



Portmarnock Community School

Critical Incident Management Policy

Ratified by the Board of Management of Portmarnock Community School on 10 June 2025

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Portmarnock Community School

Critical Incident Management Policy

Definition of a Critical Incident

The staff and management of Portmarnock Community School recognise a Critical Incident (CI) to be:

“any incident or sequence of events that overwhelms the normal coping mechanisms of the school.” NEPS 2016

Portmarnock Community School has compiled procedures to follow in the event of a critical incident and has identified potential critical incidents as follows:

- The death of a member of the school community through sudden death, accident, violence, serious illness or other unexpected death.
- Major accidents involving serious injury
- Serious damage to the school caused by fire, flood, vandalism, technology etc.
- The disappearance of a member of the school community
- An intrusion into the school
- An accident involving members of the school community
- A serious accident or tragedy in the wider community
- An accident involving pupils or staff on or off the school premises.
- A physical attack on staff member(s) or student(s) or intrusion into the school.

The following members of staff have agreed to form a working group to manage a critical incident.

Ms Helen Tobin	Principal
Mr David Clarke	Deputy Principal /Website
Ms Orla Molamphy	Deputy Principal
Ms Elaine Moran	Deputy Principal
Ms Catherine Clarke	School Chaplain

Mr Frank Farrell	Guidance Counsellor
Ms Maria Keane	Guidance Counsellor
Ms Brona Coggins	Guidance Counsellor
Ms Caroline Dixon	Staff Member
Ms Mary Maguire	Staff Member
Ms Jenny Malone	Staff Member
Ms Mary Norris	YH/ Staff Member

+ On duty members of the school Admin Team

Role of the Principal

The School Principal with the assistance of the Deputy Principals will gather the facts of the critical incident from the appropriate agencies:

The Gardaí

The Ambulance Service

The Fire Brigade

The Hospital

The Local General Practitioners

Preventative Measures

Creation of a coping, supportive and caring ethos in the school:

We have put systems in place to help to build resilience in both staff and students, thus preparing them to cope with a range of life events. We encourage help-seeking behaviours and a culture of listening and supporting. These include measures to address both the physical and psychological safety of the school community.

Physical Safety

- Evacuation plan formulated
- Regular fire drills occur
- Supervision of students before school, at breaks and lunch times in all compounds.

Psychological Safety

- Social, Personal and Health Education (SPHE) is integrated into the work of the school. Issues such as grief and loss, communication skills, stress and anger management, resilience, conflict management, problem solving, help-seeking, bullying, decision making and prevention of alcohol and drug misuse are addressed in the SPHE element of the Wellbeing Curriculum. Promotion of mental health is an integral part of this provision.
- Staff have access to training in their role of SPHE teacher.
- Staff are familiar with Safeguarding procedures and the name of the DLP & DDLP.
- We have an Anti-Bullying policy.
- Mental Health week.

- Wellbeing & Inclusion are at the core of our ethos.
- Staff are informed about how to access support for themselves.
- Staff are informed in the area of suicide awareness and some have attended specialist training such as ASIST provided by the HSE.
- Students who are identified as being at risk are referred to the designated staff member (e.g. Guidance Counsellor). 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.
- Friendship Week/Pastoral Care programme.
- Staff training in Children First and Department of Education Child Protection Procedures.
- The care and wellbeing of our students underpins our school ethos.

Significant information to be sought

1. Are there fatalities?
2. Who is involved in this incident?
3. What exactly happened?
4. What is the extent of the injuries?
5. When did the incident happen?
6. Where did the incident happen?

The School Principal will then convene the Critical Incident Management Team in the Boardroom.

A CIMT group messaging facility is in place and all mobile numbers are up to date.

The Critical Incident Management Team (the CIMT) will meet in the Boardroom (Principal's Office) or in the event of the main school building being inaccessible, they will meet in the Sports Hall mezzanine area. They will agree on a statement of the facts for staff, students, parents and the media.

If the incident occurs outside of school time, the Principal, with the assistance of the Deputy Principals, will notify all staff members. **The Principal and Deputy Principals will have an up to date list of all staff and student addresses as well as telephone numbers.** New staff will be asked to give contact details at Induction Day. All staff should update their emergency contact details with Ms Anne Dalton as any changes arise.

Responsibilities to be delegated

The Principal with the assistance of the Deputy Principal will contact the parents of those involved, or in the case of staff, will contact the relatives of those nominated by staff. The Principal will contact the Department of Education and Skills Psychological Services (NEPS)

for support and personnel where necessary.

The Principal will inform the staff. The choice of location will be at the Principal's discretion with due regard to the exigencies of the situation. There is a script/template in the appendix to be followed. This is distributed to the staff and explained why it is a good idea to have it followed.

