



Medical

Directorate

18 February 2009

Sudden unexpected death in infants, children and adolescents

Due to the recent release of the London Safeguarding Children Child Death Review (2008) elements of the London Ambulance Service (LAS) SUDI procedure have been amended. The amendments have been incorporated in to the SUDI document to ensure that the terms of reference and procedure reflects that of the review. The following summarises the amendments:

- The procedure now encompasses sudden death in children of all ages, and therefore will be titled Sudden Unexpected Death in Infants, Children and Adolescents (SUDICA).
- A brief outline highlighting the roles and responsibility of those agencies most likely to be involved in the sudden death of a child.
- Clarity in the procedure to be followed for children under the age of two years.
- Clarity in the procedure to be followed for children of two years and above.
- The inclusion of an easy to follow algorithm for both procedures.

The review reinforces the recommendations made by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health report (2006) which details a multi agency approach for the care and investigation of sudden unexpected death in infancy, children and adolescents (SUDICA). In the context of SUDICA guidelines, infancy refers to the ages from birth to 1 year 364 days.

The guidelines and recommendations make specific references to the role that the ambulance service may have in assisting in dealing with these tragic circumstances. A key aspect of the guidelines and recommendations is that all staff involved should retain an open mind, knowing that some deaths will be a consequence of neglect or abuse, but recognising that the majority are natural tragedies. All agencies have a duty of care to parents and other surviving children as well as to the child who has died.

These are the key elements pertaining to the role of the LAS:

Exceptional

- Resuscitation should always be initiated unless clearly inappropriate.
- In cases where active resuscitation is not taking place the infant must still be conveyed to an A&E department that accepts paediatrics. The hospital must be alerted in the usual manner. This will facilitate early examination by a Paediatrician.
- Infants must not be conveyed directly to the mortuary.
- Only in cases of severe trauma or decomposition should the infant be left on scene. Under these circumstances the crew must remain on scene and the police must be asked to attend.
- If significant concerns are raised at any stage about the possibility of abuse or neglect, a decision may be taken for the police to become the 'lead agency'. The police should be informed immediately that significant suspicion arises to ensure any further interviews with the family accord with the requirements of the Police and Criminal Evidence Act 1984. The LAS policy for children and vulnerable adults may also be of use in these circumstances.
- Keep the parents informed.
- If other siblings reside at the same address, a vulnerable children's form (LA279) must be completed to ensure the welfare of the remaining children.
- In cases where the infant is conveyed to hospital the name of the hospital clinician who receives the hand over must be clearly documented. In the rare situation where the infant remains on scene the shoulder number of the police officer in attendance must be recorded in the appropriate place on the PRF.
- In cases where the child is two years of age or above the ROLE procedure should be applied.

There will be a multi-agency approach involving collaboration among: emergency medical staff, ambulance staff, safe guarding children coordinators, Coroners, Coroners' officers, general practitioners (GPs), health visitors, midwives, paediatricians, pathologists, police and social workers. In cases where the infant is to be left on scene the police officer in charge will be responsible for informing the designated single point of contact (SPOC) for safeguarding children who will then inform the relevant authorities. In cases where the infant is conveyed to hospital it is the responsibility of the attending doctor to inform the SPOC.

The majority of sudden unexpected deaths in infancy are natural tragedies, but a minority are a consequence of ignorance, neglect or abuse. The investigation should keep an appropriate balance between medical and forensic requirements and should take account of possible risks to other children in the household.

