

The Royal College of Emergency Medicine

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When a Colleague Dies

Emergency Medicine Guidance

November 2020

Key messages

- Plan for this event
- Acknowledge the impact this death will have on staff
- Allow staff to talk; a variety of methods should be available to ensure this
- Take advantage of employer and local services
- Allow staff to have time off if required
- Support staff in doing something for the family or creating a memorial
- Allow staff to attend the funeral if the situation allows

Background

This guidance applies to the emergency medicine staff working within the ED in the event of a death of a colleague, within the department, during a subsequent admission or suddenly outside of hospital.

Whilst this document is written to support staff in the event of a colleague's death, the guidance is likely to be equally applicable to the serious illness or injury of a colleague. This document provides generic guidance; the approach may need to be altered to suit the circumstances e.g. the current COVID-19 pandemic.

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Registered Charity number 1122689 Scottish Charity number SC044373



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Staff working in Emergency Departments (EDs) will be aware it is likely at some point they will have to care for colleagues who, because of injury or illness, become critically ill.

In this situation, Emergency Medicine (EM) staff are advised to seek help from colleagues in other specialities to support them as it is well recognised that it is professionally and personally challenging to make complex and difficult clinical decisions involving a colleague.

Care should be taken to respect confidentiality and if possible, it will be helpful to ask the person who is unwell whether they are happy for staff (and which staff in particular) to know about their illness and health progress.

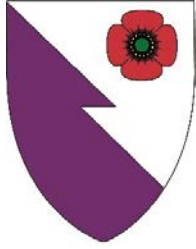
As a team, they will undoubtedly care for their colleague in a professional manner and will strive to deliver the best assistance. However, on occasion their colleague will sadly die. It is recognised that such a situation will inevitably cause distress and anxiety amongst the team and possibly the wider hospital. Colleagues may also die unexpectedly in the community or perhaps, in another hospital resulting in distress, which may be considerable.

A colleague's death can impact in ways that one does not expect. Grief comes in various stages and may emerge in a variety of ways at different times; there is no wrong or right way.

Sometimes it will result a significant reaction, even if you were not close. It may cause previous loss to resurface or alternatively, seeing the intensity of others' reactions may make you feel you aren't upset enough, causing guilt.

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Purpose

This guidance aims to help staff prepare for such a situation and offer possible approaches as to how they might minimise and manage the impact grief in such a situation will cause.

Thinking about the possibility of having to care for a very ill colleague or having one of your team die unexpectedly is clearly going to be challenging. The degree to which colleagues can do this will depend on their general personal coping style. Some like to be as well-informed as possible of all eventualities whereas others will prefer not to know too much in advance and meet challenges as they arise. People in the former group are likely to find it easier to engage with the suggestions in this guidance and respond; people in the latter category may be less comfortable. Whatever the preferred coping style, staff all need to be thinking about these issues; in writing this document we do not want to increase anxiety rather we hope staff can engage within the parameters of what is helpful and comfortable for them in order to prepare for such a sad and difficult event.

Traumatic experiences

The serious illness or death of a colleague is a distressing event, and some people may experience a traumatic reaction in response to what has happened. Traumatic reactions are very common in the immediate aftermath of a crisis; they are part of how our brains process what has happened. Responses may include:

- Reliving the experience in your mind or experiencing flashbacks
- Being unable to sleep
- A feeling of anxiety and hypervigilance, being on edge
- Nightmares

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- Exhaustion
- Feeling numb or detached from what is going on, disconnected from others

If these experiences persist for more than four weeks, then it is possible that initial trauma reactions are developing into Post-Traumatic Stress Disorder (PTSD). Staff should be encouraged to seek professional help via their GP, local Psychological Wellbeing Service or the EMed Service Psychologist.

The Grief Process

During the days and weeks that follow the death of a colleague staff are likely to feel a variety of emotions. Most people go through these stages not in linear fashion but in unpredictable waves. Not all stages will be experienced by everyone. Some common grief reactions are:

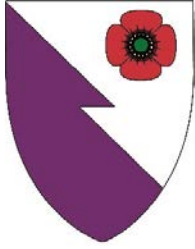
- Shock and disbelief
- Anger
- Guilt
- Sadness
- Fear
- Acceptance

While some staff will quickly return to normal functioning, some who were closer to the person who died, or those for whom the death has triggered painful memories, might exhibit some of the following:

- Decreased concentration and memory
- Sleep disturbances and fatigue
- Changes in eating habits
- Sadness and tearfulness

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- Physical symptoms such as headaches, muscle tension and stomach aches
- Irritability and frustration
- Depression and emptiness

On a team level you may find yourself and colleagues experiencing:

- Decreased individual and team morale
- Strained staff relationships
- Reduced productivity
- Lower energy and poor concentration
- Higher rates of absenteeism

What can be done to prepare for such an event?

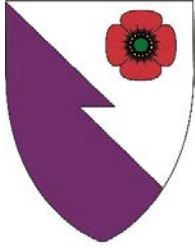
Thinking about these things before the event is always difficult but discussing the options and preferred approaches both as a team and individual may help if such an event occurs. These are uncomfortable conversations and there will be no straightforward answers.

Some things to consider may be:

- Is there a preferred approach to communicating the death of a colleague?
- How can staff be informed of the death in a compassionate and gentle manner whilst minimising rumour or sensationalism?
- Staff should consider whether they would wish their colleagues to be updated as to their clinical condition in the event of serious illness or injury. If so, they may wish to nominate a colleague who, in the event of illness or death, could be the person with whom their next of kin would liaise and update with information.

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- It is likely staff will have personal preferences. How does the department track individual preferences as to how much if anything is communicated? If a department wide approach is adopted the record will need to be available 24hrs a day and be updated on a regular basis.
- The outcome of such discussion maybe that there is no one solution but do not let this deter you from having the conversation.

