Sudden Unexpected Deaths in Infants and Children*(SUDIC) & Acute Life-Threatening Events that remain unexplained and/or suspicious requiring resuscitation and intensive care / high dependency interventions in Children* (ALTE)

***(Children - Age under 18)**

APRIL 2023

Cheshire East, Cheshire West & Chester, Halton, and Warrington

(For deaths in children who are not normally resident in Cheshire, please also refer to relevant local guidelines where the child is normally resident if possible)

Section 1 – PAN CHESHIRE SUDIC / ALTE DOCUMENTATION PROFORMA (ALTE defined as acute life-threatening event that remains unexplained and/or suspicious requiring active intervention/resuscitation and intensive care / high dependency admission)

Section 2 – PAN CHESHIRE SUDIC / ALTE GUIDELINES

INQ0014160_0001

17. When the infant has been pronounced dead, the lead health professional (normally the on-call consultant paediatrician) should inform the family, having first reviewed all the available information. This interview should be in the privacy of an appropriate room. The member of staff allocated to care for the family should also be present at this time.

18. Once death has been confirmed, the consultant paediatrician on-call should carefully and thoroughly examine the infant. The police investigator should ideally be present while this happens. A particular note should be made of any marks, abrasions, rashes, evidence of dehydration or identifiable injuries at this time, in addition to a detailed general examination. The presence of any discolouration of the skin, particularly dependent livido, should be carefully and accurately documented, along with other post-mortem changes such as frothy blood-stained fluid from the airways and rigor mortis. Where possible, the eyes should be examined by direct fundoscopy for the presence of retinal haemorrhages. All findings should be carefully documented in the notes and on a body chart. The infant should be weighed and measured (length and head circumference), and the measurements plotted on a centile chart. The deceased child should be re-examined where practicable; to note any external marks that might not have been present on initial examination, particularly if trauma is being considered as a possible causative factor in the child's death.

19. If resuscitation has been attempted, any intravenous, intra-arterial, or intra-osseous lines inserted for this purpose should only be removed following discussion with the police or coroner. All medical interventions, including sites of attempted vascular access, should be carefully documented on a body chart. If a cannula has been inserted to drain a suspected air leak in the chest but it is thought that it may have contributed to failed resuscitation (for example, by causing a pneumothorax), it should not be removed.

20. If an endotracheal tube has been inserted, this may 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) and the case discussed with the police or coroner. The size and position of the tube should be documented

21. Once the infant has been examined and all findings recorded, along with medical or police photographs where indicated, and samples taken, the infant can be cleaned and dressed and given to the family to hold if they wish, unless there are suspicious findings that preclude such actions. If they wish, the family should be offered the option of cleaning and dressing their infant in an appropriate setting. This may be particularly important in certain cultures.

22. Health staff in the emergency department should offer the family the option of mementos being taken such as handprints, footprints, a lock of hair and photographs. This should be done sensitively, recognising that this can be important for many families but may not be wanted by all. If there are suspicious circumstances surrounding the death, the taking of mementos should be discussed with the investigating officer to ensure this does not interfere with any investigation; in such circumstances, it may be appropriate to delay this until after the post-mortem examination.

23. All staff should follow the general principles of family support.

24. The consultant paediatrician or senior medical practitioner should ensure that the joint agency response is triggered by informing the police, if not already involved, and children's social care. The Designated Doctor for Child Deaths and Specialist nurse (depending on local

Appendix 2A - SUDIC Contacts

CHILD DEATH NOTIFICATION (previously Form A) to be sent via e-CDOP link

https://www.ecdop.co.uk/PANCheshire/Live/Public

to CDOP Administrator

CDOP@cheshireeast.gov.uk

TELEPHONE NUMBER: 01606 288923

To report a death / seek advice during office hours (Mon-Fri 0800-1600 Hrs), contact the Coroner's Office:

ALL AREAS (Crewe, Chester, Macclesfield, Halton & Warrington)

01925 444216-in hours number for duty coroner

All contact with a coroner during office hours (0830-1630 Monday to Friday only) should be made to the main coroner's office (01925 444216) in the first instance and the call will be transferred by the admin team to the coroner on duty.

