

**GUIDELINES
FOR LAW ENFORCEMENT RESPONSE
TO THE
SUDDEN DEATH OF AN INFANT**



**THE COMMISSION
ON PEACE OFFICER STANDARDS AND TRAINING**

STATE OF CALIFORNIA

COMMISSION ON PEACE OFFICER STANDARDS
AND TRAINING

GUIDELINES
FOR LAW ENFORCEMENT'S RESPONSE
TO THE SUDDEN DEATH OF AN INFANT

July
1990

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1601 Alhambra Boulevard
Sacramento, CA 95816
(916) 227-4856**

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FOREWORD

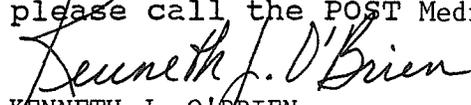
Penal Code Section 13519.3 requires the Commission on Peace Officer Standards and Training to establish guidelines and training for law enforcement's response to the sudden death of infants. This publication prescribes those guidelines and the performance objectives required for recruit and in-service officers. (A separate publication, Unit Guide 55, contains the recommended curriculum on SIDS for the Regular Basic Course.)

The guidelines include instruction on the standard procedures which may be followed by law enforcement agencies in the investigation of cases involving the sudden death of infants, information on the nature of Sudden Infant Death Syndrome (SIDS), and information on community resources available to assist families and child care providers who have lost a child to SIDS.

SIDS is the leading cause of death among infants. Sudden Infant Death Syndrome is the sudden, unexplained death of an apparently healthy infant, generally occurring within one year of birth. Yearly in California there are approximately 800 deaths which are attributed to SIDS. A SIDS death affects grieving parents and care providers in many ways. It is critical that responding officers possess the skill, knowledge, and sensitivity necessary to conduct the investigation in a manner that ensures a competent inquiry while remaining aware of the impact upon the survivors. Familiarity with SIDS will enable peace officers to handle these situations in an acceptable and standardized manner consistent with legal requirements.

These guidelines are presented in a format that will allow the reader to follow a systematic process for conducting an infant death investigation. The guidelines for public agencies are deliberately brief and intended to be expanded upon by agency administrators and complemented by the related training curriculum.

We are appreciative of the Sudden Infant Death Syndrome Advisory Committee who labored tirelessly to help develop these guidelines and curriculum. Special thanks are extended to Sergeant James E. Newman of the Chino Police Department who served as project director during his term as a POST Special Consultant. Questions or comments concerning this document should be directed to the Training Program Services Bureau at (916) 227-4885. For information on obtaining additional copies of this document, please call the POST Media Distribution Center at (916) 227-4856.


KENNETH J. O'BRIEN
Executive Director

July 19, 1990

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PROGRAM

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Family Support Member

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Garden Grove Police Department

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INTRODUCTION

Investigations regarding infant death are multifaceted and present a genuine challenge to law enforcement professionals. According to the California State Department of Health Services, Death Records Unit, approximately 4500 infants die within their first year of life. By far the largest single category of sudden infant death is attributed to Sudden Infant Death Syndrome (SIDS) with an average of 800 cases reported annually.

A complete inquiry into the circumstances surrounding the sudden death of an infant is essential in order to separate incidents of natural or accidental death from criminal misconduct. A reliable conclusion can only be determined through a complete investigation and medical examination of the events leading to the sudden death of an infant. Omission of one of these elements will place the entire cause of death in question.

The first person to arrive at the scene of an infant's death is often the law enforcement officer. The sudden death of an infant is a highly emotional event which calls for sensitivity and skill on the part of the responding officer. The skill and sensitivity of the peace officer handling the investigation of an infant death may ease the parent's trauma and provide a sense of security and support. Due to the nature of these incidents, the responding field and investigative officer must attempt to establish a professional rapport with the parents and/or care provider so that complete and accurate information about the death can be obtained.

Law enforcement has a legal obligation to thoroughly investigate incidents of infant death. The emotional well-being and legal rights of those involved must be protected. The initial phases of the investigation will impact all those individuals involved with the sudden death of an infant. Infant death investigations often become complicated and labor intensive. Officers involved in infant death investigations should have specialized training in modern investigative procedures. Sudden infant death investigative techniques require an understanding of the possible causes of death, coroner procedures, and the proper method for interviewing witnesses, parents/care givers, and suspects.

