St. Helens
Safeguarding Children
Partnership

Merseyside Joint Agency Protocol

ALTE

Acute Life-Threatening Event

May 2024

This protocol has been drawn up in consultation with:

- Liverpool Safeguarding Children Partnership
- Sefton Safeguarding Children Partnership
- Knowsley Safeguarding Children Partnership
- St. Helens Safeguarding Children Partnership
- Wirral Safeguarding Children Partnership
- North West Ambulance Service
- Merseyside Police
- Representatives of all agencies involved in the ALTE and SUDiC process

This is the first version of the ALTE Protocol as it was previously embedded within the SUDiC Protocol, which have been in operation since 2012.

This is the guidance document to be used by agencies for children who have experienced an Acute Life-Threatening Event (ALTE) from 0-18 years old.

The efforts of all who have contributed to this document are acknowledged and greatly appreciated.

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INTRODUCTION

1.1 This protocol provides guidance for professionals from agencies involved in dealing with children who have suffered an acute life-threatening event (ALTE). The professionals involved in delivering care to the child will make the decision if it is appropriate, reasonable and proportionate to trigger this protocol.

1.2 This protocol should be read in conjunction with the SUDiC Protocol (Sudden Unexpected Death in Childhood) as there is significant crossover between the two documents and should the ALTE become a SUDiC, it is important that all professionals are satisfied that the protocols have been followed accordingly.

DEFINITIONS

2.1 An acute life-threatening event is defined as 'any sudden or unexpected collapse of a child requiring some form of active intervention/resuscitation and subsequent intensive care/high dependency unit admission and it remains unexplained'.

2.2 Within the Children Act 1989/2004 a child (subject to paragraph 16 of schedule 1) is defined as 'a person under the age of eighteen years'. Therefore, the generic term 'child' is used throughout this protocol to refer to any child from a new-born baby to a young person up to the age of to 18 years.

PRINCIPLES

3.1 When dealing with an ALTE, all agencies should follow these common principles, especially when in contact with family members:

- Adopt a balanced, open-minded and sensitive approach
- Ensure there is an inter-agency response
- Ensure there is timely and proportionate sharing of information
- Respond appropriately to the circumstances
- Ensure evidence is preserved
- Have an awareness of religious and cultural differences

3.2 In applying the above principles, agencies should also ensure that their actions are legal, necessary, relevant and proportionate in order to comply with the Human Rights Act, 1998.

GENERAL ADVICE FOR ALL PROFESSIONALS WORKING WITH THE FAMILY

4.1 This will be a very difficult time for everyone. Professionals time with the family may be brief, but their actions can greatly influence how the family deal with the trauma and how able they feel to engage with services and professionals for a long time afterwards. A sympathetic and supportive approach, whilst maintaining professionalism is essential.

4.2 The family have just experienced a significant trauma and may be shocked, numb, withdrawn or hysterical. It is important to remember this when engaging with them.

4.3 All professionals must record history and background information given by parents/carers in as much detail as possible. Initial accounts about circumstances, including timings, must be recorded verbatim.

4.4 All professionals must take into account any religious and cultural beliefs which may impact on procedures. Such issues should be dealt with sensitively, but the importance of preserving evidence should not be forgotten.

4.5 Parents and carers should be given time to ask questions about practical issues – they will want to know what is happening, for example if their child has to be moved for additional tests/treatment and what this will mean for them.

4.6 Where possible, parents and carers should be provided in writing, with the contact names and telephone numbers/email addresses for the professionals involved who will be offering them support.

4.7 Staff from all agencies must be prepared to provide a Statement of Evidence promptly in circumstances where this is required.

4.8 In ALTE cases where there are suspicious circumstances, Police may be required to complete an investigation and this could include, on rare occasions, the arrest of the parent/carers. Staff from all agencies need to be aware of this as a potential outcome.

4.9 Throughout the process of the ALTE, Managers need to consider if a Serious Incident Notification is required, and/or a referral to the Serious Incident Review Group (SIRG) or equivalent, is required to discuss if the threshold is met for a Practice Learning Review.

4.10 In some unfortunate cases, a life-threatening event can lead to the death of a child. In these cases, consideration will be given to triggering the SUDiC Protocol. If this is the case, the initial meetings completed as part of the ALTE process can be used to inform the SUDiC and all information gathered as part of the ALTE process should be shared with professionals involved in the SUDiC process.

