This form is used in the child death review process to gather detailed information about children who die as the result of drowning. 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) | / / |
| NHS No. |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

|  |  |
| --- | --- |
| What was the location of the drowning? | ☐ Open water (lake/river/canal/pond/quarry/sea etc)  ☐ Swimming pool, hot tub or spa  ☐ Bath  ☐ Sink  ☐ Baby bath  ☐ Toilet  ☐ Bucket  ☐ Well, cistern or septic tank  ☐ Other *(please specify)* |
| **For ALL drowning deaths, please answer the following questions:** | |
| Where was the child last seen before drowning? | ☐ In water / on flotation device – e.g. air bed,  inflatable, boogie board, surf board etc.  ☐ On shore  ☐ On dock  ☐ Poolside  ☐ In garden  ☐ In house  ☐ In bathroom  ☐ Boat  ☐ Other *(please specify)* |
| What was the child last seen doing before drowning? | ☐ Playing  ☐ Boating  ☐ Swimming  ☐ Having a bath  ☐ Fishing  ☐ Surfing  ☐ Tubing  ☐ Water-skiing  ☐ Sleeping  ☐ Other *(please specify)* |
| Is there any evidence to suggest a precipitating event or factor is causally related to the drowning? *(Tick* ***ALL*** *that apply)* | ☐ Alcohol intoxication  ☐ Drug intoxication  ☐ Traumatic injury  ☐ Seizures or syncope  ☐ Suspected cardiac cause  ☐ Suicide  ☐ Drowning related to a boating accident  ☐ Submerged vehicle  ☐ Flood  ☐ Hyperventilation/breath holding  ☐ Primary circulatory arrest  ☐ Other *(please specify)*  ☐ Not known |
| Was the child being supervised at the time of the incident? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Was the face submerged (underwater) at any time before or during the rescue? | ☐ Yes  ☐ No  ☐ Not known |
| Who witnessed the drowning? | ☐ Unwitnessed (no-one saw the child going  underwater)  ☐ Witnessed by a bystander  ☐ Witnessed by a lifeguard  ☐ Witnessed by a member of emergency services  ☐ Not known |
| Was the child thought to be able to swim? | ☐ Yes  ☐ No  ☐ Not known |
| If yes, please specify their capability level: |  |
| Was the child wearing a buoyancy aid? | ☐ Yes *(please specify)*  ☐ No  ☐ Not known  ☐ Not applicable |
| **For OPEN WATER deaths, please answer the following questions:** | |
| What were the contributing environmental factors*? (Tick* ***ALL*** *that apply)* | ☐ Weather  ☐ Temperature  ☐ Current  ☐ Rip current / undertow  ☐ Drop off  ☐ Waves / swell  ☐ Weir  ☐ Other *(please specify)* |
| Was the water icy or non-icy? | ☐ Icy  ☐ Non-icy |
| Please give the water temperature if known: |  |
| Was appropriate rescue / flotation equipment present at the scene of the incident? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Were there warning signs present and clearly visible? | ☐ Present and clearly visible  ☐ Present but not clearly visible  ☐ Not present  ☐ Not known  ☐ Not applicable |
| **For SWIMMING POOL, HOT TUB or SPA deaths, please answer the following questions:** | |
| What was the type of pool? | ☐ Above ground  ☐ In ground  ☐ Paddling  ☐ Hot tub / spa  ☐ Other *(please specify)* |
| Where was the child found? | ☐ In the pool / hot tub / spa  ☐ On or under the cover |
| Please state the ownership of the pool: | ☐ Domestic  ☐ Private  ☐ Municipal  ☐ Not known |
| Was appropriate rescue / flotation equipment present at the scene of the incident? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Were there warning signs present and clearly visible? | ☐ Present and clearly visible  ☐ Present but not clearly visible  ☐ Not present  ☐ Not known  ☐ Not applicable |
| What barriers / layers of protection existed to prevent access to the water? *(Tick* ***ALL*** *that apply)* | ☐ None  ☐ Fence  ☐ Gate  ☐ Door  ☐ Alarm  ☐ Cover  ☐ Not known |
| How were the layers of protection breached? *(Tick* ***ALL*** *that apply)* | ☐ No layers breached  ☐ Gate left open  ☐ Gate unlocked  ☐ Gate latch failed  ☐ Gap in gate  ☐ Climbed fence  ☐ Gap in fence  ☐ Damaged fence  ☐ Fence too short  ☐ Door left open  ☐ Door unlocked  ☐ Door broken  ☐ Door screen torn  ☐ Door self-closer failed  ☐ Window left open  ☐ Window screen torn  ☐ Alarm not working  ☐ Alarm not answered  ☐ Cover left off  ☐ Cover not locked  ☐ Other *(please specify)*  ☐ Not known |
| **For BATH, SINK or BABY BATH deaths, please answer the following question:** | |
| Was the child using a bathing aid? e.g. bath seat, baby neck float. | ☐ Yes *(please specify)*  ☐ No  ☐ Not known  ☐ Not applicable |