

Section 5: School Responses to a Crisis

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Aims

The aims of this part of the Staff Development Package are:

To provide information and guidance concerning the steps a school might take in dealing with a critical incident

and

To conduct a simulation exercise of a school response.

OHP 1

This section is related to section 4, *Contingency Planning*, and in a staff development exercise for schools would ideally follow on from that section.

There are a number of documents which outline the steps a school might take when a critical incident occurs. The series of steps being described here is an adaptation of the Yule and Gold guidelines offered in *Wise Before the Event* (Yule and Gold 1993):

1. Obtain factual information – initial decisions, emergency contacts
2. Assemble Crisis Management team - assign roles, responsibilities and resources
3. Decide on scale of incident, scale of response and draft timetable – and which support agencies to involve
4. Contact families (most affected families first - others later)

5. Call a staff meeting to give information
6. Inform pupils in small groups
7. Arrange a debriefing meeting for staff involved in traumatic event
8. Debrief pupils involved in the trauma
9. Identify high risk pupils and staff
10. Promote discussion in classes
11. Identify the need for group or individual treatment.
12. Organise treatment.

OHP 2

Obtaining factual information

There is a need to assemble as accurate a picture as possible before making decisions about action or about communicating information to anyone else. Particular difficulties arise if the incident is still ongoing, if the incident has taken place away from the school or if the identities of those affected are not immediately available. There is a balance to be struck between waiting till *all* the pertinent facts are known and delaying to the point where the leaking of information from other sources, particularly the media, breeds rumours and causes distress. The availability of additional telephone or mobile phone facilities make it more likely that the facts can be gathered and verified within a reasonable time. Although the Crisis Management Group will be responsible for the majority of decisions, decisions about the immediate involvement of Emergency Services may need to be taken at this point. It is also appropriate to contact Education headquarters, particularly if resources are likely to be required.

Assemble crisis management team - assign roles, responsibilities and resources

The first person who is contacted regarding an incident should be a member of the crisis management team in the school. Names of the team members should be known to all school staff, and lists of personnel involved should be posted at prominent points throughout the school.

The team manager should then establish whether all members of the team are available to tackle the crisis. Anyone who is not able to participate should be replaced by one of the substitutes.

The crisis management team requires, on the basis of the information available, to assign roles in a way which will allow a smooth response. In a school setting the needs of those most affected (or 'primary victims') often require to be dealt with separately, but the needs of three groups – staff, pupils and parents almost inevitably have to be addressed.

A crucial role in these situations, sadly, is the role of handling the media. Media intrusiveness often cuts across the team's planning and organising efforts, and it is better to have one person dedicated to the task of responding to media questions, preparing press releases and using the media positively, eg when requesting various kinds of help. If no-one within the school is equipped or available to do this task, an officer from the Council may be the most suitable alternative. The pressure on school clerical staff of constant media pressure and enquiries should be anticipated.

The primary victims might include the deceased and direct survivors of the incident. A member of the crisis management team would require to deal with communicating with relatives of this group of victims. In most instances this task would require the involvement of external agencies, including the police and social services.

Decide on the scale of the incident, scale of response, draft timetable and which support agencies to involve

All schools should have to hand up to date lists of contact agencies covering all eventualities. This list should have been constructed at the contingency planning stage, and updated at regular intervals. This was discussed in Section 4, and if the current section is being presented alone, reference should be made to **Section 4 OHP 3** - a completed Contact List.

In the literature, where schools have been surveyed on their ideas about critical incidents, there are wide variations in the kinds of incident schools would see as 'critical'. For example, if the incident consists of an act of vandalism outwith school hours, perhaps only the police might need to be contacted. On the other hand, if the death of a teacher or a pupil is involved, a number of agencies might be called on.

It is useful to think in terms of the population of people impacted by the event, and to track the reverberations outwards from the point of impact.

This process gives a good indication both of the groups of people who might need help, and of the external agencies to be contacted.

Contact families (most affected families first – others later)

The families of young people affected directly by a critical incident need to be contacted as early as possible, and given full and accurate information. They may need to come to the school to receive it. The police normally have the responsibility of informing families after accidents or serious incidents.

The member of staff dealing with this aspect should be well briefed, have a rehearsed, uniform message to relate, and should keep careful notes of those family members informed and their reaction. Help should be offered with transport, and the family's need for continued support should be noted where appropriate.

For parents of children not directly affected by the incident, contact can be made by telephone. The person responsible for this should prepare a statement giving all the essential facts. They should keep a note of those contacted, and still to be

contacted. If possible, a telephone tree can be operated. It may be useful to ask neighbours to support each other, or to give information on support agencies. Some parents might be interested in acting as helpers.