INTER-AGENCY WORKING

5.1 All incidents where a child has suffered an acute life-threatening event should be reviewed on a multi-agency basis through a strategy meeting(s).

5.1.2 This should involve the Accident & Emergency Consultant/Consultant Paediatrician, Children's Services Team Manager, Police and an Early Years/Education representative depending on the child's age as well as any other agency involved with the family.
An ALTE strategy meeting should take place within 24 hours of the incident. As such, these professionals may be duty/out of hours rather than allocated workers, depending on the timing of the incident.

5.1.3 Where appropriate, this meeting can be facilitated by telephone/Teams. Any decisions made during the strategy meeting will be recorded by all agencies involved.

5.1.4 A follow-up meeting should take place within 3 days of the initial discussion to detail any changes in terms of treatment/prognosis and to update on the progress of any investigations.

5.1.5 At all stages of the enquiry, consideration should be given to the needs of any other children within the family. It may be necessary to instigate a Single Assessment, using the local assessment framework which incorporates the child's development, parental capacity and family/environmental factors as components. This assessment may result in Section 47 enquiries and an Initial Child Protection Conference, should safeguarding concerns be identified.

Initial ALTE Strategy Meetings

5.2 The following should be covered in ALTE strategy meetings – this is not an exhaustive list and each child's circumstances should be considered on an individual basis:

- Background information on the incident
- Background information regarding the child, family and significant others (Children's Social Care to check if the family are known and in what context)
- Nature of concerns, if any
- Safeguarding needs of other children within the family
- Consider the need to request blood (or if bloods are refused, urine) samples from parents/carers – if there is a concern that this may become a SUDiC, as per the protocol, blood samples should be requested from every parent/carer as part of the investigation process – please refer to SUDiC Protocol Appendix H for consent forms.
- Scene management, as appropriate
- Immediate support needs of the family
- Coordination of professionals' contact with the family – joint meetings might be helpful for all involved

- Police action where appropriate – e.g.: arrest of suspect, obtaining statements
- Status of enquiry – (Child in Need, Section 17/Child Protection, Section 47/Criminal Investigation)
- Time and date of follow up meetings
- Staff welfare

Recording of Strategy Meeting

5.3.1 The key points of the strategy meeting will be recorded by Police and Children's Social Care and will clearly identify agreed decisions, actions, outcomes and who is responsible for progressing them.
A copy of the initial minutes will be shared with all agencies involved in the strategy meeting at the earliest opportunity, but prior to any follow-up strategy meetings. This will enable all information to be included in the follow-up strategy meetings and will assist in the auditing process to consider agency compliance.

5.3.2 Each agency, on receipt of the strategy meeting minutes, will ensure they are input to their agency system.

5.3.3 If a decision is made to not progress with further strategy meetings, an agreement must be reached as to how professionals working with the family will be kept updated. The reasons for making this decision should be clearly recorded.

Follow-up ALTE Strategy Meetings

5.4.1 Chairing the Meeting
- An ALTE Strategy Meeting will be chaired by a Team Manager/Child Protection Conference Chair from the relevant Local Authority Safeguarding Unit.
- If a child experienced an ALTE outside of their normal area of residence, discussions should be held between the Safeguarding Unit where the child is usually resident and the area in which the child experienced the ALTE as to which Unit's staff will chair the ALTE Strategy Meetings. Safeguarding officers should satisfy themselves that the minimum agenda is being covered if the external Safeguarding Unit staff member is chairing the meeting.

5.4.2 The Chairperson is responsible for:
- Ensuring the Chair of the Local Safeguarding Children's Partnership is made aware of the ALTE if safeguarding concerns have been raised.
- Ensuring the Chair of the Child Safeguarding Practice Review Group/Serious Incident Review Group is aware of the ALTE if safeguarding concerns have been raised. That Chair will then decide if a meeting should be convened to consider the circumstances of the ALTE and if the threshold is met for a Safeguarding Practice Review.

- o Ensuring all agreed decisions and actions are distributed to the representatives of the agencies present as well as those who have sent apologies.

5.4.3 Attendance:
It is the responsibility of all agencies to manage their attendance at the strategy meetings – and ensure that those attending are able to provide relevant information and make decisions on behalf of their respective agency. In the event that any agency invited cannot attend, they should always ensure that their information is provided in a written report detailing the extent of their involvement.

