



# KATHERINE HIGH SCHOOL

## CRITICAL INCIDENTS POLICY AND MANAGEMENT PLAN

### **Rationale**

Critical incidents may impact upon some or all of a school's population from time to time. A critical incident is any situation faced by a school community that causes a significant number of its members to experience unusually strong reactions and/or has the potential to interfere with students and/or staff members abilities to function properly either at the time the situation arises or later. A significant number includes a Home Group, subject class and/or year level. A critical incident may also be deemed to occur when key personnel have been affected.

Examples of possible critical incidents:

- accidental death or serious injury of a student or staff member
- destruction of the whole or part of the school
- major vandalism
- murder of a student or staff member
- students injured or lost on an excursion
- students and/or staff members being taken hostage
- students and/or staff members witnessing death or serious injury
- student or staff suicide
- sexual assault
- natural or other major disaster in the school community

### **Policy Statement**

Katherine High School recognises that any of the situations listed above as examples of critical incidents would constitute a situation for which the school should implement critical incident procedures. Those procedures are provided to all staff as Katherine High School's *Critical Incident Management Plan* (Attachment 1). Katherine High also recognizes that no school community should attempt to manage a critical incident by itself.

#### **• Underlying premise for the *Critical Incident Management Plan***

Psychologists advise that a critical incident may cause traumatic stress to be experienced by:

- those directly exposed
- family and friends of those directly exposed
- first responders and direct helpers
- witnesses
- persons worried about the safety of a family member or significant other
- persons familiar with the 'victim'
- persons with a history of loss or trauma
- persons associated with the event by absence/guilt

Psychologists also advise that traumatic stress may be experienced differently by individuals but that all individuals will go through recognisable stages after exposure to a critical incident.

Traumatic stress reactions may be exhibited as:

- physical illness
- exhaustion
- loss of appetite
- inability to sleep
- inability to concentrate (preoccupation, day-dreaming)
- inability to control emotions (especially those not experienced before)
- frustration with personality changes being experienced

Guilt and feelings of failure concerning the incident can be overpowering for some individuals. Extreme behaviour may occur as a result. This may include violence, withdrawal, overwhelming sadness and the questioning of a person's own existence. Adolescents in particular can often experience very strong emotions.

The following stages will be observed in affected people as they attempt to regain emotional stability after the shock of exposure to a critical incident (though it is normal for there to be fluctuation within the sequences the general trend over time should be from 1 through 6):

1. *Numbness*: an inability to function cognitively. In severe cases there may be hysteria, hyperventilation, physiological disruption. Others will just fail to respond, wander around, weep, etc.
2. *Anguish*: emotional pain starts to be felt and there may be disbelief and denial to avoid this pain, followed by fear, anger and helplessness, as reality is faced. There is often inability to sleep and/or nightmares.
3. *Emotional Impact*: can last for six to ten weeks or longer and is characterized by mood swings, depression, anxiety about being 'normal' again. Fluctuation through anger and sorrow are experienced and within these, periods of 'normality'. There is often questioning about 'why' and real feelings of insecurity. Guilt is a common feeling as they try to reconstruct a reality to incorporate the effects of the incident.
4. *Reconstruction*: physiological signs recede and the person starts to rationalise the event. Questions now become 'what if' and 'if only'. The person can often answer his/her own questions, intellectually, but have difficulty 'feeling' the answer. Concentration returns and intrusive thoughts are more easily put aside. Intensity of grief and anger are reduced. The person tends to play down the incident.
5. *Acceptance*: coming to terms with the incident. Sorrow is often still felt, but not as a disabling emotion. There are both painful and pleasant memories and the person can once more look forward to getting on with their life.
6. *Normality*: life continues – but there may be grief at times such as anniversaries.

The period of grieving varies for individuals. Key stress points often arise three months and twelve months after a critical incident.

