

**RUAMRUDEE INTERNATIONAL SCHOOL
REDEEMER INTERNATIONAL SCHOOL THAILAND
SWISS SCHOOL**

Crisis Response Manual

Revised: 31 August 2010

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Crisis Response Manual

The purpose of the Crisis Response Manual is to provide emergency information in an accessible easy to read format for administrators, faculty and staff. The information in the Crisis Response Manual is consistent with the Emergency Procedures of the Policy and Procedure Manual for RIS.

Crisis Response Team is composed of the following members or their designees:

- Head of School/or Deputy Head of School
- Director of Pupil Services
- Psychologist
- High School Principal/or Assistant Principal
- Middle School Principal/or Assistant Principal
- Elementary School Principal/or Assistant Principal
- RIST Principal/or Assistant Principal
- School Manager
- Campus Ministry
- Director of Marketing & PR
- Swiss School Principal
- Security Coordinator
- Senior School Nurse

In the event of an emergency or crisis, the Head of School or his designee determines the need for a Crisis Response Team (CRT) meeting.

The Head of School convenes and chairs the meeting. The Crisis Response Team members have the responsibility to disseminate information to the faculty and staff of their section.

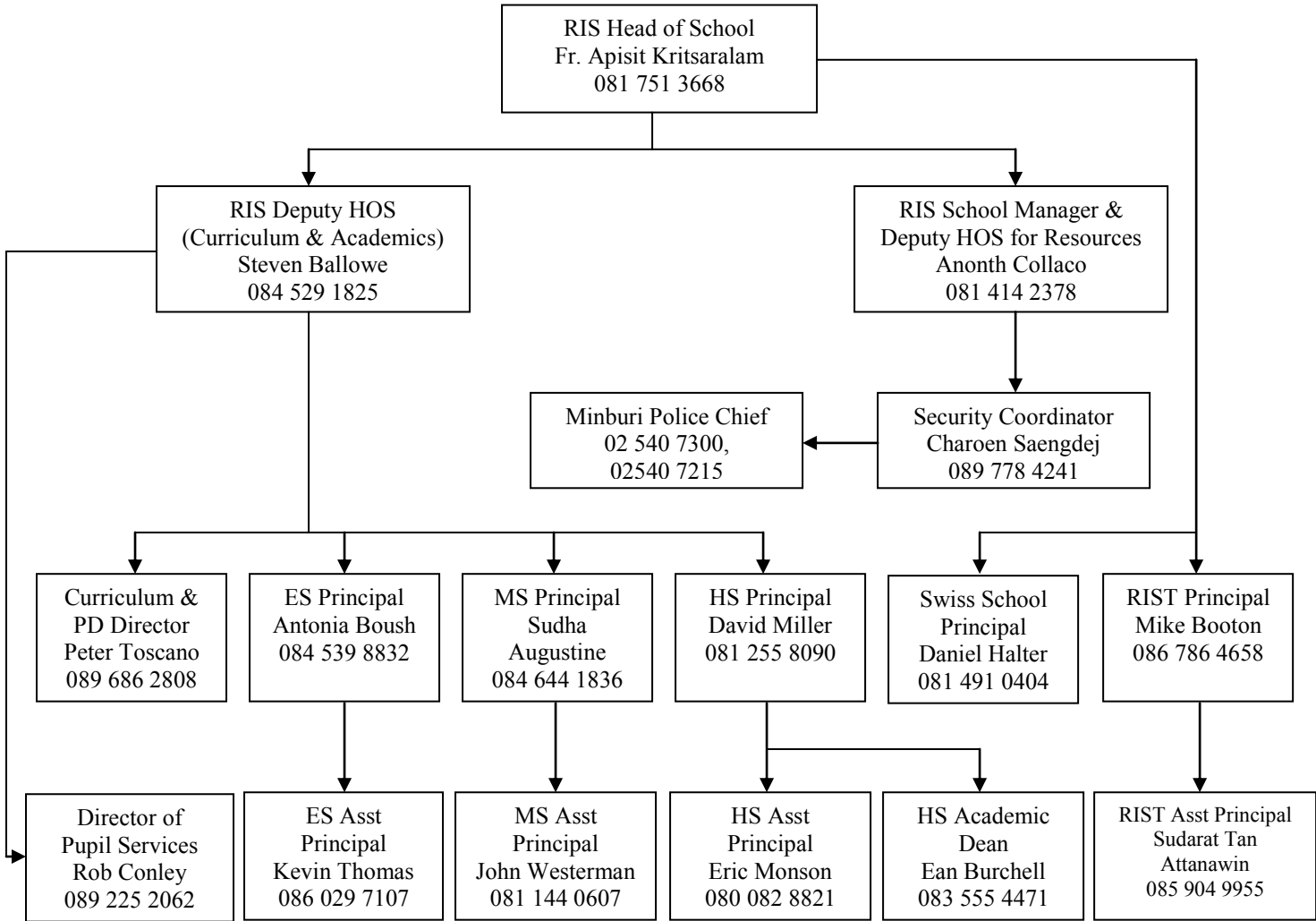
After the initial meeting, the CRT may determine that a working task force, may be a more efficient means to respond to a crisis.

