

## Whose responsibility is it?

By Dan McGuire, BCETS, CATSM

When anyone chooses a career in the emergency services (police, EMS, Fire, nursing, etc.), they usually take that path because of a personal commitment to helping others, being able to make a difference and, frankly, for the excitement and satisfaction these jobs can bring.

The volunteer who joins a local ambulance or fire department frequently does so with many of the same motives, but often these individuals come from different career backgrounds such as sales, banking, retail, engineering, or others. Regardless of their particular career, these people take the responsibility to work in the emergency services with the knowledge that they will be supplied with the required training, the tools necessary to perform the tasks, and the skills that enable them to stay healthy and functional before, during, and after the calls they respond to.

Part of the work these responders do exposes them to what are referred to as “**imprints of horror**”, situations such as multiple fatalities at a car accident, gruesome injuries, terrorist activities, disasters and others. If these responders are not given an opportunity to “tell their story” as to what they did, experienced, smelled,

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## Line of Duty Death

**A frank discussion on the unthinkable**

By Dan McGuire, BCETS, CATSM

There are few events that will stop a department or company in its tracks like experiencing the serious injury or death of one of its staff. A line of duty death (LODD) is the worst event any chief, commander, supervisor or manager will ever have to deal with and be able to lead their people through.



Speaking from personal experience and from my work with several emergency responders and corporations, the LODD will do the following:

- It will paralyze your people for several days without the proper pre-plan and resources in place.
- It will forever change the way your department or group functions.
- It will be the event that will either make or break you as a leader.

Your staff will be looking directly toward management as the “experts” who will guide them in what to do at the time of the event, during the aftermath, and in the months afterwards. In the corporate workplace, your customers can be directly affected as well, because of the interruption of your staff’s daily tasks and their distraction from customer service needs.

With the LODD events I have been involved in, only those with the appropriate pre-plan that had been developed, updated, well communicated, and readily available made it through the event and came out of it able to function, retain their employees, and return to some sense or normalcy. When a LODD occurs, there are several areas that need to be involved, called upon and be made aware of what needs to happen.

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### *Whose responsibility is it con't*

heard while doing their jobs, this positions them all too well for the early stages of critical incident stress.

Without access to trained CISM resources, these responders will be burdened with the additional stressors of these imprints, along with the existing stressors of the work itself and from life's general challenges.



The primary question I get from groups I work with is “Whose responsibility is it to make these resources available?” Should a department of local or regional government provide them? Are these duplications of services?

I answer these questions with the question; “Can you afford not to offer any CISM based assistance?” What are the costs to your department every time you lose an employee or volunteer member? Calculate the dollars that went into the training and equipment for that individual, and the expense of losing someone that is well known and trusted by their peers in the department or their customers?

Figures run as high as \$50,000 per employee and \$15,000 per volunteer who leaves the emergency services for another career or leaves the department to volunteer someplace else. Ask yourself, “How easy is it to recruit, train and maintain employees or volunteers that you can depend on year after year?”

If your department does not have even rudimentary CISM resources, there are many programs available to assist you in making sure that you are able to retain your people. A simple 90-minute CISM overview or Acute Traumatic Stress Management class can “vaccinate” your staff against the signs of critical incident stress (hypervigilance, lack of interest in their job, fear, agitation, etc.) and prepare them for what they may experience.

We vaccinate many emergency responders against Hepatitis B but, so often, critical indent stress is moved too low on the priority list. This trend needs to be reversed, so you can keep your staff functioning well and keep them in service when they know someone took the time and effort to see to their overall well being. ‡

### CISM Team Maintenance

During times of crisis, it's essential that people find ways to remain physically and psychologically healthy. It's even more the case for the specialized individuals who attend to people in crisis. Without that level of personal care, the caregivers will be unable to function appropriately when needed.

Many CISM-based teams—both in the emergency services and in the workplace—respond to the critical incidents that others experience or situations where people need assistance. The CISM team responds, applies its training, and then helps the affected people reenter their workplaces and jobs with a better set of coping skills than they had before the incident.

However, in addition to those basic elements of caregiving, a key component to keeping a CISM team healthy is to have an automatic “debrief-the-debriefers” session immediately after the intervention. This allows the CISM team members to review their roles in the response, evaluate how the session went, and reflect on what may not have gone well. The team leader should be especially attuned to the signs or symptoms that someone on the team has not been able to disengage from the debriefing.

