This form is used in the child death review process to gather detailed information about children who die as the result of fire, burns or electrocution. Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth(dd/mm/yyyy) |  / /  |
| URN |  | Date and time of death | Date: / / Time: **:** (24hr) |
| Postcode |  |

|  |  |
| --- | --- |
| What was the source of ignition, heat or electrocution?  | ☐ Matches☐ Cigarette lighter☐ Utility lighter☐ Cigarette or cigar☐ Candles☐ Cooking stove☐ Heating stove☐ Barbeque / Barbeque coals☐ Petrol☐ Space heater☐ Furnace☐ Bonfire☐ Power line☐ Electrical outlet☐ Electrical wiring☐ Household appliance (iron / hair tongs etc)☐ Playing with aerosols☐ Lightning☐ Oxygen tank☐ Hot cooking water☐ Hot bath water☐ Hot oil☐ Tea/Coffee☐ Other hot liquid *(please specify)*☐ Fireworks☐ Other explosives, e.g. acts of terrorism ***(****Please*  *also complete the* ***VIOLENT OR***  ***MALTREATMENT RELATED DEATHS*** *Supplementary Reporting Form)*☐ Appliance in water☐ USB/appliance charger (overheating)☐ E-cig explosions/overheating☐ Inhalation injury☐ Other *(please specify)* |
| If the source of heat was hot bath water, and a mixer tap was present, was there a temperature limiter on the mixer tap? | ☐ Mixer tap present with temperature limiter☐ Mixer tap present without temperature limiter☐ Mixer tap not present☐ Not known |
| If a temperature limiter was present, was it working? | ☐ Yes☐ No☐ Not known |
| Please give the location of the incident? | ☐ Residential accommodation *(please specify)*☐ Commercial / Public building *(please specify)*☐ Mobile (e.g. vehicle fire) *(please specify)*☐ Other (e.g. wildfire, bonfire) *(please specify)*☐ Not known |
| Was the child being supervised at the time of the incident? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Was a fire / smoke alarm present? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Was the fire / smoke alarm functional? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Were there barriers preventing safe exit? | ☐ Locked door☐ Window grate☐ Locked window☐ Blocked stairway☐ Other *(please specify)*☐ Not known |
| For electrocution, what was the cause? | ☐ Electrical storm☐ Faulty wiring☐ Wire / product in water☐ Child playing with outlet☐ Other *(please specify)*☐ Not known |
| Was the National Burn Care Referral Guidance followed? |  |