An additional responsibility of local law enforcement is the providing of emotional support resources to the surviving parents/care givers who may be involved in a SIDS death. In those cases where a local support resource has not been identified, parents/care providers should be referred to the California SIDS Program at 1-800-369-SIDS.

GUIDELINES FOR LAW ENFORCEMENT RESPONSE
TO THE SUDDEN DEATH OF AN INFANT

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GUIDELINE #1: DETERMINATION OF THE NEED FOR EMERGENCY MEDICAL TREATMENT. PATROL AND INVESTIGATIVE OFFICERS HAVE HISTORICALLY BEEN AMONG THE FIRST TO ARRIVE AT THE SCENE OF AN INFANT'S DEATH. THESE OFFICERS SHOULD KNOW THE IMMEDIATE TASKS OF A FIRST RESPONDER IN DETERMINING THE NEED FOR MEDICAL ASSISTANCE. THESE TASKS INCLUDE, BUT ARE NOT LIMITED TO:

- A. Immediately checking for signs of life and obtaining/rendering medical assistance.
- B. Coordinating the efforts of those at the scene rendering medical assistance.
- C. If appropriate, assisting the parents/care providers in preparing to accompany the infant to the hospital. This assistance may include arranging for the immediate care of any children remaining at the location, securing of the location, etc..

GUIDELINE #2: IMPLEMENTATION OF DEATH SCENE PROCEDURES. PATROL AND INVESTIGATIVE OFFICERS SHOULD KNOW THE PRELIMINARY DUTIES AND RESPONSIBILITIES AT THE SCENE OF THE SUDDEN DEATH OF AN INFANT. THESE DUTIES INCLUDE, BUT ARE NOT LIMITED TO:

- A. Promptly taking the necessary steps to control the immediate death scene, (the location where the infant was first discovered unresponsive); preserving and gathering all items of evidence which may assist in the determination of the cause of death.
- B. Identifying and recording the names of all person(s) who may be involved in the incident.
- C. Making appropriate field notes which will serve as a basis for the preparation of the required reports documenting the

circumstances of the incident from the time the infant was last seen alive through discovery and revival efforts.

- D. Recording all observations of the surrounding area along with detailed observations of the immediate area where the infant was located.

GUIDELINE #3: IDENTIFICATION AND INTERVIEWING OF FAMILY, CARE PROVIDERS, AND WITNESSES. PATROL AND INVESTIGATIVE OFFICERS SHOULD BE SENSITIVE TO THE EMOTIONAL TRAUMA WHICH RESULTS FROM THE SUDDEN DEATH OF AN INFANT. INTERVIEWS SHOULD BE CONDUCTED IN A MANNER THAT OBTAINS THE REQUIRED INFORMATION WHILE UNDERSTANDING THE EMOTIONAL IMPACT TO THE INVOLVED PARTIES.

- A. Parents/care providers, first responders, and others present may suffer from severe emotional responses to the sudden death of an infant.
- B. Emotional responses vary between individuals and cannot be predicted.
 - 1) Some individuals may become violent and/or express outpourings of anger/frustration, grief, guilt, and shock.
 - 2) Some individuals may give a guilt-ridden statement such as, "I killed my baby" - "It's all my fault" - "Why did you kill my baby," etc.
- C. Inform the person to be interviewed why the interview is necessary.
 - 1) In the case of an apparent SIDS incident, the parents/care providers should be informed as to how the interview and investigation will proceed.
- D. Avoid accusatory phrases such as, "suspect", "homicide scene" or other law enforcement jargon.
- E. Document the results of each interview.

GUIDELINE #4: NOTIFICATION TO OTHER INVESTIGATIVE, MEDICAL, AND CORONER STAFF. PATROL AND INVESTIGATIVE OFFICERS SHOULD KNOW WHEN, TO WHOM, AND HOW TO MAKE THE REQUIRED NOTIFICATION(S) CONCERNING THE SUDDEN DEATH OF AN INFANT.

- A. Make required notification(s) to appropriate law enforcement and coroner staff.
- B. Explain to the parents/care providers they may receive follow-up contact from others who will provide support and information concerning the death of an infant.
 - 1) Law enforcement investigators
 - 2) Coroner's office staff
 - 3) Public health nurse

GUIDELINE #5: DOCUMENTATION AND REPORTING OF INCIDENT. THE LAW ENFORCEMENT AGENCY SHOULD ENSURE A COMPREHENSIVE INVESTIGATION IS CONDUCTED INTO THE CAUSE OF THE SUDDEN DEATH OF AN INFANT. THE INVESTIGATIVE STEPS TAKEN BY PATROL AND/OR INVESTIGATIVE PERSONNEL SHOULD INCLUDE, BUT NOT BE LIMITED TO:

- A. Defining and securing the area where the infant was discovered, as well as any other area which may contain evidence which assists in determining the cause of death.
- B. Obtaining information concerning the infant including:
 - 1) Name, age, sex, race
 - 2) Physical appearance/condition of the infant.
 - 3) Name, address, phone number of parent(s)/care giver(s)
 - 4) The nature and extent of known medical problems and the name and address of the physician treating the infant.

