

# **Responding to critical incidents in centres**

**Guidelines and resources for  
Youthreach Centres and  
Community Training Centres**

**NEPS**

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## Original foreword

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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

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## Acronyms

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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

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NEPS has developed these guidelines and resources materials to assist staff in Youthreach and Community Training Centres to manage critical incidents.

They aim to guide centres in

- Reducing the likelihood of critical incidents happening and increasing the ability of staff and learners to cope when they do
- Preparing for critical incidents by anticipating proactively how they can be managed
- Responding effectively when critical incidents happen using a range of interventions.

The guide is divided into eleven sections, which cover

1. Crisis reduction
2. Preparation and planning
3. Principles and priorities when managing a critical incident
4. Responding – immediate actions
5. Responding – medium-term actions
6. Responding – longer-term and follow-up actions
7. Responding to a suicide
8. Responding to a road traffic accident or violent death
9. Dealing with the media
10. Critical incidents during certificate exams
11. Resource materials, templates, handouts and answers to frequently asked questions

The resource materials in Section 11 are listed in the contents page and referenced throughout the guidelines wherever relevant.

## Section 1      Reducing the incidence of critical events

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A critical incident is any incident or sequence of events which overwhelms the normal coping mechanisms of the centre. It follows that the better the centre is able to cope with stressful and traumatic events the less 'critical' they are. While reduction in the likelihood of a critical incident happening and overwhelming the centre may be achieved by a combination of protection, prevention and preparedness, it is not possible to avoid adverse events completely and it is not possible to be prepared for every kind of occurrence.

### Protection

Protection means ensuring, as far as possible, that critical events won't happen because measures are in place to ensure the safety of learners and staff. Health and safety rules apply in centres in the same way as in other settings. Health and safety guidelines<sup>1</sup> and tools and templates<sup>2</sup> have been developed by the Department of Education and the Health and Safety Authority for post-primary schools, and centres are advised to refer to these.

### Promoting physical and psychological safety

As well as providing a physically safe and pleasant environment, there are other aspects of security that need to be considered. Just as important is psychological safety as learners need to have a sense of security if they are going to be able to learn effectively while they attend the programme. For example, are there threats from the community that need to be kept out? Can learners be confident that they won't be victimised by other learners or by staff members? Are there nooks and crannies where bullying can take place without it being observed? Can resources (such as outdoor spaces, games tables, comfortable chairs, warm corners) be hogged by a few or are they available to everyone on an equitable basis? Are the rules of the centre applied fairly? Do learners feel secure and welcome when they come into the centre in the morning? Are they accepted, regardless of their special educational needs, their family background, their sexuality, their ethnicity and the way they look? Will they be dealt with sympathetically if they are ill or distressed? Are all staff members confident about what to do if they become aware of, or suspect, breaches in child protection? Do staff members themselves feel safe and supported in their work?

Being able to recognise when they need help and having the knowledge and confidence to seek help are among the most important protective factors in keeping people safe.

### New technologies

Most young people are confident new technology users and all 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, with the aim that every student will "*value[s] the role and contribution of science and technology to society, and their personal, social and global importance*" and "*use[s] technology and digital media tools to learn, communicate, work and think collaboratively and creatively in a responsible and ethical manner*". (p.6).

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<sup>1</sup>[http://www.hsa.ie/eng/Publications\\_and\\_Forms/Publications/Education/Guidelines\\_on\\_Managing\\_Safety\\_and\\_Health\\_in\\_Post\\_Primary\\_Schools.pdf](http://www.hsa.ie/eng/Publications_and_Forms/Publications/Education/Guidelines_on_Managing_Safety_and_Health_in_Post_Primary_Schools.pdf)

<sup>2</sup> [http://www.hsa.ie/eng/Education/Managing\\_Safety\\_and\\_Health\\_in\\_Schools/Post-Primary\\_Guidelines\\_-\\_Part\\_2/](http://www.hsa.ie/eng/Education/Managing_Safety_and_Health_in_Schools/Post-Primary_Guidelines_-_Part_2/)



However, the new technologies can also pose a serious danger to learners' welfare and wellbeing and so the issue of internet safety requires particular attention. Young people can be unaware of the immediacy, the potential impact and the permanence of information, text and images posted online. Individuals who disclose personal information leave themselves open to identity theft or can become targets for confidence tricksters. Employers often check potential employees' online presence. '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 attract those with a poor body image or low self-esteem. Online sexual grooming of 13 to 17 year olds is also a threat.

Accordingly, the Technology in Education section of the Professional Development Service for Teachers (PDST) advocates that each education centre has an e-learning plan and acceptable internet and mobile phone use policies (AUP) that are realistic, agreed 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. Technology in Education is a useful source of information and advice ([webwise.ie](http://webwise.ie)), including in relation to the development of a centre AUP (<https://www.webwise.ie/aup-2/>).

## Prevention

Centres can help reduce the impact of adverse events by promoting emotional health and wellbeing and building resilience in learners so that they can cope with a range of life events. Positive mental health is at the heart of resilience. 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, 2001, 2004)*

*[T]he emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others' dignity and worth. (HEA, 1997).*

## Promotion of mental health

Promoting good mental health needs to be a key feature of the work of Youthreach and Community Training Centres because their primary targets are vulnerable young people. Most learners are young, still in their teens, and have had unhappy experiences of school. 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 formal and informal methodologies and a range of learning contexts. Providers tend to place a strong emphasis on personal and social development, which encompasses problem-solving, help-seeking, risk-avoidance, wellbeing and resilience. The curriculum includes the recognition and addressing of learner difficulties, the development of their personal and social competencies and the promotion of resilience and good mental health.

The quality framework used in Youthreach Centres 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; a broad and integrated programme of social, personal and health education; and a pastoral care system that picks up and responds when individuals need support.

### Supportive centre culture and ethos

The centre's culture or ethos is an important feature of the Youthreach programme. Many difficulties get addressed through problem-solving discussions and by dealing with emotional and social issues as they arise incidentally, e.g. during 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 they work with.

### Individual support for learners

As help-seeking is a critically important protective factor, learners need to have easy access to support when they need it. In many centres one-to-one care is provided through key working, mentoring and/or counselling. The principal function of key working is to ensure learner engagement and programme relevance, but it also creates an opportunity for learners to talk about any negative experiences or difficulties they might have. In mentoring, learners are invited to evaluate their personal situations and are supported to take action to improve them. Centres have access to guidance, counselling or psychological services (G,C&PS) through a special fund for this purpose and this can be used as a means of providing therapeutic support to learners. When a learner's difficulties are beyond the capacity of the centre to address, staff are advised to engage with outside agencies that can provide specialist services to young people and to actively collaborate with them.

### Teaching coping skills through the curriculum

The main curricular elements of the Youthreach and CTC programmes include general education, vocational training, emotional and social development, work experience and a variety of complementary experiences that build confidence and broaden horizons. The precise configuration of the programme is usually decided locally. As far as possible the curriculum should be informed by the learners' needs rather than the competencies and preferences of providers. Staff innovation and creativity are important resources when it comes to devising activities and projects which can promote the acquisition of vocational skills and academic attainment, provide collaborative learning experiences, build confidence and motivation and make good use of the physical and social environment in which the centre operates.

Personal, social and health education is a curricular approach to the teaching of life skills. Addressing SPHE formally contributes to the creation of a healthy, nurturing and safe environment as well the learning of basic soft skills and personal areas of self-care and health. SPHE should be 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 develop the values, attitudes and life skills needed for healthy lives in the wider community. Examples of SPHE topics are the following, taken from the Junior Cycle SPHE curriculum are belonging and integrating; self-management; communication skills; physical health; friendships; relationships and sexuality; emotional health, influences and decisions;

substance use; and personal safety. SPHE is also taught through the personal effectiveness modules of the QQI.

#### Summary of key strategies for reducing the incident of critical events

- The creation of a physically safe environment. The centre complies fully with health and safety legislation (e.g. written evacuation plan, regular fire-drills, regular checks on fire exits and extinguishers, etc) and the importance of physical safety is recognised by learners and staff.
- A supportive centre culture and the creation of a psychologically safe environment. Attention is paid to the development of good relationships within the centre and systems are in place to promote mental health and wellbeing, including good SPHE provision, effective pastoral care systems, procedures for identifying vulnerable or distressed learners and the use of centre resources such as key working, mentoring, guidance and counselling to respond to the needs of 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 inclusion of internet safety awareness. Staff in the centre are aware of the threats posed by new technologies and social media and the centre has developed an Acceptable Use Policy in consultation with the learners.
- The familiarity of staff with the Child Protection Guidelines and Procedures. Staff are confident in knowing how to deal with suspicions or disclosures.
- The integration of SPHE subjects into the core work of the centre in formal and informal ways. These subjects can address issues such as physical wellbeing and fitness; sexual health; communication skills; problem-solving; stress and anger management; grief and loss; resilience; conflict management; help-seeking; bullying; decision making; and use and misuse of alcohol and other drugs. There may be scope for external agencies to support the delivery of SPHE.
- The creation of systems and procedures for identifying and responding to learners in distress or at risk. Staff are sensitive to the learners and observe when they are struggling. A pastoral care system is in place to plan support interventions.
- The addressing of mental health issues. Vulnerable or distressed learners are offered mentoring or counselling support in the centre and/or referred to relevant services outside the centre. Staff have established links with external services and work collaboratively with them where possible and appropriate. External agencies may also have a role in contributing to the centre's care plan.

## Section 2      Preparation and planning

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This section looks at how a centre can prepare itself in advance for a critical incident, thereby increasing its ability to manage an event in an effective manner.

### Creation of a critical incident plan (CIP)

Every centre can expect at some time or other to experience a traumatic situation, such as the death by illness of a learner or instructor, a car accident, a violent death or a suicide. The first three weeks following an event can be a challenging time for the centre community and call on all its resources.

The key to managing a critical incident is planning. Centres that have developed a critical incident plan (CIP) find that they cope more effectively during and after an incident. Having a plan enables staff to react quickly and to maintain a sense of control. It may ensure also an earlier return to normality and a reduced impact on learners and staff.

Research suggests that the way the response is handled during the first 48 hours is particularly important. For this reason, it is vital that all centres have a critical incident plan in place. A template for this is provided in **R1** in Section 11. Centres should use these to help them develop a policy and plan that fit with their 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. Identifying key roles in advance of an incident will clarify who will do what, when and how. A good plan 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 relationship with the learners and their familiarity with centre structures and processes. The learner support practitioner (counsellor, psychotherapist or psychologist) will have a particularly valuable contribution to make because of their professional training and expertise.

The following points may help in ensuring that an effective team is established:

- The team needs to contain core staff – the coordinator or manager should be on it, along with some senior staff members and, ideally, learner support practitioner/s
- Members should be suited to the role and should have an interest in this type of work, along with 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 needs to 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 **R1**.

## Preparation tasks

Certain administrative tasks need to be prepared in advance, and updated regularly, so that communication is speedy and effective during and immediately after a critical incident. The coordinator/manager or, under management guidance, a centre administrator or secretary could carry out these tasks. Forward planning is important because when a critical incident occurs normal centre business needs to be maintained while dealing simultaneously with specific tasks relating to the incident.

### 1. Maintain up to date contact telephone numbers

Mobile numbers and contact details should be gathered for all:

- Learners
- Parents/guardians
- Staff members
- Emergency organisations (see **R2**)
- Local support services (include name of agency or individual, nature of their service, contact details and website)

Decide 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.

### 2. Prepare 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.

### 3. Emergency packs

Assemble key documents for CIT members. These should be readily accessible in emergency situations and include emergency contact lists, checklists, layout of centre buildings, etc.

### 4. Compile emergency information for centre trips

Such information should include:

- A list of all learners and staff members participating
- Their mobile phone numbers
- Up to date information on learners with medical conditions.

## 5. Decide on administrative arrangements to apply in the case of an incident

Administrative tasks include the following:

- Identify a telephone or mobile number that can be dedicated for important outgoing and incoming calls
- Choose rooms, or areas which could be used for various purposes such as for individual and group support sessions, for meeting parents, to provide a quiet space or waiting room, etc.
- Designate a point where a log of events and telephone calls made and received will be kept
- Agree arrangements that will facilitate as far as possible the maintenance of normal centre business.

