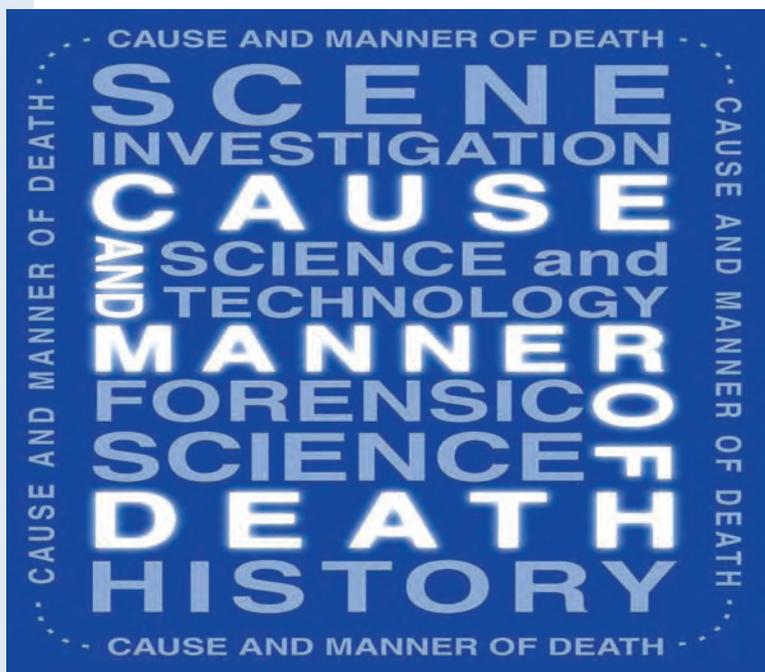


chapter 5



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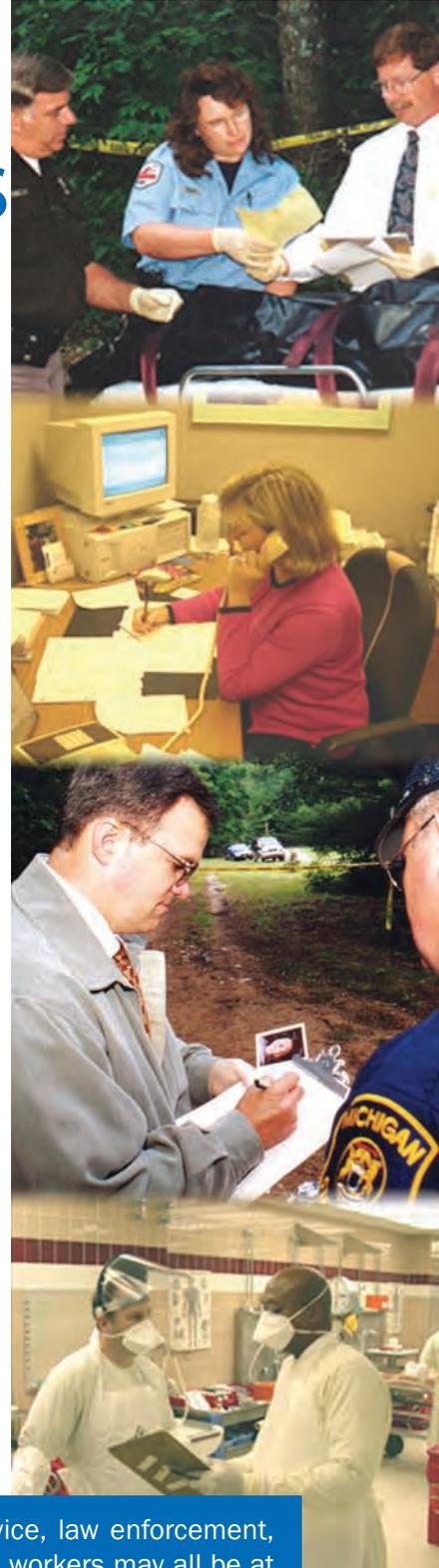
Conducting Witness Interviews

Service Agency Responders and Representatives

Unit 13: Document EMS Involvement

Unit 14: Document Law Enforcement Involvement

Unit 15: Document Hospital Involvement



Professionals such as emergency medical service, law enforcement, fire, social services, and child protective service workers may all be at the scene prior to the death investigator's arrival. Although each has a specific role to play on behalf of his or her agency, you need to make each a member of the investigative team. This chapter covers strategies for gathering detailed information from professional responders regarding activities that occurred prior to the investigator's arrival.

OVERVIEW

Conducting field interviews with EMS responders and law enforcement personnel is essential to the collection of witness data. In addition, obtaining important and relevant information from the hospital (usually emergency room) where the infant received medical care prior to death or at which the infant's death was pronounced could prove critical to the investigation. This includes interactions between the investigator and individuals working at the hospital who can provide basic patient and institutional information, obtaining the name(s) of the treating physician(s), ascertaining the level of the infant's consciousness on arrival, documenting the observations made of the infant's body, and describing treatment or diagnostic procedures performed on the infant, as well as information regarding family reactions to the infant's death and appropriate medical records and property or potential evidence that needs to be obtained. In some cases, all of this information can be provided by a single source, whereas in other cases, multiple healthcare workers may need to be interviewed. In some cases, the necessary information may be obtained without the investigator going to the hospital; in other cases, a trip to the hospital may be required. This chapter focuses on the critical information these professional agency witnesses may be able to provide the infant death investigator.

SUPPORT MATERIALS

In addition to the SUIDI Reporting Form or jurisdictionally approved equivalent, the following support materials are suggested for this chapter:

1. Walz BJ. *Introduction to EMS Systems*. Albany, NY: Delmar Thompson Learning; 2002.
2. Local EMS system medical protocols.
3. Local EMS system SOP/SOG for pediatric cardiac arrest response.
4. Local EMS run sheet, including narrative section.
5. Dispatch center CAD printout.
6. Copy of dispatch center incident tape.

