**PRUDIC NOTIFICATION CHECKLIST**

To be completed by Health

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **DATE OF DEATH** |  |

|  |  |  |
| --- | --- | --- |
| **Completed By:** | **Name of Person Notified** | **Date &Time** |
| **1.** | Confirm Police informed |   |   |
| **2.** | Confirm Coroner informed |   |   |
| **3.** | UHB Head of Safeguarding |  |  |
| **4.** | Local Authority Children’s Services[Check Child Protection Register/Court Orders]  |   |   |
| **5.** | SB Business Manager |  |  |
| **6.** | General Practitioner |   |   |
| **7** | Health Visitor/School Nurse  |   |   |
| **8.** | WAST Safeguarding Manager |   |   |
| **9.** | Senior Nurse Paediatrics |   |   |
| **10.** | Senior Midwife(if child under 3 months) |   |   |
| **11.** | Other relevant health professionals |   |   |
| **12** | Child Health to cancel health appointments:* Community
* Hospital
 |   |   |

**CONVENE PHASE 1 INFORMATION SHARING & PLANNING MEETING**

[Convene within 2 working days]

|  |  |
| --- | --- |
| **Date:** |  |
| **Time:** |  |
| **Venue:** |  |

|  |  |  |
| --- | --- | --- |
|  | **PERSON ATTENDING** | **AGENCY** |
| **1** |  | Coroner/Coroner’s Officer |
| **2** |  | DI Public Protection |
| **3** |  | Police SIO |
| **4** |  | Pathologist |
| **5** |  | UHB Safeguarding Team |
| **6** |  | Responsible Paediatrician |
| **7** |  | Health Visitor/School Nurse |
| **8** |  | WAST |
| **9** |  | GP |
| **10** |  | Children’s Services |
| **11** |  | Education |
|  |  |  |
|  |  |  |
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