01 Background

This briefing is to ensure professionals know how to respond in the event of the Sudden Unexpected Death of an Infant or Child (SUDIC).

It is a **statutory requirement** for LSCBs to have a co-ordinated, multi-agency response to the death of an infant/ child aged from 0 upto 18 years. The **Pan Cheshire Guidelines for Management of SUDIC 2015** provides a framework for the delivery of an immediate co-ordinated, multi-disciplinary response following a SUDIC.

The Police have a duty to investigate SUDIC on behalf of the Coroner and to ascertain if there is any evidence of criminality.

07 Resources

Standards for Children and Young People in Emergency Care Settings (2012)

SUDIC Multiagency Guidelines for Care and Investigation (2016)

Working Together to Safeguard Children (2018)

Pan Cheshire Guidelines for Management of SUDIC (2015)

Child Death Review Statutory Guidance (2017)

06 Key points to Consider

- Sharing of information essential
- local policies and guidelines should be followed if emergence of safeguarding concerns
- Know the processes familiarise yourself with the SUDIC Guidance
- Bereavement Support signposting
- Prompt completion of the FORM A notification of death
- Ensure that the needs of the family and significant others are met.
- Staff debriefing and support
- Prompt return of Child Death Reporting Form

05 The Process - Subsequent

A Subsequent Multi-Disciplinary Case Discussion Meeting chaired and led by the SUDIC Paediatrician will normally take place when the final PM report is available 3-4 months later.

Pan Cheshire CDOP Review – will take place when any criminal investigation, inquest, RCA or SCR has been completed .Note: at any stage of the process the case may be referred for further criminal investigation, SCR or to Children's Social Care.









02 Why it matters

The death of an infant or child is a tragedy for both family and community.

Prompt initiation of the SUDIC Process ensures a co-ordinated, consistent approach that is caring, sensitive, open mind and balanced. It should be a proportionate to the circumstances, appropriate information should be shared and evidence preserved. Local safeguarding procedures should be followed if signs of neglect or abuse are identified.

A sympathetic, supportive, professional attitude is not only essential for the investigation, but will also influence how that family deal with their loss (bereavement) in the future

SUDIC (Management of Sudden Unexpected Infant Death) Updated May '19 04 05

03 Information

SUDIC - refers to the death of a child (less than 18 years of age) that was not anticipated as a significant possibility 24 hours before the death or where there was an unexpected collapse leading to or precipitating events that led to the death(Working Together to Safeguard Children 2018).

Children who die unexpectedly at home should always be taken to the nearest ED not the mortuary in accordance with working together 2018 and standards for children and young people in emergency care settings 2012, unless otherwise directed by the SIO for the preservation of evidence in a suspicious death. Resuscitation should always be attempted unless clearly inappropriate

04 The Process - Immediate

Immediate information sharing and planning - takes place in the first 2-3 hours after a child has died. The Duty Consultant Pediatrician and SIO liaise with the Coroner, Children's Social Care, and other services. Consideration may be given to a joint home visit by health and police (within 24 hours) if appropriate.

Notification of a Child Death form - must be completed at the earliest opportunity and forwarded to appropriate agencies

Rapid Response Meeting (Initial Multi-Disciplinary Meeting) should take place within 5 working days after the child's death and is chaired by the SIO. Sensitive confidential information will be shared, including the results of the initial post mortem if available: Appropriate professionals are identified to support family and significant others, any safeguarding issues identified and referred management of social media discussed. Consideration for SCR