SUDDEN UNEXPECTED DEATH IN CHILDREN (SUDIC) Guidelines

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Implemented</th>
<th>Details of key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>September 2014</td>
<td>New document</td>
</tr>
</tbody>
</table>
| 2.      | February 2017    | 1. Protocol for forensic examination  
|         |                  | 2. Reference from up to date Working Together to Safeguard Children document March 2015, DoE |

Forms for use and available to download on intranet along with guidelines:

- Checklist - p. 6
- LCOEF - p. 8
- History proforma with body maps - p. 9
SUDDEN UNEXPECTED DEATH IN CHILDREN (SUDIC)

Please note these instructions are not exhaustive and are intended as guidance only - Authors remain responsible for clinical content

Background
Working Together to Safeguard Children (2006) introduced responsibilities for local Safeguarding Children Boards in relation to the investigation of unexpected deaths in childhood, and also requires review of all childhood deaths as a separate but related exercise. Many of the requirements mirror those contained in the 2004 report of a working group convened by the Royal College of Pathologists and Royal College of Paediatrics and Child Health - Sudden Unexpected Death in Infancy (Kennedy Report).

This procedure outlines the multi-agency process for investigating unexpected deaths, described in Chapter 5 of Working Together 2015. It describes the rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child. The detailed clinical guidelines to be followed within the appropriate hospital are contained in its clinical procedures.

Definition
An unexpected death is defined as:
- The death of a child (from birth to 18th birthday) which was NOT anticipated as a significant possibility 24 hours before the death; OR
- A similarly unexpected collapse leading to or precipitating the events which led to the death.

The determination that the death of a child meets the definition of a sudden unexpected death will usually be made by the attending Paediatrician or Consultant in Emergency Medicine. If in doubt, this procedure should be followed, and discussed with the Designated Paediatrician for Sudden Unexpected Death in Childhood (SUDIC) on the next working day. In some cases, the procedure may need to be followed until available evidence enables a different decision to be made.

Children dying in hospital who fulfil the definition above (e.g. those who have been ventilated following an unexpected collapse or injury) will have some parts of the investigative pathway completed as part of their clinical care. In such cases, the body will not be taken to the Emergency Department, but this procedure for investigating deaths will be followed at the appropriate point in the pathway. In the event of an infant or child death (up to the age of 18 years) please use the flowchart A (page ) to determine whether the SUDIC Team should be notified.

Subsequent Management
- Please use flowchart A for process in the event that a SUDIC has been identified
- Follow the paediatric protocol for samples/investigations
• Use chain of evidence forms for all samples / investigations
• **COMPLETION OF ALL PROFORMAS** - Sudden Unexpected Death in Infancy – Checklist, Laboratory ‘Chain of Evidence’ Form (LCOEF) AND History Proforma

**PAEDIATRIC PROTOCOL FOR SAMPLES/INVESTIGATIONS**
After a sudden unexpected death of a child is confirmed the body is under the jurisdiction of the Coroner. Most investigations will be undertaken by the Pathologist. However, the following have been locally agreed:

1. Ear, nose and throat swabs to Microbiology
2. Nasopharyngeal aspiration; RSV – Virology
3. For children aged under 2 years – full skeletal survey. There is a Radiology “voluntary on call” rota and process for SUDIC skeletal surveys (See Appendix 4) [http://ulhintranet/radiology-imaging-guidelines](http://ulhintranet/radiology-imaging-guidelines)

**ON COMPLETION OF PAPERWORK AND NOTIFICATION OF SUDIC TEAM**
(01476 464693) PLEASE SEND A COPY OF THE RELEVANT NOTES AND COMPLETED PROFORMAS TO:
Claire Oliver, SUDIC Administrator
c/o Women’s & Children’s Directorate
Grantham & District Hospital
SUDIC Guidelines Process

SUDDEN DEATH
24wks gestation - 18 years

EXPECTED AND UNEXPLAINED

If Referrer is a junior doctor – Have they discussed with their consultant?