The CRT Manual is an annual document that needs to be reviewed by all Crisis Response Team members at the beginning and end of each academic school year.

Crisis Response Team Members Responsibilities:

- Assume primary responsibility for initiating communication (one spokesperson only)
- Assume or delegate all ongoing communication duties
- Ensure communication with all groups in the school community or those groups deemed necessary
- Be alert for rumors/unsubstantiated information in the community
- Coach and support teachers and staff in their role
- Keep contact with Thai Ministry of Education, Thai Police and US Embassy for updates regarding security matter in Thailand

Crisis Phone Tree



Emergency Telephone Number

Minburi Police Station	02 540-7212-3
Minburi Fire Department	02 517-2919
Minburi Electricity Authority	02 543-8404
Minburi Water Supply	02 543-8398-9
Metropolitan Mobile Police	191

Hospitals

Nearby Hospitals

Kasemrad Hospital	02 729-3000
Ramkhamhaeng Hospital	02 374-0216
Vechthani Hospital	02 734-0000
Samitivej Hospital (Srinakin)	02 731-7000
Sinpath Hospital	02 948-5380
Navamint Hospital	02 918-5080

Bangkok Hospitals

Bangkok General	02 318-0066
B Care Medical Center	02 523-3357
Bamrungraj	02 667-1000
Bangkok-Prapadaeng	02 815-7141
Bangkok Christian	02 634-0453
Bangkok Nursing Home	02 632-0550
Bangna 1	02 393-8534
Bangna 2	02 740-1800
Bangna 3	02 312-4099
Bangpakok 1	02 872-1111
Bangpakok 2	02 451-0357
Bangpakok 3	02 818-7555
Bangpo	02 587-0144
Bangkapi	02 374 5802
Bhumipol	02 531-1970, 02 531-1999
Buddhist's Monks	02 247-1825-8
Camillion	02 391-0138
Central General	02 552-8777
Chaophraya	02 434-6900
Charoen Krung Pracharak	02 289-1153
Children	02 246-0054
Chularat	02 316-9561
Chulalongkorn	02 252-8181-9
Deja	02 246-0137
Daokhanong	02 476-9885
Ekachon Bangchak	02 463-2521

Bangkok Hospitals (Cont.)

