SESLHD PROCEDURE COVER SHEET

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KEY TERMS	Infant, sudden, death, unexpected, emergency, inpatient, maternity, child and family
SUMMARY	The procedure outlines the mandatory requirements of managing an infant less than 12 months of age, whom has died suddenly and unexpectedly. It excludes those that die unexpectedly in misadventures due to external injury or accidental drowning.

SESLHD PROCEDURE

Death – Management of Sudden Unexpected Death in Infancy

SESLHDPR/634

1. POLICY STATEMENT

South Eastern Sydney Local Health District is responsible for ensuring all its sites have in place mechanisms to coordinate and provide a response for the management of sudden unexpected death of an infant less than 12 months of age that has died suddenly and unexpectedly, based on NSW Health policy directive Death - Management of sudden Unexpected Death in Infancy PD2008_070. The procedure includes the identification of those facilities where the service is available and aims to ensure all staff treating paediatric patients are educated in the use of this procedure.

Compliance with this procedure is mandatory and should be used:

- When there is an unexpected infant death during a hospital admission, including the delivery suite
- Following an unexpected death of an infant outside hospital, where the infant arrives in an Emergency Department.

2. BACKGROUND

The procedure is in line with up to date evidence and represents NSW Ministry of Health (MoH) policy directive (PD) PD2008_070 *Death - Management of Sudden Unexpected Death in Infancy*, developed in response to recommendations in the Child Death Review Team (CDRT) Sudden Unexpected Death in Infancy Report (2005). This procedure is designed to clarify recommendations within PD2008_070 and to facilitate its implementation across all SESLHD sites. A flow chart is provided to articulate each local sites procedural response and should be read in conjunction with this procedure.

When this procedure should be used

- When there is an unexpected infant death during a hospital admission
- Following an unexpected death of an infant outside hospital, where the infant is brought into an Emergency Department.

2.2 Definitions

Sudden unexpected death in infancy (SUDI) is the death of an infant:

- Less than 12 months of age
- That was sudden in nature
- That was unexpected.

Excludes: infants who die unexpectedly as a result of misadventure due to external causes (i.e. motor transport incidents) and accidental drowning.

3. RESPONSIBILITIES

The response to a SUDI is only one aspect of a multi-agency response, designed to complement the work of other agencies (police, ambulance, coroner and forensic pathologist).

The role as healthcare workers is to provide the healthcare and assessment of the family, remembering that the infant's death will be investigated by external agencies. Support to the family/carers at this time is important and should be provided by staff that have the appropriate knowledge skills and sensitivity to allow the family to say goodbye to their infant.

3.1 Key Person:

This may be the Clinical N/MUM / Nurse Manager, RN in-charge of shift/senior RN, or After Hours Nurse Manager (AHNM). They are responsible for coordinating the immediate care of the parents/family until a Social Worker arrives, or the infant is transferred to SCH-R (Sydney Hospital ED or POWH ED only).

The Key Person will:

- Allocate an experienced RN to remain with the child at all times in the resuscitation room who has the appropriate knowledge, skills and sensitivity to support the family
- Receive handover from police regarding any post mortem objection and government contractor arrangements
- Retrieve policy directive/procedure and makes available to all staff involved in case
- Notify the Social Worker on-call
- Initiate care of the family
- Coordinate transfer of the infant to the morgue by the government contractor if Social Worker, CNUM or AHNM not available
- Fax medical records to morgue using the Fax Coversheet attached to PD2008_070.

3.2 Police:

If not already involved police must be contacted, as formal identification of the infant in the presence of a family member / Social Worker and notification to the coroner will be necessary. In addition, the police will generally notify the government contractors to arrange transfer of the infant to the morgue if not already contacted as above.

3.3 Social Worker:

The role of the social worker is to act as the conduit between the hospital, the forensic counsellor and the family. Between 5.00pm – 8.00am, **Sydney Hospital** utilises the POWH on call Social Worker. However, the on call Social Worker from Sydney Children's Hospital (SCH) Randwick will assume care on the infant's arrival in the SCH ED.