Call a staff meeting to give information

As soon as an incident occurs, the senior management team of the school should meet. Education Services should be contacted. The crisis management team should be assembled, and roles assigned to deal with the particular requirements of this crisis.

A staff meeting should be convened by the head teacher involving all staff if possible, and groups of staff if not. Both teaching staff and support staff should attend the meeting, which ensures that the same information is shared and that rumours do not circulate, causing distress. As well as factual information on the incident, psychoeducational information should be provided about the feelings and reactions people may have in the first few days. Formal operational debriefing should follow for all staff and support staff who were closely involved in the incident, within 48 hours. Staff should also be advised on what to say to the media.

Inform pupils in small groups

Students should be told simply, clearly and honestly what has happened. This should take place in small groups with a teacher who knows them well. Any questions should be answered as straightforwardly as possible, and speculation about the causes of the crisis and its consequences should be avoided. Before speaking to classes, consideration should be given to any particular pupils who might be seriously affected by the news - siblings in other classes, special classmates, neighbours. If necessary, these pupils should be given the information separately by a member of staff well known to them.

Closure of the school should, as a general rule, be avoided. Routine is important in times of crisis.

If deaths have occurred, all children and staff who wish to do so should be allowed to attend funerals and memorial services. Children should be encouraged to devise ritual ways of acknowledging the deaths.

Information should be relayed to other schools in the area, where children's relatives may be affected by the news.

Arrange a Debriefing Meeting for Staff involved in a Traumatic Event

The technique of debriefing was first described by Mitchell (1983) as a means of dealing with traumatic events experienced by emergency workers. Its use has been extended to witnesses and victims of trauma, although the impact of debriefing has been questioned by some researchers.

The processes of demobilisation, de-fusing and debriefing will be described briefly here. A detailed description of these processes and discussion of the literature can be found in the chapter on CISM in the main body of the PDP report. These techniques should not be used without adequate training.

For members of staff involved in a critical incident, any of these three processes might be appropriate at particular points.

Demobilisation is essentially an opportunity for people to come together to mark the end of an event. It is a short intervention (15-20 minutes), usually conducted by a senior person on site. It involves an acknowledgement that the incident has occurred, permission to stand down, permission to talk, and a check that everyone is OK and can get home safely. It allows an initial assessment of people's reactions, and provides some reassurance about the normality of these reactions. This process might be appropriate, for example, to use with a school staff at the end of the school day, where a critical incident affecting the school has occurred.

De-fusing is a shortened, more limited version of debriefing, more immediate and less formal in its application, carried out with larger, less homogeneous groups and with more limited objectives. It can be led by a manager or a peer. It has three components – Introduction, exploration, and information.

Debriefing. It is important to establish the optimum conditions for debriefing to take place. Ideally there should be two facilitators, one of whom will take the lead, the other mainly observing and supporting. The facilitators should ideally be known to staff, and should be familiar with the facts of the incident. The debriefing should take place between 24 and 72 hours after the end of the event. This is a one-off process, which should last between one and two hours. The group should be homogeneous in terms of the nature of their involvement in the incident.

The process has seven components and is firmly structured. The components are:

- Introduction
- Facts
- Thoughts
- Reactions
- Symptoms
- Teaching
- Re-entry

OHP 3

The facilitator should agree with the head teacher the 'rules' of doing the debriefing: that the participants are willing, are a homogeneous group, and that follow-up for any particular individuals will be provided. A quiet room with adequate space and nearby toilet facilities should be negotiated. Refreshments should be available. All discussions will be confidential to the group. All members should agree to stay for the whole session.

Debrief pupils involved in the trauma

As has been the case with debriefing of adult victims, some controversy exists about the use of debriefing techniques with children. Wraith (1995) expresses concerns about children's maturational level and conceptual competence and sees a role for parents, particularly with younger children. Atle Dyregrov (1900) describes a process, which he refers to as a *classroom meeting* but which has most of the essential features of debriefing. This process will be described here.

The meeting may take up to two hours, and should be continuous if possible. The class teacher and another teacher known to the pupils should conduct the meeting together. The structure of the meeting is as follows:

- Introduction
- Facts
- Thoughts
- Reactions
- Information
- End.

During the introduction the teacher emphasises that when someone dies, this often leaves many thoughts, impressions and reactions that it is important to talk about, because this helps us get a better grip on what has happened. Such events can also make us sad, and we may feel both frightened and angry.

