



Camden Safeguarding
Children Board

CAMDEN CDOP

RAPID RESPONSE

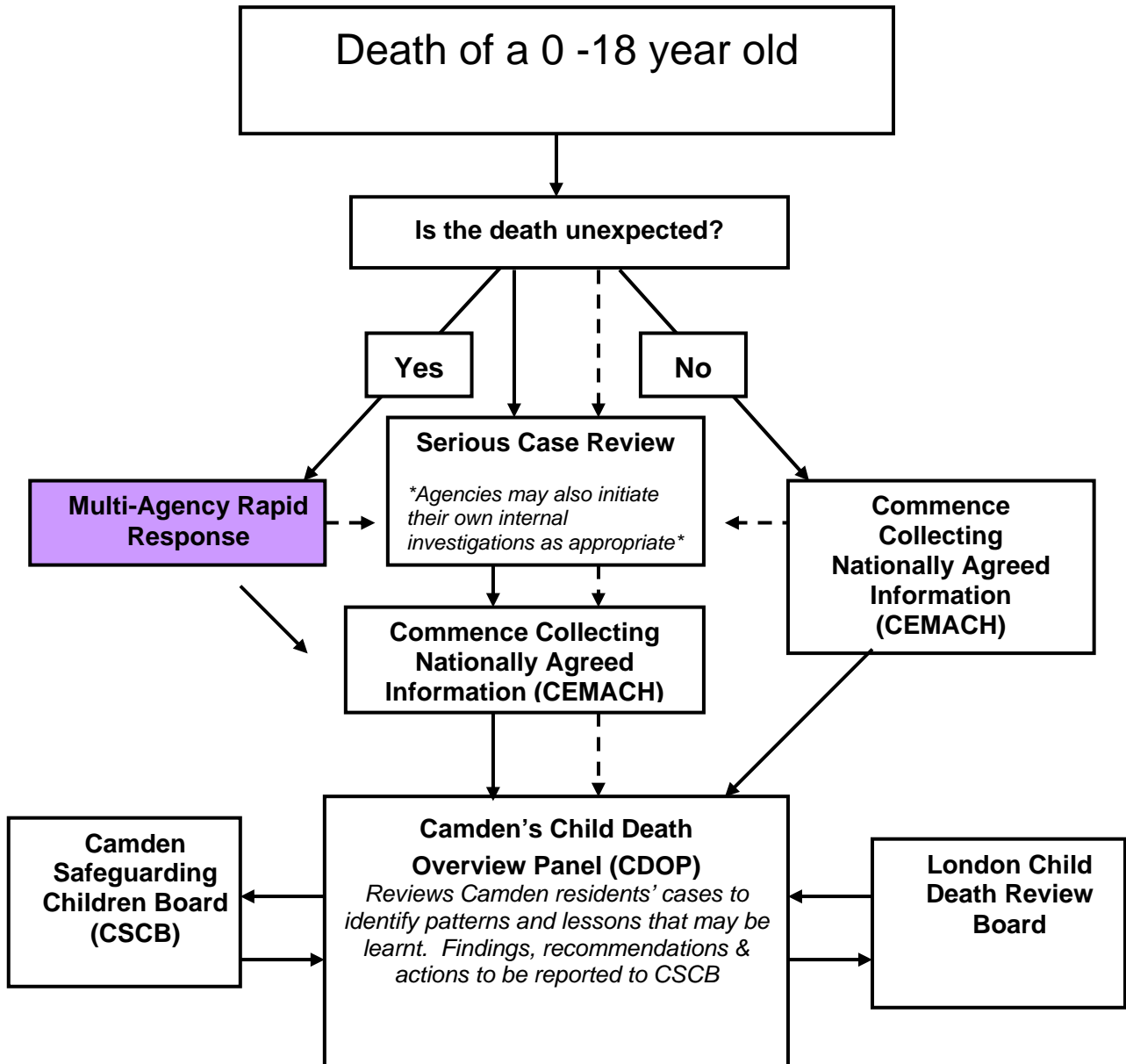
Multi Agency Protocol

A coordinated approach to rapidly responding to unexpected deaths of children and young people (live births to 18 years)

