

NORTH CAROLINA OFFICE OF THE CHIEF MEDICAL EXAMINER

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GUIDELINES FOR PHYSICIANS, HOSPITALS AND MEDICAL EXAMINERS ON INFANT AND CHILD DEATHS

State of North Carolina, *Michael F. Easley, Governor*
Department of Health & Human Services, *Dempsey Benton, Secretary*
Division of Public Health, *Leah Devlin, State Health Director*

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For hospital staff/physicians:

Hospital staff frequently see injured and dead children in emergency rooms and as inpatients. If there are suspicions of a criminal act, the appropriate **law enforcement** agency must be notified as soon as practical, pursuant to North Carolina statutes (see addendum).

Deaths that must be reported to the **county medical examiner:**

- Any death caused by trauma, regardless of the time interval between the initial injury and the death.
- All deaths due to suspected child abuse/neglect.
- Sudden, unexpected deaths in children in previous good health-no known cause.
- Sudden Unexpected Infant Death/ Suspected Sudden Infant Death Syndrome (SIDS).
- The unattended death of a child.
- Suspected drug overdose deaths.
- Any death due to external means (drowning, burn, etc.).

Depending on the circumstances, the medical examiner may or may not investigate the case (accept jurisdiction). If jurisdiction is accepted, the medical examiner will also determine whether an autopsy needs to be performed. If there are questions about these decisions, please discuss them with the medical examiner. If s/he cannot answer them, s/he will contact a state office pathologist. The medical examiner will complete the death certificate in these cases.

When the death falls under medical examiner jurisdiction, you must:

- send clothing and medications (non-hospital) with the body.
- secure admission blood sample(s) for the medical examiner.
- not clean the baby or remove any medical devices.
- not alter the body—no cut hair, no further diagnostic procedures.
- contact the medical examiner if the family desires organ donation.

If law enforcement suspects child abuse or neglect, the baby may be held, by the parents, only in the presence of the investigating law enforcement agency or its proxy. Viewing is allowed, without physical contact, and under the supervision of the hospital staff, if the above cannot be accommodated.

For medical examiners:

When the medical examiner is contacted to investigate the death of a child, several steps need to be followed.

- If a child (less than 18 years old) dies suddenly and unexpectedly, contact the appropriate **law enforcement** agency to conduct a scene investigation. Law enforcement will respond to the scene where the child was found and also to the hospital scene, if the child was taken to that facility for resuscitation or treatment. The Child Fatality Prevention Team (CFPT) has developed a checklist to standardize the investigation. Training in infant death scene reconstruction has also been provided to most law enforcement agencies in North Carolina. Deaths in which the checklist is not necessary include motor vehicle crashes and gunshot wound homicides of older children/teens. It is necessary in overdose, drowning, and other suspicious deaths.
- When an infant dies, it may not be obvious by external examination or preliminary history why. Therefore, in most cases, an autopsy will be ordered. The medical examiner death certificate, which must be filed in 3 days, should be left as “pending” for both cause and manner, since the final autopsy results and the complete investigation will not be available for weeks or months. At that time, a supplemental death certificate will be sent for approval and signature. However, if the autopsy reveals a definite cause of death, that should be entered on the death certificate so that it can be filed without delay.
- Contact the **county DSS** to inform them of the death and to learn if the child or its family were/are clients. If so, the agency will be able to tell you if there is any history on the family—this is a very important part of your investigation.
- Consult with the autopsy pathologist or the OCME pathologist or on-call associate if organ donation is requested.

Please contact a State CFPT child death investigator at the OCME to obtain a checklist, if there are questions or for further information by calling (919) 966-2253 or 1 (800) 672-7024.

Addendum:

N.C.G.S. 90-21.20:

(a) Such cases of wounds, injuries or illnesses as are enumerated in subsection (b) shall be reported as soon as it becomes practicable before, during or after completion of treatment of a person suffering such wounds, injuries, or illnesses. If such case is treated in a hospital, sanitarium or other medical institution or facility, such report shall be made by the Director, Administrator, or other person designated by the Director or Administrator, or if such case is treated elsewhere, such report shall be made by the physician or surgeon treating the case, to the chief of police or the police authorities of the city or town of this State in which the hospital or other institution, or place of treatment is located. If such hospital or other institution or place of treatment is located outside the corporate limits of a city or town, then the report shall be made by the proper person in the manner set forth above to the sheriff of the respective county or to one of his deputies.

(b) Cases of wounds, injuries or illnesses which shall be reported by physicians, and hospitals include every case of a bullet wound, gunshot wound, powder burn or any other injury arising from or caused by, or appearing to arise from or be caused by, the discharge of a gun or firearm, every case of illness apparently caused by poisoning, every case of a wound or injury caused, or apparently caused, by a knife or sharp or pointed instrument if it appears to the physician or surgeon treating the case that a criminal act was involved, and every case of a wound, injury or illness in which there is grave bodily harm or grave illness if it appears to the physician or surgeon treating the case that the wound, injury or illness resulted from a criminal act of violence.

(c) Each report made pursuant to subsections (a) and (b) above shall state the name of the wounded, ill or injured person, if known, and the age, sex, race, residence or present location, if known, and the character and extent of his injuries.

(d) Any hospital, sanitarium, or other like institution or Director, Administrator, or other designated person, or physician or surgeon participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as the result of the making of such report. (1971, c. 4; 1977, c. 31; c. 843, s. 2.)