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INFANT DSI: FALL 2021

Telling Each Story to Save Lives Nationally

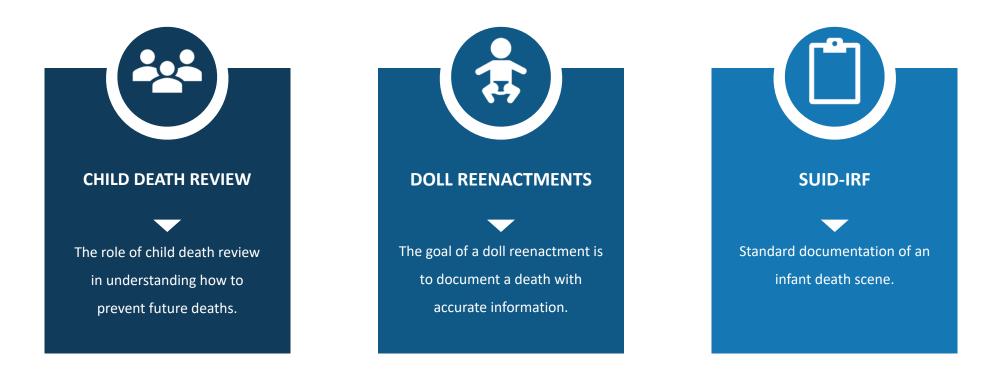


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Goals for Today

By the End of the Session, Attendees will understand...





WHAT IS CHILD DEATH REVIEW?

Telling Stories to Save Lives

Ø

Technical Assistance and Training

On-site, virtual and/or recorded assistance, customized for each jurisdiction, is provided to CDR and FIMR teams.



National Fatality Review-Case Reporting System

Support the NFR-CRS which is used in 47 states and provides jurisdictions with real-time access to their fatality review data.



Resources

Training modules, webinars, written products, newsletters, list-serv, website and more.



Communication with Fatality Review Teams

Regular communication via listserv, newsletters and regional coalitions.



Connection with National Partners

Develop or enhance connections with national organizations, including federal and non-federal partners.



ABOUT THE NATIONAL CENTER

CDR Programs in the US

Based on State Updates from January 2021

Sites	Lead Agency	Legislation	Funding	Case Selection
 50 states and DC Tribes More than 1400 teams have entered at least one case in NFR-CRS 	 State Health Department State Social Service Agency Medical Examiner Offices 	 71% mandate a state team 16% permit a state team 37% mandate local teams 26% permit local teams 	 Title V Funds SUID/SDY Case Registry CAPTA State Funds 	 SUID Unintentional injuries Undetermined Child abuse and neglect Homicide Suicide Medical deaths

CDR Process



NFR-CRS Utilization

There are currently 47 states using NFR-CRS

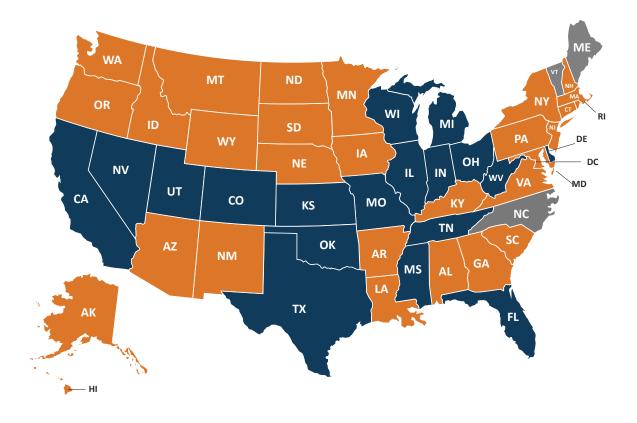
- 47 use NFR-CRS for CDR
- 18 use NFR-CRS for FIMR

Each state uses NFR-CRS differently. Some have comprehensive reviews whereas others may only use NFR-CRS in one jurisdiction.

States Using NFR-CRS for CDR

States Using NFR-CRS for CDR and FIMR

> States Not Using NFR-CRS







DEATH SCENE INVESTIGATIONS

Key Components to Consider



Identify the Scene(s)

Evidence that Must be Collected

Identify all scenes involved. Most infants are transported to the hospital.

Secure the scene as quickly as possible.

Encourage EMS providers to help spot unusual things.



The body is a vital piece of evidence that should be observed and documented.