Karunapitak	02 286-6793-5
Kasemrad Bangkhae	02 804-8872
Kasemrad Prachachuen	02 910-1600
Kasemrad Ratanatibet	02 594-0020
Kasemrad Sukapibal 3	02 729-3000
Kluaynamthai	02 381-2600, 02 381-2020
Kluaynamthai 2	02 399-4260
Krungdhon 1	02 498-0040
Ladprao	02 530-2580, 02 530-2244
Lert Sin	02 236-0562
Mahachai 2	02 431-0054
Mahaesak	02 635-7120
Mayo	02 579-1770
Mission	02 281-1422
Mongkuwattana	02 574-4842
Muangsamuth	02 389-4455
Nakornthon	02 416-5454
Navamint	02 918-5080
Navanakorn General	02 529-3045
Nontavej	02 589-0102
Nopparat Ratchatani	02 517-4270-9
Pakkred Vejchakarn	02 960-9655
Paolo Memorial	02 271-0227
Patravej	02 234-8915
Petchravej	02 318-1980
Phaet Rangsit	02 531-2151
Phyathai 1	02 245-2620
Phyathai 2	02 279-9580
Phyathai 3	02 869-1111
Phra Mongkutklao	02 246-1400
Piyamint	02 319-0034
Piyavej	02 641-4499
Police	02 252-8111
Praram 9	02 248-8020
Prasart	02 246-0059
Prommitr	02 259-0376
Rajburana	02 427-3030
Rajanukul	02 245-4601
Rajburana	02 427-0175-9
Ramatibodee	02 246-0024
Ramintra	02 510-1659-60
Ramkhamhaeng	02 374-0216
Ratchawithi	02 248-3213
Ratanatibeth	02 594-0020
Ruamchai Pracharak	02 708-7568
Samitivej	02 381-6807
Samitivej Srinakarin	02 731-7000
Samrong	02 261-0070
Seriruk	02 918-9888
Sinpath	02 948 5380

Bangkok Hospitals (Cont.)

St. Louis	02 675-5000
Sukhumvit	02 391-0011
Thainakarin	02 261-3727
Theptarin	02 240-2724
Thonburi 1	02 411-0401
Thonburi 2	02 448-3845
Vechthani	02 734-0000
Vibhavadi	02 561-1260
Vidhavadi 2	02 722-2500
Vibhavadi-Rangsi	02 531-0420

