Family & Community Services
Ageing, Disability & Home Care

Client Death Notification Form (CDN) for FACS Specialist Disability Accommodation Services

Office use only
ADHC TRIM NO:

Text references e.g.[1] refer to notes in *Guidelines for Completion* (p 5-6)

Person's details

Family name: Given name(s): Date of birth:

Gender: ☐ Male ☐ Female ☐ Transgender Aboriginal or Torres Strait Islander[1]: ☐ Yes ☐ No ☐ Don't know

Country of birth: First language[2]: ☐ English ☐ Other (specify):

How did the person communicate?[3] ☐ Verbal language ☐ Adjusted verbal language ☐ Sign language
☐ Other signing/gestures ☐ Pictures ☐ Electronic ☐ Other (specify):

Details of death

Please provide copies of relevant Critical Incident Reports and/or Incident Briefing Notes

Date and time

Date of death:

Time of death:

Place of death

☐ At the residence ☐ At hospital (specify)

☐ Other (specify)

☐ **Unexpected death**

☐ **Expected death** (attach end-of-life, palliative care or treatment plan)
Provide details of the person's terminal illness/ reason why death was expected:

Brief description of the key events leading up to the person's death[4]

Accommodation

Place of residence[5]

Postal address:		Postcode:
Contact person:	Position Title:	Telephone:

FACS operated service

☐ Group home (< 7 people)
☐ Small residential (7-20 people)
☐ Large residential (>20 people)
☐ Respite - group home
☐ Respite - large residential
☐ Other (specify):

Person's length of time at this residence:	Length of time in accommodation services during lifetime:
Number of residents living at this address:	Names of other residents who died at service outlet[6] in last 12 months

Respite stays

Overnight respite stays in previous 12 months: ☐ No ☐ Yes

Disability

Intellectual ☐ Borderline ☐ Mild ☐ Moderate ☐ Severe ☐ Profound ☐ Unknown level

Syndrome ☐ Down syndrome ☐ Fragile X ☐ Rett syndrome ☐ Other (specify):

Neurological ☐ Dementia ☐ Multiple sclerosis ☐ Muscular dystrophy ☐ Other (specify):

Mental illness ☐ Schizophrenia ☐ Depression ☐ Bipolar disorder ☐ Anxiety ☐ Other (specify):

Sensory impairment ☐ Vision (specify): ☐ Hearing (specify):

Physical ☐ Cerebral Palsy (including spastic quadriplegia) ☐ Spinal cord injury ☐ Other (specify):

Other disability ☐ Autism spectrum disorder ☐ Acquired brain injury ☐ Other (specify):

Swallowing, breathing and choking risks

☐ Asthma ☐ Recurrent respiratory infections ☐ Chronic obstructive pulmonary disease (COPD)/ emphysema

☐ Gastroesophageal reflux (&/or oesophagitis) ☐ Swallowing difficulties[7]

☐ Help with meals[8] ☐ Tube feeding[9] (specify): Was the person nil by mouth? [10] ☐ Yes ☐ No

☐ Previous choking incidents (specify date/s):

Did the person have: ☐ All their teeth ☐ Some teeth ☐ No teeth ☐ Dental aid[11]

Smoking, obesity and other lifestyle risks

☐ Diabetes ☐ High blood pressure

Last recorded weight before death: (kg) Date: Weight 3 months before that:

Last recorded height before death: (cm) Date: (kg) Date:

Smoking

☐ Occasional ☐ Up to 10/day ☐ 11-20/day ☐ >20/day ☐ No ☐ Ex smoker

Mobility

Limited mobility[12] ☐ No ☐ Wheelchair ☐ Walking frame ☐ Walking stick ☐ Other (specify):

Other health issues

☐ Cancer ☐ Epilepsy ☐ Osteoporosis ☐ Constipation ☐ Urinary incontinence[13] ☐ Faecal incontinence[14]

☐ Other (specify):