The Social Worker will:

- Provide care of the family according to PD2008_070 / **SESLHDPR/634**
- Assist at interview of the family with the senior medical officer
- Attend formal identification of infant with police if not already completed
- Coordinate ongoing care of the family with other health practitioners
- Responsible for paging Forensic Grief Counsellor and handover.

3.4 ED Staff Specialist / Supervisor / CMO

The medical officer's role refers to the most senior medical officer available and will vary depending on the site. For example, at Sydney Hospital ED this may be the Career Medical Officer (CMO) or at other sites – the ED Registrar.

However, the ED Staff Specialist will:

- Follow PD2008_070 / **SESLHDPR/634**
- Certify extinction of life, informs the family/carer and completes
- **SMR010515** "Notification of Death to Coroner" form
- Report to Child Protection Unit or Social Worker any concerns of child abuse
- Notify the families usual Paediatrician and or General Practitioner (GP) of the infant's death.

3.5 Senior On-call Paediatrician:

The paediatrician may nominate the Paediatric Registrar to attend if they are not available.

The Paediatrician will:

- Follow policy directive **PD2008_070**
- Ensure extinction of life has been certified and **SMR010530** completed
- Take a comprehensive medical history from family using SUDI Medical History Form **SMR040.250** attached to PD2008_070, balancing the need for detail and sensitivity
- Ensure that this history is received by the forensic pathologist before the post mortem
- Be informed of any objection to post-mortem or cultural /religious practices put forward and discuss these further with the family and the Coroner
- Coordinate care of family according to Clinical Practice Guidelines including (as appropriate):
    - Investigation for long QT interval in surviving family members
    - Grief counselling services
    - Medical care of family (e.g. lactation advice)

- Ensure GP and CFHN are notified of death and future care plans
- Offer regular medical follow up to family, including discussion of post mortem and coronial findings when available and appropriate (or refer back to usual paediatrician).

3.6 Child and Family Health Nurses will:

- Call ambulance and police to home or clinic
- Provide basic CPR until the ambulance arrives
- Stay with family until transport to hospital occurs
- Liaise to find out which hospital the infant was transferred to
- Notify NUM and CNC
- Document in CHOC and report IIMS (SAC 1)
- Offer follow up support to family within 24hours following the death.
- Offer cessation of lactation support and advice if required (see Appendix 6).

The Child and Family Health Nurse will be debriefed and encouraged to use EAP services as soon as possible after the incident. Clinical supervision will be provided if required.

3.7 Line Managers will:

- Ensure that all staff are made aware of the procedure and any updates, and that the procedure is adhered to at all times
- Ensure any related education resources and clinical protocols are readily available in the clinical environment and staff have completed same.

3.8 District Managers/ Service Managers will:

- Ensure the procedure is adhered to.

3.9 Medical staff will:

- Become familiar with this procedure and adhere to it at all times.

4 PROCEDURE

The procedure is to be used for a SUDI under the following circumstances:

- An unexpected death of an infant outside of hospital where the infant is brought to the Emergency Department of any SESLHD Hospital or;
- during an inpatient admission to the Child and Adolescent Unit, Special Care Nursery /NICU, Delivery Suite or post-natal ward(s)
- An unexpected death during a home visit by a Child and Family Health Nurse or at a Child and Family Health clinic.

The following Appendices outline all Procedural steps to be followed for each of the SESLHD sites:

4.1 **St George and Sutherland Hospital**

Appendix 1: Emergency Department

Appendix 3: Inpatient unit(s)

4.2 **Sydney / Sydney Eye Hospital**

Appendix 2: Emergency Department

4.3 **Royal Hospital for Women**

Appendix 3: Inpatient unit(s)

4.4 **Child and Family Health Services**

Appendix 4: Home visit or in clinic

4.5 **Appendix 5:** NSW Ambulance Service Matrix

4.6 **Appendix 6:** SESLHD Information Bulletin – *Breast Care When Your Baby Has Died*

5. DOCUMENTATION

- PD2008_070 Death: Management of Unexpected Death in Infancy
- SMR040.250 SUDI Medical History
- **SMR010515** "Notification of Death to Coroner"
- PD2010_31 Children and Adolescents - Inter-Facility Transfers

6. AUDIT

- Annual audit is required by each site.