Review the History



Infant Growth

CONSULT WITH PEDIATRICIAN





MEASURES Height Weight Head Circumference



POOR GROWTH Medical causes Non-medical causes

Developmental Variability

Adjust for Preterm Age

- 1 month
 - Life head and chin slightly
 - Respond to a bell
- 2 months
 - Life head with on stomach
 - Recognize caregivers
 - Smile
 - Make cooing sounds
- 4-5 months
 - Bear some weight on legs
 - Reaches for objects
 - Follow objects
 - Raise chest to support self
 - Begin to roll over

- 6 months
 - Sit upright
 - Begin to feed self
 - Turn to voice
- 7-8 months
 - Stands holding onto objects
 - Passes objects between hands
 - Imitates sounds
- 9 months
 - Get into sitting position
 - Pulls to stand
 - Crawls or moves
 - Holds bottle and feeds self

- 10-12 months
 - Stands independently
 - May begin to walk
 - Bangs two blocks
 - Combines syllables
 - Jabbers

Gross Motor Skill

Use a Checklist in Investigations

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Interviews

Firsthand Accounts of the Infant, Family, and Incident



Answers may never be found, and it is best to acknowledge that reality

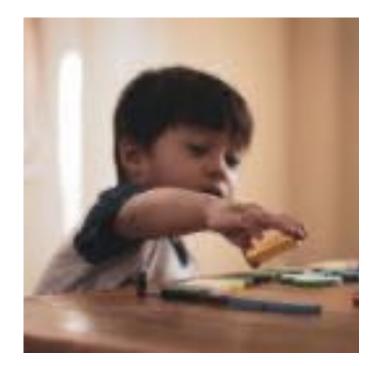
Start with Finder

Start with the person who found the infant and then the person who last saw the child alive



DOLL REENACTMENTS

A Picture is Worth 1,000 Words



Goals of the Doll Reenactment

Obtaining Accurate Information

Removes individual bias

Clarifies context

Documents the entire scene

Provides most accurate information needed to determine COD/MOD

Dolls, Dolls, Dolls





Reliable Witness Account

Identify the individual(s) who last saw the infant alive and the individual(s) who discovered the infant. Ask them to do an independent doll reenactment.

USE CLEAR, NEUTRAL LANGUAGE

Introducing the Doll

Explain to the caregivers the purpose of a doll reenactment and how it helpsprovide answers to what happened to their infant.Describe exactly the process that is going to be used during the reenactment.Answer any questions.



Focus on Placed and Found





PLACED

Where was the last time the infant was seen alive? Walk through the actions the adult took. Ask open ended questions.



FOUND

How was the infant found?

Walk through the actions in discovering and moving the infant.

Ask open ended questions.



Nose What was the position of the nose in relationship to items?



Mouth Was the mouth open or closed? Obscured by an object?



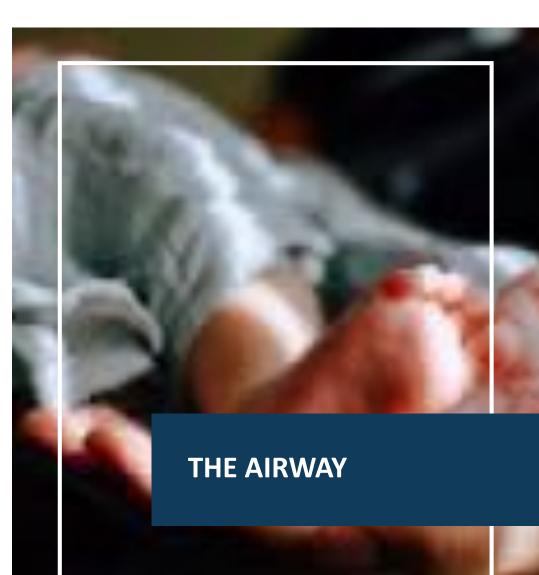
Neck

Chest

Which direction was the head facing? Was something pressing on the neck?



Was something pressing on the chest? Did the infant get wedged?



Scene Photos

Panning Images Photos of the whole room Taken for at least two-positions



DOCUMENTING

Sudden Unexpected Infant Death-Investigation Reporting Form

SUIDIRF HISTORY

The National Institute of Child Health and Human Development convened an expert panel that developed the following definition for Sudden Infant Death Syndrome (SIDS):

• The sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Congress recommended the establishment of a standard scene
 investigation protocol for SUID

MMWR: Guidelines for Death Scene Investigation of Sudden, Unexplained Infant Deaths: Recommendations of the Interagency Panel on Sudden Infant Death Syndrome; June 21, 1996 / 45(RR-10);1-6

SL	JIDIRF HISTORY
0998	CDC's Division of Reproductive Health and the National Institute for Child Health and Human Development, convened a workshop which included participants with expertise in SIDS
1 996	The 1st version of the SUIDIRF was released
2 00 4	CDC convened a national workgroup to revise the 1996 SUIDIRF
2 00 6	The 2nd version of the SUIDIRF was released as guidance to states with an companying scene investigation training curriculum
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SUIDIRF TRAINING ACADEMIES EVERY STATE BROUGHT A 5-MEMBER TEAM