5.4.4 Each ALTE will be unique, but in considering appropriate attendance, the following may assist:

Health:	Health visitor, health practitioner, GP, designated/named health professionals for safeguarding children, Nominated Paediatrician, CAMHS professionals.
Social Care:	Duty Manager and allocated social worker
Police:	Senior Investigating Officer (SIO), Protecting Vulnerable Persons Unit (PVPU) representative, Family Liaison Officer (FLO)
Education:	Designated safeguarding lead/coordinator, Early Years care provider
Others:	Ambulance Service (NWAS), Youth Justice representative/case worker (YOS/YOT), Drug and Alcohol service, Housing, Respite workers, voluntary agencies and any other agency involved with the family as appropriate.

5.4.5 The purpose of the ALTE strategy meeting will be:
- For each agency to share information which may shed light on the circumstances leading up to the incident
- To plan any necessary investigation/enquiry
- To enable consideration of any safeguarding risks to the child and any other child(ren) living in the household and if a referral to assess these risks is necessary
- To ensure coordinated support for the family
- To consider staff welfare and support if necessary
- To detail and document decisions made and the rationale behind these

5.4.6 ALTE Strategy Meetings – Documentation:
The proformas included in the Appendix D and E should be utilised to ensure that the participants of the meeting consider all aspects on the agenda and that these are appropriately recorded.

- Introductions
- Apologies
- Confirmation of Chair/Recorder
- Background information to the ALTE incident
- Background information relating to the child, their family and significant others (including issues such as domestic violence, bullying, mental health issues, substance use, physical health issues, cultural and religious issues)
- Consideration of safeguarding the child who experienced the ALTE as well as siblings/children in the household/in the community
- Results of any tests/investigations
- Plan of the investigation (Section 17/Section 47/Criminal investigation)
- Coordination of professionals contact with the family
- Support strategy for the family – parents/carers/siblings
- Agreement on what information will be shared with the family, when and by whom
- Agree timescales for further follow up meetings – include if there has been a request made for an Initial Child Protection Conference
- Any issues relating to staff welfare, if appropriate
- Press strategy, if appropriate

5.4.7 Confirmation of agreed decisions and actions should be signed, copied and distributed immediately to a representative of each agency present and those who have sent apologies.

5.4.8 Decisions made ‘in absentia’ must be actioned by the Chair to the respective agency and should be discussed promptly with the relevant individual/agency.

5.4.9 In all ALTE meetings there should be an explicit discussion of the possibility of abuse or any other safeguarding issue contributing to the ALTE. If no evidence is identified to suggest safeguarding issues, this should be documented as part of the minutes of the meeting. All information that may be relevant to the ALTE, irrespective of sensitivity, should be shared at the strategy meeting.

5.4.10 In unfortunate circumstances where an ALTE results in the child’s death, the ALTE strategy minutes and information communicated in the meetings should be shared with the professionals who assume responsibility for the SUDiC investigation, including HM Coroner as this will inform their decision making.

FACTORS WHICH MAY AROUSE CONCERN

6.1 Certain factors in the history or examination of the child may give rise to concerns about the circumstances surrounding the ALTE. If any such factors are identified, it is important that these are documented, and the information shared with senior colleagues and relevant professionals in other key agencies. The following list is not exhaustive and is intended only as a guide:

Previous child deaths - There are some rare, genetic disorders which can cause multiple cot deaths (SIDS) within a single family – in such cases, extended family history should be obtained, and the involvement of a clinical geneticist may be helpful.

Previous safeguarding concerns within the family - Relating to the child or to their siblings. Including concealed pregnancies/births.

History/evidence of domestic abuse

Delay in seeking help - without an adequate explanation.

Inconsistent explanations - The account given by the parent/carer(s) of the circumstances of the incident should be documented verbatim. Any inconsistencies in the account given on different occasions should raise suspicions, although it is important to remember that some inconsistencies may occur as a result of shock and trauma. Explanations of how injuries occurred should be placed under detailed scrutiny when:

- The explanation changes with time or questioning
- The accident was beyond the child's development (for example, children between 2 and 8 months old are not usually walking and therefore do not fall unaided. They can of course, fall from a height).

Evidence of drug/alcohol abuse - particularly if the parent/carer(s) are still intoxicated.

Evidence of significant parental mental health problems - including fabricated and induced illness.

