	<b>Scoil Bhríde Athgarvan</b> <b>CRITICAL INCIDENT POLICY</b>
	Date ratified by BOM: June 2022 Next Scheduled Review Date: June 2024
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# **Scoil Bhríde Athgarvan**

## **CRITICAL INCIDENT POLICY**

### **ACRONYMS:**

- CI: Critical Incident
- CIP: Critical Incident Policy
- CIMT: Critical Incident Management Team
- BOM: Board of Management
- NEPS: National Educational Psychology Service
- SNA: Special Needs Assistant
- DLP: Designated Liaison Person
- SPHE: Social, Personal & Health Education
- EAS: Employee Assistance Programme

### **1.0 Purpose**

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The objective of this policy is to:

- 1.1 Address the basic emergency planning, tasks and responsibilities in the event of a critical incident.
- 1.2 Enable staff to react quickly and effectively and to maintain a sense of professionalism and control in the event of a critical incident.
- 1.3 Acknowledge critical incidents come with little or no warning and often result in confusion, devastation and intense feelings and are markedly distressing to a significant number of adults and children. Thus, this policy takes a proactive approach in training and preparation to optimise this policy's effectiveness when employed.
- 1.4 Acknowledge outcomes of critical incidents are dependent on how well the people involved have planned and prepared for such occurrences and this policy incorporates basic policy, revisions and best practices to ensure that a sense of normality returns to the school as soon as possible and that the effects on students and staff are limited as far as is possible.
- 1.5 Acknowledge that whilst robust, this policy will not entirely cover all crises and eventualities, but it is hoped that it will provide a fair degree of guidance and framework to those the policy pertains to in the event of a CI.

### **2.0 Aims**

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- 2.1 To put a clear framework in place within which to manage a critical incident;
- 2.2 To define roles and responsibilities;
- 2.3 To put resources and strategies in place and forward plan;
- 2.4 To put protocol in place for communications with outside support agencies;
- 2.5 To put evacuation procedures in place, and review and rehearse regularly;
- 2.6 To develop mechanisms for identifying vulnerable students/staff;
- 2.7 To revise the Critical Incident Policy regularly (or revise in the event of a Critical Incident occurring) to ensure best practice is observed, child safeguarding and welfare is optimised, and continual learning and reflection is incorporated into protocol.

### **3.0 Scope**

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- 3.1 This policy pertains to all students and staff of Scoil Bhríde Athgarvan, the Board of Management, parents, Parent's Association, Critical Incident

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Management Team and the wider community, including clerical members of the Parish, supporting Scoil Bhríde, Athgarvan.

### **4.0 Review and Research**

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The review was informed primarily by the most recent version of the NES document

- Responding to Critical Incidents - Guidelines and Resources for Schools (NEPS 2016) which is available to view on <https://www.gov.ie>

The following documents and readings, some of which are available to schools on [www.education.ie](http://www.education.ie) and [www.nosp.ie](http://www.nosp.ie), are further useful resources which support this policy:

- When Tragedy Strikes: Guidelines for effective critical incident management in schools (INTO, 2000);
- The Clouds that Surround a School: responding to and managing a critical incident (Shane Moran, 2017);
- Psychological Debriefing for Children (Rady et al, 2009, The Internet Journal of Psychiatry, Vol 1, No 1);
- Guidelines for Schools on How to Respond to the Sudden Unexpected death of a Student (ASTI, 2005);
- Well-Being in Primary Schools - Guidelines for Mental Health Promotion (DES, DOH, HSE 2015).
- Suicide Prevention in Schools: Best Practice Guidelines (IAS, National Suicide Review Group (2002);
- Suicide Prevention in the Community - A Practical Guide (HSE 2011);

### **5.0 Development and Communication of this Policy**

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- 5.1 The CIP was updated in 2022.
- 5.2 Following a Critical Incident in 2018, a policy review was undertaken. A panel of teachers were consulted and asked for their feedback on this policy. A panel of Parents/Guardians were also consulted and asked for their feedback.
- 5.3 Our school's reviewed policy is outlined herein and procedures in relation to responding to critical incidents has been presented to all staff after being reviewed, amended and finally ratified by the Board of Management.
- 5.4 This Critical Incident Policy is to be reviewed regularly (it is proposed to review the policy ideally biannually, or in the event of a critical incident occurring) and updated as required (next scheduled review date located in header above).
- 5.5 The Critical Incident Policy will be uploaded to the website after any amendment occurs.

### **6.0 Definition – what is a Critical Incident?**

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- 6.1 As per NEPS / DES guidelines 2016, Scoil Bhríde Athgarvan recognises a critical incident to be:

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***A critical incident is any incident or sequence of events which overwhelms the normal coping mechanism of the school and disrupts the running of the school.***

While very few schools will experience a major crisis, most schools at some time or other experience traumatic situations such as the sudden death or expected death of a student, parent/guardian, teacher etc. due to an accident or illness.

