Post Critical Incident Response

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America Outdoors Conference
December 6th, 2001
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Critical Incident

Any situation beyond the realm of a person's usual experience that overwhelms their sense of vulnerability and for lack of control of a situation.
Can involve staff, participants, or guests
Most likely Involve a serious or fatal injury or illness
Can also involve criminal activity, natural disasters, lost persons, or any event likely to attract media attention

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Emergency Action Plan

Guides an organizations response to critical incidents

Goals of an EAP include:

- assigning responsibilities during and following an emergency
- identify resources for responding to emotional, legal liability, and media concerns
- preplan actions for likely emergencies: i.e. motor vehicle accident vs fatality vs blood borne pathogen exposure

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Incident Command System

Command, Planning, Operations, Logistics, Finance

An organized tiered response system designed to improve scene management

Can be used in daily operations

Most effective when used to organize complex incidents and emergencies

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Command & Planning

Person responsible for overall leadership, decision making, and scene oversight

- Initially the most senior guide on scene, generally the trip leader (TL) becomes the incident commander (IC)
- should preferably be removed from other operational
- responsibilities, i.e. medical
- as situation evolves, command should be transferred appropriately to progressively more senior staff, i.e. TL-> Head guide -> River manager-> Company owner
- a rapid guide skills assessment by the TL/IC Is critical

Operations

L- locate
A - access
S - stabilize
T - transport

- Initially the 2nd guide on scene, then should generally be transferred to the 2nd most senior guide (sweep guide)
- gold standard" for medical care is Wilderness First Responder (WFR)
- an MD/RN guest may or may not be sour best resource (consider an 'Unsolicited Medical Intervention" protocol)

Permission for Non-solicited Medical Intervention

Thank you for your offer of medical assistance.

Please be advised that these guides are operating under the regulative authority of (Agency having jurisdiction) and under protocols approved by (Company Name). These emergency care providers are also operating under the authority of a Medical Control physician and standing medical orders designed for extended-care wilderness contexts under guidelines approved by the National Association of EMS Physicians.

To avoid confusion and to expedite patient care, no individual should intervene in the care of this patient unless the individual is:

- requested by the guide providing primary patient care
- authorized by the company's Trip Leader/Incident Commander
- capable of providing more extensive emergency medical care at the scene

If you assume patient management, you accept responsibility for patient care until a responding Emergency Medical Services EMT or EMS Medical Control physician accepts that responsibility.

This requires that you accompany the patient to the emergency department

If you are willing to assume this responsibility, please sign the bottom

of this form, and note this on the patient's incident report/patient run record.

_____
(Company Medical Control signature)

_____ _____
(MD name accepting care) (MD signature accepting care)

_____
(MD license #, state of of license, and field of specialty)

Rescue vs Recovery

The key operational, emotional, and evacuation based decision to be made at the scene

Rescue

Risk/Benefit analysis indicates resuscitation/rapid evacuation

"Big Three" System involvement or potential to deteriorate

Respiratory mechanisms

- cold water near-drowning (< 1 hour submersion)
- mod to severe asthma attack (75% increased incidence)
- lighting strike (consider lightning protocol)

Circulatory mechanisms

- pre-cardiac arrest heart attack (MI); consider risk factors

Neurologic mechanisms

- spine/head injuries; "wilderness protocols" extremely beneficial to "rule out" spine injury

Recovery

Risk/Benefit analysis indicates discontinuing resuscitation efforts ("the outcome is the same")

- submersion time> 1 hour (PFD's need to be secure)
- extended CPR (>30 minutes, normothermic body temp)
- MI's require early defibrillation (survivability decreases 10% for every minute delay to defibrillation)
- cardiac arrest from blunt trauma forces (<1% survive in urban EMS response/rapid transport)

Significant body fluid exposure and guest or rescuer risk are reasonable justification to DC resuscitation

Recovery Considerations

- don't prevent the family from being present during resuscitation, but they need to know when they have to "say their last good-bys"
- keep family apprised during resuscitation efforts, using

direct simple non-medical terminology
- best situation is to cover the body and secure the scene with a guide so the agency having jurisdiction (AHJ) can do to their inquiry
- If the AHJ requests transport of the body, a body bag left at equipment stash areas help minimize "vicarious traumatization" of guests and bystanders

