College of Intensive Care Medicine
of Australia and New Zealand
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CICM WELFARE

DEALING WITH THE SUDDEN, UNEXPECTED DEATH OF A COLLEAGUE

A career in Intensive Care means spending a tremendous amount of time around our colleagues. Intensive care medicine is, by its nature, a team game where extreme experiences are frequently shared and strong connections forged.

The sudden, unexpected death of a colleague can mean the loss of someone who we depend on to help us do our job; and also the loss of a friend. This challenging situation requires balancing the immediate needs of the acute inpatient workload with personal care, crisis intervention and support for remaining colleagues. The effects on a department can be wide reaching, both emotionally and logistically, impacting not only in the immediate and short term, but over a longer period.

The unexpected death may be due to any number of events - sudden illness, accident, homicide or suicide. Facts are important. After any sudden death there will be plenty of discussion and this is best if based on facts. The context of the death is important in understanding some of the responses, for example a suicide may bring emotions such as anger, blame or guilt into the foreground whilst homicide may invoke feelings of concern for personal safety. There is frequently uncertainty surrounding the circumstances or the cause of death and it is important to be sensitive to the colleague who has died and their closest family and friends.

Unlike death occurring outside of the workplace, all persons affected cannot apply to have time off work to process the effects of the death. Work must continue while attempting to also provide care for those staff most affected. Providing a stable platform for staff to both work and grieve is difficult, and best if there is a prepared response ready for such situations. During the time immediately after a death, an uncertain or poor response may amplify emotions, whereas a well thought out and sensitive response may help a department to process grief and continue working together into the future more easily.

This guideline has been prepared for Intensive Care staff to refer to in such situations. It does not replace professional therapeutic input, nor is it intended to represent a standard of care. It cannot cover the multitude of differing contexts that may occur and affect a team response, but will hopefully provide some useful advice to help navigate this difficult experience.

It is of utmost importance that professional therapeutic input is provided by individuals trained in the field and cannot, and indeed should not, fall to the role of Intensive Care staff.

IMMEDIATE PHASE

Death on hospital property

- The police must be informed if the death occurs at the workplace.
- Notify next of kin - with police assistance.
- If it is a sudden, non-natural death, the site of death is treated as a crime scene until released by police. Unauthorised personnel should not enter. Staff that discover the deceased are witnesses and will be required to make a formal statement to police.

Death outside of the workplace setting

- Management or other staff may be notified by deceased's family or friends.
- Some staff may have been involved in the medical care of the deceased if the deceased was brought to hospital for treatment. There needs to be acknowledgement that this may be very traumatic for those involved.

Coordinated communication

Clear, coordinated communication between the family of the deceased, the staff within the department and wider hospital, and between the hospital and media is of the utmost importance. **Any information disseminated must be factual.** There is a need for coordinated discussion and dissemination of known facts whilst acknowledging any uncertainty.

- A lead contact/coordinator for the crisis within the department should be identified. Ideally, this should not be someone who is also carrying clinical responsibility for the intensive care unit at the time.
- A family spokesperson should be identified to ensure a clear communication pathway between the workplace and family.
- Notification of the death to any staff should not be made until it has been confirmed with either immediate family members or police.
- The lead contact should delegate channels of communication and notification of other team members. Key personnel groups or persons may include:
    - Management
    - Hospital communications team - refer all media enquiries to them
    - SMO colleagues
    - Trainees/rotating registrars - consider those from previous rotations if timing is close to changeover
    - Nursing
    - Allied health
    - Social workers - don't forget to use their expertise in unexpected death situations.
    - Other individuals known to be close to the person eg. colleagues from previous run, friends from medical school, those with previously close personal relationships.

- The family may want to direct the communication with the members of the team and guide or limit what information is shared and with whom.
- Face to face is the best method of informing colleagues, however this is not always practical. Consider phone calls for those who worked closely, email for the wider team.
- Speed is important. Never underestimate the speed of word-of-mouth and social media. Staff may become aware of circumstances surrounding death prior to official notifications being released.
- Acknowledging and respectfully communicating about a colleague's death, without sensationalising or focussing too much on the detailed means of death may help to avoid contagion if the death were due to suicide. (Contagion is the concept of suicidal thought triggering +/- copycat behaviour in vulnerable individuals). It may be worthwhile ensuring formal communication is reviewed by someone trained in this field.

Privacy

- Family may request that the cause of death is not disclosed. This cannot be assured in the long term as the cause of death as information on the death certificate is public information. However it can be expressed to staff that 'the cause of death is being withheld by the family. Please respect the families wishes and their privacy at this time'.
- Respect is the key issue here – for the person that has died but also for their family. It is important to emphasise this to avoid or reduce any speculation and rumour.

