**MILC**

**Critical Incident Policy**

# Purpose

It is important to prepare a planned response to a critical incident. The appropriate handling of the incident by MILC is central to alleviating the hurt and suffering that accompany such incidents. We need to minimise the effects of trauma by dealing compassionately and effectively with the possible distress that critical incidents may have on members of MILC and its community.

# Definition

A critical incident is any situation faced by members of MILC and the wider community causing them to experience unusually strong emotional/psychological and/or physical distress, which have the potential to interfere with their ability to function, (in a way which is normal for them) either at the time of the event or later. Because it is sudden and out of the ordinary, it is traumatic and therefore causes shock and fear in those who experience, witness or who are otherwise affected, because of their association with the MILC community. These reactions will be normal human reactions to abnormal circumstances.

**Procedures**

The following plan includes information in the form of a support document which outlines details of procedures for preparation and handling short and long term follow-up of the critical incident. A flow chart is the focus of the plan and provides procedures for the successful execution of the plan in terms of what needs to be done, when, by whom, and in what order. In addition to the flow chart and the support document, preparation of all staff involved is crucial to the successful implementation of this policy.

**Responsibilities of management and staff:**

The plan assumes that the initiation, execution, supervision, and overall responsibility for the management of any critical incident lies with MILC management. In the event of the death or disability of MILC management as the result of the incident, the following chain of authority should be followed:

MILC management or other nominated person in charge makes the decision about the incident in close consultation with the Critical Incident Management Team (CIMT). This team is established as one of the first steps in the implementation of the plan and comprises key personnel and those with specialist skills. In the initial phase, MILC management should establish a team of staff and relevant others who will meet regularly to discuss developments and decide who will be responsible for particular tasks. This team is notified prior to a crisis. When putting the team together, particular expertise and also the degrees to which people have been affected by the incident should be taken into account. It may be that MILC management is least able to lead the team or carry out particular tasks, not because of incompetency, but because they may be affected by the critical incident.

Potential Members of the CIMT:

* Director, Managing Director, Maintenance Supervisor, Boarding Supervisor, Student Support Officer

**Consequences:**

MILC Critical Incident policy facilitates:

a) an optimum response at a time of great instability

b) assistance with recovery

c) return to normal routine

d) a sense of cohesiveness within the MILC community

e) a sense of control and responsibility over situations which may arise

f) a demonstration of caring and support at a time of great need.

MILC is the focus of community attention when a critical incident affecting the welfare of students, staff and the wider community such as a suicide, murder, accident, violent incident, bomb threat or natural disaster occurs. Any of the above incidents may attract media attention - in fact, the effect of the media is often to intensify the impact of the critical incident. Hence, this is an additional factor which needs to be considered in planning and implementing a critical incidents policy.

**Where to go for help or advice:**

Names and phone numbers of staff with accredited first aid should be listed. Also staff with in-servicing in communication or counselling should be available. In addition contact details below may be useful.

**Support Agencies and Contact Numbers**

Ambulance 000

Fire 000

Police 000

Electricity Emergency 13 13 88

Poisons Information 13 11 26

Interpreter Service 13 14 15

Lifeline 13 11 14

**Objectives**

A Critical Incident Management Plan (CIMP) should ensure that trauma is minimised for all concerned, that near normality is resumed as soon as possible, that legal issues of fault, blame, responsibility, et. are dealt with carefully and through the correct channels.

The following priorities should be observed in dealing with a crisis: (See Appendix for more details)

1. Safety and First Aid

2. Emergency Services contact.

3. Evacuation procedures.

4. Return to “normal” procedure.

5. Factual report to MILC management.

6. Statements to staff, students, school community.

7. Statement to Media.

8. Counselling services.

9. Contact with affected families.

10. Contact with insurance and legal advisors.

11. Long term planning.

It is MILC management’s responsibility to decide which aspects of the plan should be implemented. The staff’s responsibility is to follow procedures as directed and refer other possible actions to MILC management for approval. The staff should be sensitive, pastorally aware, warm and are not to exceed areas of responsibility in word or action. In these situations, tension will be high and the public may be hypercritical. Communication and teamwork are vitally important or criticism will occur.

