Responding to Critical Incidents

Guidelines for Youthreach & Community Training Centres

July 2014
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Foreword

In 2003 the National Educational Psychological Service produced a resource pack to help teachers respond to unexpected and traumatic events affecting their school communities. A second edition of the publication Responding to Critical Incidents: Guidelines for Schools, along with its supporting document Responding to Critical Incidents: Resources, was published by the Department of Education and Science in 2007. The advice and information contained in these publications were drawn from research and from NEPS’ considerable experience of working with schools that had experienced a critical incident.

Critical incidents include suicide or suspected suicide, murder, accidental death including road traffic accidents and drownings, and death through illness of members of the community. Recognising that critical incidents also occur in centres for education and training, NEPS has now adapted these guidelines and resources for use in Youthreach and Community Training Centres.

In times of tragedy or crisis young people need support from the adults who know them best. Staff in centres have the experience, competence and skills to provide the best kind of support to the young people they work with every day. These NEPS publications provide practical step-by-step guidelines for coordinators/managers and staff on what to do when a tragedy occurs.

The key to the effective management of a critical incident is preparation. The documents identify preventive approaches that create a safe and supportive environment for learners. The documents also address key issues that need to be addressed in centres’ policies. Preparing a comprehensive plan in advance increases a centre’s ability to respond effectively and so NEPS encourages each centre to put a critical incident policy and plan in place.

These documents: Responding to Critical Incidents: Guidelines for Centres and Responding to Critical Incidents: Resources were prepared initially to accompany a national training programme for centre coordinators/managers and other staff during the summer of 2012. They have now been finalised and are being published online. I am grateful to all who have contributed to their development and I hope that they will be of practical help and support to all of you in your valuable work with the young people they are designed to support.

Maureen Costello
Director
National Educational Psychological Service
July 2014
Acronyms

AUP: Acceptable Use Policy

CAMHS: Child and Adolescent Mental Health Service

CIP: Critical Incident Plan

CIT: Critical incident team

CTC: Community Training Centre

EAS: Employee Assistance Service

EAM: Examination and Assessment Manager

ETB: Education and Training Board

GC&PS: Guidance Counselling and Psychological Services

HEA: Higher Education Authority

HSE: Health Service Executive

LHO: Local Health Office

NCCA: National Council for Curriculum and Assessment

NEPS: National Educational Psychological Service

NOSP: National Office for Suicide Prevention

PDSP: Professional Development Service for Teachers

RTA: Road traffic accident

SEC: State Examinations Commission

SPHE: Social, Personal and Health Education

WHO: World Health Organisation
Introduction

These guidelines outline the suggested roles of Youthreach and Community Training Centres in

- promoting mental health and creating effective care systems
- being proactive in preparing for critical incidents
- responding to critical incidents.

The guide is divided into sections covering

- the National Educational Psychological Service
- prevention,
- preparation and planning
- intervention – set out under short-term, medium-term and follow-up actions
- issues around suicide, road traffic accidents and violent death
- dealing with the media and new technologies
- critical incidents during certificate exams

Resource materials are available in the document *Responding to Critical Incidents: Resources for Centres* and can be photocopied. They are referred to as R1, R2, R3, etc.
Section 1  The National Educational Psychological Service (NEPS)

NEPS is a division of the Department of Education and Skills (DES). Its task is to provide an educational psychology service to schools. First established in the mid-1960s, the DES Psychological Service expanded to become the National Educational Psychological Service in 1999. Most primary and post-primary schools now have an assigned psychologist who supports them in identifying and responding to their students’ needs. This work entails a combination of consultation, individual casework and assistance to teachers engaging with the more vulnerable students (e.g. those with special educational needs, challenging behaviours or mental health difficulties). NEPS also provides developmental support at a whole school level.

NEPS does not yet deliver a service to individual Youthreach and Community Training Centres. However, it is currently providing support to these programmes through a number of systemic measures. These include the national coordination of the Guidance, Counselling and Psychological Services available to centres, the provision of information and advice to staff on a broad range of topics through the www.Youthreach.ie/webwheel website, the Special Educational Needs Initiative in some Youthreach centres and the development of guidelines and training on such topics as mentoring, literacy and soft skills.

In line with this service to the Youthreach and CTC programmes, NEPS is now offering centres guidelines and training in the management of critical incidents.

In a centre context, NEPS suggests the following definition of critical incident:

A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the centre.
Section 2  Prevention

Centres can attend to prevention by having systems in place which help to promote good emotional health and well-being and which build resilience in both staff and learners, thus preparing them to cope with a range of life events.

Mental health promotion is a vital element of this work. It has been defined in the following ways:

“A state of emotional and social well-being in which the individual realises his or her own abilities, can manage the normal stresses of life, can work effectively, and is able to play a role in his or her community”

(WHO, 1999)

“The emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness”

(HEA, 1997)

Youthreach and mental health
Promoting good mental health is a key feature of the Youthreach and CTC programmes. This is because their primary targets are vulnerable young people. Learners for the most part are between 15 and 20 years of age who have left school early with few or no qualifications. Most have had poor experiences of school and many present with high levels of personal and educational needs.

The general methodology adopted by the programme – incorporating approaches from education, training and youth work – is designed to take these factors into account. This leads to a learner-centred and flexible programme that uses both formal and informal methodologies and a range of learning contexts. Providers place a strong emphasis on personal and social development, which encompasses problem-solving, help-seeking, risk-avoidance, wellbeing and resilience. The curriculum is directly related to the recognition and addressing of learner difficulties, the development of wellbeing and resilience and the promotion of good mental health.

Centre culture and ethos
A centre’s culture, or ethos, is an important feature of Youthreach and CTC programmes. Difficulties are addressed through problem-solving discussions and addressing of emotional and social issues as they arise incidentally, e.g. through conflicts and crises. Staff try to be aware of the difficulties that learners are encountering outside of the centre and to take account of these in their ways of working with them and in the support they offer. Staff attempt to model high standards in their interactions with learners and with each other. They frequently become secondary attachment figures for learners because of the support and stability they provide. Modelling good behaviour – for example in how they communicate and show respect, deal with emotions, interact and collaborate with others, prepare and organise their work and address challenges – is a powerful source of learning for the young people.

Individual support for learners
Youthreach’s quality framework lists a number of standards relating to learner support, such as the provision of a positive, encouraging, safe, challenging and caring environment; a welcoming and informative induction programme; a broad ranging initial assessment; an individual action plan for each learner; and a broad ranging and integrated programme of social, personal and health education. One-to-one support is provided through a key worker or a mentoring system, involving regular individual interview, planning and review sessions. The function of individual work is to ensure learner engagement and programme relevance. Centres also have access to guidance, counselling or psychological services (G,C&PS) through a special fund for this purpose and these can be used to provide additional one-to-one support to learners. When a learner’s difficulties are beyond the capacity of the centre to address, staff engage with outside agencies that provide services to young people and actively collaborate with them.

The curriculum
The main curricular elements of the Youthreach and CTC programmes include general education, vocational training, work experience and a variety of complementary experiences that build confidence and broaden horizons. The precise configuration of the programme in each location is decided locally and determined by individual learner and community needs and potential. It is the learners’ needs that define the curriculum rather than the competencies
and preferences of providers. Innovation and creativity are encouraged in the development of centre programmes involving projects, collaborative learning and extensive use of the physical and social environment in which the centre operates.

**Personal, social and health education (SPHE)**

Personal, social and health education is a curricular approach to the teaching of life skills. Life skills incorporate basic soft skills and personal areas of self-care and health. Ten modules comprise the formal SPHE curriculum:

- Belonging and integrating
- Self-management
- Communication skills
- Physical health
- Friendships
- Relationships and sexuality
- Emotional health
- Influences and decisions
- Substance use
- Personal safety

The formal SPHE curriculum, with constant incidental focus on soft skills acquisition, plays a significant role in creating healthy, nurturing and safe environments. These are ‘universal’ interventions, targeting all learners, and thus enhance the health of the whole centre population. SPHE is integrated with the academic, social, emotional, recreational and artistic life of the centre. It is part of a whole centre strategy to encourage learners to help develop the values, attitudes and life skills needed for healthy lives in the wider community.