Leadership/structure

- As above, a lead coordinator within the department should be allocated. In most circumstances this would likely be the Clinical Director, although this task may not necessarily need allocation to an SMO, and responsibility may be handed over after a period of time.
- The lead contact for management of the crisis should not fall on the SMO clinically responsible for the intensive care unit at the time unless this is unavoidable.
- The SMO and supporting staff clinically on duty should not be required to work if they feel unable to do so. It is important to recognise this early as others will need to be called upon to perform these clinical duties, so a degree of coordination will be required.
- It is important to acknowledge that others may be triggered by this event and may be having an extreme reaction, and yet be unaware of their response. It is important to have a lead coordinator who is aware of these potential issues and knows how to seek further assistance and support as required.
- Some staff may find it difficult to maintain focus and be productive. To ensure life preserving services are maintained for the patients, redundancy in the staffing of the department needs to be greater than during normal functioning of the department.
  An example of this would be having 2 registrars or specialists available on the unit instead of 1, with 1 a 'helper/moral support' and one 'in-charge'.
- The expectation is that management of the organisation should be aware of the financial and practical implications for staff, the department and the organisation as a whole. Additional support and resources from those in positions of management and authority of often required at this time.

Emotional/Psychological Support

Any sudden death will have an emotional effect on colleagues to varying degrees. Responses are variable and it is unpredictable who will be most affected. It is important to emphasise that there is no right or wrong way to feel or to respond. Do not assume you know what people will want or need - it is important to ask at the time.

Some things that departments who have found themselves in similar circumstances have found useful include:

- A place to go whilst at work - time and space will be required to absorb the information; a designated place to go to sit and reflect, share stories and talk, close to the unit so that staff can easily access it.
- An informal event off site (not the more formal funeral or memorial service) within the first days/weeks to gather and talk to each other, reflect and reminisce eg. BBQ, dinner or drinks.
- A book to write in/share memories.
- A moment or minute of silence at a designated time of the day.

- Food.
- Flowers.
- Music.
- Acknowledgement of cultural or religious overlays of both the deceased colleague and other staff and education surrounding these.
- If your unit has a mentoring program in place a reminder could be sent for mentors and mentees to get in touch with each other as another avenue of support.
- Involvement of the Palliative Care and Social Work team – they have training in dealing with death and sudden, unexpected situations including death respectively.

Professional assistance should be offered to all within the department. Employee Assistance Programs (EAP) provide Critical Incident Response to aid with psychological first aid for staff. Many colleges, including CICM, provide access to psychological assistance for their fellows and trainees. Medical indemnity providers also offer these services to members. A list of some of these providers is at the end of the document, although this is by no means exhaustive.

Family of the deceased

As indicated above, a family spokesperson should be identified to ensure clear communication pathways. Colleagues immediately after the event may want to know what they can do to alleviate the suffering of the family of the deceased.

- Ask the family what form of support the family would prefer.
- If they are uncertain and colleagues want to contribute, consider setting up an account for donations for the family.
- If the deceased were a doctor, some Medical Indemnity Providers offer formal psychological support for the families of the deceased.
- Some funeral directors also offer psychological support from trained grief counsellors

SHORT TERM

Staff shortages

The deceased colleague will leave a gap in the roster. Affected staff may also need time off. Some staff may want to continue working but subsequently find it difficult to maintain focus and be productive. As outlined above, at a minimum, life preserving services must be maintained and may require increased staffing during this period.

The filling of such shifts in the short term needs consideration and sensitive handling.

- Consideration should be given to employment of locum cover for both the deceased person and for remaining staff, to enable time both to grieve, and to attend to the ongoing logistics of being ‘one man (or woman) down’.
- If a locum is employed they should be made aware of the circumstances of their appointment prior to arrival.
- Staff may prefer to increase their workload to avoid a ‘stranger’ coming to cover. Every department will be different and the role which the colleague held within the department is likely to influence the cover required or desired.
- If current staff are covering these shifts this should be recognised accordingly according to organisational structure whether it be in the form of financial compensation or time in lieu.
- Current staff should be encouraged to take time for personal care and should not feel unduly pressured into taking on the workload of the deceased. Alternative solutions should be sought.

- Consideration of staffing needs across the time of the funeral and potential wake should be planned for as soon as details are known, as many staff may wish to attend. Some colleagues may wish to pay their respects, celebrate a life, grieve, gain some closure or just support other colleagues who were closer to the deceased.

Linking to support services
For a small group of staff the death of a colleague may cause a more profound emotional reaction. Ensuring ongoing access to voluntary confidential psychological support services for these staff is imperative in creating a culture that promotes and supports help-seeking behaviour, allowing them to disclose their needs and seek services as required. A key resource will be engaging with organisational support to provide access to trained individuals that are able to support affected staff members.

- Staff should be provided with the opportunity to talk, in a supportive environment, about how the death has affected them, and to have their needs for support assessed.
- Place contact numbers/cards for these services in places people can note them discreetly eg. the bathrooms, changing areas.
- Remind staff of the contact details for these services in staff bulletins/emails.

