Carlow Regional Youth Service
Youth Work Ireland

CRITICAL INCIDENT PLAN

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INTRODUCTION

This protocol has been developed by Carlow Regional Youth Service in response to a number of critical incidents and forms part of our identified strategy goals. The purpose of this protocol is to coordinate the response of our service in dealing with critical incidents that impact on children, young people and families and to support the protocols of other agencies.

PURPOSE OF THE CRITICAL INCIDENT PLAN

The purpose of this plan is to set out procedures, which will be followed in order to ensure a timely and co-ordinated response by our service to critical incidents and urgent situations involving the Board members, staff, young people and volunteers.

At the time of a crisis there are a large number of tasks to be carried out. By identifying key roles in advance of an incident there is a clear statement of who will do what, when and how.

A good plan also ensures that no project or individual is overburdened and that important elements in the response are not forgotten.

DEFINITION

A critical incident is a physical event, a sequence of events, or psychological trauma which overwhelms the normal coping mechanisms and disrupts the running of our service. These **may** include but are **not limited** to:

- The death of a member of the Service through sudden death, accident, terminal illness or suicide.
- The disappearance of a member of the Service
- A serious accident involving young people/staff/volunteers
- A serious physical attack on young people/staff/volunteers
- Serious damage to a Youth Service building
- An accident or tragedy in the wider community

GENERAL PRINCIPLES

1. First do no Harm
2. Make children, families and communities feel safe and secure
3. Provide Practical Support: Identify and assist with current needs
4. Connect with young people, families and communities so as to facilitate people's social support and help to identify inner resilience and strength in order to promote coping skills.
5. Provide hope

IMPLEMENTING THE PLAN

The structures of the Critical Incident Plan consist of two teams namely:

1. **Critical Incident Management Team (CIMT)**

This team will assess, prioritise and manage the response to the incident.

2. **Front Line Response Team (FLRT)**

This team will be appointed by the Critical Incident Management Team to provide the front line response to the critical incident.

1. **Critical Incident Management Team (CIMT)**

Role of CIMT:

- To be first point of contact following critical incident
- To assess the level of incident and response required
- To co-ordinate and lead the response
- Decide on actions required
- Decide which projects and staff need to be involved- as appropriate to circumstances
- Evaluate the response
- Update the protocol to ensure the appropriate response is provided
- **The Media:** The CIMT will prepare a protocol for dealing with the media, to include appointing a media spokesperson. The protocol will cover the provision of accurate information to the media with, while prioritising the protection of affected children, their families and frontline workers from unnecessary intrusion (see Appendix 11).

Note: The CIMT members need to be of appropriate seniority to be able to make quick decisions and have access to relevant information from front line staff in each project. Given the nature and diversity of potential critical incidents the CIMT may call on appropriate expertise to assist it in its tasks.

Role of CEO

- Be the first point of contact when the incident occurs
- Convene the CIMT and select its members as appropriate to the incident
- Chair the group appoint a Lead Member
- Ensure implementation of agreed actions
- Activate and de-activate the Plan
- Monitor, evaluate and review responses to critical incident
- Convene a meeting of the CIMT on a regular basis to update information and test systems and plan.

2. Front Line Response Team (FLRT)

Role of FLRT:

- The role of the FLRT is to carry out the actions as identified by the CIMT, in order to meet the needs of the critical incident.
- Each member will identify front line staff who will be released from their other duties to respond in a prompt fashion when the need arises.
- FLRT will remain in place for the duration of the critical incident and then disband.
- FLRT will provide to support other staff to service users as appropriate.

