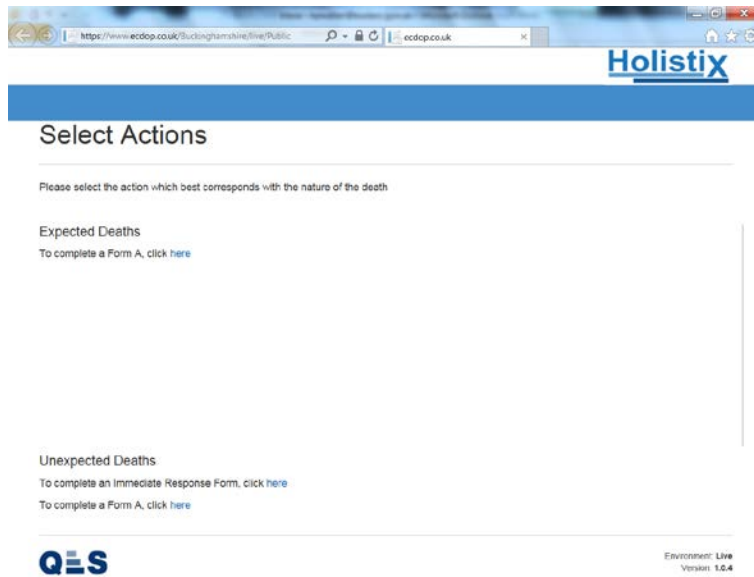


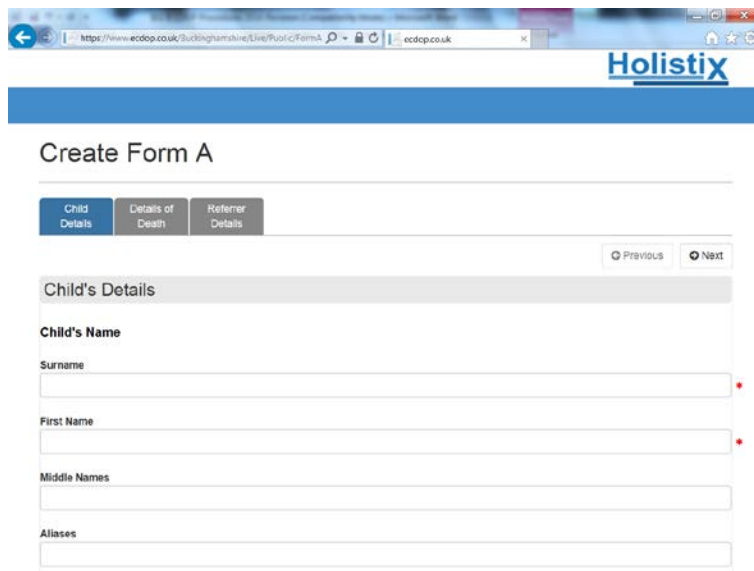
Appendix 4: Notification of Child Death

Notification of the death of a child is actioned via [eCDOP](http://www.bucks-lsrb.org.uk/child-death-overview-panel/), which can be accessed via: <http://www.bucks-lsrb.org.uk/child-death-overview-panel/>



The screenshot shows a web browser window with the URL <http://www.ecdop.co.uk/Buckinghamshire/line/Public>. The page features the Holistix logo in the top right corner. The main heading is "Select Actions". Below this, a message reads: "Please select the action which best corresponds with the nature of the death". There are two main sections: "Expected Deaths" with a link "To complete a Form A, click here", and "Unexpected Deaths" with two links: "To complete an Immediate Response Form, click here" and "To complete a Form A, click here". At the bottom left is the Q&S logo, and at the bottom right, it says "Environment: Live Version: 1.0.4".

The information that will be required in order to notify the death is the same as Form A and is shown below. Mandatory items are in red. In eCDOP, the information is organised under 3 tabs.



The screenshot shows a web browser window with the URL <http://www.ecdop.co.uk/Buckinghamshire/line/Puot/c/FormA>. The page features the Holistix logo in the top right corner. The main heading is "Create Form A". Below this, there are three tabs: "Child Details", "Details of Death", and "Referrer Details". The "Child Details" tab is selected. There are "Previous" and "Next" buttons. The "Child's Details" section contains the following fields: "Child's Name" (with a red asterisk), "Surname" (with a red asterisk), "First Name" (with a red asterisk), "Middle Names", and "Aliases".

Child's Details

Full name of child		
Any aliases		Gender
Date of birth	/ /	NHS No.
Address		
Postcode		
Significant family members (Please include full names, relationship, date of birth and NHS Number for parents/significant family members)		
GP name		
GP surgery and address (including postcode)		
Educational setting		

Details of the death

Date of death	/ /	Time
Details surrounding death (also include if any other review is being undertaken, e.g. internal agency review; any action being taken as a result of this death)		
Location of death or fatal event (Give address if different from above)		
Death expected?	<input type="checkbox"/> Expected	<input type="checkbox"/> Unexpected†
Reported to Coroner	Yes/No/Not known/Not applicable	If Yes you will be asked for date and name.
Has a medical certificate of cause of death been issued?	Yes/No/Not known/Not applicable	If Yes you will be asked for date and registered cause of death
Post-mortem examination:	Yes/No/Not known/Not applicable	If Yes you will be asked for date and venue

† An unexpected death is defined as the death of an infant or child (less than 18 years old) which was 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.

Referrer details

Name of referrer	
Email	
Agency	
Address	
Tel number	