Critical incidents may involve one or more students or staff members, or members of our local community. Types of incidents might include (but are not limited to):

- An intrusion into the school;
- The death of a member of the school through accident;
- The death of a student through violence, suicide or suspected suicide;
- An accident involving members of the school community;
- An accident/tragedy in the wider community;
- Serious damage to the school building through fire, flood, vandalism;
- The disappearance of a member of the school community;
- Illness epidemic;
- Sexual, physical or psychological abuse;
- Epileptic/Anaphylactic incident of student/staff.

### **7.0 Child Safeguarding**

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7.1 Scoil Bhríde takes a caring and supportive role in the development of the child and to this end has devised a Critical Incident Policy to help cope with the unexpected, traumatic events that may happen during a child's school life. This policy is driven by concern for the health and safety of the children in our care. Adults in charge of children, notwithstanding existing school policies and procedures, will act in the best possible interest of the child. This policy outlines what we recognise is best practice.

7.2 In the event of a CI occurring, and as per normal school policy, all visitors including parents, must report to the school office, identify themselves and state their business in the school. Visitors will not be allowed beyond the school office except at the invitation of a member of staff.

7.4 ***Creation of a supportive and caring ethos in the school***  
We have put systems in place to lessen the probability of the occurrence of an incident. These include measures to address both the physical and psychological safety of both staff and students.

#### **7.5 Physical Safety**

The following policies and strategies have been put in place to maintain the physical safety of all members of the school community.

- Health & Safety Statement.
- Regular fire drills occur. (*see Fire Evacuation Policy*).
- Fire exits and extinguishers are regularly checked.
- The Fire Alarm is serviced regularly, at least once a year.
- Playground gate which opens onto the main road is closed during school hours.

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- Line up routine from yard and from class rooms implemented, monitored and rewarded.
- Pupils leaving school early will only be released by a member of teaching staff when an authorized adult arrives to accompany the child from the office/premises.
- Pupils are not released into the care of persons unknown to school staff without checking with a parent/guardian.
- Pupils are reminded of playground rules by staff at regular intervals in the context of our School Code of Behaviour Policy.
- Pupils are adequately supervised at all times especially during physical activity and yard.
- First Aid Boxes are maintained and kept in accordance with our First Aid Policy.
- All appropriate medical records can be found on the Staff room wall and appropriate medical procedures for individual children are distributed to teachers each September.

### 7.6 **Psychological Safety**

Scoil Bhríde aims to create an open and encouraging environment in the school where students can talk about their difficulties and seek help for same.

The following strategies aim to support and ensure the psychological well-being of our pupils:

SPHE is an integral part of the school curriculum and addresses issues such as:

- |                               |                                    |
|-------------------------------|------------------------------------|
| ❖ Grief and Loss              | Bullying                           |
| ❖ Communication Skills        | Help-Seeking                       |
| ❖ Stress and Anger Management | Decision Making                    |
| ❖ Conflict Management         | Internet safety                    |
| ❖ Resilience                  | ❖ Alcohol and drug prevention      |
| ❖ Problem solving             | ❖ Positive mental health promotion |

- The school has a clear Anti-Bullying Policy.
- The School has a clear Code of Behaviour.
- The school has a Parental Complaints Policy
- The school has a clear Child Safeguarding Statement which is reviewed annually.
- The school has policy on Digital Learning Policy which incorporates the school's Internet Acceptable Use.
- Staff have completed 'Introduction to Children First' programme and 'Child Protection Procedures for all School Personnel' and are familiar with their duties as a mandated person.
- The Designated Liaison Person nominated in Scoil Bhríde Athgarvan are Marion Sherlock (DLP) and Margaret Ryan (Deputy DLP).
- Weaving Wellbeing Programme (Outside the Box) linked to the SPHE programme was introduced in 2019 as a preventative measure and implemented from 1<sup>st</sup> to 6<sup>th</sup> class.
- Stay Safe is taught in accordance with our school SPHE Policy.

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- RSE is taught in accordance with our School SPHE Policy.
- Staff are to be kept informed of difficulties affecting individual students (advised directly by parents, teachers or informed through principal) and be made aware of, and vigilant, in identifying, monitoring and assessing their needs within the classroom setting.
- Staff will consider best resources to support pupils presenting with needs.
- Staff are informed about how to access support for themselves through the EAS.

### **8.0 Confidentiality and Good Name Considerations**

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- 8.1 The School has a responsibility to protect the privacy and good name of the people involved in any incident and will be sensitive to the consequences of any public statements. All adults should bear this in mind and will ensure that pupils do so also. It is essential that sensitive imparting of any information should be void of sensational or speculative language and preserves the dignity and privacy of those affected.
- 8.2 All persons affiliated to the School should be mindful that in some instances matters may be under investigation by An Garda Síochána and/or TUSLA. In instances where this is known or speculated, strict confidentiality should be upheld and respected. It is imperative that due process is allowed to take effect without interference or cross-contamination of facts. The right to privacy must take priority for all involved.

