



Report to the Minister of Justice and Solicitor General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the _____ Provincial Court House

in the _____ City _____ of _____ Lethbridge _____, in the Province of Alberta,
(City, Town or Village) (Name of City, Town, Village)

on the _____ 13th _____ day of _____ February _____, _____ 2020 _____, (and by adjournment
year

on the _____ day of _____, _____),
year

before _____ The Honourable G.S. Maxwell _____, a Provincial Court Judge,

into the death of _____ Tyree Alexander SHOT BOTH SIDES _____
(Name in Full) (Age)

of _____ Lethbridge, Alberta _____ and the following findings were made:
(Residence)

Date and Time of Death: _____ March 14th, 2016 at approximately 8:30 a.m. _____

Place: _____ Lethbridge, Alberta _____

Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – *Fatality Inquiries Act*, Section 1(d)).

Undetermined

Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – *Fatality Inquiries Act*, Section 1(h)).

Undetermined

Circumstances under which Death occurred:

1. Parties participating in the inquiry:
 - a. Inquiry Counsel, Alberta Justice and Solicitor General, Legal Services Division; Cynthia Hykaway and Jana Weins;
 - b. Counsel for Alberta Health Services; Blair Carbert and Fiona Balaton

Although members of the family were notified throughout this Inquiry, no one from or on behalf of the family appeared or participated in the Inquiry.

2. Witnesses called:
 - a. Dr. Angela Miller, Alberta Medical Examiner's Office
 - b. Ashley Wentz, Licensed Practical Nurse
 - c. Donna Forster, Clinical Educator, Chinook Regional Hospital
3. Exhibits received:
 - a. Medical Examiner's Records
 - b. EMS Records
 - c. Records from Dr. Robert Crawford
 - d. Alberta Health Services Records
 - e. Chinook Regional Hospital Records
 - f. Lethbridge Regional Police Service Records
 - g. Additional Alberta Health Service Records: regarding newborn discharge plans, infant safety, car seat instructions, infant sleep, etc.
4. The Court received evidence in the form of written materials including medical charts and reports, investigator's statements and information pamphlets for parents of newborn children.

There was *viva voce* evidence from three witnesses: Dr. Angela Miller, the forensic pathologist that performed the autopsy on Tyree; Ashely Wentz, who was the Licensed Practical Nurse that attended to Tyree and his mother while in the hospital unit and was responsible for after baby care and was the nurse that provided the instruction and information for Tyree's mother upon discharge; and Donna Forster, a Registered Nurse and Clinical Educator on Unit 3A from the Lethbridge Regional Hospital, specifically the Post-Partum Unit.

Summary of Findings:

Tyree Alexander Shot Both Sides was born on January 13th, 2016. He died on March 14th, 2016, while being tended at a residence occupied by his maternal grandmother and his step-grandfather. Tyree was sleeping in a car seat next to the mattress on the floor of the residence's living room that was occupied by his grandparents. After having fed Tyree a bottle at 5:30 a.m. on the morning of March 14th, 2016, he was returned to his car seat and found unresponsive later at approximately 8:30 a.m. Tyree was never successfully resuscitated. As previously noted, the cause of Tyree's death is undetermined or unexplained and the manner of his death is also undetermined.

On January 13th, 2016, Tyree was born at full term and during his and his mother's stay in hospital, the evidence established that among other areas of education for new moms, Tyree's mother was instructed on Alberta Health Services safe sleep protocols. Part of that instruction included verbal discussions throughout the hospital stay; a review at discharge and the provision of information in print which included information surrounding safe sleep practices and safe usage of car seats. That instruction also included the identification of the risk associated with having a child sleep in a car seat.

During the evening of March 13th, 2016, Tyree was suffering from colic and at approximately 11:30 p.m., a very tired mom made the wise choice to seek her mother's help with caring for Tyree. Tyree's grandmother did not have a crib or bassinet and after having cared for the child, put Tyree to sleep in his car seat. She fed him part of a bottle of formula at 5:30 a.m. on March 14th, 2016, burped him, wrapped him in a blanket and put him back to sleep in the car seat.

