



Critical Incident Response Plan

June 2018

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<i>Checklist for Principal / with support from CRT Lead (Director of Student Services or Counselling Coordinator)</i>	<i>Who is responsible/information needed</i>	<i>CRT Lead (Director of Student Services or Counselling Coordinator)</i>
<i>DAY 1</i>		
<i>People become aware of a critical incident</i>	<i>Staff members should contact their school administrator</i>	
<i>Principal contact Student Services/ CRT Lead (Director of Student Services or Counselling Coordinator)</i>	<i>Principal</i>	Contact Superintendent. Contact Trustees (at Superintendent request). Have Superintendent contact Field Services Liaison Manager or Zone Director from Alberta Education
<i>Gather as much information as possible:</i> <ul style="list-style-type: none"> ○ <i>Who is the deceased?</i> ○ <i>What age? Grade?</i> ○ <i>Cause of death/nature of tragedy? Verify facts?</i> ○ <i>Are there relatives of the deceased in your school or other schools in the district?</i> ○ <i>Are there any unique or difficult obstacles that you can predict?</i> 	<i>Principal and school team</i>	
<i>Obtain factual information from RCMP.</i>	<i>Principal</i>	
<i>Initiate the emergency fan out to all school personnel and request their presence at a staff meeting.</i>	<i>Principal (School fan out System)</i>	Confirm School Support staff are aware. Counsellor, FSL, FNMI, SRO, Success Coach, Behaviour Specialists.

		<p>Arrange for Critical Incident box to come to school.</p> <p>Contact Transportation (if necessary).</p> <p>Bring water, tissues</p>
<p><i>Contact Victim Services to find out how/who to contact in victim’s family.</i></p>	<p>Principal or CRT Lead (Director of Student Services or Counselling Coordinator)</p>	<p>Let Victims Services know who they can touch base with when they arrive at the school.</p>
<p><i>Principal will contact the family. During the call you might</i></p> <ul style="list-style-type: none"> ▪ <i>Express personal sympathy.</i> ▪ <i>Clarify family’s special requests.</i> ▪ <i>Ask if they would like someone from the school to visit.</i> ▪ <i>Ask what information they would like released to the school.</i> ▪ <i>Ask how the school may help.</i> ▪ <i>Ask if the students/staff can attend the funeral/memorial.</i> 	<p>Principal/ with support from CRT Lead (Director of Student Services or Counselling Coordinator)</p>	
<p>❖ <i>Consideration</i></p> <ul style="list-style-type: none"> ▪ <i>If family will not be having funeral/memorial service, how do they feel about school having a short memorial/recognition ceremony at the school?</i> ▪ <i>Speak to family regarding their child’s personal belongings. Explain the importance of leaving the desk and belongings until a “natural break” in the school week.</i> 	<p><i>Principal</i></p>	
<p><i>Develop statement / announcement for teachers and classrooms.</i></p>	<p>Principal/ with support from CRT Lead (Director of Student Services or Counselling Coordinator)</p>	<p>Send statement to All School Counsellors, All Student Services</p>

<i>Develop statement for secretaries with written information to answer inquiries.</i>		
<i>Review Flag protocol AP 20-01 (Check website for current version)</i>		
<i>Location of support centre.</i>	<i>Principal/ with support from CRT Lead (Director of Student Services or Counselling Coordinator)</i>	
<i>Arrange for substitute teachers and/or additional clerical/phone support.</i>	<i>Principal</i>	Confirm substitute staff Determine need for additional outside counselling supports.
<p><i>Morning Staff Meeting Agenda</i></p> <ul style="list-style-type: none"> ○ <i>Decide on any changes to the school day (change in special events, etc.)</i> ○ <i>Remind staff that Principal/Superintendent is spokesperson for media</i> ○ <i>Give prepared statement/announcement for classroom.</i> ○ <i>Most affected staff should be explicitly told that someone is available to make the statement for them.</i> ○ <i>Have staff identify if they would like support to give the announcement or additional people for their room.</i> ○ <i>Have staff identify which adults/students may be in need of continued emotional support.</i> ○ <i>Remind staff that any suggestions regarding memorials should go to the principal. It is hard to remove or stop an activity once it has started. See Practices related to student death in APPENDIX H and refer to website for the most current version of AP 50-08.</i> 	<i>Principal/ with support from CRT Lead (Director of Student Services or Counselling Coordinator)</i>	Develop list of most affected staff and confirm who will touch base. Discuss possibility of HR bringing in EAP providers. CRT should coordinate schedule and location to see EAP providers. Proof written statement Send Appendix G to staff

<i>Have office staff record students who choose to leave. Make sure parents are contacted before students leave.</i>	<i>Office staff</i>	
<p>End of Day Staff Meeting</p> <ul style="list-style-type: none"> ○ Review adults/students who may require continued emotional support ○ Debrief staff ○ Notify staff of 'day 2' morning staff meeting if needed. 	<i>Principal/ with support from CRT Lead (Director of Student Services or Counselling Coordinator)</i>	
<p><u>Day 2</u> <i>Plan for discussion with parents and staff about possible "memorial" activities Remind staff that any suggestions regarding memorials should go to the principal. It is hard to remove or stop an activity once it has started. See Practices related to student death in APPENDIX H and refer to website for the most current version of AP 50-08</i></p>	<i>Principal/with support from CRT Lead (Director of Student Services or Counselling Coordinator)</i>	Consider breaks and supports for support team members
<p><u>Day 3-7</u> <i>Continue with support. Share funeral information with staff and students. Decide on school plan to operate school during the funeral. End of day meeting to discuss plan for next day.</i></p>	<i>Principal/with support from CRT Lead (Director of Student Services or Counselling Coordinator) (Superintendent, School Counsellor)</i>	Discuss with Principal the need for additional staff
<p><u>Week 2 & 3</u> <i>Follow-up of individual adults/students needing emotional support. Follow-up classroom visits as needed.</i></p>	<i>CRT / School Support</i>	
<p><u>Week 4</u> <i>Debriefing and review as needed.</i></p>	<i>CRT</i>	

