

Child death 0 – 18 years pathways

Introduction

Clinicians responding to a death of a child (defined in the Children Act 2004 as a person under the age of eighteen) must follow a statutory process. There is national guidance to support this process which we follow at UHS NHS Trust (see references).

This guidance has been drawn up to provide clarity over which teams and services will be responding to different types of deaths and ages of children.

For all information and compulsory documentation please see the **child death guidelines** on the microguide (Paediatrics and Neonatology > Paediatrics > Child Death 0-18 years).

There are two main stages to the **hospital child death review process** at UHS Brighton Hospitals:

Stage I: the immediate response at the time of death +/- initiation of the joint agency response (JAR) alongside Police and Children's Social Care (CSC). These duties lie with the acute clinician or team at the time of death.

Stage II: Investigation and information gathering; attendance at multi-agency meetings; convening and chairing the child death review meeting; bereavement support +/- involvement in the JAR. These duties lie with the Child Death Review Team based at RACH.

Stage I – also see [pathway](#) on page 4

It is the responsibility of the clinician / team at the time of death (e.g. CED team, Children's Critical Care Unit consultant, RSCH ITU team, RSCH ED team, PRH ED team) to complete all or some the following. All guidelines are available in the Child Death section of Microguide (Paediatrics & Neonatology > Paediatrics > Child Death 0-18 years).

1. Confirm and document confirmation of death.
2. Take a history and document on the **child death proforma** if new patient.
3. External examination and document as appropriate on the **child death proforma**
4. Consider post-mortem sampling as appropriate (refer to **child death proforma** for list).
The Coroner must be informed and give consent before any sampling takes place.
5. Liaise with Police and Children's Social Care for initiation of the JAR and be present at the immediate planning meeting.
6. Inform the Coroner / Coroner's Officer and the Brighton Safeguarding Children team
7. DATIX the death
8. Notifications and handling of the body as per the **notifications and checklist guideline**. Ensure Medical Examiner Team are notified.
9. Write a statement for the Coroner if requested.

There is support available and advice will be given by the on call CED consultant (contact via switchboard). Please also refer to the previously mentioned child death guidelines accessible on microguide.

What and how much is required of the above list will depend on the circumstances of the death and the age of the child. If you are uncertain, please discuss with the on call CED consultant who may direct you to the Coroner or Coroner's Officer.

NB. A death certificate must not be signed unless directed by the Coroner. Always discuss a death 0-18 years with the Coroner or Coroner's Officer.

Stage II

Responsibility for all of the remaining processes will lie with the Child Death Review team, who are available in working hours to take over from the acute / immediate processes. They will work alongside the assigned Child Death Review Specialist Nurse (SN) – one of a team of Pan-Sussex CDR nurses who are based in the Sussex CCG.

The main roles of the Child Death Review team include:

- Being part of an on call roster to provide the service in office hours
- Being present at the multi-agency initial information sharing and planning meeting (IISPM) alongside the Stage I clinician if available
- Investigation and information gathering as part of the JAR and child death review processes alongside the Child Death Review SN
- The child death review meeting and completion of the child death analysis form for CDOP
- Supporting the Child Death Review SN with bereavement support and family liaison

How to arrange for a child to be conveyed to and managed in the RSCH mortuary

In the event that a child is to be conveyed to the RSCH mortuary from the scene of death the following process should be followed:

1. Once agreement has been reached for the child to be taken to the RSCH mortuary rather than the Children's Emergency Department (CED), SECamb will contact CED and speak to the nurse in charge (NIC) on extension 62593 to inform them that they are bringing the child to the Trust.
2. The CED NIC will notify the on call mortuary technician via switchboard so that they can be on site and ready to accept the child.
3. When SECamb arrive at the Trust they will park in the renal unit space across the road from the CED entrance ramp then book the child in to CED so that wrist bands and paperwork can be generated. **The child is to remain in the ambulance with a member of the crew** whilst CED staff take the SECamb handover.

4. The RSCH mortuary technician will receive the child from the SECamb crew, and along with the crew, will take the child directly to the RSCH mortuary.
5. The attending clinicians / team at the time of the death (**examples** given in “Stage I” above) will complete the required ‘Stage I procedures’ at the mortuary.
6. Police and Coroner’s Officer may attend and be present throughout this process. They will provide appropriate identification to mortuary staff.