Through talking about the event we are better able to understand how others react. Although it may be hard to talk, it may make it hurt less over time. The teacher should also set some rules, which should be followed:

- Pupils should not tell their friends or others outside of their class what their classmates have experienced, thought or felt. This teaches children to respect each other.
- Nobody should be criticised afterwards for what they said or how they reacted. If somebody cries or gets angry this is all right and they should not be teased for it.
- Each child is to speak for him or herself, and not for others.
- If they prefer they may just sit and listen.

In the **facts** phase the students say how they learned about what happened, what they have heard or were told, and how (where, when and by whom). This helps to put the event together from beginning to end, and to draw out relevant information from children who know a lot for the benefit of children who only know a little. It also provides an opportunity to learn about and correct misunderstandings and confusion, and gives the class a common platform from which to understand the event.

Through this phase the teacher will find out whether some children are more directly affected by the event than others –some may have witnessed the death, or learned about it in a 'brutal' way. This may help to identify children who need more help.

The teacher may add the information that he or she holds. Before the meeting, the teacher should get as much relevant information as possible about the chain of events and what is known about the cause of death, and relate this information to the students. Sometimes it may be useful to invite police officers or others to the class to give the pupils direct information about events.

The need to have concrete information is great in children, and often underestimated by adults. Crisis events are often surrounded by rumours and anxiety.

By asking children 'What were your first thoughts when you learned about what had happened?' one almost automatically will get answers that reveal their reactions and impressions. They may have thoughts about having brought about the event, or that they should have been able to prevent it. Sometimes when children themselves were present at the scene of event, these thoughts can be extreme and painful. Their thoughts may also reflect feelings of unreality or dreamlikeness (shock reaction). There is a sliding transition from the thought phase to the reaction phase.

The question 'What was the worst thing about what happened to you?' often stimulates the expression of reactions and impressions, and at the same time shows respect for what the child thinks is important.

If the children have witnessed death, i.e. a child who dies at school or during an outing with the school, it is helpful for them to put words to their impressions in a detailed way. These impressions can be in all sensory channels: visual, auditory, tactile. A detailed review can help them to relieve the intensity of such impressions. If children do not mention such impressions, they can be asked directly: 'Did anybody hear his scream when he saw he was going to be hit by the bus?' By letting the children put these strong sensory images into words, they are helped to 'transport' them out of their active memory system. If only a few of the children have experienced especially gruesome impressions, they should be dealt with individually, not in the group setting.

When children give words to impressions and reactions, the teacher should refrain from saying 'Yes, this is normal' but instead ask 'Did anyone else experience this in a similar way?' This helps children to see that they have similar reactions.

It is during the reaction phase that children will tell of the many reactions and thoughts that they have had after they learned what happened. They can be prompted to talk about how they reacted initially, later the same day, how the first night was, and now they feel now. Grief, longing, helplessness, fear and other reactions may come to the fore during this part of the session. The process can stimulate children to share their reactions.

In the youngest classes, the use of drawings and other expressions can be used in this phase. This can be introduced by saying, "I will give each of you a sheet of paper on which you can express the thoughts or impressions you may have. You can choose what you want to draw". If a death is due to an accident or a violent act, one should be prepared for drawings that may show this in all its gruesomeness. The drawing can reflect the children's anger over what happened, and their fear of losing control of their feelings. But drawings may also show wish fulfilment or undoing of the event, or be without any reference to what has happened.

Children can also be asked to give words to the helplessness they feel, and to counteract any feelings of self-reproach they may have. This can be stimulated by writing down their thoughts and reactions, or as a task to complete sentences such as:

- The first thing I heard about the event was
- The worst thing about what happened to me was
- I feel sad when I think about

The children can also be stimulated to read stories and poems in honour of their dead classmate/s.

It is the thought and reaction phases that take up most of the time. The children may show strong emotional reactions, and if this happens, it is important that the teachers mobilise caring and support from the other children and do not necessarily give it themselves. Children can be very caring, kind and supportive of each other, and the teacher can stimulate this by letting a fellow student put an arm around someone who is crying, or by asking how the others feel when one of them is crying. This will stimulate prosocial behaviour (empathy).