CHAPTER OBJECTIVES

By the end of this chapter, students will be able to:

1. Establish and document EMS involvement.
2. Establish and document law enforcement involvement.
3. Establish and document hospital involvement.

Each task must be performed in a professional and sensitive manner consistent with local laws, statutes, and customs.

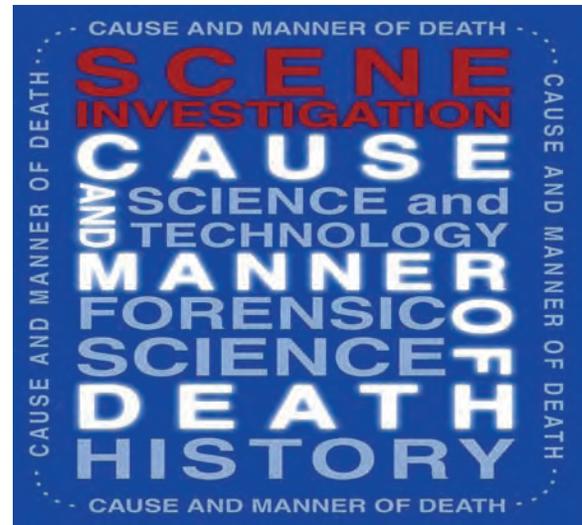
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unit

Document EMS Involvement

INTRODUCTION

Because most SUID are perceived by the finder as a medical emergency, emergency medical services (EMS) is often the first and only agency called by the finder, family, or bystanders. It is important for investigators to realize that EMS personnel are trained first and foremost to respond to a scene as medical professionals. The on-scene response of EMS is dictated by medical protocols approved by the system's medical oversight physician, and their actions will be guided by efforts to resuscitate the child if the slightest chance for survival exists. Therefore, the actions of EMS may be in conflict with some investigative needs and procedures. Understanding each agency's role at the scene will assist each member of the team in completing his or her job while serving the public.



EMS SYSTEM DESIGN

To make maximum use of information obtainable from EMS responders, the investigator must understand the design of the local EMS system. For instance, a local fire company may be dispatched as a first responder unit, with transport being provided by a basic life support ambulance that is upgraded by a paramedic in a response car. In this situation, the investigator will have to obtain EMS information from all three agencies. It also is important to know whether local EMS is provided by paid or volunteer personnel, as this will affect the availability of personnel for interviews.

If the local EMS system bills for service, they may be covered by the Health Insurance Portability and Accountability Act (HIPAA). This act limits the availability of identifiable patient information, even in criminal cases. Requests for EMS run reports may have to be directed through the EMS's administrative offices. Simply asking the on-scene EMS crew for information or a copy of their run sheet may be against their policy. Investigators should be aware of and sensitive to these restrictions.

VERIFY EMS INVOLVEMENT

Contact Dispatch to Obtain Information Relevant to the Case

Because multiple EMS agencies may have been on-scene, it is important for the investigator to determine who the responders were and to contact the appropriate dispatch center for each agency. When contacting the dispatch center, the investigator needs to have basic scene information available to ensure the receipt of the correct case details. The exact location, date, and time that the incident occurred will help the dispatcher find the right case; however, the EMS incident number is the best way to search for a specific case. If the investigator can get this number from EMS personnel at the scene, all follow-up activities involving EMS will be much easier.

Since 911 operators do not routinely ask for a caller's name, documentation of the caller will most likely be done through scene investigation. The caller's relationship to the infant, however, is normally determined by the 911 operator during the initial call, and the investigator should be able to find this information on all dispatch documents associated with the call.

The investigator should review all available 911 tapes that are relevant to the case. The availability of tapes varies by system, but in most cases a tape must be requested within 30 to 60 days of the incident. Dispatch centers maintain not only a voice and data recording of the entire incident, but computer-aided dispatch (CAD) records as well. It is usually easier to obtain a CAD printout than to review an incident tape. EMS personnel may be able to provide you with a copy of the response-time printout, and in systems with integrated public safety dispatch, such information may also be obtainable from your dispatcher.

The specific information that should be gathered from the 911 tapes will vary with each case, but the following items should always be collected:

- Dispatch time and arrival time.
- Names of EMS personnel dispatched.
- Case/report number(s).

In most jurisdictions, these items can be found on the EMS run sheet. However, additional information, clarification, and observations of EMS personnel may be needed. The investigator should arrange a time to meet with the EMS employees when they are not on call. This will help to ensure that you have their undivided attention and sufficient time to conduct a thorough interview. If it is necessary to interview EMS personnel on-scene or at the hospital, bear in mind that many EMS systems, especially in rural areas, have limited resources. EMS personnel may be unable to remain on location for an extended interview.

DOCUMENT EMERGENCY MEDICAL TREATMENTS GIVEN

Medications Administered by EMS

When recording medications, it is important to spell the name of the drug correctly because many drugs have similar or like-sounding names. Pediatric dosages are also specific, so attention should be given to decimal places and leading zeros.

Actions Performed by EMS and Their Duration

This information is best recorded in chronological order as a linear listing of actions and interventions. For drug administrations, it is important to note the body location of administration, as this may help to explain marks or injuries noted on the infant. For infants resuscitated in the field but pronounced dead either at the scene or hospital, standard protocol is to leave all inserted medical devices in place pending examination by the coroner or medical examiner. EMS personnel routinely use abbreviations to describe medical procedures or drugs. Investigators should clarify all abbreviations with EMS personnel.

EMS Outcome(s)

Outcome as recorded by EMS will most likely be one of the following:

- DOA, no resuscitative efforts attempted.
- DOA, resuscitation attempted.
- CPR started prior to arrival of EMS, resuscitation attempted.

Document the date and time resuscitative efforts were terminated, if appropriate. Termination of resuscitative efforts in most EMS systems requires authorization of a medical control physician. EMS personnel may determine that the baby is beyond resuscitation immediately upon arrival and thus begin no treatment. If resuscitation is attempted, it will most likely be terminated at the hospital. Given the medical profession's desire to provide all available resources to revive the child, it is unlikely that the medical control physician will authorize on-scene termination of resuscitation efforts for an infant.