At approximately 8:30 a.m., Tyree was found to be unresponsive when his step-grandfather tried to awaken him. Despite resuscitation efforts by the residents of the home and emergency medical services staff, Tyree was unresponsive. Although no one specifically pronounced a time of death, it appears Tyree had passed prior to his step-grandfather's efforts to wake him.

An autopsy was completed and after finding an absence of any evidentiary explanation anatomically, environmentally or medically, the cause of death was noted to be undetermined. Although medical personnel as well as the forensic pathologist could identify a number of potential risk factors, those risk factors were not able to be determined as the cause of Tyree's death. Characterizing the death as either a Sudden Infant Death Syndrome (SIDS) or as the forensic pathologist indicated, a Sudden Unexplained or Unexpected Infant Death (SUID) is not specifically declaring a cause of death. Rather, there is no apparent cause and it is therefore referenced as a case of SUID.

Sudden Infant Death Syndrome is defined as "the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history".

Although the autopsy found evidence of a common cold and mild stomach upset with mild dehydration and malnutrition, these findings were not significant enough to cause the death of Tyree and had no apparent affect on his organs.

The Forensic Pathologist testified that sleeping a child in a car seat is not a particularly safe sleeping environment, but her examination found an absence of any indications that sleeping in the car seat "caused" Tyree's death. Rather, as previously stated, the cause of his death was undetermined.

The incidence of SIDS or SUID deaths in Alberta have been reduced significantly since the late 1970's, but that reduction has seemingly plateaued in the last 10-15 years. The decline is clearly attributable to the education of parents surrounding the apparent risk factors associated with SIDS or SUID deaths.

Many risk factors are "modifiable", meaning parents have the ability to control those environmental factors, while other risk factors may not be controllable. Ultimately, these deaths are often truly unexpected and unexplainable.

The education provided to parents is both extensive and continuously growing and changing. I was convinced by the evidence provided, that every effort is being undertaken to keep medical staff current in best practices and educating them on both the current information and how best to disseminate that information.

At least in part, and as a result of a province-wide “Maternal and New Born Practice Support” committee and the educational commitment of Alberta Health Services, the information provided today to parents has improved continuously. Even since 2016 when Tyree was born and ultimately discharged from the hospital, the information provided to the parents of newborns continues to change and improve. It is provided in both updated print form, and those materials are freely available to all parents. It is also available now online which fortunately allows for the immediate updates of information as it is developed. The information is provided both in summary form in pamphlets and brochures as well as in extensive coil books of several hundreds of pages. Attached to this report is a copy of one pamphlet used in 2016 and the current version as well, described as Exhibits 1 and 2 to this Report.

These diverse levels of information try to address the risk of information overload versus the risk of insufficient information and specifically address the risk associated with car seats. They inform parents that car seats are meant for safe travel for infants and not for sleeping. The information is available and thoroughly covered in the materials currently being provided to parents of newborns. It is one of a myriad of risk factors that “may” help explain the unexplainable; but nonetheless, is part of the information package made available to parents at prenatal classes, doctor’s visits prenatal, in the post-partum units at the hospital, at ultimate discharge and even subsequently upon health nursing visits after discharge along with doctor’s visits for subsequent infant checkups. The information is offered early and often and repeatedly to parents.

The dissemination of this information regarding risk factors to young infants is critical; along with the duty to keep medical staff informed and educated surrounding the risk factors in the sleep of infants. However, this Court was satisfied that Alberta Health Services is doing all that it can within its power to fulfill both aspects of this responsibility.

Recommendations for the prevention of similar deaths:

Minimizing the modifiable risk factors surrounding infant sleep is extremely important while we wait and hope that one day medical science will be able to explain the currently unexplainable. Alberta Health Services has an ongoing commitment to both education and the provision of essential information to all concerned on an ongoing basis. That information is consistent with a personalized family and patient care approach, which includes the presentation of information and discussion with parents to ensure that they are aware of each of the safest practices available. Accordingly, this Court is not in a position to make any further recommendations.