In the information phase, the teacher summarises what the children have said, and pinpoints the similarities in their thoughts and reactions. If one of the teachers has information about other children's reactions in similar situations, saying something about this will further normalise reactions. In addition to this, information should be given about the normal reactions that can be expected following such events - reactions such as fear, anxiety, anger, thoughts about revenge, guilt, self reproach and sadness, as well as the possibility that the event may interfere with their concentration and memory in the time following the event. Children should be forewarned about the possibility of experiencing the dead person's presence i.e. hearing, seeing or feeling his/her presence in the room, as this can be very frightening. By explaining that this is our mind's way of bridging the loss, unnecessary anxiety can be prevented. It is helpful for the children to know that they, to a lesser or greater extent, may continue to think about a tragic death for the weeks and months following the event. But they also need to be told that they do not have to experience such reactions to be normal. Following violent deaths the children need to be reassured about their own safety.

The end phase is used to sum up what has taken place during the meeting, but also to plan what will happen in the time to come. The role of the class during the funeral can be discussed, and the need for another meeting can be decided. The intensity of the event will decide how important this is. If several students are dead, or a teacher died suddenly, this may necessitate several meetings, or using more class hours to let the students express their grief, for example through dramatic play, or they can use colouring, painting and organised play to come to terms with what has happened.

A unified act or initiative on behalf of the class, such as the agreement to knit a carpet together or make a large drawing together for the bereaved, can be an appropriate ending to a meeting, and give the class a way of expressing care for those most involved.

At the end of the meeting, the children should be asked if there are any questions they want to ask, or anything that remains unclear.

During the meeting, teachers should notice whether any of the children is especially affected by what has happened, and make individual contact with them later.

Teachers must also invite the children to contact them if they need to talk more about the death. The teacher also has to assess whether any children need therapeutic contact. If this seems necessary, the children's parents should be contacted, and the matter discussed.

Children and staff may respond to a crisis in different ways and at different paces. For example, not every child will be ready to make a drawing of the incident or write or talk about it.

Teachers and other staff will need to be sensitive to these individual differences. The classroom should be laid out similarly to circle time.

Consideration should be given to supporting staff before, during and after this session. Support from the educational psychologist is recommended.

Identify high risk pupils and staff

Any of the debriefing processes described above allow the opportunity to observe how staff and pupils are reacting to the critical event, and are one means of identifying vulnerable people who may require further help.

A reporting system can be established whereby teachers can seek consultation about children who may exhibit symptoms in the class, or complete brief reports on their concerns; communication with parents will alert them to make similar observations at home also. Two factors can combine to make these processes less effective than anticipated. Teachers may themselves be affected by the event, rendering them less sensitive to the reactions of the children. Also, children may recognise that their parents or teachers are themselves under duress, and will thereby conceal their own distress in order to relieve the pressure on the adults.

In some large-scale incidents screening methods have been used to help identify individuals who are suffering post-traumatic stress reactions (eg Yule and Canterbury 1994). However, there can be strong resistance from parents to the use of such screening.

Another methodology is to employ a Triage and Risk Screening system. Pynoos and Nader (1988) suggested using the following two categories:

OHP 4

1. **By exposure:** the degree of exposure, including physical proximity to the violence and witnessing of injury or death.
2. **By other risk factors:** individual responses can be intensified by the interaction of a number of other, non-exposure related factors. If individual response is out of proportion to the degree of exposure, evaluation for additional risk factors is indicated. Factors included are familiarity with the victim, previous trauma or loss (especially in the previous year), individual psychopathology, family psychopathology, and worry about the safety of a family member or significant other.

OHP 5

Promote Discussion in Class

Even for children who have undergone forms of debriefing, there should be frequent opportunities for discussion and group consultations in the days and weeks following a critical incident. The classroom is an ideal focus for such interactions. It is the best site to address children's fears of recurrence, and the associated cognitive distortions (Pynoos and Nader 1987). Anxiety, even among non-exposed fellow students and teachers, can cause more general classroom changes in behaviour, and disrupt the educational process. Well-designed classroom consultation can offer an opportunity for enhancing coping skills. For directly exposed children, the existence of a cohesive, secure, and less anxious classroom environment can be of great importance in providing the proper opportunity during the school day for recovery.

Classroom discussions can have the positive effects of:

- Providing permission to express feelings
- Clarifying cognitive confusions
- Screening children informally for exposure, traumatic response and risk factors
- Promoting renewed classroom cohesion and ongoing learning
- Encouraging help-seeking from parents, teachers, psychologists and nurses.

Circle time is a powerful medium for the above effects to be realised, and its growing use in Scottish schools will offer new opportunities for these agendas to be raised. Issues such as death and loss which have often been quietly but definitely ignored in classrooms should find a place in such discussions well in advance of any trauma occurring, and can then be approached much more naturally when there *is* an incident.