If resuscitation is terminated in the field, EMS personnel will record the time the request was approved and the name of the medical control physician authorizing the termination. If the baby is transported, the EMS crew will record only the time of arrival at the hospital and status of the baby upon arrival. Information related to hospital resuscitation and pronouncement of death will have to be obtained through hospital medical records.

Disposition of Infant and Personal Effects

The disposition of the infant by EMS personnel will be recorded on the EMS run sheet. Likely dispositions include the following:

- Transport to hospital with continued resuscitation.
- Transport to hospital without continued resuscitation.
- No transport.

EMS personnel might not record actions related to personal effects. This information will most likely be obtained during the interview. If any information is recorded, it will be in relation to how the infant was found (e.g., "wearing a diaper") and whether any clothing was removed for resuscitative efforts (e.g., "pajamas were removed and CPR continued").

Individuals Who May Have Ridden with EMS from Scene

Transport of a family member or other person from the scene, via EMS, with the infant will depend upon local EMS system protocol. If such transport is allowed, it will be noted on the EMS run sheet or recorded via radio notification to dispatch. The investigator should inquire about this routinely during the EMS interview, in the event that the information has not been recorded.

DOCUMENT EMS OBSERVATIONS (OF REACTIONS TO INFANT'S DEATH)

As discussed above, the questions that will be posed to EMS personnel will vary from case to case. The following list, however, gives an outline of details that should be documented in all cases:

- Specific location and position in which EMS found the infant.
- Presence of skin coloring or rashes.
- Presence of secretions.
- Presence of livor, rigor, or algor mortis.
- Presence of insect and rodent artifacts.
- Presence of marks on the body.
- Infant's physical characteristics.
- Room temperature upon EMS arrival.

The investigator should realize that EMS personnel may be feeling anxiety about the outcome of the incident. They may experience a wide range of emotions, including a feeling of guilt for not being able to save the child. The investigator needs to be sensitive to these emotions and prepared to deal with them during the EMS interview.

The amount of information and specificity provided by EMS will depend to a large degree on their primary role at the scene. If the call was essentially a “load and go” situation, EMS will provide little information related to scene dynamics. If their role shifted from resuscitation to crisis intervention for family and bystanders, they may be more likely to provide pertinent information related to particular individuals’ reactions to the baby’s death.

Observed Behavior

During the interview with EMS, the investigator should note any information recorded by on the run sheet that is directly related to observed behavior at the scene. For example, EMS may have noted that the father tried to prevent them from entering the nursery. Other specific behaviors to be noted include any evidence of intoxication, drug paraphernalia, verbal or physical outbursts, overheard statements, and excited utterances.

Evidence of Illegal Activity

Typically, EMS personnel arrive at the scene before law enforcement and the medicolegal death investigator. EMS personnel are not law enforcement and in most cases are not perceived as such. Therefore, it is not unusual to find individuals at the scene continuing to engage in or be in the process of cleaning up some illegal activity when EMS arrives. The investigator may need this information for the case and should question EMS personnel about the activities that were taking place when they arrived at the scene.

Evidence of Environmental Hazards Present at the Scene

Individuals living at the incident site may or may not know there are hazardous materials present at the scene. EMS personnel are trained to focus on the individual(s) needing their medical expertise. However, they are also trained to observe their surroundings—if not for the safety of others, for their own personal safety. The investigator should question EMS personnel about any environmental hazards that were present at the time of their arrival and the status of those hazards.

The Case Scenario

If significant time has elapsed since the event or the last interview, a copy of the EMS run sheet may be helpful to jog the interviewee’s memory. In addition, any unusual circumstance that may have occurred during the scene (e.g., the time of the call, the weather, the names of the participants, pets, the scene environment, etc.) can serve as a trigger to help an individual remember specific events and actions.

Thoughts/Comments/Concerns about the Scene

As you walk the EMS personnel through the circumstances surrounding the case, you will want to document any specific thoughts, comments, and concerns. Not only will this assist in completing the investigation case file, but it might actually jog your memory and help uncover new information about the case. Information about the scene and surrounding environment is critical to the death investigation and often is essential to the forensic pathologist during autopsy.

Focus should be on the scene itself; ask questions such as:

- Do you remember seeing any large pillows on the couch when you walked into the living room?
- Do you remember what was next to the infant when you walked into the bedroom?
- Was the room hotter or cooler than normal when you arrived?

Questions like this may help EMS personnel recall an important item that was not captured during the initial investigation.

Thoughts/Comments/Concerns about People at the Scene

Individuals at the scene are the most important variable to the investigator—especially EMS personnel. These individuals may be aware of others who were at the scene when they arrived but were not available when scene investigators arrived. This information may assist various agency representatives with follow-up activities and furnish names for additional interviews regarding the case.

Focus on individuals at the scene; ask questions such as:

- Do you remember seeing anyone leave the scene as you approached the home?
- Do you remember seeing anyone leave the scene after you arrived?
- What type of behavior was the father or mother exhibiting while you were attempting resuscitation?

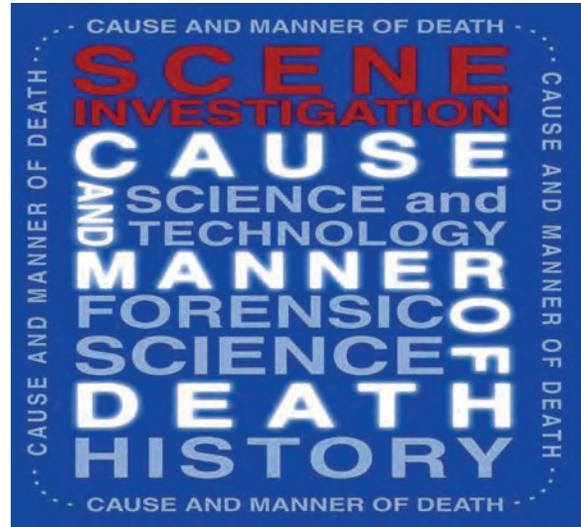
Previous Family Contacts by EMS.

