

C-POD Guidelines for First Responders: Child Deaths & Serious Physical Injury Cases

These are only guidelines.

*Not all information may be pertinent or available.
Follow local procedures & established protocols!*

These guidelines provide a quick review of recommended approaches in cases where a child has died suddenly & unexpectedly, or sustained serious unexplained or suspicious physical injury. They list important considerations for 1st responders (especially Law Enforcement, EMS/paramedics, and CPS) during an immediate response to the scene where the dead or injured child was found. Determination of the cause of death or mechanism of injury will depend on the results of a complete investigation & medical evaluation. In addition to considering these suggestions, please note any other relevant information. *Keep in mind:* not all items apply in all cases – each situation is different & the appropriate response will vary depending upon available resources & the specific facts of the case.

*Revised in 2008 for FVTC by the WA State
Criminal Justice Training Commission (CJTC)*

The C-POD Guidelines were originally produced in 2006 and were compiled by Patti Toth & Ilana Guttman, based on a series of meetings with 1st responders & other professionals held throughout WA State.

For additional resources & training information, go to:
www.fvtc.edu/childprotectctraining
Patti Toth can be contacted at: pthoth@cjtc.state.wa.us

Beyond the C-POD Guidelines: Improving Community Response to Child Fatalities and Serious Physical Injury Cases

1. Implement written **Child Abuse Investigation Protocols** that address coordination of all child abuse investigations, including child fatality, serious physical injury, and criminal neglect cases; involve LE, CPS, prosecutors, as well as key additional local professionals & agencies:
 - EMS & Fire District personnel
 - Coroner or Medical Examiner
 - Medical providers: ER/Hospitals
 - Comm. Center/ 911 dispatchers
2. Utilize a **multidisciplinary approach** to these investigations
3. Use the **SUIDI form** (*Sudden Unexplained Infant Death Investigation*) for infant deaths
4. Develop your own **checklists**: include pertinent local phone #s
5. Participate in local **child death review** teams to plan follow-up investigations and de-brief

COLLABORATION

Ensure an **immediate, coordinated investigation** of **ALL unexpected child deaths & serious injuries**.

- ✓ Immediately summon **EMS**
- ✓ Immediately call **Law Enforcement** to scene of injury or death (*and to hospital if child has been transported*)
- ✓ Immediately notify **CPS** (*Child Protective Services*) & consider summoning to scene
- ✓ Contact/notify other key players ASAP *as appropriate*:
 - Special Unit Detective(s)
 - Medical Examiner/Coroner
 - Medical Experts
 - Crime scene processing personnel
 - Prosecutor; other involved agencies
 - State or local licensing authority: *if licensed or unlicensed daycare, etc.*
 - Tribal Authorities
 - Language Interpreter
 - Counselor/ Clergy/ Chaplain
 - Probation, parole authorities
 - Animal Control, Bldg. Inspector, etc.

✓ Consider:

- Who may/may not have been alerted
- People necessary to ensure full investigation
- Cause of injury/death is often not immediately obvious

✓ Exchange information:

- Observations of all 1st responders
- Contact information for all responders
- History of child, family, caregivers, residence, etc. (Any patterns?)

✓ Clarify roles:

- Who needs what info, when & how?
- Who has the expertise/training to...
 - Manage the scene (lead)
 - Gather/document information
 - Interview witnesses (incl. children)
 - Preserve evidence
 - Assess ongoing safety of child(ren) in home
 - Determine need for protective custody of child(ren), identify appropriate placement

PRESERVATION

Maintain scene as it was when child (or injury) was discovered until evidence is seized, is documented, and/or circumstances are demonstrated or reconstructed.

- ✓ Strive first to preserve life:
Render all necessary medical aid
- ✓ Disturb scene as little as possible
- ✓ Prevent others from disturbing evidence
- ✓ Secure the scene - Keep everyone at scene(s) until all info. gathered
- ✓ Clearly identify how 1st responders enter/exit the scene (*limit contamination*)
- ✓ Wear protective clothing to shield both scene and responder
- ✓ Preserve information: Interview witnesses (*on video*); take photos (*at scene of injury & at ER/hospital if child there*); and record detailed observations ASAP

- ✓ Disturb scene as little as possible:
 - ☒ **Don't** move a clearly dead child
 - ☒ **Don't** turn on/off appliances
 - ☒ **Don't** allow garbage to be emptied
 - ☒ **Don't** change clothes/diapers - if you do, keep the clothing/diaper
- ✓ Prevent anyone from destroying potential evidence:
 - ☒ **Don't** use or flush toilet or sink
 - ☒ **Don't** unnecessarily step on/into sensitive areas
 - ☒ **Don't** mop up fluids or clean anything (bedding, dishes, etc.)
 - ☒ **Don't** throw anything away at or from the scene
- ✓ Preserve all evidence at the scene(s):
 - ☐ Consider multiple scenes: Where injury occurred, vehicle, ER, etc.
 - ☐ Control/ minimize access to scene
 - ☐ ID witnesses - **conduct thorough witness interviews ASAP**
 - ☐ Take lots of photos/videos
 - ☐ Removal of anything requires lawful authority (search warrant, written consent, etc.)

