

South Tyneside Critical Incident Support

What to do in the event of loss or critical incident
that affects a school community



South Tyneside Council

Preface

This booklet aims to assist your school in developing a contingency plan in the event of a critical incident such as the sudden death of one or more members of the school community. This can also include any unpredictable event, such as a school lock-down. It is a guide and an aide-memoire to help those involved manage and control a difficult or stressful situation. The Local Authority can offer advice and support to the school community in any significant incident. Schools are not expected to cope alone with incidents involving, for example, loss of life, or anything which attracts extensive media interest. If in doubt, contact the **South Tyneside Critical Incident Support Team on (0191) 4246105 or (0191) 4246106**

You may wish to consider having some of your own staff trained to provide loss and bereavement support. If so, please contact the Critical Incident Support Team for advice.

Definition of a critical incident

A critical incident is any event, large or small scale, which has a stressful impact sufficient to overwhelm the usually effective coping skills of either an individual or a group.

Critical incidents are sudden, powerful events which are outside the range of ordinary human experience. Because they are sudden and unusual, they can have a strong emotional effect even on well-trained, experienced people, and can disrupt normally effective organisations. Many people will be caught up in the immediacy of the event, making it difficult to think clearly about an appropriate response. Measured and well-organised reactions can make a significant difference to those most affected.

Critical incidents can be broadly classified as follows:

Level 1

- Accident, illness or death of a pupil/member of staff/parent.
- Event is sad/distressing but not traumatic.
- School is able to cope and support strategies are in place.
- Low impact/awareness for majority of pupils/staff.
- Advice needed for staff about coping with bereavement and loss, normal grieving process

Level 2

- Accident, illness or death of a pupil/member of staff/parent, at or near school, or on a school trip.
- Event is sudden and traumatic.
- Possible extensive media coverage.
- Significant impact on large numbers of pupils and staff.
- School needs on-site support to manage situation.

Level 3

- Large-scale disaster affecting the school and/or the local community.
- Local authority's emergency response procedure is being followed.
- National as well as local impact – high level of media interest.
- School needs intensive support.

For most Level 1 and Level 2 incidents, good quality interventions within the familiar setting of a supportive school, and involving family and friends, can allow the events of a critical incident to be processed emotionally, long-term events mitigated, and crucial lessons learned for life. Please be aware that following a critical incident a child, young person or adult may not require immediate support. However, they may need support in the future due to possible triggers.

South Tyneside Critical Incident Support Team

Help that the Critical Incident Support Team can offer include the following:

- Immediate advice over the telephone to the Headteacher (or another key member of staff).
- A visit to school that day or the following day from two members of the team, to provide further advice and support, which may include:
 - Advice to staff (and parents) about how children may react, and about how to support them.
 - Face-to-face support to groups of staff in coping with their feelings.
 - If appropriate, work with groups of young people who know about the incident, knew the deceased and are experiencing distress in the immediate aftermath.

NB In accordance with current NICE guidelines, the Critical Incident Support Team does not offer a debriefing session to individuals who have witnessed a traumatic event, as this approach is not considered to be effective. Please see page 11 of this document for guidance about the support that those who are at risk of post-traumatic stress disorder may need, what to look for and how to access support.

South Tyneside Critical Incident Support Team is trained to offer bereavement support, its members are not bereavement counsellors.

The team can only give intensive support to the school community during the immediate aftermath of a tragic event (in the week or so following the incident). Most people who experience a critical incident, including traumatic bereavement, receive the support they need from their friends and family. Some people do experience prolonged distress and need support from outside agencies.

The Emotional Resilience Team can provide bereavement support and counselling to individuals or groups. For this support please contact the Lead Bereavement, Loss and Resilience Officer tracey.dolan@southtyneside.gov.uk (Both the Emotional Resilience team

and the Educational Psychology Service can also provide training on bereavement issues for school-based staff.) Useful websites and contacts are included in the resources section of this document that may be of help in seeking appropriate services. Please do not hesitate to contact the team for advice around any aspect of bereavement support that may be causing concern, even if the bereavement, strictly speaking does not fit the definition of a critical incident.

Members of the team are available to talk through any bereavement related issue about which you require additional advice and guidance.

