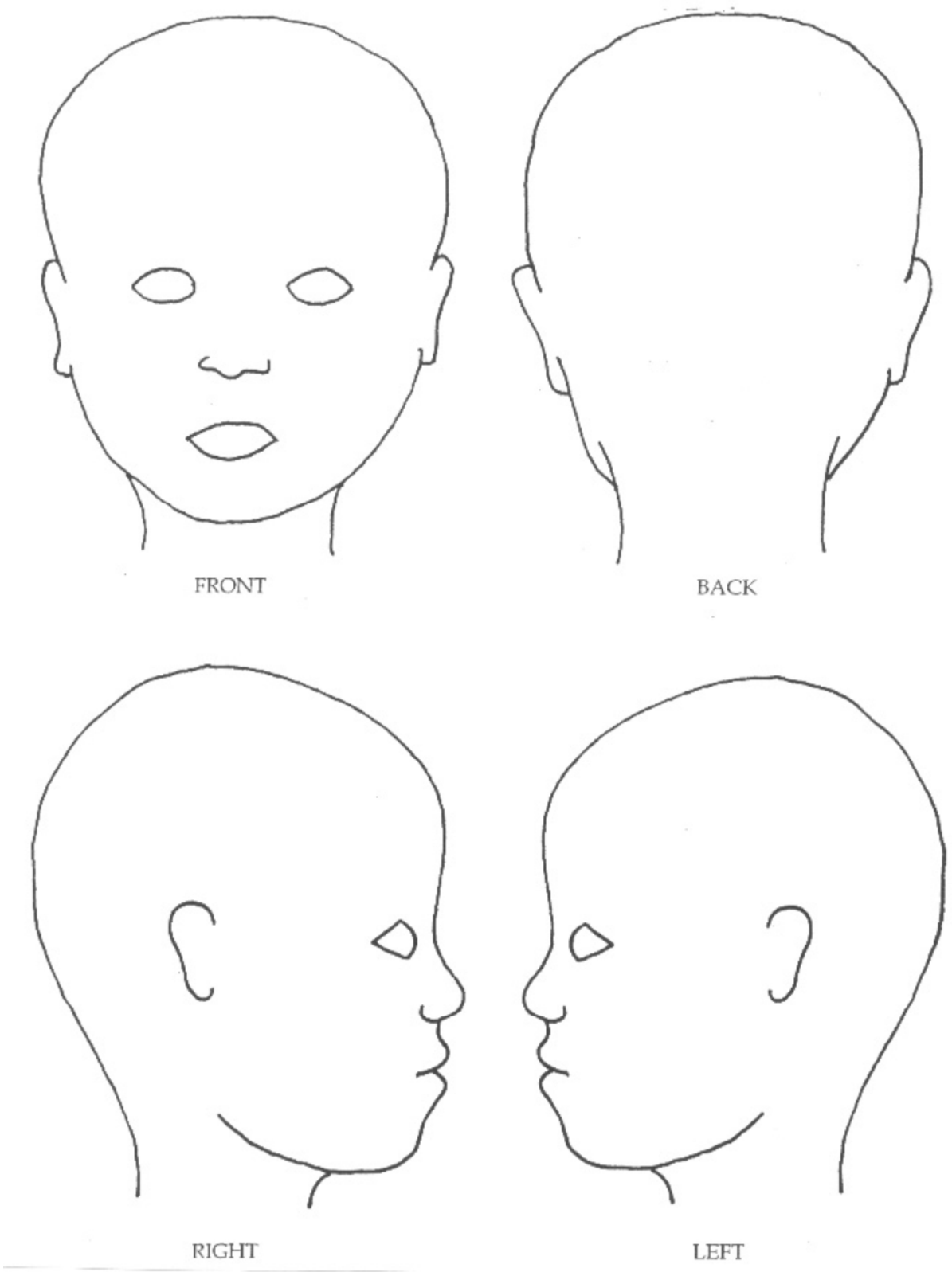
Is there evidence of bleeding from the nose and mouth. If so, please give full description including appearance of fluid, distribution and quantity