Information on previous responses by EMS to the scene address may be obtainable through the dispatch center CAD system. This information is essential to the investigator who is attempting to gather background information on the family and others who may be at the incident scene.

These questions will help EMS personnel recall important events that might have seemed trivial at the time.

CONDUCT EMS FOLLOW-UP INTERVIEW**The Case Scenario**

Many times, it is not possible or advisable to attempt interviewing EMS personnel at the scene. In other cases, additional witness information may have to be gathered to support or refute events that are said to have taken place at the scene. In either case, following up with EMS should begin by reviewing the specific case scenario with the individual(s) involved. This allows them to recall details of the scene and serves as a frame of reference for details that may have gotten lost in the chaos of the actual scene. Using investigative scene forms or notes taken during the investigation as a guide, the investigator can refresh the responders' memory and assist them in recalling details of people, places, and things. All information gathered has the potential to assist the investigator in providing the most accurate account as to what happened to the infant.



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Document Law Enforcement Involvement

INTRODUCTION

A 911 call for an unresponsive infant will often trigger the dispatch of law enforcement personnel to the scene. Depending on local system design, law enforcement may arrive before EMS. Thus, law enforcement personnel may play a number of different roles at the scene, often necessitating the use of different interviewing techniques. In most cases, the law enforcement professional who arrives first will be the first trained observer on the scene and therefore an essential witness to the infant death scene investigator.

ESSENTIAL LAW ENFORCEMENT INFORMATION

If law enforcement arrives before EMS, they represent the first trained observer on the scene. This officer will be able to provide valuable insights into scene appearance, environmental conditions, and the behaviors of those individuals present when he or she arrived. Unless the law enforcement officer is required to initiate patient care, he or she will begin collecting basic investigative information to document the initial scene and provide for scene management as well as evidence collection and preservation. In some cases, the initial law enforcement officer will serve as both a death scene investigator and criminal investigator until other specialized law enforcement personnel arrive. Since law enforcement personnel are trained to observe people, especially from a behavioral aspect, the investigator must be sure to capture their impressions of persons' behavior at the scene in order to obtain a clear sense of what happened to the infant. These observations also help to identify any inconsistencies in behaviors and statements.

Information pertaining to the location, appearance, and physical characteristics of the infant can be obtained from the law enforcement incident report, by interviewing law enforcement personnel, or a combination of the two. When obtaining and reviewing the incident report, it is important to obtain all sections of the report. Incident reports often consist of a structured section to record the incident, scene information and interviews, as well as a section for a narrative description by the law enforcement officer in charge. Incident reports may be either handwritten or completed electronically.

The investigator needs to document all adult witnesses and the law enforcement calls that have been made in regard to this incident location. This information is needed to establish prior criminal history, including domestic violence, alcohol or drug use, and child abuse reports. This history will provide investigators with background information on all persons and could be used to establish motive or provide answers to family dynamics and potential hazards to the infant. The investigator also needs to document the social service contact and complaints that have been made in regard to this incident location, the infant, and all adult witnesses. This information is needed to establish prior social service history, including allegations of neglect, child abuse, domestic violence, and alcohol or drug use.

Developing a family profile early in your investigation may be extremely helpful. It is important to determine whether there is a family history of domestic violence, child abuse, or neglect. Always keep in mind that a family history of violence does not mean this infant died from abuse, but it does necessitate a thorough and comprehensive investigation.

VERIFY LAW ENFORCEMENT INVOLVEMENT

Verify Law Enforcement Involvement

Most law enforcement agencies today respond to scenes at the request of some type of central dispatch. This can be a sophisticated system with dozens of individuals working around the clock to dispatch all levels of public safety (i.e., law enforcement, fire, EMS, etc.), or as simple as two or three volunteers working with telephones and two-way radios dispatching other volunteers. Regardless of the technology, one task is common among all dispatching operations—documentation. All dispatchers record call dates, times, and the locations from which calls come in.

The dispatch center or dispatcher typically is where the “official” event begins. When contacting the dispatch center or dispatcher, it is important to have the proper information, such as exact location, date, and time, to ensure receipt of proper information for your case. In cases where multiple law enforcement agencies have been on-scene, it is important for the investigator to determine who the responders were and to contact the appropriate dispatch center for each agency. The dates and times you receive are recorded by agency personnel and therefore are accurate and defensible in legal proceedings. Always document and verify dispatch and arrival time(s), names of law enforcement officers dispatched and their agencies, and their case/report number(s).

DOCUMENT SCENE INFORMATION - FROM LAW ENFORCEMENT

Law Enforcement Incident Reports

It is important to check the law enforcement incident reports for consistency with other incident information and your own investigative findings. It is important to obtain all sections of the incident report. Incident reports often consist of a structured section to record the incident, scene information, and interviews, as well as a section for a narrative description by the law enforcement officer in charge. Incident reports may be either handwritten or completed electronically. Any discrepancies should be noted and followed up. Information from the law enforcement incident report should be documented on the appropriate scene forms.

The questions that will be posed to law enforcement personnel will vary from case to case. The following list, however, gives an outline of details that should be documented in all cases:

- Presence of skin coloring or rashes
- Presence of secretions
- Presence of livor, rigor, or algor mortis
- Presence of insect and rodent artifacts
- Presence of marks on the body
- Infant's physical characteristics
- Room temperature upon law enforcement arrival

Incident Scene Location

Verifying the incident location may seem like a small task; however, mixing up apartment numbers, building numbers, street addresses, and names can cause big problems between agencies. The location of the scene is a key case identifier, and attempting to obtain information from another agency using the wrong data can cause unnecessary confusion. To ensure accuracy, obtain this information directly from the incident report filed by the first responding law enforcement officers, and verify the accuracy of the information.

