

“Dealing with Grief”

A Workbook for Prehospital Personnel



**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

April 2004

GRIEF TASK FORCE OVERVIEW

This self-study module has been created after much discussion, research and thought. Several years ago, Ventura County Emergency Medical Services leaders began discussion on stopping resuscitation efforts for asystolic patients who were not responding to ALS intervention. It seemed to be the “right thing” to do. We wanted to avoid giving false hope to family members who see their loved one being whisked away in the ambulance and to allow a dignified and respectful death in a more familiar environment as well as avoiding hospital and ambulance transportation bills for families.

Our “Grief” Task Force was created to investigate this issue and provide support to both families and rescue personnel. After an extended delay due to task force member changes and difficulty dealing with supplies/reimbursement concerns, the Grief task force began working with renewed energy in October, 1996. In our desire to reduce some of the emotional and financial burden for the family, we realized we would be increasing the emotional and professional burden for the emergency responders. The goals of the task force were:

- **To provide a resource pamphlet for EMS providers to leave with families**
- **To provide a self-study workbook for EMS providers including grief theory, family intervention, legal requirements, resources and documentation**
- **To provide EMS educators with the tools necessary for the grief education process**

It is our hope that this workbook will help you as you deal with the family/friends of all critically ill or injured patients. We hope you find the resource pamphlet beneficial as you try to support the needs of the family or significant others. And we hope you remember to provide support for each other as you deal with this often difficult task.

GRIEF TASK FORCE – June 1999

Task Force members (*past & present*):

Bob Benedetto

Carolyn Giguere

David Chase

Jim Eads

Julie Bridges-Frey

Kathleen Percival

Lisa Brumit

Lynn Tadlock

Meredith Mundell

Stephanie Huhn

Steve Frank

TABLE OF CONTENTS

GRIEF TASK FORCE OVERVIEWII
TABLE OF CONTENTS.....3
OBJECTIVES3
1. THE GRIEF PROCESS.....4
2. FACTS AND MYTHS.....4
3. GRIEF AND FAMILY NEEDS4
4. RESPONSE TO GRIEVING PERSONS5
5. TRANSITION PERIOD5
6. REQUESTS OF THE MEDICAL EXAMINER’S OFFICE.....5
7. CISD/WHEN TO ASK FOR HELP6
8. RESOURCES6
1. THE GRIEF PROCESS: A NORMAL PROCESS.....7
A. SHOCK/DENIAL.....7
B. EMOTIONAL RELEASE8
C. GUILT8
D. FEAR8
E. REORGANIZATION9
2. CULTURAL FACTS AND MYTHS: BARRIERS IN COMMUNICATION.....10
A. PERSPECTIVE.....10
B. DEATH AND CULTURAL GENERALITIES10
C. THE INTERFACE.....12
3. GRIEF AND FAMILY NEEDS13
4. RESPONSE TO GRIEVING PERSONS: THE INTERFACE.....15
5. THE TRANSITION PERIOD: AFTER THE FAMILY IS INFORMED18
A. GRIEF COUNSELING.....18
B. TRANSITION TO LAW ENFORCEMENT.....18
6. REQUESTS OF THE MEDICAL EXAMINER’S OFFICE.....19
A. ALL PATIENTS19
B. PATIENTS TREATED BUT NOT TRANSPORTED19
C. PATIENT NOT TREATED OR TRANSPORTED:.....20
7. CISD/ WHEN TO ASK FOR HELP: TAKE CARE OF YOUR OWN NEEDS21
A. THE CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM (CISM)21
B. SIDS INCIDENTS : IMPACTS ON EMERGENCY WORKERS22
C. RECOGNIZING STRESS24
8. EMS PERSONNEL RESOURCE LISTS26
A. SUPPORT AGENCY PHONE ROSTER26
B. VENTURA COUNTY AREA HOSPITALS PHONE ROSTER27
OBJECTIVES (ANNOTATED).....28
10. GRIEF POST TEST34
11. EVALUATION.....39

OBJECTIVES

1. The Grief Process

At the end of this section the participant will be able to:

- a. Define grief
- b. List four common reactions a family member may exhibit after the death of a loved one.
- c. Demonstrate the use of brief, honest terminology when informing family members of the patient's death.
- d. Identify five common emotional reactions family members may exhibit when informed of a patient's death.
- e. Discuss the desired reaction of EMS personnel when anger is directed at them by grieving families.
- f. Demonstrate appropriate EMS response to the person experiencing guilt at the death of a family member.
- g. State the actions EMS personnel can take to help a person who is fearful after the death of their family member.

2. Facts and Myths

At the end of this section the participant will be able to:

- a. List different ethnic perspectives on death or dying.
- b. Describe the ways in which different cultures may react to pronouncement of death.
- c. State the desirable characteristics when interacting with various ethnic groups.

3. Grief and Family Needs

At the end of this section the participant will be able to:

- a. Describe appropriate ways to help the family or significant other deal with a situation in which death is imminent or has occurred.
- b. Explain how a preschool age child may view death and what responses are appropriate when discussing death.
- c. Compare a school age child's and an adolescent's typical view and understanding of death.

Objectives (Cont'd.)

4. Response to Grieving Persons

At the end of this section the participant will be able to:

- a. Define bereavement.
- b. List three ways to provide support and aid to a grieving family.
- c. Identify ways of acknowledging a family's loss.

5. Transition Period

At the end of this section the participant will be able to:

- a. List the four phases involving death that occurs outside of the hospital environment.
- b. State the main focus of the EMS personnel during the transition period.
- c. State the average time frame requiring EMS attendance after law enforcement arrives.

6. Requests of the Medical Examiner's Office

At the end of this section the participant will be able to:

- a. State field personnel's primary responsibility on calls that may become a Medical Examiner's case.
- b. List five ways on-scene care can assist the Medical Examiner with the investigation.
- c. List actions that can be taken to preserve the scene while waiting for law enforcement to arrive.
- d. List the required areas of field documentation following determination of death.
- e. State what information must be communicated to law enforcement.
- f. State the type of information that must be communicated to the Medical Examiner's Office.

Objectives (Cont'd.)

7. CISD/When to ask for help

At the end of this section the participant will be able to:

- a. List four common physical and behavioral reactions to stress.
- b. List two steps that enhance recovery from a stressful event.
- c. State the two major goals of a Critical Incident Stress Debriefing.
- d. List four examples of critical incidents.
- e. Identify the services offered through the Critical Incident Stress Management Team.
- f. Identify the emotional impact of a SIDS incident on emergency medical personnel.

8. Resources

At the end of this section the participant will be able to:

- a. Identify local resource telephone numbers specific to their area.
- b. Identify and summarize the information included in the “Dealing with the Death of a Loved One” pamphlet..

1. THE GRIEF PROCESS: A NORMAL PROCESS

Grief: *The normal, appropriate emotional response to loss.*

Grief Process: *The movement of a person through the various stages of grief:*

- Disbelief
- Awareness
- Reorganization

Each person's grief is unique and has no standard timetable. There are, however, some fairly common experiences for people suffering grief. EMS providers should realize that family members experience emotional, physical, mental and spiritual effects during the grief process. Not all family members will experience each stage during their grieving and EMS personnel may witness one or many reactions during the short time spent with the decedent's family.

