



Supporting Family and Staff during Critical Incidents

Mitigating risk through compassion
Aligning values with action during a crisis

WRMC 2020

Suellen Sack (she/her)

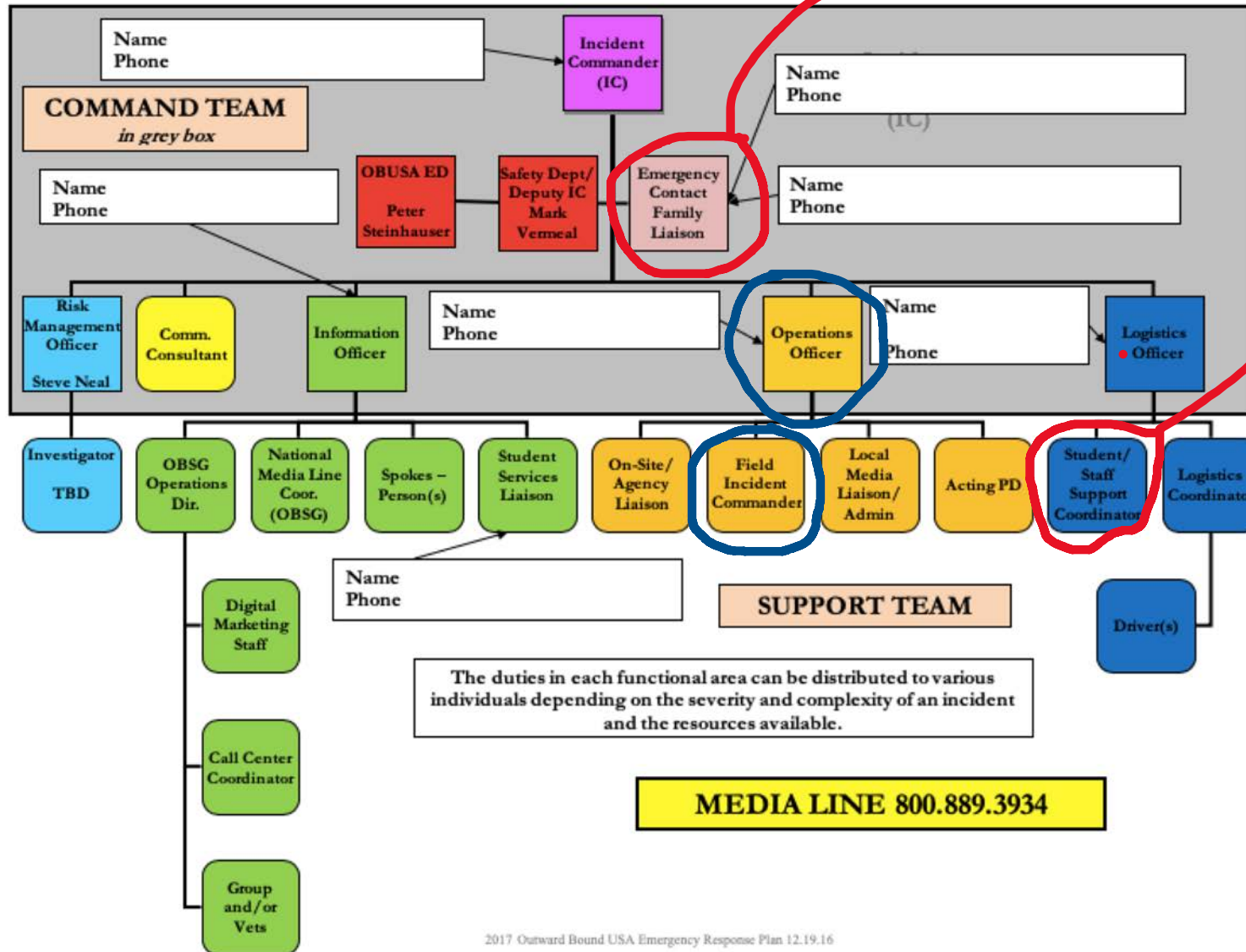


OUTCOMES

“...and above all, Compassion.”