**Procedures**

**Response through First 24 Hours**

* Go to Scene
* Collect information
* Make assessment from reliable sources especially staff witnesses
* Inform affected Parents
* Call Critical Incident Committee for Action
* Staff cover for management team and those involved in incident. Notify reception.
* Establish management plan
* Identify staff and students affected
* Determine whether additional support from agencies required
* Inform Whole School Staff
* During staff briefing - if necessary, students to be supervised by allocated staff
* Provide facts of the incident
* Outline the proposed management plan
* Suggest sources of personal support for teachers
* Brief teachers about their role, possible reaction of students
* Inform School as one
* Talk in classes with class teachers
* Assess needs of affected group
* Set up recovery rooms as needed (student/staff) with appropriate support person access for several days
* Set up debrief sessions and counselling
* Prepare letter for affected group parents
* Offer counselling support to bereaved parents
* Compose letter for all parents
* Inform media/insurance/law etc
* Further information to all staff and students re media guidelines

**24 - 48 Hours**

* Critical Incident Committee meets again to plan day two
* Set up a support group for MILC and liaise with outside community if necessary
* If the magnitude of the incident is too great for school personnel alone to manage, then identified key personnel are to be contacted for assistance.
* See Appendix for list of identified persons from other agencies
* Liaise with external key personnel and co-ordinate support with MILC
* Identify key staff members - Class Teachers, Boarding House Staff and brief them on their roles
* Provide debriefing sessions, on-going counselling and access to recovery room as requested.

**During the first month**

* Critical Incident Committee Meeting
* Arrange a Memorial Service at School within a week of the incident if students or teachers have been killed in the incident.
* Encourage close friends and others directly involved in the incident to participate and be involved in the planning.
* Grant permission for students over 16 years old to attend funerals and consult with parents for those in younger years.
* Convene a meeting of parents of students involved in the incident after three or four weeks (where a number of students are directly involved).
* Involve counselling professionals to encourage parents to express and share their feelings and concerns about their child’s welfare and to help them understand their reactions
* Monitor the mental and physical health of those in caregiver roles
* Burnout Syndrome may occur, especially when the emergency is perceived to have eased.
* Arrange meetings with caregivers (include administrators) to monitor how well they are managing their increased workloads and emotional and physical stress levels.
* Remember that students may have caregiver roles
* Monitor progress of hospitalised students
* Ensure hospitalised students have access to counselling support.
* Liaise closely with hospital support staff re hospital support staff re hospital support program.
* Ensure continued access to counselling support to students on discharge. Ensure support program for hospitalised students on return to school.

**After one month**

* Critical Incident Committee Meeting
* Monitor staff for signs of undue stress
* Encourage staff to seek professional help if needed. Try to provide a supportive environment. Provide for increased demand on teacher relief time.
* Be alert for and sensitive to the disturbing influences of anniversaries, inquest and legal proceedings. Special support for those affected may be needed again at these times. Make extra staff and services available if necessary.
* Establish procedure for ensuring continuity of monitoring long term effects despite staff changes in MILC
* Be aware that future events may act as triggers for unresolved issues surrounding this issue

**Appendix**

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| Safety and First Aid | This is the responsibility of the person first on the scene. That person should hand over to others on arrival who are better qualified. |
| Emergency Services Contact | A message should be sent to Reception. MILC management or delegate should telephone Emergency  |
| Evacuation or lockdown procedures | The person in charge should activate these in the most desirable manner in the circumstances. They may not be necessary. |
| Return to “normal” procedure | This should be done by the second-in-charge (leaving MILC management to concentrate on other matters). Students should be encouraged to talk in small groups and those at risk identified for counselling.  |
| Factual report to MILC management | This to be done when appropriate by any persons involved first-hand, such as witnesses, at MILC management’s discretion. |
| Statements to staff, students, school community | These to be done only by MILC management or nominated delegate in the manner thought most desirable.  |
| Statement to Media | It is essential that this be done only by MILC management. Staff should not comment to any person outside the immediate community as misreporting is highly likely under such circumstances.  |
| Counselling services | Available personnel should be brought to MILC campus as soon as appropriate – MILC management or delegate to arrange this. Students most immediately at risk are to be offered help and assistance. Debriefing sessions, for staff and counselling team, are to occur at the conclusion of each school day or an appropriate time for the first few days at least. Follow up visits to affected families are to be arranged by the counselling team. Staff who are a part of counselling teams should demonstrate some skills and have a degree of emotional detachment. Set up 24-hour phone contact, especially if the incident has occurred off campus. |
| Contact with affected families | This should be done first by MILC management and then by other members of the Counselling team. Exact strategies to be worked out in the circumstances. |
| Contact with insurance and legal advisors | This to be done by MILC management as soon as possible. |
| Long term planning | This is difficult to quantify but MILC Management should attempt to plan some strategies for:-1. Day to day for the first week
2. Suppressing grief reactions
3. Any necessary public expressions of farewell, eg funerals, memorials, etc
4. Monitoring students’ reactions
5. Follow up letters to parents, school community, etc
6. Dealing with anniversaries of the tragedy
7. Interviews with legal or insurance personnel
8. An assessment review of all procedures three weeks after the incident
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