R4 SAMPLE ANNOUNCEMENT TO THE MEDIA

This can be used as a template by schools to be emailed, posted on the school social media site or given to the media. It may help to decrease the number of media calls and callers to the school. In some instances it is not appropriate to provide names or information that might identify individuals. This announcement will need to be changed based upon confidentiality issues, the wishes of the victim's family and the nature of the incident.

"My name is (Name) and I am the principal of (Name) School. We learned this morning of the death of (one of our students or name of student). This is a terrible tragedy for the family(ies), our school and our community. We are deeply saddened by these events. Our sympathy and thoughts are with (Name)'s family and friends.

(Name of student/students) was a (5th year boy/girl) and will be greatly missed by all who knew him/her.

We have been in contact with his/her parents and they have requested that we all understand their need for privacy at this difficult time.

Offers of support have been pouring in and are greatly appreciated. Our school has implemented our Critical Incident Management Plan.

Psychologists from the National Educational Psychological Service (NEPS) and (insert other information if relevant) have been with us all day supporting and advising teachers in their efforts to assist our students at this time.

The teachers have been helping students to deal with the tragic event.

The school 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."

R5 A CLASSROOM SESSION FOLLOWING NEWS OF A CRITICAL INCIDENT

Normally, the class teacher, class tutor or other teacher who knows the students should be the person to inform them of the events and lead the classroom session. Students generally feel safe and secure with someone they know. If the teacher feels uncomfortable with this role another staff member may share the task. Teachers should have the opportunity to opt out of this work if they feel unable to handle it and other arrangements should be made for that class group.

The aim of the session is to break the news, to give the students an opportunity to discuss what has happened and to express their thoughts and feelings in a secure environment. The teacher needs to listen and be empathic.

The session needs to be tailored to the age and developmental level of the class group.

The outline of the session is as follows:

- | | |
|--------|---|
| Step 1 | Giving the facts and dispelling rumours |
| Step 2 | Sharing stories and allowing and encouraging the sharing of thoughts and the expression of feelings |
| Step 3 | Normalising the reactions |
| Step 4 | Worries (for younger children) |
| Step 5 | Advising about social media usage |
| Step 6 | Empowerment |
| Step 7 | Closure |
| Step 8 | Free time |
| Step 9 | Recovery |

STEP 1 Giving the facts and dispelling rumours

Tell the students in a calm, low key and factual voice

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

Sample Script

I have something very sad I want to share with you: [The factual information agreed upon by the staff e.g. (Student's name), who attends our school and was missing, has been found. You will probably be aware, through social media, that he is dead. Yesterday, the Gardaí found his body. They are investigating what has happened and will let us know as soon as 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 what has happened.

STEP 2 Sharing stories

Take some time for discussion. Students 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 their experiences helps their recovery. For those students who find it difficult to verbalise their experiences, or for students with learning difficulties, it may be helpful to allow them to express their feelings and recount their experiences in other ways. Writing stories or using art can be particularly helpful, especially for younger students. A number of materials that can be used are suggested in Section 11, R24. Give the students a choice as to how they want to represent their experiences. Have a box of tissues at hand.

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/her. If you like, we can put these in a nice box and give it to (name of deceased)'s family sometime soon. This will help them to see how important (name of deceased) was.

STEP 3 Normalising the reactions

Tell the children that they will all react differently to what has happened and that there is no right or wrong way. List some possible feelings and reactions (see R9). Explain that their reactions are normal responses to abnormal circumstances. Let the students know that the reactions or symptoms will go away in time. Tell them that if the symptoms haven't gone after a few weeks, they should let you or their parents know. In addition to conversations they may have with friends on social media, they may need to talk to someone in person about how they are feeling. Depending on the incident and the age of the students, distribute handouts R7, R8, R9, R10.

STEP 4 Advising about Social Media Usage

Discussions may begin with an outline of the various social media currently being used by members of the group. The value of these as a way of keeping in contact with and supporting friends should be acknowledged. Students may be asked for experiences of ways in which such communication has helped them, as well as examples of ways in which it has gone wrong. Media involving live communication (Google Classroom and Suite) are generally more conducive to support and less open to misunderstanding than text-based means. Students will be encouraged to consider how much social media usage is too much, particularly late into

the night. More guidance on social media use is contained in R22.

STEP 5 Empowerment

Help the students to identify strategies that they might use to help manage their reaction, for example, talking to family and friends, getting enough sleep, taking plenty of exercise and appropriate use of social media - may all help. If appropriate, students can share strategies that worked for them in other stressful situations or brainstorm ideas as to what might help. Overall, it is important to help the students regain a sense of control.

STEP 6 Closure

End the session by focusing 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 empty chair, 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 teacher may want to allow the students some play time in the playground or free time in the classroom or an agreed area, depending on the age.

STEP 8 Recovery

It may be useful to continue to do these activities at intervals during the days following and to intersperse them throughout the curriculum in the coming days.