- **A field based response promoting support and understanding**
- **Tools for emotional support during all incident phases**
- **Helpful Tips from stories**
- **Checklist to start the conversation at your organization**

Emergency Response Plan



- **Suellen Sack – Director of Program and Safety, Voyageur Outward Bound School**
 - 25 years with Outward Bound
 - Involved directly in significant incidents- as an injured staff and as a field responder
 - Incident Commander for programs in wilderness, urban, winter, desert
 - Managed staff and students and their families through significant incidents
 - Served as the "parent" at the hospital
 - Coached staff on how support an incident and how to be a Family Liaison
 - Overseen 250,000 student program days (lifetime)

My Story

A Culture of All Perspectives



VOBS Values:

- Community
- Integrity
- Compassion
- Transparency

Our Values

- Listen for understanding. Be curious.
- Put people first
 - Communicate
 - Schedule check-ins even if there is no new info
 - Keep open lines of communication
 - Support
 - Ask questions don't assume
 - Understanding the need = better support
- Screw the money

Our Values communicated by Norms

Phases of an Incident

Priming*

Intake process, prior to starting the activity

Immediate Response

This is during the incident, prior to getting to other medical care.

Recovery

Typically at the hospital or at your facilities,

Follow-up

Back at work or at home



A Detour on Priming...



- Assess your welcome to the organization.
 - Are you offering warmth and connection in your process to build trust and respect?
 - Creates an exchange of giving versus taking on both sides
 - Can apply to staff, students and parents
-
- *"Experiencing Physical Warmth Promotes Interpersonal Warmth" Lawrence E. Williams and John A. Bargh, Science, 322, 24 October 2008*

To Manage the Unknown....

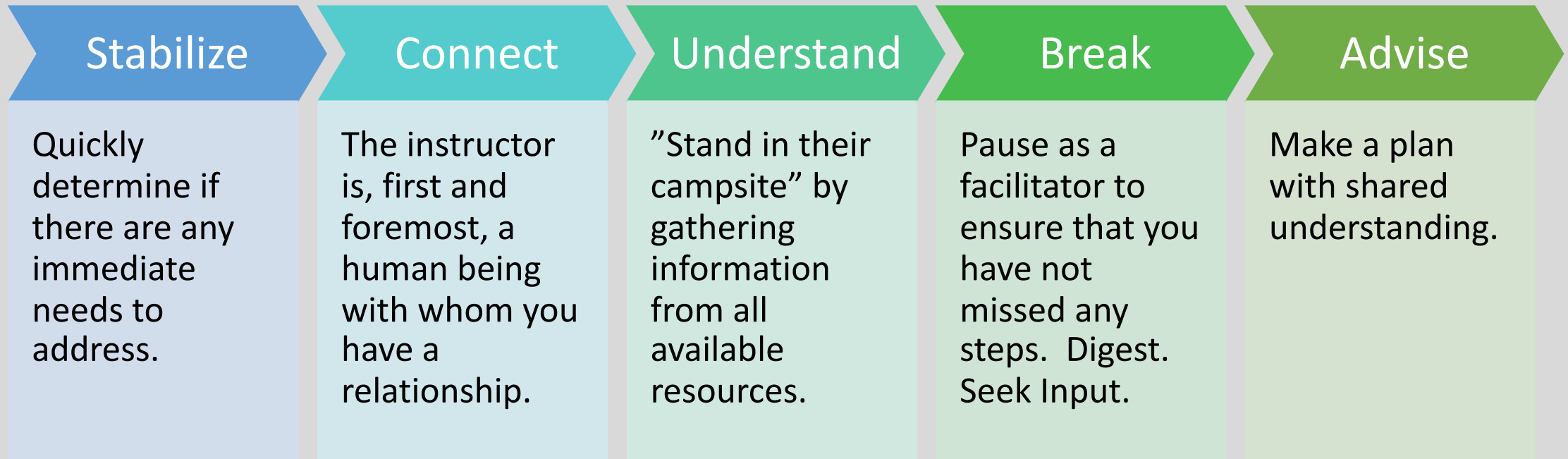
Lean in.
Be Proactive.

- **Emotions are wide ranging, dynamic and often shift**
- **Brains are overloaded and the situation is fluid**
- **Be human, be compassionate, model your org values**
- **Expect to ride your own internal emotional roller coaster.**
- **Its ok to cry, but keep it under wraps. You are the caregiver.**
- **You will need to be the practical adult in the room at times.**
- **There will be questions you can't answer or don't know. That's OK.**

CASE STUDY: Lightning incident

- **Initial Summary:** A group of six students and two staff were in lightning drill on an island campsite. The group was a two to three day paddle to a trailhead. They were all sitting cross-legged on their PFDs when a tree, roughly 150' away, was struck by lightning. Wood exploded from the tree and landed 5-10' from the nearest student. Both instructors and 5 students sustained minor injuries from the ground current. After the initial reaction to the strike had passed, the group remained in lightning drill until the storm was over and then called basecamp at 7pm.
- *What are your initial thoughts? How would you support this group?*

SCUBA: A Field Call Response Model



CASE STUDY: Lightning incident

- **Initial Summary (Parent Notification):** Parent phone calls started at 5:30 AM as we believed there might be media attention, as SAR had been called in. A float plane with a medic landed at 7 AM.
- *How would you notify and support the parents during the immediate response?*
- *What questions can you assume that parents would have?*

SIMPLE: An Effective Family Call Model



Stabilize

Let them know their child is OK.