Human Tissue Authority (HTA)

The removal of tissue for pathology from deceased children is a statutory requirement; however it is also a **legal requirement of the Human Tissue Act 2004**:

1. for consent to remove tissue to have occurred.
2. for premises where removal of tissue from deceased children occurs to be licensed by the HTA and that such activities do not occur anywhere else. The Brighton site of UHSussex East does not have a global site license for tissue removal, so if you are uncertain whether your unit or ward is licensed for this, please contact the on call mortuary technician via switchboard.

Removal of tissue from deceased children or young people **also requires Coroner’s consent or authority**. It is unlawful to remove any tissue prior to the death being reported to the Coroner.

Key contacts

Brighton & Hove Coroner’s Officer in hours:	(01273) 404056
Brighton & Hove Coroner:	(01273) 292046
Police / Coroner’s Officer OOH:	101
B&H Children’s Social Care:	01273 290400 (OOH 01273 335905 /6)
On call CED Consultant:	Bleep 8641 or via switchboard
On call mortuary technician:	via switchboard
Medical Examiner Team:	uhsussex.medicalexaminerbh@nhs.net Ext 67930 / 62287. Direct line 01273 523162

For other contacts please refer to the Child Death guidelines on microguide

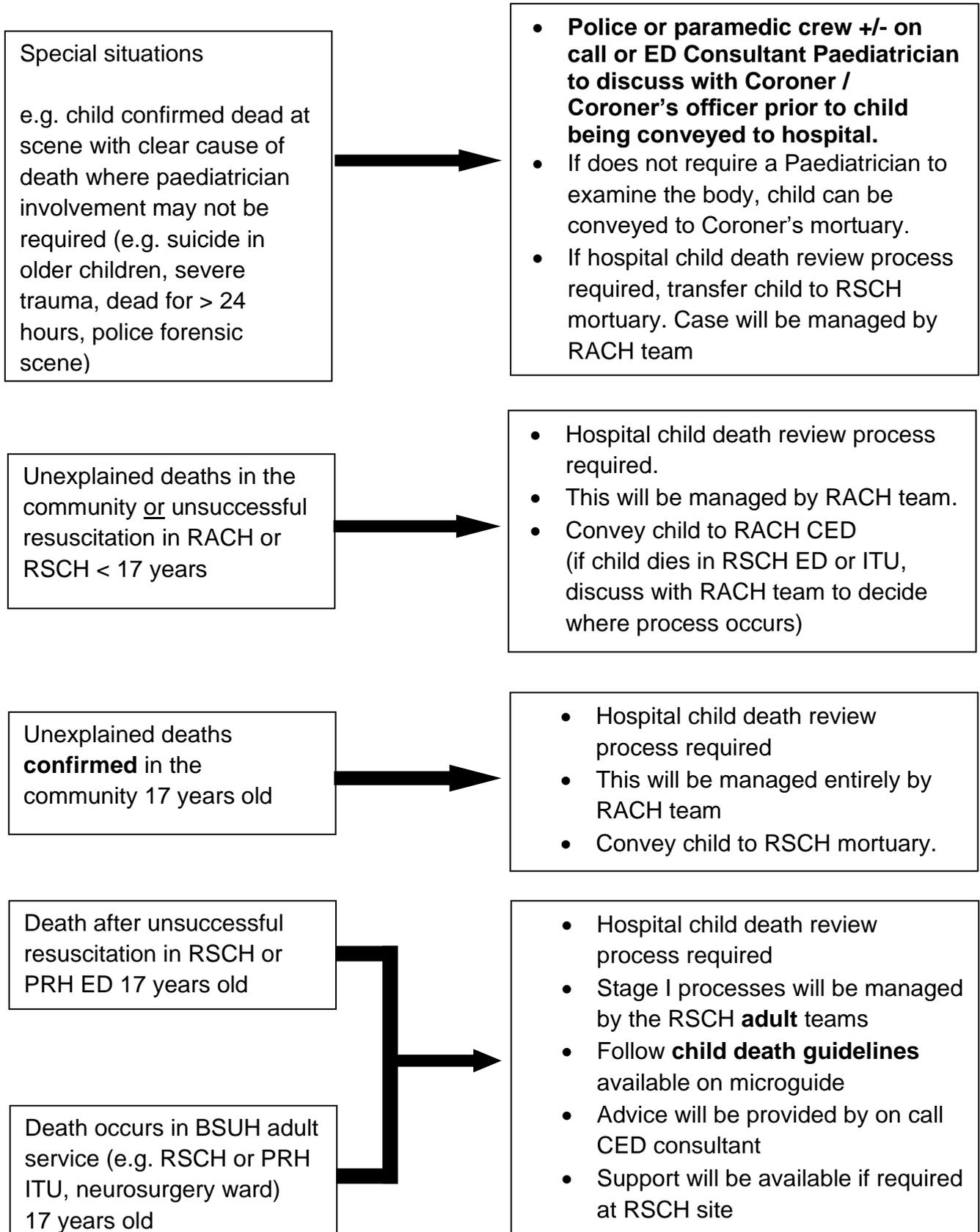
References / further reading:

