

Workshop M5

Monday, October 27, 9:00 a.m.–noon and 1:30–4:30 p.m.

“911–WHAT IS YOUR EMERGENCY?”

Presented by



Bob VandePol
President
Crisis Care Network

By their nature, accidents on construction sites often involve life-and-death situations, as well as conspicuous property damage, and therefore draw great attention. When a crisis occurs, project participants will face intense demands for attention, information, and assistance. Managing the crisis requires prioritizing and balancing the needs of the affected parties, including injured workers, family members, uninjured coworkers, regulators, and the public. In the dizzying frenzy of the moment, a thorough, well-executed plan can keep a bad situation from becoming much worse.

- Identifies the varying needs to be addressed during a crisis.
- Provides guidance for developing and implementing a crisis management plan.
- Addresses the needs of uninjured employees following an accident.



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Bob VandePol
President
Crisis Care Network

Mr. VandePol, MSW, is copresenting Workshop M5, “911—What Is Your Emergency?” on Monday. He serves as president of Crisis Care Network, the nation’s largest provider of Critical Incident Response Services to the workplace. He consults with corporations, insurers, EAPs, and behavioral health professionals regarding how to manage the behavioral risks inherent in workplace tragedies. Active as a keynote speaker, Mr. VandePol has published and been quoted in many business and clinical journals, coauthored two chapters in books addressing workplace security and response to tragedy, and was featured in several video training series, including “Critical Incident Response” and “Advancing Best Practices: Critical Incident Response for the Workplace.” He managed CCN’s Command Center in Manhattan after the 2001 terrorist attacks and led numerous leadership summits following Hurricane Katrina and the Virginia Tech tragedy regarding how employers could lead organizational recovery during crises. Mr. VandePol is a member of the Employee Assistance Professional Association’s Workplace Disaster Preparedness Panel of Experts.

His most recent projects and publications include the following: contributed content to Dr. Nigel Ellis’ book *Introduction to Fall Protection*, 4th Edition (due for release in 2009); authored an article, “The High Cost of Workplace Tragedies: Leading Employees Through Crises,” in *Occupational Hazards* (2008); authored “The Human Cost of Retail Robberies” in The National Association for Bank Security’s *The Advisor* (2008); authored (with Gilmore) “Preparedness, Response, Recovery: Harnessing Technology to Mitigate the Impact of Mass Disasters” in the *Journal of Employee Assistance* (2008); participated as a contributor in the CCHES/Board of Certified Safety Professionals Examination Item Writing Workshop (2008); and developed and recorded web resources for Virginia Tech faculty and staff following the campus shooting tragedy and was featured in a webinar for employers impacted by the event (2007).

In 2008, in addition to the Construction Risk Conference, he was a keynote speaker or lecturer for the following: Michigan Region 2 Bio-Terrorism Conference, Travelers insideTV, The Wellness Corporation Client Summit webinar, American Contractors Insurance Group Safety/Claims Management Conference, American Association of Christian Counselors National Conference, Ajax Paving Safety Conference, ValueOptions Health & Performance Solutions University, DuPage County Community Health/Illinois Department of Mental Health, and Employee Assistance Professional Association Learning Series.

Notes

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911 – What Is Your Emergency?

**Presented By:
Bob VandePol
President
Crisis Care Network
Grandville, MI**





Workplace Trauma

15 people die at work every day.

**3 of them work in the construction industry.
Every day.**



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Business Continuity and Recovery

There is no business recovery without people who:

- Are healthy enough to return to work and be productive
- Are assured enough of their safety to not feel afraid to return to work
- Have had their trust in the leadership established so that they desire to return to work
- Have had their loyalty rewarded so they remain employees over the short haul and the long haul

Marsh Crisis Academy 2003



Leadership in Time of Crisis



Understanding the Impact of Traumatic Stress

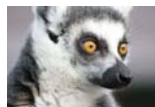
Leadership during times of stress and crisis begins with understanding how stress impacts people



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Lean, Mean Fighting Machine!