## Communication of the CIP

All staff should be involved as much as possible in the development of the critical incident plan (CIP) as this will increase their awareness of it and will act as a psychological preparation for its implementation. It is recommended that learners and parents also be informed and consulted about the CIP. Parents from different ethnic and religious backgrounds may need to be specifically consulted about relevant rituals and beliefs that might apply in the case of a death or similar serious incident (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 CIP
- 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 contents of the CIP
- A plan of the centre building layout should be displayed in key places, with exits highlighted (as is required under Health and Safety regulations)
- Parents and learners should be aware that there is a plan in place and know about its key elements.

### Checklist of preparation and planning tasks

- Has serious consideration been given to your centre's approach to reduction, by protection and prevention?
- Has your centre given consideration to what might constitute a critical incident and identified possible examples?
- Has a CIT been established, with roles and tasks clearly outlined?
- Has each of the team compiled their emergency pack (photocopies of relevant handouts)
- Has contact been made with external support 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 learner, parent/guardian and staff phone contact lists up-to-date?
- Have all the staff been consulted about the plan/policy?
- Have new staff members 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 CIP?
- Who has copies of the CIP?
- Where will copies of the CIP be kept?

## Section 3      General principles and priorities when managing a critical incident

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### Key considerations when dealing with a critical incident

There are some principles underpinning the advice given in these guidelines. It is desirable for the staff team understand these as it will help them to make good decisions in the immediate context of a critical incident.

#### Roles

Learners need to be with people they know and trust. It is therefore better that members of the centre staff team provide them with support. External professionals should be primarily used to advise and support staff.

#### 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 first hours, days and weeks mostly by seeing how others cope with the event in the context of the normal routine.

#### It is ok for staff to be upset

This is an upsetting time for staff as well as learners. It can be quite reassuring for 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 be 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 everyone. It is important to ensure that the information learners and their families have is accurate. They may need to be warned against believing and spreading rumours that may turn out to be untrue.

#### 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 classes covered. They may simply need help about they will say and how to deal with their groups.



## 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. It is a good idea for the staff team to meet for a while at the end of the day for the first few days. 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 practices and beliefs particular to that religion. The centre might ask parents' advice on these matters.

## Contact with affected family / families

It is important that the centre makes early contact with the affected family/ies. It is recommended that the coordinator/manager and the family liaison member of the CIT visit their home within 24 hours if possible. This will ensure that the centre has up to date information and is aware of the feelings and wishes of the family/ies. In the case of learners who are injured, a visit to the home or hospital may also be appropriate.

## Keeping learners safe

Keeping the other learners in the centre safe needs to be a key priority following a critical incident. Many 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 them to hear others talking about how they are feeling as this helps to normalise their own reactions. If a learner, or group of learners, are very 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 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.

### 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 **R3**). 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.

It might be helpful to give clear information 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.

## Section 4      Responding to a critical incident: Immediate actions

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This section of the guidelines outlines immediate and short term actions which need to be considered in the first day or two after the critical incident has occurred. Medium term and follow-up actions are addressed in Sections 5 and 6.

### Initial assessment of the incident

It is useful to first clarify the kind of response that will be needed from the centre staff team and outside agencies. Below is a classification of response levels. This classification does not diminish the seriousness of any particular event but may help a centre 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 the centre not resulting in serious injury; serious damage to centre property; violence in the centre without any serious harm to learners or staff
- Response Level 2 : the sudden death of a learner or staff member; violence directed towards the centre from outside
- 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; a suicide.

#### 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 learner support (G,C&PS) 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 and 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 should the coordinator/manager take?

- For an incident requiring a Level 1 response it may be sufficient to talk to the staff. Locate these guidelines, a copy of which is available online under Resource on the [www.youthreach.ie/webwheel](http://www.youthreach.ie/webwheel) website.
- With an incident requiring a Level 2 or Level 3 response, consult the centre's CIT.

- Exchange mobile numbers with any relevant outside personnel so that 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. See also **R10** and **R11**.

## Key actions

- 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 publication *Responding to critical incidents in centres*
- Contact relevant agencies (see centre's Emergency Contact List: **R2**) – for example:
  - Emergency services
  - Medical services
  - Appropriate Board of Management / Education and Training Board (ETB) / SOLAS
  - Centre's guidance, counselling or psychological services (G,C&PS) 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/or key staff. A meeting should be held as quickly as possible. Depending on the time of the incident, it is advisable to arrange an evening or early morning meeting before the centre opens so that the team is well prepared and familiar with the plan for the day ahead.

## Matters for discussion at the meeting of the Critical Incident Team (CIT) and/or key staff

- Share full details of the event and 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
- 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 **R4** 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 **R5**)

- 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. Class groups are often best, rather than large groups (see **R4**)
- Agree the text of a letter, email or text to be sent to parents/guardians (see **R6** and **R7**)
- Discuss how to deal with the media. Prepare a media statement if appropriate (see **R8** 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 other staff members. 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, if required.
- 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 Section 11 of these guidelines. 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 might also be beneficial for staff.
- Discuss whether there is any need for learners to be seen by an external medical or other support agency. The issue of consent may arise for such learners and need to be arranged. Where a learner needs to 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 coordinator/manager.
- A record should be kept of all learners seen by centre staff and agencies external to the centres. 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 upcoming scheduled events such as sports fixtures.

### Meeting with full staff group

This meeting's purpose is to relay facts to staff and plan the day's schedule. Generally, the coordinator/manager will lead this meeting. It is crucial that all staff members have accurate facts and are kept updated. It is also vital that staff understand for themselves, as well as 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 the 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.")*

### Contact with affected family / families

- Arrange a home visit by two staff representatives within 24 hours, if appropriate
- Plan visits to those who are injured – identify key person(s) to visit home/hospital
- Liaise with the family regarding funeral arrangements and memorial services
- 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.

### Useful literature for staff to have

Give out handouts to staff that they, or learners, may find useful. Some are available in the Resource Materials for Centres in Section 11. Select from these after talking through their content and taking questions:

- |            |   |
|------------|---|
| <b>R4</b>  | A session following news of a critical incident   |
| <b>R3</b>  | Children's understanding and reaction to death  |
| <b>R9</b>  | Stages of grief   |
| <b>R12</b> | How to cope when something terrible happens   |
| <b>R13</b> | Normal reactions to a critical incident   |
| <b>R14</b> | 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. |
| <b>R15</b> | Frequently Asked Questions for staff members.   |
| <b>R22</b> | American Red Cross guide  |

## End of first day session with staff

The 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.

### Summary checklist for coordinators/managers: First day/s

- Gather the facts – what has happened, when, how, where, and who is injured or dead
- Consult your CIP and *Responding to critical incidents in centres*
- Does the incident require a Level 1, 2 or 3 response?
- Who needs to be contacted? (**R2**)
- 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 **R8**)
- Prepare for a media interview if appropriate (See Section 9)
- Draft a letter to parents (See **R6** and **R7**)
- 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.

The first day following an incident can be quite calm because people may 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 CIT meet daily until the centre returns to normal functioning.

## Section 5      Responding to a critical incident: Medium-term actions

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Depending on the nature of the crisis, the need for a managed response may be short-term or extend over a relatively long time, in which case the advice in the previous section may need to continue to be followed for several days. This section describes possible actions for the first week or so after the incident.

### Maintenance of communication in the centre and with parents

It is important that everyone in the centre be kept informed of what is happening and included in the centre's response.

#### Meeting of the CIT

The coordinator/manager normally conducts the meeting.

Suggested agenda:

- Review actions to date
- Decide on any 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, liaison with external agencies, 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/week and updates staff on any information from the family, on funeral arrangements, etc
- Give an opportunity for questions
- It may be helpful to have members of external services attend these meeting to give advice and reassurance and to answer questions.

#### Sample script for the coordinator/manager

*The last few days have been very difficult for yourselves, as well as for many of the learners. We have been shocked at what happened but you did really well in keeping the routine going as much as possible despite everything. Up to now there may have been a sense of numbness in the centre. Over the next while 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.*

### Care for learners

- Potentially vulnerable learners should continue to be monitored
- Staff should link with parents when they are concerned about learners
- Learners should be encouraged to support each other, both inside and outside the centre
- Learners should be aware of any arrangements or plans that affect the routine in the centre
- As far as possible the centre should remain open and follow the normal timetable routine as this gives structure to the learners and provides a safe place for them to be in
- Parents/guardians should be kept apprised of decisions.

### Funeral arrangements and role of centre

The following is suggested:

- Ensure the centre is aware of the bereaved family's wishes regarding involvement (or otherwise) at the funeral
- Be mindful of potential neighbourhood tensions in complex cases
- Gain centre's line management and ETB 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.

### Supporting the community

With a major critical incident, such as a traffic accident involving a number of young people or a spate of suicides, the whole community may be in deep distress. Parents may not know how to deal with what has happened themselves, and feel unable or inadequate when it comes to supporting their children. In such a situation – which may well affect local schools as well as the centre – it will be important to provide support to families at a community level. The centre could take a lead in liaising with local institutions so as to develop a community response.

### Drop-in centres

In such a situation, external services may be willing to establish a drop-in centre on one or two evenings. This can be very helpful if parents and young people in the community are especially distressed or in need of more support than can be offered by the centre. It 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. Learners 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 can 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 a range of agencies facilitates follow-up by the most appropriate one. Support offered in this way can provide reassurance and information about normal reactions to trauma. If there are serious concerns or people 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 6      Responding to a critical incident: Follow-up and long-term actions

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

### Referring a learner on to a support service

Following a critical incident it can be expected that a number of the learners will exhibit distress, especially close friends and relatives of those who were injured or died. Within approximately six weeks most learners will have returned to normal functioning. However, if any 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 and Child and Adolescent Mental Health Services (CAMHS) – or Adult Mental Health Services (AMHS) in the case of learners over 18 years – are usually organised through a GP. If the situation is urgent, however, the referral can be made through a hospital Emergency department.

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 already discussed with the relevant support services for onward referral should now come into play.

### Key tasks

- Meet staff to review the list of affected 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 actions

- Prepare for the return of bereaved learner (**R16**).
- 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?
- Consider what else the centre might do to reduce the likelihood of future critical incidents and to promote learners' ability to cope with adverse events.

## Section 7      Responding to a suicide/suspected suicide

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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 (WHO, 2013).

### Note on use of the term 'suicide'

NEPS recommends that centres use the term 'suicide' with great caution. The word 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, therefore they should be contacted about the exact facts and how they wish the 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 some, especially those who are already vulnerable, it may raise awareness of suicide as an option. For some, it may not have much impact.

### Suicide prevention – what centres can do

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

Programmes focused 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 the centre staff team are more appropriate. NEPS' preferred approach is to encourage centre policies and programmes that promote mental health and wellbeing; implement pastoral 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 an interagency level to support the promotion of mental health generally and to facilitate access to services that are 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 strongly advised.

According to meta studies of successful educational approaches to the promotion of social and emotional wellbeing and mental health (e.g. Barry & Jenkins, 2007; CASEL, 2015; Green et al, 2012; Lister-Sharp et al, 1999; Wells et al, 2003), the chief characteristics of effective programmes are ones that:

- promote *mental health* rather than the prevention of mental health *problems*
- are implemented continuously and long-term in nature i.e. more than one year
- include a focus on changing the climate in the centre rather than simply delivering brief session-based prevention programmes
- extend beyond the training rooms and provide opportunities for applying the learned skills
- adopt a health-promoting approach focusing on the centre's social and physical environment, its family and community links, its curriculum and pupils' knowledge
- focus on enhancing generic social competences – e.g. coping skills, good peer relationships, self-efficacy
- involve interactive teaching methodologies - active learning, activity-based, learner participation.