Normal routines should generally be returned to as soon as possible

- Students should be encouraged to resume sports and other extracurricular activities.
- It is appropriate that the class curriculum is adjusted or adapted. For example, teachers should avoid presenting new learning material for a while following an incident as concentration may be impaired.
- Use opportunities which arise within ordinary class work, where coping and support can be reinforced.
- Students could be encouraged to discuss how to avoid future crises and lessons learnt from their experiences. There will also be opportunities for structured discussion within the school's social, personal, and health education programmes. Social Personal & Health Education (SPHE) curriculum time is an ideal context in which to offer support.

The Guidance Counsellor and Chaplain will prepare teachers to break the news to the students.

If students or staff members have died in the incident, relatives and close friends of the deceased will be told first.

The Principal will appoint the Office Staff to deal with telephone calls.

The Principal will liaise with the different hospitals dealing with the incident.

The Principal will release a member(s) of the counselling team and other staff members where necessary to be with families at the hospitals if requested.

If a member of the CIMT is unable to fulfil their role, management will approach another member of staff; outline the role and ask them to substitute.

Role of the ADMINISTRATOR

- Maintenance of up to date telephone numbers of parents, teachers and emergency services.
- Takes telephone calls and notes those calls that need a response.
- Ensures that templates are available on the schools IT system and ready for adaptation.
- Prepares and sends out letters, emails and texts.
- Photocopies materials as needed.
- Maintains records.

Record keeping

In the event of an incident, each member of the team will keep records of phone calls made and received; letters, emails and texts sent and received, meetings held, persons met, interventions used, material used etc. The school secretary (name) 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 the school have a responsibility to protect the privacy and good name of the people involved in any incident and will be sensitive to the consequences of any public statements. The members of the school staff will bear this in mind, and will seek to ensure that students do so also. For instance, the term 'suicide' will not be used unless there is confirmed information that death was due to suicide, and that the family involved consents to its use. The phrases 'tragic death' or 'sudden death' may be used instead.

The Deputy Principals and Allocation of Rooms

The Deputy Principals will organise the school timetable for the day.

The Deputy Principals will make a room available where students who are closely associated with those affected by the incident can talk and be together.

The Deputy Principal with the help of Ms Dixon and Ms Malone will set up another room for distressed parents waiting for further news of their son/daughter. The school library and H1 would suit this purpose, if accessible. Simple, accurate information will be given to parents.

Media

Press will not be granted access to the premises. No comment will be made other than to say "Thank you for your interest. Please respect the privacy of all involved. We will be making no further comment at this time."

If possible, contact with the media should be limited to a prepared statement. This should not be given live but should be a pre-recorded insert. The Deputy Principal, will assist the Principal in dealing with media queries.

The Deputy Principal will delegate members of the CIMT and other members of staff to work with the Canteen Staff in providing refreshments for all families and others who come to the school at this time. The Canteen Area will be used for this purpose.

The school website will be shut down immediately and Mr David Clarke will be responsible for this. All members of the SLT have the information necessary to action this in the event of David Clarke's absence. When appropriate, a notice may be posted on a modified version of the website stating that a letter will issue outlining the school's schedule for the coming days. At the time of the announcement outlining the incident, people will be asked to be sensitive to issues surrounding access to the media.

Role of Student Support Team Members

The Guidance Team and Chaplain will be available to meet students in the school who are suffering as a result of the critical incident.

Members of the CIMT will meet with parents and be available to give advice and information leaflets with names, addresses and telephone numbers of support agencies (relevant information appended to this document).

The School Chaplain

Ms Catherine Clarke, with the Year Head(s) will organise a Year Group gathering or a Prayer Service if appropriate, after a suitable interval following consultation with family, to which the family will be invited.

Funeral Services - if applicable

- Decide what form of representation is appropriate. It is essential, where possible, to consult with the family/families concerned. Do not presume that the bereaved family will appreciate a very public presence of the school.
- Prepare students for the funeral. For some this may be the first occasion to attend a funeral.
- Consider a mark of respect such as Guard of Honour or similar gesture by the school community and the location for this, in consultation with the family.
- For students who wish, encourage and help them to write a personal message of sympathy. Think also about a general expression from staff and students.
- Check with the funeral director, regarding the arrangements incl floral tributes.

The Students

Students will be monitored over a period of time by staff. Information will be collected from Tutors, Year Heads and families about vulnerable students.

Those students who are particularly impacted by the event will be supported throughout the duration of the Critical Incident and monitored in the weeks and months that follow. NEPS Psychologist, including school NEPS liaison Ms Rhona Larney, will liaise with the Principal and advise on support of students for the duration of the Critical Incident and in the weeks immediately following the event.

Where there are signs of distress and unusual behaviour, a referral may be made to the HSE or relevant support service. The Year Head will contact the parents suggesting contact with the GP or Emergency Department of relevant Hospital as medically appropriate.