7. REFERENCES

- PD2008_070 Death – Management of Sudden Unexpected Death in Infancy
- Hunter New England Local Health District Policy Compliance Procedure PD2008_070: PCP 1, Version 3: (20 July 2017).
- Central Coast Local Health District Procedure PR2010_064 Version 2: (2013).

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
7/2/ 2018	Original	Julie Friendship - Paediatric CNC SESLHD Approved by – Dr Daniel Challis, Staff Specialist RHW & Stream Director Women and Children's Health
Feb – Oct 2018	1	Revised, endorsed and approved by the relevant hospitals, divisions, streams and committees (Emergency and Women's & Children's stream)
November 2018	Draft	Draft for Comment – Processed by Executive Services and comments received
22 March 2019	Draft	Revised by Julie Friendship following consultation period Final draft approved by Executive Sponsor.
March 2019	Draft	Processed by Executive Services prior to progressing to Clinical and Quality Council.
April 2019	0	Approved by Clinical and Quality Council

APPENDIX 1— Flowchart for the EMERGENCY DEPARTMENT Response to SUDI St George and Sutherland Hospitals

Health
South Eastern Sydney
Local Health District

Infant dies suddenly and unexpectedly

Infant is transported to the Emergency Department and on arrival is taken to resus room by **Triage Nurse** whilst registered on FirstNet / iPM **OR** is allocated a temporary iPM MRN and provided admission labels

Triage Nurse advises **CNUM** and **ED Staff Specialist / ED Supervisor**

Family transported to / arrives in the ED and may remain with their child, **supervised** at all times, or placed in relatives room

CNUM notifies **SW** on duty 0800—1630 **OR** on call 1630—0800 via switch and allocates a **KP** in the interim to stay with family

ED Staff Specialist / ED Supervisor:

* Receives handover from Police if present already **or** contacts **Police immediately**
* confirms life extinct and notifies on call **Paediatrician** who **attends ED urgently**

Key Person / Social worker attends formal identification of infant **with Police**

Family are given the opportunity to spend time with their infant but **always under supervision** of **SW/ KP/ RN.** Some parents may want ink prints of their infant's hands and feet, or a lock of hair, this can only occur after a forensic examination.

Paediatrician ensures extinction of life has been certified, discusses case with **KP/SW** and confirms no objection to post-mortem has been made. **If family object**, explain the necessity of examination, however the Coroner **must be notified** of any ongoing objections cultural, religious or other

CNUM / Team Leader arranges with police for infant to be transported to **Glebe Forensic Centre** by the Government Contractors

Paediatrician (in presence of Social Worker):

- meets family and informs them of the processes to take place including the post mortem
- takes full history and documents this on **SMR040.250**
- faxes history along with attached fax cover sheet **letter** requesting post mortem report to **Forensic Pathologist**, prior to post mortem exam on **02 9552 1613**
- offers regular medical follow up to family or refers them back to usual paediatrician
- with consent of the family, notifies their **General Practitioner** of the infant's death and future care plans

Ongoing care of family is coordinated by the **Paediatrician** and **SW** including:

* Initial crisis intervention and grief counselling until handover to Forensic Counsellor is complete
* Services and medical care of family for e.g. screening for family history of long QT interval / inherited cardiac disorders

SW/CNUM/Paediatrician contacts **Lactation CMC / Midwife in charge** for lactation consultation with mum before Mum leaves the ED if required.

NOTE: CNUM (Clinical NUM), **RN** (Registered Nurse), **SW** (Social Worker), **KP** (Key Person), **GP** (General Practitioner), **ED** (Emergency Department) **ED Supervisor** must be most senior MO in Charge

APPENDIX 2

Flowchart for the EMERGENCY DEPARTMENT Response to SUDI at SYDNEY/SYDNEY EYE HOSPITAL PRIVATE VEHICLE ONLY

Health
South Eastern Sydney
Local Health District

ASNSW SUDI response hospital for **SSEH** is **SCH-R** and as such, all infants enroute that meet SUDI criteria will be bypassed to **SCH – R** **unless the infant requires an urgent airway intervention** unobtainable by the ASNSW Paramedic and **SSEH** is the closer hospital *(PD2010_031; Appendix 5)*