NEPS supports this approach, and encourages centres to develop measures which promote positive mental health generally, as well as intervening in specific ways when learners appear to be distressed, for example by:

- Implementing centre-based primary prevention programmes for all learners, including mental health programmes, within the context of the centre's SPHE or Personal Effectiveness provision. The focus should be on building resilience and coping skills; problem-solving; decision-making and help-seeking skills. Refer to *Wellbeing in centres: Guidelines for Mental Health Promotion and Suicide Prevention* (forthcoming) and to *Mental health matters: A mental health resource pack*, issued by Mental Health Ireland;
- Develop care structures and systems to recognise and respond when young people experiencing emotional distress;
- Build awareness amongst centre staff and parents of the difficulties faced by some young people who have multiple problems of personal adjustment and life stress, including the signs and symptoms of distress, anxiety, depression and substance misuse and to recognise suicidal behaviour. This may be done in liaison with other agencies
- Implement targeted interventions for learners who need help to overcome difficulties and manage their distress. Include programmes and interventions that reduce risk taking behaviours;
- Increase staff awareness of suicide and how to intervene with suicidal learners. Build 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 and SafeTALK training. (See **R23** for contact details);
- Develop referral mechanisms for distressed or at risk learners to the local health services;
- Create 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);
- Build community links with organisations, bodies and structures that can offer a positive context and supportive network for learners outside the centre (e.g. youth services, sporting organisations, community actions, arts initiatives).

### 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 G,C&PS practitioners and other key staff in suicide awareness and intervention skills
- Referral procedures and linking mechanisms with agencies and services
- Community 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 R5)

- Unexpected reduction in academic performance
- Change in mood and marked emotional instability, either more withdrawn, with less energy or more boisterous, talkative and 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
- A 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.

## Procedure when a concern arises

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

- Concern is reported to the designated staff member or the GP&PS practitioner serving the centre
- A meeting takes place with the reporting staff member or learner
- A meeting takes place with the learner (see **R17**, **R5** and **R18**)
- 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 GP&PS and/or to the local Child and Adolescent Mental Health Service (CAMHS) or Adult Mental Health Service (AMHS) for advice
- Coordinator/manager informs parents or guardians as a matter of urgency
- Coordinator/manager and/or parents may decide to seek a consultation with their local CAMHS or AMHS through the family GP or, if urgent, through A&E
- A management plan, appropriate to the risk level, is established with the CAMHS or AMHS.

## Actions and issues following a suicide / 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 or 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 **R13**)
- 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 them handout **R14** Grief after suicide.



## Talking about the suicide

Talking about the death helps people to make sense of what has happened. People can cope with the truth. Although suicide should never be represented as a valid option there should be no criticism of the person who has died. Separate the person from the behaviour. 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 because feeling low is usually a temporary thing, whereas suicide is permanent. With suicide, the intention may have been to change life circumstances rather than to end life. Encourage learners to seek help if they need it. A NOSP (2016) booklet *You're not alone* provides guidelines on managing the immediate aftermath of a death by suicide, both from an emotional and a practical point of view. In addition a publication entitled *Suicide prevention in the community – A practical guide* (HSE, 2012) provides comprehensive information on dealing with suicide. Both publications are available on [www.nosp.ie](http://www.nosp.ie).

### Note on the care of learners following a suicide

Following the funeral of a learner who died by suicide learners and parents could be encouraged to come to the centre for tea or coffee if there is no other gathering arranged. This can be a very vulnerable time for learners. The consumption of alcohol for vulnerable learners is not advisable and coming back to the centre may help reduce drinking. Parents might also be advised to be particularly alert to their children's whereabouts over the following days. They might encourage them to gather in each other's homes, rather than in the pub or street.

## Suicide contagion

Significant care is needed in considering the response to a suicide in a centre and each circumstance will be unique. For suicide postvention (an intervention conducted after a suicide) to be effective, learners must be aware that emotional support is available and encouraged to take advantage of such assistance. Centre personnel need to be aware in the weeks and months following a suicide that there is a heightened risk for all learners and in particular vulnerable learners – see **R16**, **R19** and **R17** for guidance. The attendance patterns of learners should be monitored at this time, and any absences followed up with parents.

Suicide contagion or copycat suicides occur when suicidal behaviour is imitated. Guilt, identification and modelling are thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides. Suicide clusters emerge when a number of apparent suicides, which may appear unrelated, occur in a particular area over a period of time. Suicide clusters have been known to occur in schools and centres in Ireland, as across the world.

Underestimating the impact of a suicide can result in failure to provide needed coping assistance. Conversely, overestimating the impact, and providing unnecessary postvention, may serve to sensationalise the death. It may also be that an over-focus on suicide creates a perception of suicide as a problem solving strategy.

There is insufficient evidence to suggest that universal (non-targeted) suicide prevention programmes work with high-risk groups. For more information on this see [www.nosp.ie](http://www.nosp.ie).

### Remember

With suicide, the intention may have been to change life circumstances rather than end life. Help is available if a person can take the step of reaching out for it. Encourage learners to seek help if they need it.

## Section 8     Responding to a road traffic accident or violent death

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### Road traffic accidents

#### Co-ordination with other agencies

If there is a major accident involving casualties from outside the centre as well as learners and/or staff members, some coordination with other centres, schools or organisations could be necessary. This may require attendance at meetings outside 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 else to go to such off-site meetings.

#### Communication

When there are casualties from outside the centre as well as learners, additional communications systems may need to be established to co-ordinate actions. Co-ordination of funeral arrangements, attendance, and the logistics of transporting learners to and from funeral services may be 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 caused. 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 will be 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, which 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 be 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 learners may worry that they could have prevented what happened and will need reassurance. It is important to give *the facts* in an appropriate manner. There is no need to 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 Garda investigation, a trial, an inquest etc. This can prolong the trauma. It is particularly important that one critical incident team member act as Garda liaison.
- It is the responsibility of parents to decide whether their son/daughter may be interviewed by Gardaí. Parental consent is necessary before Garda interviews with learners under 18 years 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 it would be for other learner deaths. The centre should avoid glamorising the death.

## Witnessing an event

There may be some learners/staff who were involved in an incident but were uninjured, or who witnessed an accident or violent event. Reactions to this may be immediate or happen some time after the event. Flashbacks and intrusive thoughts about what happened, heightened body arousal causing the person to be jumpy and anxious, and a range of feelings from numbness to hysteria can occur. All of these are normal reactions to trauma. It may help learners to talk about the events with the GC&PS practitioner or HSE personnel. Such a talk might 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 the paragraph 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 **R4**).

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. 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 be included. 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 family and friends, 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. 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 or in the evening – whatever is the most convenient time for parents. It may be useful to ask other local support agencies, such as the HSE or Samaritans, to be involved so that parents are informed about available services, how they work, and how to access support for their young people if they need it.

#### 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 by 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.

## Section 9      Dealing with traditional and social media during a critical incident

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

### Guidelines in relation to the traditional media

Coordinators/managers should consult with their line management in the ETB 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 can use this resource. The Press Office of the Department of Education and Skills can also advise on major incidents involving centres.

The primary concern is to look after the centre community and to protect the privacy of the people most affected. Provision of interviews or material for the media 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 and all information reported factual and 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 ask 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 and distracting from the centre's primary 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 **R8**)
- 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 also 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 (**R8**)
- Do contact relevant bodies (ETB, Department, SOLAS) 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 the phrase "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. This action can have distressing, immediate and

unpredictable consequences for all concerned, with a potential indelible reach far beyond that of traditional local or national media.

This is why centres need to 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 family members and friends. The centre can counteract this by quickly sending a group text to all learners and staff. Having the capacity to intervene in this way is something that needs to be set up in advance, before a critical incident happens.

### Removing web content and deactivating accounts

Removing web content is difficult and time consuming. Generally, 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 there 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.

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 deactivation of a Facebook account.

#### Key advice on social media use after a critical incident

- Make contact with the bereaved family as quickly as possible
- Disseminate informed factual information to learners and staff (possibly by text message)
- Remind staff and learners of the centre’s ICT acceptable use policy
- Remind staff and learners of the permanence of their online posts and images and the distress that these might cause to family and friends
- Encourage learners to attend the centre and to engage face to face with each other, as well as online.

## Section 10 Critical Incidents during certificate examinations (Junior Cert and Leaving Cert / Applied)

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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. The following answers refer primarily to State exams, i.e. the Junior Cert and Leaving Cert / Applied.

### Frequently Asked Questions during exam time

Q. Who needs to know about the incident?

A. If Junior or Leaving Cert examinations are in progress contact the State Examinations Commission (SEC) 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?

A. 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. When there is a critical incident the EAM assigned to the county for the period of the exams will usually visit 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.

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?

A. Contact with the media may be handled centrally by the SEC Press Officer in the State Examination Commission in Athlone. Centre authorities should be told that this service is available.

## Section 11 Resource materials

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S for staff team

L for learners

P for parents

## R1: Framework for a critical incident policy and plan

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### Resource for centre staff team

The key to managing a critical incident is planning. Centres are strongly advised to develop a policy about responding to critical incidents and a plan detailing who will do what in the event of a tragedy. This template is designed as an aid to centres in developing their critical incident policy. Each centre will need to look at its own particular context and circumstances and draw up its own unique policy and plan.

### CRITICAL INCIDENT POLICY

#### Initiate and establish structures

Establish a critical incident team (CIT) which will take responsibility for putting a critical incident policy and plan in place (CIP)

*Name of centre* aims to protect the well-being of its young people and staff by providing a safe and nurturing environment at all times. *(Possibly include here a reference to the centre's mission statement)*. The Education and Training Board and/or Board of Management, through *(name of the Coordinator/Manager, Education or Adult Education Officer)* has drawn up a critical incident management plan as one element of the centre's policy and practice.

The staff and management of *(name of centre)* have a number of policies and procedures to ensure the physical and psychological safety of both staff and learners, and the creation of a supportive and caring ethos in the centre, in ordinary times and in times of crisis. They have established a critical incident team (CIT) to implement the plan in case of tragic incidents.

#### Define what you mean by the term 'critical incident'

The staff and management of *name of centre* recognise a critical incident to be an incident or sequence of events that overwhelms the normal coping mechanism of the centre. Critical incidents may involve one or more learners or staff members, or members of our local community. Types of incidents might include (make your own list, but some suggestions follow):

- *The death of a member of the centre community through, accident, violence, suicide or suspected suicide or other unexpected death*
- *An intrusion into the centre*
- *An accident involving members of the centre community*
- *An accident/tragedy in the wider centre community*
- *Serious damage to the centre building through fire, flood, vandalism, etc*
- *The disappearance of a member of the centre community*

#### Aim

The aim of the CIP is to help centre management and staff to react quickly and effectively in the event of an incident, to maintain a sense of control and ensure that appropriate support is offered to their learners and staff. Having a good plan should also limit the effects on the young people and staff and enable the centre to return to normality as soon as possible.

### **Creation of a coping supportive and caring ethos in the centre**

We have put systems in place to help to build resilience in both staff and our learners, thus preparing them to cope with a range of life events. These include measures to address both the physical and psychological safety of the centre community.

#### **Physical safety:**

Include some specific examples of what the centre is doing at this point. You might also refer to your Health & Safety policy

- Evacuation plan formulated
- Regular fire drills occur
- Fire exits and extinguishers are regularly checked
- Pre-opening supervision in the centre premises (possibly include details)
- Front gate locked during centre hours
- Centre doors locked during the working day
- Rules during lunch and tea breaks – include details

#### **Psychological safety**

The management and staff of (*name of centre*) aim to use available programmes and resources to address the personal and social development of their learners, to enhance a sense of safety and security in the centre and to provide opportunities for reflection and discussion.

#### **Include specific examples as appropriate. Some suggestions follow:**

- Social, personal and health education (SPHE) is integrated into the work of the centre. It is addressed in the curriculum by addressing issues such as grief and loss; communication skills; stress and anger management; resilience; conflict management; problem solving; help-seeking; bullying; decision-making and alcohol and drug misuse. Promotion of mental health is included in this provision.
- Staff can have access to training for their role through SPHE training.
- Staff are familiar with the Child Protection Guidelines and Procedures and details of how to proceed with suspicions or disclosures.
- Books and resources on difficulties affecting the centre's learners are available.
- Information is provided on mental health in general and such specific areas as signs and symptoms of depression and anxiety.
- Staff are informed about suicide awareness and interventions for suicidal young people.
- The centre has links with a range of external agencies – list these agencies.
- Inputs to learners by external providers are considered carefully according to criteria about young people's safety, the appropriateness of the content and the expertise of the providers. (See Section 7 of *Responding to Critical Incidents: Guidelines for Centres*)
- The centre has a clear policy on bullying and deals with bullying in accordance with this policy.
- There is a care system in place in the centre.
- Young people who are identified as being at risk are referred to the designated staff member (e.g. counsellor, mentor or support staff member), concerns are explored and the appropriate level of assistance and support is provided. Parents are informed, and where appropriate, a referral is made to an appropriate agency.
- Staff members are informed about how to access support for themselves.

