
**NEVADA COUNTY
SHERIFF'S OFFICE**



CORONER'S DIRECTIVE
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Effective Date ~~05/30/99~~
2/12/18

SUBJECT SUDDEN UNEXPLAINED INFANT DEATHS

POLICY To establish a standard procedure in the handling of sudden unexplained infant deaths (SUIDS) cases

PURPOSE To provide the investigator with general guidelines for the investigation of sudden infant death syndrome cases. The expected incidence in the general population is two per one thousand live births.

CODE REFERENCE Government Code §27491.1

CASE LAW

DEFINITIONS Sudden unexplained infant death syndrome (SUIDS, crib death, or sudden, unexpected death in infancy) is an unpredictable, unpreventable sudden death of an otherwise healthy infant, usually between one and six months of age, in whom the complete post mortem examination fails to reveal a cause of death. It is, therefore, a cause of death based on the exclusion of other significant diseases and unnatural events. A history of a recent mild upper respiratory tract infection (cold, sniffles, congestion, et cetera) is frequently elicited. Death usually occurs silently during sleep.

PROCEDURE

A. General

1. The deputy coroner plays a key role in the management of SIDS cases. He/she often has the initial contact with families shortly after a sudden infant death has occurred, and in some cases it would be the deputy coroner who, having knowledge of these cases, can prevent mishandling by the police or law enforcement agency that may be involved. It is also most important for the investigator to keep in mind that in addition to obtaining necessary information about the victim, he/she also has a responsibility to extend a warm helping hand to the family.
2. The sergeant in charge of investigations will be contacted on all infant deaths and an investigator from the Major Crimes Unit will respond along with the deputy coroner assigned to the case.

3. A Crisis Intervention Officer or chaplain should be requested to respond to the scene of any death of a child.
 4. The Health Department is also to be contacted immediately, so the Public Health Nurse can contact the family soon after the death.
- B. Investigation Protocol (Government Code §27491.1)
1. The deputy coroner is mandated by Government Code §27491.1 to complete the "Death Scene and Deputy Coroner Investigation Protocol" available through the State Department of Health. The completed form is to be turned in with the original coroner report. The form is available at: <\\Fs-sf\sf\SF\CORONER\SIDS PROTOCOL FORM>.
 2. Although completion of the above protocol does not exempt the deputy coroner from writing a complete coroner's report, much of the information from the protocol may be incorporated into the coroner's report. (Remember the coroner's report is public information, while the Death Scene Investigation Protocol is confidential.)
 3. Be certain to contact other relatives, friends, and especially the decedent's physician for statements and background information.
- C. X-Rays
- In an effort to help eliminate intentional or accidental deaths, **all bodies of infants are to be given full-body x-rays.**
- D. Examination of the Body
- Having obtained this brief history, the body can next be examined for size of the child, state of nutrition, does the infant look sick or dehydrated, cleanliness, and old scars and any recent bruise, laceration, or abrasion.
- E. Examination of Sleeping Place
1. In most sudden infant deaths, the child is found unresponsive or obviously dead in his/her crib or sleeping place. If the infant has been taken from the home and the investigator has examined the body in the hospital, he/she should as soon as possible go to the home to examine where the infant was sleeping. All infants do not have cribs. Some share a bed with an adult. Some cribs are broken or poorly repaired, or have a mattress which does not fill the bottom of the crib. All these things are hazards and may be related to the infant's death, but might not be volunteered by the family and thus go undetected if the investigator did not go to the home. While there, he/she can also determine the state of cleanliness of the home and the care being given to the other children.
 2. Try to obtain the facts while alleviating some of the family's anxieties. This is a difficult task, but then this is a very tragic death.
 3. After the baby has been examined and no trauma or injuries found which might suggest child abuse, do not be surprised that the parents, especially the mother, may want to hold the baby. In the interests of the bereavement process, they should be allowed to do this.
- F. Post Mortem Examination of the Body

In all cases of suspected sudden infant death syndrome, a complete autopsy must be performed. This means that examination of the neck organs, pharynx, middle ears, and optic nerve are required in all cases where thoracic and abdominal organs and brain reveal no obvious cause of death. Blood, urine, and vitreous humor, as well as tissue sample for toxicology and histology, should also be obtained.