THREE STAGES OF CRITICAL INCIDENT MANAGEMENT

Response to a critical incident will consist of the following three stages:

1. Immediate response/intervention/short-term actions (1st day)
2. Secondary response/medium term actions (24-72 hours)
3. Review and Evaluation

1. Immediate response (1st day)

- Gather the facts – Who? What? When? And Where?
- Convene the Critical Incident Management Team and agree on a statement of facts
- Inform all staff
- Maintain the normal routine when at all possible
- Inform young people and where necessary, parents/guardians
- Make contact with the bereaved family/families (where necessary)

- Organise support
- Respond to the media

2. Secondary Response (24-72 hours)

- Review the events of the first 24 hours
- Reconvene key staff/Critical Incident Management Team
- Briefly check out how each person on this team is coping
- Decide arrangements for support meetings for young people/staff/volunteers as necessary
- Decide on mechanism for feedback from young people/staff/volunteers
- Have review meeting with all staff/volunteers if necessary and ensure all are kept up to date on any developments.
- Be sensitive as to how all staff/volunteers are coping on a personal and professional level.
- Establish contact with absent staff/young people/volunteers
- Update media, if necessary.

Plan for the reintegration of staff/young people/volunteers (eg absentees, injured, siblings, close relatives etc.)

- Name key person(s) to liaise with above on their return to work.

Plan visits to injured (if necessary)

- Name key person(s) to visit home/hospital

In the case of bereavement, liaise with the family regarding funeral arrangements/memorial service

- Designate staff member to liaise with family, to extend sympathy and clarify the family's wishes regarding the Services involvement in funeral/memorial service.
- Arrange a home visit by two staff/volunteers representatives within 24 hours, if appropriate.
- Have regard for different religious traditions and faiths.

Closure of Service

- This to be looked at for each individual incident, as it may at times be more prudent to keep the Service open so that young people will have a place to go to.

CONFIDENTIALITY

Even though the events surrounding a critical incident in the community are often very much in the public domain it is critically important to ensure that confidentiality is strictly maintained by responding professionals as per agency and ethical guidelines.

SUPPORT

Ethical & Practical Issues: It is important to be mindful that staff and volunteers can be personally affected by a critical incident. Consideration needs to be given as to whether it is appropriate and ethical for responders who have been affected to become involved in the plan, or not, or to change their role within the team. Responding personnel need to be aware of the internal support systems within their service.

SCALING DOWN THE RESPONSE

CIMT will need to constantly review the response to the incident to ensure the appropriate level of resources is available. Consideration will need to be given to scaling back the response at an appropriate time.

Deactivate the Plan

The CEO has the authority to deactivate the response plan. A review session should be held as part of the deactivation process in order to:

- Support staff who have been involved in the response
- Consider and review the experiences of all involved
- Review the resources and effectiveness of the plan
- Identify any particular difficulties that were encountered
- Identify any training, response needs or wider implications and act on these appropriately

REVIEW AND EVALUATION OF THE PLAN

Evaluation of Response & Capturing the Learning

Critical incidents are rare events and their unexpected nature can make it difficult for responders to mobilise an ideal approach. Staff should always document their experiences to continuously review practice and improve responses to supporting young people and affected families. Whilst it is fully recognised that all responders will be doing their best in the immediate situation, this information can help improve practice in responding to similar tragic events in the future.

- The CIMT will evaluate and update the protocol
- CMIT will convene a meeting when the plan is being de-activated, to ensure that all relevant information is gathered to ensure the best possible response to critical incidents
- FLRT members will feedback their experiences of the response into the CIMT

Key issues for review:

- Check with how all young people, staff and volunteers are.
- Are there any identifiable gaps?
- What was most/least helpful?
- Have all necessary onward referrals to support services been made?
- Is there any unfinished business?
- Ensure new staff (where appropriate) are aware of those in the Service who may have been affected by a recent critical incident.

APPENDICES

Appendix 1: Key terms:

Critical Incident Management Team (CIMT) Membership:
Senior staff in CRYS representing the projects/services most affected by the critical incident or best placed to provide assistance.

Front Line Response Team (FLRT) Membership:
Membership comprises of the frontline staff dealing with the service users.