### **9.0 Choice, Consent & Wellbeing**

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- 9.1 **CIMT:** The CIMT has been appointed and roles and responsibilities defined herein in line with best practice. The members of the team are selected on a voluntary basis. The Board of Management has approved the appointments of all members of the CIMT. Should an appointed person be unavailable, a replacement should be sought immediately by the CIMT leader.
- 9.2 **Principal/staff:** The Principal will also need to ensure he/she is receiving appropriate support and time to process the CI and grief process. The weight of the responsibility regarding the CI will be enormous. Although Principals and staff will be highly pragmatic in the face of a crisis, staff should be cognisant of the need to provide self-care, take appropriate breaks and time away when possible and access whatever support is necessary within and outside of the school, including EAS service (*see Section 15*).
- 9.3 **Staff:** whilst it is generally recommended that classroom teachers assume important roles of imparting initial and updated information, and supporting children in the aftermath of the critical incident, it is acknowledged that some teachers may, at times, feel uncomfortable, ill-equipped or overwhelmed depending the nature of the critical incident, and teachers should have the opportunity to either opt-out of certain duties, or have the opportunity to request additional support in liaison with the Critical Incident Management Team and/or BOM/Principal as appropriate.
- 9.4 **Parents:** parents should be consulted as appropriate regarding any issue or incident arising, and when obtaining consent is required by the school concerning individual or group de-briefings or support meetings.

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- 9.5 **Bereaved/affected family:** at all times, the right of the bereaved /affected /injured family to privacy must be respected, including the information that is shared, family's wishes regarding participation in funeral /memorial services, or visitation of affected /injured students, collection of belongings from school, and any ongoing involvement in school activities, such as milestones, remembrances, anniversaries. Consideration should be given to the sensitivities regarding absent children's /staff's reintegration into school life to facilitate a seamless transition as much as possible for students, parents and staff
- 9.6 **Particular beliefs and customs of the bereaved family** (religious and ethnic considerations) should be understood and respected.
- 9.7 **Students:** Children's understanding and reaction to death varies according to age and relationship proximity to the deceased. *See Appendix 5.*
- 9.8 Children also often have their own views on how they would like to honour the deceased/injured/affected child/adult and should be given choice regarding any activity or service arranged. Their participation in, and discussion of, planning services and memorials/activities etc. can be key to supporting them to move through the stages of their grief (*see Appendix 4*) in a psychologically healthy way, helping to minimise the impact overall.
- 9.9 Routine for children is vital as it helps create a sense of safety and familiarity and helps to reduce anxiety and stress. Normal routine should be the goal as soon as possible, but children will require adequate space/breaks in school to come to terms with what has happened, and a flexible approach is paramount to school/home work/grief reactions in the days/weeks/months following a critical incident.

### **ADMINISTRATOR:**

#### **10.0 Role**

- Takes supportive role to the needs of the CIMT;
  - Contacts parents/guardians in the event of a CI, as instructed to do so by the team leader/CMIT (script prepared) and advises parents/guardians of the CI and the immediate action plan in place for reunion with, collection of, students;
- 10.1 Maintenance (with Community/Agency Liaison) of up to date telephone numbers / email addresses / equipment of:
- Parents or guardians
  - Teachers, PA, BOM.
  - Emergency services
  - First aid kit
- 10.2 Takes telephone calls and maintain a record of messages of all incoming and outgoing contact or anyone that need to be responded to;
- 10.3 Prepares and sends out letters, emails and texts;
- 10.4 Photocopies materials needed;
- 10.5 Ensures that use of resources e.g. photocopier, for printing/photocopying of materials related to CI takes priority over other uses;
- 10.6 Liaises with CIMT regarding procurement of sympathy cards, floral tributes, etc. on behalf of the school and the BOM.

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- 10.7 Sends timely text messages, emails, school timetable (closures, staff meetings /CIMT meetings or dismissing school early to facilitate meetings, in order to respond to CI effectively).
- 10.8 Ensures that school records and databases are updated to reflect changes required. This should ensure that any additional distress to bereaved family/families is avoided;
- 10.9 Ensures all records, consent forms and other CIP documentation/forms are stored securely and in line with GDPR guidelines;
- 10.10 Meets regularly with CIMT;

### 11 11.0 SEE CRITICAL INCIDENT PLAN

## Procedure in the Event of a Critical Incident Occurring

### 12.0 CLASSROOM SESSION

#### A CLASSROOM SESSION FOLLOWING A CRITICAL INCIDENT

##### 12.1

A classroom session with the appropriate member of the CIMT/class teacher and students is an important intervention following a critical incident that affects large numbers of students. Sessions containing up to 30 students can be effective. It is recommended that the classroom teacher take an active role, if possible. Students may feel safe and secure with their classroom teacher rather than being with an adult they do not know.