Please make note of the following and document on body maps with full description:

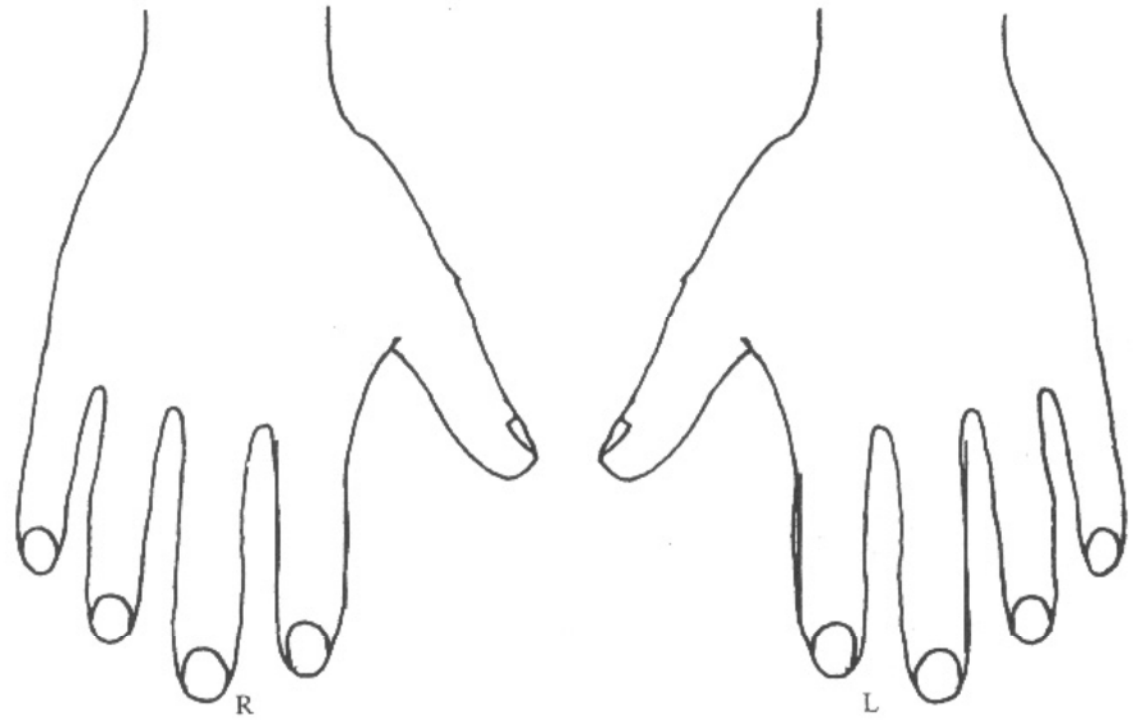
- any marks or abrasions
- any obvious injuries
- rashes
- evidence of dehydration
- hepatomegaly
- splenomegaly