Immunisation	Yes	No	Date immunised	Don't know	Immunisation	Yes	No	Date immunised	Don't know
Influenza	☐	☐		☐	Pneumococcal	☐	☐		☐
Other (specify)	☐	☐		☐		☐	☐		☐

Medication and consent

List all medications the person was prescribed at the time of death. Indicate dosage, and regular[15] or PRN[16]:

Item	Dosage	Regular	PRN	Item	Dosage	Regular	PRN
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

		☐	☐			☐	☐
Any other medications prescribed for the person in the last 12 months[17]							
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Were there any medication incidents[18] in the last 12 months?
☐No ☐Yes (specify):

Responsible for consent[19] ☐Person themselves ☐Family member ☐Friend ☐Public Guardian
☐Private Guardian ☐Other (specify):

Health providers

General Practitioners		**Date of last visit**	**Date last comprehensive annual review**
	Practitioner/profession	**Date last visit**	**Provider's name**
Hearing			
Vision			
Allied health	Speech pathologist		
	Dietician		
	Occupational therapist		
	Physiotherapist		
	Dentist		
	Psychologist		
	Other (specify)		
Medical specialist	Neurologist		
	Cardiologist		
	Psychiatrist		
	Gastroenterologist		
	Other (specify)		
Multidisciplinary teams	Palliative care		
	Dysphagia clinic		
	Other (specify)		

In the 12 months before the person's death

Behaviour Did the person display behaviours of concern:[20] ☐No ☐Self injury[21] ☐Absconding[22]
☐Eating non-food items (Pica) ☐Assault of other clients ☐Assault of others
☐Other behaviours of concern (specify):
Were restrictive practices[23] used: ☐No ☐Yes (specify):

Illnesses Did the person have any illness that required treatment by a doctor? *(e.g. chest infection)*
☐No ☐Yes (specify below)

Date	**Brief details**

Hospital admissions Was the person admitted to hospital?[24] ☐No ☐Yes (specify below)

Date	**Hospital**	**Reason/s for admission**

Injuries Did the person have any serious injuries?

☐ No ☐ Fracture ☐ Deep cuts ☐ Extensive bruising ☐ Concussion ☐ Burns ☐ Other

Date	Brief details (please provide any incident reports)

Falls Did the person experience any falls? ☐ No ☐ Yes (specify below)[25]

Date	Brief details

Please provide any other relevant information about the person not provided above

Documents required with the Client Death Notification Form

With this form, **please provide any current risk assessments and relevant support plans**,[26] including:

- health care plan[27]
- client risk plan
- assessment/s of nutrition, swallowing and/or choking risks
- specific health support plans, including any relating to eating and drinking; epilepsy management; asthma/respiratory illness; diabetes management; bowel care; palliative care, etc
- behaviour support plan and/or incident prevention and response plan

Notification to Police[28]

Date: Notifying person: Police Station:

Name and rank of police officer: COPS Event No (if known):

Checklist for Completion (see Guidelines)

FACS or FACS-funded providers

I have completed the following (please tick):

☐ Signed and dated CDN ☐ Emailed CDN to: CrossCluster.PerformanceImprovement@facs.nsw.gov.au, Performance Improvement, FACS *within 48 hours of person's death*

☐ Posted the following documents to Performance Improvement, FACS, Locked Bag 10, Strawberry Hills NSW 2012:

☐ CDN form ☐ copies of Critical Incident Reports[29] / Incident Briefing Notes[30] about the death

☐ copies of relevant risk assessments and support plans (see previous section)

Form completed by (please print name): Date:

Signature …… Position title: Telephone:

FACS Operations Line Manager:

Guidelines for Completion of Client Death Notification Form

The service provider fills out the Client Death Notification (CDN) form and submits it to Performance Improvement, Department of Family and Community Services NSW, no later than 48 hours after the person's death. At this time, or as soon as possible, the service provider also sends the associated documents (health care plans, briefing notes etc) to Performance Improvement, who will send all these documents to the NSW Ombudsman's office.