To help minimize the family's emotional upheaval, you should use appropriate, short-term interventions in the immediate aftermath of the patient's death and steer them toward sources of assistance.

The following are common reactions to the death of a loved one and suggestions for EMS intervention:

A. Shock/Denial

We would expect families to exhibit shock at the loss of a loved one due to an accident or sudden illness. Shock should also be expected even after a long terminal illness in which the family has been preparing for death. They may not remember all the specific details surrounding the death event, but will usually remember the compassion and kindness of the EMS personnel.

ACTION: Very little of what you say will be remembered by the family. They will remember your kind voice and sense of caring. Make eye contact, sit with the family, touch their hand or shoulder if it seems appropriate and acceptable. A hug or touch may be more appropriate when departing the scene rather than a gesture of comfort in the middle of the grieving process.

Acknowledge what has happened – "I'm sorry, your father has died". Be honest and give brief, laymen term explanations – "His heart stopped and the medication could not get it restarted".

Give them some time alone for the reality of the situation to set in and for them to collect their thoughts. Allow family members to hug or hold each other.

Continue to give them small details surrounding the event to help them focus on reality- "He stopped breathing". "Her injuries were too severe".

Let them view the body. Spending time with the deceased helps some people accept the loss and work through their grief more quickly. However, let them make their own decision – there is no right choice.

The Grief Process (Cont'd.)

B. Emotional Release

It is not uncommon to see intense emotional release by the family at the time of death. Crying, screaming, feelings of relief, sadness, helplessness, hopelessness, anger, even laughter may be witnessed. Anger may sometimes be directed to themselves, God, their loved one or even to the EMS crew.

ACTION: Allow the family members to express their emotions and encourage them to accept and support each other's reactions.

Realize that their anger and emotions are not usually directed at you - do not react back with anger or frustration. Instead, try to remain compassionate and supportive. Do not place blame or jump to conclusions.

Avoid "God-talk" - it can get in the way of people experiencing the reality of their emotions - "It was God's will" or "You should be happy, he is in heaven now". Some families may rely on this thinking to help them face the death, but EMS personnel should not initiate this discussion.

Provide safety and security for yourself and the other family members. If someone becomes aggressive or violent, get backup, try to isolate the individual to another area. Acknowledge his feelings and inform him of the consequences of his intended actions. Keep at least four arms-lengths away and don't threaten or scold.

C. Guilt

Guilt is sometimes real, often imaginary or exaggerated. Death amplifies whatever problems existed in the relationship. Family members often say, "I should have done this" or "I should not have done that".

ACTION: Allow the family to verbalize their concerns.

Try to find something positive about their relationship which you can comment upon - "It looks like you have taken very good care of her".

Let them know that they participated positively in the death event (if appropriate.) "You did the right thing by calling 911".

D. Fear

Family members may be afraid to touch the deceased, afraid of sleeping in the same room, afraid of being alone.

ACTION: Give them permission to view the body. Prepare them by warning them of physical changes that have taken place - the skin may be discolored, a breathing tube may be in place, etc. Stay with them until they no longer feel afraid of the deceased.

Help them to make phone calls to have a neighbor, friend or relative come to stay with them.

The Grief Process (Cont'd.)

E. Reorganization

The final stage of grief is acceptance or reorganization. It may take years for families to reach this stage. Reorganization means resolving purpose, meaning, joy and happiness in a world where their loved one is no longer present. People do not stop loving or caring about their loved one, although their pain, sorrow and sense of loss begin to ease. During the grief process, the family will often go over every little detail leading up to and following the death. The EMS providers' response to the family experiencing a loss can help them begin their movement through the painful grief process.

References:

“Life After Loss: How to Help Others Through the Grieving” Process, Sister Teresa M. McIntier, R.N., M.S., Carondelet Management Institute.

“Grieving Families Need Your Help”, Greifzu, Sherry, RN, Sept. 1996.

2. CULTURAL FACTS AND MYTHS: BARRIERS IN COMMUNICATION

EMS personnel work with groups of diverse cultural and ethnic backgrounds. All emergency responders need to be aware and sensitive to cultural and ethnic groups. Prepare yourself mentally to be sensitive and accommodating to all patients and their families. Every group treats and reacts to death, dying and grief in many ways. When personality, perception and emotion are added into the mix, you may be in for a challenging experience.

It is okay to be less informed concerning various cultural, ethnic and religious values. It is okay to ask questions in a sensitive manner. Be prepared to explain why you are doing something. Always be flexible and accepting of cultural differences.

A. Perspective

When someone accesses the 911 system and a team of EMS professionals arrive at the scene, an interface of cultures occurs. The outcome of this interface depends on how the experience is handled by both the professional and the family involved. Cultural competence or sensitivity on the part of the EMS professional helps promote communication, understanding and harmony within diverse groups to decrease any potential clash. Both positive and negative interactions may occur when different cultures combine or mix

ACTION: Observe and take hints from the family and friends of the deceased. Remember to be thoughtful, sensitive, respectful and accommodating.

B. Death and Cultural Generalities

Death is addressed in some form or way by every group or culture. In American and European traditions, death itself is identified as the problem to be conquered. We beat death by extending a life. For example, the Eastern Buddhist tradition considers how one dies. Death itself is not viewed as the problem. Death is seen as transitional and is something to be studied, valued and experienced.

Many are concerned about the afterlife of the deceased. In some Western traditions, how a person lives often decides the direction that they may go; such as heaven or hell. People cannot help their loved one's afterlife once they have died.

In some eastern philosophies, how a person lives is important, but the person's consciousness at the moment of death is most important. Family and friends may help their loved one's transition by carrying out certain religious ceremonies or rites.

There is cultural difference in the way people express grief when a loved one has died. Some cultures respond with an outward display of wailing or crying. Some may be very stoic, while others may rock back and forth or get on their knees to express their pain. Genders may express their grief in different ways as well. Each culture is made up of many sub-cultures. These sub-cultures are made up of individuals with different preferences for dealing with death.

The following statements are meant as general statements. Ethnic cultures are blending into American society. So, traditional values and practices around death and dying may change. The United States is no longer a "melting pot", it is more like a salad bowl with a large variety of ingredients.

Cultural Facts and Myths (Cont'd)

Hispanic Influences

Hispanic traditions tend to support family and friends, including children. Time is spent with the deceased before burial. Touching, dressing and arranging is normal. Outward expressions of grief are common including crying and sometimes fainting. There is much activity and it includes all ages. Promises are made to the deceased, which are usually honored.

African Influences

African influences cover a wide range of traditions and span many generations. Generally, there is a support system of family and friends. Immediately after the death, close friends and members of the family usually gather at the home of the deceased to offer condolences and comfort the next of kin. Recent immigrants tend to have more open expressions of grief than people with a longer American heritage.

Asian Influences

Asian Communities have a variety of traditions. Basic to these traditions is respect for the deceased and his/her well being.

Vietnamese

The elderly want to die at home, not in a hospital or somewhere else. When a person dies his/her body will usually be buried underground. If cremation was preferred, the family will comply.

Cambodian and Lao

Elders want to be at home with their family when they die. However, cremation is most often preferred over burial. Ashes are sometimes kept in the family home..