***It is recommended as best practice to facilitate the initial classroom session as soon as possible and within 10-14 days of the critical incident occurring.***

##### 12.2

**The process involves:**

- Step 1: providing facts and dispelling rumours
- Step 2: sharing stories and allowing and encouraging the sharing of thoughts and the expression of feelings
- Step 3: normalisation of thoughts and feelings
- Step 4: Worries (for younger children)
- Step 5: Advising about social media usage (for older children)
- Step 6: Empowerment
- Step 7: Closure
- Step 8: Free time
- Step 9: Recovery

### Class Room Session Model

Step 1	Providing facts and dispelling rumours
	State the facts clearly. Talk in concrete rather than abstract terms (say died rather than gone to heaven or gone to sleep), dispelling rumours



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	help students understand the reality of the events. Helping students hear the facts is an important prerequisite for coming to terms with what has happened.
<b>Step 2</b>	<b>Sharing stories and thoughts and expression of feelings</b>
	Students are asked to tell their story of the event. As a result, they will feel less alone because of their common shared experiences. Helping them verbalise their experiences helps their recovery. For those students who find it difficult to verbalise their experiences or for students with learning difficulties it may also be helpful to allow them to express their feelings and recount their experience in other ways. Writing stories or using art or mixed mediums can be particularly helpful, especially for younger students. Give the students a choice as to how they want to represent their experiences. Have a box of tissues at hand. Help the students identify what they thought and felt at the time of the incident, or when they first heard of the incident. It may be helpful to share your own feelings, thoughts and fears that you experienced during the crises or just after hearing the news.
<b>Step 3</b>	<b>Normalisation of thoughts and feelings</b>
	Explain that their reactions are normal responses to abnormal circumstances. Let the students know that in time, for most people, the reactions or symptoms will go away. Inform the class that if the symptoms don't go away they need to seek help and talk to trusted adults. Inform the students that it is normal to talk about the deceased, and 'ok' to speak about them in conversation and remember the good memories and fun times they had together. Distribute handouts on reactions to grief to the students appropriate while encouraging them to help each other or notify teacher/parent if they are worried.
<b>Step 4</b>	<b>Worries (younger children)</b>
	To satisfy the worries about the deceased and clarifying information regarding conceptions about death (if the deceased is hungry, cold, lonely etc.), worries regarding harm or illness befalling the children and the same thing would happen to the child or someone in their family clarifying the rarity of the CI or illness and chances being low.
<b>Step 5</b>	<b>Advising about social media usage (older children)</b>
	Begin with acknowledgement of the various social media apps commonly used, with the pros/cons of their use. E.g. Useful in keeping in contact with family and friends, and the dangers of sharing information and concerns regarding privacy and accuracy. Encourage students to recognise how much social media use is too much, particularly late into the night and its disruption on normal ways to spend time with family and friends. Recognise that live media, e.g. FaceTime is more conducive to support and less likely to be subject to misunderstanding in comparison to text-based media.
<b>Step 6</b>	<b>Empowerment</b>
	Help the students identify strategies that they can use to help manage symptoms. For example, talking to family and friends, getting enough sleep, exercise, and appropriate use of technology etc. If appropriate, students can brainstorm ideas that might help in the situation. Overall, it is important to help the students regain a sense of control.
<b>Step 7</b>	<b>Closure</b>

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	End the session/s by focussing on the future. Depending on the nature of the incident, help the class/group decide what would bring about a sense of closure, for example, organising a memorial, writing cards or letters, creating a memory box. Reiterate the message that their reactions are normal responses to abnormal circumstances. Tell students what further supports will be put in place if they are needed and how to alert teacher/parent if they are needed.
<b>Step 8</b>	<b>Free time</b>
	After the session, the teacher may want to allow the students some play time in the yard or free time in the class, depending on the age.
<b>Step 9</b>	<b>Recovery</b>
	<p>It may be helpful to continue to do these sessions/activities at intervals during the days following and to intersperse them throughout the curriculum in the coming days/weeks/months, depending on progress.</p> <ul style="list-style-type: none"> <li>- Normal routines should be generally returned to as soon as is practical.</li> <li>- Students should be encouraged to resume sports and extra-curricular activities.</li> <li>- It is appropriate that the class curriculum is adjusted and adapted. A flexible approach is key. E.g. Teachers should avoid presenting new learning material or carrying out examinations for a while following an incident as concentration and motivation may be impaired.</li> <li>- Use opportunities fluidly that arise in normal class work, where coping, resilience and support can be reinforced.</li> <li>- Students could be encouraged to discuss how to avoid future crises and lessons learnt from their experience. Utilise the SPHE framework for structured discussions within the timetable of the curriculum to reinforce the above also.</li> </ul>

### **13.0 ONWARD REFERRAL**

13.1 Parents may seek referral to the HSE or an External Agency through their GP should additional support be needed. Staff and Parents should monitor children for the following:

- uncharacteristic behaviour;
- deterioration in academic performance;
- physical symptoms – e.g. weight loss/gain, lack of attention to appearance, tiredness, restlessness, headaches or other somatic and unexplainable symptoms;
- Inappropriate emotional reactions;
- Increased absenteeism;
- Increases in aggression or withdrawal/isolation behaviours;
- School refusal or increase in wanting to contact parents throughout the day/wanting to go home;
- Lack of emotional expression or overt emotionality;
- Regressive behaviours, such as bedwetting, or commencement of nightmares/night terrors.