#### **Critical Incident Team (CIT)**

A CIT has been established in line with best practice. The team members were selected on a voluntary basis and will retain their roles for at least one year. The members of the team will meet annually to

review and update the policy and plan. Other staff should have a critical incident plan folder containing the centre's policy, plan, and materials particular to their role, to be used in the event of an incident.

### **Preparation of draft plan – Roles**

Centres need to make arrangements for assigning roles, taking account of such practical issues as centre size and the number of staff available. Most centres will do some doubling up of roles. Centres might consider including one or more members of the BOM/ETB Officers on the team as well as members of the centre's care team, if such exists.

The key roles which need to be covered are as follows:

- Team Leader
- Garda liaison
- Staff liaison.
- Young people liaison
- Parent liaison
- Community liaison
- Media liaison
- Administrator

The following outlines some points on the key responsibilities of each role. A note on helpful qualities for each role can be found in the text box. However, each centre will have to adapt these details to their own circumstances and needs.

#### **Team leader**

- Alerts the team members to the crisis and convenes a meeting
- Coordinates the tasks of the team
- Liaises with the Board of Management; ETB; SEC; NEPS
- Liaises with the bereaved family

A person who carries authority and can make decisions during a crisis (e.g., centre closure, attendance at memorial services, etc.

You need to consider what to do in the absence of the team leader.

#### **Gárda liaison**

(This may be seen as part of the team leader's role)

- Liaises with the Gardaí
- Ensures that information about deaths is checked out before being shared

#### **Staff liaison**

- Leads briefing meetings for staff on the facts as known, gives staff members an opportunity to express their feelings and ask questions, outlines the routine for the day
- Advises staff on the procedures for identification of vulnerable learners
- Provides materials for staff (from their critical incident folder)
- Keeps staff updated as day progresses
- Is alert to vulnerable staff members and talks to them individually. Advises them of availability of supports and gives them relevant contact numbers.

A staff member known and trusted by the staff.

### **Learner liaison**

- Co-ordinates information from staff about learners they are concerned about
- Alerts other staff to vulnerable learners (appropriately)
- Provides materials for learners (from their critical incident folder)
- Keeps records of learners seen by external agency staff
- Looks after setting up and supervision of 'quiet' room where agreed

A trusted and familiar figure to the young people.  
A bigger centre may need a number of such people.

### **Community/agency liaison**

- Maintains up to date lists of contact numbers of
  - Key parents, e.g. those associated closely with the centre
  - Emergency support services and other external contacts and resources
- Liaises with agencies in the community for support and onward referral
- Is alert to need to check credentials of individuals offering support
- Coordinates the involvement of these agencies
- Reminds outside agency staff to wear name badges
- Updates team members on the involvement of external agencies

Someone with good contacts with agencies and relevant individuals in the community.

### **Parent liaison**

- Visits the bereaved family with the team leader
- Arranges parent meetings, if held
- May facilitate such meetings, and manage 'questions and answers'
- Manages the 'consent' issues in accordance with agreed centre policy
- Ensures that sample letters are typed up on the centre's system that are ready for adaptation
- Sets up room for meetings with parents
- Maintains a record of parents seen
- Meets with individual parents
- Provides appropriate materials for parents (from their critical incident folder)

Someone known to parents. This person should be comfortable speaking before a large group and have skills to manage emotional reactions of individual or groups of parents.

### **Media liaison**

- In advance of an incident, will consider issues that may arise and how they might be responded to (e.g. young people being interviewed, photographers on the premises, etc)
- In the event of an incident, will liaise where necessary with the ETB, regional organisers, relevant staff unions, etc.
- Will draw up press statement, give media briefings and interviews (as agreed by the critical incident team)

Someone with good interpersonal skills who would be comfortable talking to the media by phone or in person.  
A person who is able to set limits without being offensive.

### **Administrator**

- Maintenance of up to date telephone numbers of
  - ❑ Parents or guardians
  - ❑ Instructors
  - ❑ Emergency support services
- Takes telephone calls and notes those that require response
- Ensures that templates are on the centre's system in advance and ready for adaptation
- Prepares and sends out letters, emails and faxes
- Photocopies materials needed
- Maintains records

If the centre has clerical support this person can act as the administrator.

### **Record Keeping**

In the event of an incident each team member will keep records of phone calls made and received, letters sent and received, meetings held, persons met, interventions used, material used etc. If the centre has clerical support that person will have a key role in receiving and logging telephone calls, sending letters, photocopying materials, etc.

### **Confidentiality and good name considerations**

The management and staff of (*name of centre*) have a responsibility to protect the privacy and good name of the people involved in any incident. They will be sensitive to the consequences of any public statements. Centre staff will bear this in mind, and will seek to ensure that learners do so also. For instance, the term 'suicide' will not be used unless there is solid information that death was due to suicide, *and* that the family involved consent to its use. The phrases 'tragic death' or 'sudden death' may be used instead. Similarly, the word 'murder' should not be used until it is established legally that a murder was committed. The term 'violent death' may be used instead.

### **Critical incident rooms**

In the event of a Critical Incident

- *name room/area* will be the main room used to meet the staff,
- *name room(s)* for meetings with learners,
- *name room* for parents,
- *name room* for press,
- *name room* for individual sessions with learners
- *name room* for other visitors

### **Consultation and communication regarding the plan**

- All staff and relevant VEC/SOLAS personnel were consulted in the preparation of this policy and plan.
- Parent and learner representatives were also consulted and asked for their comments.
- Our centre's final policy and plan in relation to responding to critical incidents has been presented to all staff.
- Each staff member has an individual copy.
- All new and temporary staff will be informed of the details of the plan by *Name of team member*
- The plan will be updated annually (*name month .....*)

## R2: Emergency contact list

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### Resource for staff team

(To be displayed in staff-room, Coordinator/Manager's office etc.)

AGENCY	CONTACT NUMBERS
G,C&PS practitioner	
ETB	
GARDA	
HOSPITAL	
FIRE BRIGADE	
LOCAL GPS	
HSE Community Care Team	
STAFF TRADE UNION	
CLERGY	
STATE EXAMS COMMISSION	
SAMARITANS	



## R3: Children's understanding and reaction to death according to age

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### Handout for staff, learners and parents

*May be of use to learners with children or younger family members affected by the tragedy*

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

#### **Ages 0 – 2 years**

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

#### **Ages 2 – 5 years**

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

#### How you can help

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

#### **Ages 5 – 9 years**

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

How you can help

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

### **Ages 9 – 12 Years**

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

How you can help

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

### **Adolescents**

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

How you can help

- *Offer them time to listen*
- *Allow them to express their grief in their own way*
- *Be prepared for mood swings.*

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

It should be remembered that for young people with special educational needs, their understanding of what has happened may be in line with their developmental age rather than their actual age.

## R4: A centre session following news of a critical incident

### Handout for centre staff team

Normally, the Coordinator/Manager, or staff member who knows the learners/trainees best, should be the person to inform them of the events and lead the centre session. Young people generally feel safe and secure with someone they know. If the staff member feels uncomfortable with this role, another member of staff, or the guidance, counselling or psychological practitioner may share this task. Staff members should be able to opt out of this work if they feel personally vulnerable. Other arrangements can be put in place for that group of learners. The purpose of this session is to break the news, allow the young people to discuss the event and to express their thoughts and feelings in a secure environment. The staff member needs to listen and be empathic.

The session outline may include giving the facts and dispelling rumours; sharing stories, thoughts and expression of feelings; normalising reactions; dealing with worries; discussing how to share the news with others; empowerment; closure; use of free time; and recovery.

#### Step 1: Giving the facts and dispelling rumours

Tell the young people in a calm, low key and factual voice

- What has happened
- Who was involved
- When it happened
- The plan for the day

##### Sample script

*"I have something very sad I want to share with you. (The factual information agreed on by the staff, for example) Joe Smith, who attends our centre and was missing, has been found. He is dead. Yesterday the Gardaí found his body. They are investigating what happened and will let us know when they find out more information.*

*I am feeling very sad about what's happened. Let's spend some time together now helping each other to talk about how we feel about (name of the one who died)."*

#### Step 2: Sharing stories

Take some time for discussion. Young people may wish to tell their story of the event. As a result they will feel less alone because of their common shared experiences. Assisting them to verbalise or otherwise express their feelings helps recovery. Give the learners a choice of how they might like to represent their experiences. It is useful to have boxes of tissues around the centre.

##### Sample script

*"To help us today, we are going to make a memory box for (name of deceased). You can draw a picture of a time you remember with (name of the deceased) or write a poem or a letter to him. If you like we can make a (box, memory book, etc.) and give it to (name of deceased) family sometime soon. This may help them to understand how important (name of deceased) was to us".*

### Step 3: Normalising the reactions

Tell the young people that they may all react differently to what has happened. There is no right or wrong way. List some possible feelings (See R11). Explain that their reactions are normal responses to abnormal circumstances. Let the learners know that the reactions or symptoms will go away in time. Tell them that if the symptoms do not diminish after a few weeks, they should let you or their parents know. They may need to talk to someone about how they are feeling.

Distribute handouts R9, R10, R11, R12 as appropriate.

### Step 4: Worries (young people with learning difficulties)

#### Sample script

*You may be worried that the same thing could happen to you or someone in your family. What happened to (name of deceased) doesn't happen very often".*

If the classmate has been ill, you could say

*"He was very sick and the chances of this happening to someone else you know are low".*

### Step 5: Empowerment

Help the learners to identify strategies that they might use to help manage symptoms. For example, talking to family and friends, getting enough sleep, or taking exercise may help. If appropriate, the learners can share strategies that worked for them in other stressful situations or brainstorm ideas as to what else might be useful. Overall, it is important to help the young people regain a sense of control.

### Step 6: Closure

End the session by focussing on the future. Depending on the nature of the incident, help the class/group decide what they would like to do about various issues, e.g., what to do about the person's belongings or about writing cards or letters. Reiterate the message that their reactions are normal responses to abnormal circumstances.

### Step 7: Free time

After the discussion, the staff member may want to allow the learners some sports activity or some free time in the centre, depending on circumstances.

### Step 8: Recovery

It may be useful to continue these activities at intervals during the day and to intersperse them throughout the centre's timetable for the following week/s. Normal routines should generally be resumed as soon as possible.

- Young people should be encouraged to resume sports and other extra-curricular activities.
- Help learners to identify or establish some supports; help them to identify relevant people for different kinds of help.
- It is appropriate that the centre's activities are adjusted or adapted. For example, presenting complex new learning material following an incident may not be useful as concentration may be impaired.
- Use opportunities in ordinary class work, where coping and support can be reinforced.
- Discussions on what has been learnt from the critical incident and how to avoid future crises may be helpful. The centre's social, personal, and health education programme may also offer opportunities for structured discussions.

## R5: Checklist for identifying young people at risk

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### Handout for centre staff team

*This checklist may be used by the guidance, counselling or psychological services practitioner or may be offered to centre staff who are concerned about a learner. It should be remembered that the checking of a number of items for any one person may point to other problems such as substance abuse or experience of abuse or neglect. Indication of a number of these factors in a person should always be followed up.*

Unexpected reduction in academic performance	<input type="checkbox"/>
Talking about suicide	<input type="checkbox"/>
Ideas and themes of depression, death and suicide in their work	<input type="checkbox"/>
Making statements about hopelessness, helplessness or worthlessness	<input type="checkbox"/>
Change in mood and marked emotional instability	<input type="checkbox"/>
Significant grief or stress	<input type="checkbox"/>
Withdrawal from relationships	<input type="checkbox"/>
Break up of an important relationship	<input type="checkbox"/>
Discipline problems, being in trouble in the centre	<input type="checkbox"/>
Withdrawal from extra-curricular activities	<input type="checkbox"/>
Giving personal belongings away	<input type="checkbox"/>
Loss of interest in things they used to care about	<input type="checkbox"/>
Neglect of physical appearance	<input type="checkbox"/>
Physical symptoms with emotional cause	<input type="checkbox"/>
High risk behaviours	<input type="checkbox"/>
Alcohol or drug abuse	<input type="checkbox"/>
Bullying or victimization	<input type="checkbox"/>
History of suicidal behaviour e.g. cutting, overdosing, risk-taking	<input type="checkbox"/>
Family history of suicide/attempted suicide	<input type="checkbox"/>
Excessive internet use	<input type="checkbox"/>

## R6: Sample letter to parents – sudden death/accident

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### Resource for staff

*This letter can be used as a template for centres when informing parents of a tragedy. It offers some advice and outlines what is involved in the centre's response.*

Dear Parents

The centre has experienced (*the sudden death, accidental injury*) of one of our young people. We are deeply saddened by the deaths/events.