SUGGESTED PROCEDURES

STAFF MEETING MORNING

a) An early morning meeting with all building personnel will have several purposes: the principal reviews the known facts of the case in order to establish a common reference base and to dispel rumors. The principal announces the special schedule and events of the day. A printed copy of the above information should be distributed to staff. A brief statement is given to staff of the “facts only” to read to the students. The school counsellor or CRT should describe the feelings that the students may be experiencing and suggest how the teachers might handle these. Time is allowed for questions and for dealing with the feelings of the staff.

b) Teachers are to break the news and explain the FACTS (statement) of the situation to their individual classes. If there was one class that was more directly impacted by the death, there should be extra staff available from the CRT. (Suggestions for how teachers may handle this are given in Appendix G – “Classroom Pointers for Teachers”.

c) The principal, counsellor and the CRT may meet with the students/groups/classes most directly affected by the death to:

- Review the known facts and to dispel rumors.
- De-mythologize the act if a suicide occurred.
- Inform them of the support centre
- Encourage them to express feelings in whichever way is appropriate for them. ALL responses are natural.
- Discuss possible guilt feelings or feelings of responsibility.
- Ask them to be supportive of one another and to escort any friend who is upset to a teacher or to the support centre.
- Reassure them that any adult in the building is available to help.
- Encourage them to discuss their feelings with their parents.
- Apprise them of the signs and symptoms of normal grief to watch for in the next few days.

d) The Critical Response Team may be requested to assist with speaking to classes about how we respond to grief, coping strategies and helping to brainstorm ways to honour the deceased.

e) It is essential the staff be informed of those students who may be considered high risk. Request staff to compile a list based on observations of individual student reactions that may need follow-up during the day.

f) Some staff may require additional support such as the services of the Employee Assistance Program or a referral for outside counselling. CRT Lead (Director of Student Services or Counselling Coordinator) will coordinate with HR.

2. DURING CLASS

- a) Teachers are encouraged to allow for the expression of grief in their classes in whatever way and to whatever extent they are comfortable. The guiding principle is to return to the normal routine as soon as possible within the school.
- b) Invariably, word gets around to most students by the first period of the day, and generally students initiate a class discussion about the situation each time a new class meets and students are regrouped. They need the catharsis of talking as a group to come to terms with their shock and grief. At the beginning of each class, teachers allow a few minutes for students to talk about their reactions to the event. Teachers try to resume the normal class routine as soon as possible. Students unable to do this should be escorted to the Support Centre for additional assistance.
- c) The school counsellor or support person as decided by CRT should contact students who have been identified as high risk.
- d) The CRT/School Counsellor coordinates the phone calls to the parents of individual students who are particularly upset during the day. This might ideally be done by the CRT who can explain the student's reaction to the parents and give appropriate advice as to how the parents should handle their son/daughter. (Some may be asked to take the student home for the day.)
- e) A letter should go home with all students at the end of the day with information about how to support and services they can access.

3. GENERAL

- a) Teachers are asked to dispel rumors whenever possible and to discourage any "glorification" of a suicide.
- b) A Support Centre is established. Colleagues at neighboring schools may provide invaluable support in providing extra "ears" to help deal with the student population. Other community resources such as clergy, Family School Liaison, Victim Services or Mental Health may be contacted to help.
- c) Support is provided for any students who are upset. They can be escorted to the Support Centre set up in the building.
- d) Secretaries must have the basic information available at their station. They have to be relieved if the phones are constantly ringing.

4. STAFF MEETING - LATE AFTERNOON

- a) The staff is asked to meet immediately after school to review the events of the day. This is also an important opportunity for staff to provide support for each other.
- b) The names of any high-risk students are given to the CRT

- c) Inform the staff of funeral arrangements and make provision for staff to attend, if they wish. If the funeral is during the school day, check with each teacher individually and arrange for internal coverage.
- d) Discuss plans for the next few days.

DAY TWO

- a) CRT is called upon if appropriate. It is considered helpful to have outside professionals because they are not emotionally involved and can, therefore, provide objective support and direction. Other services they provide are more in-depth counselling/therapy referrals.
- b) Meetings can continue with students individually and in small groups for support.
- c) CRT/ School Counsellor follow-up on students who were identified as high risk the day before. Call parents, if appropriate.

DAY THREE to SEVEN

- a) CRT / School Counsellor phone all parents of new students identified as high risk. Continue to follow-up with students identified earlier. High-risk students include those who may be depressed or who were close friends of the student/teacher.

* It is strongly suggested that an opportunity be provided for front line CRT staff who have been dealing directly with the crisis, to meet with the Director of Student Services for the expression of feelings and mutual support. This is seen to be a very important and necessary ingredient.

ONE WEEK

- a) CRT meets a week after to review and assess who is still in need and what long term support is needed.

