

Child Fatality and Near Fatality Protocol

(Revised 11/05/21)

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Forms

The following forms are referenced in this file:

- 04-51A Critical Incident Report
- SOC 826 Child Fatality/Near Fatality County Statement of Findings and Information

Policy

Child Welfare Services (CWS) staff will ensure that timely notification and essential information regarding child fatalities/near fatalities are provided to the appropriate Health and Human Services Agency (HHS) representatives, the California Department of Social Services (CDSS), the Juvenile Court, and the Juvenile Justice Commission (JJC).

All child fatalities suspected to be the result of abuse or neglect must be investigated per MPP Division [31-101](#) and [31-105](#) regulations. All children in the home, where a fatality has occurred, will have a client notebook and allegations as applicable.

Prior to closing fatality/near fatality referrals, regions will contact and consult with the Office of the Ombudsman.

Do not Evaluate Out referrals for Fatalities and Near Fatalities on dependent children.

Definition and determination

Child Fatalities/Near Fatalities are critical incidents. The definition of “near fatality” is “An act that, as certified by a physician, places the child in serious or critical condition.” Child fatalities/near fatalities can have serious consequences for the family, community and/or for the County. Child fatalities/near fatalities should be reported by using the Critical Incident Report. The Child Abuse Hotline **must** create a referral on all reported Child Fatalities/Near Fatalities in CWS/CMS.

See Critical Incident Protocol for further information.

Definition and Determination (cont.)

Determination of a child abuse and neglect **near fatality** requires two separate actions:

- A physician certifies the child’s medical condition.
- CWS or Law Enforcement determines if abuse and/or neglect occurred.

The physician’s certification can be obtained by the SW communicating directly with the physician and documenting the conversation. The certification can also be obtained by the SW communicating with a nurse, hospital social worker or other hospital employee to confirm the child’s condition as it is noted on the child’s medical chart/record. If certification of the child’s condition is obtained through this type of communication, the SW must obtain and note in CWS/CMS the name of the doctor who noted the condition and the date of the diagnosis. Sometimes the words “serious” or “critical” are not used by hospital staff. The SW must work with County Counsel (CC) and hospital staff to determine if the information given by the hospital staff meets the requirements of a near fatality.

Determining a near fatality can be difficult and may require in depth communication with the physician/hospital staff. The following charts can help social workers to ask questions of the physician/hospital staff to help determine the proper designation.

Question to the doctor/hospital staff:

What is the most severe condition or prognosis the child has been classified as since the injury occurred or admission to the hospital?

If the answer is...	Then...
Serious, critical, life threatening or the equivalent	Report as a Near Fatality
Fair, Good, Stable, or equivalent	This does not meet the requirement for a near fatality
Unknown or the information is not in the records	Further questioning is needed. Ask: Has a code for critical care services been used in reference to this patient? If Yes, then report as a near fatality. If No, further consult with the child’s physician is necessary.

Definition and determination (cont.)

Question to the doctor/hospital staff:

Is the child now or has the child been in serious or critical condition since admission to the hospital or since the injury occurred?

If the answer is...	Then...
Serious, critical, life threatening or the equivalent	Report as a Near Fatality if CWS or Law enforcement have made the determination of Abuse/Neglect.
Fair, Good, Stable, or equivalent	This does not meet the requirement for a near fatality
Unknown or the information is not in the records	<p>Further questioning is needed.</p> <p>Ask: Have the child’s vital signs been unstable at any point since admission or since the injury occurred?</p> <p>At any point since the admission or since the injury occurred, has the child’s prognosis been questionable or unfavorable?</p> <p>Has the child been admitted to critical care due to the severity of their illness or injury?</p> <p>If the answer is Yes to any of these questions, read the doctor the “serious” and “critical” definitions and ask if this describes the child in question. If the doctor states the definition fits, then report as a near fatality. If the doctor indicated that the child has never had unstable vital signs and that the prognosis has never been questionable then this is not a near fatality.</p>

NOTE:

American Hospital Association Definitions are below:

Definition of “serious:” Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Definition of “critical:” Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Reporting procedures

All child abuse and neglect fatalities and near fatalities must be reported to the California Department of Social Services (CDSS) using the SOC 826 form (See Reporting Fatalities-Near Fatalities to CDSS and Public Disclosure). The SOC 826 must be submitted within 10 business days of a determination or substantiation that abuse/neglect caused or contributed to a child fatality/near fatality (i.e. after investigation is complete). Child Fatality/Near Fatality must be reported **on the day of discovery** of the fatality/near fatality through the Critical Incident Report. The original copy of the Critical Incident Report (CIR) is filed in the Office of the Ombudsman (OOO); **no copies are kept in the child's file**. There are different procedures to follow depending on the status of the case.