- 5) Documentation of all illnesses or injuries the infant experienced prior to this incident.
 - 6) Description of the resuscitation attempts including the name(s) of the person(s) who attempted the resuscitation.
- C. Obtaining the name(s), address(es) and telephone number of possible witness(es) or other person(s) who may be able to furnish information concerning this incident.
- D. Conducting a walk-through of the immediate and surrounding areas where the infant was discovered.
- 1) Visualize what the area may have looked like before the incident took place.
 - 2) Identify potential evidence which may assist in determining the cause of death.
- E. Diagramming and photographing the immediate and surrounding areas where the infant was first discovered.
- F. Collecting and documenting evidence.
- G. Preparing a thorough report concerning all known facts.
- 1) Who discovered the infant, and what actions were immediately taken by that person(s).
 - 2) Describe the circumstances which led to the discovery of the infant.
 - 3) The location where the infant was found by the responding officer/other emergency personnel, and if this is the same location where the infant was first discovered.
 - 4) Describe the physical and general appearance of the infant, including clothing and bedding.

- 5) Note the behavior of the individual(s) who are present.

GUIDELINE #6: IDENTIFICATION AND NATURE OF SUDDEN INFANT DEATH SYNDROME. PATROL AND INVESTIGATION OFFICERS SHOULD BE ABLE TO RECOGNIZE THE PRIMARY INDICATORS OF A SIDS INCIDENT. PRIMARY INDICATORS INCLUDE:

- A. A SIDS infant is generally under the age of one year. Most SIDS deaths take place between the ages of one month and six months.
- B. SIDS deaths most always occur during a period of sleep.
- C. Generally, the SIDS infant appears to have been healthy prior to death. The parents/care providers may describe symptoms of a minor cold, vomiting, diarrhea, etc.
- D. Generally, there are no visible signs of trauma or injury.
- E. Frothy or blood-tinged mucus or vomit may be present in or around the nose and/or mouth.

GUIDELINE #7: PROVIDE INFORMATION TO FAMILY AND/OR CHILD CARE PROVIDER. PATROL AND INVESTIGATIVE OFFICERS SHOULD KNOW THE PRIMARY CAUSES OF THE SUDDEN DEATH OF AN INFANT.

- A. The medical profession cannot explain why infants are victims of SIDS. It is not known what causes SIDS, and there are no known preventative measures.
- B. SIDS is not child abuse and should not be confused with infant death which results from some criminal action, or as the result of an accident.

GUIDELINE #8: COMMUNITY RESOURCES AVAILABLE. LAW ENFORCEMENT AGENCIES SHOULD PROVIDE PATROL AND INVESTIGATIVE OFFICERS WITH A LIST OF COMMUNITY AND OTHER RESOURCES WHICH ARE AVAILABLE TO ASSIST PARENTS/CARE PROVIDERS AND OTHER PERSONS INVOLVED WITH THE SUDDEN DEATH OF AN INFANT.

- A. Provide the parents/care providers with the name, location, and telephone number of the local infant death support group.
- B. The officer should provide the parents/care providers with the SIDS statewide telephone number. (800-369-SIDS)

GUIDELINE #9: FOLLOW-UP INVESTIGATIVE STEPS. The investigator should review the investigative actions taken in the initial response to determine the scope and direction of any follow-up investigation. Based upon this review follow-up steps may include:

- A. Determining if a crime has been committed.
- B. Completing review and evaluating all physical evidence, including medical findings.
- C. Determining need for additional interviews of involved parties.
- D. Coordinating efforts with appropriate law enforcement and public health agencies.
- E. Preparing a case summary which details the conclusive findings concerning the infant's death.
- F. Notifying concerned parties of case results.