Parents and agencies in the wider community can participate and contribute to this process. Inputs by Health Service Executive services and other community groups can support a centre’s health promotion work.

**New Technologies**

Most young people are confident new technology users and all Youthreach centres use the internet for learning purposes. The National Centre for Curriculum and Assessment (NCCA), in its Statements of Learning for the new Junior Cycle curriculum, stresses the necessity of digital literacy for all. These statements include aims to "Value the role and contribution of science and technology to society, and their personal, social and global importance" and to "Use technology and digital media tools to learn, communicate, work and think collaboratively and creatively in a responsible and ethical manner".

Internet safety is particularly important. Young people can be unaware of the immediacy, the potential impact and the permanence of information, text and images posted online. Unsuspecting individuals, who disclose personal information, leave themselves open for identity theft or can become targets for confidence tricksters. Employers often check potential employees’ online presences. ‘Fun’ posted comments and images may diminish a young person’s chances of employment. Sense of self is particularly important in adolescence and positive body image tends to decline during the teenage years. Websites supporting anorexia or use of body building supplements can be attractive to those with poor body image and self-esteem. Online sexual grooming of 13 to 17 year olds is also a threat. The effects of online stalking, harassment and cyberbullying on mental health have been well documented in the media.

Accordingly, the PDSP Technology in Education advocates that each educational centre has an e-learning plan and acceptable internet and mobile phone use policies (AUP) that are realistic, agreed, in place and enforced. SPHE or other life skills programmes may provide an appropriate environment to discuss acceptable uses of internet enabled devices, whether belonging to the centre or to the learners themselves. The PDSP Technology in Education gives useful information and advice at [http://www.webwise.ie/tag/aup/](http://www.webwise.ie/tag/aup/). It also provides a downloadable Acceptable Use Policy for schools [http://www.webwise.ie/2014/teachers/updating-your-internet-safety-aup-2/](http://www.webwise.ie/2014/teachers/updating-your-internet-safety-aup-2/)
Summary of key elements of a healthy and safe centre

- The creation of a **psychologically safe environment**, including good SPHE provision, effective pastoral and care systems, procedures for identifying vulnerable learners and use of centre resources such as guidance and counselling to respond to the needs of such vulnerable learners. Young people face many challenges in their lives. Being accepted for who and what they are can often cause difficulties. Young people, who feel different because of their sexuality, their interests, their talents, their family or the way they look, may experience difficulties in the centre environment. Safe and inclusive centres are alert to potential problems and have clear policies and procedures to deal with such issues, including an effective anti-bullying policy.

- **The integration of SPHE programmes** in the curriculum in a broad-based way can address issues such as grief and loss; communication skills; stress and anger management; resilience; conflict management; problem solving; help-seeking; bullying; decision making; and use and misuse of alcohol and other drugs.

- **The incorporation of mental health issues into the regular SPHE provision.** Programmes offered by external agencies in the promotion of positive mental health are integrated into an overall SPHE and care plan for the centre. Section 7 has advice on mental health along with guidelines on the use of external agencies.

- The inclusion of internet safety and awareness into the SPHE provision
  Internet awareness and keeping oneself safe online is increasingly a key part of Youthreach and CTC training, either through SPHE or through general programme provision.

- The creation of a **physically safe environment** is vital (written evacuation plan, regular fire-drills, regular checks on fire exits and extinguishers, etc).

- **The creation of systems and procedures for identifying learners at risk.** This can be done in the first instance through the key working or mentoring system, supported by the G, C &PS practitioner.

- Ensuring that the development of **links with external agencies**, together with clear procedures for appropriate onward referral, are in place for those with the more serious difficulties.

- Staff are familiar with the **Child Protection Guidelines and Procedures** and how to proceed with suspicions or disclosures.

Attention to these areas will contribute to the creation of a safe centre, will de-stigmatise mental health problems and will foster the development of young people who are healthy in mind, body and spirit. Learners, instructors and parents will be encouraged, and enabled, to talk openly about their problems and seek help when necessary.
Section 3 Preparation and planning

Creating a critical incident plan (CIP)
Most centres at some time or other experience traumatic situations, such as the sudden death of a learner or instructor. The first three weeks following an incident can be a challenging time for the centre community and may call on all its resources.

The key to managing a critical incident is planning. Centres that have developed a critical incident plan (CIP) report that they cope more effectively during and after an incident. Having a plan enables staff to react quickly and effectively and to maintain a sense of control. It may ensure also that normality returns as soon as possible and that effects on learners and staff are limited.

An effective response by the centre during the first 48 hours is crucial. It is important therefore for all centres to prepare a critical incident plan. Templates for a critical incident policy and plan are provided in R21 and R22. The centre should develop these to fit its own particular circumstances and needs.

Setting up a critical incident team (CIT)
At the time of a crisis there are many tasks to be done. By identifying key roles in advance of an incident there is a clear statement of who will do what, when and how. A good plan also ensures that no individual is overburdened and that important elements in the response are not forgotten. Generally the coordinator/manager will play a key role, being responsible for many of the tasks. Full-time and other staff members will have an important contribution to make when an incident occurs because of their particular training and expertise.

The following points may help in ensuring that an effective team is established:
- Members should be suited to the role. They should have an interest in this type of work and have good interpersonal skills, organisational skills and a calm approach. People who feel vulnerable (e.g. because of recent personal bereavement or illness) may not be suitable candidates
- Each member should be willing to contribute a number of hours to the work
- Responsibilities, attached to the various roles, should be clearly outlined
- The size of a team should be appropriate to the size of the centre
- The team should meet annually to update and review the plan
- The members should usually remain on the team for at least one full centre year.

Some possible roles and responsibilities are:
- Team leader
- Contact with An Garda Síochána
- Staff contact
- Learner contact
- Parent contact
- Community / agency contact
- Media contact
- Administrator

A detailed outline of these roles can be found in the R21 critical incident plan template.

Key administrative tasks
Certain administrative tasks need to be prepared in advance, and updated regularly, so that communication is speedy and effective during and after a critical incident. Under management guidance, the coordinator/manager, or a centre secretary where one exists, could carry out these tasks. Forward planning is important because when a critical incident occurs, normal centre business must be maintained while dealing simultaneously with specific tasks relating to the critical incident.
Maintaining current contact telephone numbers
Telephone numbers should be available for:

- Learners
- Parents/guardians
- Instructors
- Emergency contact list (R23).

Reach agreement on where lists will be kept (e.g. in the offices of the secretary and coordinator/manager). All lists should be dated. Responsibility for updating them, at agreed intervals, should be clearly assigned.

Compiling emergency information for centre trips
Such information should include:

- A list of all the learners/staff involved and all staff in charge
- A list of mobile phone numbers for the instructor in charge and other accompanying staff
- Up to date information on learners with medical conditions.

Preparing templates
Prepare templates for letters to parents and templates for press releases. These should be ‘ready-to-go’ and on the centre computer system so that they can be adapted quickly when an incident occurs.

Emergency packs
Assemble key documents for CIT members. These should be readily accessible in emergency situations and include emergency contact lists, checklist for first 24 hours, layout of centre buildings, etc.

Administration during an incident

- Identify a dedicated telephone or mobile number for important outgoing and incoming calls
- Identify rooms, or areas which may be used for various purposes such as individual and group support sessions; meeting parents; quiet or waiting room etc.
- Designate a point where a log of events, and telephone calls made and received, will be kept
- All offers of help should be logged – name of agency, what they are offering, contact name and numbers. (These agencies may be contacted later if appropriate.)
- Agree arrangements for dealing with normal centre business.