Yes

Clarify case details – For SUDIC cases, hospitals will follow the protocol for samples & investigations

Inform Coroner

Initial discussion with SUDIC doctor, DI (police), hospital consultant & Coroner

Agreed Decision

EXPECTED

No further action

SUDIC RESPONSE
Decision for visit agreed by professionals

Home Scene Visit DI & SUDIC doctor – where possible on the next working day

Multi-agency SUDIC Investigation

UNEXPECTED

SUDIC Paediatrician will call Consultant Paediatrician / A&E at next available opportunity

Telephone SUDIC reporting line – 01476 464693 (on ULHT premises Ext 464693)
Answerphone – 24/7, messages collected weekdays between 9am-5pm. Calls answered when secretary present.

SUSPICIOUS DEATH

Police take lead on the case with the Coroner

No further action from SUDIC doctor

No further SUDI action

Expected/explained

Junior doctor to discuss with consultant

No
SUDIC (0-18 YEARS) FLOW CHART

Baby/Child/Young person found lifeless – Ambulance called by 999. Ambulance informs Emergency Dept

Baby/child taken to nearest A&E (preferably where a consultant paediatrician is available)

for children 16-18 the most appropriate consultant (A&E or Paediatrics) this may require discussion on a case

by case basis

Emergency Dept triage nurse receiving call, notes time and notifies:

• Senior Emergency Dept resus team – prepares equipment and drugs.
• Paediatric Registrar – informs Consultant (where available)
• Nurse allocated for parents (experienced, trained)
• Ward Clerk orders child and parent medical records for immediate delivery.

AMBULANCE ARRIVES AT EMERGENCY DEPT

Emergency Dept Resus Room

• Attempt resuscitation
• Preliminary history
• Preliminary examination
• Rectal temperature and time
• Most senior doctor discusses with team and parents prior to stopping resuscitation

Parents

Greet at door – nurse to support
Quiet room
Offer to view resuscitation accompanied
Offer Chaplain

Parents

Carry baby into room in arms as a baby
Refer to baby by name
Give baby to parents to hold but supervise at all times.

NB Please note – parents are not to be left unaccompanied with baby or child at any time.

Emergency Dept Following Resuscitation

• Senior Paediatrician or A&E Consultant declares dead and notifies Police and Coroner
• If coroner agrees, may wipe face, remove ET tube (after visualization) and IV cannulae
• Complete paediatric examination as per protocol
• Obtain laboratory specimens – as per protocol
• Clothing removal must follow police protocol
• Put on clean nappy. Wrap in hospital baby blanket

Parents interviewed by consultant (most senior doctor available) and Police to obtain full history
Consider health and child protection needs of family.

Complete documentation
SUDIC Checklist

Inform SUDIC Doctor
01476 464693 – Leave message if out of hours

Multi-agency strategy discussion

Caring for the Family

Momentos and photos taken
Procedural information – Child Death Review Leaflets Bereavement support

Parents return home; arrangements for home visit

SUDIC doctor/DI – Home Scene Visit

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SUDIC doctor/DI – Home Scene Visit
# Sudden Unexpected Death in Infancy – Checklist

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y/N/NA</th>
<th>DATE</th>
<th>TIME</th>
<th>ACTIONED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Paediatrician called</td>
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<td></td>
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<tr>
<td>Police Child Protection team informed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coroner’s Officer informed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Paediatrician called</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Named Nurse for Safeguarding Children informed</td>
<td></td>
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<tr>
<td>Initial history taken and recorded</td>
<td></td>
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</tr>
<tr>
<td>Soiled or wet nappy bagged, labeled &amp; stored</td>
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<tr>
<td>Sites of vascular access during resuscitation documented</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Detailed physical examination of child</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Body map / diagrams</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photographs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samples taken and sent for examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Details:</td>
<td></td>
<td></td>
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<tr>
<td>Social Services enquires made</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>GP informed</td>
<td></td>
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<tr>
<td>HV informed</td>
<td></td>
<td></td>
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<tr>
<td>Hospital chaplain or other religious leader contacted if appropriate</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child Health Computer and hospital PAS system informed</td>
<td></td>
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</tbody>
</table>