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*See appendix 3 for Vulnerable Student Behaviour Checklist*

### **14.0 POLICY REVIEW**

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- 14.1 In the event of a CI occurring, the CIMT will meet and review the policy. They will evaluate the response to the incident and amend the Critical Incident Management Plan appropriately by addressing;
- What went well?
  - What were the gaps?
  - What was most/least helpful?
  - Was all the information to hand (templates, lists, numbers)?
  - Have all necessary onward referrals to support services been made?
  - Is there any unfinished business?
  - What amendments to the CIP could be introduced to enhance response into the future?
- 14.2 CIMT to ratify any changes to the Critical Incident Plan for the future following a consultation with stakeholders.
- 14.3 Inform new staff/new school pupils affected by Critical Incidents where Appropriate:
- Ensure that new staff are aware of the school policy and procedures in this area.
  - Ensure they are aware of which pupils were affected in any recent incident and in what way.
- 14.4 The CIP should be reviewed every 2 years or following a Critical Incident.

### **15.0 Training of Staff & Staff Support in the event of a Critical Incident**

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- 15.1 The Professional Development Service for Teachers (PDST) provides professional development support for staff members and is available to provide advice to managers on whole staff support. The Psychological Society of Ireland's 40 (practical) tips for mental health, well-being and prosperity may be useful in helping teachers to enhance and maintain their own mental health ([www.psihq.ie](http://www.psihq.ie)).
- 15.2 Individual teachers requiring additional support at any time may access the Employee Assistance Service. Further information can be accessed at <https://wellbeingtogether.spectrum.life>
- 15.3 The school will undertake to provide appropriate opportunities for staff to have training that best optimises all facets of their role including relevant training in the areas of: first aid, mental health and welfare, Child First guidelines as well as CPD.

### **16.0 Record Keeping**

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- 16.1 In the event of a CI, each member of the team will keep records of phone calls made and received, letters sent and received, meetings held, persons met, interventions used, material used etc. The CMIT Administrator will have a key role in receiving and logging telephone calls, sending letters, photocopying materials, etc. These will be collated centrally and stored securely in line with GDPR guidelines.
- 16.2 All communication record sheets from each of the CIMT members are to be lodged with the Team Leader as soon as possible after a critical incident.
- 16.3 To comply with GDPR stipulations, all case sensitive materials will be confined confidentially to the Principal's Office as per the school's Data Protection Policy.

### **17.0 Special Considerations**

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- 17.3 It is acknowledged that the onus is on the parents to be proactive in informing the school of any change in contact details, medical history or changes or student academic or mental health requirements (e.g. private psychological reports/recommendations) not initiated through the school via class teacher etc.
- 17.4 It is hoped that this policy will provide reasonably comprehensive guidance to those within the Scope of this policy in the event of a CI; however, it does not provide for all eventualities and the latest guidelines, advice and literature should be consulted and/or direction taken from professionals employed (NEPS) in the event of a CI, as required, to inform best practice.

This Critical Incident Policy was reviewed and ratified by:

Marion Sherlock,  
Principal

Noreen Duggan  
Chairperson , Board of Management

  
Signed:

  
Signed:

13<sup>th</sup> June 2022  
Date:

13<sup>th</sup> June 2022  
Date:

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<b>List of Appendices</b>	
Appendix 1	Outside Agency Contact Details (In Principal's Office)
Appendix 2	Critical Incident Rooms/Maps
Appendix 3	Vulnerable Student Behaviour Checklist
Appendix 4	Stages of Grief – R7
Appendix 5	Children's Understanding and Reaction to Death According to Age – R6
Appendix 6	Draft Letter to Parents (In Principal's Office)
Appendix 7	Teachers Helping Students in Time of Crisis or Emergency – R23

<b>Location of Resources</b>	
Critical Incident Policy and Appendices	Principal's Office, School Website
Critical Incident Policy	School Website
Copies of Readings listed herein	Principal's Office, Internet

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**Useful Web Links:**

<a href="http://www.aware.ie">www.aware.ie</a>	Aware, Helping to Defeat Depression
<a href="http://www.barnardos.ie">www.barnardos.ie</a>	Barnardos Children's Charity (Barnardos Ireland)
<a href="http://www.cari.ie">www.cari.ie</a>	Therapy and support for children who have been sexually abused
<a href="http://www.childline.ie">www.childline.ie</a>	Childline Online Support
<a href="http://www.connectcounselling.ie">www.connectcounselling.ie</a>	Connect Counselling
<a href="http://www.console.ie">www.console.ie</a>	Console, the Bereaved by Suicide Foundation
<a href="http://www.firstlight.ie">www.firstlight.ie</a>	Supporting Suddenly Bereaved Parents and Families
<a href="http://www.grow.ie">www.grow.ie</a>	Grow, Mental Health Movement in Ireland
<a href="http://www.headsup.ie">www.headsup.ie</a>	Heads Up Mental Health Promotion Project
<a href="http://www.health.gov.ie">www.health.gov.ie</a>	Department of Health
<a href="http://www.ias.ie">www.ias.ie</a>	Irish Association of Suicidology
<a href="http://www.incredibleyears.com">www.incredibleyears.com</a>	Incredible Years Programmes
<a href="http://www.ispcc.ie">www.ispcc.ie</a>	The Irish Society for the Prevention of Cruelty to Children (ISPCC) Services for Children and Young People
<a href="http://www.mentalhealthireland.ie">www.mentalhealthireland.ie</a>	Mental Health Ireland
<a href="http://www.mymind.org">www.mymind.org</a>	My Mind online mental health support
<a href="http://www.nosp.ie">www.nosp.ie</a>	National Office for Suicide Prevention
<a href="http://www.nsrif.ie">www.nsrif.ie</a>	National Suicide Research Foundation
<a href="http://www.pdst.ie">www.pdst.ie</a>	Resources to support teachers in delivering the SPHE curriculum and well-