If you choose to have a nominated colleague, consider:

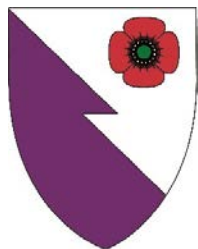
- Asking someone who is not necessarily your best friend; it is probably best that this person is not your best friend
- Choose someone you trust and are able to talk to about these matters
- They do not have to be a member of the ED staff
- The next of kin would need to be aware of the nominated colleagues and have their contact details
- The staff member would need to discuss with their nominated colleague as to their preferences for what and how much, if any, information they would like shared
- Make sure we have recorded your nominated colleague on MAPS
- If your wishes or details change, make sure you update MAPS

Other roles this person may be able to undertake are:

- Support the family whilst our colleague is in the ED; this would require a centrally held record of nominations and contact details that is accessible 24 hrs a day
- Liaise with the next of kin as to progress and
- Update the wider team as appropriate
- If the death occurs away from the hospital and they are informed by the NOK they will need to contact a senior nurse or emergency physician to advise them of the death and discuss how to inform staff.

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What can we do to cope with the loss?

The team leader and wider team who have looked after their colleague	As an individual and someone who was close to the colleague
<ol style="list-style-type: none">1. Talk honestly about what has happened2. Acknowledge the importance of such an event and the impact it is likely to have on colleagues. Explain how normal it is to feel upset or distressed when a colleague is critically sick or has died3. Show empathy4. Provide professional reaffirmation and reassurance5. Deter others from attempts to reduce the significance of the event6. Remind staff of the need for confidentiality in regards to their colleague7. Discuss with the emergency physician in charge (EPIC) and the nurse in charge (NIC) as to how the team can be given some space or relieved from duties	<ol style="list-style-type: none">1. Acknowledge the loss2. Be kind to yourself and recognise that you will grieve and what you experience will vary to that experienced by others. Be receptive to your emotional reactions3. It may take time to recover from the loss of a colleague4. Talk to your peers or line manager about how you are feeling – keep talking5. Do not minimise the impact such an event can have on a team and the individuals within that team6. Seek professional reassurance from colleagues you respect7. Accept support offered by local agencies; use what is available to you as an NHS employee8. See your GP or OH if concerned about your own health or you feel overwhelmed

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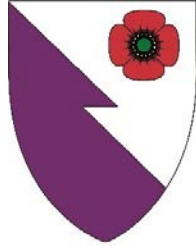
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<p>8. Contact the clinical lead</p> <p>9. Confidentiality is key. No matter how distressed staff are and wish to know how their colleague is progressing do not be tempted to view their medical record unless you need to do so because you are directly involved in the care of your colleague. It is essential important staff follow hospital policy in this regard.</p>	
<p>As members of the wider team</p>	<p>Senior Leadership Team</p>
<ol style="list-style-type: none"> 1. Ask how your colleagues are feeling and be prepared to talk 2. Acknowledge the importance and impact of the incident 3. Show empathy 4. Provide professional reaffirmation and reassurance 5. Help with the practicalities e.g. other sources of help 6. ED listeners will be able to lead and help with these 	<ol style="list-style-type: none"> 1. It is suggested that if the death has occurred in the ED out of hours someone from the senior leadership team should attend the department to support the team manage staff distress and the approach to communication. 2. Consider how best to break this news to the whole team. This is something that could perhaps be something considered before such an event occurs (see section 4).

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3. Recognise that staff will be affected by this; some may need to know they have permission to grieve in a way we would grieve for a friend or family member. Others may want to grieve in private. Be aware of the different ways that staff understand and react to the loss and respect those differences. Be particularly aware that some may be grieving silently.
4. Consider how workload may need to be redistributed or the team given time-out in the initial stages. If required organise for additional staff to work.
5. Consider sharing with occupational health so that they can be more supportive. They may be able to address any mandatory reporting issues that are required by the DoH, particularly in the current COVID-19 pandemic.
6. Medical Staffing should be informed if the colleague was a doctor and for non-medical staff the relevant Divisional Head of Workforce. They will be able to provide advice/support in

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	<p>completing the necessary paperwork for payroll/pensions to activate any death in service benefits.</p> <ol style="list-style-type: none">7. Avoid pressuring staff to return to work too quickly. There is evidence this can result in loss of workforce.8. Consider whether some local help from a psychologist or counsellor might help the team9. If appropriate consult with the team on how best to honour their colleague's memory e.g. naming a teaching room in their honour.10. In time you will need to consider how that person can sensitively be replaced e.g. a different job title (unlikely in the NHS), changing the arrangement of desks so it does not just seem like a simple replacement.
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When to seek professional help

Asking for professional help is not a weakness; it may be that this is more than you can cope with at this stage of your life. Consider asking for help or encouraging your colleagues to seek help if you or anyone else in the team experiences any of the following:

- Ongoing distress beyond two weeks after the death
- Irritability, tearfulness, feeling on edge
- Inability to function normally at work or home
- Feelings of desperation, not being able to face the future
- Thoughts of harming yourself or others

Local sources of help

Psychological Support – contact:

#OurNHSPeople Wellbeing Support – contact:
www.people.nhs.uk (0300 131 7000)

Emergency Medicine Service Psychologist – contact:

HEE, EoE. The Professional Support and Well-being Service -for doctors.
COVID19-PSW.EoE@hee.nhs.uk. 01223 597736

Chaplaincy – pastoral care for all staff – contact:

<https://network-health.org.uk/>

Associated Documents

[Confidentiality Policy: Confidentiality of personal health information](#)

For further information contact: England.ig-corporate@nhs.net

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