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Report to the
Joint Standing Committee on
Health and Human Services

presented by the
Sudden Infant Death Syndrome
(SIDS) Study Group
pursuant to Resolve 33

December 1, 1997

Resolve 33 as passed by the 118th Legislature
and signed by Governor King on May 20, 1997

Resolve, to Require a Study of Training in Sudden Infant Death Syndrome

Sec. 1. Study. Resolved: That the Commissioner of Public Safety shall convene a study group to examine issues related to training in sudden infant death syndrome, referred to in this resolve as "SIDS." The study group must include a representative of SIDS parents, a statewide SIDS organization, professionals with expertise in SIDS or infant death grieving and SIDS training and representatives of law enforcement, the Department of Human Services, the Department of Public Safety and members of the public. The study group shall review training in SIDS for law enforcement personnel, training in SIDS at the Maine Criminal Justice Academy and in the certification courses for emergency medical services personnel. All meetings of the study group must be public meetings. The study group shall submit a report and any recommended legislation to the Joint Standing Committee on Health and Human Services by December 1, 1997.

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Introduction

The SIDS Study Group met a total of 6 times between July 24 and December 1, 1997.

Prior to the first meeting, information was gathered regarding the curricula used for training programs conducted for law enforcement personnel through the Maine Criminal Justice Academy (MCJA) and the curricula used for emergency medical services providers as approved by Maine Emergency Medical Services (MEMS). Given that training programs were available, the Study Group conducted a survey among municipal police, sheriff departments and the Maine State Police to quantify the amount of ongoing SIDS training that was done at a department level. A similar search was done using the MEMS data on continuing education programs for EMS providers.

The data confirmed that although many law enforcement officers had some initial training at MCJA (the amount of which varied depending upon which training program was attended; reserve officer or full-time officer), almost nothing had been done at a department level on a continuing education basis. As a group, EMS providers had considerably more SIDS continuing education on record, perhaps due to the fact that all EMS providers are required to attend a prescribed number of continuing education hours over a three year period in order to renew their EMS license.

The second meeting was dedicated to round table discussions about the role, and personal experiences, of each group represented by the members and participants of the Study Group. Additional resources for SIDS training were reviewed.

The remaining meetings were spent defining the issues to be addressed, the recommendations respective to each issue, and to compiling this report.

This issues and recommendations in this report represent the consensus of the Study Group.

Issues and Recommendations

Issue #1: Understanding the Impact

Definition: Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant, usually under one year of age, which remains unexplained after a complete medical history, death scene investigation and post mortem examination.

SIDS is a diagnosis that can only be made following an autopsy performed by a medical examiner. Due to the nature of the medical examiner's tests, this may be weeks or months after the death has occurred. However, regardless of whether the infant is finally determined to have died of SIDS or some other cause, there is a need for all responders (police and EMS) to become educated so as to be *compassionate and supportive* within their professional capacity.

Information provided by the SIDS Alliance shows that every SIDS case impacts 100 people.

Recommendations for Issue #1: Understanding the Impact

When referring to the training needs for responders, efforts should be made to refer to these situations as *possible* Sudden Infant Death Syndrome (SIDS) until such time as a medical examiner diagnosis has been established.

Issue #2: Training for Public Safety Personnel

Training for and the services provided by public safety personnel, primarily police and emergency medical services (EMS), were the areas most in need of addressing.

With regard to EMS, SIDS training is included in the training for all EMS licensees. EMS has 6 different license levels which entails training courses ranging from 45 hours for first responders to as many as 1000 hours for paramedics. A review of the continuing education data at Maine EMS revealed that many providers have had additional SIDS training within the past three years. This is probably due to the requirement that all licensed EMS providers attend a prescribed amount of continuing education during a three year period in order to renew their ability to practice. As of September 30, 1997, there were 4,182 licensed EMS providers (includes all 6 license levels).

All officers who are hired by a law enforcement agency must satisfy the pre-service training standards of the Maine Criminal Justice Academy (MCJA) prior to assuming the duties of a law enforcement officer. The pre-service program is a 100 hour course designed to provide officers with a base of knowledge that is pertinent to rudimentary law enforcement and currently does not include any SIDS training. Unless otherwise required by their agency, only officers who are hired into full time positions require additional training. Full-time law enforcement officers may have up to 15 months to complete the Basic Police School at the MCJA. The initial training in SIDS in the full-time program is approximately 1 hour in length (full-time municipal and county officers attend a 480 hour program, state police attend an 880 hour program). The Annual Report to the Criminal Justice Committee by the Board of Trustees of the Maine Criminal Justice Academy reports the number of law enforcement officers in the state is 3,436. Of these, 1,221 are part-time and 2,215 are full-time either municipal, county or state police.

The data gathered from our survey which was sent to 165 police departments (state, county, and municipal) overwhelmingly showed that the only training most officers received was from their initial course at the MCJA. Only 3 of the 83 departments that responded to the survey had conducted post-MCJA training for continuing education in SIDS, although many expressed an interest in same. The Board of Trustees for the Maine Criminal Justice Academy has the authority to set minimum continuing education requirements to maintain certification but has not done so due to the financial impact on counties and municipalities. However, in 1999, the Board of Trustees will be establishing units of instruction that will be necessary for all law enforcement officers. These units will begin in 2000. Officers failing to meet these unit requirements will be decertified beginning in 2001.

