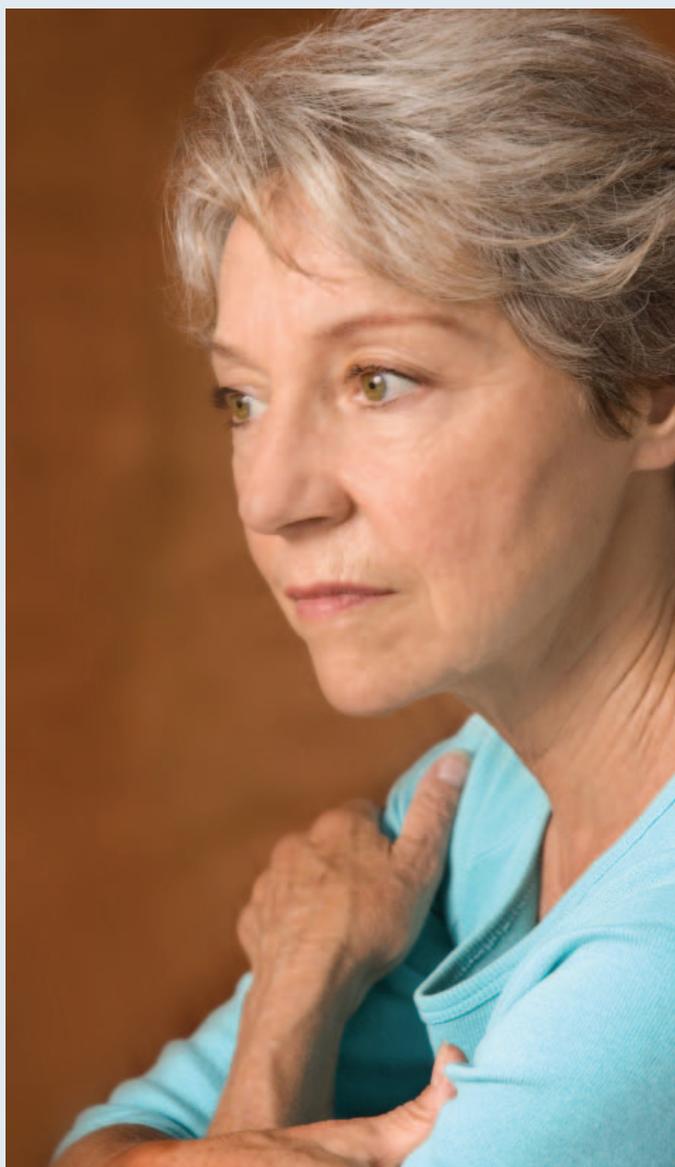




The Home Visit: Reviewing the Circumstances of Death

A central part of the management of any unexpected death is an early visit to the family home, and where this is different, the scene of death. This is not so much a “crime scene” investigation, as an holistic evaluation of the circumstances of death, enabling thorough information gathering, analysis of that information, and providing support to the family. These visits should take place as soon as possible after the death, ideally within 12 hours, and should involve the police, an experienced health professional and a member of the primary care team. There may be situations where, for pragmatic reasons, or because of the nature of the death, a joint visit is not possible or appropriate, or where the police need to visit the scene of death early to gather forensic evidence. However, even where that is the case, consideration should be given as to whether a subsequent



joint visit may add further useful information or contribute to family support.

Components of the home visit

- Review of the history: building on the initial history taken in the emergency department, allowing the circumstances leading up to the death to be explored in depth.
- Evaluation of the scene where the child died: where the child has died at home, the room and environment can be observed. In other situations this may involve a separate visit to the scene of the death, either by the police alone, or as a joint visit. It is helpful to refer to the “environment where the child died” rather than the “scene”.
- Reconstruction/review of the final events: It is helpful for the parents to talk through in detail events that led to the death, demonstrating these in situ. Following an unexpected infant death, it is helpful to review details of how the infant was put down to sleep and how they were found. In some situations it may be helpful to reconstruct the environment using a doll, but this should be undertaken with great caution, preferably using a doll or teddy provided by the family, as families may find the use of dolls introduced solely for this purpose extremely distressing.
- Assisting the grieving process: for many parents the first time they go back to the room where their child died can be extremely emotional; it can also be a very important part of grieving. In all situations this needs to be handled with compassion and care, allowing the parents to go at their own pace, acknowledging the impact of this, and giving them time afterwards to deal with the emotions raised. Visiting the scene with a caring and sensitive healthcare professional may help families deal with the powerful feelings that are evoked.
- Recording observations: through detailed notes, sketch diagrams, and photographs or videos of the scene. In addition a forensics (scenes of crime) officer may want to make specific observations, or to secure particular evidence, although as a general principle it is nearly always best to examine findings in-situ.
- Interpretation of findings: a discussion between the police and health professionals at the scene can help to clarify the significance of particular findings.
- Review of the family’s support needs: this may include providing information about the ongoing process of the investigation; interpretation of any immediate findings; or practical aspects of support such as informing relatives and employers, helping a breast-feeding mother to stop milk production, or advising on sources of counselling and support.

Questions to ask about the room

1. Is the room cramped?

- Is there space for an adult to stand comfortably beside the cot/bed?

2. Is the room cluttered?

- Is more than 50% of the floor space visible? (excluding fixed furniture); is there at least one clear surface for placing things on?

3. Is there evidence of neglectful care?

- Is there rubbish on the floor/surfaces; is there excrement on the floor; are there accumulated unwashed dishes or food?

4. Are there any hazards in the room?

- Is there a smell of gas; is there damp or mould; are there any faulty appliances or fixings?
- The temperature, ventilation and orientation of the room should be noted. What was the temperature of the room? (a thermometer placed in a clothes drawer gives a fairly stable indication of the temperature in the room over the previous few hours)
- Note any evidence of cigarette, alcohol or drug use.

Questions to ask about the sleep environment:

1. Is there any evidence of over-wrapping or over-heating?

- How many layers was the baby wrapped in?

2. Is there any restriction or potential restriction to ventilation or breathing?

- Is the sleeping space cluttered; is there space all round where the baby lies; is there adult size bedding, cushions or pillows?

3. Is there any risk of smothering?

4. Are there any potential hazards?

- Is the Cot, Moses basket or pram on a secure base; are there gaps between the mattress and other objects; if in a pushchair, is the baby strapped securely and safely; is there anything overhanging the sleeping space other than a fixed cot mobile; are there any other identifiable hazards in the room?

5. Is there any evidence of neglectful care?

- Is the bedding unduly dirty or worn?

6. How was the infant/child placed down to sleep and how were they found?

- What position were they put down and found in; what were the relative positions of any other persons in the sleeping environment; was there any potential or actual obstruction to the airways; what was their appearance when found?