

How Emergency Departments Providers and Staff Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for emergency department doctors, nurses, social workers, and staff when connecting with newly bereaved families.



Emergency Department Providers and Staff Can Make All the Difference

Emergency department providers and staff are among the first professionals to come face-to-face with parents and caregivers after a child's death. Your interactions will have a powerful and lasting impact on families. Whether this is your fifth or 500th fatality, it is important to remember it may be the family's first, and you have a unique opportunity—and responsibility—to manage the interaction with compassion and respect.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.

Grief negatively impacts short-term memory: Parents, siblings, caregivers, and other family members may not be able to access information as basic as their child's date of birth or middle name. They also may not be able to provide a linear account of the events leading up to the child's death.



Written Guidance

Providing written information is critical to help newly bereaved people who may not be able to accurately recall or recount details after the fact.



Repeat Information

Repeating yourself at least 2-3 times will help newly bereaved people remember facts.



Cultural and Religious Practices

Honoring cultural and religious practices is paramount, as it respects family values and mourning rituals, reduces trauma, and builds trust.

Practical Tips

- 1. Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family. When with the family, *always* avoid clinical terms such as "decedent."
- 2. Institute straightforward hospital policies.** Emergency department providers are faced with complicated decision-making, such as whether to allow a family to hold or touch a child who died suddenly before a police investigation determines the cause of death. To help emergency department providers and staff, hospitals can adopt policies and practices that provide guidelines for patient and family care, as well as bereavement and mortuary protocol.

3. **Present the death notification with care.** Find a quiet and private space to meet with the family, sit down, and ask the family to also sit down (this is to avoid someone falling should they faint or become weak). Young children should not be present. Using clear words to describe a disease or cause of death can lead to a better understanding of what led to their loved one's death and what was (or was not) within their control. Answer all questions honestly.
4. **Use caution when discussing organ donation.** The request for organ donation should only be made by an individual trained in engaging in this extremely difficult and painful conversation.
5. **Understand that every interaction is a hallmark memory.** Be mindful that every interaction with emergency department providers and staff has the potential to create lasting memories, both loving and painful, and has the potential to support both short- and long-term coping.
6. **Pay attention to the health status of the bereaved.** Listening and acknowledging the difficult decisions parents and caregivers face in the aftermath will help you determine what they need. Newly bereaved parents and caregivers are at increased risk of cardiac events and other health conditions.
7. **Allow families to make decisions.** Allowing parents and caregivers to make decisions is important and provides them with a sense of control and predictability. Key decisions may include how long the family may remain with the body before it is removed, whether photographs or videos are permitted, and whether they are permitted to remove a lock of their child's hair.
8. **Care for the child's body.** Thoroughly explain what steps will be taken to care for the child's body and explain when they may see their child again.
9. **Preserve soiled clothes and other belongings.** Packaging and giving families soiled clothes and other belongings should be done with great care, especially if blood or remnants of the death are present.
10. **Allow people to say goodbye.** Provide the family with an opportunity to spend time with their child's body and say goodbye in a way that does not compromise the death scene. Also, gently remind them they will have an opportunity to see their child's body at the funeral home, which may ease some of the concern that this will be the last time they can see their child.
11. **Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for six to nine months following a death, but adult family members may benefit from short-term (1-3) sessions soon after the incident.



Importance of Self-Care

Individuals who work in emergency department settings often experience a higher level of stress than most professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Restorative time away from the job is important. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Federal Bureau of Investigation** offers Compassionate Trauma and Death Notification Training. For more information, visit fbi.gov/traumanotification.
- **The National Center for Fatality Review and Prevention (NCFRP)** is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs throughout the United States. For more information, visit ncfrp.org.
- **National Prehospital Pediatric Readiness Toolkit.** Provided by the Emergency Medical Services for Children's Innovation and Improvement Center. Bereavement Support Resources for Families and Professionals. <https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/pprp-toolkit/fcc/general/bereavement-support/>
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.