(Brief details of the incident) Our thoughts are with (*family name*).

We have support structures in place to help your son/daughter cope with this tragedy. (Elaborate) It is possible that your son/daughter may have some feelings and questions that he/she may like to discuss with you. It is important to give truthful information.

You can help your son/daughter by taking time to listen and by encouraging them to express their feelings. All young people are different and will express their feelings in different ways. It is not uncommon for some to have difficulty concentrating or to be fearful, anxious, or irritable. They may become withdrawn, cry, complain of physical aches and pains, have difficulty sleeping or have nightmares. Some may not want to eat. These are generally short term reactions. Over the course of the days to come, please keep an eye on your young person and allow him/her to express their feelings without criticism.

Although the centre will continue as usual, I anticipate that the next few days may be difficult for everyone.

(Optional) An information night for parents is planned for (*date, time and place*). At that time, further information about helping young people to grieve will be given.

We have enclosed some information which you may find useful in helping your child through this difficult time.

If you would like advice you may contact the following people at the centre. (*Details*)

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Coordinator/Manager signature

## R7: Sample letter to parents – violent death

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### Resource for centre staff team

*This letter can be used as a template for centres when they are informing parents of a violent death, offering some advice and outlining what the centre's response involves.*

Dear Parents

I am informing you about a very sad event that has happened.

*(Give accurate information about the incident, but avoid using words such as murder or suicide as the facts will not be established until a court case or inquest has been held)*

*A young person from the neighbourhood, who is the (brother, sister, cousin, friend) of \_\_\_\_\_, a learner here at the centre, died as a result of (a violent attack, violent incident in the street etc.) earlier this week. We are all saddened greatly by his/her death.*

We have shared this information and discussed it with all of our learners. Staff members have been available for all our young people today. Other support personnel (*including psychologists etc., according to actual arrangements*) are available to advise staff. This support will continue to be available for (*specify time*).

The death of any young person is tragic, but a violent death is even more difficult. Death may cause a variety of reactions in your son/daughter. Some young people are afraid for their own life and for the lives of those they love. Take time to listen to their fears and reassure them that sudden deaths are rare.

We have enclosed some additional information that may be useful during this time.

The media are around the centre and may approach you or your son or daughter. You need not respond to their questions if you are approached. We will not allow the media to interview your son/daughter at the centre and our general advice is that you should not let your child be interviewed as they may say something they will regret later.

(If planned) A support meeting for parents is planned for (*date, time and place*). Our thoughts are with (*family name*) and with each of you.

Yours sincerely

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Manager/Coordinator

## R8: Sample announcement to the media

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### Resource for staff team

*An announcement from the centre can be emailed, faxed or given to the media. It may decrease the number of calls and callers to the centre from the media. In some instances, it is not appropriate to provide names or information that might identify individuals in the media statement. This announcement needs to take account of confidentiality issues, the wishes of the victim's family and the nature of the incident.*

My name is (Name) and I am the Coordinator/Manager of (Name) Centre. We learned this morning of the death of (one of our young people or the name of the person). This is a terrible tragedy for \_\_\_\_\_ family(ies), our centre and our community. We are deeply saddened by these events. Our sympathy and thoughts are with (name) family and friends

Name of young person was a learner/trainee at the centre and will be missed greatly by all who knew him/her.

We have contacted his/her parents. They have indicated their need for privacy at this difficult time.

Our centre has implemented our critical incident plan. We appreciate all the offers of help and support made.

- Psychologists and counsellors from \_\_\_\_\_ and (insert other information if relevant) have been with us all day supporting and advising staff to assist our learners at this time
- The staff have been helping and supporting our young people to deal with the tragic event.
- The centre has been open to parents, to support them and to offer them advice and guidance.
- We would ask you to respect our privacy at this time.

Thank you.



## R9: Stages of grief

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### Handout

*May be used with various groups and individuals*

Grief is a normal, healthy and predictable response to loss. Although there are distinct phases in the grieving process, people go through these stages in different sequences and at different paces. Generally, the grieving process in adults is thought to take about two years. With children and adolescents the timeframe may be extended.

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

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

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

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

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

- People begin to adjust to their lives without the person who is gone
- Sense of isolation
- Fearful of forgetting the deceased
- Less crying and irritability
- Exacerbation of existing personality problems.

#### **Normalisation of life**

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

## R10: Frequently Asked Questions

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### Resource for coordinators/managers

**Q. What do I do first on hearing news of the incident/death?**

- A. If the source of the news is the affected family, express condolences and get as many facts as possible in a sensitive manner. If it is from another source, check for veracity; obtain the facts; the numbers injured etc. Ascertain who is to contact the next of kin. The Gardaí may have already undertaken this role.

**Q. Whom do I contact for help?**

- A. If the centre is closed (weekends/days off) contact members of the centre's critical incident team to set up a meeting. Contact the relevant ETB or Board of Management personnel, and/or outside agencies e.g. Health Service Executive. If Junior Cert or Leaving Cert examinations are in progress, contact the State Examinations Commission (SEC) (0906 442700) as soon as possible, in order to alert the Examination and Assessment Manager (EAM) for the centre.

**Q. What should I do first thing on the first morning back at the centre?**

- A. Call a meeting of the critical incident team, if the centre has one. If not, call a meeting of ETB and BOM personnel along with the core staff team. Set up a critical incident team for the crisis duration.

**Q. What should be on the agenda for this meeting?**

- A.
1. A statement of the facts as known
  2. Delegation of responsibilities
  3. Preparation of what to say to members of staff
  4. Preparation of what to say to the centre's young people
  5. Initial schedule for day
  6. Preparation of a letter to parents
  7. Discussion of support services/agencies that may be needed and who will contact them
  8. Preparation of a media statement if appropriate.

**Q. How do I handle all the phone calls?**

- A. Staffing the telephone may be a stressful task. Assign one or two suitable people to take calls. Clear guidance should be given to those involved on what is appropriate to say. An agreed factual statement should be available to the telephone operators. It can also be read or faxed to the media.

**Q. How do I keep staff up to date?**

- A. The staff room or the Coordinator/Manager's office is an important point of contact for staff. Informal briefings can take place during the breaks in addition to more formal meetings at the beginning and end of each day.

**Q. How do I dovetail the centre's part in the funeral/religious ceremonies with the wishes of the parents?**

- A. The centre counsellor or local clergy/parish priest is the main link person here. Ensure that the parents' wishes are respected and that participation of any learners or friends is agreed with them. Ensure that beliefs about death or particular customs about funerals of different religious groups are understood and respected.

**Q. How do I handle staff members who want to opt out?**

- A. All staff would be expected to attend meetings held to disseminate information. However, it should be made clear to staff at these meetings that opting out of support type work is acceptable. Be aware that some staff may be particularly vulnerable and watch out for them.

**Q. How do I handle the media? (See Section 9 – Dealing with the media)**

- A. Delegate one suitable person to deal with the media.

Prepare a media statement.

- State that it is a difficult time for the centre community.
- Emphasis should be on what is being done to support staff and the learners.
- The 'Media Guidelines for the Portrayal of Suicide', suggest that the media can help prevent copy-cat suicides by 1) not mentioning specific details of the suicide e.g. location and method used, 2) not using colourful phrases to romanticise it and 3) not citing causes of suicide and thereby indirectly suggesting suicide as an option. The centre should adhere to these guidelines in any communication with the media.
- Allow limited and controlled access to the media by providing a press room.
- The Communications office of the State Examinations Commission (SEC) can help if the incident happens during exam time. Staff unions and management bodies may also have press officers who can advise.

**Q. What/when should I tell staff/the centre learners about the incident?**

- A. Give the facts, as you know them. This is the best way to counter rumour and fantasy. It should be done as soon as possible to prevent staff and young people hearing from other, sometimes inappropriate, sources. Discuss the issue of posting photos and comments on Facebook or on other online social networks.

**Q. What if I feel upset myself and find it difficult to talk?**

- A. It is very important to let young people know that it is natural and acceptable to be upset and to cry. It is better to share feelings with them than to hide them, so don't worry if you get upset. It may help to create a safe and open atmosphere for grief. You should also seek and accept support for yourself while dealing with this difficult event.

**Q. What if some young people do not appear to grieve?**

- A. Young people do not need to be taught how to grieve. They will do it naturally and in healthy ways if we allow them and if we provide the safety, atmosphere, permission and example to do so. Don't assume that because overt signs are absent, the person is not grieving. Each individual has his/her own personal way of grieving. It is important that these different individual ways are respected and seen as normal.

**Q. How long does it take to come to terms with bereavement?**

- A. There is no definite answer to this. Each individual progresses at his/her own pace and there are enormous variations. (See **R9, R11, R12**).

**Q. How soon should brothers and sisters or friends who are closely involved be encouraged to return to the centre?**

- A. They should usually return fairly quickly. They need the support of their peer group and the routine of the centre will offer them a sense of normality. Their presence at the centre will offer others an opportunity to express their grief. The sooner they return the easier it is for them to reintegrate. This advice should, however, be tempered by any particularly unusual circumstances and decisions will ultimately be made by parents/guardians

**Q. Where a lot of well-intentioned friends are calling to the house and perhaps staying out late at night, what should I advise a grieving family to do?**

- A. Encourage them to set clear limits, when friends can call and when they should leave. Often the bereaved adults need to be reminded that setting clear limits is good. Friends may stay too long because they do not know when or how to leave the house. The centre can help by suggesting time limits to the friends.

**Q. What can I do about phone texting or internet chatting, especially if unreliable (or inappropriate) messages are being passed about?**

- A. A critical incident highlights the need for a well-established internet and texting centre policy (AUP). Today's rapid technological communication crosses all boundaries and communities. All students/learners should be advised that they are being given reliable and up-to-date information by the centre. They should be encouraged to report any texts, emails or internet information to a staff member that are at variance with known facts.

## R11: Key tasks in the first few days following a critical incident

### Resource for centre staff team

#### Critical incident team (CIT)

Role	Name	Telephone number (home and mobile)
Team leader		
Garda liaison		
Staff liaison		
Young people liaison		
Parent liaison		
Community liaison		
Media liaison		
Administrator		

#### Short term actions – Day 1

Task	Name
Gather accurate information: Who, what, when, where?	
Convene a CIT meeting – specify time and place clearly	
Contact external agencies where necessary	
Arrange supervision for learners	
Hold staff meeting	
Agree schedule for the day	
Inform learners (close friends and young people with learning difficulties may need to be told separately)	
Compile list of vulnerable learners	
Contact/visit the bereaved family	
Prepare & agree media statement and deal with media	
Inform parents	
Hold end of day staff briefing	

**Medium term actions - (Day 2 and following days)**

<b>Task</b>	<b>Name</b>
Convene a CIT meeting - review the events of day 1	
Meet external agencies	
Meet whole staff	
Arrange support for learners, staff, parents	
Visit the injured	
Liaise with bereaved family regarding funeral arrangements	
Agree on attendance and participation at funeral service	
Make decisions about centre closure	

**Follow-up – beyond 72 hours**

<b>Task</b>	<b>Name</b>
Monitor young people for signs of continuing distress	
Liaise with agencies regarding referrals	
Plan for return of bereaved	
Plan for giving of 'memory collection' to bereaved family	
Decide on memorials and anniversaries	
Review response to incident and amend plan	

## R12: How to cope when something terrible happens

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### Handout for learners

- Reach out – people do care.
- Talk to your friends, family and the centre’s staff members. Talking can be healing medicine.
- Remember you are normal and having normal reactions – don’t label yourself as crazy or mad.
- It is ok to cry.
- It is ok to smile and laugh.
- If your feelings and reactions seem different from those of your friends, remember everyone reacts differently.
- When the stress level is high there is a temptation to try to numb the feelings with alcohol and drugs. This complicates the problems, rather than relieving them.
- Some people find that writing or drawing is helpful. What about writing a note or letter to the family of the person who died or the person themselves?
- Spend time with people who have a positive influence on you.
- Make as many daily decisions as possible. This will give you a feeling of control over your life, e.g. if someone asks you what you want to eat – answer them, even if you’re not sure.
- Recurring thoughts, dreams or flashbacks are normal – don’t try to fight them – they’ll decrease over time and become less painful.
- Make a special effort to look after yourself during this time. Try to get some extra sleep, eat nutritious foods and get some exercise, even if it is just a walk.
- Sticking to your “normal” routine helps. Structure your time and keep busy.
- Take time out – go for a walk or kick a football.
- Provide some balance to the negative things that have gone on by doing something fun or special. Think about something that makes you feel good. Then make it happen – like going to the cinema, listening to music, calling a friend, etc. Laughter is good medicine. Watch a funny movie or play a silly game with younger people to lighten your spirits.
- Visit useful websites such as [www.spunout.ie](http://www.spunout.ie), [www.youth.ie](http://www.youth.ie), [www.reachout.com.au](http://www.reachout.com.au).
- Be conscious of what you post on Facebook or anywhere else on the internet (photos or comments) or send on your phone.
- Above all, realise that what you are experiencing is normal following a traumatic event. Be understanding and kind towards yourself and others.

