INTRODUCTION AND RECOMMENDATION FOR THE USE OF THE INFANT DEATH CHECKLIST (PROTOCOL)

INTRODUCTION:

In 2002, the State of Arizona passed into law two statutes concerning the investigation of unexplained infant deaths in Arizona. A.R.S. 36-2292 requires the Arizona Department of Health Services to establish protocols for death scene investigations of apparent natural infant deaths. These protocols must specifically address the need for compassion and sensitivity with parents and caregivers, include recommended procedures for law enforcement, and require scene investigations as a component of the infant death investigation. A.R.S. 36-2293 requires that law enforcement officers complete an infant death investigation checklist during investigations of unexplained infant deaths and further requires law enforcement officers to complete the checklist prior to autopsy. The intent of these two statutes was to standardize the process of unexplained infant death investigations throughout the state, and to ensure medical examiners are provided sufficient information from investigators to assist in determining the cause and manner of an infant’s death.

Unexplained infant deaths are those for which there is no cause of death obvious when the infant died. Unexplained infant deaths would not include those in which there was a previously diagnosed life-threatening illness that clearly contributed to the death (i.e., complications of prematurity, congenital anomaly, infectious disease), or when there is a clear cause of death, immediately known (i.e., accident, homicide, etc.). In cases of an unexplained infant death, a thorough investigation is necessary to accurately determine the cause and manner of the death. That process includes a death scene investigation, interviews with parents and caregivers, a review of the infant’s clinical history, and a complete autopsy.

In developing the required investigative protocols, the Unexplained Infant Death Advisory Council reviewed guidelines set forth by national infant death organizations, as well as those of other states where such guidelines exist. This review led the Council to create a short form protocol or checklist titled the “Arizona Infant Death Investigation Checklist (2002).” The form is a carbon pack triplicate to allow easy distribution. Instructions for completing the checklist are conveniently printed on the reverse side. The Council believes that uniform use of this checklist will standardize the investigation of unexplained infant deaths in Arizona, while also ensuring that pertinent information is gathered and documented in each case. The checklist is to be used by law enforcement officers, but may also be used by other death investigators. Distribution of this form to medical examiners prior to the autopsy will assist medical examiners in accurately determining the cause and manner of death. Data contained in the form may also provide information for researchers examining the causes of unexplained child deaths and stillborn infants.

Although the recognized definition of an “infant” is a child under one year of age, law enforcement officers are encouraged to use the death investigation checklist in any case of an unexplained child death. The unexplained death of a child over one year of age will require the same investigative process, and the checklist may remain a valuable tool to law enforcement and medical examiners in such instances.
RECOMMENDATIONS:

**Death Scene Investigation** - The death scene investigation is an essential component of a thorough investigation of unexplained child deaths. Information gathered during the scene investigation augments information obtained from autopsy and review of the child's clinical history and can help the pathologist interpret postmortem findings. This information will aid in the determination of accidental, environmental, or other unnatural causes of deaths, including child abuse and neglect. Although the ultimate goal of a death scene investigation is to accurately assign a cause of death, equally important goals are the identification of health threats posed by consumer products; identification of risk factors associated with unexplained infant deaths; and using the opportunity to refer families to grief counseling and support groups.

The Unexplained Infant Death Advisory Council recommends a thorough death scene investigation by trained investigative personnel, even in cases where a child may have been transported to a hospital or other location. Access to the death scene must take into consideration issues of privacy and standing, as with any other law enforcement investigation. The death scene investigation should include careful observation and documentation, including measurements and photographs. Consideration should be given to lawfully seizing any items deemed to have evidentiary value, or which may assist in determining the cause of the child’s death.

**Officer Demeanor** – Parents or caregivers who experience the sudden, unexpected death of a child need compassion, support, and accurate information. Those responsible for determining the cause of death must have both technical skills and sensitivity, as they go about their difficult task. A knowledgeable and sympathetic approach will contribute to gathering necessary information while also supporting parents in crisis.

The Unexplained Infant Death Advisory Council recognizes that law enforcement officers know, all too well, that infants and children can die at the hands of parents or caregivers. Such instances, however, are statistically very rare. The vast majority of unexplained infant deaths are attributed to natural causes, not criminal acts. The Council, therefore, recommends that law enforcement officers conduct their investigations with compassion and sensitivity for the parents and caregivers they contact. It is recommended that officers interview parents and caregivers with a non-accusatory demeanor, and withhold judgment until all the facts and medical evaluations are known. In those rare instances where an autopsy or other evidence indicates criminal activity occurred, officers might find it necessary to adopt a different demeanor. Until such time, officers should offer compassion and support to families and caregivers. Recognizing that the grief and feelings of guilt associated with a child’s death can be devastating, officers should be familiar with local support groups and be able to provide referral information for long-term support.