Goal is a quite, controlled, injury free evacuation

Logistics

- Initially responsible for communications, equipment and evacuation coordination roles
- food, facilities, and critical incident stress support become important tasks over longer term
- cell phones and GPS systems are quickly becoming the industry standard for activating outside agency evacuation resources; requires back-up plans for inevitable 'techno-failure
- requires pre-planned inter-agency and inter-company training and protocol sharing to help avoid scene "turf battles"

Field Rescue Team Organization

Overall Leader

Medical Leader	Evacuation Coordinator

Communications

- triage	-extraction/technical team
-scribe/documentation	-equipment: medical group, technical
-patient leaders	-scribe
-medical communications	-support team

Finance

Requires an open checkbook" policy

- trip refunds to all participants of trips involving a fatality
- trip vouchers for extended evacuations that shorten or significantly delay the trip schedule
- for extended recovery operations, family members should have all travel and expenses covered to bring them to the scene
- if the perception of guests is "all they were concerned about was taking our money", the company is at significant litigious risk

"You can save your money, or you can save your company"

Support Liaisons

It is critical to identify *one* liaison staff member early in the rescue or recovery operation, chosen specifically for their interpersonal and communication skills, for each of the following:

- trip/guest liaison; requires careful 'politics' to avoid implication of blame or fault; witness statements are critical in potential litigation/liability
- family liaison; may involve next-of-kin notification
- media liaison; require a well-thought out media communications pre-plan

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Trip/Guest Liaison

Responsible for supervision and information dissemination

- organize into a collection/staging area
- give a brief factual synopsis of what has happened and what the plan is for them
- verbalize evacuation assistance 'disclaimer'
- utilize other commercial company resources as needed to evacuate people and equipment
- how guests are handled becomes their incident impression
- carefully preface witness statement collection
- consider CISM defusing, provided separate from staff
- refunds or trip vouchers strongly recommended

Family Liaison

Most difficult and crucial component of immediate incident follow-up

- most senior staff member of an organization who assumes ongoing relations with the family - a potentially protracted task
- inform and involve family in extended body recovery operations as evidence 'everything possible is being done: solicit rescue AHJ for support
- be sensitive to over attentiveness, especially in the later stages of grief/bereavement process
- if at all possible avoid next-of-kin notification via sheriff or rescue personnel

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Next-of-Kin Notification

Genuine sensitivity and sympathy to family feelings is foremost concern
"speak from the heart"

- avoid euphemisms; "passed on', "expired', "deceased"
- think through what to say, but avoid a "scripted' response generated by legal counsel
- anticipate grief responses; denial, anger, "shock", disassociation; often requires follow-up contact
- n.o.k. have the right to prompt factual information

pertinent to the accident
- have facts organized and accurate

N.O.K. Notification

- promptness is critical; don't delay notification, which can invoke suspicion and fault
- inquire what immediate support is needed from friends, family, clergy, and by to procure it
- invite family to come to the incident site at company expense, consider providing a memorial service at the site
- consider staff member who was on-scene make a follow-up call (coached by legal counsel)
- consider a personal visit to the family at their home
- request to participate in the funeral or memorial services
- avoid implied liability/fault/blame

Media Communications

Often contrary to public opinion, journalists generally:

- share a sense of duty to the public
- take pride in having accurate information
- work under tight deadlines
- are under stress and frequently underpaid
- are trying to provide a public service
- don't always let the truth 'get in the way of a good story'

Key is to develop a media relations plan long before a crisis incident and to use their "power of the pen' to be a friend to your organization and to your image

Media Spokesperson

Should be the one person responsible for communicating with the media

- should be senior staff member, but *not* the owner or CEO, so questions can be referred to the CEO for later clarification if needed
- must be available and willing to take calls at all times
- must assimilate staff information and respond to media inquires at the moment and immediately post-crisis
- all staff must be aware that *all* media communications will go through only the spokesperson
- should make personal contact with print editors and local TV/radio producers to establish a personal point of contact consider offering a free 'media day' raft trip