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	being promotion
<a href="http://www.reachout.com">www.reachout.com</a>	Initiative of Inspire Ireland Foundation to support young people
<a href="http://www.pieta.ie">www.pieta.ie</a>	Pieta House - Centre for the Prevention of Self-Harm or Suicide
<a href="http://www.psihq.ie">www.psihq.ie</a>	The Psychological Society of Ireland's 40 (practical) tips for mental health, well-being and prosperity.
<a href="http://www.samaritans.org">www.samaritans.org</a>	Samaritans, UK and Ireland
<a href="http://www.seechange.ie">www.seechange.ie</a>	SeeChange is Ireland's new national partnership to reduce stigma and challenge discrimination associated with mental health problems.
<a href="http://www.teenline.ie">www.teenline.ie</a>	Teen-line Ireland
<a href="http://www.travellersuicide.ie">www.travellersuicide.ie</a>	National Traveller Suicide Awareness Project
<a href="http://www.webwise.ie">www.webwise.ie</a>	Safe use of web-based material

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**CRITICAL INCIDENT POLICY**

## APPENDIX 2

<b>Critical Incident Rooms</b>	
In the event of a critical incident, the following rooms are designated for the indicated purposes	
<b>Room Name:</b>	<b>Designated Purpose:</b>
<i>STAFF ROOM</i>	Main room for meeting staff, BOM, CMIT, and external support agencies/NEPS.
<i>CLASSROOM GP ROOM FOR LARGER GROUP MEETINGS</i>	Meetings with students
<i>GP ROOM</i>	Meetings with groups of parents
<i>PRIVATE RESOURCE ROOM BESIDE OFFICE</i>	Individual sessions with students or parents
<i>PRINCIPAL'S OFFICE</i>	Meetings with parents, or other visitors Meeting with Chair of BOM.
<i>SECRETARY'S OFFICE</i>	Reserved for all administrative tasks associated with the CI. Staff are asked, in so far as possible, not to use the school office in the first 2 days of a CI occurring.



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## APPENDIX 3

### Vulnerable Student Behaviour Checklist

If a child in your care is displaying two or more of the following it indicates that they may be troubled or distressed. The list is not exhaustive, and there may be other signs which those familiar with a young person may notice. Teachers and staff, Student Liaison (CIMT) and parents should familiarise themselves with this list and collaborate at the earliest juncture should any concerns be raised. *(See also R13/R22 in NEPS Guideline document).*



	An unexpected reduction in academic performance.
	Regressive behaviours, such as bedwetting, nightmares/terrors, thumb sucking etc.
	Lack of emotional expression or overt emotionality.
	A change in mood and marked emotional instability, either more withdrawn, low energy or more boisterous, talkative, outgoing.
	Withdrawal from relationships, separation from usual friends/groups, self-isolation, or break-up of a relationship/friendship.
	Getting into trouble at school, discipline problems, suspension or expulsion, trouble with the law.
	Loss of interest in usual pursuits, study, relationships, lack of attention to appearance, tiredness, restlessness, irritability, inappropriate anger reactions or fighting/outbursts.
	Unusual or unexplained anxiety or symptoms of pain or malaise, weight loss/gain, and/or increased absenteeism.
	Hopelessness and helplessness.
	Giving away prized possessions.
	Stressful life events, including significant grief.
	Bullying or victimisation.
	History of mental illness, alcohol/drug misuse.
	Ideas and themes of depression, death or suicide or a history of suicidal behaviour or deliberate self-harm.
	Over-reliance on, or inappropriate use of, social media,

## APPENDIX 4

# R7

## STAGES OF GRIEF

(This may be used with various groups and individuals)

Grief is a normal, healthy and predictable response to loss. Although there are distinct phases in the grieving process, people go through these stages in different sequences and at different paces. Generally the grieving process in adults is thought to take about two years, while with children and adolescents it may be over a more extended time-frame with different issues arising as they go through developmental milestones.

### Denial, numbness, shock (up to 6 weeks)

- Death of the person may be denied
- Emerging feelings may be suppressed
- Refusal to talk about the death
- Bereaved keeps very busy to avoid thinking about the death
- Bereaved may show signs of confusion and forget everyday routines
- Children in shock may display either silent withdrawal or outbursts of crying.