DATED _____ April 6th, 2020 _____,

at _____ Lethbridge _____, Alberta.

Original signed

The Honourable G.S. Maxwell
A Judge of the Provincial Court of Alberta

What about bed-sharing?

Bed-sharing means a baby is sleeping on the same surface (bed, sofa, couch, etc.) with another person.

Adult beds, children's beds and soft surfaces like sofas or upholstered chairs are not safe for infant sleep. Babies can fall, be strangled or suffocate if they get trapped in cracks or under bedding, pillows, cushions, or another person.

Situations that carry the highest risk to babies should always be avoided:

- Never sleep with your baby on a sofa or similar soft, padded surface.
- Never sleep with your baby if you or your partner:
 - are a smoker
 - have taken alcohol or drugs (over-the-counter, prescription, or illegal) which make you less able to respond
 - are overtired (for example, from stress or lack of sleep)

If you are not able to provide a crib, cradle, or bassinet for your baby to sleep in, be careful to

- put your baby on his or her back to sleep on a firm, flat surface
- avoid soft surfaces – no water-filled, air-filled, pillow-top, or sagging mattresses; no sofas or upholstered chairs, no loose bedding
- prevent falls; never leave a baby alone on a raised surface

- make sure your baby can't get trapped between the mattress and headboard, footboard, wall, or anything else
- keep blankets and pillows far away from your baby and make sure baby's head is uncovered
- prevent overheating; keep the room comfortably cool
- keep other children and pets out of the bed
- know where your baby is at all times. If you are sharing a bed with your partner, make sure he/she knows your baby is in the bed.

Talking these steps might reduce risk, but it does not make bed-sharing safe. Bed-sharing is not recommended by Alberta Health Services, the Canadian Paediatric Society, or Public Health Agency of Canada.

Babies are safest in their own crib. If you can't provide a crib, cradle, or bassinet for your baby, talk to your public health nurse or Health Link Alberta to find out where you can get help.

For Baby's Safety:

- The safest place for babies to sleep is:
- on their back
 - in an unadorned crib, cradle, or bassinet that meets government safety standards,
 - near where the parent sleeps for at least the first 6 months.

For more information:

About infant sleep, caring for your child, tummy time, and preventing flat areas on your baby's head, visit HealthyParentsHealthyChildren.ca



For help to quit smoking, visit www.albertaquits.ca

For crib, cradle, or bassinet standards, visit www.healthcanada.gc.ca/cps

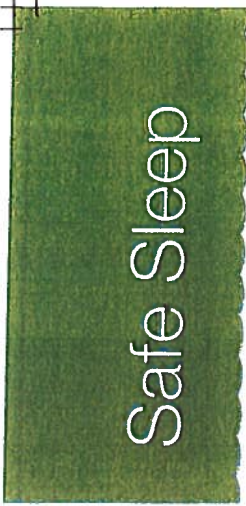


HEALTH LINK ALBERTA:
24-hour nurse advice and health information

Toll-free 1-866-408-LINK (6465)
Calgary and area 403-943-LINK (5465)
Edmonton and area 780-408-LINK (5465)



10632 (2014/07)



for baby's first year



What you can do to help prevent Sudden Infant Death Syndrome (SIDS) and sleep-related deaths in infancy



Safe sleep for baby's first year

Research tells us there are things that put infants at higher risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of death.

You can reduce this risk with these simple steps:



Put baby on back to sleep – every sleep.



Use a crib that meets government safety standards.

Keep baby warm, not hot. Share a room, not a bed.



Keep parents smoke-free before and after birth.



Breastfeeding helps keep baby healthy and safe.



HealthyParentsHealthyChildren.ca

Here is how:



Put baby on back to sleep

Always put babies on their back to sleep, whether nap time or night time, at home or with a caregiver. Sleeping on their back lowers the risk of SIDS.

Even when babies can roll over on their own, put them on their back to sleep. If they roll over on their own, you don't have to re-position them.



Choose a safe place

Babies need a firm, flat, uncluttered surface for sleeping to reduce the risks of SIDS, being trapped, or smothered.