Ref	CDN question	Guidelines for completion
Person's Details		
1.	Aboriginal or Torres Strait Islander	Tick 'Yes' if this is recorded on the person's file.
2.	First language	Indicate which language the person preferred. If the person was largely non-verbal, indicate which language their family used to communicate with them.
3.	Support for communication	This may have been necessary if the person had limited expressive and/or receptive communication skills. Support examples include use of gestures, adjusted verbal language, signing, pictures and electronic devices, hearing aid.
Details of Death		
4.	Brief description of key events	Provide a brief summary of what happened in the lead-up to the person's death (particularly the last 24 hours).
Accommodation		
5.	Name of service provider	Write full details of the service provider's head office, if applicable.
6.	Person's place of residence	Write full details of the specific service outlet including the Unit name/number at which the person resided.
Swallowing, breathing and choking risks		
7.	Swallowing difficulties	Tick if person had been identified as having dysphagia (swallowing problems), or if the person required foods and fluids of different texture e.g. minced/ pureed food, or thickened fluids. Do not tick if this only occurred during a final hospital admission before death.
8.	Help with meals	Tick if the person needed help to chop food up (or mince or blend) and/or help to use utensils to eat. Do not tick if the person needed help with cooking.
9.	Tube feeding	Tick if the person received food/ fluid via a tube. Specify which type, eg: nasogastric, PEG (percutaneous endoscopic gastrostomy), or jejunostomy.
10.	Nil by mouth	Tick if the person did not take any food and/ or fluid via their mouth, and they received all food and fluid via a tube. Do not tick if this only occurred during a final hospital admission before death.
11.	Dental aid	A dental aid refers to items such as dentures. Some people may have some of their own teeth and a partial denture.
Smoking, obesity and other lifestyle risks		
12.	Limited mobility	This refers to decreased ability to move freely without assistance or without risk of falling. Other aids may include a hoist or assistance from a carer.

Other health issues		
13.	Urinary incontinence	Tick if the person had decreased ability to control their passing of urine.
14.	Faecal incontinence	Tick if the person had decreased ability to control the emptying of their bowel.
Medication and consent		
15.	Regular medication	Medication taken on a regular basis.
16.	PRN medication	Medication taken as needed.
17.	Other medications in last 12 months	List any medications prescribed for the person in the last 12 months that were ceased before their death.
18.	Medication incidents	Any incident where medication was not given as required. For example, the wrong medications were given, medications were missed or were given at the wrong time, or the wrong dose was given.
19.	Responsible for consent	Indicate who was responsible for providing consent to medical and dental treatment on the person's behalf.
In the 12 months before the person's death		
20.	Behaviours of concern	Behaviour that is of such intensity, frequency or duration that the quality of life and/or physical safety of the person or others is put at risk.
21.	Self injury	Examples are self-hitting, banging head, biting, cutting, scratching or picking skin, burning and eye-poking.
22.	Absconding	The person left a place without the agreement of those responsible for their care.
23.	Restrictive practices	Restrictive practices refer to methods that involve some intrusion on the person's freedom in order to curtail a particular behaviour. May include physical or chemical restraint and seclusion or containment.
24.	Hospital admissions	This refers to a full admission to hospital or a short-term presentation to an Accident and Emergency department.
25.	Falls	Include any falls experienced by the person in the last 12 months, regardless of their cause.
Documents required with the Client Death Notification form		
26.	Current risk assessments and relevant support plans	Please provide any assessments and/or support plans that relate to the health issues, risks and support needs for the person you have identified in the CDN.
27.	Health care plan	Any document that provides a comprehensive overview of the person's health needs and outlines the actions required to meet those needs.
Notification to Police		
28.	Notification to Police	Under the *Coroners Act 2009*, service providers are required to report the person's death to a police officer, coroner, or assistant coroner as soon as possible after the death.
Checklist for Completion		
29.	Critical incident reports	A staff member's report of a significant incident or event that represented potential danger to the person or other people.
30.	Briefing notes	A short, written outline provided to management about the death.