

## Charleston County Coroner's Office Policy #6

**Title:** Child Fatalities

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### 6.1 POLICY

A child fatality is a death that occurs to someone whose age is anywhere from a live birth (taking at least one breath) to under 18 years old. A fetal death is classified as a fetus that dies in the uterus – never taking a breath. Once delivery occurs and the baby takes at least one breath, it is a live birth and no longer classified as a fetal death. Upon report of the death of an infant or any other child under 18 years of age, the “On-Duty” Deputy Coroner shall immediately notify the designated Supervisor if the death occurs outside of a hospital or in the emergency room. The Coroner, Chief Deputy, or Duty Supervisor, will determine the appropriate response based on the circumstances of the death and may respond to assist the responding Deputy Coroner, dispatch a second Deputy Coroner to assist the primary responding Deputy Coroner, or assist via phone. A complete forensic autopsy will be conducted on **all** children whose deaths are unexpected, unexplained, suspicious, or violent. Rare circumstances may occur in which an autopsy is not scheduled. These cases shall be referred to the Coroner or Chief Deputy for a final decision.

### 6.2 NOTIFICATION TO THE STATE OF SOUTH CAROLINA

1. State law regarding duty to notify the State:

**SECTION 17-5-540.** *Coroner or medical examiner to notify Department of Child Fatalities of certain child deaths.*

*The coroner or medical examiner, within twenty-four hours or one working day, whichever occurs first, must notify the Department of Child Fatalities when a child dies in the county he serves:*

*(1) as a result of violence;*

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- (2) in any suspicious or unusual manner; or*
- (3) when the death is unexpected and unexplained including, but not limited to, possible sudden infant death syndrome.*

**2. Within 24 hours of the death (business days), the child fatality report will be emailed to the SLED Special Victims Unit or faxed to (803) 896-7078.** This is the responsibility of the Deputy Coroner who is investigating the death but may be submitted by anyone in the Coroner's Office.

### 6.3 FETAL DEMISE

1. A fetus is defined as an unborn human from the end of the eighth week after conception to the moment of birth. Fetal demise is defined as the intrauterine death of a fetus at any time during pregnancy. In cases of fetal demise, i.e., where the fetus is not born alive and consequently does not take a first breath, there is no live birth, no birth certificate; therefore, there is no death of a person and no death certificate. According to Section 17-5-530 of the South Carolina Code of Laws, there is a duty to notify the Coroner of certain deaths and stillbirths;

***SECTION 17-5-530.*** *Duty to notify coroner's or medical examiner's office of certain deaths and **stillbirths**; inquiry; findings; notification of next-of-kin; consent for certain actions.*

*(A) If a person dies:*

- (1) as a result of violence;*
- (2) as a result of apparent suicide;*
- (3) when in apparent good health;*
- (4) when unattended by a physician;*
- (5) in any suspicious or unusual manner;*
- (6) while an inmate of a penal or correctional institution;*
- (7) as a result of stillbirth when unattended by a physician; or***
- (8) in a health care facility, as defined in Section 44-7-130(10) other than nursing homes, within twenty-four hours of entering a health care facility or within twenty-four hours after having undergone an invasive surgical procedure at the health care facility;*  
*a person having knowledge of the death immediately shall notify the county coroner's or medical examiner's office. This procedure also must be followed upon discovery of anatomical material suspected of being or determined to be a part of a human body.*

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2. The On-call Deputy Coroner shall notify their supervisor of any stillbirth that is unattended by a physician. The Supervisor will then assist in determining the investigative response.