Residence Type

It is important to the investigation that the type of residence, such as single-family dwelling, multiple-family dwelling, commercial property, trailer, apartment, tent, or any other unusual residence location, be determined and documented. Some individuals may not want to admit or divulge their specific living conditions; however, the conditions may be a contributing factor in the infant's death. Law enforcement officers who have worked in the area for a number of years might be able to verify these unusual locations as actual residences.

Room/Area in which Infant Was Found

During the interview with the law enforcement officers, ask them to describe where the infant was when they arrived (e.g., bedroom, living room, front lawn, etc.). Ask them if they overheard or asked anyone whether the infant had been moved, and document these observations.

Document any recollections from the officers about the room/area or any information they documented in their incident report. Include any recollections from the officers about the room's cleanliness, overall appearance, and furnishings or any other relevant information documented in the incident report. This documentation may become critical when compared to statements given by other witnesses.

Evidence of Illegal Activity

Document any recollections from the officers or any information documented in the incident report related to illegal activity occurring at the time they arrived or evidence of prior illegal activity, such as the presence of drug paraphernalia or residual odors.

Number of Residents/Individuals in Dwelling

Document any recollections from the officers or any information documented in the incident report describing their impressions about the number of individuals on the scene when they arrived.

Evidence of Alcohol Involvement

Document any recollections from the officers or any information documented in the incident report describing their impressions related to alcohol use (e.g., presence of open or empty containers, personal behaviors, and appearance).

Infant's Sleep Furniture and Condition

Document any recollections of the officers or any information documented in the incident report describing the place and condition of the infant's sleeping surface or infant furniture that could be used for other purposes (e.g., a crib filled with laundry or bed sharing).

Ambient Room Temperature

Document any recollections of the officers or any information documented in the incident report regarding the temperature in the room. The law enforcement officers may have taken a room temperature and documented outside temperatures. If they did not use a thermometer, their recollection or description of room temperature will be subjective unless a significant extreme in temperature was apparent.

DOCUMENT ON-SCENE LAW ENFORCEMENT ACTIVITIES**Actions that Might Have Altered the Scene**

Describe any resuscitative efforts or any other actions taken that might have distorted or altered the scene from when the infant initially was found unresponsive. Document any scene disturbance that occurred in the course of law enforcement officers' rendering aid and assistance. Be sure to ask whether the officers moved, changed, or removed any items pertaining to the scene or whether they noticed any other person remove, change, or alter the scene.

Officer-Initiated Resuscitative Efforts

Document any resuscitative efforts performed by law enforcement officers. Note the duration of resuscitative efforts by documenting the time started and ended. Determine which resuscitative actions were taken (e.g., chest compression, mouth to mouth, defibrillator, etc.). This information is essential not only to the investigation, but to the forensic pathologist, as resuscitative efforts may result in postmortem injury or "artifacts" that may confuse anyone who was not present at the scene.

Scene Security and Alteration(s)

Controlling the incident scene typically is the responsibility of the local law enforcement officer(s). Knowing how the scene was secured helps the medicolegal investigator determine whether individuals and evidence has been removed or introduced into the scene. Determine and document who the first officer on the scene was and what actions were taken to secure the scene. Also, determine and document all law enforcement actions involving the body. Any actions that might have changed the original position or appearance of the body at the death scene need to be documented, including resuscitative efforts.

Nonessential Personnel on the Scene

The investigator needs to determine all individuals who have been at the scene. The law enforcement officer in charge of the scene should have collected or should be in the process of collecting this information. Nonessential personnel may include other agency representatives who have responded to the 911 call and are no longer needed or off-duty officers who just want

to offer their help. Having extra help is not always a good thing, as you need to focus on the job at hand. Determine who needs to be at the scene and then politely and professionally ask the others to leave. If necessary, a scene log might be required to document all individuals entering and exiting the scene.

Child Protective Services Involvement.

Determine and record whether law enforcement personnel contacted Child Protective Services and why they thought it necessary. Also determine whether law enforcement has checked to see whether any prior referrals have been made regarding the infant or any other child in the household. In certain states, reports to Child Protective Services are dismissed if unfounded. The investigator might check with the specific service worker for his or her recollection of the events.

DOCUMENT LAW ENFORCEMENT OBSERVATIONS (OF REACTIONS TO INFANT'S DEATH)

Law Enforcement Personnel Interviews

Obtain a copy of the police report from the responding officers. Determine what actions they took at the scene and whether the report accurately reflects their actions. Discuss any concerns or observations they made at the scene that may be important to your investigation. As mentioned in previous units, law enforcement officers are trained observers. Their observations of others who were present at the scene may prove telling as the investigation proceeds. The amount of information and specificity provided by law enforcement officers will depend to a large extent on their primary role at the scene. If their role shifted from crisis intervention for family and bystanders to investigation, they may be more likely to provide pertinent information related to individuals' reactions to the infant's death.

During the interview with law enforcement officers, the investigator should note any information recorded on the law enforcement incident report that is directly related to observed behavior at the scene. For example, law enforcement officers might have noted that the father tried to prevent them from entering the nursery, the father might be hitting a wall, a sibling might be hiding in a closet, or the mother might not hold the infant before it is removed.

Any behavior that seems odd or unnatural to the law enforcement officer should be noted. It might be nothing more than stress or an overwhelming sense of grief, but the investigator should document these behaviors for future reference. It is important that the investigator document only the objective observations made by the officer. Avoid recording opinion or commentary; simply document actions and behaviors as reported by the observing law enforcement officer.

DETERMINE PREVIOUS LAW ENFORCEMENT INVESTIGATIONS

Previous Contacts with Law Enforcement

Many police officers work the same sections of town or parts of the county day in and day out. They generally get to know many of the individuals who reside within their jurisdictions. Therefore, the law enforcement officers at the scene may be the best source of information regarding individuals who live at the incident scene. These previous contacts might have nothing to do with the current situation; however, the officers at the scene may have critical information about the family members and their behavior.