Communication of the critical incident plan (CIP)
All staff should be consulted during the planning stage.

- Consultation is advised with learners’ parents from different ethnic and religious backgrounds so that the centre is aware of relevant rituals and beliefs. (See Section 4)
- All staff should be aware of the centre’s critical incident policies and procedures.
- Each full time instructor, and relevant others, should possess a copy of the final plan.
- Copies of the CIP should be readily available in the centre and on the computer system
- All new and temporary staff should be informed of the plan details
- A plan of the centre building layout should be displayed in key places, with exits highlighted. This is required under Health and Safety regulations.
## Checklist for reviewing the critical incident policy and plan

- Has serious consideration been given to your centre’s approach to prevention?
- Has your centre defined a critical incident and given examples?
- Have key roles been clearly identified and the tasks clearly outlined?
- Have staff members been nominated to each of the roles/tasks?
- Has each of the team compiled their emergency pack (photocopies of relevant handouts)
- Has contact been made with external agencies?
- Is the Emergency contact list (R23) appropriate and complete?
- Are letters, press releases available readily on centre headed paper, for adaptation to suit particular circumstances?
- Are telephone number contact lists up-to-date?
- Has all the staff been consulted about the plan/policy?
- Has new staff been made familiar with the CIP?
- Are all staff familiar with the centre’s eLearning plan and ICT acceptable use policy?
- Has a date been set for a review of the plan?
- Who has copies of the plan?
- Where will copies of the plan be kept?
Section 4  Action plan for coordinator/manager: Short-term actions

Short term actions: Day 1
This section of the guidelines outlines short term action plans for centres. Medium term and follow-up actions are addressed in Sections 5 and 6.

Initial assessment of the incident
With increasing numbers of critical incidents, it is useful to clarify the kind of response expected from centre staff or outside agencies in different situations. A classification of response levels follows. This classification does not diminish the seriousness of any particular event. It may help centres assess what intervention level is needed, including additional supports a coordinator/manager may request from colleagues and other agencies.

Step 1: What type of response is needed?
- Response Level 1: the death of a learner or staff member who was terminally ill; the death of parent/sibling; a fire in centre not resulting in serious injury; serious damage to centre property; violence from within or against the centre or its occupants
- Response Level 2: the sudden death of a learner or staff member
- Response Level 3: an accident/event involving a number of learners; a violent death; an incident with a high media profile or involving a number of centres.

Step 2: Should outside agencies be involved?
- Consider the nature of the event and how the centre is coping. What support is needed and what assistance can outside agencies give? Is the centre’s usual Guidance Counselling and Psychological Services practitioner available to help?

Step 3: How does a coordinator/manager assess the centre’s needs?
- Is there a feeling of being overwhelmed by this event?
- Has there been a previous incident? How recent, what kind of incident? If more than one, how many? (If the centre has experienced a recent incident or a number of incidents, staff may be exhausted or distressed. Alternatively, they may feel more experienced to deal with the situation).
- Is there a critical incident plan/team in place?
- Is there a good pastoral care/learner support system in the centre?
- Is there significant media interest in the incident?
- Are other agencies already involved?

Step 4: What actions do coordinator/managers take?
- For an incident requiring a Level 1 response it may be sufficient to talk to the staff. Locate these guidelines and the accompanying Resources for Centres. A copy of these is available online to all centres on the www.youthreach.ie/webwheel website. School versions can be accessed at www.education.ie, typing NEPS or critical incidents into the search box.
- With an incident requiring Level 2 & Level 3 responses, consult the centre’s CIT.
- Exchange mobile numbers with outside personnel so that immediate contact is possible at all times.

A checklist is provided at the end of this section. Follow the centre’s procedures appropriate to the particular incident.
Initial action plan

- Gather accurate information: It is important to obtain accurate information about the incident; rumours can take over, adding to the distress of those involved.
- Establish the facts: What has happened; when it happened; how it happened; the number and name of learners and staff involved; whether other centres or schools are involved; the extent of the injuries; and the location of those injured.
- Locate the NEPS publications Responding to Critical Incidents in Centres: Guidelines for Centres and the accompanying Resource Materials for Centres.
- Contact appropriate agencies (see centre’s Emergency Contact List: R23) – for example:
  - Emergency services
  - Medical services
  - Appropriate Board of Management /Solas/Education and Training Board (ETB)
  - Centre’s Guidance Counselling and Psychological Services Practitioner
  - Health Service Executive
  - Instructor Unions
  - State Examinations Commission
  - Parish Priest/Clergy/Other religious leaders
- Convene a meeting with the critical incident team (CIT) and staff. Depending on the incident, it is advisable to arrange an evening or early morning meeting so that the team is well prepared and know the plan for the day ahead.

Agenda for meeting with critical incident team/key staff

- Share full details of the event
- Agree on the facts. These will need to be relayed in a clear, appropriate and consistent manner by all staff to the learners
- Discuss what agencies have been contacted and whether there are additional ones that should be informed (check Emergency Contact List for Centres R23)
- During major incidents phone lines may become jammed. Agree on which phone line/mobile phone is to be kept open for outgoing and incoming emergency calls
- Remind staff of the need for caution when dealing with reporters and on social media
- Plan procedures for the day
- Discuss issues relating to centre routine, including centre closure. Remember it is important to maintain a normal routine when at all possible. It is recommended that the centre timetable runs as normal. This will provide a sense of safety and structure which is comforting for learners. Instructors should give learners the opportunity to talk about what has happened during the normal daily timetable. See R7 for further information
- Discuss how to break the news to relatives and close friends and who should do this. Remember that they must always be told separately
- Discuss how to identify vulnerable learners (see page R16)
- If there are various nationalities and religions in the centre, they need to be considered in organising prayer services, funeral attendance etc.
- Plan a whole staff briefing (including ancillary staff). This may need to be done in two groups depending on the arrangements for the supervision of learners
- Discuss how to break the news to the rest of the learners. Session groups are often best, rather than large groups (see R7)
- Agree the text of letter to be sent to parents (see R4 and R5)
• Discuss how to deal with the media. Prepare a media statement if appropriate (see R6 and Section 9). This can be faxed or emailed to media representatives in contact with the centre. It may also be used if an interview is requested.
• Delegate responsibilities to the appropriate critical incident team member or key personnel. In the case of a major accident, meetings may be held in a location away from the centre, involving key outside personnel. Care should be taken that staff with appropriate experience and authority remain at home base. The coordinator/manager might consider delegating someone to go to such meetings. If they decide to go themselves, they may not be available for critical decisions in their own centre.
• Discuss which room(s) will be available to external agencies
• Decide whether a quiet room/space could be made available for learners. This is a place that learners can go if they are having difficulty remaining composed in normal centre sessions. It should have tissues, cushions, drawing and writing materials and appropriate information leaflets from Resource Materials for Centres. Learners should sign out of their regular session and sign into the quiet room for a certain time. The room should be supervised to ensure learner safety. A very distressed learner may need individual support. A similar room/space would also be beneficial for staff.
• Discuss the issue of consent for learners who may need to be seen by outside agencies and arrange for the consent form to be photocopied and sent or emailed to parents (R2). If a general letter was sent out by the centre to parents, check whether any parents sent a negative reply.
• Where a request is made that a learner be seen by an outside agency prior to having a signed consent form, telephone the parent or carer to obtain verbal consent. If it is not possible to make immediate contact, the coordinator/manager, in consultation with the CIT, should then decide in the best interest of the learner. This should take precedence over procedural matters. If a learner is seen without consent, parents/guardians should be contacted as soon as possible by the Centre.
• A record should be kept of all learners seen by centre staff and agencies external to the centres. See R1. One person should be appointed to collate the lists regularly.
• Agree the next meeting time for the critical incident team/key staff.
• Agree a time for a follow up staff meeting at the end of the day. This gives an opportunity for the coordinator/manager to update staff on any developments. It also allows preparation for the following day. Lastly, it gives staff a chance to share their experience and to wind down after the day.
• Consult with learners the appropriateness of participating in scheduled events, such as sports fixtures.