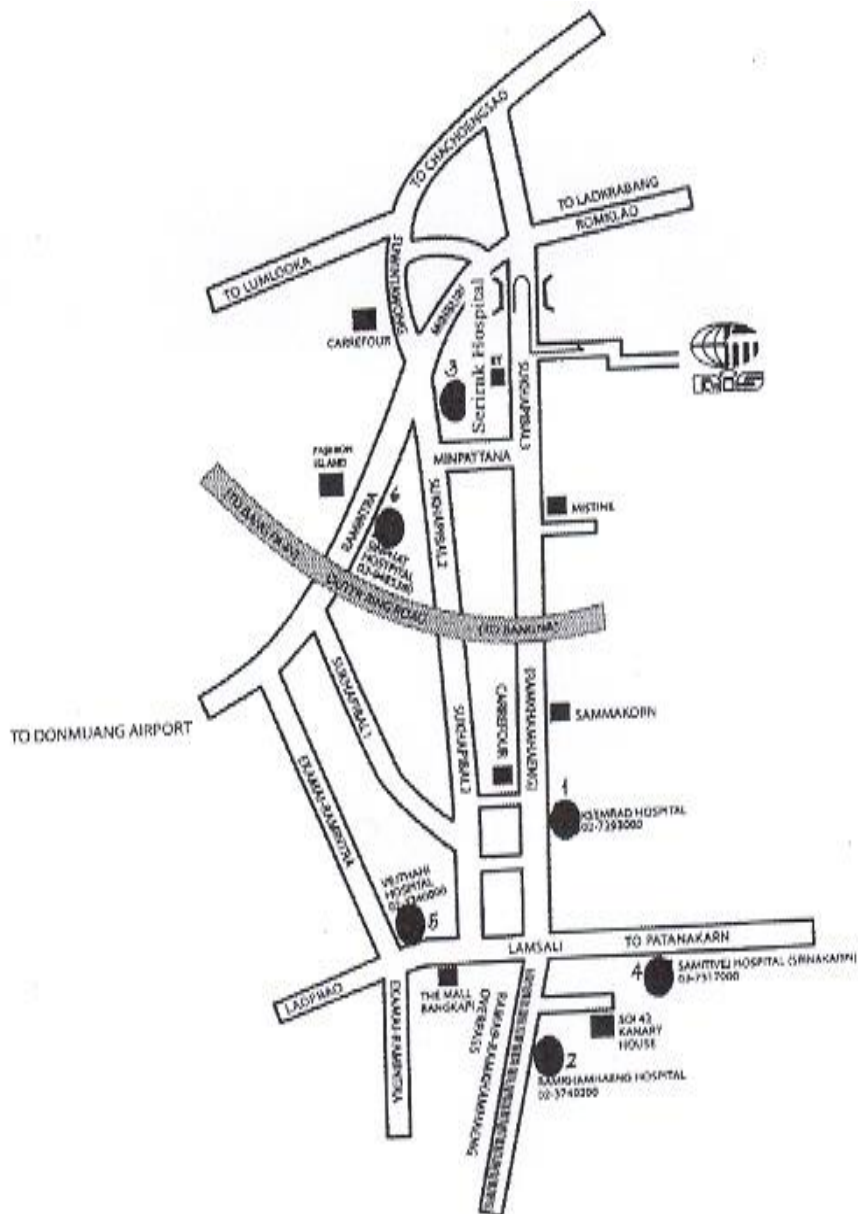
Embassies

Apostolic Nunciature (Vatican)	02 212-5853
Argentine Embassy	02 259-0401-2
Australian Embassy	02 287-2680, 02 287-1107-8
Austrain Embassy	02 287-3970-2
Bangladesh Embassy	02 391-8069-70
Belgium Embassy	02 236-0150, 02 236-7806
Brazilian Embassy	02 252-6023, 02 679-8567-8
Canadian Embassy	02 237-4125
Chilie Embassy	02 391-8443, 02 391-8380
The people's Republic of China Embassy	02 245-7045, 02 245-7047
Czechoslovakian Embassy	02 266-7500, 02 236-5843
Danish Embassy	02 213-2021-5
Dominan Republic Embassy	02 552-0675, 02 521-0737
Egyptian Embassy	02 252-6140, 02 253-0161
The Federal Republic of Germany Embassy	02 213-2331-6
Finnish Embassy	02 259-0140, 02 256-9306-9
French Embassy	02 261-8276-7
Greece Embassy	02 252-1686, 02 314-7333
The Hungarian People's Republic Embassy	02 259-3165
Indian Embassy	02 258-0300-6
Indonesia Embassy	02 252-3135-40
Iranian Embassy	02 259-0611-3
Israeli Embassy	02 252-3131-4
Italian Embassy	02 285-4090-3
Japanese Embassy	02 252-6151
Korean Embassy	02 247-7537
Laotian Embassy	02 538-3698, 02 539-6678-9
Malaysian Embassy	02 286-1390-2
Negera Brunei Darussalam of Embassy	02 381-5914-7
Nepalese Embassy	02 390-2985
New Zealand Embassy	02 251-8165, 02 253-5363
Norwegian Embassy	02 253-0390-2
Pakistan Embassy	02 253-0288-90
The People's Republic of Bulgaria Embassy	02 391-6180-2
Peru Embassy	02 260-6243-4
Philippine Embassy	02 259-0139-40

Embassies (Cont.)

Polish Embassy	02 258-4112-3
Portuguese Embassy	02 234-0372, 02 234-2123
The Republic of Iraq Embassy	02 278-5335, 02 271-4218
Royal Netherlands Embassy	02 254-7701-5
Russia Embassy	02 235-5599, 02 252-9876
The Socialist Republic of Romania Embassy	02 279- 7891, 02 279-7872
Saudi Arabia Embassy	02 237-1939-41
Singapore Embassy	02 286-2111, 02 286-2253-4
Spanish Embassy	02 252-6112, 02 253-5132-3
Sri Lanka Embassy	02 255-3848, 02 251-2788-9
Swedish Embassy	02 254-4954-5
Switzerland Embassy	02 253-0156-60
Taiwan Embassy	02 251-9274-6
Turkish Embassy	02 274-7264
Union of Myanmar, Embassy	02 233-2237, 02 234-4698
The United Kingdom of Great Britain Embassy	02 253-0191-9
The United States of America Embassy	02 252-5040-9
Vietnames Embassy	02 251-7202, 02 251-3551
Yugoslav Embassy	02 258-1066