H'Mong

Elders want to be at home and with their family when they die. Traditionally they prefer in ground burial.

Jewish Influences

Two basic principles guide Jewish behavior when there has been a death. All laws and customs for treating the dead are meant to ensure that the body is treated with respect and dignity. And, Jewish faith and culture strongly support the emotional needs of the mourners and the well-being of those who survive. The burial usually takes place in 24 hours. The body is washed and someone stays with the body throughout the night.

Protestant American Influences

The Protestant American traditions tend to not want to get other family members or friends involved. You might hear them state "I'm okay" or "I don't want to bother anyone." They may be stoic and isolate their feelings in a crisis. They often try to "protect" others from knowing the truth, particularly children.

ACTION: Do not to label someone simply because of their cultural background or ethnicity. All people regardless of cultural background may be sensitive or reactive to those around them when a loved one dies, regardless of circumstance surrounding the death.

Cultural Facts and Myths (Cont'd)

ACTION: Ask yourself these questions:

- How do you or your family handle death and dying?
- Do your family and friends talk openly about death or is it kept a secret?
- Are children included in conversations or activities?
- How is terminal illness approached?

C. The Interface

Know which cultural groups reside in your community. Become familiar with their customs or needs before you respond to an emergency. You may be viewed as an outsider or perceived as a threat by family members if the approach or interface is inappropriate. Approach, regardless of ethnicity, needs to be conducted with tact, support and empathy. How would you want to be informed? Their needs are no different than your own. Reassurance using a calm voice, clear and deliberately chosen words may keep them from losing their composure. Will they be upset? Yes. Will they cry? Most likely. Usually some physical action will occur. Will you feel anguish or empathy for them? The answer to that should be yes. The degree to which you share in their loss will be different each and every time. This depends on your life experience and even the types of calls you handled previously.

A person that is grieving does not want to deal with someone who is pompous, arrogant, self-righteous or judgmental. This is a time when all of your personal biases need to be put on hold. Whether they live in a castle or a cave, they are human beings and have their own values and purpose. And if we are judgmental in these sensitive times, the way we are judged may have long term ramifications as a professional healthcare provider or organization. Let your prejudices be unheard and unfelt. We all have them. How we deal with them determines our professionalism.

ACTION: Use an empathetic approach and show your professionalism. Know the EMS policies and procedures that may or may not be modified. This way flexible accommodation can be applied to a sensitive situation which best assists the grieving family members. Also consider the following:

- Be Fair.
- Be Flexible.
- Be Humble.

References

Customs, Lucy Rushton, Wayland Publishing 1992

Death Customs, Jon Mayled, Silver Burdett Press 1987

3. GRIEF AND FAMILY NEEDS

Acute grief is a normal reaction to loss. Prehospital caregivers are often faced with the grieving family members after a patient is pronounced dead. In these situations the emotional needs of the family should be of the utmost importance to the health care provider. The family members often need to be comforted and given privacy. The loved ones may need to express feelings of rage, anger, despair and sometimes guilt. At times, they may need someone to help them in some direction (i.e. tentative selection of a funeral home). The positive role that paramedics take during a situation can help the way that the survivors adjust to their loss.

It is uncomfortable to be in a situation that involves death. Communication with those that are grieving can be very difficult. It is important to answer questions that the family may have whenever possible. It is helpful to explain why you are taking certain actions (i.e. calling the base station).

ACTION: Use compassionate and nonverbal communication (facial expressions, attentive listening and appropriate touch). Remember that each person responds differently to the touch of a stranger, no matter how well intentioned. Take your cues from the grieving person as to whether they need more space or feel comfortable with your approach.

Maintain eye contact and listen with care. It is helpful to offer to contact someone if the family member is alone.

When it is necessary to tell the family that the patient is dead always use the words “death or dead” not “passed away” or “no longer with us”. Be compassionate; permit some time for the news to sink in and questions to be asked.

ACTION: Allow the family to see their relative and to be with them.

Always explain to them in advance if any resuscitative equipment is still connected to the patient and what it was used for.

No event is more devastating for families (and often healthcare workers) than the actual loss of a child. All family members are affected by the loss. When a child dies unexpectedly the family reacts with much greater intensity, as opposed to when the death is of an older family member.

ACTION: Parents may experience more guilt, a prolonged period of numbness and shock and in cases of injury, intense anger at those responsible. Allow them the freedom to express their emotions. At this time it is best to listen without giving too many comments or explanations.

Emergency personnel should be sensitive the special needs of children when they are experiencing the death of a loved one. It is important to remember the children in the house, especially if the adult family members are involved with their own grief.

Grief and Family Needs (Cont'd)

ACTION: It is not your job to be a counselor to the child but you may be able to help by offering a simple acknowledgement of their feelings or a pat on the shoulder.

It is important to remember that you should not correct a parent. You should respect their beliefs.

The way children cope with death depends on their age, maturity and understanding of death.

- **PRESCHOOLERS** (up to age 6 years) view death as temporary and reversible. They may view death as punishment for their own thoughts or fulfillment of angry wishes. A very young child can absorb limited amounts of information. Answers need to be brief, simple and repeated if necessary.
- **SCHOOL AGE CHILDREN** (7-12 years) begin to see death as permanent and realize things die. Children at this age often feel they can escape death by being smarter or faster.
- **ADOLESCENTS** (12 and older) understand that death is irreversible. They are starting to explore personal philosophies of life and death. Teenagers may have problems finding coping mechanisms to deal with death depending on their past experiences.

It is important to remember that children develop at individual rates and that all children experience life uniquely and they all express themselves differently.

Emergency personnel are frequently exposed to the various reactions of patients and families who experience the death process. Knowledge of the possible reactions that the family member may have and empathetic communication will aid the paramedic helping the grieving family members and allow them to begin to deal with the loss of their loved one.

References

- “Emergency Nursing Core Curriculum” 4th Edition
- “Mosby’s Paramedic Textbook” May 1995
- “Talking To Children About Death” National Institute of Mental Health 1979

4. RESPONSE TO GRIEVING PERSONS: THE INTERFACE

Grief is the combination of sorrow, strong emotion, and the resulting confusion that comes from losing someone important to the individual.

Bereavement is the process of grieving. This process is different for each person, although every person will experience similar states. The time that it takes to progress through bereavement is also unique to each person. It is common for intensive bereavement to last anywhere from six months to two years. The individual's life will never be the same, but he/she will find new inner strength when given time. Allow them to experience the loss.

Dealing with death is never easy or comfortable. It is especially difficult when the death is unexpected. When training professionals, the question most often asked is “What do I say and how can I help the families of victims?” It is very common to hear expressions of discomfort and feelings of helplessness expressed by professionals. On the other hand, we know from personal stories shared by families, that sensitive, caring treatment during and after the crisis can reduce confusion and pain.

Emergency personnel need to know how to use the communication techniques that will reduce their discomfort and give them the tools they need to help families during this critical time.