Appendix 2: Agencies / services that may be of assistance:

Health Service/CFSA

- Health Service Area Manager/ Manager Children & Family Services
- GP
- Psychology Manager / Psychology staff
- Social Work staff / Principal Social Worker
- Resource Officer for Suicide Prevention
- Mental Health Services – Adult and/or Child & Adolescent
- Health Promotion

An Garda Síochána

- Community Garda / JLO

Community & Voluntary sector

- Family Resource Centre
- Local Clergy
- Other Youth Service
- Local Leader Partnership
- Parents groups
- Local voluntary sector/community organisations
- Funeral Directors
- Local sporting organisations e.g. GAA
- Student representatives e.g. USI Welfare Officers

NEPS

- Psychologist / Senior Psychologist

VEC

- Youth Officer

Appendix 3: Useful contacts:

Emergencies	999 or 112
Ambulance	999/112
Garda	999/112
Garda Helpline	1800-666-111
Fire Brigade	999/112
ESB emergency	1850-372-999
Gas emergency *(leaks only)*	1850-205-050
The Samaritans *Helpline:*	1850 609090
Childline	1800 666666
Parentline	1890 927277
Aware	01-6766166 / 1890 303302

HSE Resource Officers for Suicide Prevention/ASIST & SafeTALK coordinating sites

HSE South
Waterford/Killkenny/Carlow/South Tipperary
Phone: 051 874013

Contact details for national organisations

National Office for Suicide Prevention
Health Service Executive
Phone: 016352179/016352139
Email: info@nosp.ie
Website: www.nosp.ie

Barnardos
Phone: 01 4530355
Email: info@barnardos.ie
Website: www.barnardos.ie

Voluntary Support Services
Aware Defeat Depression,
Phone: 01 6617211
Helpline: 1890 303 302
Email:wecanhelp@aware.ie
Website: www.aware.ie

Voluntary Support Services continued…

BeLonG To
Phone: 01 8734184
Email: info@belongto.org
Website: www.belongto.org

Bodywhys
Phone: 01 2834963
Helpline: 1890 200 444
Email: info@bodywhys.ie
Website: www.bodywhys.ie

Console
Phone: 01 8685232
Helpline 1800 201 890
Email: info@console.ie
Website: www.console.ie

Irish Association of Suicidology
Phone: 094 9250858
Email: info@ias.ie
Website: www.ias.ie

Mental Health Ireland
Phone: 01 2841166
Email: information@mentalhealthireland.ie
Website: www.mentalhealthireland.ie

Pieta House
Phone: 01 6010000
Email: mary@pieta.ie
Website: www.pieta.ie

Samaritans (Ireland)
Phone: 01 8781822
Helpline: 1850 60 90 90
Website: www.samaritans.ie

Teenline Ireland
Phone: 01 4622128
Helpline: 1800 833 634
Email: info@teenline.ie
Website: www.teenline.ie

Appendix 4: Guidelines for Good Practice

- Best practise indicates that, after a critical incident, children need to be with people they know and trust. It is, therefore, better if adults who are well known to the child provide most of the post-incident support as they will be around in the longer term and will be in a better position to monitor the child's progress over the days and weeks following an incident.

- A public meeting if appropriate needs to give general information on the effects of trauma on children, how parents can support them and when and where to seek help. At least one appropriate professional may be available after a public meeting for short face to face consultations about individual children.

- In no case, where a group of unrelated children is affected by a critical incident (for example a group of otherwise unconnected passengers on a bus that crashes or passers-by at the scene of a murder) should they or their carers be convened as a specific group. To do so could contaminate witness evidence and in any event there is no psychological evidence to support the use of such group debriefing. Families specifically affected by such scenarios should be contacted individually.

Appendix 5: Psychological First Aid: How You Can Support Well-Being in Disaster Victims

People often experience strong and unpleasant emotional and physical responses to disasters. Reactions may include combinations of confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others. There is consensus among international disaster experts and researchers that psychological first aid can help alleviate painful emotions and reduce further harm from initial reactions to disasters.
Your actions and interactions with others can help provide psychosocial first aid to people in distress. Psychological First Aid creates and sustains an environment of
(1) safety
(2) calming
(3) connectedness to others,
(4) self efficacy—or empowerment
(5) hopefulness

PSYCHOLOGICAL FIRST AID

DO:

- Do help people meet basic needs for food & shelter, and obtain emergency medical attention. Provide repeated, simple and accurate information on how to obtain these. (safety)
- Do listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel (calming)
- Do be friendly and compassionate even if people are being difficult (calming).
- Do provide accurate information about the disaster or trauma and the relief efforts. This will help people to understand the situation (calming).
- Do help people contact friends or loved ones (connectedness)
- Do keep families together. Keep children with parents or other close relatives whenever possible. (connectedness)
- Do give practical suggestions that steer people towards helping themselves (self-efficacy)
- Do engage people in meeting their own needs (self efficacy)
- Do find out the types and locations of government and non-government services and direct people to services that are available (hopefulness)

- If you know that more help and services are on the way do remind people of this when they express fear or worry (hopefulness)

DON'T:

- Don't force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences).
- Don't give simple reassurances like "everything will be ok" or "at least you survived" (statements like these tend to diminish calmness).
- Don't tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (this decreases self-efficacy).
- Don't tell people why you think they have suffered by giving reasons about their personal behaviours or beliefs (this also decreases self-efficacy).
- Don't make promises that may not be kept (un-kept promises decrease hope).
- Don't criticise existing services or relief activities in front of people in need of these services (this may decrease hopefulness or decrease calming).

Appendix 6: Warning signs of suicide

Most people who take their own lives do give clues to their upcoming actions. The following are some signs that are associated with suicide. The more signs that are present, the greater the risk of a possible suicide attempt.

Has the person experienced any of the following?

- ☐ Previous suicide attempt
- ☐ Physical and/or mental illness, especially depression
- ☐ History of suicide in the family
- ☐ Recent break-up of a close relationship
- ☐ Death of a loved one or other significant person
- ☐ Major disappointment (failed exams, missed job promotion)
- ☐ Separation from friends, girl/boyfriend, classmates, etc.

Interpersonal conflicts or losses

- ☐ High demands of self
- ☐ Sexual abuse
- ☐ Legal or disciplinary problems
- ☐ Peer-group pressure or bullying
- ☐ Disappointment with college results and failure in studies
- ☐ Confusion or shame regarding sexual orientation
- ☐ Unwanted pregnancy or an abortion
- ☐ Infection with HIV or other sexually transmitted diseases
- ☐ Natural disaster

Is the person:

- ☐ Withdrawing from family and friends
- ☐ Demonstrating declining academic performance or erratic attendance at lectures
- ☐ Finding it difficult to relate to others
- ☐ Abusing alcohol or drugs
- ☐ Taking less care of his or her physical appearance
- ☐ Acting different in some way, for example unusually cheerful
- ☐ Appearing tearful or trying hard not to cry
- ☐ Feeling irritable
- ☐ Finding it difficult to concentrate
- ☐ Seeming less energetic and particularly tired
- ☐ Tidying up personal affairs

Does the person talk about

- ☐ Engaging in suicide, self-harm or risky behaviour
- ☐ Seeing no hope in the future or no point in life
- ☐ Feeling worthless and a failure
- ☐ Feeling very isolated and alone
- ☐ Sleeping badly, especially waking early

Appendix 7: Dealing with the aftermath of a suicide or suspected suicide

Introduction

When a person dies through suicide, those who know the person experience a deep sense of shock. The unexpectedness of the death and the taboo associated with suicide can leave any community feeling unsure of how to proceed.

The term 'suicide' should not be used until it has been "established categorically" that this has been the case. The phrases 'tragic death' or 'sudden death' may be used instead.

The following is a guide to how the Service can support the bereaved family, staff/young people/volunteers.

Family

- A staff member should contact the family to establish the exact facts and the family's wishes about how the death should be described.
- Acknowledge their grief and loss.
- Organise a home visit by two staff members.
- Consult with the family regarding the appropriate support from the Service.

Staff/Volunteers

- Convene a staff meeting and outline the family situation and the arrangements and wishes of the family.
- Remind them of the Service' Critical Incident Plan.
- Decide on the strategy to deal with queries from parents/guardians.
- Ensure that a quiet place can be made available for young people/staff.
- Hold further staff briefings during the day to update information, to offer support and to further identify high-risk students.