R6 CHILDREN'S UNDERSTANDING AND REACTION TO DEATH ACCORDING TO AGE

(This may be used with various groups and individuals)

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

AGES 9 – 12 YEARS ADOLESCENTS

- Understand the finality and universality of death
- Awareness of their own mortality and may worry about their own death
- May display psychosomatic symptoms i.e. physical complaints like tummy aches
- 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 school
- 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 have a range of feelings: guilt, regret, anger, loneliness etc.
- Death adds to the already confused array of emotions experienced by adolescents
- 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
- Don't feel left out if they seem to value their friends more than their parents
- Children's use of social media should be monitored and supported by parents

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

It should be remembered that for children with special educational needs, their understanding of what has happened will be in line with their developmental age.

R8 HOW TO COPE WHEN SOMETHING TERRIBLE HAPPENS

- Reach out – people do care. Talk to your friends, family and teachers. Talking is the most healing medicine. Remember you are normal and having normal reactions; don't label yourself as crazy or mad.
- It is acceptable to cry.
- It is acceptable to smile
- If your feelings and reactions seem different to those of your friends, remember that everyone reacts differently.
- When the stress level is high, there is a temptation to try and numb the feelings perhaps with alcohol and drugs but this complicates matters rather than bringing relief.
- 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 are not sure.
- Recurring thoughts, dreams or flashbacks are normal – don't try to fight them. 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 cycle or kick a football etc.
- Provide some balance to the negative things that have gone on by doing something special or fun for yourself. 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 children to lighten your spirits.
- Use of social media can help but do not rely on it as your only source of support.
- Useful websites: www.spunout.ie; www.youth.ie; www.reachout.com.au
- Above all, realize that what you are experiencing is **normal** following a traumatic event. Be understanding of yourself and others.

R9 REACTIONS TO A CRITICAL INCIDENT

Following the recent sad event, you may now be experiencing some strong emotional or physical reactions. There is no 'right' or 'wrong' way to feel but here is a list of difficulties that people sometimes experience following such an event.

FEELINGS		BEHAVIOURAL
Fear	Insecurity	Nightmares
Guilt	Mood swings	Social withdrawal
Shame	Shock	Over reliance on use of social media
Regret	Yearning	Irritability
Anger	Numbness	Loss of concentration/forgetfulness
Tearfulness	Confusion	Physical/verbal aggression
Loneliness	Isolation	Misuse of drugs including alcohol
Anxiety		

PHYSICAL	THOUGHTS
Tiredness	Disbelief
Sleeplessness	Denial
Headache	Sense of unreality
Stomach problems – Bowel/Bladder problems	Preoccupation with images of the event/person
Loss or increase in appetite	

R10 GRIEF AFTER SUICIDE OR SUSPECTED SUICIDE

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 normal.
- 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 you to 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 and compassionate with yourself.
- Spend time with people who are willing to listen when you need to talk and who also 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 school about a support group for survivors that provides a safe place for you to express your feelings, or simply a place to go to be with other survivors who are experiencing some of the same things you're going through.
- Allow yourself to laugh with others and at yourself. This is healing.

Useful websites: www.spunout.ie; www.youth.ie; www.reachout.com.au

R14 CHECKLIST – STUDENTS AT RISK

This checklist may be used as an aid by school staff who are concerned about a student. It should be remembered that the checking of a number of items for any one student may point to other problems. Indication of a number of these factors in any one student should always be followed up.

Unexpected reduction of academic performance ☐

Talking about suicide ☐

Idea and themes of depression, death and suicide in their work ☐

Making statements about hopelessness, helplessness or worthlessness ☐

Change in mood and marked emotional instability ☐

Significant grief or stress ☐

Withdrawal from relationships ☐

Breakup of an important relationship ☐

Discipline problems, being in trouble in school ☐

Withdrawal from extra-curricular activities ☐

Giving personal belongings away ☐

Loss of interest in things one cares about ☐

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 History of suicidal behaviour e.g. cutting or overdose risk behaviours	<input type="checkbox"/>
Family history of suicide/attempted suicide	<input type="checkbox"/>
Overuse or reliance on social media	<input type="checkbox"/>

R15 EXPLORING SUICIDE RISK AND GUIDANCE IF STUDENT EXPRESSES SUICIDE IDEATION

A student may express ideas or exhibit behaviours suggestive of suicide ideation while in schools or information may be reported by another student or parent. The school has a responsibility to make an assessment and take action. The term 'risk assessment' is used in quite a specific sense and such an assessment needs to be carried out by a trained professional. This note is intended to help those professionals (designated school staff, such as guidance counsellors or chaplains) most immediately available to the student, to make a judgement as to whether a student is at risk. Where there is a serious concern about a student, then a referral should be made immediately. It is not easy to gauge the seriousness of such behaviour. The school is not responsible for deciding on the seriousness of the risk. Generally, all threats or reported threats should be taken seriously even if it may appear to be 'attention-seeking'.