1. Sudden Unexpected Death in Infancy and Childhood: Multi-agency guidelines for care and investigation. Royal College of Pathologists and Royal College of Paediatrics and Child Health. November 2016. <https://www.rcpath.org/discover-pathology/news/new-guidelines-for-the-investigation-of-sudden-unexpected-death-in-infancy-launched.html> Last accessed 16/03/2020
2. Child Death Review: Statutory and Operational guidance (England). HM Government October 2018. <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>. Last accessed 16/03/2020

Pathway for Stage I procedures

NB. A JAR will be triggered for all unexpected deaths and some expected deaths < 18 years. The police & social care will liaise with the relevant Coroner or their officer +/- CED to initiate. If you are unsure whether a JAR is required, discuss with the relevant Coroner

See introduction for an explanation of the [hospital child death review process](#).



Pathways guidance

Special situations any age: Including but not necessarily exhaustive: child confirmed dead at scene with clear cause of death (suicide in children > 12 years, or severe trauma e.g. RTC / rail incidents with severely disrupted body), child having died > 24 hours prior, police forensic scene (e.g. domestic violence / murder)

- **Police or paramedic crew +/- on call or Emergency Department (ED) Consultant Paediatrician to discuss with Coroner / Coroner's officer prior to child being conveyed to hospital.**
- If child does not require a Consultant Paediatrician to examine the body, child to be conveyed to Coroner's mortuary straight from the scene.
- If deemed that child requires a Consultant Paediatrician to examine the body, or hospital child death review process required (e.g. recently discharged from hospital, under care of hospital Paediatrician), convey to hospital mortuary
 - Visual external examination of the body should take place with on call or ED Consultant Paediatrician, Coroner's officer and Police Lead Investigator – unless the body is significantly disrupted
 - Blood and urine samples should always be attempted but may not be possible. The remaining Kennedy samples are not normally necessary in these cases but should still be considered on a case-by-case basis and in consultation with the on call or ED Consultant Paediatrician and Police Lead Investigator. Any disagreement should be referred to the Coroner.
 - Vitreous humour samples can be taken by hospital mortuary technicians

All other unexplained deaths in the community (excluding children who have died in non-acute Trusts e.g. hospice, mental health facility)

- The deceased child's body should be taken to the Emergency Department (ED) unless deemed appropriate to go straight to hospital mortuary after discussion with on call or ED Consultant Paediatrician
- Coroners' officer will be called and will attend the ED. A discussion will then take place with the on-call or ED Consultant Paediatrician to plan the external examination and discuss the taking of samples.
- Visual external examination of the body should take place with Consultant Paediatrician, Coroner's officer and Police Lead Investigator.
 - Clinical judgement should be applied when considering the taking of the Kennedy samples (if there is no apparent cause of death then a full set should be attempted). A discussion should take place between the consultant Paediatrician / Coroner's Officer and Police Lead Investigator. Any disagreement should be referred to the Coroner.
 - Blood and urine samples should always be attempted.
 - Vitreous humour samples can be taken subsequently by hospital mortuary technicians