Meeting with staff group
This meeting’s purpose is to relay facts to staff and plan the day’s schedule. Generally, the coordinator/manager leads this meeting. On occasion, this duty may be delegated to another team member. It is crucial that staffs have accurate facts and are kept updated. It is also vital that staff understand for themselves, and for the learners, that special care is needed when using social media. This will help to dispel rumours which may begin to circulate.
The staff may need to be seen in two separate groups to facilitate supervision of learners.

Sample script for coordinator/manager
“You may have already heard that two of our learners were involved in a car accident last night (give details of where). (Name of learners) who were driving together, both died as a result of their injuries. As more information becomes available, including funeral arrangements, I will keep you informed. This is a terrible tragedy for the centre and community and our thoughts are with the families.

Please remember to keep to the facts when talking outside the centre or posting online. It would be very useful to mention this to trainees during the next few hours and days.

It is important to make every effort to maintain timetabled session routines. However, for some learners this will be difficult. I understand that this may be a very difficult time for you also and we need to be here for each other. It is important that we support each other and the learners in the coming days and weeks. Thank you. (Optional: “I can see that a number of people are very upset and would like to give you a few moments to say
a few words or to ask questions if you would like to.”

<table>
<thead>
<tr>
<th>REMEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learners need to be with people they know and trust. It is better therefore that centre staff provide support for the learners. External professionals should be primarily used to advise and support centre staff.</td>
</tr>
</tbody>
</table>

**Why routine is so important**
Routine is very important at a time of tragedy. It provides a sense of security, especially for younger and less mature learners. It helps them see that even when a tragic event happens the world remains largely unchanged and life goes on. The young people will learn this over the next hours, days and weeks mostly by seeing how others cope with the event and keeping to the normal routines as much as possible.

**It is ok for staff to be upset**
Remember this is an upsetting time for staff as well as the learners and it can be quite reassuring for the learners to know and see that their instructors are also upset.

**How to share the facts with learners**
It is important that close friends of the deceased are told first and separately. Some staff may feel uncomfortable about relaying the information to the learners. It is important to remember that the learners know and trust the staff and that it is better if they hear this tragic news from someone they know and that it happens in a safe and familiar environment. Centre staff are there for the longer term and they will be the ones to whom the learners will look for guidance and support in the next hours, days, weeks and months.

**It is important to stick to known facts and to be alert to rumour**
Rumour can proliferate at these times and can be very upsetting for learners. It is important to ensure that the information they have is accurate and to remind them of the sensitivities of posting information or photos online or on social media.

**For instructors who feel unable to meet with classes**
If an instructor is particularly upset, or feels unable to cope, it is important that they are offered support and their session covered. They may simply need help about what they will say and deal with their groups.

**Provide literature to staff**
Give out handouts to staff that they, or learners, may find useful. Some are available in the Resource Materials for Centres that accompany this publication. Select from these after talking through their content and taking questions:

- R7 A session following news of a critical incident
- R8 Children’s understanding and reaction to death
- R9 Stages of grief
- R10 How to cope when something terrible happens
- R11 Normal reactions to a critical incident
- R12 Grief after suicide (use only when there is certainty that the death was by suicide and this has been accepted by the parents. This issue should be handled with great sensitivity)
- R19 Frequently Asked Questions for staff members.

**Identifying vulnerable learners**
Many learners will be very upset and may want and need to talk about what has happened. For the majority of learners this can be done in normal classes or group settings. It is helpful for learners to hear others talking about how they are feeling. This normalises their own reactions. If a learner, or group of learners, are particularly distressed it is advisable for them to talk to someone they know, who will be available over the next days and weeks. If a staff member is particularly concerned about a learner, they should alert the coordinator/manager who arrange for them
to be seen by the centre counsellor.

**Checklist for identifying vulnerable learners**

Learners who need to be closely monitored are:

- Close friends and relatives of the deceased
- Learners who experienced a recent loss, death of a friend or relative, family divorce or separation, break-up with a boyfriend/girlfriend
- Learners with a history of mental health difficulties
- Learners with a history of substance abuse
- Learners experiencing serious family difficulties, including serious mental or physical illness
- Learners who have been bereaved by a suicide in the past
- Learners with a history of sexual abuse
- Learners with a history of suicide attempts/self-harm
- Non-communicative learners, who have difficulty talking about their feelings.
- Less able learners

**Quiet Room**

It can be useful to have a designated room available for learners for a period, of perhaps a week, following a tragedy. It offers people a quiet space to be in if feeling overwhelmed. Staff should be clearly informed about procedures for the running and monitoring of the quiet room.

**Support for each other and vulnerable staff members**

Some staff may be particularly vulnerable because of a recent personal loss, previous experience of a suicide or road traffic accident/s, or close knowledge of the learner or their family. It is important that staff talk to each other, and support each other, during this difficult time. If a colleague needs additional support the coordinator/manager should meet them or phone them at the end of a day.

Restatement of day/days’ schedules. Arrange to meet staff for about 30 minutes at the end of the day. This will give all an opportunity to update on developments during the day. It will also allow staff to plan for the following day and talk things over with each other.

**Cultural sensitivity and awareness**

The centre’s response should be sensitive to different religious beliefs and different traditions amongst learners and staff. For example, attendance at a Christian service may not be acceptable to parents whose young people are of other religious beliefs, or of none. This may result in some learners being excluded. It is also important to be mindful of different cultures, and of differing religious beliefs and rituals that exist around death. If learners are to attend a funeral rite of a religion or denomination other than their own, it may be useful to prepare them about the rituals and beliefs particular to that religion. The centre should ask the parents’ advice on these matters, if not already sought.

**Learners with special educational needs**

Learners with general learning difficulties are at a different developmental level to their peers. Their development age impacts on their understanding of death (see R8). It is advised that they are told the news separately. The information should be given in short simple sentences. Learners with general learning difficulties may ask the same questions repeatedly. Instructors may have to restate the information in ways that require patience and sensitivity.

Clear information is necessary on the following topics:

- What happens when a person dies
- What a funeral is and what usually happens on the day of the funeral
- How they and other people might feel when someone dies
- How different people show their feelings in different ways.

**End of day session with instructors**
A coordinator manager might

- Thank the staff for staying back, acknowledge the day’s difficulties, state that feeling tired is normal in times of crisis, and emphasise the importance of ensuring that everyone is coping adequately
- Provide update on the latest facts as known and outline the schedule for tomorrow
- Ask for staff concerns to be raised
- Advise staff about sensitivity on social networks
- Remind them to compile a list of learners about whom they have particular concerns
- Thank them for all their work and support during the day.

Contact with affected family or families

- Arrange a home visit by two staff representatives within 24 hours, if appropriate
- Plan visits to those who are injured - name key person(s) to visit home/hospital
- Liaise with the family regarding funeral arrangements/memorial service
- Designate a suitable staff member to liaise with the family, to extend sympathy and to clarify the family’s wishes regarding the centre’s involvement in the funeral/memorial service
- Decide on the centre’s role in the funeral service following consultation with parents, centre management and close centre friends
- Have regard for different religious traditions and faiths.