Young People

- Provide factual information to young people as appropriate to the situation
- Create a safe and supportive space for the young people where they can share their reactions and feelings.
- Advise them on their possible reactions over the next few days.
- Avoid glorifying the victim and sensationalising the suicide.
- Advise the young people of the support that is available to them.

- Take any talk of suicide seriously and provide support or refer on immediately to relevant counsellor.
- Young people may wish to confide in and seek support from each other rather than adults. Facilitate this if appropriate and if it is possible. However, information should be provided about how to get further help if they, or their friends, should need it.
- Maintain open conversations with young people and identify at risk young people.

Indicators of young people who at 'high risk'

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

Appendix 8: Support document for staff/volunteers

Guidelines for input with young people on coping with their reactions to a Critical Incident:
Coping with a critical incident can be difficult and stressful. It can affect the way we feel, think and behave. The following information will help you understand some of the feelings and reactions you may experience within hours, days or weeks after an event. There are also some suggestions on what may help you during this time.

Feelings and thoughts
You may experience:
Shock - at what has happened. Things may feel unreal. Shock sometimes causes people to deny what has happened. This doesn't mean you don't care. You may feel like withdrawing, crying or becoming hysterical.

Fear - about the unpredictability of everything especially life, of a similar incident happening again, of breaking down or losing control, of being alone.

Guilt – feeling responsible in some way for what has happened even though you are being told you could not be, for not being able to make things better or not being able to help others, for being alive or better off than others.

Shame - for not reacting as you thought you should, for needing support from others.

Anger - at someone or something, wanting to blame someone or something for what has happened, at the injustice of the event.

Confusion - about the event, about how you should react, about having mixed feelings about everything.

Pain - at the loss of the person, of associating this with other incidents, bereavements or losses that you may have experienced before.

Left out by people - not acknowledging your involvement in the incident or your relationship with the person who is injured or deceased.

Physical and behavioural reactions
It is quite normal to experience, tiredness, sleeplessness, nightmares, headaches, loss or increase of appetite, bowel/bladder problems, loss of concentration, irritability. Sometimes people feel generally unwell.

Remember:
- You need to look after yourself
- You are normal and are having normal reactions to an abnormal event
- There are people you can talk to
- You may not experience any of the above feelings.

There is little you can do to avoid these uncomfortable feelings and thoughts but there are things you can do to help you recover.

What can help?

- **Talk** – Try to talk about what happened and how you feel. Don't bottle things up. Sharing your experience with others who have had similar experiences may help. Let someone know if you are not coping well. If it is difficult to talk, keep a journal of how you are feeling or draw your experiences or emotions.

- **Thinking over the incident** – You need to process the incident and allow it more into your mind over time. With time you may need to talk about it, write about it. You may find that you dream about it over and over again. All this eventually helps you to accept what has happened.

- **Attending memorials** – Going to the funeral or service.

- **Eating properly** – Try to eat a regular meal three times a day.

- **Exercise and relaxation** – Make sure you take some exercise and also find ways to relax and rest.