ACTION: At the initial encounter with bereaved person:

- **Always introduce yourself and explain your role in the crisis...**The crisis is a confusing time. Simple things like saying your name, explaining who you are, and what you do, will reduce the family's confusion and make your interaction with them more personal. Refer to the deceased by their name when possible, this conveys your respect for their loved one.
- **Be there to listen...**At this point in time, your priority is to allow the grieving person time to talk. Do not rush to return to the field. Provide education by answering questions with the truth as you know it. Be aware that all questions cannot be answered. For example, you may never be able to tell a family member why it happened to them. It is better to say “I don't know why”. Depending on the individual, a touch of the hand or a hug and simple “I wish I had an answer to that”, is all that is needed.
- **Show your concern, acknowledge their loss, accept expressions of grief and express your own...**Allowing expressions of grief by the family can be hard for emergency personnel.
- **Allow tears.**
- **Understand their anger...**Anger may be a protest about a great loss.
- **Expect guilt...**Few survivors escape without some feeling of guilt. For example, they may feel guilt because they didn't urge their spouse to go to the doctor with those first symptoms.

Response To Grieving Persons: The Interface (Cont'd.)

- **Be comfortable with silence...** In our culture we don't like to talk about death. People may avoid words. These periods of silence don't need to be filled with empty words.
- **Say "I'm sorry"...**It conveys caring. Sharing your sadness of the event may help the family in sharing theirs.
- **Be careful of the advice you give...** Choose your words carefully when giving advice. Avoid advice that sounds judgmental or unfeeling. For example, asking "Would you like someone to talk to?" is better than "You need professional counseling." Grief and how it is expressed is as individual as people. Don't expect anyone to react like you or like anyone else would. *Never, never* tell a person how or when they should get over their loss.
- **Provide information and offer continued support...** Avoid detailed clinical explanations. Speak in simple terms, state that "his/her heart has stopped" or that "he/she has stopped breathing". Remember that there are no magic words that will end the family's grief or make your job easier. This is the time to link the family with a neighbor, clergy etc. The information provided in the "Dealing with Death of a Loved One" pamphlet may aid the family at this time.
- **Remember your posture...** When talking with the family remember to display a relaxed posture. Body movement should be slow, do not have the bereaved feel like you cannot wait to get out. Speak to the person at the same level; don't stand while they are sitting. Keep the family's need for personal space in consideration as well. Lower your gaze and speak slowly since cognition slows during grief.
- **Check the family's understanding...** Do they speak English? If they don't, attempt to find a translator immediately. Has anyone talked to them? If so, what did they tell them? And do they understand what they were told. You need to make sure they understand the information they were given. At a time of crisis, families only retain half of what is being told to them. A grieving person may only hear a few seconds of your conversation.
- **You can make a positive difference for the bereaved person...** Remember and understand what you should and should not do.

Response To Grieving Persons: The Interface (Cont'd.)

You should...

- **Be there to listen.**
- **Allow expressions of grief, both yours and theirs.**
- **Allow them to share memories of their loved one.**
- **Reassure the bereaved individual that they did all they could.**

REMEMBER - You can't take away their pain or bring the individual back.

You should not...

- **Say "I know how you feel".**
- **Say "You ought to..."**
- **Forget to identify the deceased by name.**
- **Offer platitudes like "Well you can always have another baby".**
- **Be suspicious or judgmental, such as suggesting the deceased did not have good care.**

References

"What is Grief" Fault

"Horizons" Spring 1995

"Emergency Nursing core curriculum" Fourth edition

"Keep Up With Changes In Donation" Verbile MS, Worth J: September 1992

5. THE TRANSITION PERIOD: AFTER THE FAMILY IS INFORMED

A. Grief Counseling

Grief counseling by field personnel needs to be viewed as transitional; a period of time where field personnel bridge the gap from determination of death to the investigative phase and, in some cases, the removal of the body.

Death that occurs outside of the hospital environment takes on four phases:

The Acute Phase The death event occurs and a call to 9-1-1 is placed.

Death Determination Phase Field personnel determine that it would be appropriate not to begin or to cease basic and/or advanced life support measures.

Investigative Phase Law enforcement and/or the Medical Examiner's Office investigates the incident to ensure that no criminal activity has occurred.

Removal Phase Removal of the body

ACTION: Provide the family with support during the acute phase of the grief process. Let them know that you are sorry and that you care about what they are going through. Provide resource material. The resource brochure that has been prepared is an excellent place to start. Other information may be appropriate depending on the situation. Advise the family that law enforcement will be involved. No one is suggesting that any law has been broken or that there has been criminal activity. State law however, does mandate that law enforcement investigate all out of hospital deaths on behalf of the Medical Examiner. In some situations you may be asked to help locate a mortuary. This can be done by simply directing the family to the "yellow pages" of their telephone book. Documentation should be completed using the appropriate approved Ventura County Documentation System. If not using electronic documentation, a copy of the PCR should be faxed to the medical examiner's office.

B. Transition To Law Enforcement

Once the patient has been determined to be dead, EMS personnel must facilitate transition into the investigative phase.

ACTION: While each call may vary to one degree or another, once law enforcement arrives on scene the transition should take no longer than 15 to 20 minutes. It is imperative that the agency who determines the patient to be dead remain with the family until law enforcement arrives on scene.

The following information should be communicated to the arriving law enforcement officer:

- General overview of the situation.
- Any special needs or circumstances.
- Family's needs or wishes.
- An introduction between the family and law enforcement.

Under most circumstances once law enforcement has arrived and the officer has been advised of the situation, EMS units may "go available".

6. REQUESTS OF THE MEDICAL EXAMINER'S OFFICE

A. All Patients

It is important to remember that many of these calls will be investigated to determine how and why the patient died. For this reason, it is important to preserve as much evidence as possible while still providing the patient with the best possible care.

When leaving the scene with a patient, be sure to retrieve all of the clothing which may have been cut or removed. Often this clothing may contain evidence or important identification. Quickly look at the clothing before it is cut. If there are any holes or tears in the clothing, cut around them. DO NOT cut through them. While holes and tears may not appear to be important they may help answer questions for the Medical Examiner.

The Medical Examiner relies on your documentation and the documentation of others to help supplement their reports. For this reason, they have requested the prompt completion of EMS documentation including the number and location of IV attempts. Documentation should be completed using the appropriate approved Ventura County Documentation System. If not using electronic documentation, a copy of the PCR should be faxed to the medical examiner's office.

ACTION:

- Keep all clothing and identification with the patient.
- If clothing is cut, save any signs of evidence (i.e. holes, stains).
- Document where all IV attempts are made.
- FAX copy of PCR to Medical Examiner's Office if not completing electronic documentation.

B. Patients Treated But Not Transported

Once death is determined, avoid further patient contact. Leave the ET tube and IV lines in place. IV tubing should be clamped and left lying next to the patient. DO NOT cover the body as this may complicate the investigation. If it becomes necessary to cover the body, use a disposable (not cloth) blanket.

When completing your documentation be sure to document where, in what position, and by whom the patient was originally found. This information may become important if the patient is moved to facilitate treatment.

ACTION:

- Leave airway device and IV line(s) in place.
- Document where, in what position and by whom the patient was found.
- Do not cover the body.

Requests of the Medical Examiner's Office (Cont'd.)