CONTENTS

CAMDEN'S RAPID RESPONSE FLOW CHART	3
INTRODUCTION	4
Camden's rapid response protocol for unexpected deaths 0-18 years <ul style="list-style-type: none"> ▪ Section 1: unexpected death in the community 5 ▪ Section 2 unexpected deaths in a hospital and/or is brought to a Camden hospital. 6 ▪ Section 3: completing the process 7- 8 <ul style="list-style-type: none"> - Action to be taken within 24 hours of the death 7 - Action to be taken within 1-4 days of the death 7 - Action to be taken within 5-7 days of the death 7- 8 - Continued action to be taken after the death 8 	
APPENDIX A Key contact numbers for Camden 9-10 Key contact numbers for neighbouring boroughs 11	
APPENDIX B Initial death notification data 12	
APPENDIX C Other key professionals to be considered to attend case discussions and/or notified of the death 14	

Camden's Rapid Response Flow Chart



NB

----- Dashed lines indicate criteria for Serious Case Review. Dissemination of lessons learned built in to all stages



The purple box represents work in progress on the rapid response to an unexpected death of a 0-18 year old.

INTRODUCTION

As of 1 April 2008 professionals are required to follow Camden's Rapid Response guidance in accordance with **London Child Protection Procedures (2007) and Chapter 7 Working Together to Safeguard Children Guidance 2006** as statutory guidance for professionals responding to child deaths (live birth to 18 years).

This guidance is the agreed Camden response for professionals to an unexpected death of a child (live birth to 18 years), and includes both those involved before death and also post mortem. This document provides professionals with the appropriate response for achieving good communication and practice when responding to and evaluating an unexpected death.

Following an unexpected death, there should be a meeting of multi-disciplinary professionals - paediatrician, police, general practitioner (GP), nurse, health visitor, midwife, mental health teacher, social worker and/or or probation officer.

An 'unexpected death' is defined as a death that was not anticipated as a significant possibility 24 hours before death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death (Working Together to Safeguard Children Guidance 2006).

Camden's Safeguarding Children Board has a statutory responsibility to ensure that professionals respond rapidly to each unexpected death of a child (live birth to 18 years) and enquire into the deaths of those who are Camden residents, to ensure information is collected and analysed, and so identify lessons that might serve to prevent future deaths.

Camden's Child Death Overview Panel must also report on all deaths of disabled children, including those with a medical condition.

The rapid response protocol also applies to young Camden residents who die unexpectedly in custody (secure estates/remanded into local authority care). Whilst the normal notification processes will continue, a report must also go to the Camden's Child Death Overview Panel.

Notifications of all deaths of Camden children must be made to the Camden **single point of contact**. All child deaths will be subject to an 'overview panel' review.

PRINCIPLES FOR PROVIDING PARENTS WITH SUPPORT

- When a child dies the parents should be allocated a member of staff to remain with them to provide support throughout the process. If English is not their first language an interpreter must be provided.
- Where a child is living in England, but their parents live abroad, careful consideration should be given to how best to contact and support bereaved family members. If parents do not hold United Kingdom passports, entry visas must be granted for a short period.
- Parents should be kept up-to-date with information about their child's death and the involvement of each professional, unless sharing such information would jeopardise police investigations or other criminal proceedings.

SECTION 1 UNEXPECTED DEATH IN THE COMMUNITY

Immediate action to be taken

In the event of an unexpected death of a child in the community, professionals should follow their normal emergency guidelines in conjunction with following this procedure for dealing with the incident.

1. Call **999** for urgent medical assistance.
2. Babies who die suddenly and unexpectedly at home should be taken to an A&E department rather than a mortuary, and resuscitation should always be initiated unless clearly inappropriate.
3. The ambulance service to notify the police, and relevant hospital immediately when they are called to the scene of an unexpected child death.
4. Medical / ambulance staff must wait for police clearance before taking the body to A&E department. If police have reason to believe that death occurred in suspicious circumstances, they may decide that immediate removal of the child's body is not appropriate.
5. Where a child is obviously dead it will not be appropriate to use the ambulance service. The police will

arrange for a Force approved undertaker to take the child's body to the receiving facility at the nearest A&E department. In most cases the body of the dead child will be taken to an A&E department.