Calls outside of office hours should be made to the on-call out of hours phone (07970 112980) and will be dealt with by the coroner on call.

Senior Coroner - Ms Jacqueline Devonish (Coroner Devonish)
Main Office (during office hours 0830-1630 Monday to Friday only): 01925 444216
Work Mobile: 07581 045994
On-call / out of office hours: 07970 112980

Jacqueline.devonish@warrington.gov.uk

Area Coroner- Mrs Claire Welch
Main Office (during office hours 0830-1630 Monday to Friday only): 01925 444216
Work Mobile (during office hours 0830-1630 Monday to Friday only): 07971 651123
On-call / out of office hours: 07970 112980
Email address: claire.welch@warrington.gov.uk

Assistant Coroner - Mr Heath Westerman:
Main Office (during office hours 0830-1630 Monday to Friday only): 01925 444216
Work mobile (during office hours 0830-1630 Monday to Friday only): 07866 154541
On-call / out of office hours: 07970 112980
Email address: heath.westerman@warrington.gov.uk

Senior Coroner's Officer:
Nikki Doyle 01606 366869
Mobile: 07989 656 377
Email: Nikki.doyle@cheshire.police.uk

HMC Office Manager
Laura Jukka
01925 442107 ljukka@warrington.gov.uk

Coroner's officers (Monday-Friday 8am-4pm):

01606 363 892

Designated Health Professionals Warrington & Halton

Designated Doctor for Child Deaths:
Dr Kate Hunter
TEL NO: 01 I&S (In hours)
e.mail: kate.hunter2@ I&S
CDOP Specialist Nurse: Sarah Rhodes
TEL NO. 01 I&S ; 07 I&S
alwch.warringtonsafeguardingteam@nhs.net

Cheshire East (Crewe and Macclesfield District)

Designated Doctor for Child Deaths:
Dr Arumugavelu Thirumurugan
TEL NO: 01270 273016 (In hours)
e.mail:
arumugavelu.thirumurugan@mcht.nhs.uk
CDOP Specialist Nurse:
Janice Bleasdale
MOBILE NO: 07990972615 (In hours)
email: jbleasdale@nhs.net;
cheshireccg.safeguardadmin@nhs.net

Cheshire West & Chester

Designated Doctor for Child Deaths:
Dr Rajiv Mittal
TEL NO: 01244 362085 (In hours)
e.mail: rmittal@nhs.net
CDOP/Specialist Nurse: Janice Bleasdale
MOBILE NO: 07990972615 (In hours)
e.mail: jbleasdale@nhs.net;
cwp.cdop@nhs.net;
cheshireccg.safeguardadmin@nhs.net

Appendix 2B

Notification of Child Death

(To be completed by the Emergency Department/Paediatric Nurse)

All child deaths / cases of ALTE that are unexplained and/or suspicious, requiring resuscitation and intensive care must be notified to Pan Cheshire Child Death Overview Panel (CDOP). Child deaths must be notified via eCDOP, that can be accessed using the following link, by frontline staff dealing with the child death.

https://www.ecdop.co.uk/PANCheshire/Live/Public

eCDOP is the electronic portal for child death notifications (previously completed on Form A). As a minimum, staff must in addition notify Child Health Computer, GP and Named Nurse for Safeguarding Children locally. This is to avoid any delays in key staff being notified by CDOP as CDOP is not staffed on certain days of the week.

Upon receipt of notification, CDOP must ensure the child death is communicated to all relevant personnel including child death lead contacts within each Cheshire area and the Child Health Computer (CHC) staff at the earliest.

CDOP should then send an email request to all relevant professionals to complete the Reporting Form (previously known as Form B), electronically on eCDOP, that would inform the review of the child death by CDOP.

For deaths in children who are not normally resident in Cheshire, Pan Cheshire CDOP would notify the relevant CDOP where the child is normally resident.

Cases of **ALTE** that are unexplained and/or suspicious, requiring resuscitation and intensive care may be notified to Pan Cheshire CDOP via email on cdop@cheshireeast.gov.uk.