- Medical examiner or coroner
- Law enforcement officer
- Death investigator

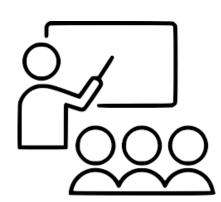


- Instructor of medicolegal investigations
- ^r Child advocate, often represented by a child death



review team member

SUIDIRF TRAINING ACADEMIES



Train-the-Trainer model

5 Trainings from 2006 through 2008

270 People trained at academies

Including people from the UK and Australia

23,000 Additional people trained by 2014

ENDORSERS OF 2006 SUIDIRF



National Association of Medical Examiners



American Board of Medicolegal Death Investigators



International Association of Coroners and Medical Examiners



National Sheriffs' Association

Scientific Working Group of Medicolegal Death Investigation

SUIDIRF REVISIONS

- Changed the U from unexplained to unexpected at request of the National Association of Medical Examiners
- Reduced redundancy and streamlined existing questions
- Color coded sections for ease
- Clarified with instructions and definitions
- Reordered and retitled sections
- Updated existing questions and added new ones



The 2020 updated Form (Version 3)

REDUCE	D	F	REDUNDA	CY	
at any time in the infant's life, did s/he h Medical history	ave a hist Uriknown				-
a) Allergies (food, medication, or other)					
b) Abnormal growth or weight gain/loss	()				and a second sec
c) Apnea (stopped breathing)					
d) Cyanosis (turned blue/gray)					and the second se
e) Seizures or convulsions				1 m 1 m	
) Cardiac (heart) abnormalities				- Tot 10. 10. 10. 10.	and a second sec
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Difficulty breathing			m) Choking		
Fussiness or excessive crying			n) Other, specify:		
he 72 hours prior to death, was the inf	ant injun	ed or d	id s/he have any other condition(s) not mentic	and the second sec	
No. Yes - describe:				and the second s	
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the infant experience any falls or injury	v within t	the last	72 hrs?	1 (M) (M	
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STREAMLINED EXI	ISTING QUESTIONS
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In what position was the initial EAST PLACED? Sating On tack On sole On sole What was the used What was the used	
An what position was the infant LIKA? Siting On back On sole On sole Yes No What was the unual position?	On stomach Unknown al position?
In ohst position was the infant FOUND? Sting On Back On side	On siomach III Unknown
Face position when FOUND?	E Novel Transf

CLARIFIED WITH INSTRUCTION AND DEFINITIONS

27

Was there evidence of wedging? No Yes - Describe:

34 Has the pa	arent/caregiver ever had a child die suddenly and unexpectedly? No Yes
Explain:	
1	

REORDERED AND RETITLED SECTIONS

- The 2006 SUIDIRF starts with the witness interview and questions like "Tell me what happened"
- It may be difficult for families to answer questions after they recount the circumstances of the death
- The updated SUIDIRF starts with the pregnancy history and then moves on to the infant's birth, medical and feeding history before asking questions about the death

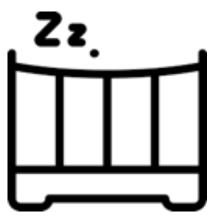
UPDATED EXISTING QUESTIONS

- Email address in contact information
- Questions to ascertain more details about drug/opioid involvement including presence of Neonatal Abstinence Syndrome and presence of prescription drugs at the scene
- New infant sleep surface options like a reclined rocker
- Documentation of doll scene reenactment details



ADDED QUESTIONS SLEEP ENVIRONMENT

- The availability of a safe sleep surface in the home
- The sleep surface (e.g., firmness, condition)
- The caregiver(s) and their actions leading up to the incident
- Any obstruction of the infant's airway when found



ADDED QUESTIONS HEALTH HISTORY

- Sudden death before the age 50 and heart disease among the infant's family
- Infant growth and developmental milestones
- Exposure to environmental toxins or toxicants (e.g. smoke, carbon monoxide, chemicals, drugs or medications)



ADDED QUESTIONS INVESTIGATION INFORMATION

- Agencies conducting an investigation
- Data sources consulted
- Date and time the form was completed
- Location and estimated time of death



ALSO UPDATED THE 'HOW TO' FORM

- Includes a summary of the importance
- Provides overview of the changes
- Includes additional definitions
- Also found at https:// www.cdc.gov/sids/SUIDRF.htm

Now to los the Solden Unexpected Infant Death Investigation Reporting Form

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RESOURCES

Death Scene Investigation Learning Series

Review and Prevention

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w.ncfrp.org/center-resources/child-dsi-learning-series/

- Chapter 1: Overview of Investigations
- Chapter 2: Introduction to Interviewing and Doll Reenactments Chapter 3: Interviewing
- Chapter 4: Doll Reenactments
- Chapter 5: Safe Sleep 101
- Chapter 6: First Responders and Maintaining the Scene
- Chapter 7: Role of a Multi-Agency Response
 - oter 8: Implementation and Process Improvements
- Chapter 9: Incorporating a Health Equity Lens
- Chapter 10: Self-Care for Investigators and Responders.

FEATURES





Continuing Education

Eleven free continuing education hours, assigned by chapter.

- Physicians AMA PRA Category 1 Credits™
- Nurses
- Social Worker
- Certified Health Educators (CHES)
- Emergency Medical Services providers*

*pending approval



CONTACT INFORMATION



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www.ncfrp.org