## R13: Reactions to a critical incident

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### Handout for learners

As a result of this traumatic event, you may experience some strong emotional or physical reactions. There is no 'right' or 'wrong' way to feel but here is a list of difficulties you might experience:

#### **EMOTIONAL**

Fear  
Guilt  
Shame  
Anger  
Regret  
Loneliness  
Anxiety  
Mood swings  
Shock  
Yearning  
Numbness  
Confusion  
Isolation  
Insecure feelings

#### **THOUGHTS**

Disbelief  
Denial  
Sense of unreality  
Preoccupation with images of the event  
/person

#### **BEHAVIOURAL**

Nightmares  
Social withdrawal  
Irritability  
Tearfulness  
Loss of concentration  
Forgetfulness  
Physical/verbal aggression  
Misuse of drugs, including alcohol  
Excessive internet use

#### **PHYSICAL**

Tiredness  
Sleeplessness  
Headaches  
Gastrointestinal problems  
Bowel/Bladder problems  
Loss or increase in appetite



## R14: Grief after suicide or suspected suicide

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### Handout for learners

Remember there is no right or wrong way to react when someone you know dies. People will have many different reactions to what has happened.

- Know that you can survive, even if you feel you can't.
- You may feel overwhelmed and frightened by your feelings. This is normal. You're not going crazy; you are grieving.
- You may not feel a strong reaction to what has happened. This is okay.
- You may experience feelings of guilt, confusion, forgetfulness and anger. Again these feelings are all normal.
- You may feel angry at the person who has died, at yourself, at God, at everyone and everything. It is ok to express it.
- You may feel guilty about what you did or did not do. Suicide is the act of an individual, for which we cannot take responsibility.
- You may never have an answer as to "why" but it is ok to keep asking "why" until you no longer need to ask or you are satisfied with partial answers.
- Sometimes people make decisions over which we have no control. It was not your choice.
- Feeling low is temporary, suicide is permanent. Suicide is a permanent solution to a temporary problem. If you are feeling low or having a difficult time, ask for help.
- Allow yourself to cry, this will help heal.
- Healing takes time. Allow yourself the time you need to grieve.
- Every person grieves differently and at a different pace.
- Delay making any big decisions if possible.
- This is the hardest thing you will ever do. Be patient with yourself.
- Spend time with people who are willing to listen when you need to talk and who understand your need to be silent.
- Seek professional help if you feel overwhelmed.
- If you are thinking of trying to kill yourself, you must talk to a trusted adult.
- Avoid people who try to tell you what to feel and how to feel it and, in particular, those who think you should "be over it by now."

- Ask in the centre about a support group that provides a safe place to express your feelings, or somewhere to be with other survivors who are experiencing some of the same things you are feeling.
- Allow yourself to laugh with others and at yourself. This is healing.
- Useful websites: [www.spunout.ie](http://www.spunout.ie); [www.youth.ie](http://www.youth.ie); [www.reachout.com.au](http://www.reachout.com.au)

## R15: Frequently asked questions

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### Resource for staff members

**Q. I would like to opt out of support type work for personal reasons. Is this OK?**

- A. Staff members are the best people to support young people in times of distress. Young people need to be with people they know and trust. Accordingly, all staff members are encouraged to help the young people at these times. However, nobody should be obliged to do this work and people should be able to opt out of it if necessary. Reasons, such as recent personal bereavement, may make people more emotionally vulnerable than normal. However, staff who wish to opt out need to attend staff meetings where incident information is disseminated.

**Q. I have no qualifications to help out in this area. Shouldn't the job be left to the experts?**

- A. You probably have more skills here than you realise. Your experience and competencies as a staff member and your skill in dealing with young people are invaluable. Most importantly, the learners here know you. Young people need a safe environment in which to come to terms with what has happened. This security is often enhanced by being able to discuss the events with a familiar adult face in the first instance.

**Q. What should I do in the centre to be helpful?**

- A. You should acknowledge the situation and clarify the facts, as they are known. Honesty is essential. Encourage questions so that the learners have a clear understanding. You should try to establish normal routines as soon as possible – but balance this with allowing the young people opportunities to discuss the incident and to express their thoughts and feelings. Encourage them to resume extra-curricular activities and help them to identify where they can go to for support. Encourage them to be supportive of one another.

**Q. What are the signs of grief that I may notice in learners?**

- A. After bereavement young people may have a wide range of different reactions – some may become quite and withdrawn, while others may be aggressive, irritable or angry. They may have mood swings or lack concentration. Try to handle all these 'normal' reactions with patience, do not seem surprised by them and do not get impatient. If learners come from a background where there is family breakdown, serious illness, alcohol or drug related difficulties, then you need to take extra note of any behavioural changes.

**Q. What if I think that some young people are not grieving normally?**

- A. There is no such thing as a 'correct' way to grieve. Some people cry, some may laugh or become giddy, some show no reaction. The important thing is that all these different ways are natural and normal and you should try to help the young people understand this.

**Q. What skills do I have that are important?**

- A. Listening skills are probably the most important. People who have experienced loss or trauma generally feel that talking helps them to cope with their feelings. When it is clear that a young person wants to talk, try to make the time. Be reassuring and patient while gently encouraging them to talk about the loss. Reassure the learner that you are there to help.

**Q. Is there any one important thing I should say?**

- A. Yes – emphasise that grieving is a normal healthy process following a traumatic incident. It is the person's way of coping with the event. It is also normal for people to react in different ways – there is no 'right' way to grieve.

**Q. Is it a good idea to organise a centre session following a critical incident?**

- A. Some centres found this to be very effective. You will find notes on leading a class session after news of an incident in **R7**. An advantage here is that learner may feel safer and more secure with a familiar tutor than with an adult they do not know.

**Q. What should I do if I feel that a learner needs more professional support?**

- A. Discuss the issue with the Coordinator/Manager or centre support practitioner (counsellor or psychologist). They, in turn, may wish to discuss it with other support services and with the young person's parents. The outcome may be a referral through the GP to an appropriate mental health service.

**Q. What is the overall message in helping bereaved young people?**

- A. *"You will get through this difficult time and we are here to help if you need support. Take care of yourself and look out for each other. Talk to us if you need help or if you think a friend is in difficulty".*

**Q. When should I get back to a normal routine with a group of learners?**

- A. It is important to give learners sufficient time and space to discuss their feelings and to come to terms with what has happened. However, it is also important to move towards a normal routine as soon as possible. Getting on with the regular and familiar pattern of centre life helps reduce stress. Avoid introducing complex new material in the immediate aftermath of an incident or bereavement, as grief and shock can interfere with concentration and motivation. It can be a good idea to consult the learners themselves about returning to the normal routine.

**Q. What do I do about the dead learner's belongings etc?**

- A. A helpful strategy might be to involve their peers in a discussion about what to do about the belongings. This might also present an opportunity to move to a new phase in the process. For example, it might be useful to put together a folder or a 'memory collection' of the dead learner's work for the parents. This can be given to them at an appropriate time.

**Q. Is there a danger that by talking about suicide you make it appear to be an option for others?**

- A. 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 talk about how a person can get to the point where suicide may seem to be the only option but emphasise that it is never 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 available if a person can take the step of reaching out for it. Encourage the centre's learners to seek help if they need it.

## R16: Reintegration of a bereaved young person into the centre

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### Handout for centre staff team

*Here are some suggestions that may help the centre's response and facilitate the bereaved young person's return. They assist the individual, other students/learners and the staff to feel more comfortable.*

- Visit the bereaved learner at home. Ask them what would they like to happen on their return to the centre?
- Talk to the centre's learners about how people are affected by grief and encourage them to share their own feelings. Ask about how they have coped with bereavements in their own lives and what has helped.
- Discuss how difficult it may be for a bereaved learner to come back to the centre. Ask other learners how they would like to be treated if they were returning to the centre after a death. This might be done in pairs or small groups, thus encouraging all to be involved. It will also ensure that a range of preferences are expressed, reinforcing the fact that different people have different preferences as to how they are treated. Some people may want to discuss what has happened, while others may want to be left alone. In general, bereaved young people say that they would like others to treat them normally rather than being 'over-nice' to them. However it is a delicate balance as they don't want people to behave as if nothing has happened at all.
- It may help if, in advance of the bereaved learner's return to the centre, their peers have sent them cards or notes. This will let them know that they are in their thoughts.
- When they return, acknowledge their loss, *"I'm sorry that (name of deceased) died. I know this is a very difficult time for you". (Check that this is done at the start of the day and not in every session. Staff members can express their own sympathies separately once the general re-entry to the centre has been managed.)*
- When the young person returns, they may have difficulty concentrating or joining in session activities. Be understanding.
- Allow them access to a 'quiet room' where he/she can go to be alone but supervised. You might suggest: *"We can set up a signal for you to use if you need to leave the session at any time".*
- Link the bereaved young person in with supportive agencies or professionals if needed.
- Listen when they want to talk: *"If you need to talk at any time, I am here to listen"*
- Carry on normal routines and normal approaches to discipline.
- They may have difficulty completing assignments: *"If you are having difficulty doing your work, it is ok to just do what you can".*
- Allow them as much time as they need to grieve.

## R17: A general interview guide for mentors and other designated staff

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### Handout for centre staff team

*This can be used to help explore a learner's reaction to a critical incident and how it is impacting on them. It can help the young person to express their thoughts, feelings and emotions in a safe environment with a caring adult.*

Learner's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F Group \_\_\_\_\_

*We are concerned about how things are going for you. Our talk today will help us to discuss what's going well and what's not going so well. If you want me to keep what we talk about just between us I will do that – except for those things that I need to discuss with others in order to help you, for example, if you or someone else is at risk in any way, I cannot keep this confidential.*

1. Where were you when the event occurred?
2. What did you see or hear about what happened?
3. How are you feeling now?
4. How well do you know those who were hurt or killed?
5. Has anything like this happened to you or any of your family before
6. How will your life be different now?
7. How do you think this will affect your family in the days to come?
8. What bothers you the most about what happened?
9. Do you think anyone could have done something to prevent it? Who?
10. Thinking back on what happened

	not at all	a little	more than a little	very much
How angry do you feel about it?	1	2	3	4
How sad do you feel about it?	1	2	3	4
How guilty do you feel about it?	1	2	3	4
How scared do you feel?	1	2	3	4
11. What changes have there been in your life or routine because of what happened?
12. What do you usually do when you need help with a personal problem?
13. Which friends and who at home can you talk to about this?
14. What are you going to do when you leave the centre today? If you are uncertain, let's talk about what you could do.

## R18: Exploring suicide risk

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### Resource for centre staff team

The term 'risk assessment' is now used in quite a specific sense and needs to be carried out by a trained professional. This note is intended to help those professionals (for example, the centre's GC&PS practitioner) most immediately available to the learner, to make a judgement as to whether they are at risk. Where there is a serious concern about a learner a referral should be made to the local Child and Adolescent Mental Health Service (CAMHS) or, if over 18, Adult Mental Health Service (AMHS).