Infant dies suddenly and unexpectedly

Infant is transported to the Emergency Department **IN PRIVATE VEHICLE** and on arrival is triaged as an **ATS 1**, taken to the resus room whilst registered on FirstNet / iPM **OR** is allocated a temporary iPM MRN and provided admission labels

Triage Nurse advises **CNUM** and **ED SS / CMO**

SHED CNUM:

* Notifies **AHNM**
* Allocates **KP/SRN** to remain with infant and family
* Meets family with **SHED SS / CMO**
* **Contacts ASNSW** for urgent transfer to SCH-R *(see PD2010_031. pp2 @ 5.1; Appendix 6)*

SHED SS / CMO:

* On arrival, commences or continues resuscitative measures if appropriate, until lack of response is clear, otherwise;
* Meets family and informs them of the process in transferring them and their infant to **SCH-R**
* Contacts **SCH-R** ***ED*** **Admitting Officer** via switch to notify of transfer *(see PD2010_031. pp2 @ 5.1)*

Family are given the opportunity to spend time with their infant **always under the supervision** of the KP / RN / CMO

NOTE:
CNUM (Clinical NUM), **SRN** (Senior Registered Nurse), **KP** (Key Person – this is a SRN, AHNM or Medical Officer), **SCH-R** (Sydney Children's Hospital (Randwick), **ED** (Emergency Department), **SHED SS** (Sydney Hospital ED Staff Specialist), **SCH-R** (Sydney Children's Hospital—Randwick), **AHNM** (After Hours Nurse Manager), **SSEH** (Sydney-Sydney Eye Hospital), **CMO** (Career Medical Officer), **ASNSW** (Ambulance Service of NSW).

APPENDIX 3 — Flowchart for the INPATIENT UNITS Response to SUDI - ROYAL WOMENS, ST GEORGE and SUTHERLAND HOSPITALS

Health
South Eastern Sydney
Local Health District

Infant dies suddenly and unexpectedly on hospital ward (Paediatric, Maternity or Neonatal Intensive Care Units)

CNUM/CMUM / Team Leader:

* Notifies admitting / on call **Paediatrician** who **attends ward urgently**
* Nominates a **Key Person** to care for family until **Social Worker** arrives
* Pages **Social Worker** on duty 0830—1700 or On call 1700—0830 via switch who **attends ward immediately**
* Contacts local Police station and advises of SUDI

Family are moved to a single room where available, otherwise to quiet / relatives' room with **KP** until **SW** arrives

Family are given the opportunity to spend time with their infant but **always under supervision** of **SW/ KP/ RN/RM.** Some parents may want ink prints of their infant's hands and feet, or a lock of hair this can only occur **after** a forensic examination.

Paediatrician/CNUM/CMUM contacts **Lactation CMC / Midwife in Charge** for lactation consultation with mum before Mum is discharged from hospital if required

CNUM/CMUM/Team Leader arranges with police for infant to be transported to **Glebe Forensic Centre** by the Government Contractors