Y- Yes, N-No, NA-not applicable

CONTINUED OVERLEAF
### After Care for Parents

<table>
<thead>
<tr>
<th>ACTION / INFORMATION GIVEN</th>
<th>Y/N/NA</th>
<th>DATE</th>
<th>TIME</th>
<th>ACTIONED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mementoes taken for parents:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Footprint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Handprint</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Photograph</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• FSID Pack and contact details given to parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post mortem information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed to hold and cuddle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUDI process explained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling/bereavement/religious support offered</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Written information/leaflets provided</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Coroner’s Officer contact details provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y- Yes, N-No, NA-not applicable</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
LABORATORY ‘CHAIN OF EVIDENCE’ FORM (LCOEF)

Please complete a separate LCOEF for each specimen
Staple LCOEF to request form

| Date taken: | Time taken: | Doctor’s name: |
|-------------|-------------|----------------|---|
| Patient’s details (name/number, date of birth, sex): | | Doctor’s signature |

Specimen type:  
Test(s) requested:

ALL NAMES MUST BE ACCOMPANIED BY A SIGNATURE

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen taken by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen delivered to laboratory by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received by lab personnel: (on-call? Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior lab personnel check at receipt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Lab personnel on completion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical staff check on completion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- For each sample a separate laboratory “Chain of Evidence” form (LCOEF) is completed and stapled to the request form
- The haematology, biochemistry and microbiology samples are sealed in separate bags
- The samples are sent to the laboratory with the porters and not through the CHUTE
**History Proforma**

### 1 Identification Data:

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Sex – M/F:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Address &amp; Postcode:</td>
<td>Date of Death:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of father (+address if different from child)</th>
<th>DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of mother (+address if different from child)</th>
<th>DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of partner (if relevant + address)</th>
<th>DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GP Name &amp; Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consultant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SUDIC Consultant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Police Officer/Senior Investigating Officer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Worker</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Coroner / Coroner’s Officer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Professionals</th>
</tr>
</thead>
</table>

### 2 Details of transport of child to hospital:

**Place of death:** Home address as above / Another location (specify) / DGH (specify)

<table>
<thead>
<tr>
<th>Time found:</th>
<th>Time arrived in A &amp; E:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resuscitation carried out?</th>
<th>Yes / No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where?</th>
<th>At scene of death / Ambulance / A &amp; E</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>By whom:</th>
<th>Carers / GP / ambulance crew/hosp staff / others</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Confirmation of death</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>By whom?</th>
</tr>
</thead>
</table>

### 3 History

<table>
<thead>
<tr>
<th>Taken in A &amp; E by:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Taken at home visit by:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>History given by:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship to child:</th>
</tr>
</thead>
</table>

*Provide details of history on separate sheets under the following headings (overleaf). Sign and date all entries*
Events surrounding death

**Note:** Who found the child, where and when; appearance of the child when found
Who called emergency services?
When child was last seen alive and by whom
Details of any resuscitation at home, by ambulance crew and in hospital
For accidental/traumatic deaths details of circumstances around the death; witnesses

**Detailed narrative account of last 24-48 hours**
To include details of all activities and carers during last 24-48 hours
Any alcohol or drugs consumed by child or carers
For SUDIC, include details of last sleep including where and how put down, where and how found, any changes; details of feeding and care given
Details of when last seen by a doctor or other professional
Further details of previous 2-4 weeks, including child’s health, any changes to routine

**Family History**
Details of all family and household members including names; dates of birth; health – any previous or current illnesses, including mental health; any medications; occupation
Maternal parity and obstetric history
Parental relationships
Children, including children by previous partners
Household composition
Any previous childhood deaths in the family