ADMINISTRATIVE & CRT TEAM CONSIDERATIONS

1. Assign one school authority to interact with the media. Before talking to the media, the principal (or designate) calls the family to offer condolences and help, as well, to discuss how the family wishes to handle the death. Send a token of sympathy to the family.
2. Arrange a visit by the principal / school counsellor / or CRT Lead (Director of Student Services or Counselling Coordinator) to the victim's family at home where personal belongings are returned and offers of support are made. It may be advisable to leave things alone for a while depending on those closest to the deceased.
3. Continue to monitor at risk students and staff. If appropriate, make referrals for continued support.
4. Provide a written announcement to teachers to be read concerning funeral and memorial arrangements.
5. Remember that this is a community concern and not just the schools. Family and Community Support Services, Victim Services, Mental Health, as well as parents and churches, may be good resources.
6. Schedule a staff meeting to debrief the interventions that took place. This discussion may help to provide further closure for everyone.
7. This is not LONE RANGER WORK - "even brick walls need support".
8. In the event of significant emergency events occurring, the Superintendent or designate would contact the Field Services Liaison Manager or Zone Director from Alberta Education.
9. Each staff member should have a staff telephone list at home to be able to do the fan out for telephoning.
10. "A general rule of thumb tends to be the more sudden (expected natural causes death versus an unexpected death due to an accident or violence) the death of a school person, the more disruptive that death is to the people and the educational process within that school. A second rule is those persons emotionally close or those witnessing the death of a person are usually the ones most likely to require close monitoring in the days and weeks following the death of a staff member or student." Jim Fulton, Post-Vention is Pre-Vention.

CRITICAL RESPONSE TEAM

A Critical Response Team (CRT) consists of individuals trained to help survivors with the grieving process. PHRD CRT consists of the Regional Student Services CRT Lead (Director of Student Services or Counselling Coordinator), Administrators, Counsellors, FSL, etc. This group may decide to add other Regional Student Services staff, or community members (Mental Health, Clergy, Victim Services, etc.).

The School Critical Response Team may consist of:

1. Principal
2. Vice Principal
3. School Counsellor and/or Family Liaison Worker
4. Secretary
5. Other PHRD resource people as needed (Student Services, School Council, etc.)
6. Other Community resource people as needed (Mental Health, local clergy, etc.)
7. Teacher(s) most affected by loss - i.e. homeroom teacher

GOALS OF THE CRITICAL RESPONSE TEAM

The CRT is formed and in place, ready to respond when a crisis occurs. The goals of the CRT are:

1. To help staff and students begin to understand the grieving process;
2. To identify students and staff who are "at risk" and to provide them with appropriate support to lessen the possibility of post-traumatic stress, depression and other psychological conditions; and,
3. In the case of suicide, to prevent other suicides.

Note: The function of the CRT is to provide immediate crisis intervention support and guidance only. Individuals requiring further counselling should be referred to an appropriate agency.

RATIONALE FOR A CRITICAL RESPONSE PLAN

The following outline presents guidelines to be used by schools in the Pembina Hills Regional Division No. 7 for the purpose of dealing with bereavement and loss in the school setting.

It is based on the premise that we are living in a society where sudden or violent death is not uncommon either by accident or by suicide.

Jim Fulton, Tacoma School District, in a 1987 publication "Post-Vention is Pre-Vention" tells us:

The death of a student or staff member in a given school is a significant stress and/or loss event to those persons. It impacts individuals as well as the emotional process itself. All individuals from volunteer to the most senior administrator are

affected -some more, some less! The process of school, education and learning is further jeopardized following a death of a staff member or student because the people in that system experience confusion and disorganization. Once confusion and disorganization occur, efficiency decreases, productivity reduces and until the precipitating event, death in this case, is openly dealt with, one can expect a cyclic pattern of reduced learning and increased stress.

To ignore or not deal adequately with the situation is to leave a lot of unfinished business and additional stress for all that are affected. We want to be pro-active not re-active.

The purpose of an action plan is to provide resources which any given staff can choose to utilize or not, depending on the impact of the loss to the school community. It is to give support for students and staff and to provide a liaison with family, community and church in the time of crisis.

We are particularly concerned about the impact of death on children. Under normal circumstances, children up to the age of five appear to view death as temporary and reversible. People who have died retain human qualities such as warmth and may be thought to exist in another part of the world. From five to nine years of age, death is accepted as a permanent state and is often personalized as a specific individual or a "bogey man". From nine years of age to adolescence, death becomes final. Fear of death increases and personal death begins to become a possibility. During adolescence, the formation of mature life-death perspectives begins and the cyclical nature of birth and death can be understood. Lack of effective grieving in children has been linked to maladjustment as an adult.

With the foregoing information in mind, the need to develop a counselling team, which can be available to assist with closure and resolution of grief following a death within the school community, is imperative. As Schneider and Frears noted:

Children often look to adults - counsellors, teachers, and parents - for direction in forming their lives. The most important aspect of helping young persons cope with all kinds of loss is for adults to share their own grief with them, including what they have learned in coping with loss. As Lindberg (1973) has noted, "I do not believe that sheer suffering teaches. If suffering alone taught, all the world would be wise, since everyone suffers. To suffering must be added mourning, understanding, patience, love, openness, and the willingness to learn from their grief, they need to have their losses recognized and support provided, both within the family and the school setting.

As children look to adults, so do adults look to other adults for support and assistance in dealing with loss. The importance of recognizing the needs of staff must also be considered as an integral component of bereavement and loss resources.

SITUATION A (Information received after school hours)

A staff member or student dies. That death may be the result of natural causes or an accident or an apparent suicide. This has happened after school hours and may be on a weekend.

The principal makes contact with Director of Student Services. The principal initiates a chain call to all staff members (teaching and support), FSL, bus drivers, associated professionals, speech etc. to inform them of the tragedy. Staff members (teaching and support) are asked to arrive at the school 45 minutes earlier in the morning to attend a special staff meeting. This will reduce the possibility of staff arriving at the school the next morning totally unprepared for the news. Teachers who were known to be particularly close to the student may be given an opportunity to remain at home the next day, if this is necessary.