- Fight!
- Flight!
- Freeze!

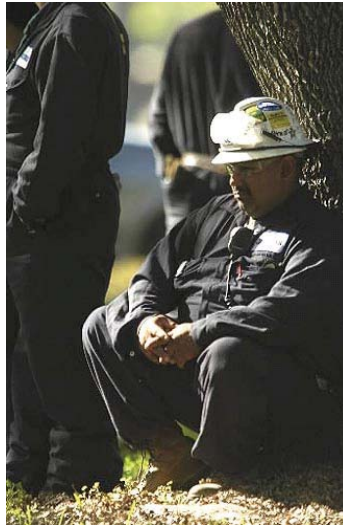


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Individual Stress Response

- Physical
- Emotional
- Cognitive
- Spiritual
- Life-View



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Symptoms of Traumatic Stress

- Shock
- Anxiety
- Depression
- Numbness
- Fear
- Anger/Irritability
- GI upset
- Chest pains
- Nightmares
- Insomnia
- Poor concentration
- Increased mistakes
- Hypervigilance
- Intrusive stimuli
- Blaming
- Isolation
- Avoidance behavior
- Guilt
- Difficulty multi-tasking
- Somatic complaints

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Psychosocial Impact Of Disasters



Sources: Ursano, 2002; Institute of Medicine, 2003



Facilitating Resiliency

- People are more resilient than they feel
- Education can provide inoculation
- Utilize strengths
- Reduce likelihood of making it worse



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Organizational Impact of Disaster: Immediate Stressors

- Displaced people
- Death
- Infrastructure breakdown
- Destruction of property: Unable to return to work/home/resources until safe
- Communication barriers
- Increased media scrutiny of procedures
- Disruption in usual procedures

Veteran's Administration & National Center for PTSD

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Organizational Impact: Ongoing Stressors

- Actual or perceived decreased safety
- High cost of lasting impact
- Litigation
- Workers comp stress claims
- Pursuit of medical and psychiatric opinions
- People coping with issues related to grief/loss, increased financial strain, traumatic stress, family concerns, physical needs
- Harsh judgments if emergency decisions were handled poorly (or not!)

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Organizational Impact: Ongoing Stressors

- Tolerance within and between systems often decreases as stress, role conflict, and extreme fatigue set in
- Staff attrition
- Negative media, community, and market image
- Difficulty concentrating at work/increased mistakes
- Irritability with others
- Absenteeism and presenteeism
- Ongoing financial concerns

Adapted from: Veteran's Administration & National Center for PTSD

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Leadership in Times of Crisis—ACT!

- Acknowledge and name the trauma
- Communicate pertinent information with competence and compassion
- Transition to adaptive functioning and/or refer to additional care



ACT

Acknowledge

- Acknowledge what has happened
- Summarize what has happened
- Present objective and credible information
- Deliver information with sensitivity
- Serves to: control rumors, reduce anxiety, and return a sense of control to impacted individuals

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ACT

Communicate

- Communicate competence and compassion
- Visible leadership communicates care and concern for those involved
- Transitions to specialist (if utilized)
- Provide information about common reactions to critical incidents and what can be done to exercise resiliency

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ACT

Transition and Refer

- Information about Coping—emphasize resiliency
- Practical Assistance—determine basic and practical needs
- Linkage with Collaborative Services—transition individual to appropriate level of support and provide information. (EAP, counseling center, community resources, written communications and web resources, telephonic support via a 1-800 number, to continued personal assistance/intervention)

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Video Demonstration

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Demonstrated RTW Effectiveness

“For us, this service is about having available immediately (KEY) the specialized, trained (KEY) care our associates need. Our robberies happen late at night and on weekends. The workers compensation system is not set up to address the associate’s needs in this situation. Untrained doctors and counselors think it is best to keep associates out of work whereas this specialized service knows the best option for the associate in most cases is to continue working. Once an associate is put out of work by WC doctors, it takes months to years to get the claim resolved.”