Summary checklist for coordinators/managers: Day 1

- Gather the facts – what has happened, when, how, where, and who is injured or dead
- Consult Responding to Critical Incidents: Centres Guidelines
- Does the incident require a Level 1, 2 or 3 Response?
- Who needs to be contacted? (see Emergency Contact List – R23)
- Meet the critical incident team
- Meet other agencies, if involved, to agree on roles and procedures
- Photocopy and email appropriate literature
- Arrange for the supervision of learners
- Organise a staff meeting
- Identify vulnerable learners
- Inform learners of facts and advise they are sensitive to the bereaved family, online and in real life
- Draft a media statement if appropriate (see R6)
- Prepare for a media interview if appropriate (See Section 9)
- Draft a letter to parents (See R3, R4 and R5)
- Meet critical incident team to review the day and arrange an early morning meeting
- Meet with the staff group
- Make contact with the affected family/families
- Maintain the normal routine if possible.
Section 5  Action plan for coordinator/manager: Medium-term actions

Day 2 and following days
The first day following an incident may be quite calm because people can be in shock. Day 2 may be more demanding. As the news begins to impact on people, more support may be needed. It is advisable that the critical incident team (CIT) meet daily until the centre returns to normal functioning.

Meeting with the CIT and other agencies
The coordinator/manager or critical incident team leader normally conducts the meeting.
Suggested agenda:

- Review actions to date
- Decide on changes to the centre’s normal opening or closing times (e.g. for a funeral)
- List tasks for the days ahead and assign roles such as dealing with the media, contact with bereaved family, attendance and participation in the funeral service
- If necessary, discuss media and/or social media impact
- Discuss ideas for memorials emanating from learners or community
- List items to be discussed with staff and learners
- Review the schedule for the following days
- Check the list of vulnerable learners and staff
- Develop a plan for monitoring vulnerable learners over the coming weeks.

Meeting with whole staff

- The coordinator/manager outlines the schedule for the day and updates staff on any information from the family, on funeral arrangements, etc
- A representative from another agency may address the staff if appropriate
- Give an opportunity for questions.

Sample script for the coordinator/manager
Yesterday was a difficult day and you yourselves, as well as many of your learners, will have been shocked at the tragic events, but you did really well in keeping the routine going as much as possible despite everything. Yesterday there was a sense of numbness and quietness in the centre. Today people may begin to feel the reality and pain of the loss. It may be a difficult day for everyone but I’d like to remind you again to give learners and yourselves an opportunity to talk about (name of the deceased) and about what has happened.

Funeral arrangements and role of centre
The following is suggested:

- Ensure centre is aware of bereaved family’s wishes regarding involvement (or otherwise) at funeral
- Be mindful of potential neighbourhood tensions in complex cases
- Gain centre’s line management and Education and Training Board agreement on all procedures
- Liaise with other coordinator/managers who have experienced similar situations
- Consider offering tea and coffee at the centre after the funeral for learners and their families
- Inform the learners’ parents/guardians of funeral day schedules and at what time official supervision will cease, bearing in mind that post funeral activities often involve alcohol.
**Section 6  Action plan for coordinator/manager: Follow-up**

Follow-up is the work carried out in the weeks and months following a critical incident. The goal of follow-up is to help those in the centre cope with the event’s impact in the longer term and to monitor those individuals who experience on-going difficulties. The centre may also decide to review the critical incident policy, or to discuss and plan appropriate memorials for those who have died.

**When is it necessary to refer a learner on?**

| Following a critical incident normal distress is expected among some learners, especially close friends or relatives. Within approximately 6 weeks most learners will have returned to normal functioning. However, if learners continue to show significant signs of distress they may need to be referred on to the centre counsellor or to HSE services. Referrals to HSE Community Psychology or CAMHS are usually organised through a GP. If the situation is urgent, the referral can be made through a hospital A&E. |
| A learner, who has expressed suicidal intent, should be screened further. Information on warning signs, and a guide to steps the centre should take, is contained in Section 7. If it is a serious threat parents must be informed and the learner be referred on to their GP immediately or, if already attending a mental health service, to that service. Arrangements made with the relevant services, for onward referral, should now come into play. |

**Immediate tasks**

- Meet staff to review the list of affected staff and learners
- Identify what will be done and who will be responsible
- Discuss referral procedures and what merits an onward referral for learners about whom there are continuing concerns.

**Longer term tasks**

- Prepare for the return of bereaved learner(s). See R13

- Discuss what the centre will do in memory of the learner(s). A representative from the centre should liaise with the deceased person’s family/ies about any memorial. Remember that whatever policy or precedent the centre sets, at this time, may need to apply to all future deaths.

- Discuss what to do about events in which the deceased learner would have participated, e.g. award ceremonies, trips away.

- Return personal belongings to the family (ies). Bereaved parents often find it helpful, or comforting, to visit the centre at a later date. This offers the centre an opportunity to return the learner’s personal belongings and/or centre work. ‘Memory folders’ or ‘memory boxes’ could be used for the deceased learner’s work books or products along with letters/poems and pictures, composed or drawn by their peers.

- Mark the anniversary date on the centre’s calendar. Anniversaries may trigger emotional responses. Staff and learners may need additional support at these times. The centre may decide to acknowledge the anniversary after consulting and agreeing any proposed commemoration with the family concerned.

- Be sensitive also to significant days like birthdays, Christmas, Mother’s Day, Father’s Day
- Evaluate the centre’s response to the incident and amend the critical incident plan appropriately – What went well? What was most/least helpful? Have all necessary onward referrals to support services been made? Is there any unfinished business?

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Section 7  Suicide/suspected suicide

More people die by suicide in Ireland each year than in road traffic accidents. Currently, youth suicide rates in Ireland are the fourth highest in the European Union (National Office for Suicide Prevention, 2013).

Note on use of the term ‘suicide’

NEPS recommends that centres use the term ‘suicide’ with great caution. The word ‘suicide’ should only be used when there is official confirmation of a death by suicide. Families may be very sensitive about the use of this term. Families should be contacted about the exact facts and how they wish a death to be described. The phrases ‘tragic death’ or ‘sudden death’ may be more appropriate in some cases.

When a person dies through suicide, those who know the person may experience a deep sense of shock. The unexpectedness of the death, and the taboo associated with suicide, can leave a centre community feeling unsure of how to proceed. A wide range of reactions may be experienced and close friends and relations can be especially upset. For some, it may bring back memories of other loss experiences. For a small number, especially those who may be already vulnerable, it may raise awareness of suicide as an option. There may also be some learners who may not be impacted by the event.

Suicide prevention - what centres can do

Concerns about youth suicide have led to increasing demands for schools and centres to assume a role and responsibility in the prevention and management of suicidal behaviour among learners. While centres are key contexts for reaching young people, careful consideration needs to be given to the most appropriate suicide prevention approach.

Programmes focussed directly on raising learner awareness of suicide may appear desirable, especially after a suicide when the need to do something is felt strongly, but they are controversial. They may increase the risk of suicidal behaviour through normalising it as a legitimate response to adolescent stress. Suicide awareness programmes, aimed at centre staffs, are more appropriate. NEPS’ preferred approaches are to encourage centre policies and programmes that promote mental health and well-being; develop centre care systems that address the causes of emotional distress in young people; identify learners at risk; provide targeted interventions for this group of learners; and work at interagency level to support the promotion of mental health generally and to facilitate access to services, responsive to the needs of young people.

Anti-suicide programmes, which might have unintended negative outcomes, should not be implemented unless there is a strong evidence base for their effectiveness. In addition, comprehensive information about the providing organisation, their trainers’ qualifications and the future sustainability of their inputs into the centre’s mental health programme is advised.

A review of effective programmes by Green et al (2005) identifies their chief characteristics. These are outlined below.