ROAD MAP FOR NEARBY HOSPITALS



- No. 1 Kasemrad Hospital (Ramkhamhaeng Road) Tel. 02 729 3000
- No. 2 Ramkhamhaeng Hospital (Ramkhamhaeng Road) Tel. 02 374 0216
- No. 3 Seriruk Hospital (Sereethai Road) Tel. 02 918 9888
- No. 4 Samitivej Hospital (Srinakarin Road) Tel. 02 731 7000, 02 378 9110
- No. 5 Vejthane Hospital (Ladphrao Road) Tel. 02 734 0000
- No. 6 Synphat Hospital (Ramintra Road) Tel. 02 948 5380, 02 793 5000

Crisis Phone Number

Head of School & Deputy Head of School

Fr. Apisit Kritsaralam (Head of School)	02 518-0320-9 ext. 321 081 751 3668
Fr. Leo Travis (Campus Ministry)	02 518-0320-9 ext. 111
Steven Ballowe (Deputy HOS for Curriculum & Academics)	02 518-0320-9 ext. 119 084 529 1825
Anonth Collaco (Deputy HOS for Resources/School Manager)	02 518-0320-9 ext. 357 081 414 2378
Jeffrey Sanow (Director of Marketing & PR)	02 518-0320-9 ext 115 081 923 8426

Principals & Assistant Principals

Ms. Antonia Boush (Toni) (ES Principal)	02 518-0320-9 ext. 255 084 539 8832
Mr. Kevin Thomas (ES Assistant Principal)	02 518-0320-9 ext. 256 086 029 7107
Mrs. Sudha Ratnasamy (MS Principal)	02 518-0320-9 ext. 106 084 644 1836
Mr. John Westerman (MS Assistant Principal)	02 518-0320-9 ext. 108 081 144 0607
Mr. David Miller (HS Principal)	02 518-0320-9 ext. 229 081 255 8090
Mr. Eric Monson (HS Assistant Principal)	02 518-0320-9 ext. 231 080 082 8821
Mr. Mike Booton (RIST Principal)	02 518-0320-9 ext. 203 086 786 4658
Sudarat Tan Attanawin (RIST Assistant Principal)	02 518-0320-9 ext. 202 085 904 9955
Dr. Daniel Halter (Swiss School Principal)	02 518-0340 ext. 274 081 491 0404
Remo Nyffenegger (Daniel's designee re CRT)	02 518-0340 084 938 5827

Counselors/Psychologist

Mr. Robert Conley
(Director of Pupil Services) 02 518-0320-9 ext. 123
089 225 2062

Ms. Tricia Lambert
(School Psychologist) 02 518-0320-9 ext. 127
087 043 3805

Ms. Rhonda Wright
(ES Counselor) 02 518-0320-9 ext. 259
083 361 6157

Mr. Terry Shuster
(MS Counselor) 02 518-0320-9 ext. 124
087 827 6400

Mr. Brett Arnold
(HS Counselor) 02 518-0320-9 ext. 233
088 012 6153

Mrs. Pascale Thomas
(HS Counselor) 02 518-0320-9 ext. 265
085 166 9606

Mr. Steve Jacobusse
(HS Counselor) 02 518-0320-9 ext. 306
081 695 5538

Mr. Tawan Waengsothorn
(Thai College Counselor) 02 518-0320-9 ext. 362
081 590 1311