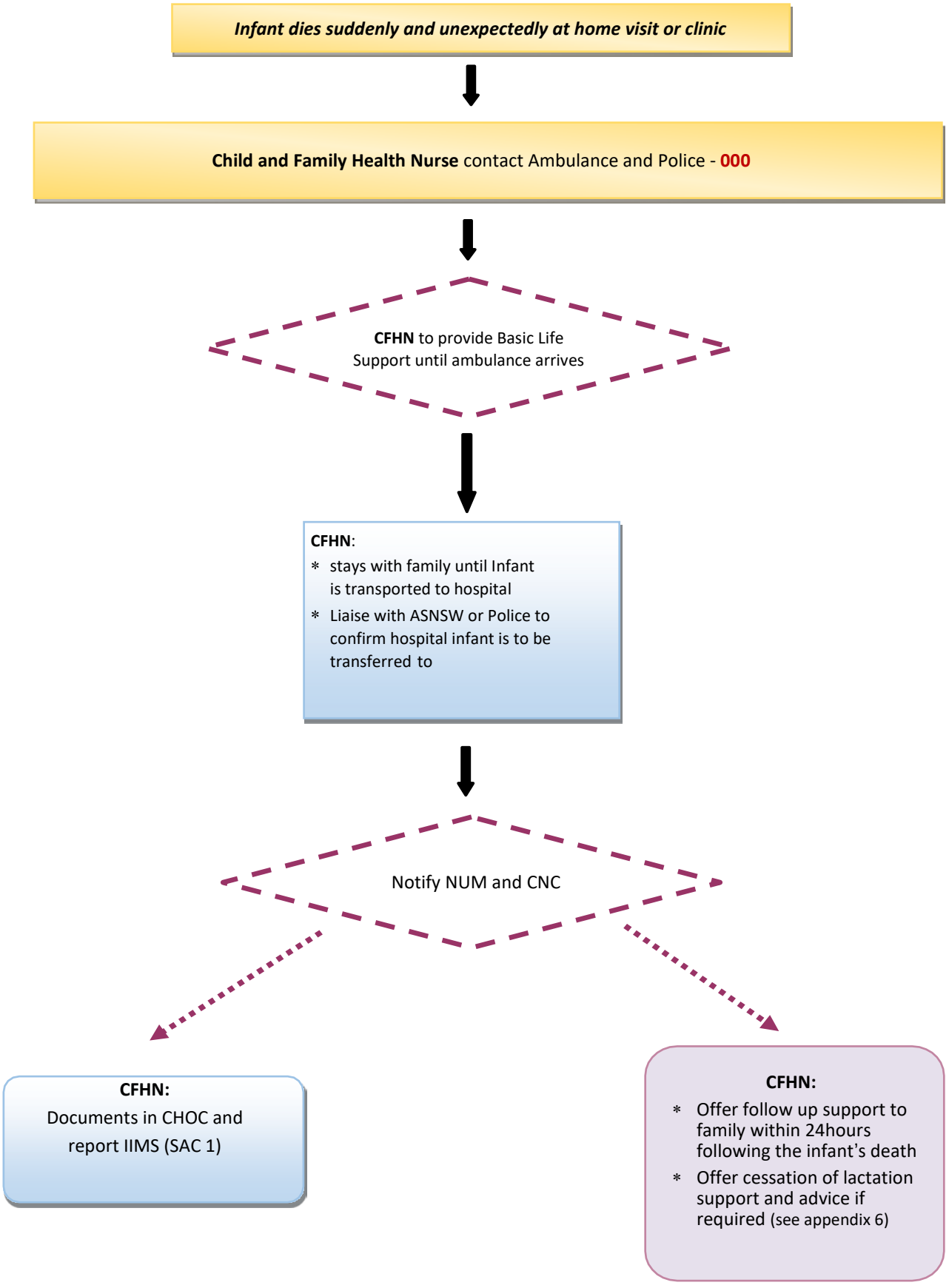
Paediatrician:

* certifies extinction of life
* discusses case with **Police**, **KP/SW**
* meets family and informs them of the processes to take place including the post mortem
* If **family object**, explains the need of a post mortem examination in accordance with PD2008_070
* Notifies the Coroner urgently of any ongoing objections for cultural, religious or other reasons
* Further concerns—refer family to the **CISP** (Glebe) or **DFM** (Glebe) within **business hours**: 8584 7777 / 7800 **or after hours:** 8584 7821
* takes full history and documents this on **SMR040.250**
* faxes history along with attached fax cover sheet **letter** requesting post mortem report to **Forensic Pathologist**, prior to post mortem exam on 02 9552 1613
* offers regular medical follow up to family or refers them back to usual paediatrician
* with consent of the family, notifies their **General Practitioner** of the infant's death and future care plans

Ongoing care of family is coordinated by the **Paediatrician** and **SW** including:

* Initial crisis intervention and grief counselling until handover to Forensic Counsellor is complete
* Services and medical care of family for e.g. screening for family history of long QT interval / inherited cardiac disorders

NOTE: CISP (Coronial Information & Support Program), **DFM** (Department of Forensic Medicine), **SW** (Social Worker), **KP** (Key Person), **RM** (Registered Midwife), **CMC** (Clinical Midwife Consultant), **GP** (General Practitioner), **MUM** (Midwifery Unit Manager), **TL** (Team Leader)



