For Use by Emergency Medical Services Personnel and Police

NEW JERSEY PROTOCOL FOR SCENE INVESTIGATION OF INFANT AND CHILD DEATHS

FORM A: EMS/FIRST RESPONDER

Name of Infant/Child	Date of Birth	Agency ID Number

SECTION A - CONTACT INFORMATION
Use military time when recording the sequence of events.

Name, Affiliation, Contact Number of First Responder:	Date/Time of Response:	
	Location of Event:	
Name, Address, Contact Number of Parent/Caregiver(s):	Name, Address, Contact Number of Person Providing Information (if other than parent/caregiver):	
Primary Language of Parent/Caregiver(s):	Primary Language of Person Providing Information (if other than parent/caregiver):	
Time Last Seen Alive / Time Infant Discovered	Name, Address, Contact Number of Person Discovering Infant	

SECTION B - BODY
Indicate if information was observed at the time of your responding to the call, assessed by interviewing the caregiver, or both.

Body	Observed at Time of Response to Call	Assessed by Interviewing Caregiver	Unknown
Was the infant/child moved?			
Position infant/child placed to sleep			
Position infant/child found			
Describe rigor, livor, body temperature by touch (warm, cool, hot) and time taken. Describe surface markings and/or injuries:			
Was body wedged or pinned? ☐No ☐Yes-describe:			
Any visible pressure crease on face/neck? ☐No ☐Yes-describe:			
Condition of nose/mouth: ☐Obstruction ☐Mucus ☐Vomit ☐Formula ☐Food ☐Froth ☐Bloody Secretion ☐Clear ☐Other Describe any items checked:			
Were any of the bedding contents by the infant/child's head or face when found? ☐No ☐Yes-describe:			
Was a pacifier in use? ☐No ☐Yes If so, is the pacifier intact?			
Any Recent Illness? ☐No ☐Yes-Describe:			

Do not use the reverse side of any form.
[ ] Check if using a separate sheet for comments with name, date of birth and Agency ID Number.

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SECTION C - HEAD AND NECK POSITION WHEN INFANT/CHILD WAS FOUND

Indicate if information was observed at the time of your responding to the call, assessed by interviewing the caregiver, or both.

Body	Observed at Time of Response to Call	Assessed by Interviewing Caregiver	Unknown
☐Extended (backward) ☐Flexed (chin toward chest) ☐Neutral (in line with spine) ☐Rotated (side)-describe:			
If face down, any depression/pocket in bedding? ☐No ☐Yes-describe:			

SECTION D - RESUSCITATION / CPR

Indicate how caregiver reports they performed CPR (if applicable); record the manner, number of breaths or compressions provided.

Any resuscitation? ☐No ☐Yes-describe: Indicate by Whom:	Duration:	Were parents/caregivers provided with pre-arrival instructions from the 9-1-1 dispatcher? ☐No ☐Yes

Rescue Breaths	Mouth to Mouth	Mouth to Nose & Mouth	Compression Ratio	Method (check one) ☐finger tips ☐heel: ☐one hand ☐two hands

SECTION E - OTHER OBSERVATIONS

Did you observe any signs of trauma upon arrival? ☐No ☐Yes-describe:	Any witnessed trauma due to administering care (CPR, treatments, etc)? ☐No ☐Yes-describe:

Was child pronounced at the scene via telemetry?

☐No ☐Yes-If yes, provide pronouncing physician contact information:

Name: _____ Phone: _____

Time: _____

Address: _____

Was child brought to ED?

☐No ☐Yes-describe sequence:

SECTION F - ENVIRONMENT

Was scene disturbed (as reported by caregiver)? ☐No ☐Yes-describe:		Room temperature where found (thermostat):
Were windows/doors open when arriving at scene? ☐No ☐Yes-describe:	Any odor(s)? ☐No ☐Yes-describe:	Any stains or secretions on bedding, clothing or adults? ☐No ☐Yes-describe:
Signs of drug use? ☐No ☐Yes-describe:	Signs of alcohol use? ☐No ☐Yes-describe:	Signs of exposure to smoke (cigarette, other)? ☐No ☐Yes-if other, specify:

SECTION G - ITEMS COLLECTED

Check and describe all items collected:

☐Clothing ☐Diaper ☐Bedding ☐Defective Bed ☐Bottle/Formula ☐Food ☐Honey

☐Medications ☐Home Remedies ☐Suspected Poison ☐Hospital Records- Provide name of hospital:

☐Other:

Describe all items checked; indicate where items were taken and by whom:

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