The principal, school counsellor and the Critical Response Team (CRT) must meet prior to the staff meeting to plan the activities of the day.

SITUATION B (Information received during school hours)

After school has begun for the day the school is informed of an accident involving students from the school.

Once a staff member or the principal has been informed of the situation, the principal will contact the RCMP for further details. The principal notifies the Director of Student Services and a request is made for the Critical Response Team. The staff members, FSL, bus drivers, associated professionals, speech etc., are informed of the tragedy. The home is contacted to give the opportunity to extend support to the family.

The principal or other designated person informs the staff individually of the tragedy. The principal, school counsellor and the CRT meet to plan appropriate activities for the day.

Consideration should be given to whether social media will require faster notification.

SITUATION C (Information received during school holidays)

During a school holiday a staff member or student dies. That death may be the result of natural causes or an accident or an apparent suicide.

The principal makes contact with Director of Student Services. A decision is made regarding opening the school early to provide a support center for students. The principal initiates a chain call to all staff members (teaching and support) to inform them of the tragedy.

LIAISON WITH FAMILY

When a death occurs, either accidental or suicidal, it is essential that contact be made with the bereaved family at the earliest possible opportunity.

Contact will, of course offer condolences and support to the family. However, of utmost importance is clarifying the situation with a view to what can be shared with staff and students.

Questions that must be clearly responded to are:

The cause of death
Explanation of the situation

If these questions are not clearly outlined to staff and students rumors may develop and the school staff may spend excessive energy combating and dealing with these rumors and the resultant feelings that go with the uncertainty.

The family of the deceased needs to know:

- a) Why this information is important
- b) How the school will help the children to deal with their feelings around the death/suicide
- c) That if grief and bereavement issues are dealt with in the classroom, the parents of the other students will be notified, in writing, of the death.

When family members of the deceased attend more than one school in the Division, the administration of the school with the deceased person must ensure that the parental message (i.e. the cause of death, explanation of the situation) is clearly communicated to the other schools.

Appendix A

REACTIONS FOLLOWING DISASTERS

Many people have reported different reactions to a critical incident. All of these reactions are normal. These issues may occur immediately or days afterwards. They may include:

EMOTIONAL REACTIONS

- Numbness, disbelief and bewilderment
- Guilt
- Fear, vulnerability and powerlessness
- Phobias
- Mood swings - from giddiness to despair
- Irritability and anger (low tolerance for delays, waiting)
- Rage (more intense form of anger)
- Anxiety - internal pressure to "do something"
- Sadness - depression, loneliness
- Grief

MENTAL REACTIONS

- Temporary impaired thought processes
- Confusion
- Inability to prioritize
- Reduced trust in ones own judgment and decision-making ability
- Shortened attention span - absence of mental sharpness
- Impaired memory function
- Limited creative ability
- Difficulty with speech - trying to find right words
- Repetitious thoughts - scene of accident, odors, sound

PHYSICAL REACTIONS

The interaction between mind and body results in some physical symptoms of most disaster survivors - the following are some typical stress-related physical reactions that may occur:

- Irritability
- Excessive chronic fatigue
- Pounding of the heart
- Chest pain
- Crying spells
- Poor concentration
- Forgetfulness (chronic)
- Dizzy spells
- Anxiety (not focused)

- Restlessness
- Easily startled
- Sleep disturbance (chronic), tremors, muscle twitches
- Beginning to stutter, grinding of teeth, profuse sweating, frequent urination, diarrhea (chronic), neck and back pain
- Menstrual cycle disturbance
- Headaches
- Excessive appetite or loss of appetite increased smoking
- Increased alcohol/drug consumption
- Nightmares
- Heightened sense of danger
- Anger
- Flashbacks and intrusive thoughts
- Isolation/withdrawal
- Numbness
- Startle responses

Appendix B

FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE

1. Why do people commit suicide?

People who commit suicide are having intense feelings of helplessness and hopelessness and don't see any other way out. Revenge may also be a motive.

2. What are the main reasons why teenagers commit suicide?

Teenagers who commit suicide are feeling unloved/rejected or perceive themselves as failures in their families or in relationships.

3. Is it true that people attempt suicide as a cry for help?

The suicide attempt is often a conscious or unconscious method for getting others to recognize just how badly the individual is feeling.

4. If someone in the family has committed suicide, are others in the family tempted to commit suicide when they have problems?

If someone in the family has committed suicide, other family members may be more tempted because that behavior has been modeled for them.

5. Do people ever attempt suicide to get attention or to get others to feel sorry for them?

Anyone who attempts suicide in order to get attention desperately needs attention. It is tragic when young people feel they need to bargain with their lives in order to have their problems taken seriously.

6. If a person attempts suicide and fails, what is the likelihood of trying again?

Ten percent of those who complete suicide have made a prior suicide attempt; however, many people who receive concerned help after a suicide attempt may never become suicidal again.

7. Is it true that people who attempt to kill themselves really don't want to die?

Many people who kill themselves are ambivalent about whether to live or die right up to the moment of death. They want to live and die at the same time.

8. Will a person who is deeply depressed always become suicidal?

While it is true that suicidal feelings often develop in a person who is deeply depressed, the fact that one is depressed does not mean that a person will become suicidal.

9. Does anyone ever impulsively attempt suicide and then become sorry for making such an attempt?

A person at a particular moment may find the emotions experienced absolutely intolerable. In that short period a suicide attempt might impulsively be made which, in retrospect, might be regretted.