- [Active to CWS](#) (at the time of the incident child was in an open case or referral)
- [Not Active to CWS](#) (no open case or referral at the time of the incident)

Active to CWS

Staff	A Fatality/Near Fatality: Accidental or from Natural Causes	B Fatality/Near Fatality: Non-Accidental or Suspicious
Hotline SW	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Create referral in CWS/CMS. NOTE: A notebook for the fatality/near fatality victim must also be created in CWS/CMS if one is not already present. • Assess referral for sensitive status. • Contact SW or PSS, or unit duty worker to report fatality/near fatality, if the SW is not aware of the fatality/near fatality. • Assign referral following Hotline - Priority of Referrals. • Complete Critical Incident Report (CIR) 04-51A if Hotline is the first CWS staff to be notified of the fatality/near fatality. (Must be done within two hours of notification) • Email CIR to Hotline PSS. 	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> • For open referrals, the investigation will be assigned to the ER unit in the appropriate region (region with the open referral). • For open cases, the investigation will be assigned to the Open Case Investigation Unit. (See Hotline - Referrals on Active Cases and Active Referrals) <p>(continued on next page)</p>

Reporting Procedures (cont.)

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Hotline SW (cont.)		<ul style="list-style-type: none"> • If child resided in an out-of-home placement, follow appropriate protocol: <ul style="list-style-type: none"> ○ Foster Home and Approved Resource Family Investigation Protocol if child was in a Resource Family Home. ○ FFA Investigation Protocol if child was in an FFA home. ○ LGH and STRTP Investigation Protocol if child was in a group home/Short Term Residential Therapeutic Program (STRTP). ○ Coordinate response with Foster Home Investigating Unit/Complaint Specialists. • Call Law Enforcement: <ul style="list-style-type: none"> ○ To report fatality/near fatality and provide the name and telephone number of the assigned SW and PSS. ○ To report if there is immediate danger to other children if not already done by assigned SW. • Cross report fatalities to the Medical Examiner, (858) 694-2895, giving the name and telephone number of the assigned SW and PSS.

**Reporting
Procedures (cont.)**

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Hotline PSS	<p>If Hotline was first to receive report of fatality/near fatality, Hotline PSS will:</p> <ul style="list-style-type: none"> • Review CIR. • Initial on review line. • Immediately forward copy of CIR to Hotline CWS Manager. • Make referral sensitive if necessary. 	All procedures under A .
Hotline CWS Manager	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Notify Regional Chain of Command, Executive Assistant and Director when a fatality/near fatality involving a dependent occurs. 	All procedures under A .
Assigned SW (or Unit PSS if SW not available)	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Immediately report fatality/near fatality to Hotline if Hotline has not been notified. • Report to PSS if PSS is not aware of fatality/near fatality. • When SW/PSS is the first CWS staff to receive report of fatality/near fatality: <ul style="list-style-type: none"> ○ Complete CIR ○ Email to PSS <p>(continued on next page)</p>	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> • Consult with PSS and assess for risk to other children in the home. • Immediately call Law Enforcement: <ul style="list-style-type: none"> ○ To report fatality/near fatality. ○ To report if there is immediate danger to other children. ○ To coordinate investigation. <p>(continued on next page)</p>

Reporting
Procedures (cont.)