WHAT SHOULD A TEACHER DO?

Listen. If a student seeks out a teacher to discuss their concerns about suicide, they have an idea that the teacher may be a help to them. Indicate concern and a willingness to help. There may not be time to discuss it properly when the student first approaches. Arrange a time to talk and prepare for the meeting.

Review available information:

Review any significant changes observed in the student over recent weeks. The list of warning

signs in R14 should be used to guide a review discussion with concerned staff.

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

Have a sensitive but direct and open discussion with the student. If a student has been reported to be talking about suicide, they should be asked openly, **"Are you thinking about killing yourself?"** This will offer the student the opportunity to talk about their feelings and their thoughts. If they confirm that they have been thinking about it, then this should be explored by raising the following issues with the student:

Previous attempt

Has the student 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 student 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? Have you been ill? Has anything significant happened to you recently?"**

Plan

Does the student have a plan? If 'yes', ask "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 student 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 rope or pills? "Where would you do it?" Will the student be in a place where they can be rescued? For example, do they intend to carry out the action when both parents are out and their siblings also?

ONWARD REFERRAL

The greater the number of “Yes” answers, the higher the risk and the greater the need for immediate onward referral. Parents should be informed and asked to bring the student to their GP or to another service and report what the student has said. Advise about use of Accident and Emergency Services if parents have concerns about accessing a GP out of hours.

Do not send the student home alone if there are concerns. Release the student to the parents if concerns for safety exist. Explain to the student that you have to take action and let them know what action you are taking. If a student is under 18 years, teachers are obliged to inform the parents even without the student’s consent.

Record the information and the actions taken. Share this with the relevant person in management. Share information as considered necessary with other staff members (e.g. student support team, class/subject teacher) taking into consideration the student’s right to confidentiality.

RETURN TO SCHOOL

A plan for reintegration of the student will be the responsibility of a designated person from the student support team. Consider the timing of the student’s return if there has been an absence from school. Discuss the return with the parents and student. Should the student be under medical supervision? Can the parents provide advice for the school from the medical team who assessed the student? How would the student like to have the absence explained?

Share information about the return as considered necessary (for example with management, student support team, class/subject teacher as appropriate) and with other staff members, remembering confidentiality. Monitoring in the first few days will be an important part of the plan. Have a staff member available to meet them on arrival. Ensure that all teachers know that the student has been through a difficult time. Let the student know which staff member is available if support is needed. Keep routine as normal as possible. Ensure that there is a current family/guardian contact number available should difficulty arise.

Monitor the behaviour of friends and other students who may be providing support to the student to ensure that they are not taking on too much responsibility for the wellbeing of the student. Where a previous suicide has occurred in a school be aware of the possibility of copycat or suicide contagion which occurs when suicidal behaviour is imitated (see 7.6 in the Guidelines).

PREVENTATIVE AND PREPARATORY GUIDANCE FOR SCHOOLS

School systems are not only responsible for the academic needs of students but also for their emotional, social, and physical wellbeing. A preventative whole school approach to supporting mental health schools should ensure implementation of the Well-Being Guidelines for Mental Health Promotion and Suicide Prevention (2013/2015), available on the DES website. This includes ensuring that the SPHE curriculum is consistently delivered in the school. SPHE provides a framework for educating young people about their health and wellbeing in a planned and structured way. It is advised to ensure that mental health awareness is included in curriculum delivery at all levels in the school.

If the school does not have a Student Support/Care Team in place, consider setting one up. The document *Student Support Teams in Post-Primary Schools (2014)* is a useful resource and available on the DES website. It will provide a system for tracking and monitoring the students who have difficulties. Having such a system reduces anxiety for staff who have the concern as it shares the burden.

Schools are advised to have some members of staff trained in ASIST professional development provided by HSE. Information is available on www.nosp.ie

R20 CRITICAL INCIDENT MANAGEMENT TEMPLATE FOR SCHOOL PLAN

CRITICAL INCIDENT MANAGEMENT TEAM

Role	Name and email address	Telephone number
Team leader	Principal/ SLT	
Garda Liaison	Principal/ SLT	
Staff Liaison	Principal/ SLT	
Parent Liaison	Chaplain/ SLT	
Student liaison		
Community Liaison		
Media Liaison		
Administrator		

SHORT TERM ACTIONS – DAY 1

Task	Name
Gather accurate information	
Who, what, when and where?	
Convene a CIMT meeting – specify time and place clearly	HT
Arrange supervision for students	DC/OM/EM
Hold staff meeting	HT
Agree schedule for the day	CIMT- All staff