10. Does taking drugs or alcohol increase one's chances of becoming suicidal?

Taking drugs and alcohol in excess can exaggerate painful feelings to a point where the feelings are intolerable. In that state, a person might attempt suicide who otherwise would not go that far.

11. How can one help a person who is suicidal?

A person who is feeling that life is too painful is usually feeling very worthless and unloved. Showing such individuals some real caring by listening and accepting feelings, staying close and getting others to be supportive can really help individuals feel life may be worth living. **Ask the person if you are unsure if they have thoughts about hurting themselves.**

12. How does talking about suicide help prevent it?

Talking about suicide diffuses some of the intensity of these feelings. It helps the person get connected to the help that is needed. It creates a climate of caring and helps to break through the loneliness the person is experiencing.

13. Is suicide or attempted suicide against the law?

Suicide or attempted suicide used to be against the law. In some areas of the United States it is only within the last decade that suicide has ceased to be a crime. It is illegal to assist someone to commit suicide.

14. Is a person who attempts suicide mentally ill?

The majority of people who attempt suicide are not mentally ill but are individuals who are feeling that their lives are intolerable. With a kind of tunnel vision, they are unable to see any other way out except suicide.

15. What effect does a suicide have on the individual's remaining family and relatives?

"The suicide leaves his psychological skeleton in the emotional closet of his survivors." (Quote by Edwin Sneedman, University of California). The survivors of a suicide are left to struggle with complex feelings of rage, guilt, despair, grief, shame, etc. Recovery from the loss of a loved one by suicide is the hardest form of grief to resolve.

16. Why do some people keep secret that there has been a suicide in the family?

Some people keep secret the fact that there has been a suicide in the family out of fear of being blamed and socially ostracized. While this has been true in the past, fortunately much of the stigma is lifting and people are dealing with suicide more directly and honestly. There are support groups that help the suicidal cope with their feelings of loneliness, depression and emotional pain.

17. What are the most common methods for teenagers to commit suicide?

Lethal methods used for attempting suicide by teenagers are hanging, guns, carbon monoxide, jumping and drug overdoses. Car accidents account for many deaths, but it is often difficult to determine whether the death is suicide or an accident.

18. Is there a particular hour of the day that is the most common time for attempting suicide?

Young people, who are probably the most ambivalent suicides, tend to make attempts in the morning or around dinnertime.

19. Is there any particular group or class of people who are more likely to become suicidal?

Suicide is as prevalent in professional families as in working-class families. Consider at-risk groups such as First Nations, LGBTQ, and immigrant groups.

20. How many teenagers each year actually succeed in killing themselves? How many more make attempts on their lives?

In Canada, suicide is the second highest cause of death for youth aged 10-24. Each year, on average, 294 youths die from suicide. In a survey of 15,000 grade 7 to 12 students in British Columbia, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt.

(Youth Suicide report - Canadian Task Force on Preventive Health Care retrieved from https://canadiancrc.com/Youth_Suicide_in_Canada.aspx)

21. Do more men or women make attempts on their lives?

Although many more women than men make attempts on their lives, more men actually complete suicide. This is due to the fact that men who try usually use more lethal methods such as guns. Women are more likely to use pills.

22. Does everybody think about committing suicide at least once in their lifetime?

Most people will have fleeting thoughts of suicide at some point in their lives.

Appendix C

CHARACTERISTICS OF HIGH RISK STUDENTS

High-risk students:

- Students with a history of suicidal behavior and a history of emotional illness or depression;
- Students who have recently suffered a loss such as a death, break-up of a romance, and/or a separation/divorce of parents;
- Students who were close friends of the deceased;
- Family members;
- Changes from baseline behaviour;
- Drug/alcohol use;
- Students who are LGBTQ
- Those who witnessed or experienced the traumatic event.

Appendix D

HOW TO HELP YOURSELF & OTHERS

WHAT CAN I DO TO HELP MYSELF?

- Get it off your chest. Talk about your thoughts and feelings to someone you feel comfortable with.
- This will help you put the traumatic event behind you sooner.
- Burying your feelings can cause problems later on.
- Tell others how you would like to be treated by them, and what, if anything, they can do for you.
- Often, people would like to help or at least say something, but in not knowing what you would consider appropriate, they may feel awkward and avoid you instead.
- Take good care of your physical health. Adequate rest, exercise and nutrition will help you handle the stresses and strains caused by the event.
- Avoid alcohol and drug abuse.
- If the traumatic event has been highly publicized by the news media, it may be less stressful for you to avoid the news until the topic is no longer a "hot item."

WHEN DO I NEED PROFESSIONAL SUPPORT?

- It is always a good idea to talk to a mental health professional following exposure to a traumatic event. This helps prevent more serious problems from developing, and helps you get on with your life as soon as possible.
- If since the event it is hard for you to do your job, to be creative, to parent, or to initiate and maintain relationships with other people.
- If your reactions still bother you or others after a month.
- If the intruding painful thoughts and feelings do not show up until months after the event.
- If you have issues of fear, shame and guilt connected to your involvement in the event, a counsellor can help you look at them more realistically.

HOW CAN A FAMILY HELP A TRAUMATIZED MEMBER?

- Don't deny that the event happened or try to minimize its impact on the traumatized members.
- Be patient and prepared to hear the "trauma story" repeated again and again. This helps the individual deal with it.
- Don't isolate or withdraw from the traumatized members. Encourage "togetherness" in all aspects of family life.
- Show love and caring.
- Although other members of the family will be affected by the stories and emotions of the traumatized member, do not blame that individual for upsetting the family.