Appendix 2C
Information On Bereavement Support Organisations

BEREAVEMENT INFORMATION FOR PARENTS/GRANDPARENTS/ SIBLINGS/CARERS & CHILDREN

PARENTS SHOULD BE OFFERED SUPPORT AND SIGNPOSTED TO LOCAL SERVICES AND ORGANISATIONS. ALL THESE ORGANISATIONS OFFER BEREAVEMENT SUPPORT TO FAMILIES, BUT WE CANNOT RECOMMEND ANY IN PARTICULAR. PARENTS MAY ALSO WANT TO LOOK AT THE NATIONAL BEREAVEMENT ALLIANCE WHICH SETS STANDARDS THAT SOME OF THESE ORGANISATIONS WORK TOWARDS.

Local Bereavement Support following the Loss of an Infant or Child

Alder Centre
Bereavement counselling for anyone affected by the death of a child (regardless of age)
Royal Liverpool Children's Hospital NHS Trust
Eaton Road, Alder Hey, Liverpool. L12 2AP
T: 0151 252 5391
www.aldercentre.org.uk

Child Bereavement UK - Widnes
Offers free support and information to bereaved children, young people (aged 0 - 25) and their families within our locality and surrounding areas.
- Face to face support sessions for children, young people and their families, either as a family group or individually.
- Family groups which allow bereaved families to get together. Children aged 4 - 12 can meet other bereaved children with their adult carers and express their feelings through play and creative activities in facilitated groups.
- Group sessions for young people which encourage young people aged 11 - 25 to meet up and work together in a supportive environment on creative projects about what they think, in their experience, helps young people who are grieving.
- Telephone support sessions. If your baby or child has died, we can provide a series of confidential booked telephone support sessions with a qualified counsellor for you as an individual or as a couple.
- Support for professionals who are working with bereaved children, young people and their families.

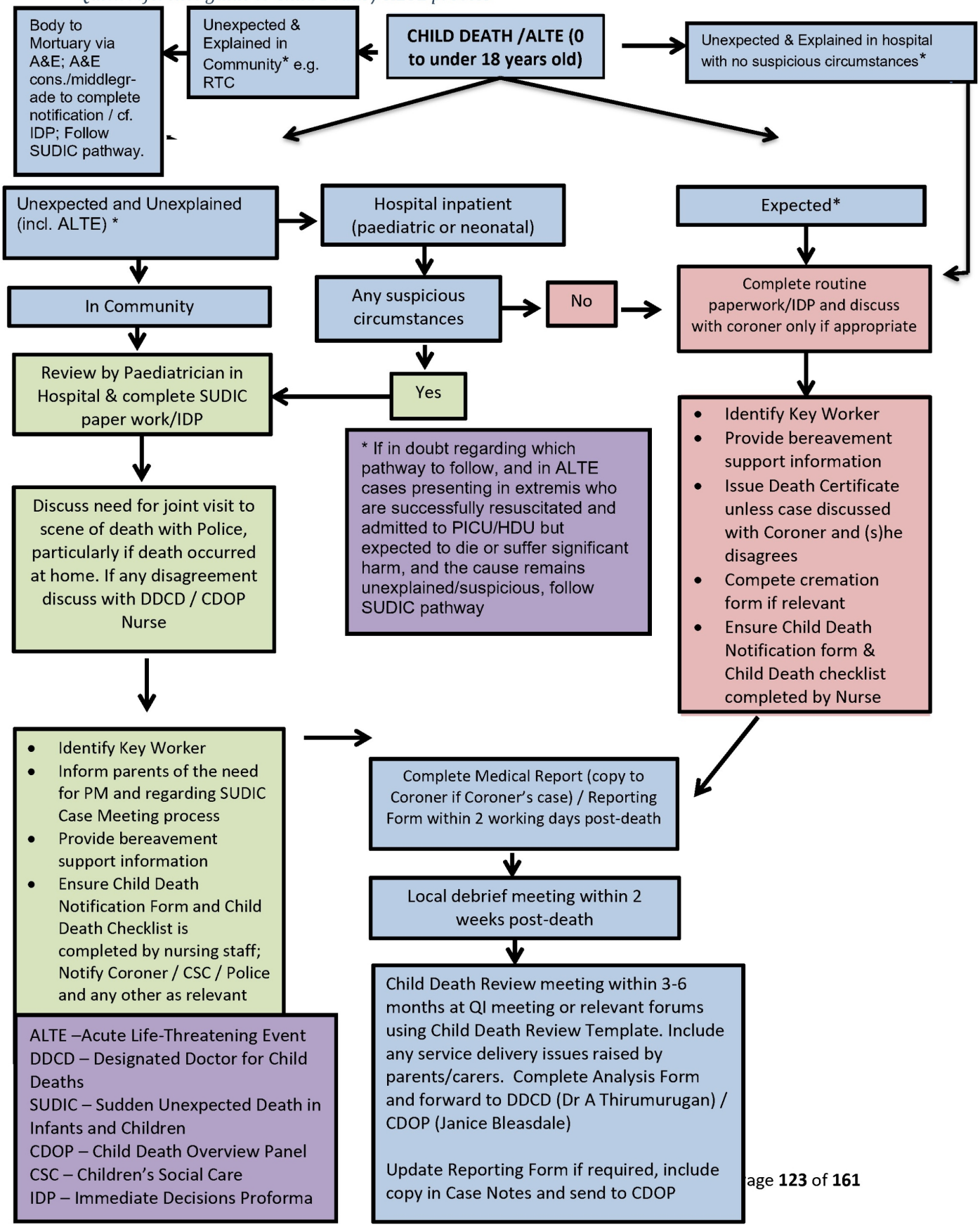
T: 01928 577164 (local)
National T: 0800 02 888
E: cheshiresupport@childbereavementuk.org