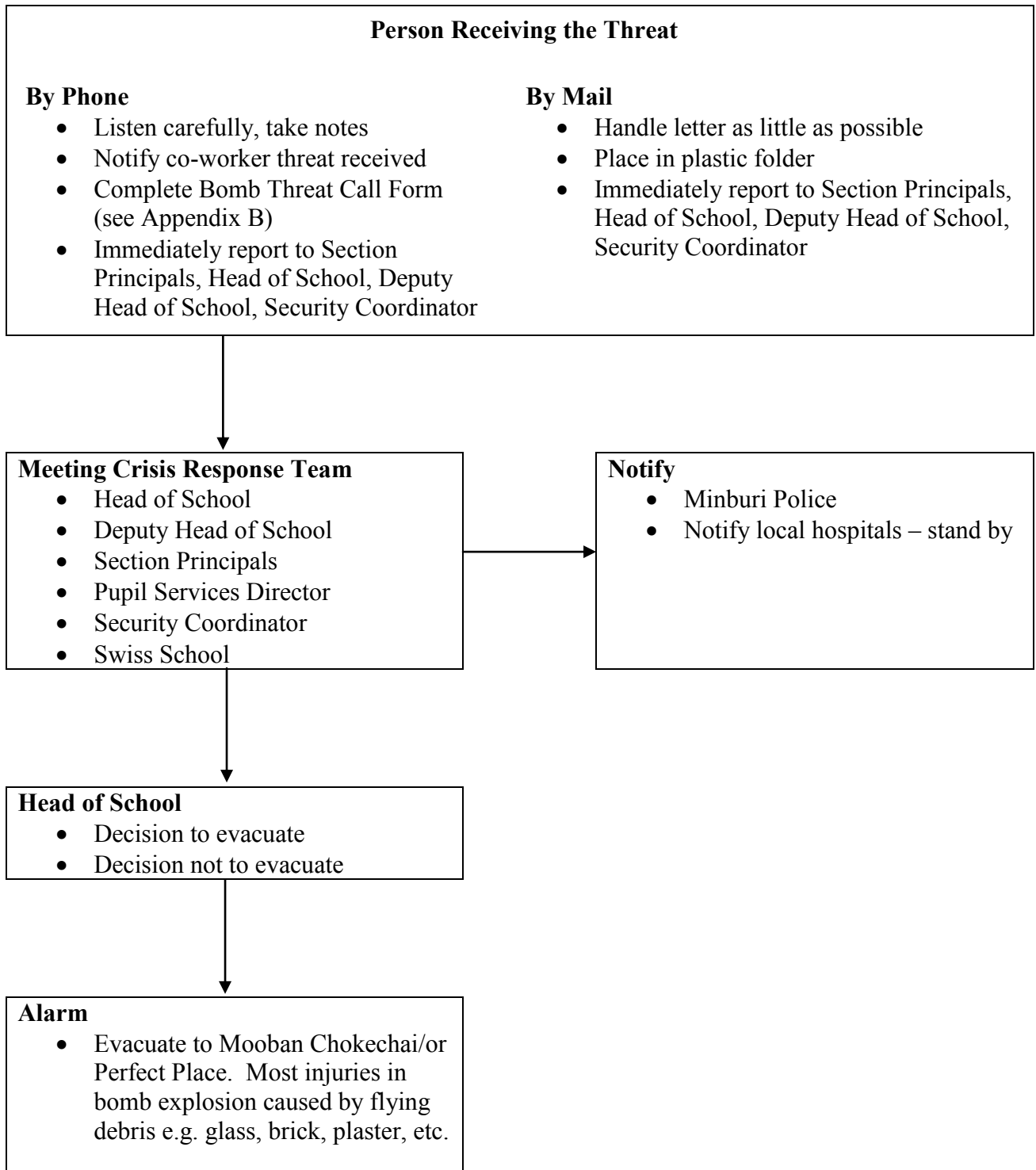
Ms. Miho Katsumata
(RIST Counselor) 02 518-0320-9 ext. 436
089 736 2770