- It's more helpful to think of the traumatic event as a "family problem", and to decide on ways that members can help each other through the difficult times ahead.
- If family members sense that any kind of extra support is needed from outside the family, this should be arranged without delay.
- Traumatized individuals benefit from a family environment that is not characterized by alcohol and substance abuse, or by violence.

WHERE TO GO FOR HELP

- Your local Alberta Mental Health office
- Call the Mental Health Help Line. Call 1-877-303-2642 (toll free within Alberta) for mental health advice. This line provides 24/7:
 - confidential, anonymous service
 - crisis intervention
 - information about mental health programs and services
 - referrals to other agencies if needed

Appendix E

SUGGESTIONS FOR LEVELS OF SUPPORT Debriefing / Defusing

SCREENING

DEFINITION:

The human response to a traumatic event varies from individual to individual. Those individuals who are currently traumatized are not appropriate for participation in the Crisis Groups (CG). As such, individuals who are presenting as "traumatized" or "in crisis", or who have been identified during the On-Site meeting with the team and staff as possibly traumatized, will be screened by the counsellor appointed to do such. The primary purpose of the screening process is to determine if students are appropriate for CG participation or require Crisis Intervention Counselling. [Note: Pending successful crisis counseling, the crisis counsellor may recommend a student, who was originally screened out of the CG for participation in an upcoming CGJ]

DESCRIPTION:

- One-on-one brief assessment (approximately 5 minutes) of individual functioning to determine if traumatization exists.
- Assessment based upon current emotional/psychological functioning (i.e., hysterical, suicidal, in denial) and current social/emotional supports.
- Referral to crisis group or crisis intervention counselling as appropriate. -
- Ongoing process that starts prior to the initial Crisis -Groups and runs concurrent with ongoing Crisis Intervention Counselling and Crisis Groups

CRISIS INTERVENTION COUNSELLING

DEFINITION:

Crisis Intervention Counselling (CIC) is a process of working through a period of disequilibrium in order to alleviate the impact of a perceived stressful event and to assist traumatized clients to develop appropriate coping methods. CIC helps to reduce the sense of helplessness and feelings of being overwhelmed and out of control when the impact of the crisis is first experienced. CIC is a one-on-one counselling intervention that focuses on clients who are significantly impacted by the loss or crisis situation. Clients would include immediate family members, close friends, and persons present at the crisis event and other high-risk individuals.

Clients will receive individual counselling by a counsellor who will assist the client to:

1. Make behavioral changes and interpersonal adjustments.
2. Mobilize internal and external resources and supports.
3. Reduce unpleasant effects related to the crisis.
4. Integrate the event and its aftermath into life experience.

The Procedural Steps for the crisis intervention session include:

1. Making immediate contact and developing a supportive relationship with the client.
2. Identifying the dimensions of the problem. Assess risk for suicide or self-harming behavior.
3. Encourage expression of feelings and emotions.
4. Probe and examine past coping methods.
5. Brainstorm alternative coping strategies and discuss possible outcomes.
6. Begin to restore functioning by using new resources.
7. Give referrals to community mental health workers or support groups as needed.
8. Provide resource materials.

The CRT members do not participate in Crisis Group Facilitation for the following reasons:

1. Confidentiality issues may cause undue stress to those being debriefed and to the debriefers.
2. The heavy workload could cause burnout or undue exhaustion for the counsellor.
3. Crisis group facilitation is different from crisis intervention counselling. CIC must be done by qualified therapists/counsellors while crisis group work may include specifically trained debriefers under the direction of a counsellor.

DEFUSING / DEBRIEFING GROUPS (SPECIFIED)

DESCRIPTION: A preventative, psycho-educational intervention for people who might otherwise be traumatized by the stress of a critical incident. It is a single-session, structured group discussion focusing on a recent traumatic event and the stress experienced. It is not psychotherapy. The intervention consists of a seven-stage process intended to help persons affected by a crisis to normalize feelings, thoughts, and physiological responses. It teaches coping methods designed to assist the individual in processing their thoughts and feelings concerning the critical event and to teach through a psycho-educational process, information intended to mitigate current and future distress.

PARTICIPANTS:

1. Individuals selected for participation during the On-Site Meeting with Staff and Team Members.
2. It may also include those individuals who have been screened as being suitable for the group (specified). -
3. The group is facilitated by a team consisting of two members (a leader and a co-leader)
4. Assigned during the Crisis Response Team Meeting prior to arriving at the school.
5. A teacher is asked to be present in the room and may participate as a group member.

STAGES:

1. Introduction:
 - (a) Introduction of team leaders
 - (b) Goals
 - (c) Explanation of process
 - (d) Rules of session including confidentiality, voluntary participation, respect for the opinions and feelings of others
2. Fact Phase:

- (a) Group is given all the known and substantiated facts concerning the crisis. It may be the official statement as presented by the police or other relevant officials.
 - (b) Each group member is encouraged to describe the traumatic event from their own perspective on a cognitive level and to include what happened for them, where they were, and how they became involved in the trauma.
3. Thought Phase:
- (a) Participants are given the opportunity to describe their first thoughts upon learning of the event.
4. Reaction Phase:
- (a) Participants are asked to identify the most traumatic aspects of the event and their emotional reactions to the event beginning with their first reaction or gut feeling and the worst part of the event.
5. Symptom Phase:
- (a) Team leaders give a description of the cognitive, physical, emotional and behavioral signs during the first 24 hours, a few days later, and now.
 - (b) Participants are encouraged to share their symptoms through time and to the present. The intent is to bring the group back from the emotional reactions to the cognitive level.
6. Teaching Phase:
- (a) Team leaders educate the group as to normal reactions and adaptive coping mechanisms, giving information on stress reactions and management; normalize common symptoms as "pretty common".
 - (b) Answer any questions.
 - (c) Pass handouts to participants.
7. Re-entry:
- (a) Clarify how to seek extra help if necessary and how to help one another and self.
 - (b) Encourage returning to regular schedule, getting sufficient rest, eating healthy, and refraining from use of alcohol and drugs.
 - (c) Prepare group for termination and reentry to normal activities.