What to do in the event of a critical incident

The procedure after an incident, if support or advice is needed, is as follows:

1. Call received via a local authority officer or a Headteacher
2. The above person contacts Vivienne Steele or Ethel Holder, Business Support Officers (**Telephone 4246105 or 4246106**) and gives brief details
3. Vivienne or Ethel contacts the Critical Incident Support Team Co-ordinator, who contacts the school to obtain further information, gives basic advice and agrees next steps.

Practical steps that the school can take

Below is a list of suggested actions that could be implemented in the event of a Critical incident within the school community. This advice is relevant to most critical incidents at Level 1 and Level 2. In the event of a large-scale disaster (Level 3), the local authority's emergency response procedure will be followed.

Suggestions are listed under immediate, short-term, medium-term, and long-term actions.

Please note that not all these actions are necessary in every situation.

Contact the Critical Incident Support Team on the above number for further advice if required.



Immediate Tasks:

- As far as possible, establish the facts.
- Ensure that accurate, consistent information can get into and out of the school.
- Ensure that several staff have access to next of kin lists.
- Set up strategies for dealing with enquiries.
- Be aware of information circulating on Social Media
- Inform parents (with care and sensitivity).
- Choose a member of staff to deal with the media.
- Inform staff and pupils in an appropriate and careful way.
- Attempt to stick to normal school routines.
- Inform the governors and appropriate authority.
- Check whether you have a trained bereavement supporter on your staff.

Short-Term Action:

- Organise reunion of children with parents.
- Arrange briefing meetings for staff.
- Arrange group debriefing meeting for directly affected staff.
- Check that procedure for monitoring the emotional wellbeing of staff and pupils is in place.
- Activate strategies for allowing young people to express their feelings about the situation if they wish, e.g. time to talk, time out and creative activities.

Medium-Term Action:

- Ensure that all members of the school community have the facts, including those at home or in hospital.
- Make sensitive arrangements for the return to school.
- Arrange alternative teaching arrangements if necessary.
- Ensure that affected staff know how to access support.
- Ensure that staff are briefed about how to support children. (See page 6.) If further advice is required, please contact the Critical Incident Support Team.
- Clarify procedures for referring those children who need it for individual help. (The Critical Incident Support Team can give advice on this.)
- Liaise with parents, and provide brief, factual bulletins.
- Decide about attendance at funerals and in the first instance consult with family of the deceased.
- Share the planning of the special assembly or memorial service.
- Check that the emotional well-being of staff and pupils is still being monitored.



Long-Term Planning:

- Consider including 'rites of passage' as part of the curriculum. However, school must be aware of possible triggers within the curriculum and have strategies in-place which could allow students to "opt-out" of some lessons.
- Set up strategies to support teachers when working with painful emotions and sensitive subjects (e.g. time to talk as a group; opportunities to talk with outside professionals).
- Develop strategies for increasing social support between staff and pupils.
- Take advice about multi-cultural and multi-faith issues.
- Be aware of the impact that ongoing procedures may have (e.g., legal processes, continuing enquiries and stories in the press).
- Ensure that relevant details are noted in pupils' files, and that information is shared, where appropriate.
- Evaluate responses and outcomes of the incident. Review school policy to guide future planning and practice. Develop actions to build the school's capacity to respond generally to bereavement and loss issues (e.g., an ethos where emotions can be comfortably discussed; where the language of emotions is taught and developed; where issues are embedded across the curriculum; where staff training needs are met; etc).

Factors that determine how a child copes with a death

The ways in which children and young people process the concept of death and loss is a personal experience which is influenced by several issues:

- Their relationship with person who has died.
- The circumstances of the death (i.e., expected or unexpected).
- How the child or young person has been prepared.
- How they perceive other adults to be dealing with their own grief.

The following table is a guide to the ways in which children and young people may make sense of their experiences:

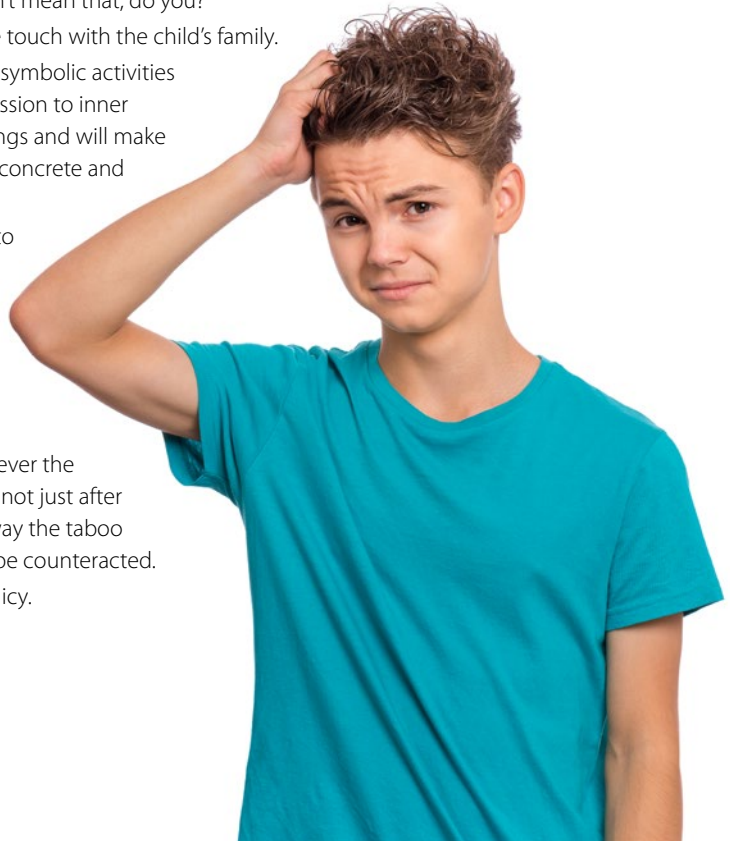
Age	Understanding of Death	Observable Behaviour
Up to 4 years	<ul style="list-style-type: none"> • Emerging concept of time (i.e., past, present, future) therefore unlikely to understand the permanence or finality of death. • Feelings of separation and abandonment. 	<ul style="list-style-type: none"> • Questions the ways in which the deceased person may look after themselves (i.e., eat, drink, keep warm). • May urinate or soil during day/night. • May cling to the remaining parent /care giver. • Disturbances to sleep patterns and appetite may be evident.
4-8 years	<ul style="list-style-type: none"> • Beginning to understand the permanence of death (at approximately 7 years of age). • Awareness that death has a cause and that it happens to all living things. • Older children develop and awareness of the feelings of others and begin to show empathy and compassion. 	<ul style="list-style-type: none"> • May ask questions about the facts relating to the deceased person's death. • Comments and play may be associated with "magical thinking"; i.e., believing that there is a way to bring the deceased back to life (children require opportunities to ask questions). • Behaviour and play may be associated with rituals (e.g., funerals).
8-12 years	<ul style="list-style-type: none"> • Able to understand the long-term consequences of death. • Develop an understanding of their own mortality, which may result in fear and anxiety. 	<ul style="list-style-type: none"> • May feel anxious that others around them may die (particularly a surviving parent). • May steal or lie to others.
12 onwards	<ul style="list-style-type: none"> • Death may seem distant or frighteningly close. • Fear of own death and non-existence. 	<ul style="list-style-type: none"> • Possible risk-taking behaviours to test their own mortality. • Possible behaviours consistent with anxiety and depression. • Adolescents may suppress their grief to ensure conformity and to remain accepted within their peer group and the school community. • May seek comfort from peer group rather than family and may become outwardly challenging of expectations around them.

If there are persistent suicidal thoughts, seek medical advice as a matter of urgency.

Practical hints for schools

Below is a list of suggestions that could be useful in supporting children and young people in the event of a critical incident:

- Offer support as far as possible from within the school itself. Survivors of tragic events say that they were supported best by people they already knew rather than by an unfamiliar 'expert'. School-based staff are the key resource for talking and working with pupils – they are skilled communicators, familiar and trusted. Peer support is also important.
- Familiar daily routine can be supportive, comforting, and safe.
- Create a designated area with some craft-based activities and some quiet, reflective background music for the students to access when needed.
- Facilitate close communication between home and school about the right time to return.
- Watch for changes in behaviour.
- When a child wants to talk, find time to listen, and incorporate children's needs and ideas (and those of staff) in your plans.
- Try to separate the bereaved child as little as possible from their peer group.
- Be ready for questions and always be honest.
- Show children it is not shameful to cry.
- Never say, "You don't mean that, do you?"
- Try to keep in close touch with the child's family.
- Plan for rituals and symbolic activities that will give expression to inner thoughts and feelings and will make incomprehensible concrete and the events real.
- Schools may wish to open a book of condolences or a memory book for the students and parents.
- Talk with children about death whenever the opportunity arises, not just after a tragedy. In this way the taboo around death can be counteracted.
- Create a school policy.





