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DEATH NOTIFICATION:

THEY DIDN'T TEACH ME THIS IN SCHOOL

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Gary Heigel

Department Chair of Emergency Services

Rogue Community College, Southern Oregon

[garyheigel.weebly.com](http://garyheigel.weebly.com)

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# WHO IS MY AUDIENCE TODAY?

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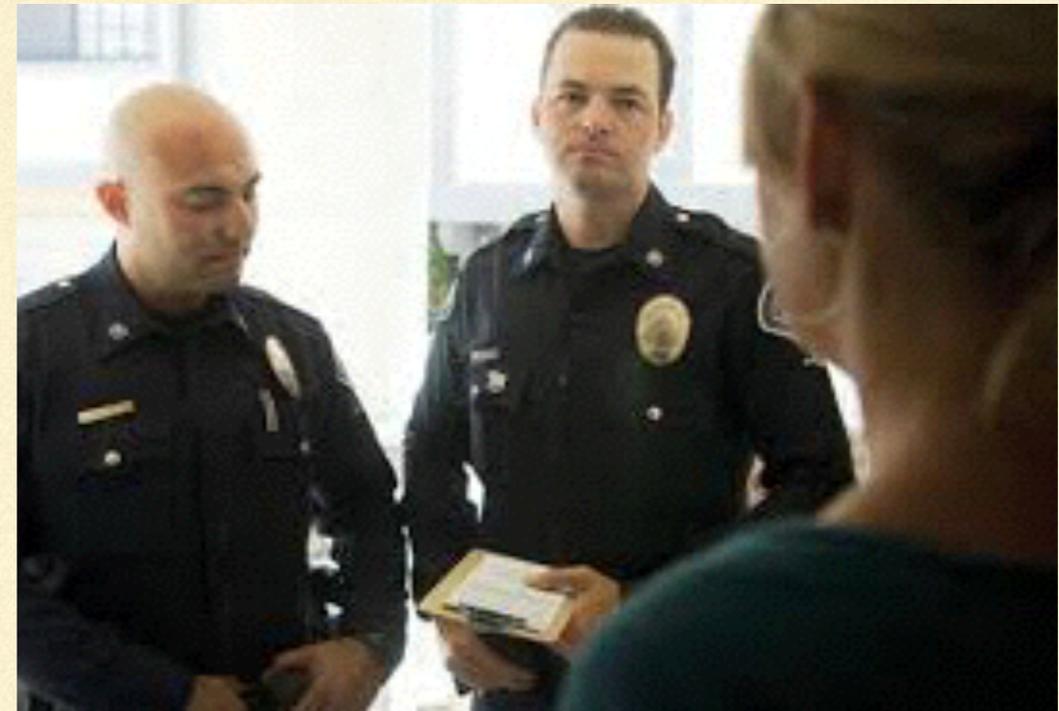
- EMR/EMT, Paramedic, AEMT or Intermediate, RN, MD, other?
  - Transport providers, first responders, both, other?
  - Full-time or part-time?
  - Paid or volunteer?
  - How long in EMS?
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# WHOSE JOB IS IT?

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- Law Enforcement
- Chaplains
- “Specially trained teams”
- On emergency scenes, the responsibility often falls to whoever is there, facing the survivors!
  - If you are there and willing to do it, the job is yours!



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# WHAT IS INVOLVED?

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- Recognition or pronouncement of death
  - Identifying the survivors
  - Delivering the notification
  - Support and compassion
  - Dealing with the body and the next steps
  - Taking care of ourselves
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# WHO IS YOUR “PATIENT”?

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- We are in the business of making a difference!



When we know the patient is dead, or won't survive, the survivors become the ones who need and deserve our care.

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# WHY IT'S IMPORTANT

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“During the first three phases of an emotional crisis, everything said, heard, felt, and seen is permanently imprinted for the rest of the survivor’s life.”

-Tim Dietz

“Assistance provided by public safety personnel...is often more significant in terms of the overall crisis than much of the help which is provided by hospital staff and counselors.”

-Jeffrey Mitchell & H.L.P. Resnick

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# WHY WE STRUGGLE

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- It's "not our job."
  - "I don't know how to do this," or "I was never trained for this."
  - We don't know what to say (or what not to say).
  - We have our own struggles or questions about death and loss.
  - We are uncomfortable facing people in grief.
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# KNOW YOURSELF

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“In dealing with death, you have to be aware of your own feelings and biases because if you aren’t, you’ll end up dealing with your own issues first and other people second.”