Inform students – (close friends and students with learning difficulties may need to be told separately)	As/ if appropriate. Prepare parents to communicate the news to their children.
Compile a list of vulnerable students	CIMT- SST for year group
Contact/visit the bereaved family	(Chaplain) CC, HT
Prepare and agree media statement and deal with the media	n/a
Inform parents/guardians	Adapt and agree Letter template-CIM T
Hold end of day staff briefing	HT

MEDIUM TERM ACTIONS – (DAY 2 AND FOLLOWING DAYS)

Convene a CIMT meeting to review events of day 1	Team leader
Meet external agencies	HT (with a delegated DP)
Meet whole staff	HT
Arrange supports for students, staff, parents/guardians	CIMT- SST
Visit the injured	
Liaise with bereaved family regarding funeral arrangements	

Agree on attendance and participation of funeral service	Chaplain and family(ies)
Make decisions about school closure	BOM

FOLLOW-UP BEYOND 72 HOURS

Monitor students for signs of continuing distress	Class teachers
Liaise with agencies regarding referrals	YH-SST-SLT
Plan for return of bereaved student(s)	YH- SST
Plan for giving 'memory box' to bereaved family	Chaplain- SST
Decide on memorials and anniversaries	BOM/Staff, parents and students
Review response to incident and amend plan	Staff/BOM

This policy will be reviewed every two years, and following implementation in the event of a critical incident.

Letter to Parents (1)

(Sample letter in the event of a tragedy)

Dear Parents,

The school has experienced (the sudden death, accidental injury) of one of our students. We are deeply saddened (shaken/shocked) by the death/event.

(Brief details of the incident, and in the event of a death, perhaps some positive remembrance of the person lost).

We have support structures in place to help your child cope with this tragedy.
(Elaborate)

It is possible that your child may have some feelings that he/she may like to discuss with you. You can help your child by taking time to listen and encourage them to express their feelings. It is important to give them truthful information that is appropriate to their age.

If you would like advice or assistance you may contact the following people at the school
(Details)

Yours sincerely,

Letter to Parents (2)

(Sample letter requesting consent for involvement of outside professional/s)

Dear Parents,

Following the recent (tragedy, death of) we have arranged professional support for students in school who need particular help. (X..) is available to help us with this work. This support will usually consist of talking to students, either in small groups or on a one-to-one basis, offering reassurance and advice as appropriate.

Your son/daughter has been identified through the relevant Year Head as one of the students who could benefit from meeting with this specialist. If you would like your son/daughter to receive this support please sign the attached permission slip and return to the school by.....

If you would like further information on the above or to talk to the specialist, please indicate this on the slip or telephone the school.

Yours sincerely

I/We consent to having our daughter/son met by a specialist employed by the Minister for Education and Skills.

I/We understand that my daughter/son may meet the specialist(s) in an individual or group session depending on the arrangements which are thought to be most appropriate.

Name of student:

Class/Year:

Date of Birth:

I would like my daughter/son to avail of the support being offered by the psychologist.

Signed _____(Parent/Guardian)

R22 GUIDANCE ON SOCIAL MEDIA USE AND CRITICAL INCIDENTS.

Social media is now part of everyday communication and information sharing. Most students are avid and competent users. Social media messages speed up the rate at which shared. This of course can have significant influence on the behaviour of young people during a critical incident. Some social media communication may occur without the knowledge of school staff that leads to distress among students or their parents/guardians.

The following information may help us to consider issues related to social media use when dealing with a critical incident.

- When dealing with a critical incident it is advised that schools act quickly and with caution. A message could be placed on a school website and on any other school social media account along the following lines:

'You may be aware of a recent event within the school 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 inform you through the normal channels of any relevant developments'.

- School 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 and monitor its use more actively following a crisis.

Debriefing:

A leading American Physician, Dr. Jeffrey Mitchell, first developed this early intervention strategy and documented it in his [study](#) published in the *Journal of Emergency Medical Services*. The seven steps to debriefing following a Critical Incident event are outlined below and could be applied to many workplace situations including a school based environment.

The 7 Steps of Critical Incident Stress Debriefing and How They Support Trauma Recovery

Following a critical and life-changing event, individuals often struggle to regain a sense of normalcy and safety. Professional help is sometimes necessary to help people cope with their psychological reactions. One way that therapists and counselors support trauma survivors is with the seven steps of critical incident stress debriefing. Keep reading to learn what this treatment method involves and how it can support trauma recovery.

What Is Critical Incident Stress Debriefing?

Following trauma exposure, an individual experiences both physical and psychological symptoms. Critical incident stress debriefing is a process that allows survivors to both process and reflect on what has happened to them.

In an ideal situation, stress [debriefing](#) should occur as soon as possible after the traumatic event to increase the efficacy of this method. That's because the more time that elapses between the crisis and the debriefing, the less effective the debriefing is. Therefore, it's recommended that debriefing occurs within the first 24 to 72 hours following the critical incident to provide the most support to the trauma survivor.