Practical hints for parents, adults and care givers supporting a child

DO

- Be honest in your explanations and in showing your own grief. This gives your child permission to grieve.
- Give plenty of reassurance and affection. Let them know you love them and will be there for them.
- Keep to normal routines and patterns as much as possible.
- Look after yourself.
- Be aware that changes such as clingy or aggressive behaviour or physical problems may be an expression of grief.
- Take time to listen and answer questions; let them know their feelings are important.
- Help them remember the person who has died.
- Take things one day at a time.

DON'T

- Try to hide your own pain. It is okay to cry in front of your child, though try not to overwhelm them.
- Tell your child not to worry or be sad. They cannot control their feelings.
- Feel as if you have to have all the answers or get it right all the time.
- Be surprised at a child's ability to set the grief aside and alternate between sadness and happiness, tears and play. Play enables children to express themselves and release anxiety about events over which they have no control.

This is an example of a letter that could be sent to parents and care givers in the event of a bereavement.

Dear Parents

The school has experienced (the sudden death, accidental injury) of one of our students/members of staff.

We are deeply saddened by the death/events.

(Brief details of the incident, and of the death).

We have support structures in place to help your child cope with this tragedy. (Elaborate: provided by whom, when, and where)

It is possible that your child may have some feelings that he/she may like to discuss with you.

You can help your child by taking time to listen and encouraging them to express their feelings. It is important to give them truthful information that is appropriate to their age. If you would like advice or assistance, you may contact the following people at the school.

(Details)

(School may include details for a designated memorial space where tokens may be left)

(Provide list of stress-related behaviours to look out for.)

Yours sincerely

Hints on dealing with the media

- In the first instance seek advice from the **Local Authority press office on (0191) 424 7959 or (0191) 4247463**
- If the media request an interview or an interview is necessary in the circumstances, agree an interview format (i.e., establish what the interviewer wants to ask beforehand).
- Have another person with you, if possible, to monitor the interview.
- Be prepared to think on your feet but try to decide beforehand what you want to say. Do not read it out.
- Remember you could be quoted on anything you say to a journalist, even if it is not part of the formal interview.
- Be prepared to say you cannot comment.
- Don't over-elaborate your answers.
- Refuse requests for photos or schoolwork of children/staff involved.
- Be aware of your own emotions during the interview - especially if it is TV, or radio.
- Most journalists are responsible but check where interview/camera team go when the interview is over.

Suggested Reading list General Grief:

Grief Counselling and Grief Therapy (Routledge 1995)	J. William Worden
Bereavement; Studies of Adult Grief (Routledge 1996)	Colin Murray Parkes
On Death and Dying (Routledge 1973)	Elizabeth Kubler-Ross
Good Grief (Augsburg Fortress 2005)	Granger Westberg
Attachment & Loss (The Hogarth Press 1969)	John Bowlby
Counselling the Grieving, throughout the Life Cycle (Crossroads 1990)	David A. Crenshaw

Children & Young People's Grief

Good Grief 2nd Edition (Barbara Ward and Associates 1995)	Barbara Ward
Butterflies: Talking with Children about Death (Tabor Publishing 1991)	Rev. P. William Vanderwylde

Bereaved Children and Teens (Beacon Press 1995)	Edited. Earl A. Grollman
It's Ok to Cry (Waterbrook Press 2004)	H. Norman Wright
The Grieving Team (Fireside 2000)	Helen Fitzgerald
Counselling & Supporting Children in Distress (Sage 1998)	Sonia Sharp
Talking About Death: A dialogue between Parent & Child. (Beacon Press 1880)	Earl A. Grollman
The Colours of Grief (Jessica Kingsley Publishing 2008)	Janis A Di Ciacco
Grief Encounters (The Grief Encounter Project 2004)	Shelley Gilbert