Date, Time Name/title Signature



Date, Time Name/title Signature



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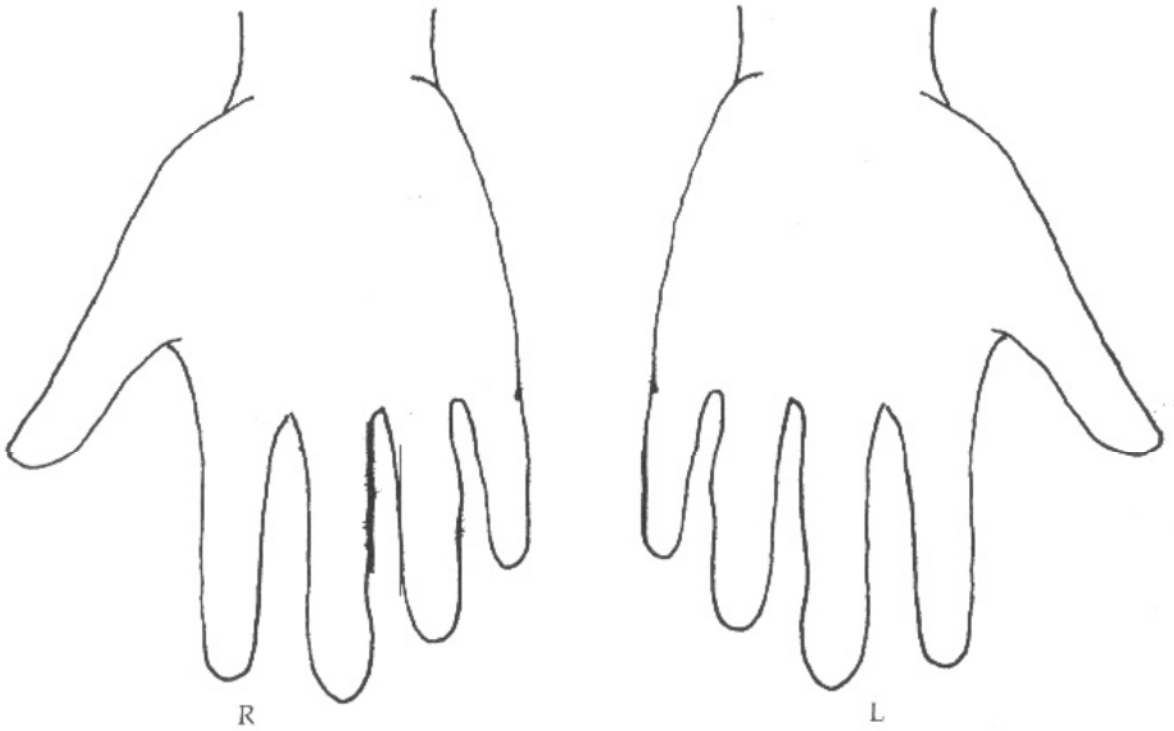
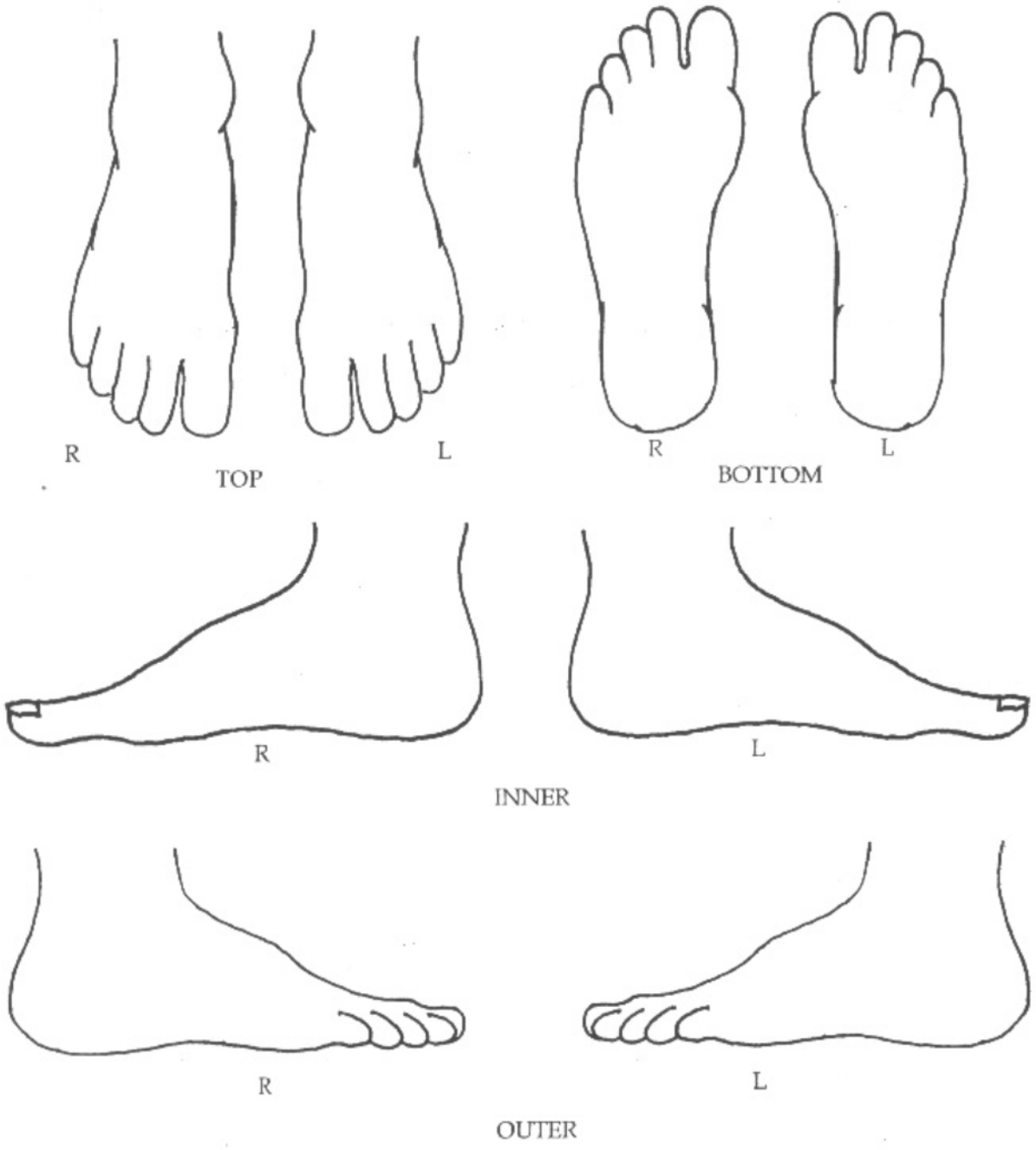