6. Where a child is not taken immediately to A&E, the professional confirming the fact of the death should inform the designated consultant paediatrician with responsibility for unexpected deaths in childhood at the same time as the coroner.
7. **GO TO SECTION 3 TO COMPLETE THE PROCESS** (page 7)

If the body is decomposed / decapitated, the police will arrange for a force approved undertaker for the body to be taken directly to the mortuary. In this circumstance the police should:

- Police to contact the coroner to arrange for samples to be taken
- Police to notify Camden's single point of contact (Camden residents only) or relevant borough children social care service (borough of child's residence)
- Information to be provided to the single point of contact or relevant borough children social care service **Refer to Appendix B**

SECTION 2

UNEXPECTED DEATH IN A CAMDEN HOSPITAL, OR BROUGHT TO A CAMDEN HOSPITAL

Great Ormond Street Hospital (GOSH) NHS Trust is located within Camden Borough. As a tertiary paediatric hospital it receives child patients from across the UK and also internationally. GOSH will aim to be compliant with all the legal requirements arising from Child Death Overviews. It has its own protocol, agreed with the Metropolitan Police and Camden Coroner, for rapidly responding to unexpected deaths within the hospital and appropriate notification to the relevant bodies.

Immediate action to be taken

In the event of an unexpected death of a child in a hospital, professionals should follow their normal emergency guidelines in conjunction with following this procedure for dealing with the incident.

1. Urgently call for medical assistance.
 2. Call for the on call consultant paediatrician.
 3. Notify the police by calling **999**.
 4. Notify the coroner (in most cases the police will notify the coroner – however professionals need to confirm this with the police).
 5. Notify the designated consultant paediatrician for unexpected child deaths.
 6. *Contact may be required with more than one local authority if the child died away from their home borough of residence.*
7. If there are immediate safeguarding concerns hospital staff should initiate their normal child protection procedures.
 8. In all cases the designated consultant paediatrician is to coordinate a **three-way immediate multi agency discussion** between police and safeguarding and social Care staff. The discussion should:
 - Explore whether there are safeguarding issues for the remaining siblings around suspicion of abuse / neglect
 - Identify what immediate support is required for the family
 - Consider whether a home visit should be undertaken (for Camden residents)
 - Consider which professionals should attend and when the home visit should be undertaken
 - Identify additional professionals that need to be informed of the death and/or attend the first case discussion meeting
 9. Consultant paediatrician to advise the parents that a police officer (uniformed) will need to speak to them before they leave the hospital - consultant paediatrician may also attend interview to provide support to the parents.
 10. Parents should be kept up-to-date with information about their child's death and the involvement of each professional, unless sharing such information would jeopardise police investigations or other criminal proceedings.

GO TO **SECTION 3** TO COMPLETE PROCESS (page 6)

SECTION 3 COMPLETING THE PROCESS

Action to be taken within 24 hours of the death

Continuation of communication between key professionals is vital to ensure the needs of the investigation and support for the parents and siblings of the deceased child is maintained.

1. Key professionals to carry out home visit if deemed appropriate.
2. Following home visit key professionals to re-convene and touch base / compare case notes and follow up actions.
3. Designated consultant paediatrician to commence completing the national agreed core data set confidential enquiry into maternal and child health (CEMACH).

Action to be taken within 2 – 4 days following the death

4. Consultant paediatrician to notify Camden's single point of contact (Camden residents only) or relevant borough's children social care service (borough of child's residence). Provide initial death notification data via a fax. **Refer to appendix B**
5. Consultant paediatrician to ensure an appropriate member of staff is identified to continue the care of the parents and remaining siblings. Family should be referred to the culturally appropriate bereavement services.

Notify other key professionals

6. The designated consultant paediatrician for the unexpected child death should notify other key

agencies / support staff known to the child or family such as nursery, children centre, school, probation, housing, adult social care etc.

Refer to Appendix C

Action to be taken within 5-7 days of the death

First case discussion following preliminary post-mortem results

7. In all cases the designated consultant paediatrician and pathologist together with the senior investigating police officer to discuss the preliminary post-mortem results.
8. If the initial post-mortem findings or findings from the child's history suggest evidence of abuse or neglect as a possible cause of death, the police child protection team and Camden's safeguarding and social care should be informed immediately and the serious case review processes initiated.
9. In all cases, the designated consultant paediatrician for the unexpected child death should convene a further multi-agency discussion (usually on the telephone) very shortly after the initial post-mortem results are available. This discussion should involve the pathologist, police, Camden's safeguarding and social care (if there are suspected or safeguarding concerns) plus any other relevant healthcare professionals.
10. The designated paediatrician for the unexpected child death should continue to communicate with key professionals and commence updating / completing the core data set (CEMACH) from professional's notes.

Meetings with parents

11. The designated paediatrician for the unexpected child death, with the Coroner's permission, should meet with the parents following preliminary post-mortem results.
12. When meeting with the parents the designated consultant paediatrician to ascertain if the family, including siblings, requires any further support, translations and follow up bereavement care from, for example, faith leaders, schools etc.