### 6.4 INFANT AND CHILD DEATHS

1. When an infant or child death occurs at a hospital emergency department (Some items may not occur in the order listed or may be excluded based on specific circumstances):

- a. Respond to the ED to conduct a physical assessment of the body.
- b. Interview first responders if present.
- c. Photograph the body in accordance with the “Photographs and Videos Policy” prior to moving or examining the body.
- d. Assess body. Check temperature; Note livor mortis – location and description; Note rigor mortis – location and description; Note any and all trauma/injuries including location and description; Note blood, lack of blood, and any blood stain patterns as well as vomit, urine, etc.
- e. Once it is determined that the body can be moved, an “arm” band, labeled with the decedent’s name (if known) and date (DOD), will be placed on the decedent’s leg or other appropriate area as available. A photograph will be taken showing the band on the decedent with a wide enough perspective to memorialize the band on the decedent.
- f. The body bag will be closed and locked with a numbered body bag lock. The lock number will be documented on the Coroner’s Field Report.
- g. The same information on the armband and date will be written on the outside of the body bag.
- h. A close-up photograph will be taken showing the body bag lock sealed and a wider perspective photograph will be taken to show the name or other identifying information written on the bag.
- i. In cases in which the first body bag lock must be removed prior to autopsy, the reason for the removal and name of the person removing it should be

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documented and another body bag lock should be applied. The new tag should be photographed, and the number recorded.

- j. Have the body transported to the appropriate autopsy facility.
- k. The decedent will be transported by the Deputy Coroner or a private transportation company which is contracted by the Charleston County Coroner's Office to the appropriate autopsy facility.
- l. Regardless of the transportation arrangements, all decedents once in the body bag will be covered by a sheet or appropriate blanket once on the stretcher and in public view.
- m. Schedule a full autopsy and provide the forensic pathologist with appropriate information.
- n. Locate, notify, and interview the next-of-kin. Advise them of the investigation process: autopsy, re-enactment, selecting a funeral home, etc.
- o. Separately interview other family members, or other witnesses who may have had contact with the decedent to obtain additional information. Try to establish a timeline of events.
- p. As circumstances indicate ask parents/caregivers for a blood/urine sample. Must have them sign the consent form. Notify the designated certified Deputy Coroner to draw the blood or when in the hospital, the hospital staff can assist if willing.
- q. Respond to the incident location to conduct a doll re-enactment if applicable.
- r. Contact DSS to notify them and determine if there is previous contact with the family.
- s. Obtain any available medical records to include resuscitation efforts, birth, subsequent visits, etc.
- t. Respond to the incident location to photograph and conduct doll re-enactment as indicated.

2. When an infant or child death occurs as an inpatient at a hospital the Deputy Coroner shall: Determine if the death occurred less than 24 hours from admission or occurred more than 24 hours from admission but due to non-natural causes. The

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On-call Deputy shall contact the hospital and gather information regarding the death and then notify their supervisor of those circumstances. The Supervisor will assist the Deputy Coroner in determining the investigative process based on the specifics of those circumstances.

3. When an infant or child death occurs at a location other than a hospital the Deputy Coroner shall (Some item may not occur in the order listed or may be excluded based on specific circumstances):

- a. Shall respond to the scene in accordance with the “Responding to a Death Call” policy.
- b. Locate, notify, and interview the next-of-kin. Advise them of the investigation process: autopsy, re-enactment, selecting a funeral home, etc.
- c. Separately interview other family members, and/or other witnesses who may have had contact with the decedent to obtain additional information. Try to establish a timeline of events for the past 24 hours, 48 hours if possible.
- d. Conduct a doll re-enactment if applicable.
- e. Contact DSS to notify them and determine if there is previous contact with the family.
- f. Obtain any available medical records to include resuscitation efforts, birth, subsequent visits, etc.
- g. As the circumstance indicates, ask parents/caregivers to consent to a blood/urine sample. Must have them sign the consent form. Notify the designated certified Deputy Coroner to draw the blood. If the designated certified Deputy Coroner is not available, a urine sample can be obtained by the case Deputy Coroner.
- h. Arrange for transport to the autopsy facility.

