



California Death Scene and Deputy Coroner Investigation Protocol

For the Evaluation of Sudden Unexpected Infant Death

History

The California Sudden Infant Death Syndrome (SIDS) Autopsy/Death Scene Investigation Protocol Committee was organized to develop protocols for the evaluation of sudden, unexpected infant deaths. In 1992, the Committee developed and adopted the "California Death Scene Investigation Protocol" which was used until 1997.

After a survey of county coroners and medical examiners revealed the need for a shorter protocol that eliminated redundancy and was better organized, a Revision Committee was organized to develop a new protocol. The Revision Committee agreed to adopt the Centers for Disease Control (CDC) "Guidelines for Death Scene Investigation of Sudden, Unexplained Infant Deaths." Since 1997, California has been using the CDC protocol for the evaluation of sudden, unexpected infant deaths.

The Revision Committee has agreed to adopt a new protocol beginning January 1, 2006. The new protocol is a combination of the original California protocol and the CDC protocol. This new protocol has been developed to collect more specific information to assist pathologists in determining the infant's cause of death.

In addition to collecting more information about the circumstances surrounding the infant's death, this protocol has also been developed for easier completion and data collection and entry. Since data collected from prior years have never been shared with reporting counties, the goal is to have this form completed electronically, or by hand, which will assist in returning collected data to counties.

This protocol is available for use to assess the death of any infant for whom the cause of death is not apparent before autopsy. Applicable parts of the form may be used to collect data about the death of any infant for whom the cause of death is known.

The following is an instructional guide to assist investigators in completing the protocol.

Instructions

Many of the items on the protocol are self-explanatory. Instructions are provided for items that require clarification.

Provide an answer for every item. If the respondent refuses to answer a question, write refused. **DO NOT LEAVE AN ITEM BLANK.** The reviewer needs to know that an item has not been overlooked.

If additional space is needed to provide more detail, additional pages for narrative descriptions may be attached.

Section I - Demographics

This section is intended to collect demographic information on the infant, parents, siblings, and any caregivers. All items are self-explanatory.

Section II – Scene Examination

This section is intended to collect data on the examination of the scene of death and the examination of the infant. All items under this section are extremely important and need to be thoroughly answered. Items not specifically addressed below are self-explanatory.

. Item 1 – EMS/Police/Fire/Coroner Scene Response

Make every effort to obtain a copy of the ambulance or EMS run sheet and attach it to the protocol to assist the pathologist.

. Item 2 – Place Where Death Pronounced

If the infant died in a hospital, instruct the hospital laboratory to gather and retain all specimens for collection by investigative personnel. Obtain admitting blood and urine or oldest specimens possible for potential toxicology analysis. Also, instruct the laboratory to complete the analyses of all microbiological and viral cultures submitted from the decedent and report results to the pathologist.

Be sure to collect emergency room and emergency medical technician resuscitation records (for use in completing Section IV).

. Item 3 – Location Where Infant Found

If the infant died while at a child care facility, be sure to obtain and make note of the facility's license number.

Section III – Death Scene/Circumstances of Death

This section is intended to collect data on the circumstances surrounding the infant's death. All items under this section are extremely important and need to be thoroughly answered. Items not specifically addressed below are self-explanatory.

. Item 15 – Sleeping Site Where Infant Found

It is requested that actual measurements be taken of the sleeping surface. For example, the size of a bed could be larger than the size of a mattress, making an unsafe sleep environment where an infant could roll off the mattress and be stuck between the side of the bed and the mattress. This item is important in the pathologist's determination that accidental suffocation is or is not a possible cause of death.

. Item 16 – Co-Sleeping

This is a very important portion of the protocol and it is requested that detail be given to answering all questions. If the infant was co-sleeping, providing the estimated weight and height of the person(s) in bed with the infant is extremely important. Also noting the relative position of the infant is valuable.

. Item 18 – Bedding

These items should only be marked "Not Applicable" if bedding was not found as part of the infant's surroundings at the time of death.

. Item 19 – Infant Placed

. Item 20 – Infant's State Immediately Prior To Being Found Unresponsive

. Item 21 – Infant Found Unresponsive

When obtaining information on the infant's position when placed to sleep and when found, a doll can sometimes be a useful tool to assist parents and caregivers in "reenacting" how the baby was placed to sleep and how the baby was found.

. Item 24 – Physical Items Collected – Mandatory When Available

If the baby was taken to the hospital, please check with the hospital staff in case they removed any articles of clothing, changed diapers, or other items of evidentiary value. Make every effort to recover all items. If clothing or personal items special to the infant or parents are collected for possible evidence, please keep in mind that at some point the parents might request these items to be returned due to sentimental value.

Section IV – History of Attempted Resuscitation

This section is intended to collect data on any resuscitation attempts. Also of importance is whether cardiac rhythm was restored and the amount of time the infant survived after resuscitation.

Section V – Medical History

This section is intended to collect data on the health of the infant prior to death, the health of the mother while pregnant, and delivery information. Obtaining copies of medical records for both infant and mother might be useful if the person being interviewed cannot answer the questions. Items not specifically addressed below are self-explanatory.

. Item 29 – Medication Within 48 Hours Prior to Death

If any medication(s) were given, make every attempt to obtain and note the name of the medication(s) where appropriate.

. Item 33 – Usual Sleep Position

This question is seeking to know how the infant was usually placed to sleep and if it differs from how the infant was placed to sleep prior to death.

. Item 34 – Tobacco Smoke Exposure

Tobacco smoke exposure could be from any person living in the home or caring for the infant, if not living in the home.

. Item 37 – Was the Infant Cared for by Someone Other Than Parents

If a child care provider cared for the infant, make every effort to obtain the provider's license number and note it in the protocol.

. Item 38 – History of Injuries or Trauma

The Child Abuse Central Index (CACI) should be queried when the death of the infant is sudden and unexplained. For an inquiry from the CACI, contact the Department of Justice at (916) 227-3285 and request Form 4084. This form serves as an expedited request and needs to be completed and returned to the Department of Justice. Investigators will get a response as soon as 3 hours or up to 30 days.

. Item 51 – Maternal Medication During Pregnancy

If any medication(s) were given, make every attempt to obtain and note the name of the medication (s) where appropriate.

Section VI – Witnesses and Interviews

This section is intended to collect information on those interviewed, those who were with the infant 24 hours prior to death, and contact information for others involved with the investigation and family.

Section VII – Room Diagram

This section is intended to get a visual of the room where the infant was when found. Please make every effort to provide as much detail as possible.

Section VII – Body Diagram

This section is intended to get a visual of any markings found on the infants body. Please make every effort to provide as much detail as possible.