Continued action to be taken after the death

Case discussions following the final post-mortem results

13. The designated paediatrician for the unexpected child death should convene and chair this meeting. The main purpose of the case discussion is to:
 - Share information to identify the cause of death and/or those factors that may have contributed to the death
 - Plan future care for the family
 - Correct any inaccuracies in the core data for auditing purposes

14. The designated consultant paediatrician and coroner to arrange a final meeting with the parents to share the findings of the post mortem report and discuss next steps.

Collating the final report

15. The designated paediatrician for unexpected child deaths must send a copy of the agreed record of the case discussion meetings, reports and completed core data set (CEMACH) to the Coroner, and Camden's Child Death Overview Panel project officer.
16. Camden's Child Deaths project officer is responsible for collating all case notes and preparing the final report.
17. **For Camden residents**, Camden's Child Death Overview Panel project officer is responsible for sending a copy of the national agreed core data set (CEMACH) to:
 - Chair of the Child Death Overview Panel
 - Administrator for North London and the Pan London Panel

****PROCESS COMPLETE****

APPENDIX A

KEY CONTACT NUMBERS

Key Contact People	Telephone number
Emergency assistance (police, ambulance, fire)	999
Emergency duty team for Camden's Family Services & Social Work	020 7278 4444 <i>To be used outside office hours</i>
Camden's Family Services & Social Work duty & assessment teams	
South, Crowndale Centre:	020-7974 4094 <i>M-Fri, 9-5pm (excluding bank holidays)</i>
North, West End Lane:	020-7974 6600 <i>M-Fri, 9-5pm (excluding bank holidays)</i>
Camden's designated consultant paediatrician for unexpected child deaths	TBC
Camden's Coroner office	020 7387 4882 <i>M-F, 8-4pm (excluding bank holidays)</i> <u>Out of office hours:</u> Via Met call 0207 404 1212 <i>Ask for borough police station where the death has occurred.</i>
Camden's single point of contact <i>Quality Assurance Manager, Children Schools and Families, based at the Crowndale Centre</i>	020 7974 6999 <i>M-F, 9-5pm (excluding bank holidays)</i> Fax: 020 7974 6708
Camden borough police Camden has five borough police stations which are: <i>Albany Street Hampstead Holborn Kentish Town West Hampstead</i>	020-7404 1212 <i>24 hour Camden Police switchboard</i> For Emergencies Dial 999

Camden's hospital social work teams: University College: 020 7380 9592 <i>M-F, 9-5pm (excluding bank holidays)</i> Royal Free: 0207 794 0500 ext 38103 <i>M-F, 9-5pm (excluding bank holidays)</i> GOSH: 020 7829 8896 ext: 5320 <i>M-F, 9-5pm (excluding bank holidays)</i>	
Chair for Camden's Child Death Over View Panel <i>PCT Director for Service Improvement</i>	020 7530 3176
Camden's designated doctor for Safeguarding	0207 530 2387 ext 2389
Camden's consultant nurse for Safeguarding	020 7530 2387 ext 2389
Camden's accident & emergency department Royal Free: 020 7830 2110 University College: 0845 1555 000 ext 70011 / 70012	
Child health records: Great Ormond Street: 0207405 9200 ext 5609 Royal Free: 020 7794 0500 ext 35830 University College: (fax) 020 7380 9023	
London Council's website <i>London Child Death Information</i>	http://www.londonscb.gov.uk/
Confidential enquiry into maternal and child health (CEMACH) <i>Data collection forms: Multi disciplinary Case Review Form, Child Death Review Assessment of Contributory Factors template</i>	http://www.cemach.org.uk/getattachment/58552ba3-0600-4d36-b9ce-fd09522b57c0/Final-Child-Death-Review-Proforma.aspx
Confidential enquiry into maternal and child health (CEMACH) <i>Data collection forms: child death review core data</i>	http://www.cemach.org.uk/getattachment/47de7051-05c5-4f6e-90b2-d23cb36fe14d/Child-Death-Review-Data-Collection-Form-Final.aspx
Foundation for the Study of Infant Deaths (FSID)	0870 787 0554 www.sids.org.uk/fsid
Child Death Helpline	0800 282986 www.childdeathhelpline.org.uk