SUDDEN INFANT DEATH CURRICULUM

PERFORMANCE OBJECTIVES

Death Scene Investigation

8.33.1 The student will identify the most common tasks and practices delegated to the responding officer for the handling of calls involving the death of a person, including the death of an infant. These minimally include:

- A. Determination of need for emergency medical treatment
- B. Implementation of death scene procedures
- C. Identification and interviewing of family, care providers, and witnesses
- D. Notification to other investigative, medical and coroner staff
- E. Documentation and reporting of incident

10.23.0 SUDDEN INFANT DEATH SYNDROME AWARENESS

Learning Goal: The student will be aware of the nature of Sudden Infant Death Syndrome (SIDS) and will understand what community resources are available to assist families and child care providers who have lost a child to SIDS.

10.23.1 Given word-pictures or audio-visual presentations depicting a child's death, the student will identify whether Sudden Infant Death Syndrome is the most likely cause of death based on the following SIDS indicators:

- A. A SIDS death generally occurs within one year of birth
- B. A SIDS death generally occurs during a sleep period
- C. SIDS infants appear to be healthy
- D. Generally there are no visible signs of trauma/injuries
- E. Frothy or blood-tinged mucous or vomit may be present in or around nose and/or mouth

10.23.2 The student will identify types of information and community resources that may assist parents and/or child care providers involved in a possible SIDS death. These include:

- A. Explanation of SIDS facts to involved parties, as appropriate
- B. Explanation of required investigative tasks and need for complete investigation
- C. Availability of local and regional SIDS peer parent/care provider support groups
- D. Referral to county public health nurse
- E. State agencies responsible for SIDS education, parent/care provider counseling and support
- F. County coroner's office

APPENDICES

Senate Bill No. 1067 (1989)

(Excerpt)

Penal Code Section 13519.3

13519.3. (a) Effective July 1, 1990, the commission shall establish, for those peace officers specified in subdivision (a) of Section 13510 who are assigned to patrol or investigations, a course on the nature of sudden infant death syndrome and the handling of cases involving the sudden deaths of infants. The course shall include information on the community resources available to assist families and child care providers who have lost a child to sudden infant death syndrome. Officers who are employed after January 1, 1990, shall complete a course in sudden infant death syndrome prior to the issuance of the Peace Officer Standards and Training basic certificate, and shall complete training on this topic on or before July 1, 1992.

(b) The commission, in consultation with experts in the field of sudden infant death syndrome, shall prepare guidelines establishing standard procedures which may be followed by law enforcement agencies in the investigation of cases involving sudden deaths of infants.

(c) The course relating to sudden infant death syndrome and the handling of cases of sudden infant deaths shall be developed by the commission in consultation with experts in the field of sudden infant death syndrome. The course shall include instruction in the standard procedures developed pursuant to subdivision (b). In addition, the course shall include information on the nature of sudden infant death syndrome which shall be taught by experts in the field of sudden infant death syndrome.

(d) The commission shall review and modify the basic course curriculum to include sudden infant death syndrome awareness as part of death investigation training.

(e) When the instruction and training are provided by a local agency, a fee shall be charged sufficient to defray the entire cost of instruction and training.

DEFINITIONS

- CHILD CARE PROVIDER: A term synonymous with Child Care Giver. A person who takes care of children in that person's own home (family day care provider) or in a child care center. Regulations for licensure are established by the California Department of Social Services. A care provider may also be a person in control of an infant by virtue of a court order (foster parent), or a person placed in control of an infant with the permission of the infant's parent (baby sitter).
- CRIB DEATH: A colloquial expression used to denote Sudden Infant Death Syndrome (SIDS). (Refer to Sudden Infant Death Syndrome).
- CORONER/MEDICAL EXAMINER A public officer charged with the duty of making inquiry into the causes and circumstances of any death which occurs suddenly or through violence.
- COT DEATH: A colloquial expression used to denote Sudden Infant Death Syndrome (SIDS). (Refer to Sudden Infant Death Syndrome).
- FIRST RESPONDER: A law enforcement officer, an emergency medical services employee, or a fire fighter who by the scope and conditions of employment would be required to respond to the scene of a medical emergency.
- INFANT: A person under the age of 1 year.
- LIVIDITY:
(Livor mortis) The process whereby blood pools or settles in the body from the effects gravity. It appears as a purple discoloration of the skin resembling a bruise.

PUBLIC HEALTH NURSE:

A registered nurse with additional education and experience who works in the community setting such as homes, clinics, and schools. As employees of local health departments, their responsibilities include providing SIDS information and counseling to families and child care providers.

