

Sample Policy for Viewing/Holding After Sudden Infant/Child Death (11.30.19)

Allowing family to view and hold/touch their loved ones after death needs to be evaluated on a case by case basis depending on the level of suspicion of criminal involvement. If there is no trace evidence that needs to be protected for collection during autopsy for suspected criminal involvement, and a death is not being considered to have occurred under suspicious circumstances, all consideration should be given to allow NOK time and access to view/hold the decedent. This may be done in a supervised environment at the discretion of the ME/C.

The following general procedures should be observed when family members request spending time with a deceased infant/child after a sudden, non-traumatic death and the ME/C has approved this request. Holding of the infant/child may be done in cases where there is no known or suspected child abuse or no known or suspected neglect and death is pronounced in the hospital or private residence

- If the family does not request viewing/holding of their child prior to transportation to the ME/C, explain to them their options in this regard and that saying goodbye can be a crucial part of the grieving process. Explain that once they are transported, they can choose to see them post autopsy and at the funeral home.
- Viewing should be limited to the decedent's immediate family. The ME/C may approve additional visitation depending upon the circumstances of the investigation. Observing the family interact (non-verbal and verbal communication) with the infant/child during viewing/holding can provide additional significant information for the investigator.
- An independent observer (from investigating agency, ME/C office, or hospital staff) must be in the room with the family at all times the infant/child is present. If needed, supplement this with mental health hospital staff, social workers, or trauma/crisis intervention counselors to assist families in leaving their infant/child.
- Prepare the infant/child for viewing/holding:
 - Blood and mucus can be wiped away from the face or other areas.
 - Wrap the infant/child in a clean sheet.
 - Do not alter the body in any way after the time of death pronouncement.
 - Medical intervention devices should not be removed without permission of the ME/C.
- Prepare the immediate family members who have been approved to view and/or hold the infant/child:
 - Explain that the infant/child will be wrapped in a sheet and prepare them for any medical intervention therapy and general appearance they should expect.
 - Explain that they must not alter the body in any way. Family must not clean, uncloth, redress, change diaper, cut hair, move or remove any tubes, dressings, catheters or medical therapy, or complete hand or foot prints, removing a lock of hair, or performing any other diagnostic procedures, etc.

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- Provide a safe chair for the immediate family member(s) to hold the infant/child. Do not allow them to hold the infant/child while standing.
- Explain before and during visitation, that family members should begin their goodbyes and that the infant/child will then be transported to the ME/C for further investigation. Provide them an approximate timeframe for their visit.

Memorial Keepsakes: Local ME/C shall determine local policy regarding the timing (preautopsy or post autopsy or at funeral home) and agency responsible for collection of keepsakes (e.g. finger- or foot-prints, plaster casting of the fingers and/or toes, lockets of hair).

In cases of suspected inflicted trauma, the family may view the body but may not touch the body in any way. Medical intervention should remain on and in the body. It is recommended that a partition, such as a window, be placed between the child and the family before they are allowed to view the body.

In infant/child deaths following prolonged hospitalization, that remain under ME/C jurisdiction, the above guidelines also apply; however, holding the infant is generally unrestricted since trace evidence of forensic significance would no longer be present.