Effective programmes

- promote mental health rather than the prevention of mental health problems (Wells et al., 2001)
- are implemented continuously and long-term in nature i.e. more than one year (Wells et al., 2001)
- include centre climate changes rather than brief session-based prevention programmes (Wells et al., 2001)
- extend beyond the training rooms and provide opportunities for applying the learned skills (CASEL, 2003)
- adopt a health-promoting approach focusing on the centre’s social and physical environment, its family and community links, its curriculum and pupils’ knowledge (Lister-Sharp et al., 1999)
- focus on enhancing generic social competences - coping skills, good peer relationships, self-efficacy
- involve interactive teaching methodologies - active learning, activity-based, learner participation.
NEPS supports this mental health approach, and encourages centres to develop good practice for mental health. This good practice includes

- Implementation of centre-based **primary prevention programmes** for all learners, including **mental health programmes**, within the context of the centre’s SPHE provision. The focus should be on building resilience and coping skills; problem solving; decision making and help seeking skills. Refer to *Well Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention* available from the Departments of Education and Skills and the HSE, and *Mental Health Matters: A Mental Health Resource Pack*, issued by Mental Health Ireland

- Development of **care structures and systems** to recognise young people experiencing emotional distress

- Awareness building amongst centre staff and parents of the difficulties faced by some young people who have multiple problems of personal adjustment and life stress. Support for centre staff and parents by developing awareness about the signs and symptoms of distress and anxiety, depression, substance misuse and suicidal behaviour. This may be done in liaison with other agencies

- Implementation of targeted **interventions for learners who need help to overcome difficulties and manage their distress**. Include programmes and interventions that reduce risk taking behaviours.

- Increasing staff awareness of suicide and how to intervene with suicidal learners. **Building on the skills of key and resource staff**, increasing their ability to recognize suicide potential, how to make an initial assessment of the level of suicide risk and developing and implementing appropriate management plans. Staff with designated care roles, such as key workers or mentors, may consider attending ASIST training. (See Resources section of *Resource Materials for Centres* for contact details)

- Helping the centre to develop **referral mechanisms** for distressed, or at risk learners, to the local health services

- Developing procedures to ensure the **coordinated, supportive return of learners to the centre after hospitalisation for suicidal behaviour**. Such procedures should provide the necessary information and guidance to centre personnel before the adolescent returns to centre (but only with parental permission and on a need-to-know basis)

- Helping centres to build **centre/interagency/community systems** through inter-centre liaison and encouraging community agencies to support SPHE programmes.

**Suicide Prevention – Summary**

- Primary prevention, including mental health programmes for all
- Care structures and systems
- Awareness building for all centre staff
- Information for parents/guardians
- Targeted programmes for more distressed learners
- Training of guidance counsellors and other key staff in suicide awareness and intervention skills
- Referral procedures and linking mechanisms with agencies
- Centre/community/agency systems and involvement
Warning signs

Below is a list of factors which may indicate that a person is troubled or distressed. The list is not exhaustive, and there may be other signs which those familiar with a learner may notice. There may be an increased likelihood of suicide or suicidal behaviour if a number of these signs are present. (See R16)

- Unexpected reduction in academic performance
- Change in mood and marked emotional instability, either more withdrawn, less energy or more boisterous, talkative, outgoing
- Withdrawal from relationships, separation from friends or break-up of a relationship
- Getting into trouble at the centre, discipline problems, suspension or expulsion; trouble with the law
- Loss of interest in usual pursuits, study, relationships
- Ideas and themes of depression, death or suicide
- Hopelessness and helplessness
- Giving away prized possessions
- Stressful life events, including significant grief
- Bullying or victimisation
- A history of mental illness
- Alcohol/drug misuse
- History of suicidal behaviour e.g. self-harm or overdosing
- A family history of suicide/attempted suicide
- An excessive increase in internet use
- Information about self-harm or intention to self-harm coming to centre staff attention
- Notes or online posts found about a desire for death, an ‘impossible situation’, or an end to problems
- A growing interest in death or death by suicide.

REMEMBER

Concerns about suicidal behaviour should never be dismissed on the grounds that the learner is merely seeking attention and will not make a suicide attempt.

Centres need to establish a clear procedure for the care of learners about whom such concerns arise.

Steps to take when concerns arise

- Concern is reported to the designated staff member, or a Guidance Counselling and Psychological Services Practitioner serving the centre
- A meeting takes place with the reporting staff member or learner
- A meeting takes place with learner* (see R15, R16 & R17),
- A judgement is made about the seriousness of the situation
- Where concern appears unfounded, feedback is given to the original referee and a monitoring plan is drawn up for the learner. After an agreed period, the situation is reviewed to ensure there are no underlying issues that need to be addressed
- Where a concern is confirmed, it is reported to the coordinator/manager, leading to a consultation with the Guidance Counselling and Psychological Services Practitioner (GP&PS), or with local Child and Adolescent Mental Health services
- Coordinator/manager informs parents or caregivers as a matter of urgency
- Coordinator/manager and guidance counsellor may seek a consultation with their local Child and Adolescent Mental Health Service
- Management plan, appropriate to the risk level is established, with onward referral to the family GP.
Tasks and possible issues arising from a learner death by suicide or suspected suicide

The coordinator/manager should adhere to the centre’s critical incident plan regarding sudden death.

Family
- Sympathise with the family, acknowledge their grief and loss and offer support
- Organise a home visit by two staff members, if appropriate
- Gather information, be sensitive to the family’s wishes and their preferred terminology
- Consult with the family about appropriate centre support, e.g. at the funeral

Learners
- Give the facts, and use terminology (e.g. tragic sudden death) as agreed with the bereaved family
- Inform close friends, relatives and learners with general learning difficulties, separately
- Create safe and supportive spaces for learners to share reactions and feelings
- Advise them on their possible reactions over the next few days (see R11)
- Avoid glorifying the victim and sensationalising the suicide. Carry out the same rituals or memorials as for other learner deaths, such as from road traffic accidents
- Advise the learners of supports available to them. Tell them that talking is positive and helpful
- Take any talk of suicide seriously. Follow centre protocols. Provide support, inform parents immediately and discuss onward referral options
- Learners may wish to seek support from each other rather than adults. Facilitate this if appropriate and possible. However, provide information about how to get further help if needed
- Give hand-out R12 - Grief after Suicide.

Talking about the death helps people to make sense of what has happened. People can cope with the truth, but suicide must never be represented as a valid option. There should be no criticism of the person who has died. Separate the person from the behaviour. It is important to discuss how a person can arrive at a point where suicide may seem to be the only option, but emphasise that it is not a good option. Feeling low is usually a temporary thing, whereas suicide is permanent. With suicide, the intention may have been to change life circumstances rather than end life. Help is always available if a person can reach out for it. Encourage learners to seek help if they need it. A booklet ‘You’re not alone’, designed to provide guidelines on managing the immediate aftermath of a death by suicide, both from an emotional and a practical point of view, is available from the suicide prevention services of some health boards.

Note on the care of learners following a suicide

It is important, following the funeral of a learner who died by suicide, that learners and parents are encouraged to come to the centre for support if there is no other gathering arranged. Centres often provide tea and coffee. This may be a very vulnerable time for learners. Groups of learners may congregate and consume alcohol which is not advisable. Encouraging them to come back to the centre until its usual finishing time can help to prevent this.

Parents might also be advised to be particularly alert to their young people’s whereabouts over the following days. They might encourage their sons/daughters to gather in each other’s homes, rather than in the pub or street.
Section 8  Road traffic accidents and violent deaths: Some issues

Road traffic accidents
Co-ordination with other agencies
In the case of a major accident, meetings may be held involving key personnel from centres and other agencies. These meetings may take place away from the centre. If the coordinator/manager attends such a meeting, they should ensure that a staff member with appropriate experience and authority remains in the centre. They should assign someone the task of making decisions and co-ordinating the response. Alternatively, it may be appropriate that the coordinator/manager delegate someone, other than themselves, to go to such off-site meetings.

Communication
When a number of learners, or learners from different centres are involved, additional communications systems must be established to co-ordinate actions. Co-ordination of funeral arrangements, attendance, and the logistics of transporting learners to and from funeral services are necessary.