The most affected may be functionally and cognitively impaired. They may need referral to professional mental health services. This should be done discreetly and supportively, with the offer of a colleague to physically support their attendance if required. A staff member's right to privacy in these matters should be respected, with a balance with individual psychological safety. Again, early involvement of trained professionals, such as grief counsellors or psychologists will assist with navigation of these situations.

Funeral, ceremony or workplace memorial
The funeral, or a similar memorial service provides an opportunity to bring people together and can provide some comfort and aid the healing process. However, it may also bring a new set of challenges.

- A large number of staff may wish to attend and this needs to be addressed supportively. Locum staff should be considered to relieve those who wish to attend the funeral. Hospital management should be engaged in planning for this day
- The family may wish to have a private ceremony, the ceremony may be distant, and inevitably, not all staff will be able to attend due to work requirements. Therefore, having a workplace memorial can be considered. Another option, if the family are agreeable, is streaming or recording footage from the funeral for those at work.
- It is important to consider various culture and religious aspects and sensitivities with respect to the ceremony. Again, it is vital to take direction from the family in this regard.

LONGER TERM

Staff replacement and organisational change
Over time, the intensive care unit must return to full function and establish a new normality. This process may bring strong emotions such as anger or sadness as some struggle to cope with the loss or change. Hiring a replacement may be difficult but is necessary in order to avoid overworking the remaining staff. This should be acknowledged, while providing a welcoming environment for such a replacement.

Honouring the memory
There are several ways to honour the memory of the colleague once time has passed. There will also be times when the memory comes back into focus which may need consideration.

- The anniversary of the death and possibly other times or milestones (ie. Departmental functions, the birthday of the deceased colleague) may become important times for the department. Those most impacted may be approached to consider the best way to honour or remember the deceased life.
- Possibilities include: a plaque or memorial photo-board; a memory book; a room or place named after them; contributing to a fund for either the family of the bereaved, a scholarship in their name, or a favourite charity; setting up an annual workplace event such as a picnic.

Family contact
It can be difficult to know how to interact with those most affected by the death. There is a large variation in response to grief. It is useful to connect, rather than avoid contact, and be prepared to listen to those most heavily affected. It may help to share memories or stories. They are often left with grief long after normality has resumed for others.

REFERENCES

With thanks to the ANZCA Welfare SIG Resource Documents:
RD 05 'Critical Incident Support 2016'
RD 27 A manager's guideline for the sudden death of a colleague 2017'

Sudden Death of Doctors in Training
https://www.hee.nhs.uk/our-work/doctors-training/sudden-death-doctors-training

'Coping when a colleague dies' Prepared by Stratos Ltd.
www.otago.ac.nz/health-safety/otago080957.pdf

Communication advice when talking to those bereaved by suicide:
http://www.conversationsmatter.com.au/resources-community/those-bereaved-by-suicide

"Death of a Colleague: Grief, What to Expect, and Coping Strategies" by Cornell University Faculty and Staff Assistance Program:
https://fsap.cornell.edu/sites/fsap/files/pdfs/Death-of-a-colleague.pdf

"Managing Bereavement in the Workplace: A good Practice Guide" by ACAS (A UK employment relations firm):
https://www.acas.org.uk/media/4114/Managing-bereavement-in-the-workplace---a-good-practice-guide/pdf/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf

LINKS TO PSYCHOLOGICAL SUPPORT SERVICES

Converge International Member Assistance Program for CICM Fellows and Trainees
T 1300 687 327 (Australia)
T 0800 666 367 (New Zealand)
T +61 3 8620 5300 (International)
E info@convergeintl.com.au
W www.convergeinternational.com.au

Medical Protection Society
T 0800225 5677 Option 3 Ask for counselling service
E advice@mps.org.nz
W www.medicalprotection.org

Medical Indemnity Protection Society
T 1800 061 113
W www.mips.com.au

Beyond Blue
1300 22 4636
Health Services Program

Depression.org.nz
www.depression.org.nz
0800 111 757
Text 4202

Lifeline Australia
www.lifeline.org.au
13 11 14

Lifeline NZ
www.lifeline.org.nz
0800 LIFELINE/0800 543 354
Text 'Help' to 4357

Australasian Doctors' Health Network

Australian Capital Territory 02 9437 6552
Northern Territory 08 8366 0250
South Australia 08 8366 0250
Victoria 03 9495 6011
New South Wales 02 9437 6552
Queensland 07 3833 4352
Tasmania 03 9495 6011
Western Australia 08 9321 3098

Additional resources that may be helpful

- MensLine Australia on 1300 789 978
- Suicide Call Back Service on 1300 659 467
- Headspace on 1800 650 890
- ReachOut at au.reachout.com
- Coroners court can offer support to families if the deceased is a coroners case