

Understanding the Emergency System

1. Introduction

Most survivors of tragedy have not had previous experience with the public safety system or with hospital emergency departments. Therefore when survivors encounter police officers, firefighters or emergency department personnel they do not understand why “the system” is doing what it’s doing. Survivors are bewildered and ask questions like . . .

- *“Why are they doing that?”*
- *“Why can’t I . . .?”*
- *“Why are they not paying attention to me?”*
- *“What took them so long to get here?”*

If these questions aren’t answered, the survivor often misinterprets what the system is doing. For example . . .

- *“They are laughing at **me**!”*
- *“They are not doing their job!”*
- *“They are not treating my son properly!”*

2. How to Help

The best way to help a survivor who is questioning “the system” is to become an “information advocate” who asks the emergency responders to explain to the survivor what they are doing and why. Often emergency responders and hospital emergency department personnel are so busy with their job they forget to explain what they are doing to the survivor.

3. About the Emergency System

As a helper the ideal way to help a survivor understand “the system” is to have an emergency responder/doctor/nurse explain what they are doing, and what they intend to do. However, as a helper you should understand how “the system” works. There may be times when you can “normalize” the system for a survivor who may be misinterpreting what they are seeing (*“I know it seems like they are ignoring you, but they are concentrating on giving your husband the best care.”*)

Following are aspects of the emergency system that will help you as a helper understand what emergency personnel are doing and why.

A. Patient confidentiality

A federal law called HIPAA (Health Insurance Portability and Accountability Act) mandates that emergency and health care personnel do not discuss a patient’s

medical condition except to immediate family members. As a helper you can expect that medical personnel will not provide any information to you about a patient's condition to you if you are not an immediate family member. Even if you are an immediate family member who is making a phone call to a hospital to obtain information, you may find that you will not be given patient information because hospital personnel don't know who you are.

Therefore as a helper the best course of action is to ask emergency personnel themselves to give patient information directly to family members.

B. Impersonal

Emergency department personnel, police officers and firefighters can be perceived as "cold", "uncaring" and "aloof". What is usually the case is that they are ...

... Very busy with their emergency responsibilities.

... Protecting themselves from becoming emotionally affected so they can do their jobs day in and day out.

... Having a "bad day".

... Having to get back in service or go onto the next patient.

C. Time Slows Down

Part of the experience of being a survivor is that time slows down. Minutes seem like hours. Therefore, to a survivor, it may seem like "*it took them forever to get here*" when in reality the response was very rapid. Or it may seem to a survivor waiting in a hospital for news of a loved one's surgery, that "*it's taking them forever to tell me what is going on*". In reality it may be that it hasn't been a long time since the doctor provided an update.

As a helper you may see this "time slows down" phenomenon. Understand that it's a "normal" part of the survivor's experience, and do what you can to "prompt" the system to provide the survivor information as soon as possible.

D. Control of the Scene

Emergency responders see a major aspect of their job as "controlling the scene". Often times when they arrive on a scene something has gone awfully wrong, and their challenge is to restore order to the chaos. This effort to control the scene may appear to others as unnecessary authoritarian and brusque when in fact the responders are busy "securing the scene".

Emergency responders consider emergency scenes their scenes i.e. "*I am in charge here*". Helpers should be aware of this and tread very carefully on

emergency scenes. As a Helper you should continually ask for permission before doing anything on an emergency scene, and you should be very diplomatic when advocating for a survivor.

4. **Crime Scenes**

If a death is unexpected, suspicious or the responders suspect a crime has been committed the scene will be secured. Securing the scene may mean that the survivor is not permitted into their home; or that a body is left uncovered because it is considered “evidence”; or that a survivor is prohibited from touching the body or saying goodbye; or that the survivor is questioned in depth by the police.

If possible try to get an emergency responder to explain their procedures and why the procedures are necessary to the survivor.

5. **Follow up**

After a tragic event has occurred and in the days and weeks following the event the survivor may still have questions about “*what happened*” and “*why did they do what they did?*”

As a helper you should encourage the survivor to call or to meet with the emergency responders involved. When they are not “in the heat of battle”, they are usually very receptive to answering questions and to explaining what they did. Having answers to unanswered questions may bring the survivor a measure of peace and allow him to continue with the healing process.