Identify the need for group or individual treatment

The above triage systems described by Pynoos and Nader should lead naturally to the identification of children, and staff, who may require more intensive help of an individual or small-group nature. Yule and Williams (1990) offered group sessions at regular points to children affected by the Herald sinking; Gillis (1993) worked with groups of six to eight children following a school sniper attack. He found it was better to run separate groups for boys and girls; boys showed more externalising problems and girls more internalising ones. The methods may be simply a more structured form of the class group interventions described above, or may be more therapeutically oriented. Atle Dyregrov (1991) mentions the following range of approaches:

Verbal / written methods

- Conversation
- Sentence completion
- Compositions
- Diary

Artistic expression

- Drawing
- Painting

- Psychodrama
- Poetry

Religious prayer and ritual

Coping strategies

- Strategies for taking control
- Relaxation skills
- Self-help procedures

Gillis makes the point that high risk children – those whose lives were directly threatened etc - should be offered individual help. Also, children whose problems persist despite group help should be treated individually. These children, the most affected by the traumatic event, will require careful help in teasing out the various aspects of their difficulty.

Pynoos and Nader emphasise that children who have been bereaved need help to distinguish between their trauma-related responses and those related to grief. Trauma responses require to be addressed before grieving can begin.

There is little evidence that traditional talk therapies are helpful in dealing with trauma reactions, particularly if these are extreme enough to be classed as Post Traumatic Stress Disorder (PTSD). Cognitive-behavioural approaches have achieved some success (Regel 1999), and for children some combinations of cognitive behavioural and play therapy techniques seem the most appropriate. The use of EMDR, described in the main PDP report, is an exciting development in an area where individuals may have become 'stuck' with intrusive memories - whether sights, sounds or smells associated with the original event - which can prevent recovery often for periods of years.

Organise treatment

For events which take place in schools or which are school-related, there is a strong argument for organising the school environment to help the healing process using the ways described above, and including classroom discussions, rituals, curricular approaches, anniversaries, parental involvement, circle time.

Similarly, if therapeutic work can take place within the school premises there are the added advantages of including familiar teachers, use of natural groupings, offering effective monitoring processes, and perhaps avoiding the danger of 'medicalising' or 'pathologising' the problem by referral on to clinical agencies. This is not to deny the rights of parents or children themselves to seek help in whatever way they choose – and this may be a strong reaction in some communities. Whichever route is sought for helping youngsters, the need for close liaison between the various agencies dealing with children and their families following critical incidents is essential.

Simulation Exercise: A School Response to a Critical Incident

This exercise should be carried out with groups of school staff who have worked through Sections 4 and 5 of the Staff Development Package. The exercise should be scheduled to take one hour, with 30 minutes available afterwards for feedback and discussion.

Participants will take part in groups of four to six, and are asked to think of themselves as the crisis management team of a primary school. The 'action' is set to begin shortly after 12 noon on a school day, and to last a maximum of 6 hours, but the simulation is condensed into one hour, that is, each ten minutes represents one hour of actual time.

Participant groups are asked to work through, as far as possible, the early stages of **OHP 2 *School Response to a Crisis***, and to use the information provided.

Materials to use:

OHP 6

Text for the Simulation Exercise

Additional Notes

Cut-out Messages for the Simulation Exercise

School Responses to a Crisis

References

Dyregrov, A (1991) Grief in Children: a Handbook for Adults London: Jessica Kingsley

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Mitchell, J (1983) When Disaster Strikes.... . The Critical Incident Stress Debriefing Process. Journal of Emergency Medical Services, 8, 36-38

Pynoos, R S and Nader, K (1988) Psychological First Aid and Treatment Approach for Children exposed to Community Violence: Research Implications. Journal of Traumatic Stress, 1, 243-267

Regel, S (1999) Post Traumatic Stress – Whose Disorder? Paper presented at National Conference, Nottingham Trent University, February 1999.

Wraith, R (1995) Debriefing for Children: Are the Techniques and Processes the same as Critical Incident Stress Debriefing for Adults? Paper presented to the Third World Congress on Stress, Trauma and Coping in the Emergency Services Professions. Baltimore, USA 1995

Yule, W and Gold, A (1993) Wise Before the Event: Planning with Schools to Help Child Survivors of Catastrophes Calouste Gulbenkian Foundation, London, 1993.

Yule, W and Williams, R (1990) Post Traumatic Stress Reactions in Children. Journal of Traumatic Stress, 3, 2, 279-295.