Inform & Involve

Share the information you have first and invite them into the conversation.



Meet Their Needs

Assess what they need. Connect as humans.



Possibilities

Provide the spectrum of possibilities. Share all possible outcomes.



Listen

Allot plenty of time to make these calls. Your job is to listen.



Explain Next Steps

No news is good news. Set time for next call. If anything changes...



There will be Questions...

- Command Team collaborates to develop a list of likely Q&A.
- Any specific details to be provided to public, including families, must be approved by the Public Information Officer (PIO).
- Be approachable and open. If asked a question and you don't have an answer yet, say so.
- Offer to make information available as it becomes known to you.
- For family members, offer options for follow-up; phone call, email, designated website, etc.
- It's far better if families have access to updated information prior to them hearing it on social media or news outlets.

During Recovery

- **Build trust and give control**
- **Assign a Family Liaison**
- **Continue to use SCUBA (for staff) and SIMPLE (for families)**
- **Don't promise what you can't deliver**
- **Stick to the facts**
- **Tactical support is very important here**
- **Connect the family to resources**
- **Continue to give updates to family**
- **Communicate with all involved**

CASE STUDY: Lightning incident

- **Immediate Response:** A float plane landed at 7 AM and made two runs to bring the entire crew in. The crew was transported to the hospital by 9:30 AM.
- **Recovery:** The group was examined at the hospital. Two students were kept for overnight observation. The remainder of the students went back to the basecamp and were joined by the others the following day. The group had a debrief and spent two whole days together prior to departing. The majority of parents flew in and were re-united with their teen at the basecamp.

Any Questions?

CASE STUDY: Potential COVID Outbreak

- **Initial Summary:** Mid to Late March: Four long courses (30 day +) were close to finishing in both Texas and Minnesota, one veterans 7-day course and one adult 8 day courses had just started. Concern about COVID shifted rapidly and airlines dramatically increased canceled flights in a very short time span while participants were on course. Background: We had shifted to CDC guidelines (disinfectant and distancing, maintaining group as own family unit and sigh no masks) in early March
- *How would you hope you had supported these groups prior to arrival? How would you support these group now?*

CASE STUDY: Potential COVID Outbreak

- **Immediate Response:** Emergency Response team had been activated two weeks prior to facilitate communications. Family Liaisons were assigned to each group and a travel coordinator for each travel day. Participants on long courses were trained prior to going to the airport on how to navigate COVID in the airport – they had very little awareness of what was happening in the world.
- **Recovery:** Kept communication lines open until every participant was home. Each participant and parent received an email giving symptoms of COVID and requesting information if they developed symptoms. There is more to this story..
- **Question Time?**

The Family Liaison Skillset

- **Empathetic with good boundaries**
- **Connector**
- **Proactive problem solver**
- **Good communicator**
- **Resilient**
- **Able to offer a high level of support and graciously step back when appropriate**
- **Senior enough to answer tough questions and offer perspective**
- **Has not had a traumatic hospital scenario recently**

CASE STUDY: Pneumonia Incident

- **Initial Summary:** A winter semester student developed severe pneumonia over the course of two days (Day 2-4 of course). He was delirious and only verbally responsive in the morning.
- **Immediate Response:** Weather conditions prohibited a float plane or helicopter evac. He was evacuated by pulk and then by dogsled over a 10 hour period and taken to the emergency room. He was hospitalized that evening and spoke with his parent over the phone. He was very upbeat.
- **Hospitalization:** Overnight he developed acute respiratory response and was taken by ambulance to a major hospital where he was placed in a medically-induced coma on a ventilator. His parents were in California and did not arrive until 2 AM the following morning.
- *You are waiting at the trauma center to meet the family. What would be your first priorities? What would be your biggest concerns?*

Family Liaison Best Practices

- **Be forward thinking and stay a step ahead**
- **Anticipate and train to handle tough questions gracefully**
- **Support family logistically (make life easier)**
- **Give the family as much control as possible**
- **Connect and use outside resources**
- **Understand spending parameters**
- **Stay connected with the communications team**