### Acute grief/searching and longing for deceased (6 weeks to 4 months)

- Acute sadness – crying
- Physical pangs of pain including loss of appetite and disturbed sleep
- Emotional pain accompanied by dejection, hopelessness, lack of concentration
- Fears of life after death, nightmares, ghosts
- Disorganisation
- Strong guilt feelings and questioning of self and others, particularly in the case of a sudden death
- Feelings of anger at the departed for leaving them
- Bereaved may reject offers to comfort them.

### Adaptation to life without the deceased (6 months to 18 months)

- People begin to adjust to their lives without the person who is gone
- Sense of isolation
- Fearful of forgetting the deceased
- Less crying and irritability
- Exacerbation of existing personality problems. Children with low self-esteem may be at a greater risk of emotional/behavioural difficulties.

### Normalisation of life

- Getting on with life
- Returned sense of humour and play
- Able to participate emotionally in new relationships
- Changed relationship with the deceased – able to think of the deceased without pain
- Reduction in physical/emotional symptoms
- Less guilt.

## APPENDIX 5

# R6

## CHILDREN'S UNDERSTANDING AND REACTION TO DEATH ACCORDING TO AGE

(This may be used with various groups and individuals)

Children's understanding and reaction to death will depend on their age and their developmental stage. The following are guides only as children will differ in their reactions and grasp of events for a range of reasons other than age alone.

### AGES 0 – 2 YEARS

- Infants do not understand the meaning of death
- They may display anxiety when separated from a loved one
- They may appear upset, subdued and uninterested in their surroundings.

### AGES 2 – 5 YEARS

- No understanding of the permanency of death
- May search for the missing person from a loved one
- May feel responsible for the death in some way
- May become apathetic and depressed
- May regress to an earlier stage of development e.g. thumb sucking, bedwetting, tantrums or may become clingy
- May develop fears of going to sleep
- May worry that other loved ones may die.

### HOW YOU CAN HELP

- Continuity of normal routine e.g. mealtimes and bedtime
- Offer physical comfort
- Explain the death in clear, simple language, using words like "dead" and "died" - Do not use terms like "gone to sleep" or "passed away"
- You may need to repeat the same information again and again
- Permit them to ask questions and be consistent in your answers
- Reassure them that they had nothing to do with the death and of the wellbeing of other family members.

### AGES 5 – 9 YEARS

- Beginning to realise the permanency of death, but their idea of life after death is still vague
- May have concerns about how the deceased is feeling or what he/she is thinking in the grave
- May have a lot of questions about aspects of the death e.g. how the person died, what they looked like, the funeral, heaven, coffins
- The reaction of their peers is important, they may feel 'different' to them
- Their peers may be awkward about the death and avoid contact
- They may become the target of bullying.

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### HOW YOU CAN HELP

- Encourage the child to talk and cry about the deceased if they wish to, otherwise respect their silence
- Answer questions and provide as much factual information about the death as possible
- Reassure them that thinking and feeling ceases after death
- Be vigilant in relation to bullying.

### AGES 9 – 12 YEARS

- Understand the finality and universality of death
- Awareness of their own mortality and may worry about their own death
- May display psychosomatic symptoms i.e. physical complaints like tummy aches
- May wish to stay at home close to parents
- May display anger.

### HOW YOU CAN HELP

- Dispel fears about their own health or the health of other loved ones by offering reassurance
- Encourage them to go to school
- Allow them to express their anger, offering appropriate ways to do so.

### ADOLESCENTS

- Fully understand the finality, universality and inevitability of death. Their experience of death is similar to adults
- May have a range of feelings: guilt, regret, anger, loneliness etc.
- Death adds to the already confused array of emotions experienced by adolescents
- May appear to not care about the death
- May seek support outside of the family.

### HOW YOU CAN HELP

- Offer them time to listen
- Allow them to express their grief in their own way
- Be prepared for mood swings
- Don't feel left out if they seem to value their friends more than their parents
- Children's use of social media should be monitored and supported by parents.

If parents are grieving themselves, they may be emotionally unable to support their other children. In this instance, another supportive adult in the child's life, e.g. other family members, friends, neighbours may need to offer emotional support.

It should be remembered that for children with special educational needs, their understanding of what has happened will be in line with their developmental age.

## APPENDIX 7

# R23

## TEACHERS HELPING STUDENTS IN TIME OF CRISIS OR EMERGENCY

### 1.LISTEN 2.PROTECT 3.CONNECT 4.MODEL & 5.TEACH

THINK ABOUT your students' "DIRECT EXPERIENCE" with the event i.e. FIRST-HAND EXPERIENCE of the event (physically experiencing or directly seeing it as it happens).

After the event, changes can happen in students' thoughts, feelings, and behaviours. Your students may worry about family members, classmates, friends, or pets they care about, and may worry that it will happen again. Common reactions to crises and emergencies include trouble sleeping, problems at school and with friends, trouble concentrating and listening, and not finishing work. Your students may become more irritable, sad, angry, or worried as they think about what has happened, and as they experience recovery efforts after the event.

