Notification of Child Death

Notification to be reported to CDOP administrator at:

Secure email:

Tel:

**The information on these forms and the security for transferring it to the CDOP administrator should be clarified and agreed with your local Caldicott guardian.**

Please remember it is a statutory requirement to notify CDOP of all child deaths from birth up to their 18th birthday. If there are a number of agencies involved, liaison should take place to agree which agency will submit the Notification. However, unless you know someone else has done so, please notify CDOP with as much information as possible,

**Child’s Details**

|  |  |
| --- | --- |
| Full Name of Child |        |
| Any aliases |        | Male / Female  |
| DOB / Age |    /    /           days/months/years | NHS No.       |
| Address |       |
| Postcode |       |
| Name of school/nursery  |       |

**Other significant household and family members (parents, siblings, other relevant adults)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship**  | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Death details:**

|  |  |
| --- | --- |
| Date of death |    /    /       |
| Where was the child when they died? [[1]](#footnote-1) |       |
| Suspected cause of death |       |

**Case Management:**

|  |  |
| --- | --- |
| Is there to be a Joint Agency Response? | Y / N / NK   |
| Death discussed with the medical examiner? | Y / N / NK   |
| Death to be investigated by Coroner? | Y / N / NK   |
| Post mortem examination? | Y / N / NK   |

**Notification Details:**

Please outline the circumstances leading to notification. Also include if any other review is being undertaken (e.g. internal agency review); and whether any immediate action is being taken as a result of this death.

|  |
| --- |
|       |

**Details of relevant agency contacts (please give as much information as you have easily available to you):**

|  |  |  |
| --- | --- | --- |
| Agency | **Name and contact details** | **√ Lead****Professional (only one tick is required)** |
| Community Paediatrician |  |  |
| Local Paediatrician/Neonatologist |  |  |
| Tertiary Paediatrician/Neonatologist |  |  |
| Other local or tertiary specialists |  |  |
| GP |  |  |
| Midwife |  |  |
| Health Visitor |  |  |
| School Nurse |  |  |
| Obstetrician |  |  |
| Police – Collision Investigation Unit or Child Protection |  |  |
| Children’s Social Care |  |  |
| Nursery/School College/Or Local Education Authority |  |  |
| Others (list all agencies known to be involved) |  |  |

**Referral details**

|  |  |
| --- | --- |
| Date of referral |    /    /      |
| Name of referrer |       |
| Agency |       |
| Address |       |
| Tel Number |       |
| Email |       |

1. The place where the child is believed to have died regardless of where death was confirmed. Where a child is brought in dead from the community and no signs of life were recorded during the resuscitation, the place of death should be recorded as the community location; where a child is brought in to hospital following an event in the community and is successfully resuscitated, but resuscitation or other treatment is subsequently withdrawn, the place of death should be recorded as the location within the hospital where this occurs [↑](#footnote-ref-1)