Claire House Children's Hospice
Bereavement support for available for families who have used the services and facilities associated with Claire House.
Clatterbridge Rd
Bebbington
Wirral, CH63 4JD
T: 0151 334 4626
www.clairehouse.org.uk

East Cheshire Hospice
Provides pre and post bereavement support to anyone in the East Cheshire area whether or not they are a hospice patient.
This includes: 1:1 counselling for children and adolescents, play therapy and adolescent support groups,support and guidance for parents about how to talk to and support their child/ren, mindfulness for children, adults or families.
Training on childhood grief and anything associated with it, i.e., self-care, suicide and self-harm,

Appendix 2E

Quick reference guide to Child Death / ALTE process



Appendix 2I - Final SUDIC Case Review minutes

CONFIDENTIAL

Final SUDIC Case Review (Child Death Review) Meeting

SUBJECT NAME	
DATE OF BIRTH	
DATE OF DEATH	
MEETING DATE	
MEETING VENUE	
CHAIR PERSON	
TIME COMMENCED	
TIME CLOSED	

PRESENT

Initials	Name	Designation	Organisation

APOLOGIES

1. Chairperson Introduction & Confidentiality Clause
Confidentiality Clause - Chairperson [Chairperson] reiterated to all attendees that all information from this meeting is confidential and should not be released to any other agencies / individuals, repeated, copied or disclosed following the meeting without the consent of [Chairperson]. Copies of the minutes will be sent to the Pan Cheshire CDOP e-mail cdop@cheshireeast.gov.uk and the Coroner.
2. Introductions & Aims of the Meeting

Appendix 2J - Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP) ……

PAN CHESHIRE CHILD DEATH OVERVIEW PANEL

Partners – Halton, Warrington, Cheshire East, Cheshire West & Chester

Tel: 01606 288923 CDOP@cheshireeast.gov.uk

This analysis form should be read in conjunction with the collated reporting form, and the PMRT in babies who die on a **neonatal unit, delivery suite or labour ward**, to provide relevant information on the child, the circumstances of their death, and factors identified in any of the relevant domains.

Using this form at the Child Death Review meeting
Information gathered from the different agencies should be made available to the Child Death Review meeting by the relevant CDOP administrator. Drawing on the intelligence gathered, those present at the child death review meeting should then appraise all the relevant information in order to form an understanding of the circumstances of the child's death, identify any modifiable factors and lessons to be learnt, and any action that will be taken at a local level. The completed Analysis form from the Child Death Review meeting should then be submitted to the CDOP.