Health Personnel

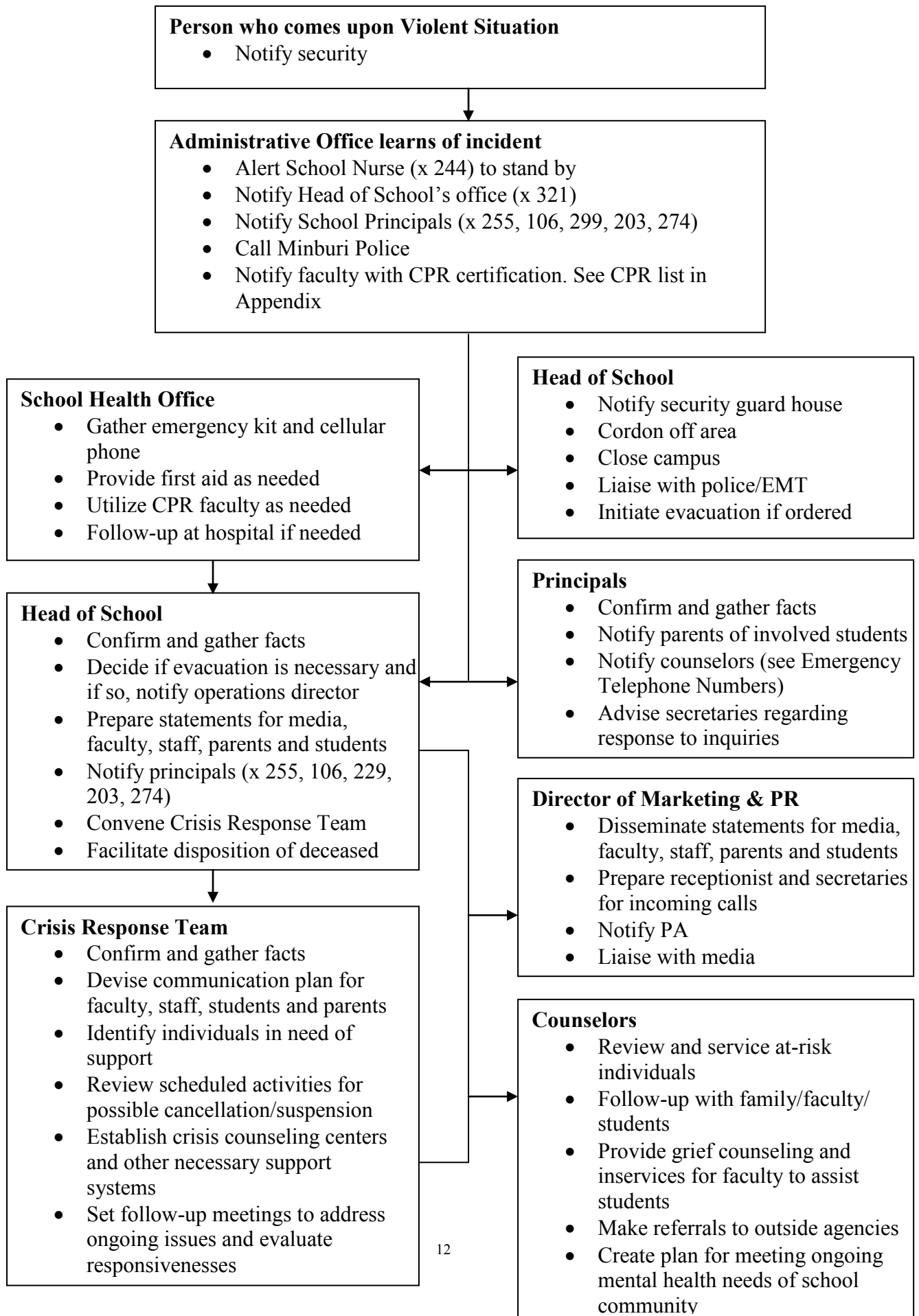
Pornthip Bhunsang
(Senior School Nurse) 02 518-0320-9 ext. 244
081 565 2007