SUDDEN INFANT DEATH SYNDROME

The sudden death of an infant (usually under 1 year of age) which remains unexplained after a complete post-mortem examination and autopsy, including an investigation of the death scene and a review of the case history.

SIDS SUPPORT GROUP:

A group of individuals who come together to provide educational materials, psychological support, and/or personal counseling to anyone who may be affected by the death of an infant.

EMOTIONAL IMPACT ON FIRST RESPONDERS AND
EMERGENCY MEDICAL PERSONNEL IN A SIDS INCIDENT

Presented by
The Counseling Team
225 West Hospitality Lane, Suite 100-A
San Bernardino, California 92408
(714) 884-0133

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been granted unconditionally by the author)

EMOTIONAL IMPACT ON FIRST RESPONDERS AND EMERGENCY MEDICAL PERSONNEL IN A SIDS INCIDENT

Dealing with a SIDS case can have an emotional impact on all those Emergency Responders involved in the situation. The following are a list of feelings, and reactions experienced by many Emergency Responders. Not all of these reactions are experienced by everyone and not necessarily in this order.

EMOTIONAL NUMBING

The Emergency Responders distance themselves from the incident and make an effort not to feel anything. They almost deny having an emotional component, and therefore give the appearance that they have no feelings. They usually say, however, that they are in control and are having no problems dealing with the situation.

ISOLATION

They experience the feeling of being alone and that no one else knows what they are going through. They may experience irritability and agitation, and may again deny that anything is wrong.

INTRUSIVE THOUGHTS

Emergency Responders will relive the SIDS event in their minds, over and over again. If it continues, they begin to wonder or question whether they have complete control of their thoughts. They can change the final outlook, for better or worse. While an Emergency Responder is replaying the event they may change the character mentally, by replacing the victims with their own family members. This also occurs in their dreams.

ANCHORS

When an Emergency Responder is involved in any situation which is emotional, they will naturally be anchored in some way. It may be the environment, date, time, or similar SIDS calls. This anchoring can cause an emotional response for the Emergency Responder at inconvenient times.

SLEEP DISTURBANCES

Disturbances which can result from a SIDS incident include inability to sleep, nightmares, and waking in a cold sweat.

ANXIETY AND FEAR

The fear most commonly felt is that of returning to work and having to go to another SIDS call. They anticipate it happening again on their shift. They also get in touch with their own child's vulnerability to SIDS. This creates a tremendous amount of fear and anxiety for the Emergency Responder.

RE-EVALUATION

Re-evaluation of each person's value system, goals and status is often the final step which determines the person's abilities to cope and how he will continue his future activities. Some consider giving up their current careers. They may also re-evaluate their relationships with their children and make a stronger commitment to parenting.

INITIAL DENIAL

When the SIDS incident takes place the person involved thinks, "this couldn't happen to me, I always can save babies." Emergency Responders many times convince themselves that SIDS deaths should not bother them. They fear their peers will evaluate them negatively if they show emotions. It is a psychological defense toward being judged.

HELPLESSNESS

Emergency Responders are helpers and do not like the feeling that there is nothing they can do to change the situation. When a child dies from SIDS they feel helpless.

LOSS OF INTEREST/BURNOUT

How much of an impact the SIDS call had on the Emergency Responder will determine the degree of burnout which occurs afterwards. How many similar calls has the Emergency Responder rolled to? Does the Emergency Responder deal with accumulated stress? How long have they been in the career?

HOSTILITY AND ANGER

Hostility and anger can be non-directed (just mad that it happened) or directed toward the parent of the child. This hostility is short-lived, but returns several times during the adaptation process.

FEELINGS OF GUILT/BARGAINING

Internalized or projected over things they did or didn't do (wishing the baby survived), or things they might have done differently. The Emergency Responders will criticize themselves after the situation is over. They tend to feel they could have done something more for the child. They question their competency levels, constantly asking themselves "what if!"

WITHDRAWAL/DEPRESSION

From those SIDS situations too painful to cope with, the sadness may go on for days depending on the life situations of the responder. The length of time depends on their basic personality, the type of SIDS incident, how their peers deal with the incident, and the availability and use of psychological intervention services.

GRADUAL TESTING AND RETESTING REALITY

Feeling out the possibility of being able to cope with future SIDS situations that are similar. This leads to final acceptance, acknowledging that this incident happened and that it may happen again. The pattern ends with an eventual letting go of the influence of the past SIDS experience.