SCHOOL RESPONSES TO A CRISIS

AIMS

To provide information and guidance concerning the steps a school might take in dealing with a critical incident

To conduct a simulation exercise of a school response

School Response to a Crisis

(adapted from Yule and Gold, 1993)

- 1. Obtain factual information - initial decisions - emergency contacts**
- 2. Assemble Crisis Management team - assign roles, responsibilities, resources**
- 3. Decide on scale of incident, scale of response and draft timetable - and which support agencies to involve**
- 4. Contact families (most affected families first – others later)**
- 5. Call a staff meeting to give information**
- 6. Inform pupils in small groups**
- 7. Arrange a debriefing meeting for staff involved in traumatic event**
- 8. Debrief pupils involved in the trauma**
- 9. Identify high risk pupils and staff**
- 10. Promote discussion in classes**
- 11. Identify the need for group or individual treatment**
- 12. Organise treatment**

The components of Critical Incident Stress Debriefing

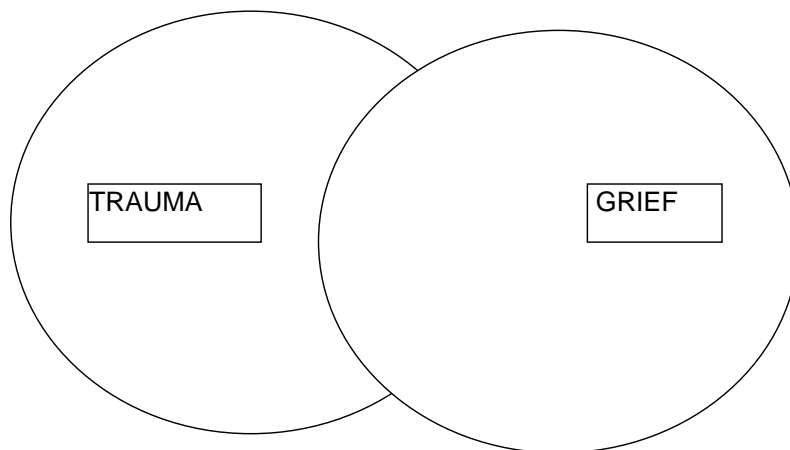
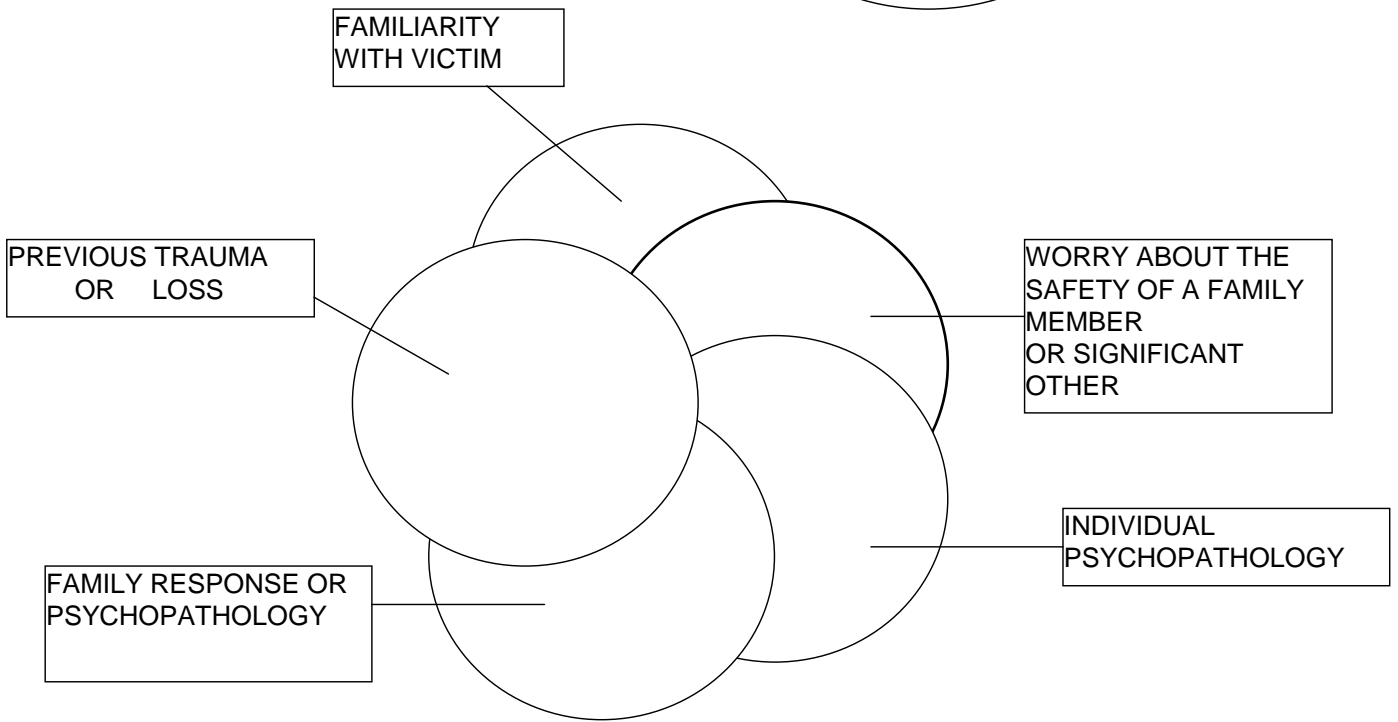
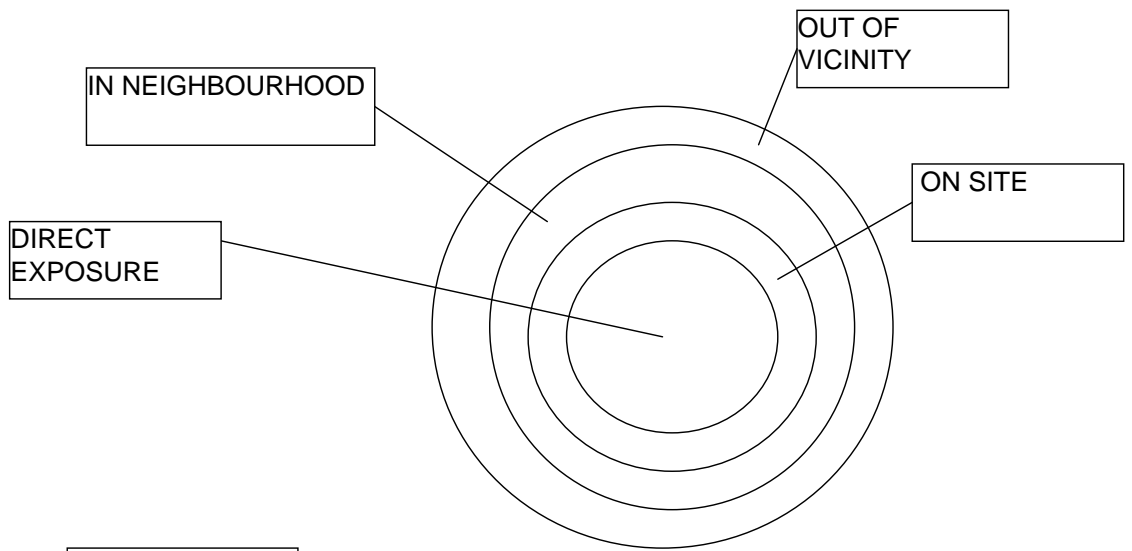
are:

- **Introduction**
- **Facts**
- **Thoughts**
- **Reactions**
- **Symptoms**
- **Teaching**
- **Re-entry**

Triage and Risk Screening system.

Pynoos and Nader (1988) suggested using the following two categories:

- 1. By exposure: the degree of exposure, including physical proximity to the violence and witnessing of injury or death.**
- 2. By other risk factors: individual responses can be intensified by the interaction of a number of other, non-exposure related factors. If individual response is out of proportion to the degree of exposure, evaluation for additional risk factors is indicated. Factors included are familiarity with the victim, previous trauma or loss (especially in the previous year), individual psychopathology, family psychopathology, and worry about the safety of a family member or significant other.**



SIMULATION EXERCISE:

DEVISE AN IMMEDIATE, SHORT TERM AND LONGER TERM RESPONSE TO THE FOLLOWING SITUATION:

Two pupils from one of your classes wandered round the back of the school where a large van had been unloading stationery. The driver had gone for lunch.

The pupils had played inside the van but as they jumped down the van slipped backwards, crushing both against a wall.

A third pupil went looking for them and has just run into the staffroom in a state of shock. She says that one of them is dead and the other is lying moaning under the van.

Section 5 Simulation Exercise

The exercise should be scheduled to take one hour, with 30 minutes available afterwards for feedback and discussion.

You should take part in groups of 4 to 6, and you are asked to think of yourselves as the Crisis Management Team of a Primary school. The 'action' is set to begin shortly after 12 noon on a school day, and to last a maximum of 6 hours, but the simulation is condensed into one hour, that is, each ten minutes represents one hour of actual time.

You are asked to work through, as far as possible, the early stages of OHP 2 – 'School Response to a Crisis', and to use the information provided.