Child Psychotherapist Royal Free Hospital:	020 7830 2931
Bereavement Support and Advice Services Royal Free Hospital:	020 7830 2863 or ext 33343 / 38712 <i>M-F 8am-4pm, The office is closed 1-2pm for lunch.</i>
Great Ormond Street:	0207 813 8551 <i>M-F 08.15am-16.15pm</i>
Neighbouring borough key contacts	
Enfield Local Authority Children's Service Children in Need Services:	020 8379 2483
Out of Hours:	020 8379 1000 (switchboard)
CDOP Lead Professional: <i>Patient Services Manager</i>	Non-urgent: 020 8370 8220
Islington Local Authority Children's Service Assessment Team:	020 7527 7000
Out of Hours:	020 7226 0992
CDOP Lead Professional:	TBC
Barnet Local Authority Children's Service Services Supporting Families:	020 8359 4066
Out of Hours:	020 8359 2000
CDOP Lead Professional: <i>Designated Nurse, CP</i>	020 8441 2371
Haringey Local Authority Children's Service Referral and Assessment Team:	020 8489 1856
Out of Hours:	020 8348 3148
CDOP Lead Professional:	TBC
London City Council Child Protection Service:	020 7332 1224
Out of Hours:	020 8356 2346 (Hackney)
CDOP Lead Professional: <i>Children's Services Manager</i>	020 7332 1002
Westminster Local Authority Children's Service Assessment team:	020 7641 7525
Out of Hours:	020 7641 2388
CDOP Lead Professional:	TBC

APPENDIX B

Initial Death Notification Data Form for both Unexpected and Expected Child Deaths

Fax to the SPOC (single point of contact)

1	Initial notification Unique Reference Number (e.g. KG/08/0001)		
2	Date / time of notification		
3	Name and title / role of caller		
4	Caller contact number		
5	First and other names of child		
6	Family name of child		
7	Date of birth of child		
8	Sex of child		
9	Ethnicity of the child		
10	Home address of child		
11	Postcode of child's home address		
12	Carer of child at time of death		
13	Name/s of persons with parental responsibility i.e. mother, father or other (state relationship)		
14	Other children in household or affected by the death (including children potentially at risk of harm)	Names (PRINT)	Ages / date of birth (if known)
15	Date and time of death		
16	Place / locality of death		
17	Contact number of place of death		
18	Summary description of the circumstances of the death		
19	Is this an unexpected death? i.e. not expected in the previous 24 hours	YES / NO	
20	GPs name		
21	Signature / name of the caller Sign and PRINT		
22	Date		

Initial notification Unique Reference Number

Alphabetical Boroughs List of Codes

Borough	Code	Borough	Code	Borough	Code
Barking & Dagenham	KG	Hackney	GD	Lewisham	PL
Barnet	SX	Hammersmith & Fulham	FH	Merton	VW
Bexley	RY	Haringey	YR	Newham	KF
Brent	QK	Harrow	QA	Redbridge	JI
Bromley	PY	Havering	KD	Richmond upon Thames	TW
Camden	EK	Hillingdon	XH	Southwark	MD
City Of London	CI	Hounslow	TX	Sutton	ZT
Croydon	ZD	Islington	NI	Tower Hamlets	HT
Ealing	XB	Kensington & Chelsea	BS	Waltham Forest	JC
Enfield	YE	Kingston upon Thames	VK	Wandsworth	WW
Greenwich	RG	Lambeth	LX	City of Westminster	CW

The table contains identification codes used by the Territorial Police in the MPS for the 32 London Boroughs (You will see the corresponding letters on the shoulders of officers patrolling the local areas). In addition there is a suggested code for City of London that is not a Metropolitan Police area but for Safeguarding Children processes is aligned with Hackney LSCB. The suggested format for each Single Point of Contact to use will be to use the code followed by the year and then a sequential number using four spaces. Thus the first report of a death of a child in Camden would be recorded as **EG/08/0001**.

APPENDIX C

Other key professionals to be considered to attend case discussions and/or notified of the death

- Ambulance staff
- A&E department staff
- GPs
- Hospital manager
- Health visitors
- School nurses
- Midwives
- Mental health agencies
- Hospital bereavement staff
- Forensic medical examiners
- Social worker
- Housing
- Adult social care
- Voluntary agencies
- Probation service
- Early years / nursery / children centre / school
- Fire fighters
- Faith leaders
- Investigator from the Prison and Probation Ombudsman (*where death occurred in a custodial setting*)
- Youth Offending Service (YOS) (*if young person is under their supervision*)