C. Patient not treated or transported:

After determining death of a patient, do not cover the body. Do not allow family members to hold or move the body (this may be difficult if it involves a small child). Use this time to explain that because the patient has died outside of a hospital the law requires that law enforcement be notified and that an officer may be arriving soon. Reassure the family that the officer's questions are a part of their standard investigation. It is important to remain with the family until relieved by a law enforcement officer.

ACTION:

- Do not cover body.
- Be sure family does not hold or move the body.
- Remain with the family.

7. CISD/ WHEN TO ASK FOR HELP: TAKE CARE OF YOUR OWN NEEDS

A. The Critical Incident Stress Management Program (CISM)

CISM incorporates structured group meetings that emphasize ventilation of emotions and other reactions to a critical event. In addition it emphasizes educational and informational elements which are of great assistance for emergency personnel in understanding and dealing with the stress generated by the event. Critical Incident Stress Debriefings (CISD) are essentially discussions of the critical incident in confidential meetings. They are not considered psychotherapy, nor are they psychological treatment. Instead, debriefings are discussions designed to put a bad situation into perspective. The two major goals of debriefings are to reduce the impact of a critical event and to accelerate the normal recovery of normal people who are suffering through normal but painful reactions to abnormal events.

CISDs have many benefits. They provide a chance to ventilate feelings. They also provide stress reduction, emotional reassurance, and education regarding signs and symptoms of stress which may later materialize. Debriefings usually reduce the fallacy of uniqueness and abnormality. CISDs are a positive interaction with mental health professionals and peers. They enhance group cohesiveness, interagency cooperation, and serve as an opportunity for screening and referral. Debriefings are considered a good stress prevention method.

Other stress management services available are: On scene support services, Demobilization's for large events, Defusings, which are smaller and less formal than a CISD and One on One services with a Mental Health Professional.

Critical Incident Examples:

- Death of a fellow worker in the line of duty.
- Serious injury to an emergency provider in the line of duty.
- Working on a person who is a relative or close friend who is dying or in very serious condition.
- Suicide involving a fellow emergency worker.
- A disaster.
- A very violent person who has personally threatened the emergency provider.
- Almost any case with excessive media interest.
- Contact with dead or severely sick or injured children.
- Death to a civilian caused by emergency operations such as an accident between the civilian's car and the responding emergency vehicle.

ACTION: Emergency personnel may access any of the services mentioned above by contacting the:

CRITICAL INCIDENT STRESS MANAGEMENT TEAM: (805) 388-4279.

This is a 24-hour a day "hotline" established to assist emergency personnel in coping with the stress of their job.

CISD/ When To Ask For Help: Take Care Of Your Own Needs (Cont'd.)

B. SIDS Incidents: Impact on Emergency Workers

Dealing with a SIDS case can have an emotional impact on all those Emergency Responders involved in the situation. The following are a list of feelings, and reactions experienced by many Emergency Responders. Not all these reactions are experienced by everyone and not necessarily in this order.

1. Emotional Numbing

The Emergency Responders report distancing themselves from the incident and making an effort not to feel anything. They almost deny having an emotional component, and therefore give the appearance that they have no feelings. They usually say, however, that they are in control and are having no problems dealing with the situation.

2. Isolation

The feeling of being alone is also common and the perception that no one else knows what you are going through. Emergency Responders have stated they experience irritability and agitation, and repeatedly deny that anything is wrong.

3. Intrusive Thoughts

Emergency Responders have shared they relive the SIDS events in their minds, over and over again. If it continues, they begin to wonder or question whether they have complete control of their thoughts. They can change the final outlook, for better or worse. While an Emergency Responder is replaying the event, they may change the character mentally, by replacing the victims with their own family members. This also occurs in their dreams.

4. Anchors

When an Emergency Responder is involved in any situation which is emotional, they will naturally be anchored in some way. It may be the environment, date, time or similar SIDS calls. This anchoring can cause an emotional response for the Emergency Responder at inconvenient times.

5. Sleep Disturbances

Disturbances which can result from a SIDS incident include inability to sleep, nightmares, and waking in a cold sweat.

6. Anxiety and Fear

The fear most commonly felt is that of returning to work and having to go to another SIDS call. They anticipate it happening again on their shift. They may also fear for their own child's vulnerability to SIDS. This creates a tremendous amount of fear and anxiety for the Emergency Responder.

7. Re-Evaluation

Re-evaluation of each person's value system, goals and status is often the final step which determines the person's abilities to cope and how they will continue their future activities. Some consider giving up their current careers. They may re-evaluate their relationship with their children and make a stronger commitment to parenting.

8. Initial Denial

When the SIDS incident takes place the person involved thinks, "this couldn't happen to me, I can always save babies." Emergency Responders many times convince themselves that SIDS deaths should not bother them. They fear their peers will evaluate them negatively if they show emotions. It is a psychological defense toward being judged.

CISD/ When To Ask For Help: Take Care Of Your Own Needs (Cont'd.)

9. Helplessness

Emergency Responders are helpers and do not like the feeling that there is nothing they can do to change the situation. When a child dies from SIDS they feel helpless.

10. Loss of Interest / Burnout

The impact of the SIDS call on the Emergency Responder will determine the degree of burnout which occurs afterwards. How many similar calls has the Emergency Responder rolled to? Does the Emergency Responder deal with accumulated stress? What is the length of time in their profession?

11. Hostility and Anger

Hostility and anger can be non-directed (just mad that it happened) or directed toward the parent of the child.

12. Feeling of Guilt / Bargaining

The feeling of guilt over things they did or didn't do (wishing the baby survived), or things they might have done differently during the incident have been reported. Emergency Responders will criticize themselves after the situation is over. They tend to feel they could have done something more for the child. They question their competency levels, constantly asking themselves "what if?"

13. Withdrawal / Depression

Depending on the life situations of the responder, SIDS incidents may become too painful to cope with, causing the sadness to go on for days. The length of time depends on one's basic personality, the type of SIDS incident, how peers deal with the incident, and the availability and use of psychological intervention services.

14. Gradual Testing and Retesting Reality

Through gradual testing and retesting reality, Emergency Responders are able to feel out the possibility of coping with future SIDS situations that are similar. This leads to final acceptance, acknowledging that this incident happened and that it may happen again. The pattern ends with an eventual letting go from the influence of the past SIDS experience.

15. Available Psychological Services

There is a need to have immediate psychological services available to call if necessary. On-call counselors are ideal. This allows responders to verbalize their feelings and concerns while they are still fresh, and in an atmosphere that is "safe."

16. Critical Incident Debriefing

Many times responders can relate to a group of their peers with whom they can share their experiences. The counselor will arrange this debriefing, which allows the ventilation process to occur.

REMEMBER - Emergency Responders Are Not Immune To Horrible Human Tragedy

References

"Impacts 94" National SIDS Assoc.

CISD/ When To Ask For Help: Take Care Of Your Own Needs (Cont'd.)

C. Recognizing Stress

Even healthy individuals may feel stress as a result of disasters, traumatic events or deaths, whether by natural or human causes. Stress reactions are often natural responses in normal people to unnatural events.

Everyone may experience some stress reactions as a result of these kind of traumatic incidents. Typically, these feelings don't last long, and for some, they may not begin to appear for weeks or sometimes even months after the event.

