

	POLICY TITLE:	Tragedy
Kingsmead Academy T/A Kingsmead School		
Committee/Person Responsible for Policy:	Headteacher Finance, Strategy & Personnel sub-committee	
Date Approved by Governing Body:	March 2018	
Date of Last Review:	Term 4 – 2017/18	
Next Review Due:	Term 4 – 2020/21	
Associated Policies/ Documents:	Critical Incidents Policy	

Schools, like the rest of us, are inclined to believe that disasters will always strike elsewhere. However, as the newspapers repeatedly testify, schools often have to cope with crises. How they do this, once the spotlight of publicity has moved on, is less clear but it is likely that many will improvise. Sometimes this will suffice; sometimes mistakes may be made which could have been avoided, or sensibilities damaged that are particularly exposed. Accidents or disasters affecting students and staff are regrettably all too common. For example, if a pupil dies, the whole school may feel the loss; or, when students who have suffered shock or injury return to school, they may need to be treated with particular sensitivity. There are any number of possibilities requiring any number of responses. Kingsmead should be prepared for any such situation, to minimise possible trauma to students, staff and parents.

The School has a number of strategies for helping the individual involved in a personal trauma. This operates through the support provided by the Head Teacher, the relevant Phase Team, Form Tutor and the Family Support Workers. This Policy focuses on major crises in and out of school, which could affect the whole school community.

Only the Headteacher or Chair of Governors to talk to the press in the event of an incident occurring.

REACTIONS TO MAJOR STRESS IN ADULTS AND YOUNG PEOPLE

It is likely that a number of people may suffer from Post-Traumatic Stress Disorder as a result of a tragedy (PTSD). This syndrome is defined by the World Health Organisation as a reaction that may follow an event that is outside the range of usual human experience and would be very distressing to almost anyone.

There are three main groups of symptoms or reactions:

1. The traumatic event is persistently re-experienced in thoughts, dreams of flashbacks where the individual thinks it is all happening again.
2. There is persistent avoidance of stimuli associated with the trauma, or there is numbing of general responsiveness.

3. There are signs of increased physiological arousal such as disturbed sleep and poor concentration.

PTSD is now recognised as a normal reaction to an abnormal situation. Staff and students alike can be affected both emotionally and in their work achievements by crises, and these effects can sometimes last for many years. It is clear that the school should be aware of the possibility of these reactions and other fears. We must ensure that victims receive sensitive understanding/treatment, in addition to counselling from either within or outside school. We need to plan ahead to minimise the impact of such crises.

IMMEDIATE TASKS

- * Ensure that accurate information can get into and out of the school.
- * Ensure that several staff have access to next-of-kin lists.
- * Set up strategies for dealing with enquiries.
- * Inform (with care and sensitivity) parents.
- * Choose a member of staff to deal with the media.
- * Inform staff and students in an appropriate and careful way.
- * Attempt to stick to normal school routines.
- * Inform the Governors and appropriate authority.
- * Make plans for attendance at funerals.

SHORT TERM ACTION

Once it is confirmed that the school is facing a major crisis, staff and students may feel shocked and numbed as well as under strong pressure to talk. The SLT will face a number of decisions. If they understand normal reactions to disasters, these decisions will be more appropriately informed.

- * Organise reunion of children with parents.
- * Activate those on the list of outside contacts.
- * Arrange briefing meeting for staff.
- * Arrange debriefing meeting for directly affected staff.
- * Check that procedures for monitoring staff and students are in place.
- * Activate strategies for allowing young people to express their feelings about the situation, if they wish.
- * Contact families of those hurt or bereaved and express sympathy.

MEDIUM TERM ACTION

As the School settles into its normal routine after a few days, staff and students will begin to realise more clearly what has happened to them. The initial period of numbness may give way to a period of more public expressions of distress. While the School will want to maintain as normal a routine as possible, some alterations will be inevitable. For example,

decisions about continuing the monitoring of students, referring for specialist help, and attending funerals or memorial services may have to be taken. There are some other tasks that may arise.

- * Ensure a member of staff makes contact with children at home or in hospital.
- * Make sensitive arrangements for the return to school.
- * Arrange alternative teaching if necessary.
- * Arrange support for affected staff.
- * Arrange consultation so staff can better support children.
- * Ensure clear understanding of consultation, especially its confidentiality.
- * Clarify procedures for referring children for individual help.
- * Liaise with parents, to include the sending of bulletins.
- * Decide about attendance at funerals.
- * Share the planning of the special assembly or memorial service.
- * Check that monitoring procedures are in place and followed.

LONG TERM PLANNING

However painful and stressful, traumatic events often provide opportunities for reappraisal, sometimes of practice and more especially of attitudes and values. Tragedies can bring people together. In schools the experience can be so profound that staff want to retain the sense of community that the event has generated. Schools should remember that the effects of a crisis can reverberate for years.

- * Introduce strategies to continue monitoring vulnerable students and staff.
- * Consult and decide on whether and how to mark anniversaries.
- * Ensure that new staff are aware of which students were affected, and in what way, and that they know how to obtain further help if necessary.
- * Remember that legal processes, enquiries and even news stories may bring back distressing memories and cause temporary upset within the school.

APPENDIX 1: USEFUL CONTACTS

As part of the contingency plan, this list of contacts should be obtained as a matter of course. Their phone numbers can be added to this page and the whole list can be attached to the staff notice board or the school handbook, and regularly updated. Office support staff should also have such a list readily available.

CONTACT	NAME	PHONE NO.
Chair of Governing Body	Gill Turner	01984 623218
Police	Taunton Police Station	01823 337911
Fire Brigade	Taunton Fire Brigade	01823 364500
School Doctor/Community Medical Officer (local)	Lister House Surgery	01984 623471
School Nurse	Marina Hanham	01823 665551
Educational Psychologist	Samantha Sidney	01823 334475
Child Guidance Clinic	Child Adolescent & Mental Health Service (CAMHS West)	01823 368368
Clinical Child Psychologist	Rachel Orr (CAMHS West)	01823 368368
Community Psychiatric Nurse	Pippa Dear (CAMHS West)	01823 368368
Emergency Department at the Local Hospital	Musgrove Park Hospital	01823 333444
Education Social Worker	Jane Weatherall	01823 335285
Social Services Area Team Leader	Sally Hebler	01823 335285
Counselling Services	Katrina Bussell, School Counsellor	01984 623483
	Taunton Child Protection Unit	01823 363003
Local Religious Groups	Rev David Widdows (C of E.)	01984 623309
	(Congregational)	01984 623487
Press and Media Contacts	Somerset County Gazette	01823 365151
	Wellington Weekly	0823 662439

APPENDIX 2: CHECK LIST

TASK	TIME-SCALE
1. Obtain factual information at start of crisis.	Within hours.
2. SLT meet with support personnel.	Within hours.
3. Establish an intervention team.	Within hours.
4. Contact Families.	Within hours. Continue until all informed.
5. Call a staff meeting to give information.	Same day if practicable.
6. Inform students in small groups.	Same day if practicable.
7. Arrange a debriefing meeting for staff involved in disaster.	Same day if practicable.
8. Debriefing for students involved in the disaster.	As soon as possible. Allowing for health and safety.
9. Identify high risk students and staff.	Next few days.
10. Promote discussion in classes.	Next few days and weeks.
11. Identify the need for group or individual treatment.	Incrementally over days or weeks after disaster.
12. Organise treatment, etc.	As required.