Inability to disengage may manifest itself in a number of ways. Look out for someone who demonstrates a high level of concern for those debriefed. That individual may express excessive sensitivity and wonder if “they” can survive without further support from this team member. Other situations might involve someone who cannot stop talking about details from the debriefing or someone who shows chronic feelings of fatigue after interventions. Another symptom might be a team member doing excessive follow-up (fishing) with those debriefed, beyond what is expected and needed.

If a team member exhibits these symptoms, it's crucial that they be relieved of duty and quickly connected with the next level of mental heath services. They should be permitted to have several weeks “off duty” to decompress. They will need careful follow-up and instruction on vicarious traumatization, ability to “repel” others traumatic stress and the importance of keeping one's self balanced and in control. ‡

## **CISM RELATED WEBSITES:**

Check out the websites below for further information on CISM, books on CISM and other good stuff!

**International Critical Incident Stress Foundation (ICISF) [www.icisf.org](http://www.icisf.org)**

**American Academy of Experts in Traumatic Stress (AAETS) [www.aaets.org](http://www.aaets.org)**



## **CALENDAR OF EVENTS**

### **4TH ISSUE OF "THE CISM PERSPECTIVE"**

PLACE? YOUR MAILBOX

TIME? FEBRUARY 2002

### **ACUTE TRAUMATIC STRESS MANAGEMENT SEMINAR**

PLACE? ROCHESTER, NY

TIME? APRIL 2002

New CISM model of training for emergency responders, nurses, EAP and others. Details to follow.

## **Remembering those we all lost...**



"Let every nation know, whether is wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe to assure the survival and the success of liberty"

President John F. Kennedy's inaugural speech January 1961

*LODD continued from page 1*

Starting with the management, ask these 3 key questions:

- Do we have a LODD pre-plan in place?
- Do I as a leader know where my copy is?
- How long has it been since I looked at it and updated it?

If you cannot fill in the answers to these 3 important questions, you then need to press your management staff (Chiefs, department heads, etc.) to start on the process of having an "off the shelf" LODD pre-plan in place and regularly updated and communicated.

If you do have one in place, answer these 2 questions:

- How familiar with the LODD pre-plan am I right now?
- Do I know all of my available resources and is the contact information for them readily available?

Start with your human resources or EAP department and be sure they can assist you with any of these questions. Are they aware of the implications of a LODD event and the impacts it WILL have? How familiar and accepted is Critical Incident Stress Management with these departments?

It should be no surprise to anyone that assembling a comprehensive and inclusive LODD pre-plan will take time and careful consideration of many issues. When you are assembling your plan, be sure you have the right resources and subject matter experts at the ready to be certain your plan is the right one for your department.

You should leave nothing to chance on this crucial matter. At the same time, you need to recognize that these events are difficult to manage at best.

However, with the right amount of planning and with experienced resources at hand, you and your employees WILL make it through these painful experiences and be able to continue on with work and life—and be better for it. ‡

## **RECOMMENDED READING**

### ***NOTIFYING SURVIVORS ABOUT SUDDEN, UNEXPECTED DEATHS***

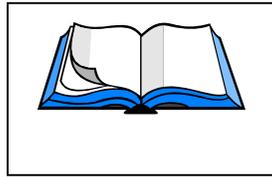
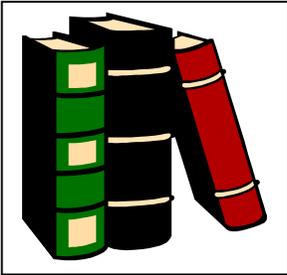
AUTHOR: KENNETH V. ISERSON. MD

PUBLISHED 1999

### ***HELP DURING GRIEF***

AUTHOR: J. Mark and Kathy Ammerman

PUBLISHED 1996



**“The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires.”**

**William Arthur Ward**

## **Are you ready for a critical incident?**

When you are working with a company or consultant, it's significant to your success that you understand the services they are offering to you.

I have listed my consulting services for you below:

- Acute Traumatic Stress Management (ATSM) training
- Comprehensive CISM needs assessment
- CISM pre-education program design and presentation
- CISM Team design and establishment
- CISM Team support and continual education
- CISM educational programs
- CISM pre-plan and program design
- Line of duty death (LODD) pre-plan and response program design
- **Programs flexible to your needs and budget**



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**ADDRESS CORRECTION REQUESTED**

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