Unexplained injury - Any evidence of major bleeding or injury (cranial, bony, visceral or soft tissue) is highly suspicious unless proven otherwise. An examination of the child should seek to establish the presence or otherwise of unexplained bruising/burn/bite marks/presence of blood including:

- Multiple bruises to the face, ears, limbs or trunk
- Bruising to immobile children or bruising that is out of context with the child's development
- Fingerprint bruises and linear bruises are highly suspicious
- The frenulum – the narrow fold of mucous membrane preventing the lips from moving too far from the gums – can be torn through such actions as force-feeding (but could also happen during vigorous resuscitation)
- Petechical haemorrhages may or may not be present with suffocation – and its absence is not conclusive either way – but presence should be noted and discussed with a paediatrician/ophthalmologist/pathologist.

Presence of blood - the presence of blood must arouse suspicion.

Neglect issues – particularly in cases where the collapse has happened in the home, observations about the physical condition of the child and of the accommodation, general hygiene and cleanliness, the availability of food, adequacy of clothing and bedding as well as the temperature of the environment in which the child was found is important. This will assist in determining if there are any underlying neglect issues involved.

Shaking injuries - These injuries can present with non-specific symptoms ranging from apnoea, apparent life-threatening events, seizures, unexplained drowsiness and/or sudden loss of consciousness. Diagnosis of shaking injuries from either CT scan or retinal injuries requires specialist expertise and utmost caution must be exercised prior to diagnosis.
Photographs of the retina for signs of haemorrhage may prove invaluable. An experienced paediatric ophthalmologist may be able to differentiate between a shaking haemorrhage and one caused by other causes.
During resuscitation, a screening test of blood clotting disorders should be carried out promptly as brain injuries will eventually cause a similar effect. A photographic record should be made of all injuries immediately.

Abusive Head Trauma - These injuries can present similarly to shaking injuries and therefore photographs may prove to be invaluable.

Previous convictions of parents/carers in particular for violence towards children - Police will be able to share this information with all other professionals at the ALTE strategy meetings.

AGENCY SPECIFIC GUIDANCE

7. North West Ambulance Service (NWAS):

7.1 When the ambulance service is called to attend the scene of a sudden/unexpected collapse of a child, the attending crew must notify the Ambulance Emergency Operations Centre (EOC).
The EOC will inform the Police regarding the nature of the call at the earliest opportunity, without delaying access to treatment.

7.2 Resuscitation:
Resuscitation, if indicated should be continued according to the Joint Royal Colleges Ambulance Liaison Committee Guidelines (JRCALC), Resuscitation (Diagnosis of Death) Procedure (2021) unless a healthcare professional – usually an NWAS paramedic or member of medical staff has made a decision that it is appropriate to stop further efforts. This will be carried out in line with the revised Diagnosis of Death Procedure.

7.3 When transferring the child, the EOC should pre-alert the receiving Accident and Emergency Department with information about the child's condition and likely time of arrival.

7.4 At the hospital, the completed Patient Report Form, with details of history, observations at the scene and resuscitation information should be handed over to the relevant hospital staff, along with a verbal handover of events – including any concerns or suspicions.

7.5 The Police, if present at this time, may want to arrange interviews with the crew members who must immediately pass on any concerns, suspicions or observations which they have witnessed/heard.

7.6 In suspicious circumstances, the ambulance crew may need to preserve evidence until Police arrive.

8. Accident & Emergency Staff:

8.1 As soon as the Accident & Emergency Department has been notified that an ambulance crew is attending an ALTE, they must take action to notify the following:

- The on-call paediatrician/resuscitation team
- The on-call consultant paediatrician
- The on-call Accident & Emergency department consultant

8.2 Following confirmation of an ALTE, the medical proforma should be completed by the Consultant Paediatrican, the Consultant in A&E or the nominated senior doctor. Consideration should be given to requesting photographs of any skin

discolouration/unusual marks or injuries as soon as possible as this may help in determining what has happened.

8.3 During the process of resuscitation/intervention, consideration should be given to obtaining blood for investigation and preserving some for cultures and sensitivity. Any stool or urine passed by the child, together with any gastric or nasopharyngeal aspirate obtained should be carefully labelled and frozen after samples have been sent for bacteria, culture and virology testing. If the child is wearing a nappy which is wet or soiled, this should be removed, labelled and frozen.

8.4 On their arrival at the hospital, parents/carers should be allocated a member of staff to care for them – explain what is happening and keep them fully informed, especially in cases where resuscitation is required and/or on-going.

8.5 It is the duty of A&E staff to ensure initial multi-agency communication takes place. As a guide, the following agencies should be informed:
- Children's Social Care
- Police
- Nominated Paediatrician
- Named Nurse and Designated Nurse
- Midwifery services if the child is under 28 days old

8.6 It is the responsibility of the A&E Consultant or Consultant Paediatrician to take part in any ALTE strategy discussions/meetings with Children's Social Care and the Police.