Other pieces of information will be forthcoming in the course of the simulation. You should try to make notes of all decisions and plans as the 'afternoon' progresses.

The accompanying page describes the scenario.

DEVISE AN IMMEDIATE, SHORT TERM AND LONGER TERM RESPONSE TO THE FOLLOWING SITUATION:

Two pupils from one of your classes wandered round the back of the school where a large van had been unloading stationery. The driver had gone for lunch. The pupils had played inside the van but, as they jumped down, the van slipped backwards, crushing both against a wall.

A third pupil went looking for them and has just run into the staffroom in a state of shock. She says that one of them is dead and the other is lying moaning under the van.

Additional Notes (See OHP 2)

1. Initial decisions for first person contacted – check facts, Emergency services (which?), contact Education HQ (resources, communication)
2. Crisis Management Team – scale and response – who has been affected? Who will require support? What needs to be done? What resources are in school? Which other agencies can help?
3. Assign responsibilities and retain these for the duration. Think of the resources you may require. Try to map out a timetable and times to meet again during the afternoon.
4. Contacting families. Priority: bereaved, injured, witnesses, others.
5. Staff Meeting. As soon as possible, early afternoon. Decide what information to give, and to ask staff to tell children. Factual, consistent, try to obviate rumours.
6. Informing Pupils. Pupils need to be informed before the end of the school day.
7. Debriefing of Staff. Too soon today for formal debriefing but need for staff to get together, for peer support.
- 8/12. Not issues for Day 1, but the need to support, comfort and reassure those most affected, and to begin to identify children requiring further help.

12.05 Incident occurs

12.15 Police and ambulance arrive. Children taken to hospital.

12.20 Director of Education wants to know what additional staff resources are required.

1235 Van driver returns from lunch - distraught, in denial, needs attention.

12.40 Hospital confirms one child dead, one severely injured, in intensive care.

12.50 Police confirm that they will contact parents of dead and injured.

13.00 Director of Education suggests calling staff meeting and delaying start of afternoon lessons to 13.15

13.10 Children's class teacher distraught at news. One other teacher has brother of dead child in her class, one has sister and one other has sister of injured child. Inform these children separately?

Prepare briefing note for teachers to use when speaking to children.

13.15 Pupils in classes. Two teachers emotionally unable to give the information.

13.25 Pupils from dead child's class overwhelmed by news. Two become hysterical and run out of school.

13.30 Phone call for local reporter. Wants statement from the school, and names of dead and injured.

13.31 Police have spoken to parents of dead child. (Need to make contact with them to express condolences).

13.32 (Single) Parent of injured child has not been contacted yet – out on a home visit.

13.50 One reporter and one photographer arrive at school to take pictures of scene.

13.55 Parents of 'witness' child on their way to school.

13.56 Three supply teachers arrive, sent by Education Service, but not briefed regarding the incident.

- 14.00 Matters for attention of Crisis Management Team:
- (a) need to inform wider parent groups (telephone tree?)
 - (b) need decision about staff debriefing
 - (c) the two siblings of dead child have been comforted – but need re-united with parents.
 - (d) One sibling of injured child in school – take to hospital?
 - (e) Other sibling of injured child at local secondary school - what action to take?
-

14.15 Two educational psychologists and one social worker arrive. Have been briefed on the incident. How to deploy them?

14.30 Local radio broadcast carries the news, gives incomplete information

Phone lines jammed with press enquiries and parent enquiries. Clerical staff under massive pressure.

14.35 Parent of injured child now contacted by police – on her way to hospital.

14.40 Parent of 'witness' child arrives at school.

14.50 Five sets of parents arrive at school - want to take their children home.

14.50 Local radio station requests updated information for 3pm broadcast.

15.00 Matters for Crisis Management Group:

(a) preparation for all children leaving: letter home to all parents?

(b) groups of affected children – special arrangements –
accompanied by staff?

(c) how/when to make contact with bereaved family?

15.00 Local News bulletin giving details of dead and injured
children

15.05 Police request for any other 'witnesses'

15.15 Parents Association offering help to staff and children

15.30 Large numbers of parents arrive to collect children

15.40 Request by staff for update meeting at 4pm

15.50 Parent brings a child who reports that he also saw the incident then ran away

1600 Dismiss remaining children not affected by incident

1600 Staff have 'demobilisation' meeting

1620 Contact established with parents of dead child –
arrange to visit home

1635 Report from hospital that injured child is out of
intensive care – arrange to visit hospital

1645

1650

1705

1720

1730

1740

1800