Managing information
If learners are badly injured, an ongoing sense of crisis may prevail. In such circumstances, information management becomes especially important. News about the condition and progress of people who are ill must be checked for accuracy so that unwarranted distress is not engendered. In particular, news of a further death must be checked fully with the most reliable source available (e.g. police) before any announcements are made. Specific information about life support machines, and their duration, is inappropriate and may also be incorrect.

It is crucial that the family have time to inform their own relatives of new information. Family members should not hear news through rumour or gossip. It may not always be possible to control the spread of news, but the centre should not give inaccurate or untimely information.

Remind staff and learners to be very sensitive when talking about dead or injured people, or when posting news on social media.

Paying respects
Learners may be anxious about seeing a dead body when paying their respects to the family at home, or in the hospital. Centre staff who have visited previously could relay accurate information to colleagues and learners and advise accordingly. Learners who pay their respects, often report back that the deceased looked peaceful. This may be a comfort to others in the centre, may help to allay anxieties and may enable them to visit the victim themselves.

Some learners may need support before, during or after viewing the remains. This may be their first experience of death. The presence of a supportive adult is very important.

Violent death
The sudden death of a learner or staff member is a tragic event. When the person has died because of violence it is even more traumatic. A violent death brings up concerns about personal safety. These concerns may be increased if the perpetrator comes from the same family, or community, as the victim.

Issues that may arise
- The idea that “it could never happen to us” or “it could never happen here” is shattered. Staff, parents and learners may be afraid that it could happen again or that it could happen to them. It is important that these fears be articulated and that appropriate reassurance is given.
- Be sensitive if the alleged perpetrator has relatives and friends in the centre. Steps should be taken to diffuse tensions between learners when emotions are running high.
- Some pupils may worry that they could have prevented what happened and will need reassurance. It is important to give the facts in an age appropriate manner. Do not give graphic details and discourage the circulation of speculation about such details.
• Advice should be offered to staff, parents and learners about talking to the media. It is better to leave this to a designated person, who is prepared for this work
• Guidance about online communication should be readily available and sensitivity stressed
• There may be an ongoing Gárda investigation, a trial, an inquest etc. This can prolong the trauma. It is particularly important that one critical incident team member act as Gárda Liaison.
• It is the responsibility of parents to decide whether their son/daughter may be interviewed by Gárdaí. Parents should give consent if Gárdaí interviews of learners take place on the centre premises.
• Although violent deaths are intense events, it is important that the centre treat any memorial in the same way as for other learners’ deaths. The centre should not get involved in glamorising the event.

Witnessing an event
There may be some learners/staff who were involved in an incident but were uninjured, or who witnessed an accident or a violent event. Reactions to this may be immediate or happen soon after the event. Flashbacks and intrusive thoughts of the event, heightened body arousal causing the person to be jumpy and anxious, and a range of feelings from numbness to hysteria may occur. All of these are normal reactions to trauma.

It may help them to talk about the events with the Guidance Counselling and Psychological Services practitioner or Heath Service personnel. Such a talk may include

• what they saw
• what they heard
• how they felt
• what they thought
• what they did.

Difficulties arise if these reactions are extreme or persist over a period of time. Onward referral should be made where needed. (See text box on onward referral in Section 6)

Breaking the news of a violent death
The same principles that govern the breaking of news generally should apply here. (See R7). However, where the death has been violent, additional factors must be considered. The death may be a murder or manslaughter but this will not be determined until after a court case. Therefore staff should be very careful about what language they use.

It is important to give learners accurate information about what has happened, age appropriately. If accurate information is not given, rumours may increase and the details of these may be more extreme than the reality. Accurate information does not require that graphic details are included. Such information may play on the fears of young people and is not helpful. Tell learners that the Gardaí have responsibility to investigate the events and that the facts will emerge in due course.

Sample scripts for the coordinator/manager
“Some learners from our centre have been involved in a road traffic accident. Some deaths have occurred and some are injured. Those who have died are………….. The injured are……………… The injured are being treated in ………. There are …….. who are very seriously injured, and others are ok, but being checked out by medical staff. We are getting information on an ongoing basis and will keep you informed of important developments. Please be careful to stick to the facts. Do not engage in rumour about injuries or further deaths. This could be very distressing for others, especially if they are not accurate.”

Sean was killed on Saturday night. It seems that he was walking home with two of his friends around midnight and was attacked. Someone, living on the street, called the Gardaí. Sean was brought to hospital, where he died at 3 a.m. The Gardaí are investigating the details of what happened. The full facts will not be known for some time. We will let you know of developments as information becomes available.”

Parent meetings
Parents may seek assistance in knowing what to say to their sons/daughters at this time. It can be useful to hold a parent information meeting. This will allow parents to get information about how they can help their son or daughter through this difficult time.
Meetings can be held during the day, in the evening, or at times most convenient for all.

It is useful to ask other local support agencies, such as the HSE, to be involved so that parents are informed about available services, how they work, and how to access support for their young people.

**Large group meetings for parents: What to say**

The coordinator/manager
- Outlines the plan for the meeting and introduces the speaker/s
- Gives an outline of the facts as known
- Outlines what the centre has done to date and its plan for the coming days, weeks etc.
- Outlines the in-centre support systems available to learners and how parents can request help from inside or outside support personnel
- Offers advice to parents about talking to the media, if appropriate. In general, the advice should be not to allow their son/daughter to be interviewed. They do not have experience of dealing with the media and may regret what they say later
- Offers advice on social media networking among the young people
- Says that tea and coffee will be available at the end of the meeting, and that speakers and centre staff will be available to answer any questions.

**Drop-in centres**

If parents and young people in the community are especially distressed or in need of more support than can be offered in the large group meeting, external agencies may decide to set up a drop-in centre on one or two evenings. This allows community members, who may be traumatised by an event, to access services in a user-friendly way. It also gives working parents a chance to get advice and support. Pupils may also come from a dispersed area and an ‘out-centre’ in a town or village may make services easier to access.

Both statutory and voluntary agencies might be involved, e.g. adult services, young people’s services, adolescent counselling services and voluntary bereavement/support services, as well as centre-based services. The involvement of various support services facilitates follow-up by the most appropriate agency. Support offered in this way can provide reassurance and information about normal reactions to trauma. If there are serious concerns or they are in need of additional help, they can be offered appropriate advice. Early appointments may be facilitated as a result of prior arrangements between the agencies.

If agreed, an announcement about the availability of such a drop-in service might be made at Church and religious services locally, as well as through the normal centre channels.
Section 9   Dealing with traditional and social media during a critical incident

Some events draw a great deal of media attention. Media interest can add to the complexity of the situation and it is therefore very important to be clear in dealings with traditional media early in the intervention.

Guidelines for the centre

Coordinators/managers should consult with their line management, before dealing with the media. Ideally, a media spokesperson has been identified previously in the centre’s critical incident plan.

Some centres may have access to a manager, trustee or Board of Management member with media training, and should use this resource. The State Examinations Commission will give information during exam times. The Press Office of the Department of Education and Skills will advise on major incidents associated with Youthreach centres.

The primary concern is to look after the centre community and to protect the privacy of the people most affected. Provision of interviews media material should not distract the centre from these tasks. However, the media can assist in dispelling rumour, providing information and giving the message to parents and young people that the centre is coping well with events. On the other hand, it can also add to general distress by sensationalising the story.

A press statement should be prepared. It should be brief and considered carefully. Information reported be accurate. Sweeping statements or generalisations should be avoided. The privacy of the persons/family concerned should be respected. The statement can be read or given to the media electronically or by phone.

Interviews may also be requested, especially if it is a high profile incident. If centre personnel do not wish to be interviewed they should request the media to respect this choice.

Centres may reduce pressure from the press by agreeing to give interviews at designated times and in a specific ‘press’ room. This will help to avoid having to deal with a constant stream of requests, a distraction from the centre’s role of supporting learners.