Staff	A Fatality/Near Fatality: Accidental or from Natural Causes	B Fatality/Near Fatality: Non-Accidental or Suspicious
Assigned SW (or Unit PSS if SW not available) (cont.)	<ul style="list-style-type: none"> • Notify following people of the fatality/near fatality as appropriate: <ul style="list-style-type: none"> ○ Parents ○ Substitute Care Providers (SCP) ○ If Child was a dependent, notify: <ul style="list-style-type: none"> ▪ Attorneys ▪ Juvenile Court via ex-parte ▪ Registrar (if child was in out-of-home placement) <p>As requested:</p> <ul style="list-style-type: none"> • Supply a dot point/review for the Director as requested. • Supply updates for the Director as requested. <p>(continued on next page)</p>	<p>NOTE: During the investigation if there is a difference of opinion between Law Enforcement and the SW regarding the removal of children in the home, elevate the matter to the PSS and CWS Manager. The ultimate decision rests with CWS.</p> <ul style="list-style-type: none"> • Request a copy of the police report (if Law Enforcement is already involved). • For open referrals, the investigation will be assigned to the ER unit in the appropriate region (region with the open referral). • For open cases, the investigation will be assigned to the Open Case Investigation Unit. (See Hotline - Referrals on Active Cases and Active Referrals.) • See the following protocols when child was in an out-of-home placement: <ul style="list-style-type: none"> ○ See Foster Home and Approved Resource Family Investigation Protocol. ○ See FFA Investigation Protocol. ○ See LGH and STRTP Investigation Protocol for group home/STRTP placement. <p>(continued on next page)</p>

Reporting Procedures (cont.)

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Assigned SW (or Unit PSS if SW not available) (cont.)		<ul style="list-style-type: none"> • If the death/near death occurs in a foster home/Resource Family Home, coordinate response with Foster Home Investigating Unit/Complaint Specialists. • Contact the Medical Examiner (858) 694-2895 within 24 to 48 hours of the fatality. Request to speak with assigned ME and inquire if there are any preliminary indications of abuse/neglect or toxicology results. • Notify OOO of the preliminary cause of death.
Unit PSS	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • If report received first in Unit where case is active, PSS will: <ul style="list-style-type: none"> ○ Review the CIR. ○ Initial on review line. ○ Give CIR to CWS Manager for initials. • Be available to help the SW with issues regarding the child's death/near death. • Provide workload protection for the assigned SW to meet Agency demands and address feelings regarding the death/near death. • Check with the SW to determine if he/she wants to meet with EAP staff, or other resources. • Notify Staff Psychologist in order to arrange support as needed. 	All procedures under A.

Reporting
Procedures (cont.)

Staff	A Fatality/Near Fatality: Accidental or from Natural Causes	B Fatality/Near Fatality: Non-Accidental or Suspicious
Unit PSS (cont.)	<ul style="list-style-type: none"> Assess the need for additional support for the assigned SW. 	All procedures under A .
After Hours Hotline Staff/SW	<p>Same day of discovery:</p> <ul style="list-style-type: none"> Create referral in CWS/CMS. NOTE: A notebook for the fatality/near fatality victim must also be created in CWS/CMS if one is not already present. Assign referral following Hotline - Priority of Referrals. Contact SW or PSS, or unit duty worker to report fatality/near fatality if the SW is not aware of the fatality/near fatality, as approved by Hotline/Standby PSS. Complete CIR within two hours, if first CWS staff to be notified of the fatality/near fatality. Forward copy of CIR to Hotline PSS. 	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> For open referrals, the investigation will be assigned to the ER unit in the appropriate region (region with the open referral). For open cases, the investigation will be assigned to the Open Case Investigation Unit. (See Hotline - Referrals on Active Cases and Active Referrals) If child resided in a licensed facility, follow the appropriate protocol when assigning the referral: <ul style="list-style-type: none"> See Foster Home and Approved Resource Family Investigation Protocol. See FFA Investigation Protocol See LGH and STRTP Investigation Protocol for group home/STRTP placement. The Hotline will assess risk and assign an IRS Standby SW if appropriate. Call Law Enforcement: <ul style="list-style-type: none"> To report the fatality/near fatality To report if there is immediate danger to other children.