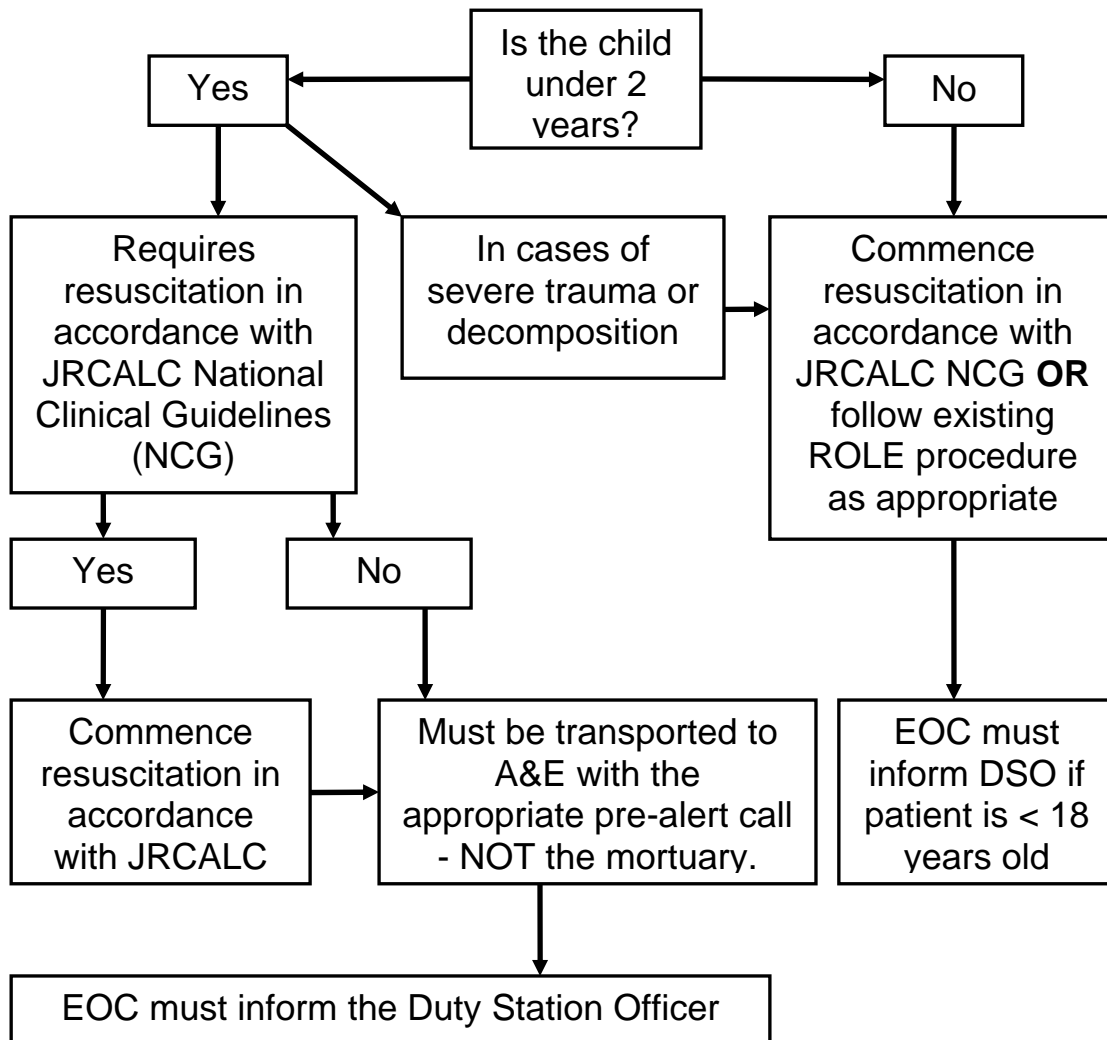
When sudden unexpected death occurs in a child of two years of age or above, and resuscitation is clearly inappropriate, the ROLE procedure must be adhered to.

Please note the text should be read in conjunction with the attached algorithm.

Fionna Moore
Medical Director

Expiry date: until further notice

Management of Sudden Unexplained Death in Infants, Children & Adolescents (SUDICA)



NB/ Clinical Support Desk available for advice and support

In all cases crews must:-

- Complete a PRF
- Complete form LA3 –(Recognition of Life Extinct) where appropriate
- Complete LA279
- Document the shoulder number of the lead Metropolitan Police officer on the PRF
- Support parents and keep them informed of actions