Review available information: The centre should review any significant recent changes observed in the young people. The list of warning signs in R16 above could guide a review discussion with concerned staff. Have a sensitive but direct and open discussion with the learner. If a teenager has been reported to be talking about suicide, they should be asked openly, *Are you thinking about killing yourself?* This will offer the learner the opportunity to talk about their feelings and their thoughts. If they affirm that they have been thinking about it, then this should be explored by raising the following issues with the learner:

- Previous attempt: Has the learner attempted suicide before? You might ask, *Have you ever tried to harm yourself before?* If the answer to this is Yes, then the risk increases.
- Personal/family history: The level of risk increases with the number and seriousness of personal/family difficulties e.g. relationship breakdown, loss of friendship, problems with the law, parental separation, recent bereavement, serious illness, etc. *How have things been going for you recently; has anything significant happened in your life recently?*
- Physical/emotional history: A young person who has experienced major personal difficulties, whether as a result of physical (recent hospitalisation, chronic illness) or significant emotional difficulties (depression, loneliness, guilt, anger etc.) is more at risk. *How have things been going for you recently? Have you been ill? Has anything significant happened to you recently?*
- Plan: Does the learner have a plan? *How do you intend to do it?* Does he/she have a particular day in mind? *When are you thinking of doing it?* Has he/she written suicide notes? The more concrete the plan the more serious the threat.
- Means: Does the young person have the means and a place to do it. Ask *'how do you intend to do it? Are the means available lethal? Have they access to a gun or pills? Where would you do it? Will the learner be in a place where they can be rescued? For example, do they intend to carry out the action when both parents are at work and their siblings are at school, at the centre or at work?*

The greater the number of Yes answers, the higher the risk and the greater the need for immediate onward referral. Parents should be informed at once and asked to bring the young person to their GP or, if outside surgery hours, to their local A&E for referral to an appropriate mental health service. (If a learner is under 18 years staff members are obliged to inform the parents even without the young person's consent).

Your HSE suicide resource officer has information on the 2-day training in suicide intervention (ASIST programme).

**Don't be afraid to use the word 'suicide'. Getting the word out in the open may help the learner feel that his/her cry for help has been heard.**

## R19: Ways to help your son/daughter through this difficult time

### Handout for parents

*Young people do not need to be taught how to grieve. They will do it naturally and in healthy ways if we allow them and if we provide the safety, atmosphere, permission and example to do so.*

- Listen carefully. Let them tell their story. Tell them that the reactions they are having are normal.
- Pay extra attention, spend extra time with them, be more nurturing and comforting.
- Reassure them that they are safe.
- Don't tell them that they are "lucky it wasn't worse". Traumatized people are not consoled by such statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and help them.
- Do not be surprised by changes in behaviour or personality. They will return to their usual selves in time.
- Don't take their anger or other feelings personally. Help them to understand the relationship between anger and trauma. Help them find safe ways to express their feelings e.g. drawing, exercise, or talking.
- Help them to understand that defiance, aggression and risk behaviour is a way to avoid feeling the pain, hurt and or fear they are feeling.
- When going out, let them know where you are going and when you will be back.
- Telephone if you are out for a long time and reassure them.
- Tolerate regressive behaviour such as nail biting.
- Share your own experience of being frightened of something and getting through it.
- If they are feeling guilt or shame, emphasise that they did not choose for this to happen and that they are not to blame. Even if they were angry with the person who died, or had been mean to them, this did not make it happen.
- Work with the centre's support services and other available support agencies.



## R20: Frequently Asked Questions

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### Resource for parents

**Q. This traumatic incident has upset my daughter/son. As there are many rumours circulating, I would like to know what really happened. How can I find that information?**

A. The centre will inform the young people and parents of the core details of the incident insofar as they are known. It sometimes takes some time for the true facts to emerge. In the meantime, it is important to stick to known facts. Discourage rumour or gossip as it is often incorrect and can be distressing for the families and friends of those involved.

**Q. Will help be available to my son/daughter in the centre?**

A. This will depend on the particular situation. The centre will usually organise a plan to support the learners. This support may include centre discussion, small group discussion or individual support for any young person who needs it. This support may be offered by the centre staff themselves. If there is particular concern about your son or daughter, you will be informed.

**Q. How can I help my young person?**

A. You are the natural support for your son/daughter. They may want to discuss their feelings and thoughts with you. You can help by listening carefully. You should tell them it is ok to feel the way they do, that people react in many different ways and that they should talk rather than bottle things up.

**Q. How long will the symptoms of grief last?**

A. There is no quick answer to this. It varies from individual to individual and according to circumstances. It will also be affected by the closeness of the young people to the event or to the person who died. Memories of other bereavements may also be brought up by the incident. Be patient and understanding. It can take time.

**Q. Since the incident occurred my son/daughter has difficulty in sleeping, complains of headaches etc. Can I be sure these are related to the incident?**

A. Grief can affect a person physically as well as emotionally and these and other symptoms may be part of a grief reaction. If they persist, consult a doctor for a check-up.

**Q. If my son/daughter remains very upset what should I do?**

A. If your son/daughter remains very distressed after a period of six weeks or so, he/she may need additional support, but there is no fixed rule about the length of the grieving process. If you are very concerned at any point, it is best to seek more help through your GP and/or Family Centre.

**Q. In what ways are adolescents different from other young people?**

A. During adolescence there are a lot of changes going on for young people and some may feel confused about themselves and the world around them. Grief tends to heighten these feelings and increase the confusion. At this time, too, the individual may look more to friends than to family for support and comfort. Don't feel rejected by this. Just be available to listen when they need to talk and make sure they know you are there for them when they need you.

## R21: Guidance on social media use

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### Handout for staff team

Social media are now part of everyday communication and information-sharing. Most learners are avid and competent users. Social media messages speed up the rate at which information is shared. This can have a significant influence on the behaviour of young people during a critical incident. Some social media communication may occur that leads to distress among learners or their parents/guardians without the knowledge of the centre staff team. The following information may help centres to consider issues related to social media use when dealing with an incident. Centres should include social media literacy in their curriculum. Both staff and learners need to be aware of the positive and negative aspects of social media. The positive aspects can greatly facilitate the effective management of a critical incident.

- Agreement on the appropriate use of social media during a critical incident should be included in the centre's Acceptable Use Policy (AUP). The Teaching Council (2012) advises that "Teachers should ensure that any communication with pupils/students, colleagues, parents/guardians, school management and others is appropriate, including communication via electronic media, such as email, texting and social media, etc". The CIT may need to remind staff, learners and other relevant community members about their AUP during a time of crisis.
- When dealing with an incident, it is advised that centres act quickly with caution. A message could be placed on the centre's website and other relevant accounts (such as the ETB's) along the following lines:

*You may be aware of a recent event within the centre community. We ask you to respect the family's privacy and sensitivities by considering if you should post any comments, especially on social media. We will keep you informed through the normal channels of any relevant developments.*

- Centres can use social media to provide up to date information for all concerned throughout the various stages of the incident. Positive messages and appropriate advice for young people and their parents/guardians can be provided. One important message would be to remind parents/guardians to discuss social media use with their children.
- It is vital for centre management and staff to be aware of the use being made of social media by learners during an incident. If the members of the CIT have any concerns or fears about this they should clarify the situation by consulting with learners about what is happening.
- Young people often post Rest-in-Peace messages on social media when tragedies occur. These posts can be heartfelt and emotional, particularly in cases of death by suicide. Messages such as I miss you and will see you soon or I will follow in your path should ring alarm bells and be followed up with the individual concerned. An individual's death by suicide may influence others, with young people especially prone to contagion. Those who are emotionally vulnerable are particularly at risk.

- Activity on social networking sites during a critical incident should be monitored as it can be a source of important information about vulnerable groups of learners and of plans such as suicide pacts. Given privacy restrictions to people's personal web pages, distressing information can be posted without the knowledge of family or centre staff. It is likely that users will restrict access, so activity of this nature will not necessarily be available to everyone. It will be necessary to ask other young people to help with monitoring these kinds of posts.
- It is difficult to remove inappropriate posts from websites. The easiest way is for the person who owns the account to delete it themselves or to request its removal. Service providers will not usually remove posts unless the content is contrary to their own AUP.

### Advice for journalists in relation to online stories

The following advice for journalists provided in the *Media guidelines for reporting suicide* points out that the internet has brought additional opportunities and challenges for journalists due to the speed and ease of accessing and publishing information. Points of view can now be presented more quickly and easily but sometimes without review or factual basis. It can be difficult for some readers to understand the distinction between what is fact and what is opinion. The following points are made in relation to posting a story on a news website or blog please consider the following points:

#### General tips

- Avoid linking to or mentioning the names of websites that encourage or glamorise suicide. Helpful websites offering support are listed at [www.ias.ie](http://www.ias.ie) and [www.samaritans.org/ireland/links](http://www.samaritans.org/ireland/links).
- Try to exercise care and judgement in the creation of news stories that will appear online, as they can often be surrounded by adverts and commentary which are outside the control of the author. Additional features on the page can create a negative context, allowing, for example, adverts promoting depression aids to appear alongside articles on mental health.
- Add hyperlinks to sources of support to ensure that people in distress can access useful resources quickly. Consider promoting [www.samaritans.org](http://www.samaritans.org) within the UK and Ireland, or our worldwide equivalent, [www.befrienders.org](http://www.befrienders.org) beyond these regions.
- [www.webwise.ie](http://www.webwise.ie) is an internet safety initiative funded by the DES, focused on raising awareness of online safety issues and good practice among students, their parents/guardians and teachers.

#### On reader feedback

- The ability to comment on articles or blog posts gives readers the opportunity to glamorise suicide or present controversial options about suicidal tendencies and mental health. The relative anonymity of these comments can encourage debates that are inappropriate for a news website, and potentially damaging to other readers.

- Responsible websites ensure that the terms and conditions each commentator agrees to when contributing online are explicit in what constitutes inappropriate material, and how it will be dealt with. In addition, site owners and moderators should understand the implications of allowing these comments to be published on their website.
- Wherever possible, attempt to educate your audience to understand how to use the feedback section with full consideration for everyone's health, safety and wellbeing, and the right of the publisher to remove inappropriate content.
- Consider making it clear to users that feedback services are moderated, whether manually or electronically.

## R22: American Red Cross handout

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### General handout

#### ***Understanding the effect on learners of a disaster, centre crisis or emergency***

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

**Think about your learners' DIRECT EXPERIENCE with the event, i.e. their FIRST-HAND EXPERIENCE** of the event (physically experiencing or directly seeing it as it happened).

**After the event, changes can happen in learners' thoughts, feelings and behaviours.** They may become anxious about family members, classmates or friends, and worry that it will happen again.

**Common reactions to disasters, centre crises and emergencies** include trouble sleeping, problems in the centre and with friends, trouble concentrating and listening, and not finishing work or assignments. Your learners may become more irritable, sad, angry, or worried as they think about what has happened, and as they experience recovery efforts after the event.

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

Risk factors that may indicate a counselling referral is needed for learners include:

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

**If a learner has had any of these experiences,** you may wish to consider referring them to HSE services. Now that you know what can affect your learners after a disaster, centre crisis, or emergency, you're ready to **Listen, Protect, Connect – Model & Teach**

##### **1. Listen, Protect, Connect – Model & Teach**

The first important step to help your learners after an event is to **listen and pay attention** to what they say and how they act. Remember that your learners may also show their feelings in non-verbal ways, like increased behavioural problems or increased withdrawal.

**Let your learners know** you are willing to listen and talk about the event, or to make referrals to talk to an appropriate professional, if they prefer it. Use the following questions to talk with your learners. **You can listen for clues that indicate when learners are having a hard time. Write down a few examples that may be helpful to note:**

- What might be preventing a learner from coming to or staying in the centre?
- What might be preventing a learner from paying attention in class or doing homework?
- What might be preventing a learner from returning to other centre-based activities?

**Listen, observe, and note any changes in:**

- behaviour and/or mood
- centre performance
- interactions with mates and teachers
- participation in centre-based activities
- behaviours at home that parents discuss with you.