OBSERVATION

Be aware and conscious of everything within the environment.

Use all your senses.

Suspend assumptions in order to absorb maximum amount of info.

- ✓ The child's location, position, observable injuries, physical state (e.g., skin temp./color, lividity, etc.)
- ✓ All people at the scene(s)
- ✓ Demeanor of witnesses
- ✓ Outdoor and indoor environment
- ✓ Caretaker explanation(s):
 - ☐ *Consistent with injuries and/or observations?*
 - ☐ *Contradictory statements to different people?*
- ✓ Objects at scene(s) - possibly involved in mechanism of injury
- ✓ What's moved/changed? What's odd? What's missing?
- ✓ Cultural, religious and/or ethnic factors - remedies, language, etc.

- ✓ Who rendered what aid?
- ✓ Who is present/not? **Other children?**
 - ☐ Where and with whom are they? Physical & emotional state(s)?
 - ☐ Demeanor, utterances, actions
 - ☐ Requests (e.g., lawyer, translator, clergy, etc.)
 - ☐ Impairments (visual, motor, auditory, etc.)
- ✓ Outdoor & indoor environment:
 - ☐ Configuration, order/disorder, cleanliness, noise
 - ☐ Sleeping environment
 - ☐ Ventilation; are windows & doors open or closed? (Un)locked?
 - ☐ Temperatures and hazards: Water, toxins, weather, etc.
 - ☐ Fluids/ odors/ discolorations
 - ☐ Pets/animals & their condition(s)
- ✓ Presence/lack/condition of/info from:
 - ☐ Bedding, food, drugs, meds, etc.
 - ☐ Appliances? On or off?
 - ☐ Computer screen, cell & other phones, answering machines
 - ☐ Vehicles - Note if/when (re)moved

DOCUMENTATION

Immediately record everything about the scene, the child, and witnesses.

- ✓ Who first noted distress/injury- when, where, what - their actions?
- ✓ When & who called for assistance? Any delay? Who else was called?
- ✓ Identity & contact info. for all key players – present at scene or not
- ✓ Observations of/about everyone on scene and/or with child
- ✓ Everything said (including excited utterances): How, when, by whom?
- ✓ Create timeline before & after injury: **48 to 72 hours** (use a calendar)
 - All who had contact with child
 - Location(s) of child
 - Events, behaviors, activities, medical issues (& changes in these)
 - Food & medications ingested
 - Sleep and awake time
- ✓ Full description/depiction of scene
- ✓ Caretakers' attitudes re: child

- ✓ Name, DOB, phone, current and prior names & addresses for:
 - Children at scene, in family/facility
 - Legal custodians/ all caretakers
 - Primary & collateral witnesses: family, neighbors, teachers, etc.
 - 1st responders
- ✓ Information & observations re: child:
 - Development stage; temperament
 - Appearance, injuries, condition
 - Daily routine & any differences
 - Family & health status information
- ✓ Describe outdoor/indoor environment: ***Measure, diagram, photos & videos***
 - Area layout; sleeping conditions
 - Cleanliness, temperature, odors
 - Bedding, food, drugs/alcohol
 - Furniture, stairway(s), toys, etc.
- ✓ Obtain vital & accessible information:
 - EMS run sheets; crime scene log
 - Criminal records; 911 call logs
 - CPS records; licensed facility logs
 - Medical & search consent
 - Medical history & records

HOW:

Gather evidence carefully and objectively. Lay a foundation for determining what happened.

- ✓ Arrive as soon as possible
- ✓ Composed demeanor & approach:
 - Be calm - Acknowledge emotion, stress
 - Establish rapport
 - Ask comprehensive questions
- ✓ Call on a *pre-determined* multidisciplinary team ASAP: **EMS, Law Enforcement (LE), CPS, other local resources**
- ✓ Ensure a quick response time- avoid leaving messages
- ✓ Follow established checklists/ protocols (SUIDI, child abuse investigation, etc.)
- ✓ Consider prior experience & cases: What works/ doesn't?