**Reporting
Procedures (cont.)**

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
After Hours Hotline Staff/SW (cont.)		<ul style="list-style-type: none"> • Cross report fatalities to the Medical Examiner (858) 694-2895, giving the name and telephone number of the assigned SW and PSS. • Email the CIR to OOO the same day of discovery, if possible, but no later than the next morning, excluding weekends and holidays.
Standby/ After Hours Hotline PSS	<p>If Hotline was first to receive report of fatality/near fatality, Hotline PSS will:</p> <ul style="list-style-type: none"> • Review CIR. • Initial on review line. • Immediately forward copy of CIR to Hotline CWS Manager. • Make referral sensitive if necessary 	All procedures under A .
CWS Manager of SW completing CIR	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Review CIR. • Initial on review line. • Forward CIR to the Office of the Ombudsman (OOO). 	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> • The first workday following the death/near death, meet with the PSS and SW to discuss the case. • Identify other workers and their supervisors, including IFPP, who have been assigned to the case. • Notify the staff psychologist of names of staff involved with the case, for support.

Reporting Procedures (cont.)

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Office of the Ombudsman (OOO)	<ul style="list-style-type: none"> • Review the CIR. • Contact CWS Manager, PSS or SW for clarification if necessary. • Notify CWS Director and Executive Assistant of the fatality/near fatality through a dot point of the case and CIR if necessary. • Conduct a case review if requested to do so by the CWS Director or CC. • When appropriate, as determined by OOO, distribute copies of the CIR to: <ul style="list-style-type: none"> ○ Presiding Judge of Juvenile Court. ○ Juvenile Justice Commission (JJC). • When appropriate, make the CWS/CMS case <i>sensitive</i> through the Help Desk, if this has not been done at the Hotline. • Request the Medical Examiner’s Autopsy Report. • Scan a copy of Medical Examiner’s findings/ Autopsy Report into the CWS/CMS. Notify the assigned SW that the Medical Examiner’s Autopsy Report has been received and entered into CWS/CMS. • If an autopsy was not completed, request a copy of the death certificate from Vital Records and Statistics. • Complete review and/or reports when requested by CWS Director, Assistant Director and/or Regional DD. 	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> • Obtain and secure the original hard case file (the assigned SW may copy the entire hard file for their use). • Conduct a thorough review of the case and current circumstances. • Send a copy of the CIR to the CWS Director’s office. • Follow up with SW within 24 to 48 hours for a preliminary cause of death. • Complete the Child Fatality/ Near Fatality County Statement of Findings and Information Form (SOC 826) and fax within <i>five business days</i> of being notified of either a child fatality or near fatality to the CDSS. • Provide the CWS Director a verbal and/or written report and <i>provide</i> updates as requested. <p>HOMICIDES</p> <p>Additional Requirements:</p> <ul style="list-style-type: none"> • Immediately forward a copy of the CIR to: <ul style="list-style-type: none"> ○ CWS Director ○ Executive Assistant/ Media Coordinator

Reporting
Procedures (cont.)

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Staff Psychologist	Call the following staff to offer support: <ul style="list-style-type: none"> • SW • PSS • CWS Manager 	Same as procedures under A
Placement Coordinator SW or Institutions and Evaluation Unit (IEU)	Placement Coordinator SW: <ul style="list-style-type: none"> • For all fatalities in cases involving licensed placement and both dependents and non-dependents: <ul style="list-style-type: none"> ○ Immediately email or fax Client Death Report (form LIC 9186) to the California Department of Social Services (CDSS). ○ Submit addendum(s) as appropriate. IEU SW: <ul style="list-style-type: none"> • Follow the LGH and STRTP Investigation Protocol. 	Once a report of non-accidental death/near death in out-of-home care is received, notify the following staff of the child abuse/neglect incident: <ul style="list-style-type: none"> • Probation Staff in County • Probation Staff out of County • Licensing Staff • SW staff (in and out of county)
Executive Assistant/ Media Coordinator	N/A	Review and forward the CIR to the CWS Director.

Reporting
Procedures (cont.)