Director of Risk Management
Retailer

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The High Cost of Workplace Tragedy

By Bob VandePol, President, Crisis Care Network

It can happen here. Sixteen people die at work every day. Three of them in the construction industry. Every day. Each morning construction workers leave home unaware that their next shift will include a co-worker's death or serious injury. Whereas they may be grateful for their own physical safety, the psychological outcomes of such events can be difficult for them and their workgroups. When impacted by tragedy, people sometimes experience a flood of biological and neurological changes that overwhelm their normal coping mechanisms and produce a very predictable set of physical, mental, emotional, and behavioral reactions. Many of those reactions have survival value in a combat zone but severely impair normal work and life productivity. Quality, safety, and the ability to meet crucial deadlines are in jeopardy.

Construction leaders face not only the obvious human loss but also increased exposure to significant financial loss. Stemming from psychological damage to the organization's human resource, cost drivers include:

- Increased exposure to Workers Compensation claims
- Litigation
- Pursuit of medical, psychiatric, and legal opinions
- Workforce turnover and recruiting challenges
- Increased absenteeism
- Protracted medical treatment for "unrelated" ailments
- Diminished concentration and accuracy
- Negative image within the construction community
- Increased conflict between employees and with customers
- Increased use of alcohol and drugs to self-medicate

Inability to meet contracted deadlines Trust of leadership and a desirable corporate culture are also at risk. In retrospect, construction leaders will often pinpoint a workplace tragedy as a pivot point for the ongoing productivity of their work teams. Some identify how the incident actually launched a new sense of loyalty, team cohesion, and commitment to safe work practices. Others bemoan the event as triggering a collective negative image, increased conflict, and distrust of leadership – "that's when the wheels fell off". A dynamic common to work groups following a traumatic incident is increased "we/they" thinking and blaming of "the boss" for problems related and unrelated to the incident. People impacted by trauma predictably tend to:

1) Regress to more basic, primitive impulses and defenses

- The brain is re-circuited toward use of functions focused upon creating an immediate sense of safety. These thought patterns are not necessarily logical as the portions of the brain dealing with advanced abstract thought are "put on hold".
- Decisions tend to be impulsive, extreme, and based more on emotion than logic.

Emotional responses are magnified and self-protective 2) Immediately attempt to make sense of the incident in effort to gain a feeling of control over it

- The belief is that if one can understand the incident, s/he can be safer by preventing it next time.
- When the answer to “why” isn’t available, people will create one!
- The understanding is likely to be reactive and lack objectivity.

3) Isolate from others

- The lack of control experienced in the tragedy leads people to pull away from others in distrust.

Add these factors together and conditions are ripe for hostility and blame with the company’s leadership positioned as the most convenient target. Following tragedy, the allegations of blame need not be accurate to be powerfully destructive!

Leadership in Times of Crisis

Managers need to respond immediately and effectively because how they handle the first hour after a tragedy offers both tremendous opportunity and serious risk for their management relationships and outcomes. The incident and its aftermath will not go away if ignored. Work groups will go through a reactive process – with leadership or without it. Lead it! If ignored, the employees feel as though insult was just added to injury and feelings of betrayal further fuel the likelihood of blame. According to Gerry Spence, founder of the Trial Lawyers College, “The pure rage that stems from unredressed injury can be more fearsome than that produced by the original wrong.”

Your employees are watching you as they make decisions about their own reactions. To illustrate, when a high school football player is injured on the field, the student trainers sprint to his aid. Not the doctor. She or he confidently and purposefully strides onto the field in a way that communicates professionalism and control. Quick but not in a hurry. Sprinting with the trainers or remaining on the sidelines would trigger panic in every seat in the stadium.