6.5 GUIDLINE INTERVIEW QUESTIONS FOR INFANT/CHILD FATALITIES (This is not an extensive list and questions may be excluded or added based on the

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circumstances). Investigators should be familiar with the Sudden Unexpected Infant Death Investigation (SUIDI) guidelines and the SUIDI reporting form as an additional guide.:

1. Child's full name, DOB, address, phone number, school if applicable
2. Mother's full name, DOB, address, phone number
3. Father's full name, DOB, address, phone number,
4. Full name, DOB, address, phone number, and of each/all caregiver(s) present at the time of the incident or shortly before and their relationship to the child.
5. Names and DOB of other children in the home?
6. What happened?
7. Who had last contact with the decedent?
8. What has the decedent eaten over the last 24 hours? Time of last feeding?
9. How often is the decedent fed?
10. What was the decedent's temperament?
11. Is the decedent on any medications? What? How much? OTC or prescription?
12. Who is the decedent's doctor?
13. When and what immunizations has the decedent received?
14. When was the last doctor visit? What for?
15. Where are the parents/caregivers employed?
16. Where was the decedent born?
17. What doctor provided prenatal care?
18. Full-term pregnancy? Any complications during pregnancy?
19. Vaginal or C-section birth?
20. Has the decedent ever been hospitalized since birth? If so, for what? Medical history?
21. What was the physical mobility of the child?
22. Does the child have any verbal skills?
23. Who and where does the child live?
24. Who lives in the same home with the child?

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25. What time was the decedent found?
26. When was the decedent last seen alive?
27. Who found the decedent?
28. Who was the caregiver at the time of death?
29. What was the elapsed time between discovery and calling for help?
30. Activity prior to death?
31. Recent cold or illness?
32. Other infant child deaths with the same caregiver?

### 6.6 HOME OBSERVATIONS:

1. Condition of home?
2. Evidence of insect or rodent infestation?
3. Room temperature/outside temperature?
4. Odors/toxins noticeable?
5. Adequate food?
6. Smoking?
7. Alcohol or drugs present or evidence of same?
8. Crib/bedding condition?
9. Ventilation, i.e., cooling and heating?
10. Medications in home?

### 6.7 OBSERVATIONS RELATED TO THE CHILD:

1. Terminal position?
2. Face position?
3. Pattern of lividity to include blanching?
4. Injury marks?
5. Cleanliness?
6. Bedding over/under child?
7. Apparent state of health?
8. Any objects in bed?
9. Body moved?

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10. Rigor?
11. Clothing?
12. Discoloration?

### 6.8 OBSERVATIONS RELATED TO PARENTS/CAREGIVERS:

1. Demeanor
2. Statements
3. Delay in seeking treatment?
4. Medical history of siblings?
5. Resuscitative efforts?
6. Comments made or overheard?
7. Medical history of parents?
8. Alcohol/drug use?
9. Explanations and reactions?
10. Physical appearance?

### 6.9 INFANT KEEPSAKES

It is the policy of the Charleston County Coroner's Office to allow for the collection of pediatric memorial keepsakes such as locks of hair and hand/footprints after the initial assessment/photographs of the child, by the Coroner's Office, is complete. Additionally, after the infant or child is examined and wrapped in clean linen, and if the death is initially not perceived to be malicious or suspicious, the parents or immediate family may be allowed to hold the decedent preferably in the presence of a non-related individual i.e. chaplain, hospital personnel, Coroner's Office representative.

### 6.10 CONDUCTING THE CHILD DEATH REVIEW

1. Schedule within one week of death, if applicable



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- a. Schedule court reporter
  - b. Reserve conference room
  - c. Obtain a copy of “911” call
- 2. Notify the multidisciplinary team to include but not limited to:
  - a. First responders (EMS, Fire)
  - b. Law enforcement (first responding officer and detectives)
  - c. Forensic Pathologist
  - d. Solicitor’s Office
  - e. SLED
  - f. DSS
- 3. The Review
  - a. Play by Play
    - i. Begins with playing of 9-1-1 recording
    - ii. Discussion of case in order of involvement from first responders to autopsy.
  - b. History
    - i. Medical
    - ii. Social
    - iii. Criminal
  - c. Informal Discussion