9. Hospital Wards/Maternity Units:

9.1 When a child is found collapsed in the hospital, a resuscitation team will be called, and resuscitation attempted.

9.2 The senior person on duty/on call will inform the Police and implement the ALTE Protocol.

9.3 Within the hospital, the location at which the child was found collapsed should be treated as a potential crime scene and processed accordingly, i.e.: do not touch, move or disturb anything around the cot/bed.

9.4 The ALTE/SUDiC medical proforma (Appendix A) should be completed by the consultant paediatrician/nominated senior doctor. Consideration should be given to asking for photographs of any discolouration or unusual marks/injuries as soon as possible.

9.5 A Police Crime Scene Investigator may need to attend to record exhibits and take any materials (bedding, clothing, feeding or medical equipment) as appropriate.

9.6 All information and records should be updated and maintained. Health records will need to be secured by named professionals until the situation is clarified.

9.7 Maternity Hospitals/Neonatal Units may also refer to additional guidance contained within '*Guidelines for the investigation of Newborn Infants who suffer a Sudden and Unexpected Postnatal Collapse in the first week of life*' (March 2011).

10. Nominated Paediatrician:

10.1 All areas should have a nominated paediatrician to co-ordinate the ongoing information gathering and investigation. In most areas this will be a community paediatrician, but in some circumstances, may be a hospital paediatrician.

10.2 The Nominated Paediatrician should be informed as soon as possible of the ALTE. They may need to be involved in the ALTE strategy discussion/meetings.

10.3 Prior to the ALTE strategy meeting, the nominated paediatrician will request and review all hospital records or the child. The records may be secured at this time if the ALTE is being considered as suspicious. GP records should also be requested.

10.4 The nominated paediatrician may arrange to meet with the family for further information gathering, if agreed at the ALTE meeting. Further investigation of the family (ECG, genetics referral) may be required. Follow up with the family by the nominated paediatrician/paediatrician involved in the resuscitation should be offered.

10.5 If the child has complex health needs, the nominated paediatrician should discuss what has happened with the child's usual paediatrician.

10.6 The nominated paediatrician should attend the ALTE Strategy meetings having collated all of the medical records and any results of any initial testing.

11. Community Health Practitioners:

11.1 This guidance refers to Health Visitors, Midwives and School Nurses as well as any other Community based Health Practitioners who may have to deal with a child who has experienced an Acute Life-Threatening Event.
Community Health Practitioners should refer to their own organisation's procedures and policies where possible.

11.2 Any health professional visiting the family home who becomes aware of an ALTE, should follow the same advice:

- Dial 999 and ask for an ambulance to attend the scene immediately
- Attempt resuscitation if trained, or as instructed by the Ambulance Service if this is required
- Note the position of the child and the environment in which they were found – as well as any comments or explanations provided by the parent/carer/any person at the scene.
- Try not to disturb the scene as it may be deemed that this is a suspicious case.
- When paramedics arrive, spend time listening to the parent/carer and offering support. If the parent/carer goes to hospital with the child, ensure that there are appropriate arrangements in place for the care of any siblings at the address.

11.3 As soon as possible after the incident, but within 24 hours, make a precise and thorough report of the event in the child's records, making particular reference to:

- Any delay in seeking help
- Where the child was found – what position they were in, what was in their immediate surroundings
- Any explanations, including inconsistencies, should be recorded verbatim
- Evidence of drug/alcohol use
- Parents/carers presentation
- Any injuries to the child – bruises, burns, bites, presence of blood
- Any concerns around neglect – home conditions or a lack of supervision/care
- General condition of the accommodation – was it how you would usually find it?
- Evidence of any concerning behaviours e.g.: signs of domestic abuse

If records have been secured, record on a continuation sheet which can be added to the child's record.

11.4 Inform the Named Nurse/Safeguarding Children Specialist Nurse immediately. This ensures that where necessary, records can be secured quickly, and other relevant professionals are informed.

11.5 Records should be reviewed to establish involvement with other professionals/departments. This information will be useful for the ALTE strategy meetings and may highlight the need for a professional to attend the meeting who may have considerable knowledge of the child/family.

11.6 Community Health Practitioners may be involved in, or with identifying the most appropriate the on-going support for the family following an ALTE where necessary.