The safest place is a crib, cradle, or bassinet that meets Canadian government safety standards and is put together and used according to manufacturer's instructions. Crib, cradle, and bassinet standards can be found at: www.healthcanada.gc.ca/cps

A safe crib (cradle or bassinet) is in good condition and has

- a firm, flat mattress no more than 15 cm (6 inches) thick for a crib, or 3.8 cm (1.5 inches) thick for a cradle or bassinet; has no rips or tears, and fits snugly into the frame
- a tight-fitting bottom sheet
- slats that are no more than 6 cm (2 1/4 inches) apart
- a sticker saying it was made after September 1986
- no pillows; no bumper pads; no plastic mattress covers; no heavy blankets, quilts or sheepskins; no toys or stuffed animals; no positioning devices (e.g., wedges or rolls)

Cradles and bassinets have weight limits. Be sure to follow manufacturer's guidelines.

Car seats are meant for keeping babies safe during travel. They are not meant for long periods of sleep. When you get to where you are going, take baby out of the seat for sleep.



Keep baby warm, not hot

Babies are safest when the room temperature is comfortable for adults wearing light clothing. Overheating increases the risk of SIDS.

If your home is cold, choose a warmer sleeper for your baby. If using a blanket, make sure it is light-weight, firmly tucked under the end of the mattress, and reaches only to your baby's chest.

Make baby your roommate



Room-sharing means you sleep in the same room as your baby, but your baby is in his or her own crib, cradle, or bassinet. Room-sharing helps protect your baby from SIDS.

Room-sharing keeps your baby close without the risks of bed-sharing. When you are in the same room, it is easier to learn and respond to your baby's cues. This helps keep your baby safe, and builds a strong bond between you and your baby.

Alberta Health Services, the Canadian Paediatric Society, and Public Health Agency of Canada recommend room-sharing until your baby is at least 6 months old.



Tummy Time Tip: To help your baby's development and prevent fat areas on baby's head, give your baby tummy time on his or her tummy several times every day when your baby is awake and with you. Remember, tummy to play, back to sleep.



Clear the air

Babies whose mothers smoke during pregnancy are at much greater risk of SIDS. Exposure to second-hand smoke both before and after birth also increases risk.

Help your baby be healthy by being smoke-free and avoiding second-hand smoke before and after birth. Make sure no one smokes around your baby, at home, during travel or with other caregivers.

If you smoke, consider quitting or cutting back to quit. You and your baby will both benefit.

For help to quit smoking, visit www.albertaquits.ca or call toll-free: 1-866-710-QUIT



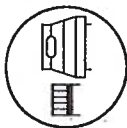
Breastfeeding helps

Breastfeeding helps protect your baby from illness and helps prevent SIDS.

Room-sharing makes breastfeeding easier, especially at night. Babies brought into bed for feeding are safer when put back in a crib to sleep before you go to sleep.

Young babies need to feed often throughout the day and night. When your baby is sleeping during the day, take time for yourself so you don't get over-tired.

Share a room with your baby



Room-sharing means that your baby sleeps in the same room as you or another person, but on a separate sleep surface like a crib, cradle or bassinet.

- Room-sharing keeps your baby close, safe and:
- supports the bond between you and your baby
 - makes it easier to learn and respond to your baby's cues
 - makes it easier to feed your baby, especially at night, if your baby is brought into bed for feeding, they're safer when put back in their own crib, cradle or bassinet before you go to sleep.

Don't share a bed, sofa or any other sleep surface with your baby

Bed-sharing means that a baby sleeps on the same surface like a bed or sofa with another person. This includes a parent, caregiver, child or even a pet. Bed-sharing increases a baby's risk of SIDS.