K. Iserson, Grave Words: Notifying Survivors About Sudden Unexpected Death

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# HOW DO WE GET GOOD AT IT?

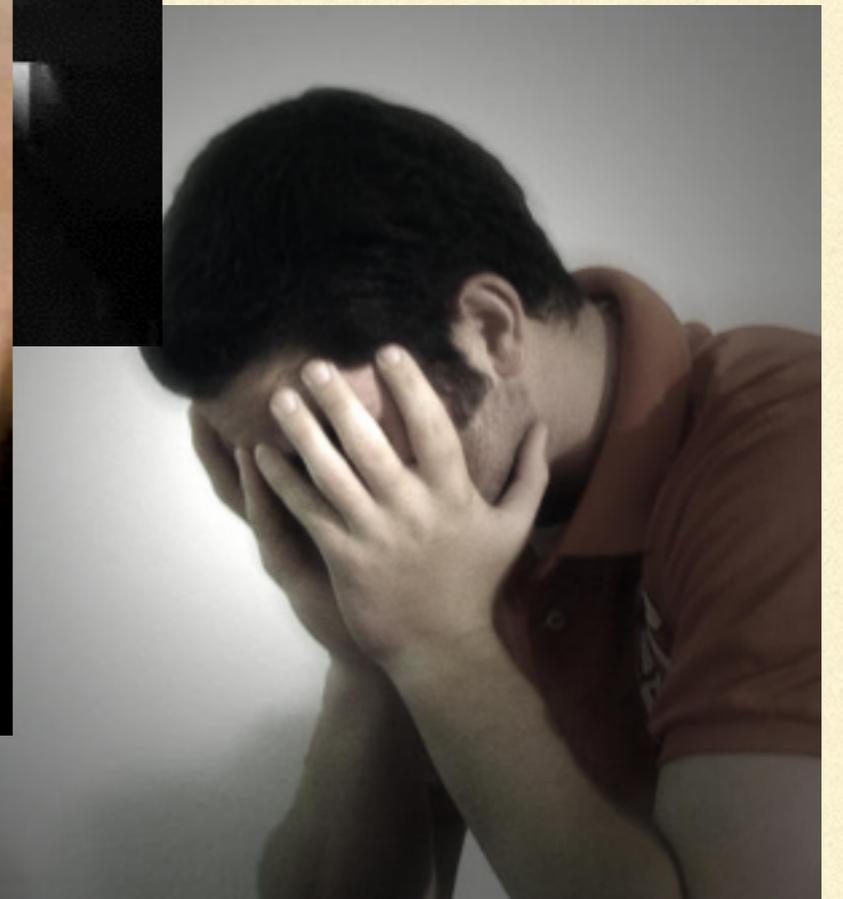
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- Like everything else we do...
    - We prepare for it.
    - We jump in and do it to the best of our ability.
    - The more we do it, the better we get at it.
    - We keep ourselves healthy in order to be ready and effective.
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# GRIEF TAKES MANY FORMS

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# GRIEF TAKES MANY FORMS

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Recognize that there is no one “correct” or “appropriate” way for people to respond to death and loss.

Unexpected death may be especially difficult to deal with.

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# DEATH TAKES MANY FORMS

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The circumstances may change when, where, and how the notification is handled.

- Chronic and terminal illnesses
  - Trauma
  - Crime scenes
  - Unexpected cardiac arrest
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# RESUSCITATION ATTEMPTS

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- In 2005, the AHA said that family members should be allowed to be present during resuscitation.
  - Was this news to us in EMS?
  - In our world, they've always been present.
- Keeping them informed about what we are doing can help them understand, and prepare for what's coming.
- Field Termination of Resuscitation (TOR)?



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# RESUSCITATION ATTEMPTS

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- Avoid complex terms or medical jargon.
  - Explain what is being done (or attempted) and why.
  - Explain the patient's response (or lack of response) to treatment.
  - Attempt to evaluate their level of understanding and/or acceptance
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# RESUSCITATION ATTEMPTS

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- Is it better to transport and let the hospital make the notification?
    - Several studies have shown that family members care HOW the message was delivered, but not WHO delivered it.
    - Transport of codes often result in added stress, confusion, and increased frustration for survivors.
    - Many survivors reported that they already knew the patient was dead prior to transport.
  - Decisions about T.O.R. should be based on medical viability, not on our perception of the impact on survivors.
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# SWITCHING ROLES