Infant/Primary

When Friends Die (Free Spirit Publishing 2005) (4-12)	Marilyn E. Goodman
Carry the Elephant: Memoir of Love and Loss (Penguin 2002) (4-8)	Michael Rose
Feather Pillows (Picture Lions 1977) (4-8)	Impey & Carfield
When People Die (Copper Beech Books 1998) (4-8)	Sarah Lavete
I Miss You (Barron's Education 2001) (4-8)	Pat Thomas
I want to shout and stamp about (Hodder Wylord 2001) (4-8)	Tony Mitten
Badger's Parting Gift (Picture Lions 1994) (4-8)	Susan Varley
Help Me Say Goodbye (Fairview Press 1988) (4-8)	Janis Silverman
Sad Isn't Bad: A Good Grief Guide (University of Massachusetts Press 2004) (4-8)	Michaelene Mundy

Primary/Secondary

What on Earth Do you Do When Someone Dies (8-12) (Free Spirit Publishing 1999)	Trevor Romain
Michael Rosen's Sad Book (Walker Books 2004) (8-12)	Michael Rosen
The Lost Boy's Appreciation Society (Orion Children's 2004) (Teen)	Alan Gibbons
Letters from Heaven (Mammoth 1996 (Teen)	Rachel Anderson & Tony Kerin
Tiger Eyes (Macmillan 2005) (Teen)	Judy Bloom
Two Weeks with the Queen (Puffin 2003) (Teen)	Morris Gleitzman

Miscellaneous

365 Days of Creative Play (Sourcebooks Inc 1995)	Sheila Ellison & Judith Grey
Soul Prints (Michael Joseph 2001)	Marc Gafni
Sharing the Darkness (Darton, Longman & Todd 1988)	Sheila Cassidy
The Soul Bird (Robinson Publishers 1998)	Michal Snunit
Come and Hug Me (Robinson Publishers 1998)	Michal Snunit

Useful Websites

Childhood Bereavement Network	www.childhoodbereavementwork.org.uk
Child Bereavement Trust	www.childbereavement.org.uk
Samaritans	www.samaritans.org
Winston's Wish	www.winstonswish.org.uk

Post-Traumatic Stress Disorder (PTSD)

What is PTSD?

PTSD is a condition that can develop after you have been involved in, or witnessed, a serious trauma such as a life-threatening assault, rape, a severe accident, etc. It can also develop in people who have experienced less severe traumatic events. In some people PTSD develops soon after the trauma, but in others, the symptoms first develop months, or even years, afterwards.

Who gets PTSD?

Anyone who has experienced a traumatic event may experience PTSD. Studies have shown that certain groups of people (e.g., firefighters, rape victims, prisoners of war and teenage survivors of car crashes) are particularly likely to develop it. There are other risk factors, such as a history of mental illness, and being exposed to trauma in the past.

What are the symptoms?

The symptoms generally fall into the following three categories:

Intrusive memories/re-experiencing: The person experiences flashbacks, nightmares, or repetitive and distressing images and sensations. There may also be constant negative thoughts about the event; the person may wonder why the event happened to them and whether they could have prevented it, which may lead to feelings of shame or guilt.

Avoidance and emotional numbing: The person avoids people and places that remind them of the traumatic event, avoids discussing the experience and uses work or hobbies to push away memories of the event. If the person tries to feel nothing at all, this is known as emotional numbing. Isolation and withdrawal can be indicative of this.

Hyperarousal (feeling 'on edge'): The person may be very anxious, find it difficult to relax, be easily startled and be constantly aware of threats. This hyper-arousal may lead to irritability, angry outbursts, insomnia, and difficulty concentrating.





PTSD in children

The symptoms are seen in children as well as adults. Other signs that may be apparent in children include bedwetting, anxiety about being separated from parents or carers, and re-enacting the traumatic event through play.

What is the treatment for PTSD?

It is normal to experience upsetting and confusing thoughts after a traumatic event. In most people, the symptoms of PTSD disappear after a few weeks and no treatment is needed. However, you should visit your GP

- Immediately if your symptoms are severe.
- If your symptoms are still troublesome four weeks after the event.

Treatment that you may be offered includes:

- Cognitive Behavioural Therapy (CBT), which will aim to change your thought patterns about the traumatic event and make them more realistic and helpful.
- Eye Movement Desensitisation and Reprocessing (EMDR), which involves thinking about the traumatic event while you follow the therapist's moving finger with your eyes.

NB: Debriefing used to be offered immediately after a traumatic event, but is no longer considered effective for individuals. It is, however, offered, to selected groups, such as emergency workers who must return to stressful situations.

Contact

Critical Incident Team

 | [0191 4246106](tel:01914246106) / [0191 4246105](tel:01914246105)

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