Not Active to CWS

Staff	<u>A</u> Fatality/Near Fatality: Accidental or from Natural Causes	<u>B</u> Fatality/Near Fatality: Non-Accidental or Suspicious
Hotline SW or After Hours Hotline Staff	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Create referral in CWS/CMS. NOTE: A notebook for the fatality/near fatality victim must also be created in CWS/CMS if one is not already present. • Assign referral following Hotline - Assignment of Referrals. • Complete CIR, if Hotline is the first CWS staff to be notified of the fatality/near fatality. (Must be done within two hours of notification) • Give CIR to Hotline PSS 	<p>All procedures under A and Additional Requirements:</p> <ul style="list-style-type: none"> • Assess for immediate assignment if other children remain in the home. • Follow criteria in Hotline - Priority of Referrals to determine assignment when other children remain in the home. • Call Law Enforcement to: <ul style="list-style-type: none"> ○ To report fatality/near fatality report if there is immediate danger to other children. • Notify Hotline CWS Manager.
Hotline PSS	<p>If Hotline was first to receive report of fatality/near fatality, Hotline PSS will:</p> <ul style="list-style-type: none"> • Review CIR • Initial on review line • Immediately forward CIR to Hotline CWS Manager 	<p>All procedures under A and</p> <ul style="list-style-type: none"> • Evaluate need to make case sensitive.
Hotline CWS Manager	<p>Same day of discovery:</p> <ul style="list-style-type: none"> • Review CIR • Initial on review line • Forward CIR to OOO 	<p>All procedures under A</p>

Reporting Procedures (cont.)

Staff	A Fatality/Near Fatality: Accidental or from Natural Causes	B Fatality/Near Fatality: Non-Accidental or Suspicious
OOO	<ul style="list-style-type: none"> • Review the CIR • Request Medical Examiner’s Autopsy Report • Enter Medical Examiner’s findings into the CWS/CMS Client Notebook once it arrives and add to physical hard case file. • If an autopsy was not completed, request a copy of the death certificate from Vital Records and Statistics. • Complete review/ report when requested by CWS Director, Assistant Director and/or CC. 	<p>Same as procedures under A and B</p> <ul style="list-style-type: none"> • Notify the Executive Assistant and CWS Director. • Obtain and secure the original hard case file • Request a copy of the police report. • Conduct a thorough review of the case and current circumstances. • Follow-up with SW within 24 to 48 hours for preliminary cause of death. • Fax a completed Child Fatality/Near Fatality County Statement of Findings and Information Form (SOC 826) to the Bureau CWS Manager at the CDSS, CSOB [Fax (916) 651-8148]. • Notify the assigned SW when the Medical Examiner’s Autopsy Report has been received and entered into CWS/CMS.

Immediate Response

When a child dies and there are other children in the home, and there is an assigned SW, the assigned SW must provide an in-person immediate response to the location where the child died, even if it is after regular working hours. If the assigned SW cannot be reached, the PSS is to ensure that:

- Another SW responds during regular working hours.
- A Standby SW responds after regular work hours.

SWs are to coordinate their investigation and interviews with Law Enforcement investigators when doing so will not result in a delay that would endanger other children in the home.

**CWS/CMS
Documentation for
Deaths and Near
Fatalities in
Referrals and Cases**

CWS/CMS Documentation for Fatalities in Referrals:

For closing client disposition for deceased children in referrals, see ER - Closing Referrals and Closing Cases.

If the determination of cause of death is received after the referral is closed, the SW must contact the Help Desk. The Help Desk will use their privileged access to CWS/CMS to input the death information in the client notebook, demographics page.

CWS/CMS Documentation for Fatalities in Cases:

When a child dies while in an open case, regardless of the service component under closure reason, select "Death of Child" and complete the demographics page of the client notebook to record the date of death and circumstance type. This procedure remains the same for open cases with children in out-of-home care.

CWS/CMS Documentation for Near Fatalities in Referrals and Cases:

For child abuse injuries or neglect, that almost result in death, document this information in the Client Management Section in Existing Health. The onset date (date of abuse/neglect if known; if unknown leave blank) will be documented in the hospitalization tab. The client's condition will be filled out in the Diagnosed Conditions Tab, using the attending physician's notes/comments. Complete the hospitalization tab of the client notebook to record the date of hospital admission and admission reason.