PALM

Date, Time Name/title Signature



Date, Time Name/title Signature

General examination

Cleanliness:

Ophthalmic:

E.N.T:

Mouth:

Skull/Scalp:

Spine:

Chest:

Abdomen:

Genitalia:

Upper Limbs:

Lower Limbs:

Samples

SAMPLES SHOULD ONLY BE TAKEN IMMEDIATELY POSTMORTEM IF THERE ARE NO SUSPICIOUS CIRCUMSTANCES (POSSIBLE CONTAMINATION OF EVIDENCE). IF IN DOUBT DISCUSS WITH HM PROCUREUR/ PATHOLOGIST.

The following should be collected:

NB: Blood listed in order of importance if insufficient sample for all

	OBTAINED	
	Yes	No
1ml for blood culture		
1-2 ml serum for toxicology		
4 spots on Guthrie card for metabolic tests		
1-2 ml in lithium heparin for cytogenetics		
1ml in EDTA for full blood count		
1ml serum for electrolytes/CRP		
Nasopharyngeal aspirate sample to microbiology sample to virology		
Urine (indwelling/in-out catheter sample if possible)		
Gastric aspirate (if NG tube in situ) sample to microbiology sample for food analysis frozen		
Swabs Throat swab to microbiology		
Swabs from any other identifiable lesions (unless appears of suspicious nature) sample to microbiology sample to virology		
(SUDI) Skin biopsy for fibroblast culture - small skin ellipse from normal area of skin (i.e. no marks) can be taken, placed in a dry universal container (and must be refrigerated if transportation will be delayed)		
CSF LP can be attempted, assuming no suspicious skin lesions at site of puncture. Document success/failure of procedure		
The nappy from children with SUDI should be kept and sent to the pathologist with the body. Stool and urine samples for microbiology or virology should not be routinely collected.		