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- At some point, you will switch from being the rescuer to being the notifier.
  - Take off the gloves, wipe the sweat off your face, and take a breath.
  - **Softening:** Switching from a clinical focus to one of empathy.
  - Get at their level, make eye contact.
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# MAKING THE NOTIFICATION

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- The message should be clear and direct, but not overly blunt.
    - “Dosing” of information may be appropriate.
    - Allow them time to process the message and respond before saying more.
  - Use clear terms such as dead or died.
  - Describe what resuscitation efforts were made (if they were).
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# THINGS WE SHOULDN'T SAY

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- I know how you feel
  - I understand
  - You shouldn't feel that way
  - You're so strong
  - If you only had...
  - Your anguish won't bring them back
  - They led a good life
  - It was God's will
  - It would have been worse if...
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# THINGS WE SHOULDN'T SAY

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- You must get on with your life
- You'll get over this
- You'll find someone else
- At least you have other children

- Avoid speaking about the deceased in the past tense...

(It's too soon for them to think of them that way)

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# THINGS WE SHOULD SAY

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- “I’m sorry.”
  - “I’m so sorry for your loss.”
  - It’s ok to tell them that this is difficult for you too.
  - It may be appropriate to ask them about their loved one.
  - “Is there anything I can do for you right now?”
    - Is there somebody I can call?
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# THINGS WE SHOULD SAY

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- Often, we don't need to say anything at all...
  - Simply being there, and showing we care is very powerful.
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“People may not remember what  
you did, but they will remember  
how you made them feel”

*-Maya Angelou*

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# THE POWER OF TOUCH

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- “Touching eases pain, lessens anxiety, softens the blows of life, generates hope, and has the power to heal.”

-V. M. Parachin

- Touching a hand or shoulder is generally well-received.
  - What about hugging or holding somebody?
  - Don't assume anything, evaluate their response, and react accordingly.
  - Showing compassion is more important than your specific actions.
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# FAITH, BELIEFS, & PRAYER

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- Do not assume they share your faith and/or beliefs.
  - Is it OK to pray with or for the survivors?
  - Follow their lead, and be genuine.
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# BEING WITH THE BODY

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- Should survivors be allowed to see and hold the deceased?
  - “People who are allowed to spend time with their loved one at the time of death do better emotionally in the long run.”  
-Tim Dietz
  - Survivors should be given the choice of what they want to do.
    - They will rarely turn down the chance to be with the body.
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# SHOWING THEM THE BODY

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- Identify the survivors and family members.
  - Tell them truthfully about the death and ask if they want to be with the person who has died.
  - Explain to them what they will see.
    - Consider covering some (or most) of the body with a blanket.
    - It is important that they appear comfortable, even in death.
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# SHOWING THEM THE BODY