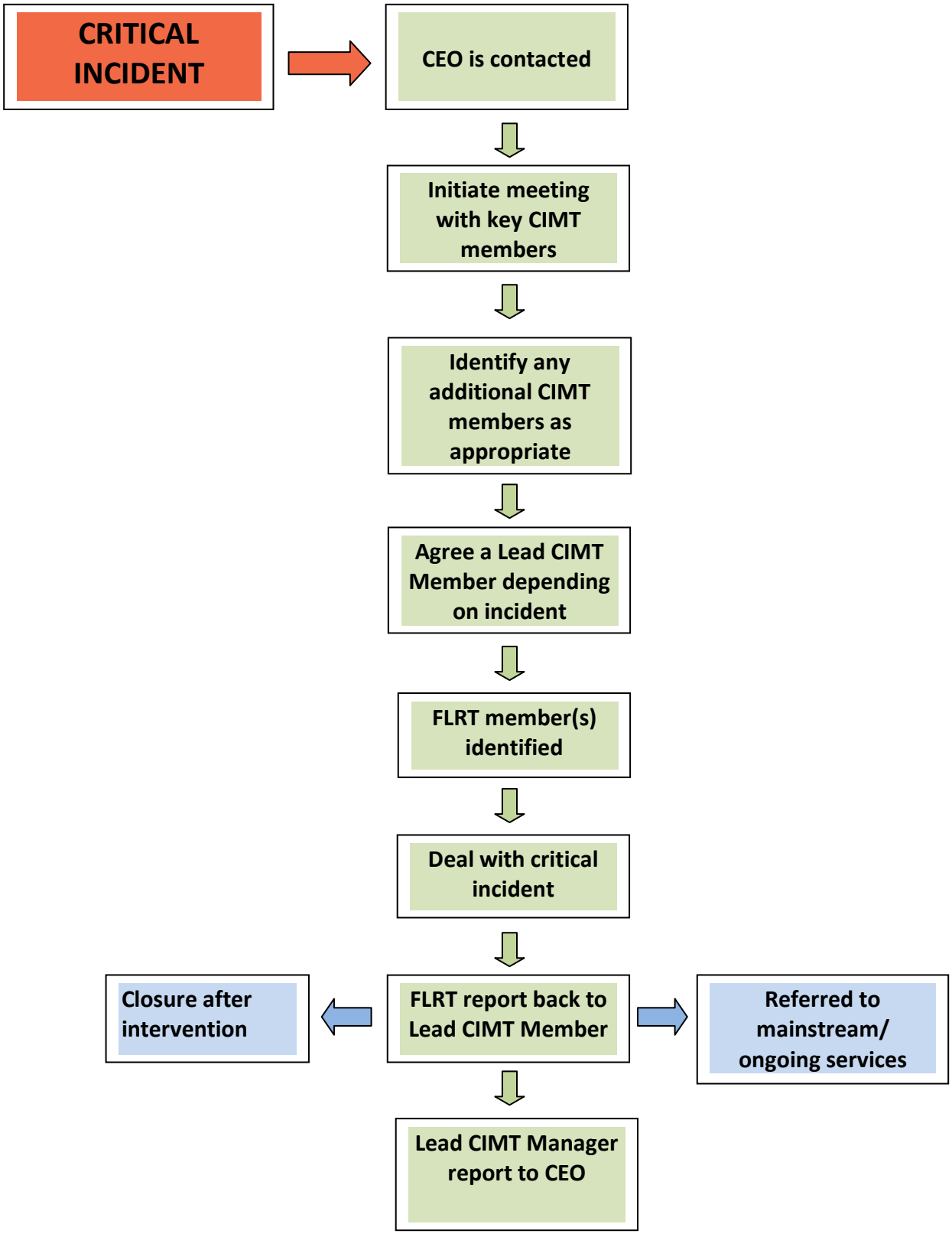
- **Be careful not to use drink or other drugs to help you cope** – They may numb the pain temporarily but will lead to other problems.

Seek help if, four to six weeks after the event,

- you cannot cope with or feel overwhelmed by your feelings
- you (continue to) have nightmares
- you experience sleeplessness
- intrusive thoughts about the event persist
- you begin to have problems in school/at work
- you have been using excessive drinking, smoking or other drugs to help you cope since the event.

Help is available from various sources, depending on your needs. A list is provided in Appendix or talk with your line manager who will provide you with a list of counsellors.

Appendix 9: Flow Chart for Process



Appendix 10: Protocols of agencies

1. The role of the Health Service Executive

Following a critical incident, the primary role of the Health service is to advise and support parents, carers, Health Service staff, front line agencies and members of the wider community who know the child well and are best placed to support them through this critical period in their life. Best practise indicates that, after a critical incident, children need to be with people they know and trust. It is, therefore, better if adults who are well known to the child provide most of the post incident support as they will be around in the longer term and will be in a better position to monitor their child's progress over the days and weeks following an incident.