Gather names and contact information of persons at the scene from the officers. These witnesses may become important to the investigation and need to be contacted for information at a later date. Ask the officers whether they have done a background check on any witnesses and what led them to determine that one was needed. Information on previous responses by law enforcement to the scene address may be obtainable through the dispatch center CAD system. Narcotics complaints to hotlines should also be reviewed.

Jurisdiction of Previous Residence

Determine and document whether the family has resided in other jurisdictions and whether prior child protection or other services were required. It is important to determine whether any other unexplained infant deaths in this family have occurred in other jurisdictions. Many social service agencies catalog infant information by the birth mother's date of birth. Every attempt should be made to determine and verify this date for future reference.

DOCUMENT DISPOSITION OF INFANT, EVIDENCE, AND PROPERTY**Law Enforcement and Interviews Reports (Logs)**

Talk to the law enforcement officer(s) at the scene to determine the disposition of all items involved in the case. Obtain a copy of the officer's incident report to verify the disposition of the body and identify the items that were collected as evidence and/or property.

This identification may include checking the evidence log typically maintained by most law enforcement agencies. If no such log exists, the investigator should develop one to record each item removed from the incident scene. This log will serve as a record of what was taken and what will be returned to the residence after the case is closed.

Evidence at Scene

Investigators should be aware of any evidence that is in danger of being destroyed, altered, or moved and take charge of that material. This includes the bedding on which the infant was found dead, clothing, bottles with formula, and any items that may have been in the bed. Remember to photograph all items "in place" before they are removed. Photographic documentation is critical early in your investigation as the scene may change rapidly.

Determine what personal items and evidence still remain at the scene. Secure them as evidence following your jurisdictional requirements.

Evidence or Property Removed from Scene

During the scene investigation, it is not unusual for personal property to be removed from the scene if the items are not believed to be evidence. Regardless of the reason (property vs. evidence), the investigator needs to document all items removed from the scene, typically done on some type of evidence or property log that goes in the case file.

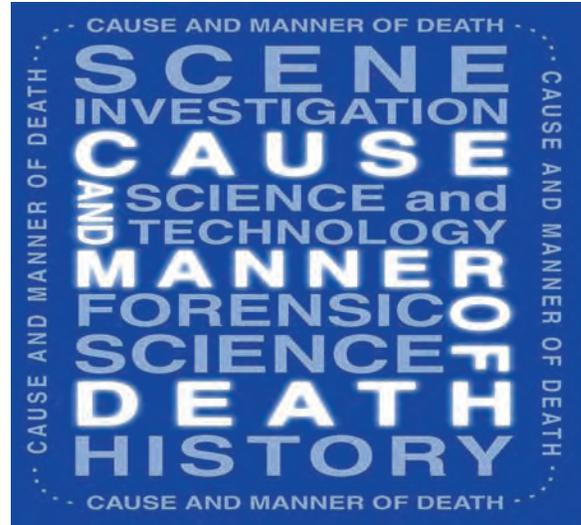
It is not unusual for EMS to transport items of evidence to the hospital with the infant. Document and obtain EMS run sheets to verify what material was transported. If necessary, go to the hospital to retrieve any evidence, such as clothing the infant was wearing, as well as medical records. Verify and document that what the infant was wearing upon arrival at the hospital correlates with what the infant was wearing when it left the scene. If discrepancies regarding items are found, talk to the EMS transporting personnel to find out whether they have the items.

Release of Jurisdiction (Body and Property to Funeral Home)

Once the medical examiner/coroner has released medicolegal jurisdiction over the case, the body and associated personal effects may be released to the funeral home.

CONDUCT LAW ENFORCEMENT FOLLOW-UP INTERVIEW**The Case Scenario**

As with EMS follow-up interviewing, reviewing the case with the individual officer may assist in helping to recall specific scene events. All information gathered has the potential to assist the investigator in providing the most accurate account as to what happened to the infant.



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unit

Establish and Document Hospital Involvement

INTRODUCTION

Documentation of all hospital-related activities and interactions may prove essential to SUIDI. It is not uncommon for the infant to die either en route to the hospital or shortly after arrival. The investigator must understand the basic working procedures of the receiving hospitals in his or her area in order to know whom to ask specific questions regarding the infant's death.

DOCUMENT HOSPITAL RECEIVING INFORMATION

Arrival Dates and Times

The documentation of various time intervals can be critical when autopsy and other findings are evaluated to determine the cause of death or to clarify the circumstances of death, such as the time since death or postmortem interval. Knowing the date and time of admission to the emergency room or hospital is necessary to determine length of stay in the hospital, the amount of time during which various artifacts of diagnostic or therapeutic procedures may have occurred, and the time over which various bodily marks, injuries, or other findings may have changed.

Review the admission sheet and document the date (month/day/year) and time (military) the infant arrived at the hospital. Check all other related medical records while at the hospital as well as the ambulance trip sheet for additional information.

Receiving Hospital Information

Obtaining the name and location of the receiving hospital is important for completing the death certification, which requires reporting the place where death was pronounced.

- **Obtain name of hospital.** Ask the person reporting the death for the name of the hospital where the infant was taken.
- **Obtain location of hospital.** Ask the person reporting the death for the address of the hospital where the infant was taken.

Treating Hospital Physician

When the death is reported, the doctor(s) who cared for the patient may not be immediately available. It is important to determine the doctor's name (verify spelling) and contact information so that follow-up interviews can be conducted, necessary medical information obtained, and important questions answered regarding the infant's clinical course, diagnosis, and treatment. Try to obtain each doctor's specialty area as well.

Infant's Level of Consciousness

Knowing the infant's level of consciousness when it arrived at the hospital might help in reconstructing the events leading to death. Knowing about a change in level of consciousness might direct the focus of the postmortem examination toward conditions associated with mental-status changes, such as head injury, electrolyte disturbances associated with metabolic or gastrointestinal diseases, or hypoxia produced by pulmonary or cardiac conditions.