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- Stay with them until support can be obtained.
    - Chaplains are a great resource if you have them.
  - Allow them to grieve.
  - Provide what support you can.
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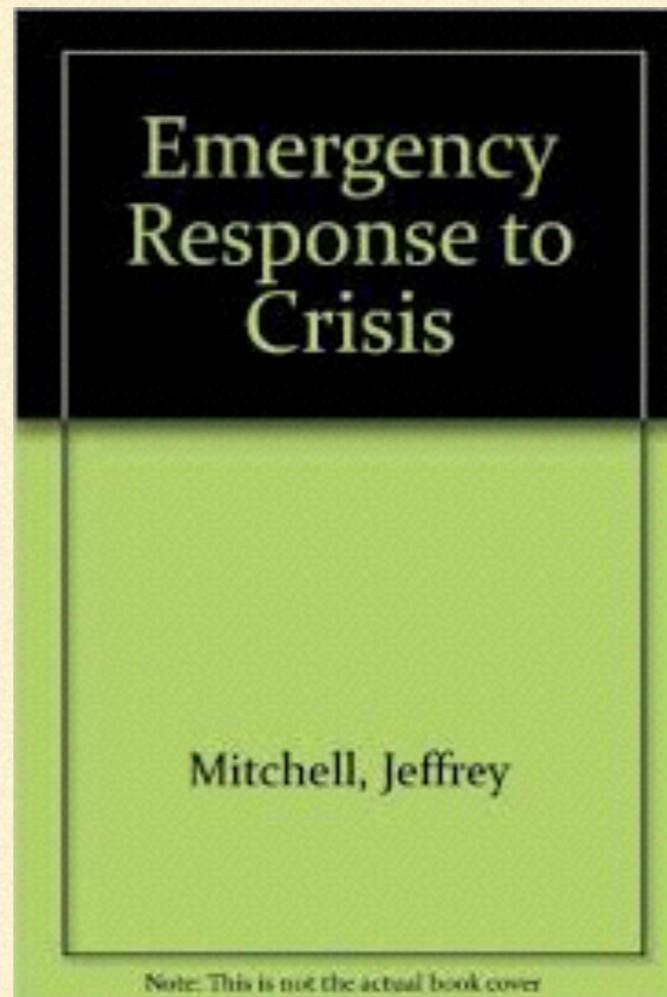
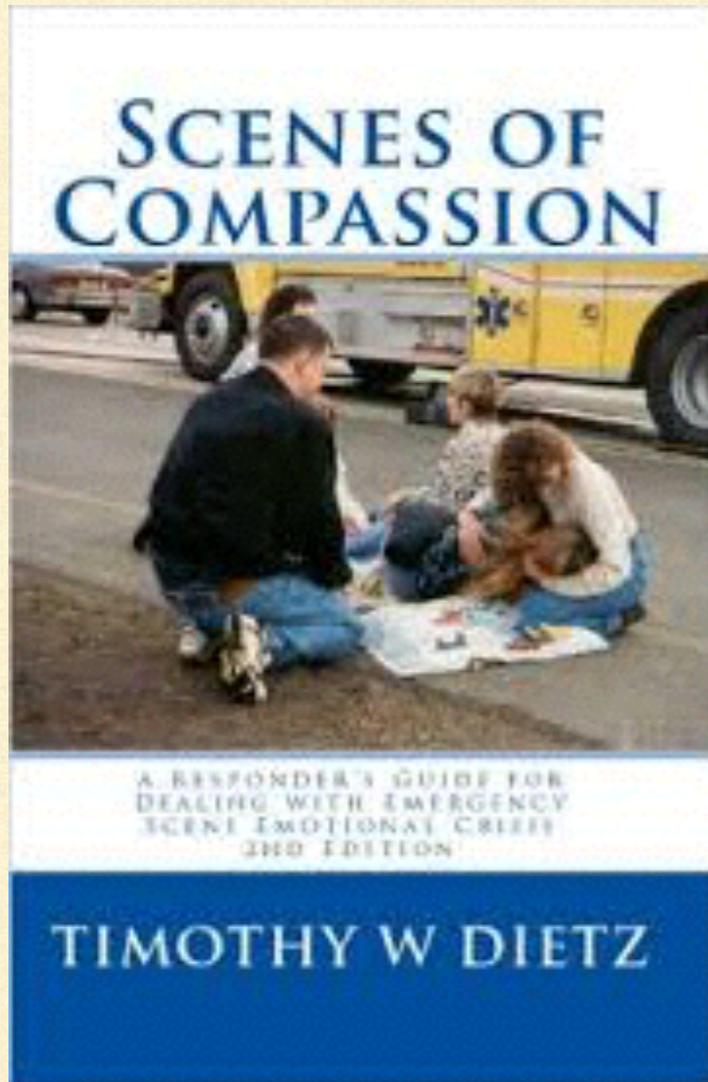
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# IS YOUR SYSTEM PREPARED?

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- Survivor Assistance Units?
  - EMS Protocols for dealing with grieving people?
  - Guideline for Critical Incident Stress Management?  
(CISM)
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# SOME GOOD RESOURCES



- Tim Dietz, Retired Paramedic/Firefighter and Counselor
- Jeffrey Mitchell, PhD, leading expert on Critical Incident Stress in Emergency Services

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# TAKING CARE OF OURSELVES

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- We routinely deal with things that nobody should ever have to see...
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# KEEP YOURSELF PREPARED

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- Eat well and exercise regularly.
  - Train so you are good at what you do.
  - Develop close friendships.
  - Talk (and listen) when it's needed.
  - Make time for things you love to do.
  - Laughter will keep you sane.
  - Critical Incident Stress Management (CISM)
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# TAKE CARE OF EACH OTHER

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- We have the best job in the world and we work with amazing people.
  - We all need to look out for one another in order to keep all of us strong and healthy!
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# GROUP DISCUSSION

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- Things you've dealt with that you have questions about?
  - What if...? (Hypothetical questions)
  - What has worked well for you?
  - Other observations, wisdom to share, comments, etc.?
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# THANK YOU FOR YOUR TIME

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