Preparation is very important. Statements should be written out but, ideally, not read to the camera. Some questions might be agreed in advance so that responses can be prepared and, if there is time, even rehearsed. Check for the content’s appropriateness and that the language used is factual, careful and sensitive. At a time of distress, it may be difficult to find the right words so it is generally better to err on the side of brevity and caution.

In general, parents should be advised not to allow their sons/daughters to be interviewed. Such interviews can lead to regret at a later stage or may increase distress for various parties.

Traditional media checklist

- Delegate the media spokesperson (as outlined in the CIP)
- The coordinator/manager should advise learners, parents and staff that only the nominated spokesperson will deal with the media
- Allow limited and controlled access to the media by providing a press room and by making statements at specified times only
- Prepare a media statement (see R6)
- Interviews should be short, factual and to the point.
Remember

The publication ‘Media guidelines for the portrayal of suicide’ (Irish Association of Suicidology & the Samaritans, 2006) offers a specific guide to reporting suicide in the media. The guidelines suggest that the media can help prevent copy-cat suicides by:

- not mentioning specific details of the suicide e.g. location and method used
- not using colourful phrases to romanticise it
- not citing causes of suicide and thereby indirectly suggesting suicide as an option.

Centres should adhere to these guidelines in any communication with the media.

Do’s and don’ts in dealing with the traditional media

- Do write a press statement (R6)
- Do contact relevant bodies (ETB, VEC, Solas personnel) for advice and guidance
- Do use careful and sensitive language
- Do keep it short
- Do regard everything as recorded and quotable (generally the media will)
- Do ask whether there will be the possibility of editing the interview
- Do ask in advance for an outline of the questions that you will be asked
- Do avoid sweeping statements and generalisations
- Do avoid being drawn into speculation.
- Don’t go into personal details of those involved
- Don’t provide photos of the deceased. This is the sole decision of the bereaved family
- Don’t read the statement to the camera
- Don’t engage in rambling discussions afterwards
- Don’t use “No Comment”
- Don’t respond to “quotes” from others
- Don’t answer questions you don’t know the answer to
- Don’t make ‘off-the-record’ comments.
Critical incidents and social media

The rate of technological change has meant that news can be transmitted to many instantaneously, more quickly than making a phone call. For example, a learner who witnesses an accident, a fight or a gang assembling can take and send a photo or video to friends and to the web on their smart phone while they stand and watch the event. As the axiom points out – a picture tells a thousand words. This action can have distressing, immediate and unpredictable consequences on all concerned, with a potential indelible reach far beyond that of traditional local or national media.

This is why Youthreach and Community Training Centres must take the immediacy of digital communication into account when devising their critical incident plans. This is also why cyber awareness and ‘think before you click’ is an important part of a centre’s preventative strategies in helping young people learn to cope responsibly with life events. The question of what should a learner do if confronted with a critical incident or life-threatening event outside the centre is therefore a vital part of their overall education.

Cases of sudden deaths, road traffic accidents or death by suicide, whether of learners or staff members, lead inevitably to distress, discussion, rumour and gossip. Online communications mirror and accentuate those happening in real life. RIP sites for deceased learners may occur almost immediately on social networks, augmented by Twitter feeds and comments posted through PCs, laptops, iPads and smart phones. Here, the importance of obtaining and disseminating accurate information about the event as quickly as possible by a centre’s critical incident team becomes crucial. Misinformation can cause extreme distress to involved family members and friends. This could call for a response action by the centre, such as sending a group text to all learners, staff and their families. As emphasised in these Guidelines, having such possible responses, discussed and agreed by staff, management and learners, in place before a critical incident occurs is vital.

Removing web content
This is difficult and time consuming. Ideally, whoever posts a comment, picture or video is the best person to remove it. However an original post can be copied by others, before it is removed, and sent further into cyberspace. This means that there are now several ‘authors’, all of whom have to delete the offending content. There is also a period of time before web content can be ‘taken down’. Furthermore the terms and conditions of most websites include ownership of all posted material once it is posted to their site. Search engines, such as Google, will remove content if it is a legal violation such as child pornography, disclosure of personal information such as bank account numbers, incitement to violence, etc. Otherwise, it is a question of contacting the website by email or phone, finding a person with the authority to remove content, and then persuading them to do so. Sometimes the only way of removing content is by using expensive legal redress.

Deactivating, deleting and memorialising a Facebook account
Facebook accounts can be suppressed so that they appear not to have a public presence. Deleting an account removes access permanently. In cases of death, verified family members may seek removal of a Facebook account.

Advice on social media after a Critical Incident

It is therefore recommended that

- Contact be made with the bereaved family as quickly as possible
- Informed factual information be disseminated to learners and staff (possibly by text message)
- Staff and learners be reminded of the centre’s ICT acceptable use policy
- Staff and learners be reminded of the permanence of online posts or images and the distress that these might cause to family and friends
- Learners be encouraged to attend their centre and engage face to face with each other, as well as online.
Section 10 Critical Incidents during certificate examinations

The examination period is a time when the staffing arrangements and the organisational arrangements in centres can be different to those during the rest of the year. If a critical incident happens at this time, complexity is increased because of the extra pressures that exist and the need to enable as many learners as possible to proceed with their exams.

Frequently Asked Questions during Exam Time

Q. Who needs to know about the incident?
A. If the public examinations are in progress contact the State Examinations Commission as soon as possible, so that they can alert the local Examination and Assessment Manager (EAM) responsible for the examination centre. Alternatively contact the EAM in the area directly.

Q. What steps should be taken if an incident occurs?
Identify those individuals who may need support or advice. These could include
- Relatives of the deceased
- Friends of the deceased
- Siblings
- Teaching and other staff
The main sources of help in the community should be identified and contacted.

Q. What is the coordinator/manager’s role?
A. The role remains that of supporting the centre staff and trainees. If possible, learners should be encouraged to complete their exams. If a learner needs to leave the exam hall due to distress, the coordinator/manager may be able to help them settle down and return, subject to the EAM’s permission. It is vital that they are accompanied at all times in order to preserve the integrity of the examination.

Q. Will account be taken of the situation in marking the papers?
A. The general principle is that marks can only be given for what is presented on the paper. The impression should never be given that adjustments can be made. This is necessary to preserve the integrity of the exams. Matters pertaining to marking etc. are a matter for the State Exams Commission (SEC). In critical incidents during the exams, the EAM assigned to the county for the period of the exams usually visits the exam centre. Queries regarding the exams should be referred to them.

Q. Can a re-sit be organised if learners don’t complete the exam?
A. No

Q. Can extra time be given to the learners?
A. If the EAM agrees to it, a learner who comes out during the exam and goes back in can be allowed the time lost to be made up at the end of the exam. The centre authorities must vouch that the candidate was accompanied by an appropriate person and accounted for at all times while absent from the exam. The learner can be encouraged to refocus and techniques may be given to help to reduce their anxiety and distress. However, no help may be given about the content of the paper. The integrity of the exam must never be breached.

Q. Can the supervisor/invigilator help the learner to settle down in the exam?
A. The supervisor can go down quietly to a learner who appears to be agitated or who is not writing – perhaps in a daze, and can help them to focus. They might, for example, suggest starting with Section A or B or encourage them to read the questions and decide which one with which to start. If the learner is not responding, the supervisor might suggest that the learner be given a separate centre. If someone is crying, it is important to get them out of the exam centre as this may disturb or upset other learners. It may be necessary to get a separate centre established.
Q. Can the coordinator/manager authorise the learner having extra time and/or sitting their examination in a separate centre?
A. No. It is only within the EAM’s remit to provide certain facilities for learners who are distressed.

Q. How should a centre respond to the media?
Contact with the media may be handled centrally by the State Examination Commission Press Officer, SEC, Athlone. Centre authorities should be told that this service is available.