AVAILABLE PSYCHOLOGICAL SERVICES

Have immediately available psychological services to call if necessary. On-call counselors are ideal. This allows responders to verbalize their feelings and concerns while they are still fresh and in an atmosphere that is "safe".

CRITICAL INCIDENT DEBRIEFING

Many times responders can relate to a group of their peers with whom they can share their experiences. The counselor will arrange this debriefing, which allows the ventilation process to occur.

SIDS PARENTS NEED REASSURANCE
QUESTIONS THEY MAY ASK

Reassurance

1. SIDS is the major cause of death in infants from the ages of 1-12 months.
2. SIDS cannot be predicted or prevented.
3. Research to date indicated the cause is not suffocation, aspiration, or regurgitation.
4. A minor illness, such as a common cold, may often precede death, but many infants are entirely healthy prior to death.
5. There appears to be no suffering; death probably occurs within seconds, usually during periods of sleep.
6. SIDS is not contagious in the usual sense. Although a viral infection may be involved, it is not a "killer virus" that threatens other family members or neighbors. SIDS rarely occurs after 7 months of age.
7. SIDS is not hereditary; there is no greater chance for it to occur in one family than in another.
8. The baby is not the victim of a "freakish disease." As many as 10,000 babies die of SIDS every year in the U.S.
9. SIDS occurs in all types of families. It has happened in the hospital with infants admitted for minor surgery.

COMMON QUESTIONS

(Summarized from questions prepared by the National
Foundation For Sudden Infant Death, Inc.)

1. Do these deaths always occur at night?

NO. They have occurred at all hours of the day and night, though more often at night because that is when most sleeping is done.
2. Do these deaths always occur during periods of sleep?

YES. Some investigators have observed an occasional case when the baby was awake, but in a five-year study at the University of Washington, all cases where the baby was awake were determined to have been as a result of another disease.

3. Are all infants found on their tummies?

NO. Infants have been found sleeping in all positions back, side and tummy.

4. What caused the blotches on the infant's face when found face down?

The blood pools by gravity after death, causing the discolored blotches. Sometimes when the baby is then put on his back, the blood drains out of the face; but this does not mean the baby was alive.

5. What caused the baby's face to be turned down into the mattress?

This occurs frequently when the baby is sleeping on his tummy and may be caused by a spasm at the time of death. Often blankets are pulled up over the head or the baby may get into peculiar positions during this terminal spasm.

6. Would it have made any difference if I had gotten to him sooner?

NO. As far as we know, SIDS cannot be prevented in any way. We know of no evidence that resuscitation can save a SIDS baby.

7. Could he have cried and I did not hear him?

NO. In interviewing hundreds of families, many slept in the same room with their babies, often with the bassinet right next to the parents' bed; and no one reported any sound at all at the time of death.

8. Does this occur more often in low income families?

YES. The rate is higher in low income families; however, it often occurs in middle and high income groups. It's occurrence reminds us of polio which was higher in poorer neighborhoods and yet affected notables like President Franklin Roosevelt.

9. What caused the blood around the baby's nose and mouth?

This is found frequently and results from a drainage of fluids from the lung. Tiny pinpoint hemorrhages occur in the lungs in SIDS, and these can discolor the lung fluid that drains out after death.

10. What caused the black and blue marks?

Sometimes infants are bruised when resuscitation is attempted. Other colorations that look like bruises happen after death.

11. How do you know it wasn't suffocation?

Studies have been conducted that prove covering the faces of infants with ordinary bed clothes is insufficient to cause suffocation. Even very young infants can lift their heads to find air space and blankets are made of woven fibers through which air can pass. Many SIDS babies are found with nothing covering their faces.

12. Could the baby have choked to death on mucus or regurgitated food?

It is common to find some regurgitated food around the infant's mouth, but this probably occurs after death with the relaxation of the throat. Many babies are put to bed with a bottle and we have no evidence that SIDS is caused by choking.

13. Does breast feeding prevent SIDS?

Both babies who are given only breast milk and babies fed only formula die of SIDS.

14. What caused the baby's death?

There are many theories, some of which seem more promising than others. Much more scientific research must be done; the cause of sudden infant death syndrome remains unknown.