Listed below are some of the more common signs and symptoms of STRESS.

PHYSICAL

Fatigue
Muscle Tremors
Chest Pain*
Elevated BP*
Headaches
Objects
Vomiting
Chills and/or Sweating
Profuse Sweating
Shock Symptoms*
Nausea
Twitches
Difficulty Breathing*
Thirst
Visual Problems
Grinding Teeth
Weakness
Dizziness

BEHAVIORAL

Change in Activity
Withdrawal
Suspiciousness
Change in Usual Communications
Alcohol Use Increase

Nonspecific Body Complaints
Intensified Startle Reflex
Erratic Movements
Change in Speech Patterns
Emotional Outbursts
Restlessness/Pacing
Acting Out (Antisocial Behavior)
Loss/Increase in Appetite
Hyperalert to Environment
Increase/Decrease in Sex Drive
Nightmares
Intrusive Images

COGNITIVE

Blaming Someone
Poor Attention
Raised/Lowered Alertness
Memory Problems
Difficulty Identifying Familiar

Poor Problem Solving Ability
Poor Abstract Thinking
Impaired Thinking
Flashbacks
Confusion
Poor Decisions
Poor Concentration
Hypervigilance
More Awareness of Surroundings
Less Awareness of Surroundings

EMOTIONAL

Anxiety
Grief
Emotional Shock
Uncertainty
Control Problems
Apprehension
Intense Anger
Agitation

Denial
Fear
Depression
Inappropriate
Feeling Overwhelmed
Irritability
Severe Panic
Guilt

SPIRITUAL

Anger at God
Withdrawal from Place of Worship
Uncharacteristic Religious Involvement
Sudden Turn Toward God
Familiar Faith Practices Seem Empty (Worship, Hymns and Scripture)
Religious Rituals Seem Empty (Worship, Communion)
Belief that God is Powerless
Loss of Meaning and Purpose
Sense of Isolation (from God, religious community)
Questioning of One's Basic Beliefs
Anger at Clergy
Believing God is Not in Control
Believing God Doesn't Exist
Belief that We Have Failed God

* Indicates need for medical evaluation

CISD/When To Ask For Help: Take Care Of Your Own Needs (Cont'd.)

The memory of the stressful event/incident will probably always be a part of your life. It cannot be erased, nor should it be. Memory is essential for healing.

Suggestions to enhance recovery:

- Respect the need for patience and expect change with passage of time.
- Be willing to talk about what happened and express your thoughts.
- Share your feelings rather than hold them in.
- Take care of yourself physically: good diet, rest and exercise.
- Keeping a journal can be helpful as a release.
- Attend debriefing groups and stress education programs that may be offered.

8. EMS PERSONNEL RESOURCE LISTS

The Agencies listed below may be of help to you as you interact with people who have lost a loved one. The numbers should be maintained in your response vehicle as a quick reference when needed. There are similar numbers listed in the “Dealing with the Death of a Love One” brochure.

A. SUPPORT AGENCY PHONE ROSTER

Law Enforcement

Camarillo Police Department	(805) 482-9844
CHP	(805) 654-4571
Ojai Police Department	(805) 646-1414
Oxnard Police Department	(805) 385-7600
Pt. Hueneme Police Department	(805) 986-6530
Santa Paula Police Department	(805) 525-4474
Simi Valley Police Department	(805) 583-6950
Thousand Oaks Police Department	(805) 494-8200
Ventura County Sheriff	(805) 654-2311
Ventura Police Department	(805) 339-4425

Ventura County Emergency Chaplain Services

Ventura County Fire Department (dispatch)	(805) 388-4279
---	----------------

CISM

Hotline	(805) 388-4279
---------	----------------

Related Agency Listings

SIDS Counseling and Referral	(805) 652 3346
SIDS Foundation of So. Calif.	
24 hr. support group	(800) 974-3752
Ventura County Medical Examiner	(805) 641-4400
	(805) 641-4410 (FAX)
Ventura County Emergency Medical Services	(805) 981-5301
Ventura County Mental Health Crisis Team	(805) 652-6727
General Information	(805) 652-6737
Ventura County Vital Statistics Death Certificates	(805) 652-5970
Southern CA Organ Procurement Center	(800) 338-6112

Interior Clean Up

AAA Crime Scene Steam & Clean	(800) 818-6493
California Restoration	(805) 650-1209
Guardian Memorial	(805) 485-2572

**B. VENTURA COUNTY AREA HOSPITALS EMERGENCY DEPARTMENTS
PHONE ROSTER**

HOSPITAL NAME	PHONE NUMBER
Community Memorial Hospital	(805) 652-5051
Los Robles Hospital/Med. Center	(805) 370-4435
Ojai Valley Community Hospital	(805) 640-2260
Simi Valley Hospital	(805) 527-2727
St. John's Pleasant Valley Hospital	(805) 389-5810
St. John's Regional Medical Center	(805) 988-2663
Ventura County Medical Center	(805) 652-6165

9. OBJECTIVES (Annotated)

1. The Grief Process

At the end of this section the participant will be able to:

- a. **Define grief.**
 - *The normal, appropriate emotional response to loss.*
- b. **List four common reactions a family member may exhibit at the death of a loved one.**
 - *Shock/Denial*
 - *Emotional Release*
 - *Guilt*
 - *Fear*
- c. **Demonstrate the use of brief, honest terminology when informing family members of the patient's death.**
 - *“I'm sorry your father died”*
 - *“His heart has stopped”*
 - *“The medications could not restart his heart”*
- d. **Identify five common emotional reactions family members may exhibit when informed of a patient's death.**
 - *Crying*
 - *Screaming*
 - *Feelings of relief*
 - *Sadness*
 - *Helplessness*
 - *Hopelessness*
 - *Anger*
 - *Laughter*
- e. **Discuss the desired reaction of EMS personnel when anger is directed at them by grieving families.**
 - *Do not react back with anger or frustration*
 - *Remain compassionate and supportive*
 - *Do not place blame or jump to conclusions*
 - *Remember their anger is not usually directed at you*
- f. **Demonstrate appropriate EMS response to the person experiencing guilt at the death of a family member.**
 - *Allow the family to verbalize*
 - *Look for something positive about their relationship which you can comment upon*
 - *Let them know that they participated positively (called 911)*

Objectives (Annotated) (Cont'd.)

- g. State the actions EMS personnel can take to help a person who is fearful after the death of their family member.**
- *Give permission to view the body*
 - *Prepare for them for physical changes to the body*
 - *Assist the family with telephone calls*

2. Facts and Myths

At the end of this section the participant will be able to:

- a. List different ethnic perspectives on death or dying.**
- A belief in a hereafter (heaven or hell)
 - A belief that there is a passing over into a more conscious state
 - A belief that the state of mind that you have when you die is most important
 - A belief that dead is dead (no afterlife)
 - A belief in reincarnation
- b. Describe the ways in which different cultures* may react to pronouncement of death.**
- Stoic or very quiet and withdrawn (check for physical well being i.e. shock)
 - Loud verbal outbursts such as crying screaming, yelling or profanity
 - Physical displays such as beating of chest, throwing objects, striking or kicking

*Anyone regardless of culture may respond with any or all of the above

- c. State the desirable characteristics of interacting with grieving ethnic groups.**
- Be fair, flexible and humble
 - Compassionate
 - Open Ear
 - Calm and reassuring voice
 - Ability to give resource information without pushing own values or opinions

3. Grief and Family Needs

At the end of this section the participant will be able to:

- a. Describe appropriate ways to help the family or significant other deal with a situation in which death is imminent or has occurred.**
- *Communicate that grieving can be difficult*
 - *Answer questions and offer Explanations*
 - *Use compassionate, nonverbal communication*
 - *Take cues from the grieving person*
 - *Contact another friend or relative if the person is alone*

Objectives (Annotated) (Cont'd.)