Using this form at the Child Death Overview Panel meeting
The completed form from the Child Death Review meeting, along with any additional information gained from other agency sources should be presented in anonymised form to the CDOP. Drawing on the intelligence gathered, those present at the CDOP should appraise the relevant information in order to affirm that the understanding of the circumstances of the child's death is correct, that appropriate modifiable factors and lessons have been identified, and decide upon any actions to be taken across agencies or networks of care

Child Death Review Meeting date: / /
Return all completed forms to: cdop@cheshireeast.gov.uk

CDOP Meeting date: / /

Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP) ……..

Individuals/ Departments/ agencies represented* at CDR meeting / CDOP:

☐ Admin or Clerical	☐ Mental Health Services	☐ Primary Health Care
☐ Ambulance Services	☐ Midwifery	☐ Risk Manager or Governance Team
☐ Bereavement Team	☐ Neonatal Nurse	☐ Safety Champion
☐ Children's Social Care Services	☐ Neonatology	☐ Schools
☐ External	☐ Obstetrics	☐ Hospital Services
☐ Paediatrics	☐ Management Team	☐ Police
☐ Public Health	☐ Palliative Care Services	☐ CCG
☐ LeDeR	☐ Other (please specify)	

**** Including reports submitted by professionals and agencies unable to attend meeting in person***

Additional agency reports provided for purposes of CDOP review:

The review meeting should analyse any relevant factors that may have contributed to the child's death. In doing so you might take into account those issues that have been highlighted in the Reporting Form. For each of the four domains below, list the factor, assign a group and subgroup (see Contributory Factors Guidance) and determine the level of influence (0-2):

0 - Information not available

1 - No factors identified, or factors identified but are unlikely to have contributed to the death

2 - Factors identified that may have contributed to vulnerability, ill health or death

This information should inform the learning of lessons at a local level.

Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP) ……..

Domain A: **Factors intrinsic to the child.** Please list factors in the child (and in neonatal deaths, in the pregnancy). Consider factors relating to the child's age, gender and ethnicity; any pre-existing medical conditions, developmental or behavioural issues or disability, and for neonatal deaths, the mother's health and wellbeing.				
			CDOP affirmation	
Factor	**Relevance (0-2)**	**Is this factor deemed to be modifiable?**	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				

Domain A: Factors intrinsic to the child

Groups	**Child health History/medical conditions**	**Risk factors in mother during pregnancy/delivery**	**Childs Developmental conditions/disabilities**	**Emotional/ behavioural factors**	**Smoking/alcohol Substance user/ Misuse by the child**	**Other**
Subgroups	Prematurity	Twin/multiple Pregnancy	Learning disability	Mental health condition	Child consumed alcohol on day of death	Other
	Low birth weight	Assisted conception	Sensory impairment	Risk taking behaviour	Child consumed Alcohol regularly/known to binge drink	

	Bottle-fed	High maternal BMI	Motor impairment	Suicidal or self-harm ideation	Child consumed Drugs on day of death	
	Breast-fed	Low maternal BMI	Other developmental Impairment or diability	Poor or non-compliance of medication	Child was known to be a regular drug user	
	Acute sudden Onset illness	Smoking in pregnancy	Neurodevelopment conditions	Sexual orientation/Identity Or gender identity	Child smoke tobacco/e-cigarette	
	Chronis health Condition	Substance misuse in pregnancy		Loss of key Relationships		
	Malignancy/ Cancer	Alcohol misuse in pregnancy		Isolation from Family/friends/support		
	Congenital/ Genetic/chromo-sonal condition	Perinatal mental health condition		Social media/internet Use		
	Child not fully Immunized (Regardless of Reason)	Maternal diabetes/ Gestational diabetes				
		Maternal age				
		Maternal infection				
		Late booking/ Concealed pregnancy				
		Other obstetric Complications				
		Delivery complications				

Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP) .....

Domain B: **Factors in social environment including family and parenting capacity.** Please list factors in family structure and functioning and any wider family health issues; provision of basic care (safety, emotional warmth; stimulation; guidance and boundaries; stability); engagement with health services (including antenatal care where relevant); employment and income; social integration and support; nursery/preschool or school environment.				
			CDOP affirmation	
Factor	**Relevance (0-2)**	**Is this factor deemed to be modifiable?**	Relevance (0-2)	Is this factor deemed by CDOP to be modifiable?
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Group:		**Subgroup:**		
Details:				
Please also describe positive aspects of social environment and give detail to examples of excellent care				

Child Death Review Analysis Form

CDOP Identifier (Unique identifying number assigned by CDOP) .....