- Babies can also fall, or be strangled or suffocate if:
- trapped between a mattress and headboard or footboard
 - wedged against a wall or person
 - tangled in bedding, pillows or cushions

If you choose to bed-share:

- never sleep with your baby on any soft or padded surface such as a sofa, upholstered chair, bed with a soft mattress or bedding, water or air-filled mattress
- keep bed covers, blankets and pillows far away from your baby
- make sure that you and your partner know when your baby is in the bed with you
- never sleep with your baby if you or your partner:
 - smoke
 - have taken alcohol, marijuana, street drugs or any prescription, over-the-counter or herbal medicine. These can make you less able to respond to your baby's needs
 - are overtired from stress or lack of sleep

If you choose to bed-share, make sure to follow all the information in this brochure. Remember that it still won't make bed-sharing safe.

© Alberta Health Services, 2017. All rights reserved. This material is intended for general information only and is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use and misuse of these materials.



Healthy Parents,
Healthy Children

To learn more about safe sleep for your baby, go to
HealthyParentsHealthyChildren.ca
A practical guide to pregnancy and being a parent

If you have any questions or need support, call Health Link at 811 or talk with your health care provider.

811 Health Link
Health Advice 24/7



Safe Sleep

for your baby's first year

What you can do to help reduce the risk of SIDS (sudden infant death syndrome) and prevent other sleep-related injuries and deaths in babies.



000109

104322 (2017/1)

000110

Safe Sleep

for your baby's first year

Research tells us that you can reduce the risk of SIDS and prevent other sleep-related injuries and deaths in babies up to 1 year old by doing these important things:



Put your baby on their back to sleep, every sleep



Use a crib, cradle or bassinet that is free of clutter



Keep your baby warm, not hot



Keep spaces smoke-free before and after birth



Breastfeed your baby



Share a room. Don't share a bed, sofa or any other sleep surface with your baby

Put your baby on their back to sleep, every sleep



Always put your baby on their back to sleep for their first year. This lowers their risk of SIDS. Even when your baby can roll over on their own, research tells us to still put them on their back to sleep. If they roll over, you don't have to move them back.



Back to sleep, tummy to play

When your baby is awake and with you, place them on their tummy to play several times every day. Tummy time helps prevent flat areas on their head. It also helps with your baby's development and makes their body stronger to be able to roll, sit and crawl.

Remember—back to sleep, tummy to play.

Use a crib, cradle or bassinet that is free of clutter



A safe crib, cradle or bassinet helps reduce the risk of SIDS and prevents your baby from being trapped, suffocated or strangled.

A safe crib, cradle or bassinet has:

- a firm, flat mattress that's in good condition and fits snugly into the frame
- a tight-fitting bottom sheet for the mattress
- no stuffed animals, toys, pillows, bumper pads or other items such as heavy blankets, quilts, sheepskins or positioning devices, such as wedges or rolls

Make sure the crib, cradle or bassinet follows government safety standards. To learn more, visit HealthyParentsHealthyChildren.ca.

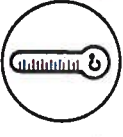
Playpens are for play

Playpens shouldn't be used for unsupervised sleep—they don't meet the same safety requirements as cribs, cradles and bassinets.

Car seats are for travels!

Car seats keep babies safe during travel and shouldn't be used for sleeping. It's not safe for babies to sleep in a seated position. Plan ahead. When you get to where you're going, take your baby out of the car seat and put them on their back to sleep on a safe sleep surface.

Keep your baby warm, not hot



Babies are safest when the room temperature is comfortable for an adult wearing light clothing. A baby who is too warm is at a higher risk of SIDS. If the room is cool, choose a warmer sleeper, rather than over-dress or over-bundle your baby. Babies don't need extra blankets. If using a blanket, make sure it

- is light-weight
- is firmly tucked under all 3 sides of the mattress
- reaches only to your baby's chest

Keep spaces smoke-free before and after birth



Help your baby be healthy by being smoke-free. Babies whose mothers smoke while pregnant are at a greater risk of SIDS.

Make sure no one ever smokes around your baby. A baby exposed to second-hand smoke both before and after birth is at a greater risk of SIDS.

For help to cut back or quit smoking, visit albertaquits.ca or call toll-free 1-866-710-QUIT (7848).

Breastfeed your baby



Research tells us that breastfeeding may reduce the risk of SIDS, and other illnesses. Exclusive breastfeeding is recommended for the first 6 months of life.