Like the team physician, construction leaders must be prepared to present that rare combination of compassion and competence—not mutually exclusive terms. Individually and organizationally, recovery is facilitated when the leader can acknowledge the personal impact upon involved people while at the same time transitioning them to next steps. He must embody and communicate the transitions from chaos to structure and helplessness to effective action. Those watching must witness a confident, competent person who doesn’t minimize the effect of the incident but communicates an expectation of recovery.

The **ACT** model provides construction leaders with a structured process to facilitate both individual and organizational recovery.

Acknowledge and name the incident

- Have an accurate understanding of the facts and avoid conjecture.
- Demonstrate the courage to use real language that specifically names what occurred. When there has been a fatality it is important to use the word “death”.
- Acknowledge that the incident has an impact on team members and that individuals will be impacted differently.
- Personally acknowledging the trauma positions leadership as also impacted by the event and can align leaders with other employees.

Communicate pertinent information with both compassion and competence

- These characteristics are not mutually exclusive and must both be present to productively lead a traumatized group. In these situations leaders must “know their stuff” in a caring way.
- Leaders may benefit from the support of a colleague, attorney, or Critical Incident Response Specialist to help script a response and provide coaching/feedback.
- Have a crisis response plan that includes use of Critical Incident Response Specialists. These experts can help design the response plan and deliver structured clinical interventions to mitigate the effects of trauma. Simply exercising this plan automatically communicates compassion and competence.

Transition

- Communicate an expectation of recovery. Those impacted must gain a vision of “survivor” rather than “victim”.
- Communicate flexible and reasonable accommodations as people progress back to “return to work” and “return to life” normalcy. Employees should not all be expected to immediately function at full productivity (although some will) but will recover quicker if assigned to concrete tasks. Structure and focus are helpful. Extended time away from work often inhibits recovery. “If you fall off a horse...get back on a pony.”
- Lead visibly for several days and be especially accessible to employees for support and information.
- Destigmatize and encourage utilization of the Critical Incident Response Specialist.

Use of Critical Incident Response Specialists

Typically the operational flow begins with the company’s Safety, Human Resource, or Risk Management department making an immediate referral to a Critical Incident Response organization. Sometimes the property & casualty insurer may assume the role of referrer. The Critical Incident Response organization will already have in place protocols by which the referrals are received, responses are managed logistically, and Specialists are dispatched to meet with impacted employees on-site. These counselors should meet the following criteria:

- Masters or Doctoral education in a mental health field
- Certified or licensed to practice independently
- Crisis Response specialized training

The Critical Incident Response Specialist(s) arrive on-site and immediately establish communication with a designated on-site contact, typically from Human Resources, Safety, or other management position. Prior to meeting with employees, it is clinically important to draw circles of impact and arrange groups of similarly impacted individuals. For example, people who experienced risk to their own safety or witnessed horrific scenes will typically feel uncomfortable talking about it if co-workers are present who were not first-hand witnesses and, conversely, exposing non-witnesses to gruesome images can secondarily traumatize them. Another rule of thumb generally advises against mixing employees and those who supervise them in the same group.

Selecting from a continuum of structured group and individual interventions, the Specialist provides a safe, directed environment to 1) position the company's leadership favorably, 2) let people talk if they wish to do so, 3) identify "normal reactions to an abnormal event" so that people don't panic regarding their own reactions, 4) build group support, 5) outline self-help recovery strategies, 6) brain-storm solutions to overcome immediate return-to-work and return-to-life obstacles, and 7) triage movement toward either immediate business-as-usual functioning or additional care. Information is shared regarding access to other community resources. The Specialist also engages in immediate assessment for anyone presenting risk for suicide or violence. Following intervention completion, the Specialist provides the company's management with recommendations for next steps.

When construction leaders manage the risk of a traumatic event via this process they speed individual and organizational recovery and gain greater likelihood employees will positively view their involvement. Tragedy needn't lead to additional tragedy.

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