- **Katherine High School's Response to a Critical Incident**

Katherine High School's *Critical Incident Management Plan* [Attachment 1] provides that in the event of a critical incident:

- the Principal or delegate will obtain factual information about the incident from appropriate source/s
- Students Services Branch will be notified and support requested as necessary
- the school's Student Welfare Team will meet as soon as possible and identify the 'at risk' individuals and groups
- all staff will be informed at a full staff meeting
- all relevant students will to be informed at assemblies
- parents/families will be contacted as appropriate (e.g. a letter to relevant parents preferably within 24 hours advising them of the incident and of the need to be aware of the potential for behavioural change in their son/daughter [Attachment 2])
- regular school routines will be restored as quickly as possible and parents and students advised that school attendance is expected to continue as normal
- staff will be encouraged to facilitate discussion of the critical incident and its related issues in classes (having students write personal diaries or letters to the deceased if appropriate)
- students and staff who show extreme reactions will be monitored
- provision of individual, small group counselling will be facilitated
- parents will be encouraged to provide support and to seek help if necessary
- appropriate opportunity for closure will be provided
- all personnel involved will be debriefed
- any relevant experience gained will be shared with other schools

Where there has been a student suicide staff will be asked to monitor students carefully and to consider whether any may be experiencing guilt or other feelings of concern and/or responsibility, and therefore need to be referred for counselling.

Where special programs are required these will include education about grief and loss, stress management, relationships and the normality of intense feelings and strong emotions after an abnormal event.

In line with the expected progression of an individual through six stages of recovery after exposure to a critical incident (outlined above) the school recognizes that the following assistance is appropriate:

- during Stages 1, 2 and 3 - comforting, consoling, informing, listening, sympathizing, reassuring, re-orienting, monitoring, coordinating
- during Stage 4 - structuring, working through feelings, group-work, reassuring, monitoring, coordinating, self-monitoring.
- during Stages 5 and 6 - supporting, monitoring, withdrawing

- **Dealing with the Media**

Following any Critical Incident that involves members of the school community it is likely that the media will wish to gain information directly from school personnel and students. It is important to use the media wisely in these cases so that their presence is not intrusive and does not serve to generate rumor and misinformation, thereby causing greater distress to those involved.

The Principal or designated nominee should be the only one to liaise with the media. Consultation with families directly affected should take place before contact with the media. It is important to protect the privacy of the family and of other students at a time when they are distressed. There could be legal proceedings that may be affected

by comments made. Sudden death, a bus accident or hostage situation could involve a coronial inquest or other proceedings. It may be appropriate to make a statement only through the police and to direct all enquiries to them.

Research has shown that detailed reports by media on real or fictional suicide have precipitated young people killing themselves. This is more likely to be students who are risk-takers and who have contemplated or actually attempted suicide.

Ultimately there is no control over the media's final comments and Principals are urged to carefully consider any involvement with the media other than to courteously inform the media why they decide not to comment. Consultation with the relevant General Manager Schools needs to take place.

In dealing with the media it is important to remember that:

- no-one has automatic right of access to school property and police may be used if necessary to restrict access
- students should be encouraged not to give interviews
- if an interview is granted stick to the facts (prepare a statement and do not deviate from it) and avoid any speculative comments
- details of any interview given should be recorded (in case inaccurate reporting becomes an issue)
- it is most useful to use the media to report the facts (combating rumours and speculation) and to inform the community of the ongoing programs that are available for support

# ATTACHMENT 1

## Critical Incident Management Plan Checklist

**Within the first 24 hours the Principal or delegate will:**

**1. Obtain factual information about the incident**

- collect reliable information about the incident from appropriate sources

**2. Establish a Critical Incident Management Plan**

- convene a meeting of the Student Welfare Team and appropriate support personnel to be briefed immediately (and daily thereafter)
- brief Front Office Staff and provide them with an emergency contact sheet
- make more telephones and/or staff available if necessary
- determine if additional support from outside agencies is needed
- identify and set up a recovery room, designate rooms for counselling and arrange tissues, paper, pens etc
- plan for accurate record-keeping, especially if outside agencies are to be used

**3. Notify Student Services Branch personnel and seek support**

**4. Work with Welfare Team to identify 'at risk' students and staff**

- ascertain friends, those who have experienced previous, similar trauma etc

**5. Inform all staff**

- inform all staff members including those absent (excursions/in-services)
- provide the facts of the incident
- outline the proposed implementation of *Critical Incident Management Plan*
- suggest sources of personal support for teachers
- note any other student group/s staff indicate may be at risk

**6. Inform all students**

- assemble students in year level groups
- provide the facts of the incident
- outline the proposed implementation of *Critical Incident Management Plan*
- suggest sources of personal support for students
- note any other student group/s students indicate may be at risk
- provide notification to late students, those on excursions, work placement, etc

**7. Inform School Council Chair and parents**

- inform parents in writing [see Attachment 2]