GROUP INTERVENTION PROCESS

INTRODUCTION GIVEN TO CRISIS GROUPS

(Leaders format for Steps 6 and 7)

- Our names are _____ and we are the team that will be conducting this session. Our purpose in being here is to help you deal with the incident, which occurred _____ (yesterday). From what we have heard, it seems to have been a very difficult incident. We are here to try to be of some help. The goal of this session is to help you restore your energies and regular habits so you can get on with your work and normal activities. We know that recovery to normalcy happens more quickly when people are given the opportunity to discuss the critical incident and that it takes longer if you try to do this alone.

- Optional: Have any of you been in a crisis group before? Have any of you ever had a bad experience in a group - where you saw someone deeply hurt or you yourself were deeply hurt?...
- If not, here is the approach we will be using. We want you to have a chance to discuss the incident freely among yourselves and with us. For some of you this will be quite easy. For others it may be more difficult, but we will try to help if you are having difficulty. We want you to have clearer heads and feel a little better, and we think we can help you to do that during this session.
- Some of you may not want to be here or may feel you do not need this session. Participation is voluntary and if you do not want to stay, you are certainly free to go now. However, please remember that even if you don't need help, others do. By staying, you may be able to help some of the people in this room simply by your presence.
- We need your help for this session to be successful and productive. We want all of you to stay for the whole session. We don't know how long it will take, but it may be up to 1 hour. We also need your patience. Interruptions are hard for other group members as well as for us. When you have something to say, please say it to the whole group. If you have to go the washroom, please do so quietly and return. If you become upset and feel you have to leave, a member of the team will accompany you and we hope with a brief break that you will be able to come back. If you go too far in what you want to say or feel that you are losing control, we will provide support and ensure that you are not embarrassed before your peers.
- Optional: is there anyone in this room that you believe does not belong? Is there anyone from the news media here?
- We regard this discussion as confidential. The only exception to this rule is if we are concerned that someone's safety is in jeopardy. We ask that you speak freely about this incident, noting that all of us will honor the principle "that what is said in this room, stays in this room". However, no one needs to talk if they do not wish to. Please do not make judgments about what anyone else says and speak for yourself.
- You may ask any questions you wish. We will end this session with some practical information on common reactions to stress and things you can try to help you cope. We will also be around at the end of the session if you want to speak to us alone.
- Let us begin by reviewing some of the facts of the incident. (Read official statement).

Adapted from information in "International Critical Incident Stress Foundation, Inc. 1994" and "Criticus Consultants, Edmonton".

Appendix F

Administrative Procedures Manual AP 20-1 Flag Protocol

Please refer online to the most recent version of this AP 20-1.

Each school will fly a Canadian flag outside of their school during the school day to show allegiance towards Canada.

It shall be the responsibility of the school administrator to ensure that a flag is in good condition.

It shall be the responsibility of the school administrator to encourage proper respect for the flag by students and staff.

If a school has just a single flag pole, then the Canadian flag should be flown alone on the pole. Protocol would not support flying both the Canadian and the Alberta flags on the same pole, with the Canadian flag flown high and the Alberta flag lower. It would be more appropriate for the Alberta flag to be placed and displayed elsewhere on the school premises.

Pembina Hills Public Schools desires to show respect for prominent national, provincial, or community citizens by lowering school flags to half-mast upon the death of these individuals:

- Flags are flown at the half-mast position as a sign of mourning. On occasions requiring that one flag be flown at half-mast, all flags flown together should also be flown at half- mast. Flags will only be half-masted on those flagpoles fitted with halyards and pulleys.
- Normally a flag will be lowered to half-mast for a period not exceeding three (3) days or until funeral services are concluded.
- Flags at a school may be appropriately lowered for the death of a current or recent student, employee or trustee. The Superintendent of Schools must be notified if the flag is lowered.

The following are examples of the Practice:

- across Canada and abroad, on the death of the Sovereign or a Member of the royal family related in the first degree to the Sovereign (spouse, son or daughter, father, mother, brother or sister), the Governor General, the Prime Minister, a former Governor General, a Former Prime Minister, or a federal Cabinet Minister;
- within a province, on the death of the Lieutenant Governor, the Premier or another person similarly honoured by that province;
- within his/her own riding, on the death of the member of the House of Commons, or the member of the Provincial/Territorial Legislature.

Excerpt from the Canadian Heritage website, Rules for Flying the Flag

“The National Flag of Canada should always be flown on its own mast - flag protocol dictating that it is improper to fly two or more flags on the same mast (e.g. one beneath the other).