Reviewing the medical record or interviewing healthcare professionals who attended to the deceased infant will clarify the infant's level of consciousness when it was admitted. General options include breathing, not breathing, responsive, unresponsive, or dead. Scientifically validated clinical scales, such as the Glasgow Coma Scale, provide the most precise measurement of level of consciousness and may be present in the medical chart, although this is uncommon in such situations. Record the infant's level of consciousness on the investigative scene form. It is also helpful to indicate the coma score that was established if one is available.

Appearance of Infant (upon Arrival at Hospital)

The appearance of injuries, rashes, deformities, or other markings on the body can change (worsen or resolve) with time. Some findings might actually suggest a specific mechanism of death. For example, although controversial, it has been stated in some medical literature that the appearance of bloody or blood-tinged oronasal secretions is highly correlated with asphyxial deaths. Further, additional findings may result from treatment or diagnostic procedures. It is important to describe the appearance of the infant upon arrival at the hospital to establish a baseline and facilitate accurate interpretations when determining the cause or circumstances of death.

By reviewing the medical record or interviewing hospital staff, investigator may obtain information about the infant's appearance upon arrival at the hospital. Determine and document whether any of the following were seen:

- Rash or discolorations of skin.
- Secretions from nose, mouth, eyes, ears, genitalia, or anus.
- Livor mortis (postmortem settling of blood into dependent areas of the skin).
- Pale areas around the nose or mouth.
- Retinal hemorrhages (indicate whether an ophthalmologist actually examined the infant, as opposed to identification of retinal hemorrhages by hand-held ophthalmoscope).
- Cutaneous petechiae (small pinpoint hemorrhages on body surfaces or in the conjunctivae [linings] of the eyes).
- Bruises or other apparent injuries, particularly trauma that is typical of or suspicious for inflicted injury such as "grip contusions"; contusions of the face, back, and/or buttocks; rib fractures; metaphyseal fractures; florid retinal hemorrhages; and subdural hemorrhage.
- Malnourishment, which may be chronic or acute and manifested by physical and/or laboratory findings. Examples of chronic malnutrition include abnormal growth parameters, skin rashes, and skeletal abnormalities; examples of acute malnutrition include electrolyte disturbances, low total protein, and albumin.
- Other findings of potential importance include general hygiene of the infant; his or her clothing and its cleanliness; jaundice, suggesting the possibility of hepatobiliary disease; cyanosis, suggesting the possibility of pulmonary or cardiac conditions; and blue sclerae, associated with osteogenesis imperfecta and other connective tissue abnormalities.

What the Infant "Felt Like" (upon Arrival at Hospital)

Understanding how the infant felt to those providing healthcare can assist in determining postmortem interval and other possible medical problems such as fever, dehydration, hyperthermia, or hypothermia. Because the infant might have survived for an extended period, it is important to know the condition of the infant upon arrival at the hospital.

By reviewing medical records with hospital staff, the investigator can document how the infant's body felt to healthcare providers upon arrival at the hospital. Descriptions of how the body "felt" may include the following:

- **Sweaty:** This finding may suggest the presence of fever or environmental overheating. In addition, infants with congestive heart failure may become quite sweaty while feeding or with other exertion.
- **Warm to touch:** Infants' bodies will cool relatively quickly after death, in comparison with adults. This finding may be used in conjunction with other features to arrive at an opinion regarding time of death. Alternatively, warmth to touch might indicate the presence of antemortem fever in the infant.
- **Cool to touch:** See comments above. Given the rapidity with which infant bodies equilibrate to the ambient or surrounding temperature, this is less useful information than if the body is reported to be warm to touch. Nevertheless, this information should be recorded because it may be combined with other observed phenomena in fixing an approximate postmortem interval.
- **Rigid (stiff):** Stiffening of the muscles is a postmortem change resulting from a passive chemical reaction in muscles after death. This reaction occurs at basically the same rate in all muscle; hence, the smaller the muscle, the more rapidly it becomes completely stiff. As a result, infants' bodies tend to be in "full rigor" earlier than adult bodies, but the rate of change is much less predictable than in adults. Interpreting this finding alone is fraught with error, and unquestioning

reliance on charts and tables is discouraged. That said, taken in conjunction with other findings, the extent of rigor may be useful in estimating time of death.

- **Limp (flexible):** This may mean one of three things. Rigor mortis has not yet developed; thus, the postmortem interval is very short. Rigor mortis has developed, peaked, and dissipated; thus, the postmortem interval is long. Rigor mortis has developed but has “broken” by manipulation of the body, perhaps due to resuscitative efforts; thus, the postmortem interval is intermediate. Needless to say, these findings cannot be interpreted without the benefit of other data.
- **Other:** Miscellaneous findings such as decreased skin turgor, suggestive of acute dehydration; unusually pliant or “velvety” skin, associated with certain connective tissue disorders; or crepitation, which may connote various conditions, are of potential importance to the autopsy pathologist and should not be overlooked.
- **Unknown**

Hospital Treatments and Diagnostic Procedures Performed

To properly interpret autopsy, investigative, and laboratory findings, it is necessary to know which treatments and procedures were performed while the infant was in the hospital. Misinterpretation of iatrogenic (treatment-induced) trauma as possibly inflicted trauma can have tragic consequences. Tracheal intubation, urinary catheters, and insertion of peripheral and deep intravascular catheters may introduce findings that mimic abusive trauma. Proper documentation of these procedures, particularly if the devices in question are no longer in place, can prevent such an unfortunate occurrence. Documentation should also include information about resuscitation measures and drugs that may have been given, since postmortem toxicology typically is done in evaluating SUID.

By reviewing medical records with hospital staff, the investigator has the opportunity to ask questions about any medical procedures and treatments that may have been performed while the infant was in the hospital. The dates and times each treatment or procedure was performed, along with the outcome of each, should be documented in the investigative report.

DOCUMENT HEALTHCARE WORKER'S OBSERVATIONS (OF REACTIONS TO INFANT'S DEATH)

Reactions to the Infant's Death

Determine from hospital staff (or for yourself, if you are there and the timing is right) whether the reactions of the following persons seemed appropriate, or whether the reaction seemed unusual, inappropriate, or otherwise of concern:

- Primary caregiver.
- Parents.
- Other family members.
- Other key witnesses.