When students share their experiences, thoughts and feelings about the event, LISTEN for RISK FACTORS for adverse reactions.

Risk factors that may indicate a need for counselling referral for students include:

- loss of a family member, schoolmate, or friend
- observing serious injury or the death of another person
- family members or friends missing after the event, past traumatic experiences or losses
- getting hurt or becoming sick due to the event
- home loss, family moves, changes in neighbourhoods/schools, and/or loss of belongings.

If a student has had any of these experiences, you may wish to consider referring her or him to the HSE services. Your NEPS psychologist will be available to provide support and advice. Now that you know what can affect your students after a disaster, school crisis, or emergency, you're ready to **Listen, Protect, Connect, and Model & Teach**

### 1.LISTEN, PROTECT, CONNECT, MODEL & TEACH

The first step after an event is to listen and pay attention to what they say and how they act. Your students may also show their feelings in non-verbal ways, like increased behavioural problems or increased withdrawal. Let your students know you are willing to listen and talk about the event, or to make referrals to talk to an appropriate professional, if they prefer it. Use the following questions to talk with your students. You can listen for clues that indicate when students are having a hard time. Write down a few examples that may be helpful to note:

- What might be preventing a student from coming to or staying in school?
- What might be preventing a student from paying attention or doing homework?
- What might be preventing a student from returning to other school based activities?

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Listen, observe, and note any changes in:

- Behaviour and/or mood
- School performance
- Interactions with schoolmates and teachers
- Participation in school-based activities
- Behaviours at home that parents/guardians discuss with you.

### LISTEN **2. PROTECT**, CONNECT, MODEL & TEACH

You can help make your students feel better by doing some or all of the following:

- Answer questions simply and honestly, clearing up any confusion students may have about what happened
- Let your students know that they are not alone in their reactions
- Provide opportunities for your students to talk, draw, and play, but don't force it
- Talk to your students about what is being done by the school and community to keep everyone safe from harm
- Watch for anything in the environment that could re-traumatize your students
- Keep your eyes and ears open for bullying behaviours
- Maintain daily routines, activities and structure with clear expectations and consistent rules
- Make adjustments to assignments to be sensitive to students' current level of functioning
- Limit access to live television and the Internet that show disturbing scenes of the event
- Remember, what is not upsetting to adults may upset and confuse students, and vice versa
- Encourage students to "take a break" from the crisis focus with activities unrelated to the event
- Find ways for your students to feel helpful to your classroom, the school, and the community
- List other things you do that help your students feel better. Sharing this list with other teachers may increase ideas to help your students.

### LISTEN, PROTECT **3.CONNECT**, MODEL & TEACH

Reaching out to people in your school and community will help your students after a school crisis or emergency. These connections will build strength for everyone. Consider ways to make some or all of the following connections:

- "Check in" with students on a regular basis
- Find resources that can be supportive to your students and staff
- Restore interactive school activities, including sports, club meetings, student projects, and student councils, coaches, etc.)
- Encourage student activities with friends, including class projects and extracurricular activities

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- Empathise with your students by allowing a little more time for them to learn new materials
- Build on your students' strengths by encouraging them to find ways to help them use what they have learned in the past to help them deal with the event
- Remind your students that major disasters, crises, and emergencies are rare
- Discuss feeling safe and times they have felt safe
- List programs and activities that connect you and your students with the community
- Share your list with other teachers to create a larger list of activities and resources.

### LISTEN, PROTECT, CONNECT **4.MODEL** & TEACH

As you help your students after a disaster, crisis, or emergency, your efforts may be more successful – and you may be less stressed – if you keep in mind:

- It is good to be aware of your own thoughts, feelings, and reactions, these can be seen and may affect your students
- How you cope and behave after an event will influence how your students cope and behave. Your students will be watching you for both verbal and non-verbal cues
- Monitor conversations that students may hear
- Acknowledge the difficulty of the situation, but demonstrate how people can come together to cope after such an event.

### LISTEN, PROTECT, CONNECT, MODEL & **5.TEACH**

Talk to your students about expected reactions after a crisis (emotional, behavioural, cognitive, and physiological). There are "normal" reactions to abnormal events.

- Different people may have very different reactions, even within the same family
- After the event, people may also have different amounts of time they need to cope and adjust
- Encourage your students to identify and use positive coping strategies to help them after the event
- Help your students problem-solve to get through each day successfully
- Help your students set small "doable" goals and share in these achievements as "wins" for the students and your classroom
- Remind students that with time and assistance, things generally get better. If they don't, they should let a parent or teacher know
- Over time, you, your students, their families, your classroom, can EXPECT RECOVERY.

*Adapted by the National Educational Psychological Service (NEPS) for Irish schools from Psychological First Aid materials developed by the American Red Cross (2014 and FEMA, see [www.ready.gov](http://www.ready.gov)). We acknowledge with thanks.*