SIDS SUPPORT ORGANIZATIONS IN CALIFORNIA

Valley - Sierra Chapter
National SIDS Foundation
P.O. Box 1033
Woodland, Ca. 95695
(916) 662-4851

Guild for Infant Survival - L.A.
1635 Laurel Street
South Pasadena, Ca. 91030
(818) 961-2229

Northern California Chapter
National SIDS Foundation
c/o Children's Hospital
747 52nd. Street
Oakland, Ca. 94609
(415) 428-3297

Guild for Infant Survival
Orange County
P.O. Box 17432
Irvine, Ca. 92713-7432
(714) 551-1634

South Lake Tahoe Chapter
National SIDS Foundation
P.O. Box 13516
South Lake Tahoe, Ca. 95702

Guild for Infant Survival
Inland Empire
P.O. Box 3561
San Bernardino, Ca. 92404
(714) 591-3018

Greater L.A. Chapter
National SIDS Foundation
P.O. Box 1549
Santa Monica, Ca. 90406
(213) 663-6448

Guild for Infant Survival
San Diego County
4244 Adobe Drive
San Diego, Ca. 92115
(619) 222-9662

Southern California Chapter
National SIDS Foundation
11384 Lorena Lane
El Cajon, Ca. 92020
(619) 440-4108

Guild for Infant Survival
Fresno/King/Tulare Counties
36057 Avenue 16 1/2
Madera, Ca. 93638
(209) 233-9932

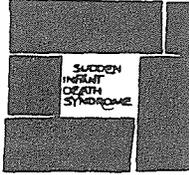
Redwood Empire Chapter
National SIDS Foundation
#2 Padre Parkway, Suite 100
Rohnert Park, Ca. 94928
(707) 585-8582

Guild for Infant Survival
Santa Clara County
4245 Woodcock Court
Milpitas, Ca 95035
(408) 262-7607

Central Coast Chapter
National SIDS Foundation
P.O. Box 40339
Santa Barbara, Ca. 93140
(805) 963-0906

For further information, contact:

California SIDS Program
2151 Berkeley Way, Annex 4/400 Berkeley, Ca.
94704
(415) 540-2111
(800) 369-SIDS



INFORMATION EXCHANGE

National Sudden Infant Death Syndrome Clearinghouse

January 1990

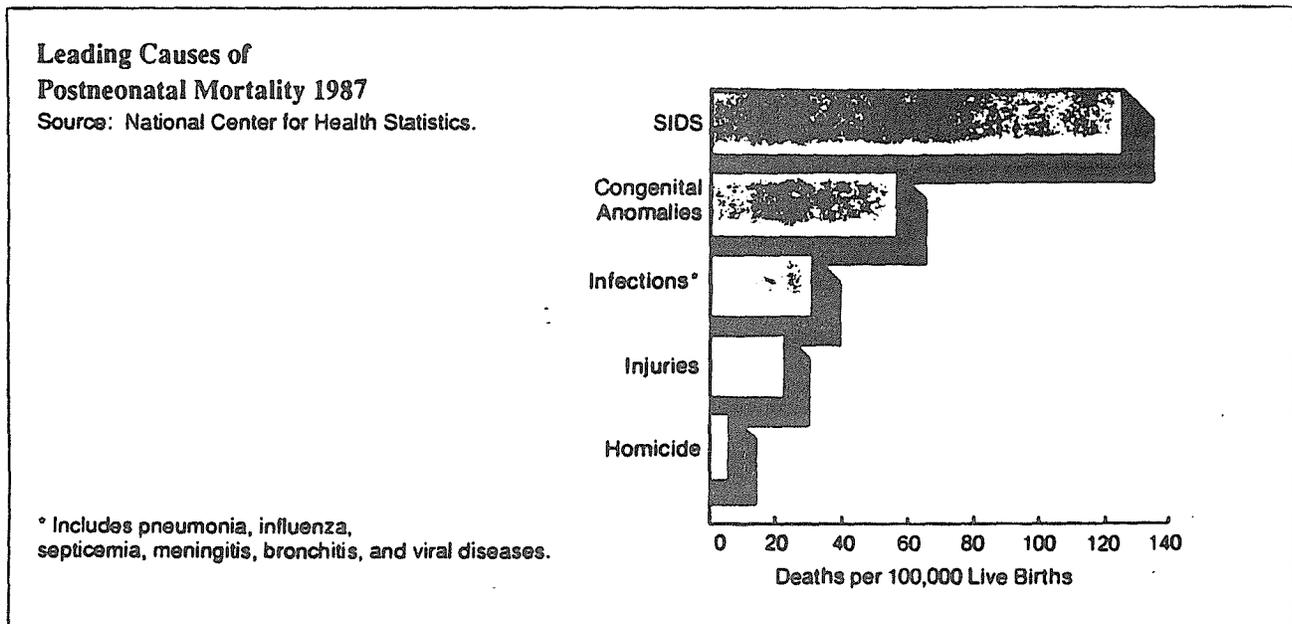
A service of the Office of Maternal and Child Health, Sudden Infant Death Syndrome Program, Bureau of Maternal and Child Health and Resources Development, Health Resources and Services Administration, U.S. Public Health Service, U.S. Department of Health and Human Services.