11.7 Community Health Practitioners should also be prepared to provide a statement of evidence if requested – advice/support can be sought from the Named Nurse/Safeguarding Children Specialist Nurse.

11.8 The family may have a number of Community Health Practitioners involved – for example a Health Visitor as well as one or more School Nurses – it should be decided as to who would be the most agreeable to the family in terms of providing contact and/or support. Usually, this is the professional who is having the most contact with the family, although the family may prefer one member over another and where possible this should be accommodated, unless there is an issue with that staff member's confidence/competence to carry out this role.

12. General Practitioner:

12.1 There are occasions when a GP is called to or is present at the scene of an ALTE. In such circumstances, they should adhere to the same basic principles as required for community health practitioners – summon an ambulance immediately and implement basic resuscitation skills where possible.

12.2 Should the GP be first on the scene of an ALTE they should contact Police.

12.3 If in attendance at the incident, the GP should ensure that their attendance at the initial ALTE strategy meeting and attendance at subsequent strategy meetings should be prioritised. If they are not at the incident, every effort should be made to attend the strategy meetings to share relevant information about the child/family.
GPs can also engage in a discussion with the nominated paediatrician if they are unable to attend the strategy meetings – which will enable the paediatrician to share information on GPs behalf.

12.4 The Named GP for Safeguarding Children can assist with advice/guidance on the above if there are any issues.

13. Children's Social Care:

13.1 Children's Social Care should be notified when a child experiences an Acute Life-Threatening Event.

13.2 Children's Social Care staff will check if the child or family are or have been known to their services. This will include if the child is/was subject to Child Protection Planning, Child in Need, a Care Experienced child or known to Early Help and if a Serious Incident Notification needs to be completed.

13.3 Social Care staff will, in all cases report the ALTE to their Team Manager who will be responsible for notifying the Safeguarding/Quality Assurance Unit (henceforth referred to as 'the Unit') Manager. The Unit Manager is then responsible for informing the Head of Service/Director of Children's Services and ensuring the Chair of the Local Safeguarding Children's Partnership (LSCP) are informed where there are safeguarding concerns.

13.4 Where there have been safeguarding concerns identified, the Chair of the LSCP will determine if the circumstances meet the criteria (set out in Working Together to Safeguard Children) to be referred to the Serious Incident Review Group (SIRG) for consideration of a Child Safeguarding Practice Review.

13.5 The Social Care manager will be responsible for ensuring that there is a multi-agency strategy meeting to look at appropriate courses of action. This should include the Senior Investigating Officer (SIO), health and social care as a minimum – but consideration should be given to any other necessary services/services already involved with the child/family.
The multi-agency strategy meetings should always involve a detailed discussion regarding any other children within the family – their needs and specifically where there are concerns of abuse or neglect, any steps needed to ensure they are appropriately safeguarded. In most cases, a Single Assessment should be completed, but in some cases Section 47 enquiries (Child Protection) will be required.

13.6 Agreement should be sought at the earliest opportunity as to who informs the parent/carer(s) about the processes and will continue to liaise with the family.

13.7 During the ALTE strategy meetings, a decision may be made that a referral to SIRG is required. Consideration of a referral to SIRG, if not already completed, should always be discussed as part of the ALTE strategy meeting agenda.

13.8 Throughout the course of the investigation/enquiries, if there are concerns of a non-accidental injury being the reason for the ALTE, Children's Social Care staff and Police should be notified.
Upon receipt of such a statement, Children's Social Care shall immediately seek legal advice with a view to court proceedings being issued in respect of the child and any siblings.

14. Education/Early Years:

14.1 Where possible, education/early years should be invited and should prioritise their attendance at ALTE strategy meetings. Once actions are identified, it is the responsibility of the designated person to maintain contact with the Chair and to ensure that any actions are carried out.

14.2 Education/early years providers should ensure that prior to attendance, they check their systems to report back if any of the family are known to services. This check should include the safeguarding systems.

14.3 Each education/early years setting should have a designated person/safeguarding lead. Each local authority also has a designed person within the education service with safeguarding authority.

14.4 Education professionals should remain aware that if the ALTE becomes a SUDiC, the child's files should be secured at the point of notification.

15. Police:

15.1 Police have a key role in the investigation of ALTEs, as a small proportion of these incidents go on to result in the death of a child and Police have a duty, along with other agencies such as HM Coroner, to establish the cause of death. This is especially relevant in the small number cases where the ALTE has been caused deliberately.
Police officer's actions therefore need to be balanced between a careful consideration for the child and family and the fact that a crime may have been committed.