Further, the following points should be kept in mind:

- *The National Flag of Canada should not be used as table/seat cover, as a masking for boxes or as a barrier on a dais or platform.*
- *While it is not technically incorrect to use the National Flag of Canada to cover a statue, monument or plaque for an unveiling ceremony, it is not common practice to do so and should be discouraged.*
- *The National Flag of Canada should not be signed or marked in any way (A border could be attached to the outside edge of the Flag on which it would be acceptable to have signatures leaving the Flag itself untouched).*

Flag Do's and Don'ts

- **DO** – The National Flag of Canada should always fly alone on its own mast or flagpole.
- **DON'T** – The dimensions/proportions of the National Flag of Canada have an exact ratio of 2 to 1 (twice as long as it is wide), and must not be modified.
- **DO** – The National Flag of Canada can be flown at night without being lit.
- **DON'T** – The National Flag of Canada should not be written on or marked in any way, nor be covered by other objects.
- **DO** – When the National Flag of Canada is raised or lowered, or when it is carried past in a parade or review, people should face the flag, men should remove their hats, and all should remain silent. Those in uniform should salute.
- **DON'T** – Nothing should be pinned or sewn on the National Flag of Canada.
- **DO** – Half-mast the National Flag of Canada on occasions when a public demonstration of sorrow is called for.
- **DON'T** – The National Flag of Canada should never be dipped or lowered to the ground as a means of paying a salute or compliment to any person or thing.
- **DO** – Replace a faded or torn flag with a new one. The correct form of disposing of an old flag is by burning it in private.

Reference

Rules for Flying the Flag – Government of Canada Rules for Half-Masting the National Flag of Canada Half-masting of the Flag Notices

School Act, Section 26

AP 20-04 Condolences

Appendix G

"CLASSROOM POINTERS FOR TEACHERS"

Note: If, for any reason, you feel unable to cope with classroom responsibility at this time, admit it. Discuss your needs with the school principal and the CRT.

- Talk about "death," "dying" and "dead." Avoid euphemisms such as "passed away."
- Be honest. Discuss the facts of the death. Discourage speculation.
- Discuss how you feel. Talk about your memories of the deceased. This will encourage responses from your students.
- Allow your students to express their grief.
- Listen to what your students say.
- Watch your students' actions and reactions. Identify those who may need help.
- Be supportive and empathetic.
- Focus on the sadness of the death. Avoid being judgmental or moralistic.
- Remember the deceased was a human being, with human strengths and failings. Discourage glorification of the deceased.
- Acknowledge anger and consider whether or not counselling may be necessary to help individuals resolve their anger.
- Accept that some students will not wish to participate in a discussion about death. Respect their wishes.
- Organize activities that allow expressions of grief, such as art and writing.
- Be patient. Grieving takes time.
- Be prepared for disruptions in classroom routine and reduced student achievement. Reset examination and assignment dates if necessary.
- There is nothing positive about tragedy. Discourage your students from looking for it.
- Suffering and pain should not be linked with guilt, punishment or sin. Keep them separate.
- Establish a classroom environment in which students will feel free to ask questions and receive honest answers.

Remember: You are not alone. There are others to help you.

Appendix H

Administrative Practices related to Student Death

Based on input of PHRD Student Services, School Counsellors and FSL workers in response to recommendations from Mental Health

Please refer online to the most recent version of this AP 50-03.

This Administrative Procedure is based on input from the Division's Education Services Staff, School Counsellors and Family/School Liaison (FSL) workers in response to recommendations from Mental Health.

Guiding Principles

The Division intends to provide a safe and positive environment for all students. However, when tragedy does occur, it is the responsibility of the Division to respond in a sensitive, sympathetic and timely manner. The death of a student impacts the entire school community. These guidelines have been established to provide an orderly, effective, and caring response.

- An attempt should be made to try to respond to all student deaths in a uniform fashion so as not to give the appearance that the loss of some students is considered a greater tragedy than others.
- Schools must be cautious not to glorify deaths related to suicide as research suggests the danger of copycat behaviour.
- Schools are in a unique position when a student passes away. The school community serves as an emotional base of support and can help students learn how to deal with the grieving process.

Recommended Practices

- Schools should consult the Critical Incident Team Coordinator to arrange the most appropriate individual student support.
- The school should not initiate permanent memorials, such as large pictures, dedicating scholarships, etc.
- The deceased students should not receive greater mention in graduation ceremonies or the yearbook than would be given to any other student.
- Students should be encouraged to channel their energies into constructive projects that assist the living such as collecting money for a community organization (such as SADD or the cancer society) or creating an item that can be given to the family (such as a video or cards).
- It is suggested that if schools wish to establish a practice of holding a memorial service, that the following procedures be followed:
 - Communication with parents occurs first
 - Attendance should be voluntary
 - 20 to 30 minutes at the longest.

- Involving short comments or readings by clergy, a school staff member and/or a
- family member
- Should be opened and closed by a school official
- Does not involve speeches by students

Reference

Handbook - PHRD Critical Incident Manual
AP 20-04 Condolences

Appendix I**Sample School Letter for Parents**

We had a very unfortunate incident with a student at our school today. Your children may want to talk to you about it this evening. While issues of confidentiality do not allow us to give particulars, we can assure you that those requiring assistance are being given it and that everyone is okay. If you have any questions or concerns of about how your child is reacting to the situation, please feel free to call the school at 555-5555.

Appendix J

Sample Class Announcement

We want to help with the feelings you may be having.

For some people it is easiest to deal with things if they return to their normal activities so classes will continue as usual. If you need a quiet place to sit _____ is available.

You may wish to talk to someone you know here at the school such as a teacher, although it may be hard for them because many of the teachers are having the same strong feelings.

Sometimes its easier to talk to someone you don't know. Some counsellors are here if you would like to talk to one of them. You may come alone or in a small group.

We cannot let anyone leave the school without their parents' permission and the school staff knowing where you are going.

(Depending on student age and circumstances)

We have tried to collect you in a safe place to share this information with you. We understand that you will likely want to share this with others who care about this person or supports for you. However, be mindful of who you are going to share it with and what setting or supports these people might have. (i.e. you might not want to text it someone who is sick and home alone. You might want to let their parents know).

Although you might want to talk about what has happened, you need to remember that rumors are not helpful. This is also the family's information to share.