Document the hospital staff's impressions and assessments of the reaction of various family members, caregivers, and witnesses to the infant's death. Record your personal observations if the situation permits. Be sure to document objective descriptions of the behaviors and to qualify any judgements of appropriateness within the context of the family culture. The nursing staff of the receiving healthcare facility consistently is the best source for this information should you not be able to assess the issue personally. Remember, individuals from different cultures may have symbolic rituals and/or exhibit behaviors that appear unusual to the uninformed investigator. Be tolerant, respectful, and avoid judgemental actions—both verbally and nonverbally.

OBTAIN RECORDS, EVIDENCE, AND PROPERTY

Medical Record

The investigator can typically obtain the following information from the medical record:

- Infant's vital signs (particularly temperature) upon arrival at the hospital, even if dead.
- The results of any electrocardiograms that were performed.
- Hospital staff's assessment of hydration status.
- Date and time that death was pronounced.
- The name and title of the physician who will pronounce death if death will be pronounced by a hospital physician. In the vast majority of cases, certification of cause and manner of death should be deferred until an autopsy is conducted.

In accordance with local and state law, request and obtain a complete copy of the medical record for any hospital admissions. Request and obtain other hospital records as instructed by the medical examiner or coroner. It should be noted that medical examiners and coroners are specifically exempt from HIPAA restrictions in obtaining records; however, hospital staff may not be aware of this. Be prepared to speak with the in-charge nurse or hospital administrator if staff personnel are unsure if medical records can be released to investigators.

Laboratory Samples

In accordance with local and state law, request and obtain laboratory samples such as blood, urine, and other specimens that remain in the hospital laboratory, especially those that were obtained near the time of the infant's admission to the hospital. Document the transfer of these specimens using standard chain of custody procedures.

Clothing and Other Personal Property

In accordance with local and state law, request and obtain the infant's clothing, diaper, and any other associated items such as baby bottles. Document the transfer of these items using standard chain of custody procedures.

CONDUCT HOSPITAL AND SOCIAL SERVICES FOLLOW-UP INTERVIEWS

Contact Persons as Needed

Using telephone, e-mail, or personal interviews as needed, contact hospital or social services staff to obtain missing information or to verify the accuracy and completeness of information already obtained. Be sure to verify information obtained over the phone, in e-mails, or from interviews by reviewing the relevant medical records.

Summary

DISCUSSION QUESTIONS

1. Why is it important for the death scene investigator to be familiar with local EMS protocols?
2. What are possible sources of dispatch times and incident information? How is this information obtained?
3. You arrive at the hospital shortly after the EMS who transported the infant. You ask the crew whether you can review their patient care report. The crew refuses, saying this is a violation of HIPAA. Can they legally refuse to provide you with access to the patient care report at that time?
4. Describe ways that you may enhance recall of important scene and environmental conditions observed by EMS personnel.
5. Describe why it is important to know the name and location of the hospital where the infant was when it died or was pronounced dead.
6. Describe why it is important to know the date and time the infant arrived at the hospital.
7. Describe why it is important to determine the appearance of the infant when it arrived at the hospital, its level of consciousness, and how it felt to healthcare workers who examined it.
8. Describe why it is important to document treatments and procedures that were performed at the hospital.
9. Describe why it is helpful to know the reactions of family members and other witnesses to the infant's death.

SAMPLE QUESTIONS

1. The foremost duty of EMS is to
 - A. Respond to medical emergencies.
 - B. Provide scene safety.
 - C. Assess and treat the patient.
 - D. Conduct a death scene investigation.
2. EMS run sheets often contain two parts; they are
 - A. Objective information and subjective narrative.
 - B. Standardized data-collection form and written narrative.
 - C. CAD printout and patient care report.
 - D. Handwritten and computer-entered sections.
3. EMS systems require providers to record not only the intervention or drug administered, but the
 - A. Expiration date of the drug administered.
 - B. Color of the drug administered.
 - C. Temperature of the drug administered.
 - D. Dose, route, and time of administration.

4. How should you contact the first arriving law enforcement officer for follow-up questioning?
 - A. When he or she is off duty.
 - B. By subpoena only.
 - C. While he or she is on duty but out of service in order to have his or her undivided attention.
 - D. Locate his or her supervisor before gathering information.
5. It is critical to document the scene accurately and early in your investigation. What actions may have altered your scene?
 - A. If anyone rendered aid or began resuscitation efforts.
 - B. Time the infant was last fed.
 - C. Time the infant had a diaper change.
 - D. When the infant was last known alive.
6. Where does the “official” event begin?
 - A. At the scene.
 - B. When the death occurred.
 - C. When law enforcement arrived.
 - D. When central dispatch was notified.
7. What information are you less likely to need from the officer regarding the condition of the infant?
 - A. What was the skin color of the infant when the officer arrived?
 - B. Were there any secretions or materials on the infant’s face when the officer arrived?
 - C. Where was the infant when the officer arrived?
 - D. Was the infant well nourished?
8. When documenting ambient room temperature, which is the best method to use if the law enforcement officer did not use a thermometer?
 - A. Ask the officer for his or her recollections.
 - B. Ask the officer if he or she noticed any extreme or significant room temperature changes.
 - C. Check to see whether moisture is present on the windows.
 - D. Verify weather conditions with your local news station.
9. Who has the primary responsibility for controlling the incident scene?
 - A. First professional on the scene.
 - B. The owners of the residence.
 - C. The medicolegal death investigator from the coroner or medical examiner office.
 - D. Local law enforcement.
10. Why is it important for the investigator to ask emergency department personnel what treatments and diagnostic procedures were performed on the infant?
 - A. To begin investigating the doctor.
 - B. To offer treatment suggestions.
 - C. To document the information for the forensic pathologist to review.
 - D. To establish cause and manner of death.