In either of these disciplines, the relatively low number of SIDS in Maine are such that it is reasonable to assume that most providers may go through a complete career without encountering a SIDS case. However, while there is specific training that is important and appropriate for SIDS, a provider's response to these situations may benefit more from a strong base of interpersonal skills which will enhance their ability to interact in a wide variety of

situations in which they may find themselves (e.g. childhood deaths and death notifications for any reason).

Recommendations for Issue #2: Public Safety Training

- 1) SIDS training must be standardized and be widely available.
- 2) Those who provide the first level of response to a SIDS situation need to have a standardized base of training in interpersonal skills.
- 3) In addition to the time spent training in SIDS, these cases should be used in conjunction with other training programs for reinforcement purposes (e.g. police report writing and EMS training scenarios).
- 4) Continuing education for police (as promulgated by the MCJA Board of Trustees) and EMS (as promulgated by the Board of EMS) should be clearly defined, enforced, and funded.
- 5) All SIDS training should include an evaluation tool for use after the programs have been conducted.
- 6) Career development programs should include ongoing SIDS education that pertains to the changing roles of the provider (e.g. direct field provider to supervisory role).

Issue #3: Child Care Providers

The Study Group also looked into the training required for child care providers and in so doing became aware of LD 1893 which was passed during the First Regular Session of the 118th Legislature. In accordance with this bill, Rules proposed by the Department of Human Services will require first aid and CPR training for all certified and licensed day care providers.

The Study Group supports these requirements and will testify as such during the public hearing for the proposed Rules.

Description of Training Resources

The Maine Criminal Justice Academy is required by statute to offer in-service training (post-basic police school training as a condition to continued employment) for law enforcement and correction officers. The types of in-service training are Specialized Training, Management Training, and Refresher Training. Training Councils for Law Enforcement Officers have been organized to follow the eight prosecutorial districts and have been recognized by the Maine Chiefs of Police Association. Eleven regional training sites have been established encompassing these Councils. The councils are further grouped into four regions, each with a training coordinator from the MCJA assigned to provide coordination and technical assistance.

Like MCJA, Maine EMS is a bureau within the Department of Public Safety. To coordinate EMS efforts on a more local basis, MEMS contracts with six regional offices. All initial licensure courses use the same curriculum approved by the Board of EMS. Continuing education may be conducted in a number of different settings (e.g. technical colleges, hospitals, ambulance headquarters); however, in order to qualify toward the relicensure requirements, programs must be approved through either one of the six regional offices or the Maine EMS office in Augusta.

Summary

Although this diverse group began with its focus on SIDS, in the process of gathering information from each of the participants an obvious trend became apparent: public safety personnel - who are primarily, but not exclusively, police and EMS - are expected by the public to be able to appropriately respond and handle a wide variety of situations. Some of these situations such as automobile accidents and cardiac emergencies are rather routine. Others, such as SIDS, are very rare yet are far reaching and long lasting in their impact.

When the Study Group explored the specific skills that were needed to appropriately deal with SIDS cases, it became evident that these same skills were invaluable in dealing with other challenging situations where interpersonal skills, in contrast to technical abilities, were required. Several of the Group participants who were SIDS parents expressed their experience, and the experiences of others, who felt that those who responded to emergencies were viewed as representatives of the public. The ability of these responders to act in an educated and compassionate manner was instrumental in the parents' ability to deal with the magnitude of the situation at hand.

As the MCJA figures illustrate, reserve officers play a significant and vital law enforcement role in Maine. Simply put, many departments could not exist without the resources provided by reserve officers. However, to the public the issue of full time versus reserve status has no differentiation. Regardless of their formal status, there exists an expectation that the baseline of education means certain minimum standards. These standards should include a basic understanding of SIDS as well as the interpersonal skills necessary to interact with SIDS families and other atypical but very important roles such as death notification and childhood death from any cause.

Furthermore, the reality that these types of calls are relatively scarce necessitates reinforcing this training on a continuing basis to maintain a certain level of proficiency. EMS personnel already have continuing education requirements that ranges from 8 to 18 hours per year, depending upon the provider's license level. Resources should be made available through a coordinated state/regional network

Since all police and many EMS providers are paid from tax dollars (local, county, or state), the state should provide adequate funding to assure that these providers meet a standard base of knowledge and maintain that base throughout their professional careers.

Although this committee primarily focused on SIDS training, it acknowledges that this is one of many areas where police and EMS providers need to be proficient. It is the committee's position that training requirements should be consistently enforced and that state funding must be available to assure same.

It is also acknowledged that there are organizations (e.g. Maine SIDS Foundation, SIDS Alliance, CJ Foundation for SIDS, etc.) that are available to assist in the development of training curriculum.

Summary Recommendations:

The Legislature should:

- 1) Appropriate \$50,000. to be used to develop a training program for law enforcement and EMS personnel, and*
- 2) Mandate that adequate funding exist to provide for continuing education requirements for public safety providers.*

A program needs to be developed for Law Enforcement and EMS providers in both the specific area of SIDS and the more generic area of interpersonal skills with regard to situations such as death notifications. In recognition of the impact these calls have upon providers, the training must also include an understanding of the role of Critical Incident Stress Management (CISM). CISM teams that incorporate both law enforcement and EMS providers were organized by Maine EMS in the late 1980s.

The instructor training program will be a two-day program and include both law enforcement and EMS personnel. After the core group of instructors are trained, programs will then be taught using a team of law enforcement and EMS. We estimate that the in-service training will be approximately 3 hours in length; however, the actual time will be determined once the curriculum was developed.