##

|  |  |
| --- | --- |
| Public Health Wales | Procedural Response to Unexplained Deaths in Childhood (PRUDiC) |

## Appendix 5: Child Death Notification Form

**UNEXPECTED DEATHS**: To be completed by the Chair (or their delegate) of the Case Discussion Meeting and a copy submitted to the Child Death Review Programme and the Business Manager of the Regional Safeguarding Children Board.

**EXPECTED DEATHS**: To be completed by the doctor who confirms the fact of death and a copy submitted to the Wales Child Death Review Programme.

# REPORTING DETAILS: (Your Details)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Completion** |  | **Welsh Paediatric Surveillance number (if applicable)** |  |
| **Full name and role** |  |
| **Organisation** |  |
| **E-mail address** |  |

1. **CHILD’S DETAILS**

|  |  |
| --- | --- |
| **Full name of child** |  |
| **Date of birth** |  | **NHS No.** |  |
| **Home address (normal residence of child)** |  |
| **Was the child on the Child Protection Register?** |  **At the time of death Previously Not at all** |
| **Was the child a “Looked after Child”** | **At the time of death Previously Not at all****If yes, what local authority:**  |
| **Was the child in receipt of any of additional services?’** | ***Team around the Family (TAF):*****At the time of death Previously Not at all*****Integrated Family Support Service (IFSS):*****At the time of death Previously Not at all*****Flying Start:*** **At the time of death Previously Not at all*****Families First:*****At the time of death Previously Not at all** |

1. **DETAILS OF THE DEATH**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of death |  | Time of death |  |
| Where did the event which led to the death occur? |  Home Hospital Other |
| Address of event (if hospital or other)? |  |
| Where was death confirmed? |  Home Hospital Other |
| Has this death been referred for any other type of review? |  Child practice review Hospital morbidity/mortality Domestic homicide review Criminal investigation |
| Has the death been reported to Welsh Government as a serious incident? (as defined in section 9.2 of Putting Things Right) |  Yes No |
| Medical certificate for the cause of death issued? |  Yes No |
| If yes, please state cause of death |  | If no, what is your understanding of the cause of death? |  |
| Death expected? | Yes No | Was an advance (end of life) care plan in place? |  Yes No Not known |
| Has a PRUDiC been implemented? | Yes No |
| **An unexpected death is defined as the death of a child which is a not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death** |
| Was the death referred to the HM Coroner? Yes No If yes state date reported and name of HM Coroner? |
| Post mortem date and venue |  | Has an inquest been held? |  |

1. **ADVERSE CHILDHOOD EXPERIENCES**

|  |
| --- |
| Please select all that you are aware of in relation to the social background of the child |
| verbal abuse | physical abuse | sexual abuse | parental separation |
| household domestic violence | household mental illness | household alcohol abuse | household drug use |
| household member incarcerated | household physical health issues  | household disability (includinglearning disability) |  neglect  |
| Did the child perform any caring duties? | Yes No If yes, who for? Parent sibling other |

|  |
| --- |
| **Circumstances leading to death:** |
|  |
| **Relevant past history:** |
|  |
| **Relevant social and family circumstances:** |
|  |
| **Any other relevant information**: |
|  |
|  **Please complete the relevant section on the next page for:*** **Sudden unexpected deaths in infancy**
* **Deaths from drowning**
* **Deaths from apparent suicide**
* **Deaths in motor vehicles**
* **Deaths from fire**
 |

1. **NARRATIVE OF CIRCUMSTANCES AND HISTORY Please record:**
2. **MODIFIABLE FACTORS – please record if any of the following factors were present**

|  |
| --- |
| **Sudden Unexpected Death in Infancy (under 2 years old)** |
| Co-sleeping at time of death | Yes | No | Not | known |
| Sofa sleeping at time of death | Yes | No | Not | known |
| Parental smoking | Yes | No | Not | known |
| Illness in child in week prior to death | Yes | No | Not | known |
| Parental history of drug use | Yes | No | Not | known |
| Parental alcohol use at time of death or past history of concern | Yes | No | Not | known |
| **Drowning** |
| Ability to swim | Yes | No | Not | known |
| Possible alcohol consumption | Yes | No | Not | known |
| Lack of active supervision | Yes | No | Not | known |
| **Deaths in Motor Vehicles** |
| Seatbelt use (or appropriate car seat) | Yes | No | Not | known |
| Driving at night | Yes | No | Not | known |
| Driving over legal blood alcohol limit | Yes | No | Not | known |
| **Apparent Suicide** |
| Known to CAMHS | Yes | No | Not | known |
| Known to youth offending services | Yes | No | Not | known |
| History of alcohol abuse | Yes | No | Not | known |
| History of drug misuse | Yes | No | Not | known |
| Bullying | Yes | No | Not | known |
| **Fire** |
| Working smoke alarm in house | Yes | No | Not | known |

**NEXT STEPS**

Please send the completed form to the Regional Safeguarding Children Board Business Manager: **regionalsafeguarding@denbighshire.gov.uk** and the Child Death Review Programme:

**Email:** An e-mail attachment to **ChildDeath.Review@wales.nhs.uk**

**Post:** Child Death Review Programme Team, Public Health Wales, 1st Floor Matrix House, Northern Boulevard, Swansea Enterprise Park, Swansea, SA6 8DP.

**Tel:** 01792 940938 or 01792 940939