- b. **Explain how a preschool age child may view death and what responses are appropriate when discussing death.**
 - *Temporary and reversible*
 - *A punishment for their angry wishes*
- c. **Compare a school age child and an adolescent's typical view and understanding of death.**
 - *School age - beginning to see death as permanent - all things die*
 - *Adolescent - understand death is irreversible- exploring personal philosophies - problems coping*

4. Response to Grieving Persons

At the end of this section the participant will be able to:

- a. **Define bereavement.**
 - *The process of grieving which is different for each person. It commonly lasts from six months to two years.*
- b. **List three ways to provide support and aid to a grieving family.**
 - *Introduce yourself and explain your role in crisis*
 - *Listen and allow expressions of grief*
 - *Tell the family how to find you*
- c. **Identify ways of acknowledging a family's loss.**
 - *Refer to deceased by their name*
 - *Convey respect to the family*
 - *Show concern, acknowledge their loss, accept expressions of grief*

5. Transition Period

At the end of this section the participant will be able to:

- a. **List the four phases involving death that occurs outside of the hospital environment.**
 - *Acute phase - death event*
 - *Pronouncement of death*
 - *Investigative phase*
 - *Body removal*
- b. **State the main focus of the EMS personnel during the transition period.**
 - *Providing the family with the information and resources needed to cope during the acute phase of grief.*

Objectives (Annotated) (Cont'd.)

- c. **State the average time frame requiring EMS attendance after law enforcement arrives.**
 - *15 - 20 minutes*

6. Requests of the Medical Examiner's Office

At the end of this section the participant will be able to:

- a. **State field personnel's primary responsibility on calls that may become a Medical Examiner's case.**
 - *To preserve as much evidence while providing the best possible patient care.*
- b. **List five ways on scene care can assist the Medical Examiner with the investigation.**
 - *Do not cut through holes, tears or stains*
 - *Do not cover the body - use a disposable blanket if you must*
 - *Leave IVs and airway devices in place*
 - *Document where IV attempts were made*
 - *Do not allow the family to hold or move the body*
 - *Keep clothing and ID with the patient*
 - *Document how and where the body was found*
- c. **List actions that can be taken to preserve the scene while waiting for law enforcement to arrive.**
 - *Remain with the family*
 - *Offer explanations as to why law enforcement has been called*
- d. **List the required areas of field documentation following determination of death.**
 - *Normal patient ID*
 - *Response time information*
 - *Time patient determined dead and by whom*
 - *General scene conditions*
 - *Patient's general appearance and position*
 - *Unusual findings*
 - *EKG documentation*
- e. **State what information must be communicated to law enforcement.**
 - *General overview of situation*
 - *Any special needs or circumstances*
 - *Family's needs or wishes*
 - *Introduction to family members*
 - *Time of pronouncement*
 - *Who pronounced/determined death*
 - *Known Medical History*
 - *Known Medications*
 - *Who was present: family, witnesses, significant other(s)*
 - *Initial location of decedent/where found on arrival*
 - *Any pertinent information relative to a crime scene*

Objectives (Annotated) (Cont'd.)

- f. **State the type of information that must be communicated to the Medical Examiner's Office.**
- *All information related to the scene, patient care given and any facts that may be helpful for or requested by the Medical Examiner*

7. CISD/When to Ask for Help

At the end of this section the participant will be able to:

a. **List four examples of stress reactions.**

- *Sweating/Anxiety/Fear*
- *Heart Racing/Sadness/Depression*
- *Fatigue/weakness/Guilt*
- *Headaches/Body aches/Irritability/Anger*
- *Nausea/vomiting/Crying*
- *Shifts in appetite/Insecurity*
- *Sleep problems/Flashbacks*
- *Poor concentration/Hyperactivity/Restlessness*
- *Forgetfulness/Withdrawal/Fear of being alone*
- *Mental confusion/Increased use of drugs or alcohol*
- *Difficulty making decisions "Robot-like" behavior*

b. **List two steps to enhance recovery from a stressful situation.**

- *Respect the need for patience*
- *Talk and express your thoughts*
- *Share your feelings*
- *Provide yourself with a good diet, rest and exercise*

c. **State the two major goals of a Critical Incident Stress Debriefing.**

- *Reduce the impact of a critical event*
- *Accelerate the recovery of normal people who are suffering through normal reactions to abnormal events*

d. **List the four examples of critical incidents.**

- *Death of a fellow worker*
- *Serious injury to an emergency provider in the line of duty*
- *Working on a person who is a relative or close friend who is dying or in very serious condition.*
- *Suicide involving a fellow emergency worker*
- *A disaster*
- *A very violent person who has personally threatened the emergency provider*

Objectives (Annotated) (Cont'd.)

- *Almost any case with excessive media interest*
- *Contact with dead or severely sick or injured children*
- *Death to a civilian caused by emergency operations*

e. Identify the services offered through the Critical Incident Stress Management Team

- *On scene support services*
- *Demobilization's for large events*
- *Defusings*
- *One on one services with a mental health professional*

f. Identify the emotional impact of a SIDS incident on emergency medical personnel.

- *Emotional numbing*
- *Anxiety and fear*
- *Isolation Helplessness*
- *Intrusive thoughts*
- *Denial*
- *Loss of Interest*
- *Sleep disturbances*
- *Hostility and anger*
- *Withdrawal and depression*
- *Feelings of guilt/ bargaining*

8. Resources

- a. Telephone listings for support agencies
- b. Dealing with the Death of a Love One (attached brochure)

10. GRIEF POST TEST

NAME _____ AGENCY _____

DATE _____ CERTIFICATION # _____

Please complete post test and return to EMS for 2 hours CE

Instructions: Read each question carefully and then circle the letter of the most correct answer.

1. Grief is defined as:

- a. Intense sadness or anger
- b. Abnormal response to a significant loss
- c. Normal, appropriate emotional response to loss
- d. Regressive behavior in response to hopelessness

2. Common reactions to the death of a loved one include:

- a. Denial
- b. Anger
- c. Guilt
- d. All of the above

3. Appropriate EMS responses to family members displaying shock/denial include all of the following except:

- a. Making eye contact while sitting with the family
- b. Giving an honest, brief explanation of the death event
- c. Allowing them to view the body
- d. Telling them, "It was God's will."