15.2 It is the responsibility of the Force Contact Centre and the Area Supervision to ensure that appropriate personnel attend at the scene of collapse.

15.3 If Police officers are the first professionals to attend the scene of the child's collapse, their first priority must be to provide urgent medical assistance and summoning an ambulance if this has not already been requested.
The first officer at the scene must liaise with Paramedics to make a visual check of the child's surroundings – noting any obvious signs of injury, obvious hazards and the persons present. All relevant matters should be recorded. The Detective Inspector is responsible for ensuring that this is done.

15.4 Police attendance at the scene/hospital should be kept to the minimum number of officers required. Several officers arriving at a house/hospital can be distressing, especially if they are uniformed officers in marked Police cars.

15.5 Senior Officers must ensure a consistently high standard of Police input – as an ALTE has the potential to become a SUDiC and should be treated as such in terms of level of response and investigation.

15.6 Officers should, at all times, be sensitive with regards to the use of personal radios and mobile phones when liaising with the family.

15.7 Officers attending the scene/liaising with the family should be aware of any cultural issues as well as any specific needs the family may have.

15.8 A record of events from the parent/carer(s) describing the circumstances leading up to the ALTE, including the child's recent health should be recorded. Any conflicting accounts should raise suspicion, but it must be remembered that family members may be in a state of shock following the ALTE and may be confused. Officers in attendance should ask appropriate questions to establish the circumstances leading up to and immediately following the ALTE, but this should not progress to a full interview, as this is the responsibility of the PVP

and consideration of ABE (Achieving Best Evidence) interview may be required. These conversations should not take place in A&E Departments.
All other relevant matters should be recorded.

15.9 The duty Senior Investigating Officer should be notified at the earliest opportunity and will liaise with the local PVP as soon as is practical. The SIO will decide on the most appropriate investigation strategy.

15.10 In some cases, Police may need to take urgent action for evidential reasons. This is where liaison and joint working is essential. It is advised that the PVPU is utilised for such liaison wherever possible.

15.11 As per the SUDiC Protocol, consideration should be given to the need to request blood (or where blood is not possible, urine) samples from family members or persons supervising the child prior to their collapse, especially where there are safeguarding concerns. Blood/urine should be requested for every SUDiC case, without exception. If there is a concern that the ALTE may become a SUDiC, it may be pertinent for Police officers to request blood/urine samples at this time.
Parents/Carers can refuse to provide samples and should be made aware of their right to obtain legal advice before volunteering their samples. If the samples are refused, this should be recorded for future reference.

15.12 Force systems – PNC, PND, Niche, Corvus and Storm – should be checked for any previous Police involvement with the family. This information should be shared as part of the multi-agency strategy meetings.
It is the duty of the SIO to ensure that there is appropriate Police attendance at all ALTE strategy meetings and that the information required is shared in this multi-agency forum to assist with decision making and any steps needed to safeguard the child/their siblings where necessary.

15.13 Where it has been considered necessary to remove items from the scene(s), this should be explained to parents – that in doing so it might help to understand why their child experienced their ALTE.
Any items removed should be correctly secured and documented. Clothing/bedding may be seized it if it felt that there are signs that it may be of forensic value – such as blood/vomit/other residues.
If the family indicate that they wish for the item(s) to be returned, Police must ensure that they are presentable – with any official wrappings/labels removed prior to their return. It should also be established if the family want them returned as is, or in a ‘clean’ condition.
Items should be returned as soon as practically possible.

APPENDICES

APPENDIX A:

HOSPITAL ALTE PROFORMA MEDICAL RECORD (0-18YRS)

Please refer to the SUDiC Protocol for Medical Record

APPENDIX B:

NOMINATED COMMUNITY PAEDIATRICIAN PROFORMA RECORD

Please refer to SUDiC Protocol for the Nominated Community Paediatrician Proforma Record.

