

preserved for the ME. 3) Until the ME either takes physical control of the child's body (and belongings) or releases custody of the child to another party (e.g. hospital, parents, funeral home, etc), a LEA representative must always be present to protect the evidence.

representative should allow the family

role in preserving the evidence of the

events surrounding this death (e.g.

child's body, clothing, etc.). Until

released by the ME, the body and

considered evidence and must be

everything associated with the body before and after the child's death is

members to grieve the child's death he/

she should also be respected for his/her

4) Unless a crime has occurred in the EC proper, there is no need to cordon off the entire room with yellow tape. Only the body and its belonging are considered evidence.

siblings, etc) should be allowed close contact (e.g. hold, kiss, hug) with the child's swaddled body. Those family

members should receive brief instructions on the importance of keeping the child swaddled in the hospital sheet as well as not removing anything from the child body (e.g. personal effects, equipment used during the resuscitation, etc).

4) In an effort to maintain EC flow and family privacy, the child's body can be moved to a more calm, quiet, and private area - away from the patient treatment area. The family must understand that the LEA representative should and will always be in attendance. All evidence that is not attached to the child's body must be preserved and in the possession of the LEA representative until the custody of that evidence is assumed by the ME, in person.

APPENDIX 2A

The deceased patient in the emergency center (EC) decision tree: balancing the rights of survivors with the necessary preservation of evidence (courtesy Paul Sirbaugh, MD, personal communication). EKG, electrocardiogram.