4. If an individual becomes violent after the death of a loved one, the EMS responders should:

- 1. Surround the person and force him into a corner of the room**
- 2. Keep at least 4 arms-lengths away**
- 3. Inform him of the consequences of his intended actions**
- 4. Encourage him to let his anger out**
- a. 2&3
- b. 2&4
- c. 1&3
- d. 1&4

5. Finding something positive to comment on during the death experience may be helpful to family members experiencing guilt. Examples include all of the following except:

- a. "I can tell you loved him very much."
- b. "Calling 911 right away was the right thing to do."
- c. "You're young enough to have another child."
- d. "It looks like you've taken very good care of her."

GRIEF POST TEST

6. **The ways in which different cultures display their grief may vary. The responding healthcare provider should react in which manner?**
 - a. Stern and well disciplined
 - b. With care and empathy
 - c. No display of compassion
 - d. Limited interaction, obtaining the facts and leaving the scene

7. **Culturally sensitive people realize that the best way to deal with other ethnic groups experiencing grief is to:**
 - a. Treat them like they are different
 - b. Limit interaction with the grieving parties
 - c. Recognize that there are differences and treat them with respect
 - d. Leave it for the hospital staff or religious support groups

8. **The hardest type of situation to deal with in a family that has lost a loved one is?**
 - a. When there is a communication barrier
 - b. The family is in shock
 - c. It involves an old person
 - d. The patient was terminally ill

9. **When it becomes necessary to tell someone that his or her family member has died, you should use the term:**
 - a. "dead"
 - b. "passed away"
 - c. "gone to be with God"
 - d. "has left us"

10. **A preschooler's view of death may include all of the following except:**
 - a. A form of punishment
 - b. Temporary
 - c. Realization that all things die sometime
 - d. Fulfillment of angry wishes

11. **Appropriate actions when dealing with someone who is grieving include all the following except:**
 - a. A comforting gesture, as they cry, to show you care
 - b. Find a neighbor to stay with them
 - c. Listen as they talk
 - d. Explain that they are in the disbelief stage of grieving and it shouldn't last too long.

12. **If the family wishes to see their relative, the emergency worker should:**
 - a. Encourage them to wait until the mortuary has prepared the body
 - b. Leave the resuscitative devices in place
 - c. Place the body in a more peaceful position for the family to say their "good-byes"
 - d. Bring everyone involved into the room and offer to say a prayer

GRIEF POST TEST

- 13. When field personnel are dealing with children who are experiencing the death of a loved one they should do all of the following except:**
- a. Act as a counselor to the child
 - b. Accept the parents explanations of death
 - c. Offer a simple acknowledgment of their feelings
 - d. Remember that children develop at individual rates and express themselves differently
- 14. Individuals from different cultures may experience which of the following feelings after the death of a loved one?**
- a. Grief
 - b. Emptiness
 - c. Anger
 - d. All of the above
- 15. The best way to treat someone who is ethnically different then you is to:**
- a. Treat them like they are different
 - b. Ignore their needs and emotions, display a casual attitude
 - c. Raise your voice in an authoritative way to get their attention
 - d. Be kind, calm in demeanor and respectful of their wishes
- 16. The emergency workers primary responsibility on calls that may become a Medical Examiner's case is the following:**
- a. Don't touch anything until the police arrive
 - b. Look around for anything suspicious that may aid in the investigation
 - c. Preserve as much evidence as they can, while still providing the patient with the best possible care
 - d. Write down everything that the family/significant others say, as soon as possible, so that it can be used later in court
- 17. The following are ways that the paramedic's on scene care can assist the Medical Examiner except:**
- a. Avoiding holes, tears or stains when cutting clothing
 - b. Letting no one hold or move the body
 - c. Document where, in what position and by whom the patient was found
 - d. Place all of the patient's clothing that has been removed during the resuscitative phase in a plastic bag for safe keeping
- 18. One area of special concern when documenting a death event is:**
- a. Day of the week
 - b. Any unusual findings in or around the scene
 - c. If any family is with the patient
 - d. If the patient has any living children
- 19. Which of the following circumstances require a copy to be faxed to the Medical Examiner's Office?**
- a. A Paramedic determines death and completes documentation electronically (EMEDS)
 - b. A First Responder documents a death using a Patient Care Record (PCR)
 - c. Both of the above
 - d. None of the above

GRIEF POST TEST

20. The _____ phase of an out of hospital death is characterized by law enforcement and/or the Medical Examiners office looking into the events surrounding the death.
- Investigative
 - Acute
 - Removal
 - Determination
21. Where would you direct a family if asked to help them locate a mortuary?
- Recommend one that is in the area
 - Call for them and find the cheapest one
 - Refer them to the yellow pages
 - Tell them you can't help them
22. Some of the information that law enforcement would need from the field personnel might be:
- Time units arrived on scene
 - Time patient was determined to be dead
 - Where the patient was found
 - All of the above
23. Bereavement is defined as:
- The process of grieving.
 - Communication technique used by crisis counselors.
 - Method of burying the deceased.
 - General patient appearance and position.
24. Which of the following actions provide support and aid to a grieving family:
- Calling the Medical Examiner and rapidly returning to the field.
 - Introducing yourself and explaining your role in the crisis.
 - Explaining exactly what caused the death of the patient.
 - Referring to the deceased as "the corpse."
25. The following are feelings and reactions experienced by many Emergency Responders in SIDS cases:
- Sleep disturbance
 - Hostility and anger
 - Loss of interest/burnout
 - All of the above
26. It is normal to experience some kind of stress as a result of a traumatic incident.
- True
 - False
27. Critical Incident Stress Debriefings are:
- Psychotherapy sessions
 - Group meetings that emphasize ventilation of emotion
 - Performance review sessions
 - An opportunity to criticize the system

GRIEF POST TEST

28. Debriefings are designed to:

- a. Put a bad situation in perspective
- b. Place blame
- c. Review medical procedures
- d. Develop public information statements

29. Debriefings for emergency workers generally include what audience:

- a. Rescue workers
- b. Administrative overhead
- c. General Public
- d. Family next of kin

30. The following information should be communicated to law enforcement following a death:

- a. General overview of the situation
- b. The time of pronouncement of death
- c. Initial location of the decedent
- d. All of the above

PLEASE COMPLETE POST TEST AND RETURN TO EMS FOR 2 HOURS CE

2220 E. Gonzales Road, Suite 130

Oxnard, CA 93036

Phone #: 805-981-5301

Fax #: 805-981-5300

“Dealing with Grief”

A Workbook for Prehospital Personnel

Evaluation (please complete and return to EMS along with post-test)

1. What did you learn from this self-study workbook which will most improve your ability to deal with grieving families?

2. What did you like most about this self-study workbook?

3. How could this workbook have been improved?

4. Do you think the brochure “Dealing with the Death of a Loved One” will be helpful to you? Why or why not?

5. Please rate the following chapters of the workbook:

	Not Helpful	Somewhat Helpful	Helpful	Very Helpful
The Grief Process				
Cultural Facts & Myths				
Grief & Family Needs				
Response to Grieving Persons				
The Transition Period				
Requests of the Medical Examiner				
CISD/When to Ask for Help				
EMS Personnel Resource Lists				
Annotated Objectives				
Post-test				

Thank you for taking the time to complete this self-study workbook. We hope we have given you some support, ideas and resources to help you in dealing with the grieving family. The work you do is important and will be remembered by the ones you help.

*Sincerely,
The Grief Task Force*