Crisis Strategies

- if feasible, contact the media with a fax press release before they contact you
- be aware of what the media will want to know what

happened, when and where, have n.o.k. been notified, why certain info cant be released, eta
- do not speculate, and keep answers brief and simple, avoiding technical jargon
- never say "no comment", as that is what will be printed
- there is no such thing as "off the record"
- for TV interviews appearance must be serious and professional; think and talk in 10 second sound bites
- be "on guard" as soon as cameras arrive, and assume interview isn't over until they drive away

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Media Damage Control

When a situation may *not* reflect positively on your organization, include the following aspects

- the response efforts that have been made
- if a question contains words you dislike, do not repeat them even to deny them
- be aware of sound bites that can be edited from long statements
- state the background and mission of your organization, including positive situations from the past
- tell the truth, goal is a one-day story without repeated follow-up story exposure
- monitor news reports; if a reporter makes an error contact them and provide correct information to them rather than contacting the editor

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Paradox of Safety and Risk

The overarching message in media interactions should be that your organization:

- cares deeply about this tragedy
- plans an internal and external investigation into the causes and ways to prevent future incidents
- is engaged in providing a value In society that bring life-giving recreational experiences, but with that comes exposure to inherent risks

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Critical Incident Stress Management

Who Rescues the Rescuers?

- recent events have focused its adverse impact on Emergency Services personnel and the public as well
- results in an equal if not greater 'burnout" of outdoor educators and leaders
- addresses emotional "aftershocks", despite intellectual recognition that the causative events "come with the business"
- is *not* an operational critique of the accident
- is *not* psychotherapy, but rather a peer-based support

system (requires formal psychotraumatology training)

Goal is to normalize and mitigate stress based responses

Critical Incident Stress

Has physical, cognitive, emotional, and behavioral effects

- physical: fatigue/exhaustion, sleep disturbance, hyperarousal, gastric disturbance, head aches
- cognitive: confusion, poor decision making, memory problems, distressing dreams, disorientation
- emotional: fear, anxiety, guilt, depression, anger, apathy, denial, relationship problems, panic, irritability
- behavioral: altered eating habits, withdrawal, increased smoking/alcohol use/abuse, excessive humor

These are normal responses to abnormal situations. They do not indicate physical or mental illness, nor do they indicate human weakness. They simply signify a need for simple interventions so that healing can begin.

Personality Traits

EMS ? or Outdoor educators?

- action oriented
- high need for stimulation
- immediate gratification needs
- risk taking behavior
- easily bored
- control orientation
- strong need to be needed
- highly motivated by internal factors
- "rescue" personality

These are normal, as opposed to pathological, personality traits, but they exacerbate the critical incident stress impacts

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Escalating stress factors

Escalating stress factors unique to outdoor educators:

- potential for proximate causation; did what a guide do or not do contribute to the accident
- less "image armor", minimal "desensitization" training
- high level of guide/guest emotional investment, "intimacy of connection
- minimal separation of word/play environments and peer group buffers
- propensity for substance use/abuse resistance response
- younger age/maturity profile

"The crisis is always real to the person who is having it"

De-escalating stress factors

De-escalating factors for outdoor educators

- generally good peer support structure

- less secondary and tertiary family-based stressors
- good verbalization and ventilation skills
- generally good stress/ambiguity tolerance (needs good leadership to achieve this outcome)
- active physical lifestyle

CISM models

Defusing	Demobilization
Debriefing	One-on-one

Defusing

Defusing: preferred CISM option for stress response mitigation

- provided within 8 hours, ideally 1-2 hours, post-incident
- 1-2 peer facilitators in focused impact groups
- should *not* be done at the incident scene due to cognitive suppression
- takes 20-45 minutes, 3 phase process
- goal is to use the time window of the "numb" Phase prior to development of significant resistance responses

Critical time window requires a trained local CISM peer facilitator network

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Debriefing, One-on-one, Demobilization