Prompt treatment is also thought to be a crucial step since symptoms and reactions may take time to surface, and the sooner the individual is helped, the better.

Critical incident stress debriefing was designed specifically for first responders who experienced stressful and traumatic situations while working to serve others. These brave men and women can sometimes become secondary victims, and like those whom they're helping, they can also experience strong emotions and even physical reactions, too.

Some of these symptoms immediately follow the critical incident, while others surface over time, developing into long-term reactions. If these reactions become chronic experiences, the individual may turn to substance abuse to cope and cover them.

Lower productivity, as well as absenteeism, can increase if individuals have not been empowered with coping and management skills following the critical incident.

When Is Critical Incident Stress Debriefing Useful?

This form of treatment is helpful when people have been caught off guard and traumatized by events, such as workplace violence, shootings, natural disaster, attacks, and violence in public

spaces, including schools, concerts, and political events.

And while it's important to provide relief to the victims, we often forget that those providing services are also in need of help, too. That's what critical incident stress debriefing is designed to do. Therefore, rescue and emergency workers, along with police officers, firefighters, military personnel, etc. can benefit from this debriefing.

What Are The 7 Steps Of Critical Incident Stress Debriefing?

Dr. Jeffrey Mitchell first developed this early intervention strategy and documented it in his [study](#) published in the *Journal of Emergency Medical Services*, entitled "When disaster strikes: The critical incident stress debriefing process." The following seven steps make up the stress debriefing process, as outlined by a fellow scholar, [Joseph A. Davis, Ph.D.](#):

1. "Assess the impact of the critical incident on the "

The leader makes his or her assessment as the participants introduce themselves and share their initial statements. The leader should gain information like the individual's age and their involvement in the incident. As the discussion grows, the leader is better able to make an accurate assessment of each participant.

2. ***"Identify immediate issues surrounding problems involving 'safety' and 'security.'"***

Safety and security can vanish instantly when sudden tragedy or loss strikes. Understanding an individual's perceived sense of safety and security is gathered from group discussion, which is facilitated by the leader's prompting and questions.

3. ***"Use defusing to allow for the ventilation of thoughts, emotions, and experiences associated with the event and provide "validation" of possible reactions."***

Being able to talk about the critical event can be incredibly therapeutic, in and of itself, as it helps people process their emotions and come to terms with what they witnessed and experienced. The leader should provide a safe and non-judgmental space for them to do so.

And it should also be an opportunity for the leader to validate each person's own, unique reaction, and let them know that this is both normal and okay.

4. ***"Predict events and reactions to come in the aftermath of the event."***

Participants are supported by also being made aware of possible reactions that may surface as the days, weeks and even months, go on. This can include emotional reactions, physical symptoms, and psychological changes. This empowers the trauma survivor to plan for the future and ward off any more stressful incidents.

5. ***"Conduct a "Systematic Review of the Critical Incident" and its impact emotionally, cognitively, and physically on survivors. Look for maladaptive behaviors or responses to the crisis or trauma."***

While observing the participant's mood, word choice, perceptions, and thoughts, the leader must stay alert to any maladaptive behaviors that might inhibit the survivor's ability to recover and cope with their physical or psychological reaction. Common maladaptive behaviors include substance abuse, avoidance, withdrawal, and anxiety becoming anger.

6. ***"Bring "closure" to the incident, and "anchor" or "ground" the individual to community resources to initiate or start the rebuilding process."***

As stated previously, critical incident stress debriefing is not meant to be the survivor's main treatment. Therefore, it's important that group participants are educated on the resources available to them in their community.

7. ***"Debriefing assists in the "re-entry" process back into the community or workplace."***

By addressing the critical event, along with the individual's reaction to it, the survivor may be better able to regain his or her self of safety, security, and wellbeing. This, in turn, allows them to return to normal life with greater equanimity and less stress.

How Does Critical Incident Stress Debriefing Usually Occur?

The most common way critical incident stress debriefing is given is in a *group format*, where trauma survivors led by trained professionals to discuss the critical event.

As we learned earlier, it is recommended that these debriefing sessions occur within 24 to 72 hours of the traumatic event. Groups can meet over the course of several days, but for no more than two hours per session each day. This allows survivors to process everything without becoming too overwhelmed.

Leaders help participants understand their emotional reactions, and also provide validation for their reactions. Leaders also provide stress management tools and resources for continued support.

While this may sound like a therapy session, critical incident stress debriefing (CISD) is never meant to replace therapy. Instead, it is part of a multi-faceted treatment system called Critical Incident Stress Management (CISM), of which CISD is just one of many treatments.