APPENDIX C:

AGENCY INVITATION LIST

Agencies to be invited to ALTE strategy meetings:

- Consultant Paediatrician or representative
- Hospital Named Nurse and/or Safeguarding Children Specialist Nurse
- North West Ambulance Service
- Merseyside Police: SIO or representative
- Maternity Hospital/Midwifery Services/Hospital Representative
- Health Visitor/School Health and Safeguarding Children Specialist Nurse
- Any agencies involved with the family. Potential agencies:
  - Children's Centre/Nursery
  - School
  - Merseycare
  - Drug/Alcohol Services
  - Youth Justice
  - Voluntary Agency
  - Housing representative if appropriate
  - Merseyside Probation
  - Respite care services
  - Hospice staff
  - Any agency known to be involved with the family

APPENDIX D:

INITIAL ALTE STRATEGY MEETING AGENDA

Attendees

Apologies

Confirmation of child's details – including DOB, gender, ethnicity, address

Confirmation of family composition – including DOB, gender, ethnicity, who has parental responsibility for the child, any significant others

Information regarding the ALTE – including:

- Time/date
- Location
- Who was present at the time
- Who was caring for the child at the time
- Events which led up to the ALTE
- Any photos/description of the scene

Details of any initial strategy discussions

Were blood (or urine) samples requested from parent/carers at the time of the ALTE?

Background information on the child including any medical conditions

Each agency to provide their information on the child/family along with any previous/current involvement

Safeguarding concerns – this should cover for the child and also any other children in the home/under the care of the adults involved

Summary of information presented

Decisions regarding level of need and investigation required

Is a Serious Incident Notification required?
Is a referral to Serious Incident Review Group required?

Consideration of any restrictions regarding contact to ensure that the child/other children are safeguarded

Outline plan – identify who is doing what and when and who will communicate this to the family

Date of review meeting

APPENDIX E:

REVIEW ALTE STRATEGY MEETING AGENDA

Attendees

Apologies

Confirmation of child's details

Confirmation of family composition

Summary of information shared at previous ALTE Strategy meeting(s)

Update on actions from previous meeting

Update from each agency – including results of any tests/investigations and a review of any restrictions which may have been put in place relating to contact

Safeguarding concerns – this should cover for the child and also any other children in the home/under the care of the adults involved

Summary of information presented

Is a referral to Serious Incident Review Group required?

Outline plan – identify what other actions are needed, who is doing what and when and who is responsible for communicating to the family

Date of next review meeting (if required)

APPENDIX F:

ALTE STRATEGY MEETING PROFORMA

CONFIDENTIAL

Acute Life-Threatening Event (ALTE) STRATEGY MEETING PROFORMA

Minutes of Meeting held on (date/time)
at (venue)

Regarding (Child's Name)

Present:

Apologies:

Minutes of Previous Meetings:

Family Composition:
Child's Name:
Child's DOB:
Child's Gender:
Home address:
Ethnicity:
Known disabilities:

Date/Time of ALTE:
Location of ALTE:

Mother's Name:
Mother's DOB:
Mother's address (if different from child's):
Ethnicity:
Known disabilities:

Father's Name:
Father's DOB:
Father's address (if different from child's):
Ethnicity:
Known disabilities:

Sibling’s name:
Sibling’s DOB:
Sibling’s address (if different from child’s):
Ethnicity:
Known disabilities:

Significant family member’s name:
Significant family member’s DOB:
Significant family member’s address:
Relationship to the child:
Ethnicity:
Known disabilities:

Carer’s name:
Carer’s DOB:
Carer’s address (if different from child’s):
Ethnicity:
Known disabilities:

	Agenda Item	**Action**
1.	**Introduction & Apologies**	
2.	**Information regarding the ALTE – *date/time/location, events leading up to the event, who was present, who was caring for the child at the time, photos taken of the scene:***	
3.	**Details of Strategy Discussion/Meeting – *date/time, agencies present, review of agreed actions, any initial investigation findings:***	

4.	**Were blood (or urine) samples requested from parents/adults supervising the child at the time of the ALTE?** **If so, what was the outcome?**	
5.	**Background information for the child, family and significant others -** ***this should include health prior to any incident, history of any safeguarding issues relating to the child or any other family members:***	
6.	**Current or previous involvement with agencies/services -** ***specify which agency/services, in what capacity and with whom - obtain a summary of the extent of involvement:***	
7.	**Details regarding any safeguarding concerns for the child and/or their siblings:**	
8.	**Summary of information presented:**	

9.	**Plan of Investigations –** ***s17/s47/criminal investigations/statements/interviews needed or planned/Serious Incident Notification required:***	
10.	**Consideration of referral to SIRG (Serious Incident Review Group):**	
11.	**Any restrictions on contact for the child or their siblings:**	
12.	**Consideration of coordinated approach from professionals –** ***who is having contact with the family, who is doing what/when, consideration of any follow-up if needed:***	
13.	**Details of next meeting:**	