SIDS FORUM

SUDDEN INFANT DEATH SYNDROME STATISTICAL REVIEW

In 1975 sudden infant death syndrome (SIDS) was assigned a separate code number in the *International Classification of Diseases, Ninth Revision, Adapted for the United States (ICDA)*, thus beginning the statistical identification and analysis of SIDS deaths in the United States. National SIDS death statistics are collected from the approximately 2 million death certificates filed each year at the National Center for Health Statistics (NCHS).

Recent data show SIDS to be the leading cause of postneonatal deaths (28 days to 1 year of age) in the United States (1; see chart). The 5,000 to 6,000 annual SIDS deaths contribute to the approximately 38,000 infants who die from all causes each year before their first birthday. In 1986, SIDS accounted for an estimated 336,884 years of potential life lost (YPLL) and was ranked as the eighth leading cause of YPLL (2).



The most common and widely used source for SIDS statistics is the death certificate. Its accuracy relies primarily on the amount of detailed information provided by the person certifying an infant's death, normally a physician, medical examiner, or coroner. Other factors that affect the usefulness of certificate data include appropriate classification coding and the State laws governing death investigations.

The ICDA classification list, along with NCHS guidelines, forms the current framework used by the certifying personnel to assure uniform reporting of SIDS deaths. Adherence to standard classification procedures also ensures uniformity in the transfer of data from State to national and international collection centers, such as NCHS and the World Health Organization.



VIDEO TRAINING FOR CALIFORNIA LAW ENFORCEMENT

INSTRUCTOR'S DISCUSSION GUIDE

TITLE: "Sudden Infant Death Syndrome"

PRODUCER: New York Criminal Justice Public Safety Training Center

RUNNING TIME: 15:30

DATE PRODUCED: 1989

TARGET AUDIENCES: All law enforcement

PROGRAM DESCRIPTION: Explains sudden infant death syndrome indicators and methods of handling SIDS cases

KEY DISCUSSION POINTS:

1. SIDS is leading cause of death among infants one week to one year in age. 7,000 families in US affected by SIDS each year.
2. Findings may be mistaken for child abuse. SIDS indicators include:
 - a. Baby found face down and twisted in bed clothes.
 - b. Bruise-like marks where blood settled after death.
 - c. Small amount of blood-tinged fluid in nose and mouth, pink or light brown, without clotting.
3. An attempt should be made to revive a SIDS infant via CPR. Pronouncement of death should be deferred to a medical expert.
4. Hysteria, incoherence, confusion and lack of control describe parents of SIDS infants.
5. Be non-judgmental and supportive during your investigation. Give locations of services available to assist parents in their time of grief.

The information contained on this videotape may not apply to your agency or training institution. Before using this video for training, preview it to check consistency with local laws, and department policies and procedures. Neither POST nor the originating producer assumes any responsibility for its use.

SOURCES CONSULTED

The Role of First Contact Personnel in SIDS Management.
Florida's Health, April 1976, Vol. 68, No.4.

Sudden Infant Death Syndrome: Resurgent Research Offers Help.
Journal of the American Medical Association, September
22/29, 1989, Vol. 262, No. 12, page 1565-1566.

Facts About Sudden Infant Death Syndrome: Publication Number
017-026-00067.4, United States Department of Health,
Education and Welfare, United States Government Printing
Office.

Police investigations of Child Deaths, Child Abuse and Neglect in
Any Facility Caring For Children: State of California,
Department of Health Services, Sacramento, California.

Emotional Impact on First Responders and Emergency Medical
Personnel in a SIDS Incident: The Counseling Team, 1881
Commercenter East, Suite 100, San Bernardino, California.

The Role of The Coroner's Investigator in The Management of
Sudden Infant Death Syndrome: Perinatal Health Unit
Maternal and Child Health, California Department of Health,
Berkeley, California.

Criminal Investigation: Basic Perspectives. Paul B. Weston,
Kenneth M. Wells, Prentice-Hall, Inc., Englewood Cliffs, N.J.