## Listen, 2. Protect, Connect – Model & Teach

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

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

## Listen, Protect, 3. Connect – Model & Teach

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

- "Check in" with learners on a regular basis.
- Find resources that can be supportive to your learners and staff.
- Keep communication open with others involved in your learners' lives (parents, other teachers, coaches, etc.).
- Restore interactive centre activities, including sports, club meetings, learner projects, and learner councils.
- Encourage learner activities with friends, including class projects and extracurricular activities.
- Empathise with your learners by allowing a little more time for them to learn new materials.
- Build on your learners' strengths by encouraging them to find ways to help them use what they have learned in the past to help them deal with the event.
- Remind your learners that major disasters, crises, and emergencies are rare.
- Discuss feeling safe and times they have felt safe.
- **List programmes and activities** that connect you and your learners with the community.
- Share your list with other staff members to create a larger list of activities and resources.

## Listen, Protect Connect – 4. Model & Teach

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

- It is good to be aware of your own thoughts, feelings, and reactions, as these can be seen and may affect your learners.

- How you cope and behave after an event will influence how your learners cope and behave. Your learners will be watching you for both verbal and non-verbal cues.
- Monitor conversations that learners may hear.
- Acknowledge the difficulty of the situation, but demonstrate how people can come together to cope after such an event.

### **Listen, Protect, Connect – Model & 5. Teach**

Talk to your learners about **expected reactions after a crisis** (emotional, behavioural, cognitive, and physiological).

There are “normal” reactions to abnormal events. Different people may have very different reactions, even within the same family or group of friends. After the event, people may also have different amounts of time they need to cope and adjust.

Encourage your learners to identify and use positive coping strategies to help them after the event. Help your learners to problem-solve to get through each day successfully. Help your learners set small “doable” goals and share in these achievements as “wins” for the learners and your classroom. Remind learners that with time and assistance, things generally get better. If they don’t, they should let a parent or teacher know.

**Over time, you, your learners, their families and the centre can EXPECT RECOVERY**

*These materials have been adapted by NEPS for Irish Youthreach centres from **Psychological First Aid** materials developed by the American Red Cross (2014). We acknowledge with thanks.*

## R23: Resources and references

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### Resources for staff and parents

#### Websites

The **HSE** provides a very wide range of resources covering such themes as anti-bullying, bereavement, general health, mental health, substance misuse and sexual health. The site for promoting mental health is <http://www.yourmentalhealth.ie/>.

The **National Office for Suicide Prevention** (NOSP) was established to oversee the implementation of *Reach Out* the original National Strategy for Action on Suicide Prevention (the current strategy is called *Connecting for life*) and to co-ordinate suicide prevention efforts around the country ([www.nosp.ie](http://www.nosp.ie)). Among its publications is *You Are Not Alone: Directory of Bereavement Support Services* (<https://www.healthpromotion.ie/hp-files/docs/HSP00494.pdf>)

NOSP works closely with the **HSE regional resource officers for suicide prevention** – for a list see [www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/NOSP/resourceofficers/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/resourceofficers/).

**Mental Health Ireland** was established in 1966 and is a national voluntary organisation which aims to promote positive mental health and wellbeing to individuals and communities in Ireland. Through a network of 92 Mental Health Associations, led by volunteers, MHI actively support persons with a mental illness, their families and carers [www.mentalhelathireland.ie](http://www.mentalhelathireland.ie).

**Reachout.com** is an online youth mental health service which supports young people aged 12 – 25 years going through a tough time. It was first developed in Australia as a service driven and supported by young people. ReachOut.com Ireland was launched in 2009 and provides information on mental health, advice and support through its website [www.ie.reachout.com](http://www.ie.reachout.com).

**Spun Out** is a youth information website created by young people for young people with the aim of educating and informing its readers about how to live active, happy and healthy lives. It sets out to provide factual, reliable and non-judgemental information on a range of topics including education, employment, health and lifestyle [www.spunout.ie](http://www.spunout.ie).

The **National Youth Council of Ireland** is a membership-led umbrella organisation that represents and supports the interests of voluntary youth organisations and acts on issues that impact on young people. Its website provides a range of useful information and resources [www.youth.ie](http://www.youth.ie).

**MindOut** is a mental health promotion programme developed to address the mental health of Irish adolescents in a secondary school or Youthreach setting. MindOut takes a positive approach to the promotion of emotional health among young people, with an emphasis is on the various ways young people might cope with stressful or difficult life events and challenges. The programme is currently being revised and will be available to teachers who have attended training in its delivery.

**Technology in Education** is a section within the PDST, which offers useful advice on general issues relating to technology ([webwise.ie](http://www.webwise.ie)), including how to devise an acceptable use policy for the centre (<https://www.webwise.ie/aup-2/>).



Pieta House has a number of centres nationally and provides therapeutic support to people who in suicidal distress or engaging in self-harm [www.pieta.ie](http://www.pieta.ie)

The **Samaritans** provide a 24 hours a day telephone helpline service for people who would like someone to talk to. Their volunteers also engage in direct supports at community level. <http://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-ireland>.

The Samaritans, along with the Irish Association of Suicidology, have published **media guidelines** for reporting suicide and self-harm (see <http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20Ireland%20Media%20Guidelines.pdf>)

The **Irish Association for Suicidology** (IAS) works with community, voluntary and statutory bodies to inform, educate and promote positive suicide prevention policies throughout Ireland [www.ias.ie](http://www.ias.ie)

**Glen** have published *Being LGBT in school*, a resource developed for post-primary schools with the aim of preventing homophobic and transphobic bullying and supporting LGBT students [http://www.glen.ie/attachments/GLEN\\_2016\\_EdResource\\_FINAL\\_web\\_10Feb.pdf](http://www.glen.ie/attachments/GLEN_2016_EdResource_FINAL_web_10Feb.pdf).

The **Youthreach website** ([www.youthreach.ie](http://www.youthreach.ie)) includes a part known as the WebWheel which is dedicated to learner support issues. See the Resources section of this for guidance in a number of areas including wellbeing, SPHE, child protection and special educational needs (<http://www.youthreach.ie/web-wheel/resources/>).

**Bodywhys** provides a service to people affected by eating disorders [www.bodywhys.ie](http://www.bodywhys.ie)

**Reach Out!** Is an Australian site that provides a wide range of resources for young people, addressing issues such as mental health, wellbeing, social skills, sexuality, bullying, loss and grief, independence and setting goals <http://au.reachout.com/>

**Papyrus** is a British charity which provides confidential support and advice to young people who feel suicidal and those who are concerned about them [www.papyrus-uk.org](http://www.papyrus-uk.org)

**Young Minds** is a UK charity which promotes emotional wellbeing and mental health of children and young people [www.youngminds.org.uk](http://www.youngminds.org.uk)

## Local services

The HSE provides a wide range of community and hospital based mental health services and these can be found on their website ([http://www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/)). Centres are advised to link with the local HSE and suicide prevention officers for up-to-date information on services, resources and training in their locality. Contact details for HSE and Suicide Prevention Officers may be found on the relevant HSE ([www.hse.ie](http://www.hse.ie)) and NOSP ([www.nosp.ie](http://www.nosp.ie)) websites.

There are also number of mental health organisations around the country that were set up by volunteers and organise local actions to support mental health in their communities. Some, like Jigsaw ([www.jigsaw.ie](http://www.jigsaw.ie)) and Aware ([www.aware.ie](http://www.aware.ie)) are across many parts of the country, while others are based in a particular county or region. Examples include *Cork Mental Health Foundation*

and Housing Association (<http://www.corkmentalhealth.com/>), *Alive 2 Thrive* in Sligo and Leitrim (<http://www.alive2thrive.ie/>) and *Insight Inishowen* in Donegal (<http://www.insightinishowen.ie/>). These are not being comprehensively listed in these guidelines but are well worth investigating in your own area.

## Sources of staff training

The Department of Education's **Professional Development Service for Teachers** (PDST) supports the implementation of SPHE in centres. For further information or assistance contact the PDST Wellbeing Team in your region. Contact details can be found on [www.sphe.ie](http://www.sphe.ie). This site also lists a wide range of resources.

**NOSP** is involved in a range of training initiatives on suicide prevention and mental health promotion. These are designed to increase a) general awareness of suicide, b) alertness towards people who might be considering suicide, or c) intervention skills (known as suicide first aid). Most of these are coordinated regionally by the **HSE Regional Resource Officers for Suicide Prevention** ([www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/NOSP/resourceofficers/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/resourceofficers/)). You can search for training in your local area at <http://www.yourmentalhealth.ie/get-involved/news-events/> or by contacting your regional Resource Officer directly. The following are the training programmes that are available:

**esuicideTALK** is a one- to two-hour exploration in suicide awareness. The programme is organised around the question “*should we talk about suicide?*” and offers a space to safely explore some of the more challenging issues relating to suicide.

### **Understanding self-harm awareness training programme**

The aim of this one-day awareness training programme is to develop participants' knowledge and understanding of self-harming behaviour, including what it is, what leads people to engage in it and how it might be linked to suicide. Positive approaches to engaging with and caring for someone who self-harms are presented.

### **Reaching Out**

This programme aims to raise the awareness that suicide is preventable, to increase understanding about suicide and decrease the stigma associated with mental illness. Topics include risk factors for suicide, warning signs, how to respond to a suicidal person and where to go for help. This training is intended as a first step in developing knowledge about how to respond to someone in crisis.

**SafeTALK** is a suicide alertness programme that is delivered through a half day's training. It prepares participants to identify persons with thoughts of suicide and connect them to suicide first aid resources. This skills taught are called suicide alertness skills and it is hoped that the person learning them will use them to help reduce suicide risk in their communities.

**ASIST** (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers, including health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers. ASIST trains participants to reduce the immediate likelihood of suicide and increase the support for a person at risk. The workshop provides opportunities to learn what such a person may need from others in order to keep safe and get more help. It encourages honest, open and direct talk about suicide and participants are encouraged to consider how their personal attitudes and experiences might affect their helping role with a person at risk.

ASIST training is available through the HSE regional resource officers for suicide prevention and also through the NYCI.

**MindOut** training is available from the NYCI. It equips staff to deliver the twelve session MindOut mental health programme, which was developed by Health Promotion HSE West and NUI Galway. It takes a positive approach to the promotion of emotional and mental health among young people. The training takes two days and all participants receive a copy of the MindOut resource pack and Good Habits of Mind support pack.

The **NYCI** deliver a range of health promoting training courses – see [youthhealth.ie/health\\_training](http://youthhealth.ie/health_training). These include courses on:

- Sexual health (**Developing a sexual health policy, Delay / b4udecide**)
- Anti-bullying (**Lets beat bullying**)
- SPHE (**Experiential based facilitation**)
- Mindfulness (**Moment to moment**)
- General health (**Specialist certificate in youth health promotion; Health quality mark**)

A range of online courses on how to respond effectively to troubled or challenging children and to promote resilience and happiness is available from **ICEP Europe** (see [www.icepe.eu](http://www.icepe.eu)).

Training in mindfulness is available from a variety of sources. **The Sanctuary** in Dublin have specific courses for people who work with children and young people in educational and other settings (see <https://www.sanctuary.ie/product-category/working-with-young-people/>).

The HSE provides a wide range of training opportunities in the area of **sexual health and crisis pregnancy** (see <http://www.crisispregnancy.ie/news/training-funded-by-the-hse-crisis-pregnancy-programme/>). These include **Relationships and Sexuality Education (RSE)** and **b4udecide** ([www.b4udecide.ie](http://www.b4udecide.ie)).

Training in **BodyRight**, a **sexual violence** awareness and prevention programme, is available from the Dublin Rape Crisis Centre to professionals working with young people (<http://www.drcc.ie/bodyright-facilitators-training-programme/>).

## Helplines

Remind young people that if they need someone to talk to, at any time of the day or night, they can ring either:

**Childline:** 1800 666 666 (Free calls)

**The Samaritans:** 1850 60 90 90 (Local call cost)

**Gay switchboard:** Online chat and email support service for lesbian, bisexual, gay and transgender people ([www.gayswitchboard.ie/](http://www.gayswitchboard.ie/); 01 8721055)

**Aware:** for people suffering from depression ([www.aware.ie](http://www.aware.ie); 1890 303 302)

**Bodywhys:** for people affected by eating disorders ([www.bodywhys.ie](http://www.bodywhys.ie); 1890 200 444)

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