- ✓ Don't assume innocence or culpability
 - Treat every scene as a *potential* crime scene
 - Demonstrate respect, sensitivity, neutrality: be non-judgmental
- ✓ Separate people and interview ASAP (*get specialized interview training*)
 - Convey that a full, careful investigation is standard procedure
 - Open, non-confrontational questions ("What happened?")
 - Let people talk: record verbatim
- ✓ Photos/videos – record as much as possible! (*get equipment training*)
 - Show scale in photos to indicate color and measurement
 - Ask witness(es) to describe & reconstruct what happened:** record w/ video (*possibly use doll*)
 - Document any changes to child & scene (*e.g., body or items moved*)
- ✓ **LE:** If at all possible, attend & observe autopsy, collect relevant evidence

Sudden Unexplained Infant Death Investigations

SUIDI* Pathologist Summary

Medical examiners consider this scene/case information critical to determining the cause & manner of death. It should be collected and presented to the forensic pathologist before the autopsy is conducted.

Does preliminary investigation indicate any of the following?

SLEEPING ENVIRONMENT

- Asphyxia** (e.g., overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
- Shared sleeping surfaces** (with adults, children, pets)
- Change in sleeping conditions** (e.g., unaccustomed stomach sleep position, location, or sleep surface)
- Hyperthermia/hypothermia** (e.g., excessive wrapping, blankets, clothing, hot or cold environments)
- Environmental hazards** (e.g., chemicals, drugs, carbon monoxide, noxious gases, devices)
- Unsafe sleeping conditions** (e.g., couch/sofa, waterbed, stuffed toys, pillows, soft bedding)

INFANT HISTORY

- Diet concerns** (e.g., solids introduction)
- Recent hospitalization(s)**
- Previous medical diagnosis**
- History of acute life-threatening events (ALTEs:** e.g., apnea, seizures, difficulty breathing)
- History of medical care without diagnosis**
- Recent fall or other injury**
- History of religious, cultural or ethnic remedies**
- Cause of death due to natural causes other than SIDS** (e.g., birth defects, complications of pre-term birth)

FAMILY INFORMATION

- Prior sibling deaths**
- Previous encounter(s) with police and/or social service agencies**
- Request for organ and/or tissue donation**
- Objection to autopsy**

EXAM

- Pre-terminal resuscitative treatment rendered**
- Death due to trauma (injury), poisoning, or intoxication**

INVESTIGATOR INSIGHTS

- Suspicious circumstances**
- Other alerts for pathologist's attention**

**This information is from the CDC's Sudden Unexplained Infant Death Investigation (SUIDI) Reporting Form.*

Emergency Medical Professionals

Responding to Sudden Unexpected Child Death or Serious Injury

1. **Insure safety and provide medical aid as needed to save or assist the child**
2. **If child is clearly dead, do not move the body**
 - Be careful not to destroy potential evidence
 - For an infant who has died, complete EMS portion of SUIDI Reporting Form
3. **Make sure Law Enforcement has been notified (whether you stay at the scene or not)**
 - Provide your contact info to Law Enforcement
4. **Document all adults and children present**
 - Include who has left
 - What they did and said; their appearance
 - Their reactions to child's death or injury
5. **Document all statements and demeanor (emotional state) of speakers**
 - ASAP and verbatim
 - Explain your job is to provide medical aid
 - Ask for caretaker explanation; request details
 - Record observations of both words & actions
6. **Document all your observations of the environment ASAP**
 - Focus all your senses on the surroundings
 - Describe scene accurately & completely
 - Possible mechanism of injury present?

7. Consider & record child's developmental level

- Compare reasonableness of history given regarding mechanism of injury to child's age & developmental abilities and scene observations

8. Know signs of possible abuse & neglect:

- **Physical abuse:** Unexplained broken bones, bruises, black eyes, cuts, burns, welts; pattern injuries, bite marks; reports of injury received from an adult caretaker, etc.
- **Sexual abuse:** Difficulty walking or sitting, inappropriate interest or knowledge of sexual acts, reports of inappropriate touching, etc.
- **Neglect:** Obvious lack of hygiene; back of head flat; severe diaper rash; hungry; underweight; lack of food, formula or care; parent or child use of drugs or alcohol, etc.

9. Immediately notify CPS (Child Protective Services) to report any suspicion of abuse or neglect of any child present at the scene

10. Participate in local multidisciplinary team (MDT) meetings to review child abuse cases

References: CPOD 1st Responder Guidelines training – Gary Sacha; Update, vol. 17, no. 7, Laura Rogers (2004)

Revised for FVTC by:

WA State Criminal Justice Training Commission (2008)

For additional resources & training information, consult www.fvtc.edu/childprotectctraining or contact WA CJTC Program Manager Patti Toth at pthoth@cjtc.state.wa.us