EMERGENCY CONTACT LIST

AGENCY	CONTACT NUMBERS
EMERGENCY SERVICES (Ask for emergency service you require) GARDA FIRE SERVICE AMBULANCE	999 112
GARDA STATION, MALAHIDE	(01) 6664600
<u>LOCAL DOCTORS</u> <i>Portmarnock Family Practice</i> Dr. Anne Flanagan Dr. Valerie Flood <i>GP Clinic, The Dunes, Portmarnock</i> Dr. Garrett May, Dr. M O’Flynn, Dr. Laura O’Flynn Kingsford Medical Centre, Portmarnock Dr. Marie-Louise Murphy: Dr. Madden DDOC	(01) 8461300 (01) 8461335 (01) 5676300 1850224477
HOSPITALS Temple St. Children’s University Hospital Beaumont Hospital Mater University Hospital	(01) 8784200 (01) 8375400 (01) 8032000
Other Contacts Portmarnock Parish Centre (P. Priest) Portmarnock Health Centre PCS Board of Management (ref M Behan) PCS Parents Association pcsparentsassoc@gmail.com St Helen’s SNS (Gwen Breathnach) St Marnock’s SNS (Sinéad Trimble)	(01) 8461561 (01) 8460311 (01) 8038056 (01) 8038056 (01) 8461808 (01) 8462060
Malahide Community School	(01) 8463244
NEPS PSYCHOLOGIST Rhona Larney (2024) rhona_larney@education.gov.ie	(01) 8892700 0872110817

EMPLOYEE ASSISTANCE SERVICE www.Spectrum.Life	1800 411 057 (01) 5180356
TUSLA (Emergency Out of Hours Social Work Team)	0818 776315

USEFUL WEBSITES for Accessing Resource Documents

www.education.ie Department of Education and Skills

<http://www.education.ie/en/Schools-Colleges/Services/National-Educational-Psychological-Service-NEPS-/Critical-Incidents.html>

NEPS 2015. Responding to Critical Incidents - Guidelines for Schools

[http://www.education.ie/servlet/blobserlet/neps critical incidents guidelinesschool.pdt](http://www.education.ie/servlet/blobserlet/neps%20critical%20incidents%20guidelines%20school.pdf)

NEPS 2015. Responding to Critical Incidents- Resource materials for schools

[http://www.education.ie/servlet/blobservlet/nepscritical incidents resource material schools.pdf](http://www.education.ie/servlet/blobservlet/nepscritical%20incidents%20resource%20material%20schools.pdf)

Well-Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention (DES, DOH, HSE 2013)

[http://www.education.ie/en/Publications/Education-Reports/Well Being PPSchools Guidelines.pdf](http://www.education.ie/en/Publications/Education-Reports/Well-Being-PPSchools-Guidelines.pdf)

www.nosp.ie National Office for Suicide Prevention

www.ias.ie Irish Association of Suicidology (IAS)

www.irishchildhoodbereavementnetwork.ie

The Childhood Bereavement Network (CBN) is a multi-professional federation of organisations and individuals working with bereaved children and young people.

<https://www.childhoodbereavement.ie/families/adolescents-and-grief/>

www.oide.ie/post-primary/home/wellbeing/

Oide Health and Wellbeing Team

Appendix 1

NEPS Advice 2024 in context of Bereavement in School Community:

1. The resource below from the Irish Hospice Foundation / Irish Childhood Bereavement Network is a **5-page guide on how to support adolescents who are bereaved**. Page 4 in particular addresses the range of reactions to expect from bereaved adolescents, how to help them, and what signs to look for when an adolescent needs additional help:

[Adolescents and Grief - Irish Childhood Bereavement Network](https://www.childhoodbereavement.ie/schools/) Further resources are available from <https://www.childhoodbereavement.ie/schools/>

2. NEPS has developed a document titled '**Guidance for Post-Primary School Staff – using Psychological First Aid**' (see first document attached). The aim of this guide is to help staff to talk with young people who have experienced a traumatic event. It includes information on identifying signs of stress/distress in a young person. It will allow staff to give immediate support to distressed students by using a model of Psychological First Aid (PFA) called the **Look, Listen & Link**^[1] approach and signposting additional supports for students when needed.

3. For Parents - the second word document attached is from Barnardos and is a guide for parents when supporting their children through a bereavement. The last 2-3 pages contain contact details for accessing supports in the Dublin area for children experiencing bereavement, as well as useful books / resources.

4. Finally - and this recommendation is more for the medium-term - The Irish Hospice Foundation is running an online workshop titled '**Supporting Secondary School Students with Bereavement and Loss**' on 19 April 2024 from 9.15am to 4.15pm. Interested staff can register on the Irish Hospice Foundation website.

<..\..\Downloads\New-Factsheet-Adolescent-Grief.docx>
<Barnardos-PP-Parents-Coping-With-Death.docx>

For further information see: www.childhoodbereavement.ie

Supported by



Irish Hospice
Foundation, 32
Nassau St (4th Fl.),
Dublin D02 YE06 E:

Claire.Banks@hospicefoundation.ie