**Past Medical History**
Of the child, to include pregnancy and delivery; perinatal history; feeding; growth and development
Health and any previous or current illnesses; hospital admissions; any medication
Routine checks and immunizations
Systems review
Behavioural and educational history where appropriate

**Social History**
Type and nature of housing; any major life events
Any travel abroad
Wider family support networks

**Any Other Relevant History**
May vary according to the age of the child, nature of the death

**Information Retrieved from Records**
Hospital, GP, health visitor, Midwife, NHS Direct etc (include family held records such as health visitor red book)
Ambulance crew
Social Services, databases, case records, child protection register
Police – intelligence, assist, PNC, domestic violence etc
# Physical Examination

To be carried out by a senior paediatrician, ideally together with an officer from the police child protection team. Where necessary, photographs should be taken by a police forensics officer.

**Physical examination carried out by:**

**Also present:**

<table>
<thead>
<tr>
<th>Physical Examination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date &amp; Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Full growth measurements</strong></td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>centile</td>
</tr>
<tr>
<td>Weight</td>
<td>centile</td>
</tr>
<tr>
<td>Head circumference</td>
<td>centile</td>
</tr>
</tbody>
</table>

**Findings**

Include state of nutrition and hygiene; any skin markings, distribution of livido, bruises or evidence of injury (document all markings on accompanying body chart); retinal examination; oral examination (check lingual and labial fraenum); genitalia; back; any medical interventions (venepuncture sites and other interventions).

**Further details, observations and comments**

Document all medical interventions; list all drugs given during resuscitation; if endotracheal tube inserted, document direct observation prior to removal; any other comments.

**Signature**

**Date and time**
PHYSICAL EXAMINATION

BODY CHART

Name:
Date of Birth:
(Or Hospital ID Label)

Date, Time
Signature
Title
BODY CHART 3

Name: ____________________________
Date of Birth: ____________________________
(Or Hospital ID Label)

BACK

L

R

Palm

L

TOP

R

L

BOTTOM

R

L

INNER

R

L

OUTER

Date, Time ____________________________
Signature ____________________________
Title ____________________________
Target Staff Group
Medical and nursing staff on Paediatric Wards and A&E Departments with ULHT.

Auditable Standards and Frequency
An annual audit is undertaken by the Designated SUDIC Doctor with feedback provided to the Lincolnshire Safeguarding Children Board and Child Death Overview Panel (CDOP).

Implementation Strategy
Guideline and proformas, with additional copies, will be forwarded to each A&E Dept and each Paediatric Ward. The guideline is available on the trust Intranet.

Author(s)
Dr Oluyinka Akinsoji, Consultant Community Paediatrician/ Designated Doctor for SUDIC

References:
Chapter 5 - Working Together to Safeguard Children March 2015, DoE
Signature Sheet

Clinical Document Title
Sudden Unexpected Death In Children (SUDIC)

Date of Development
November 2014
Version 2 – February 2017

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>Job title</th>
<th>Site</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarala Gandhi</td>
<td>Approved by email</td>
<td>Consultant Community Paediatrician</td>
<td>LCH</td>
<td>12/12/2016</td>
</tr>
<tr>
<td>Mujeeb Pervez</td>
<td>Approved by email</td>
<td>Consultant Community Paediatrician / Head of Service</td>
<td>Boston</td>
<td>23/01/2017</td>
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<tr>
<td>Rahab Omer</td>
<td>Approved by email</td>
<td>Specialty Doctor Paediatrician</td>
<td>GDH</td>
<td>7/12/2016</td>
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<tr>
<td>Elaine Todd</td>
<td>Approved by email</td>
<td>Named Nurse for Safeguarding Children and Young People</td>
<td>Trust wide</td>
<td>22/12/2016</td>
</tr>
</tbody>
</table>

Author(s) confirm that they have collected all the signatures, as listed above, and posted to Clinical Governance Development Unit, Corridor F, Grantham Hospital.

Chair of Clinical Effectiveness Steering Committee*