However, this does not exclude the possibility of Health Service staff working directly with individuals or groups. The Health Service will not provide counselling after an incident, but immediate short term support, information, advice and onward referral.

- Children or adults affected by critical incidents in the first instance need to be directed to their General Practitioner.
- Health Service staff, with the consent of the child's parents or guardians, may meet an individual child about whom there are particular concerns and may facilitate an onward referral. It is envisaged that the number of individual children seen by Health Service staff for this purpose will be minimal.
- Appropriate Health Service staff may also meet with a group of children to support them in talking about what has happened and to give them information about the normal reactions to such an event. This will only happen when the group is a pre-existing one that is likely to continue for the foreseeable future (e.g. a youth club, a sports team, an established group of friends, a group of siblings/related children) and when the convening of such a group would not contaminate witness evidence.
- In co-operation with others, a community meeting might be held in order to support local people and to disseminate information. Health Service staff may attend such a meeting to outline the role of the Health Service, answer questions on the possible psychological impact of the event and offer advice on how parents, carers and the wider community can best support affected children. Such a meeting would be complementary to any meetings convened by a school in the context of the NEPS or VEC protocols.
- Agency specific support meetings might be held e.g. for volunteers in the local GAA, for relevant Health Service staff, for the local youth service
- In a very limited number of cases a decision may be made by the HEALTH SERVICE, in consultation with other agencies, to provide a drop-in advice service for parents, carers and the wider community
- In the exceptional circumstances of a major emergency, the Health Service may co-operate with other agencies in providing an emergency helpline and proactively disseminating appropriate information throughout the wider community.

2. The Role of NEPS

The role of NEPS Psychologists is to help the school cope in the aftermath of a critical incident and maintain their routine. NEPS support schools in managing critical incidents in four main ways:

1. Prevention (SPHE programmes, Pastoral Care Teams, Mental Health Awareness)
2. Preparation –NEPS Psychologists encourage and support schools to develop a Critical Incident Policy, a Critical Incident Plan and a Critical Incident Management Team
3. Intervention –NEPS Psychologists support the school over the short and medium term
4. Follow –up – NEPS Psychologists support the school in monitoring students, identifying pupils that may need onward referral, policy review

In the event of a critical incident, NEPS Psychologists provide:

- Immediate short term support, information and advice – by phone or by visiting the school
- Assistance to staff in planning how to respond to a critical incident by attending a meeting with the Critical Incident Management Team
- Screening to identify children and staff in most need of support

NEPS Psychologists do not provide counselling. The primary role of NEPS Psychologists is to advise and support the teachers and other adults who work daily with students and who know them well. Best practice indicates that students need to be with people they know and trust.

It is therefore better if school staff provide most of the support for students as they will be around in the longer term and will be in a better position to monitor their students over the days and weeks following an incident.

Appendix 11: Media Management

Prepare a communications plan for dealing with the media specifically designed to the local situation, to include appointing a media spokesperson for CRYS. The protocol will cover the provision of accurate information to the media with, while prioritising the protection of affected children, their families and frontline workers from unnecessary intrusion.
It should include

- Regular briefings for the media with timely accurate information
- Agree identified person to contact media
- Agree media spokesperson(s)
- Monitor local/national coverage
- Use Press Ombudsman for complaints as appropriate.

The media in all its forms, print, TV, radio, internet can be helpful in responding to the tragedies described in this document by:

- Providing information about local or national support services
- Offering advice to families and friends about warning signs for people at risk
- Considering the impact on family, friends and communities

However research also indicates that inappropriate media reporting can have a negative effect by sensationalising the tragic incident. The following should be avoided

- Sensational reporting or headlines
- Front page reporting or photographs
- Mentioning suicide as a way of solving personal problems
- Simplistic explanations

The media should be requested to follow the IAS/Samaritans media Guidelines available on www.ias.ie or www.samaritans.org or www.nosp.ie

References

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- Kerry Diocesan Youth Service (2008) Critical Incident Plan (Draft). Republic of Ireland.

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