**Child in Out-of-
Home Care**

When a child dies while in out-of-home care, the assigned SW will:

- Ensure that a new referral is created by contacting the Hotline.
- Notify the family immediately. Offer support and grief counseling to the family, and refer to appropriate resources.
- Contact Resource Family, offer support and grief counseling as needed, and refer to appropriate resources. Notify Licensing Complaint Division/RFA/Placement Coordinators Office (PCO) of the death and circumstances of the death.
- Notify eligibility staff.
- Licensing will coordinate with the assigned Region and Law Enforcement to determine circumstances of the death.
- If the circumstances of the death are suspicious or as a result of abuse or neglect, the ER SW/Assigned SW will notify the hotline in order for companion referrals to be created for additional children placed in the home, if they have not been previously created. The ER SW/Assigned SW will notify other SWs who have children placed in that home to assure all other children are protected.

If a child dies in a group home or STRTP, see LGH and STRTP Investigation Protocol or FFA Investigation Protocol.

Media Contact

Anyone from the media who requests information about a child fatality/near fatality shall be referred to the Media Communications/Executive Assistant.

Requests for Information

The Public Records Act (PRA) - Fatalities of Minor Foster Children authorizes the release of the name, date of birth, and date of death for all children who die while in out of home placement, both by Child Abuse and Neglect (CAN) and Non-CAN. Public Records Act requests regarding fatalities in foster care are referred to and answered by the Office of the Ombudsman.

Requests for information can also be made under WIC 10850.4 for CAN fatalities and near-fatalities of children in both active and non-active CWS cases. For information on what can be released and when to release the information, see Reporting Fatalities-Near Fatalities to CDSS and Public Disclosure.

Hard Files

Fatality records are maintained by CWS for 100 years. Records on deceased minors are held at the Office of the Ombudsman while the Ombudsman is compiling, when necessary, a review report for suspicious deaths.

Child fatality files **must** have the following:

- Updated CWS/CMS client notebook.
 - The child's name on the face sheet with the notation: **"Deceased date _____."**
 - On cover of hard file, in bold marker, the notation: **"Deceased Child, DOD (Date of Death): XX/XX/XX, DO NOT DESTROY FILE"**
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Funeral Arrangements and Expenses

Before making any funeral arrangements, the SW must have written permission from the parents unless the parents are not available. If the parents are unavailable or unable to assume the cost of funeral or burial arrangements, there are two public resources available. The resources are AFDC-FC and the Indigent Assistance Program administered by the Office of the Public Administrator (**NOTE:** The Public Administrator must be contacted prior to any funeral arrangements being made or they will not cover any costs). Policies and procedures for both resources can be found in the Funeral Expenses Policy. No matter which resource is used, the circumstances will be documented in the CWS/CMS Contact Notebook. If the parents are not available and the foster care reimbursement systems cannot be used, the circumstances will be documented in CWS/CMS Contact Notebook.

If the parents refuse to give the SW permission to make funeral arrangements, the parents may make their own funeral plans. If the parents are not able to make the arrangements, the SW will proceed with the arrangements and document the events in the CWS/CMS Contact Notebook.

(For more information, see Funeral Expenses.)

Social Worker Resources

Fatalities and near fatalities can be stressful and traumatic for all involved, including social workers. It is important to practice self-care and to utilize available resources. The Staff Psychologist is available as needed.

For additional resources including, but not limited to, counseling you can call the Employee Assistance Program (EAP) at (888) 777-6665 or visit [Human Resources - EAP](#). EAP is available 24 hours a day and 7 days a week.

Alignment with SET

This policy supports Safety Enhanced Together (SET) [Value 1](#) and the guiding principles to build shared understanding and agreement through family engagement, and the agency practice to engage the family in safety planning by utilizing respectful, honest and transparent communication.

It also supports [Value 4](#) and the agency practice to maintain open communication and transparency with families and community partners.

This policy supports SET [Value 5](#) and the guiding principle to collaborate with law enforcement to ensure safety and effective coordination of services.

It also supports [Value 6](#) and the guiding principle of having a system that recognizes and addresses secondary traumatic stress and provides opportunities for staff to build resiliency and maintain a work/life balance.