Communication & Documentation

- **Know, in advance, what community, insurance and outside support services are available**
- **Keep a detailed timeline of family and staff support efforts**
- **Keep a detailed record of related costs to support family and staff during a post incident response**
- **Service may be available through insurance add-ons/endorsements:**
- **"Crisis response costs" means:**
 - **Reasonable and necessary "emergency transport expenses", "emergency psychology expenses", funeral expenses, travel expenses, and temporary living expenses incurred by you to provide relief and/or support to "affected persons", and expenses incurred by you to secure the scene of a "crisis event".**

Support
staff who
are directly
involved

- **Have an emotional support outlet**
- **Establish daily routines**
- **Exercise**
- **Eat healthy**
- **Days off**
- **Potential resources with insurance company, employee assistant programs**

Case Study: Lightening Incident, the final chapter

At Home: The remainder of the course was cancelled and money refunded. Credit for a future course was given. Some students received counseling. Both instructors returned to instruct later that summer. Trauma still has a long tail.

Key Players: 6 students, 2 instructional staff, 6 families

Emergency Response Support: 14 staff: 1 senior staff on the float plane, 3 instructional staff on equipment recovery, 2 initial family liaisons, 4 staff at the hospital. 2 local therapists for debriefing, 1 point person for worker compensation assistance and follow-up needs, 1 staff for final follow-up needs.

Case Study: Pneumonia Incident, the final chapter

Recovery: Student was in the hospital for over a week.

Day 5: Doctors tried to take him off the ventilator. He did not respond well to this.

Day 8: He was strong enough to remove from the ventilator.

Day 11: Student was released from the hospital. He and his father came to the basecamp and spent the night in Ely. Student returned to complete another course the following summer.



Case Study: COVID Incident

Recovery (Day 9): One adult (from California) participant developed minor symptoms 40 hours after being dropped off at the airport. Not initially thought to be COVID by school physician

Day 10: Participant developed a persistent high fever, sore throat and cough. He was not able to be tested and was labeled a presumed positive case. 13 students and 7 staff were initially asked to quarantine. Contacted our state health department.

Day 12: With contract tracing and communication from veteran student, three staff and 7 students were able to "released" from quarantine

Day 12: Participant's mom was able to get a test at a drive-in testing

Day 15: Participant received a negative COVID test and all staff and participants ceased quarantining

Follow-up

Its not over
until its over.

- **Give information control to the family**
- **Ideally the family liaison remains the point person**
- **Innovate**
 - **Webinar to share information**
 - **Monetary credit for future courses**
 - **Visit to the incident site (equipment and logistic help)**
 - **Visit to basecamp**
 - **Student stayed in contact with instructors**
- **If you make organizational changes – let them know**

Follow-up

Strategies for Staff

- **Assign a program point person who has some training or experience managing trauma**
- **Local therapist who knows your program**
- **Communicate to understand and allow expression**
 - **Community meetings - open forum spaces**
- **Worker's Compensation - help navigate**
- **Return to work management (build them up vs throwing them in the deep end)**



Home: Lesson's Learned

Relationships matter

Build a cultural awareness of all perspectives

Know your norms before an incident

There is a physical and emotional toll with supporting a crisis

Follow-up after the incident is as important as the incident response

Developing Family Liaisons

- **Select, train and assess this prospective pool**
- **Train field staff in SCUBA, Psych First Aid**
- **Train managers in SIMPLE, cycles of trauma**
- **Incorporate ERP Drills/case studies into training**
- **The more that staff and managers utilize select tools, the more that the language, care and communication values are embedded in the culture.**
- **Identify needed resources**

ACTION ITEMS

- Assess your organization's values and norms.**
- Re-evaluate your Emergency Response Plan to maximize support for family and staff**
 - Examine your field based response practices.
 - Identify and connect with resources to assist with facilitating traumatic aftermath.
 - Practice a significant incident fatality scenario with stakeholders. How might your ERP change when it is one of your own?
- Build a pool of potential family liaisons. Train and assess.**

- Questions: Suellen.sack@vobs.org
- **“We stand on the shoulders of those who have gone before us.”**
 - African Proverb
 - Julie Hignell
 - Penny Jeffers
 - Anne Grignon
 - Mark Vermeal
 - And countless other VOBSters, Outward Bounders and educators

- Special thanks to Theo Theobald (presentation help), Steve Neal (co-conspirator and source of risk management wisdom) and Dan Blessing (Field and Parent Model architect and countless hours collaborating) All of them can make a mud puddle clear.