**8. Inform other schools that could be affected**

**Within the first two – three days the Principal or delegate will:**

**9. Restore the school to regular routines**

- provide structure to help students and staff return to normal functioning
- continue to brief staff of developments on a regular basis
- deal with the issue of rumors and provide media briefings as necessary
- monitor, support and assist staff to deal with their emotional responses
- provide information for staff to assist students
- employ or deploy relief teachers for subject classes and yard duty

**10. Notify staff to allow discussion of the incident in classes**

- encourage discussion but not force it upon students or teachers
- provide advice to staff (from counsellor or School Nurse) on possible student reactions and how they might be managed
- identify possible additional students 'at risk' to be referred to counsellor

**11. Ensure the provision of individual and small group counselling**

- ensure continued access to counselling on both self referral and teacher or parent initiated referral basis

**12. Keep parents informed and the media where appropriate**

- provide a list of contacts available for support [see Attachment 3]
- script a response for the receptionist to ensure consistency of information
- prepare a suitable reception/waiting room if an influx of parents is likely
- issue a press release after consultation with the General Manager Schools

**13. Provide an opportunity for Welfare Team stress debrief**

**Within the first month the Principal or delegate will:**

**14. Facilitate appropriate closure and debrief**

- encourage those directly involved to participate in the closure planning
- debrief within the school (may include support personnel from other agencies)
- provide opportunities, where a death has occurred, for those affected to be involved in a public expression of farewell to the deceased remembering that the immediate family must determine who attends a funeral
- monitor the progress of any hospitalised students and staff and ensure they have counselling support and remain in contact with families affected
- identify significant and/or persistent change in the behaviour of those affected
- call a meeting of parents (where a number of students are directly involved) after three to four weeks to check on their progress

**In the longer term the Principal or delegate will:**

**15. Ensure monitoring of staff and students for signs of stress and for influences of inquests, legal proceedings, birthdays, anniversaries**

- enlist special support as needed at these times
- be alert for 'vicarious victims' who may show up as suffering post traumatic stress disorder (PTSD) as much as three or four years later

**16. Share the experiences gained with other schools**

- evaluate procedures, review and fine tune policy if necessary
- pass information to colleagues on evaluation if appropriate

**17. Organise 'thank you' letters to support agencies**

**18. Provide for a memorial service if appropriate**

- allow family, students and/or staff to work together to plan a service as an opportunity to express a communal loss (but ensure dramatization of the event, especially if suicide was involved, is avoided)

## **ATTACHMENT 2**

### **A Sample Letter to Parents**

[In any correspondence the nature and content of the letter must be appropriate to the particular situation and the cultural mores and conventions of the school community and the family. For example, no personal names of a deceased person should be used in correspondence with a number of Indigenous communities.]

Dear Parent/Care-giver,

One of our students, [NAME HERE] died yesterday as a result of a tragic accident.

Our thoughts are with his/her family and friends at this time.

Today and over the coming weeks, you may be concerned about your child's reaction or expression of feeling about this unexpected loss. These reactions and feelings may be part of the grieving process and are quite normal.

Your child's behaviour may be different from usual. He/she may find it hard to concentrate or to complete his/her school work. He/she may be unusually quiet or display anger. The normal grief reactions can be quite intense. Sometimes there will be no significant change in behaviour. Each person has different responses and levels of intensity in respect to trauma.

Your child may wish to share their feelings with you or may prefer to share their thoughts with their friends. Either way, your support will be essential to their well-being at this time.

Additional counselling has been made available at the school through our Student Services Branch and support services.

School routines will continue as normal. If you have any concerns please do not hesitate to contact the school to arrange for support and/or advice to be provided.

Yours sincerely

Principal  
01/01/2001

## ATTACHMENT 3

### Critical Incidents Contact List

#### 1. Department of Employment, Education and Training

General Manager Schools	8999 5642
Student Services Branch Director	8999 8750
Student Services Branch Assistant Director	8999 8777

#### 2. Staff Support Services

Student Services Branch – Senior School Psychologist	8999 8772
EAS Counselling Services	8941 1752

#### 3. Parent Support Agencies

##### 3.1 Government

Family And Children Services (FACS)	8973 8600
	8973 8447
Katherine Hospital	8973 9211
Police	8973 0000

##### Defence Special Needs Support Group

➤ DCO	8973 6188
➤ Social Worker	8973 6186
➤ REDLO	8935 7906

##### 3.2 Non-Government

Anglicare (family mediation and counselling)	8972 1571
Somerville (family support and counselling)	8971 1107
	8971 1141

This policy was last ratified by School Council in....

**2007**