Domain B: Factors in social environment including family and parenting

Groups	Smoking/Alcohol/ Substance misuse by parent/carer	Challenges for parents with Access to services	Domestic or child abuse/ Neglect	Household Functioning	Poverty & deprivation
Sub-Groups	Parent/carer has consumed alcohol around the time of the child's death	Parental non-engagement with any service	Child was subject to physical abuse by an adult	Complex home circumstances	Income deprivation
	Parent/carer known for alcohol misuse	Child was not brought to appointment(s) Did not attend	Child was subject to sexual abuse by an adult	Lack of appropriate supervision	Employment deprivation/ unemployment
	Parent/carer had consumed drugs around the time of the child's death	Evidence of disguised compliance by parents in any service	Child was subject to emotional abuse by an adult		Health Deprivation and disability
	Parent/carer known for substance misuse	Delay in seeking/failure to seek medical advice	Child was subject to neglect by an adult		Barriers to services
	Parent/carer smoked tobacco/e-cigarettes in the household		Other known domestic violence/abuse in the household		

Domain B: Factors in social environment including family and parenting cont..

Groups	Social care	Cultural Factors	Parents/Carers health	School/Peer group	Other
Sub-Groups	Child on child protection plan at time of death	English not parents first language	Mental health condition in a parent/carer	Exclusion/suspension from school	
	Child on child in need plan at time of death	Parents are/were refugees/asylum seekers	Physical health condition in a parent/carer	Truancy/poor attendance record	
	Child was a looked after child at time of death	Close relative marriage (Consanguineous)	Disability in a parent/carer	Gang/knife crime	
	Child was previously known but not an open case		Learning disability in a parent/carer	Drug use in peer group	
	Child was a refugee/asylum Seeker			Other school/peer group related factor	
	Parent was a care leaver				
	Other social care factors				

Appendix 2K – Child Death Checklist – a Template

(To be used in conjunction with The Pan Cheshire Management of SUDIC/ALTE Guidelines 2023)

"The deceased child should never be left unattended, and a member of staff should always accompany the child, ideally. This is particularly important for sudden unexpected deaths or where there are suspicious circumstances. Any requests from bereaved carer(s) for privacy with their child should be handled with sensitivity. If in doubt, discuss with Police / Senior colleague."

Name of Nurse completing	
Signature:	
Date:	
Name of Consultant completing form:	

Please use the hospital sticker if available

Baby's Name:		Parent/Carer's Names:
Address:		Mother:
		Father:
Home Phone No:		
Mobile Phone No:		
Date of Birth:		
Date of Death:		
Consultant Paediatrician:		

Consultant Emergency Medicine	

Action	R	C	Comment	Sign / Date
Is the death suspicious or not (Please ask the Police prior to completing this)? Police Officer's ID:				
Mother informed of death by				
Father informed of death by				
Interpreter if necessary				
Member of staff available to support the family				
Relative's room available				
Members of staff informed to show relatives/family to appropriate room.				
Ensure that the family has access to refreshments,				
Address families religious, cultural beliefs. Offer blessing chaplain etc. if required.				
Address needs of other children				
Give the family supervised access to hold the baby/infant/child young person **(with consent of Coroner/Police)**				
Explain Process of SUDIC if death fulfils the SUDIC criteria				
Parents informed about Postmortem & other investigations required.				
Postmortem form completed and signed, by parents/doctor.				
If no Postmortem is being held and the case is not a Coroner's case, and the child is planned for cremation				
Cremation form completed by two separate clinicians				

Action	R	C	Comment	Sign / Date
The Consultant completing the form will:				
Inform the Consultant Paediatrician for the child				
Inform the Coroner: 01606 363892 Senior Coroner (Direct): 01925 444216 (08.00-16.00, Monday – Friday) Out of Hours: 07970 112980 (restricted to only share sensitive information that cannot wait)				
Action	R	C	Comment	Sign / Date
In all cases complete the Notification of Child Death via eCDOP - see Appendix 2B and inform GP, local Named Nurse for Safeguarding Children and Child Health Computer staff				