NOTE: CFHN (Child & Family Health Nurse), **NUM** (Nurse Unit Manager), **CNC** (Clinical Nurse Consultant), **ASNSW** (Ambulance Service NSW), **CHOC (Community Health and Outpatient Care)**

APPENDIX 5

		ST VINCENT'S HEALTH DISTRICT	SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT			
		INPATIENT MEDICAL SERVICES AVAILABLE	INPATIENT MEDICAL SERVICES AVAILABLE			
SPECIALITIES - *NSW Ambulance Main Condition per PHCR*	**Clinical Allocation Number**	**ST VINCENT'S 91809**	**POW 91633 ROYAL WOMENS 91634**	**SYDNEY 91640**	**ST GEORGE 91637**	**SUTHERLAND 91638**
CARDIAC *Non Traumatic*	1	YES	YES	NO	YES	YES
OBSTETRIC	2	NO	Royal Women's 20 weeks	NO	YES	YES
PAEDIATRIC	3	NO	NO	NO	YES	YES
STROKE/TIA *Cerebral Event*	4	YES	YES	NO	YES	YES
ORTHOPAEDICS *Simple*	5	YES	YES	YES	YES	YES
TRAUMA - T1	6	YES Specialist Facility	NO	NO	YES Specialist Facility	NO
MENTAL HEALTH *Behavioral Psychiatric*	7	YES	YES	NO	YES	YES
Other	8	YES	YES	YES	YES	YES
Minor Trauma	9	YES	YES	YES	YES	YES
ORTHOPAEDICS *Complicated*	10	YES	YES	NO	YES	YES
TOXICOLOGY	11	YES	YES	YES	YES	YES
Cardiac PAPA/PHT	12	YES	YES	NO	YES	NO
STROKE *Fast Positive*	13	YES	YES	NO	YES	NO
Specialty Service					Sexual Assault Service	

APPENDIX 6

Breast Care When Your Baby Has Died

Health
South Eastern Sydney
Local Health District

The death of a baby is a difficult time and it is easy to lose yourself in grief. Caring for your breasts at this time is important as it can avoid other possible health complications. This leaflet offers information and practical suggestions.

From about 16 weeks of pregnancy, colostrum (the early or 'first' milk) is produced. Your hormones will cause your breasts to make milk even though you no longer have your baby. Your milk supply may cause a mixed range of emotions. Many women choose to suppress their supply using natural methods. There is also a medication that stops milk production if taken in the first 24 hours after birth. Your doctor can discuss this with you.

THE DAY OF THE FUNERAL

This will be a long and emotional day. You may find the following helpful:

- wear a comfortable bra
- take pain relief as required, according to directions on pack
- express for comfort before the funeral
- take extra breast pads in case of leakage
- dark coloured or patterned tops are less likely to show wet patches
- A cardigan or jacket may also help.

KEEPING BREASTS COMFORTABLE

To lessen any breast discomfort as they fill with milk, you might like to try the following:

* Wear a comfortable, supportive bra both day and night. Use breast pads if leaking occurs.
* Avoid excessive heat on your breasts from hot showers, heat packs etc.
* Apply cold relief to your breasts every few hours, e.g. wrapped icy cloths, gel packs, cold cabbage leaves. Gently hand express enough milk to relieve any fullness. This does not increase your supply as you are not emptying the breasts. It may be necessary to keep expressing for comfort for several days.
- Any lumps can be relieved by gently massaging the breast towards the nipple while expressing. If not relieved or you become unwell, seek medical advice.
- Take pain relief as required, according to the directions on the pack.

If your milk supply is established:

Your milk production will continue and may take some weeks to stop. During this time, maintain breast comfort using measures already described.

Gradually decrease how often and how much you express while keeping your breasts comfortable. Seek medical advice if you are feeling unwell or notice any tender red lumps that you can't massage out.

Contacts

- Australian Breastfeeding Association Helpline Ph: 1800 686 268, 7 days a week, or visit www.breastfeeding.asn.au
- SIDSandKIDS 24 hour Bereavement Support Ph: (02) 9818 8400 or 1800 651 186 if outside the Sydney Metropolitan area.
- NALAG (National Association for Loss and Grief), Ph: (02) 6882 9222.