Debriefing: used alone or as a follow-up to defusing if needed

- 24-72 hours post-incident emotional "window" is open again
- peer facilitated, but requires mental heath provider oversight do to onset of resistance/avoidance responses
- 1-3 hours in length
- 7 phase process; intro, fact, thought, reaction, symptoms, teaching, re-entry

One-on-one: follow-up for individuals needing more re-process

Demobilization: used on multi-day operations/recoveries

CISM litigation concerns

Peer facilitation, unlike mental health consult, is *not* privileged, thus can be potentially "discoverable" by counsel. Safeguards are designed into the process, and include:

- targeted impact groups; media, AHJ personnel, trip guests, guides would defuse/debrief separately
- *no* note taking or record of participation
- confidentiality "contract"
- focus is on the reaction from, not the details of, the incident
- participants encouraged *not* to disclose serious operational problems that may jeopardize participants or any inquiry

Requires facilitator training and discipline to reframe/redirect discussion away from an operational critique

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CISM training resources

- International Critical Incident Stress Foundation
  www.lcisf.org
- American Red Cross Crisis Intervention Teams
  contact your local ARC chapter
- Local Emergency Services CISM Teams
  over 1,000 active teams in the country

Outdoor Educator models:

- National Outdoor Leadership School (NOLS)
- Outward Bound National (OBN)
- Association of Experiential Education (AEE)

Pre-planning actions for Emergency response

Determine likely scenarios and pre-plan the probable response steps to be taken

- missing person or group
- fatal accident or illness
- significant injury or illness
- motor vehicle accident
- inter-company accident response
- blood-borne pathogen exposure

consider less likely scenarios as well:

- criminal activity committed or inflicted on staff or participants
- community mutual aid, i.e. flood response, river rescue, body recovery operations
- staff fatality

Missing person or group

Response plan model

- assess and secure the safety of staff and participants
- establish a base camp/command operations
- gather all pertinent data to establish search profile: who, what, where, when, etc.
- determine urgency: measured, urgent, emergent
- determine point last scene (PLS) and direction of travel (DOT)
- establish search confinement/containment points
- conduct hasty search with available staff
- notify agency having jurisdiction (AHJ) for SAR functions
- initiate internal and external communication plan
- prepare for incident escalation/de-escalation

Fatal accident or illness

Response plan model:

- assess and secure safety of staff and participants
- secure the body and area around fatality site
- initiate controlled evacuation of trip participants
- notify law enforcement AHJ
- initiate internal and external communication plan
- initiate incident reports from all involved staff
- obtain witness reports from all involved participants
- evaluate need for CISM support for participants and staff
- prepare for internal and external investigation

Identify resources

External communication Plan

- sheriff/law enforcement: invite them to mutual aid training sessions, determine their resources
- ambulance/rescue squads: invite them as well to training, determine their resources and capabilities
- land managers/regulative agency
- insurance/legal advisers: important to get legal advice that benefits your organizations long-term interest, not just the insurance carriers long term interest
- PR/media contact
- CISM resources
- commercial competitors

Internal resources

Internal Communication Plan

- senior trip leaders and staff
- Head guide
- River manager
- Company owner/CEO
- Board of Directors members
- PR/media spokesperson
- other company outposts/operations
- off-duty staff with particular skills
- legal counsel
- insurance underwriter
- medical control physician

Prioritize a notification/command flow-chart

Summation

- models are "a cheap imitation of reality"
- company EAP models should be "bottom to top' designed
- every incident is unique - but have predictable and often preventable "pitfalls"
- virtually every documented program critical incident was closely preceded by a "near hit"
- guidelines are an aid, as opposed to a substitute, for a thoughtful well-

coordinated incident response
- no policy or procedure manual can replace the staff qualities which need to be developed and nurtured within your organization: good judgement, quick and proper reaction, and skill

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Future?

How can our industry gain greater control over program exposures, while still preserving the spirit of outdoor adventure?

By welcoming and demanding opportunities to better analyze decisions, self-examine our responses, and assess performance

- acceptance of peer review
- accreditation as a replacement for certification and licensure
- standardized accident data collection and disclosure
- internal and external safety reviews
- collective commitment to managing risk as opposed to "making the industry safe"