PROCEDURES

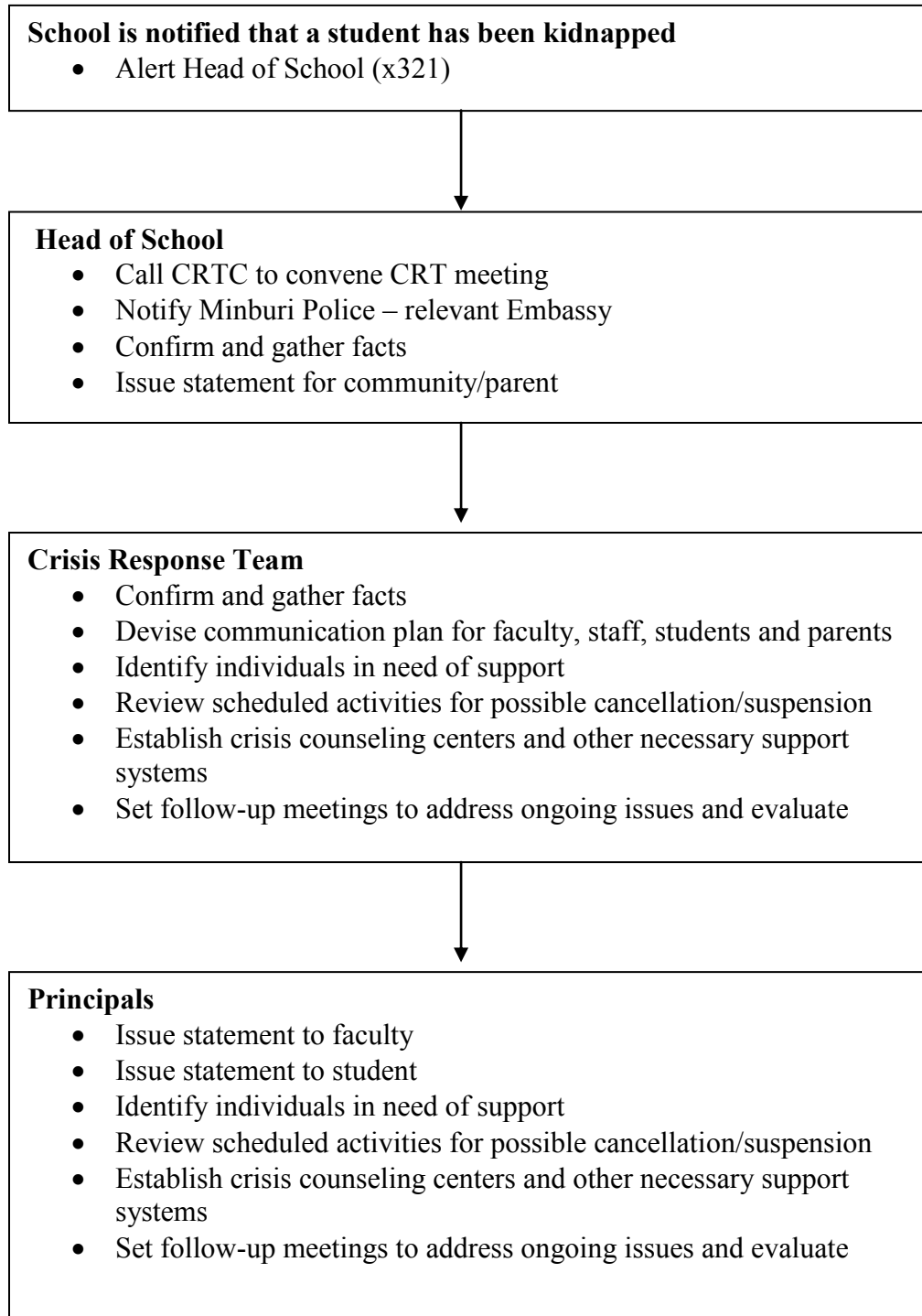
Bomb Threat



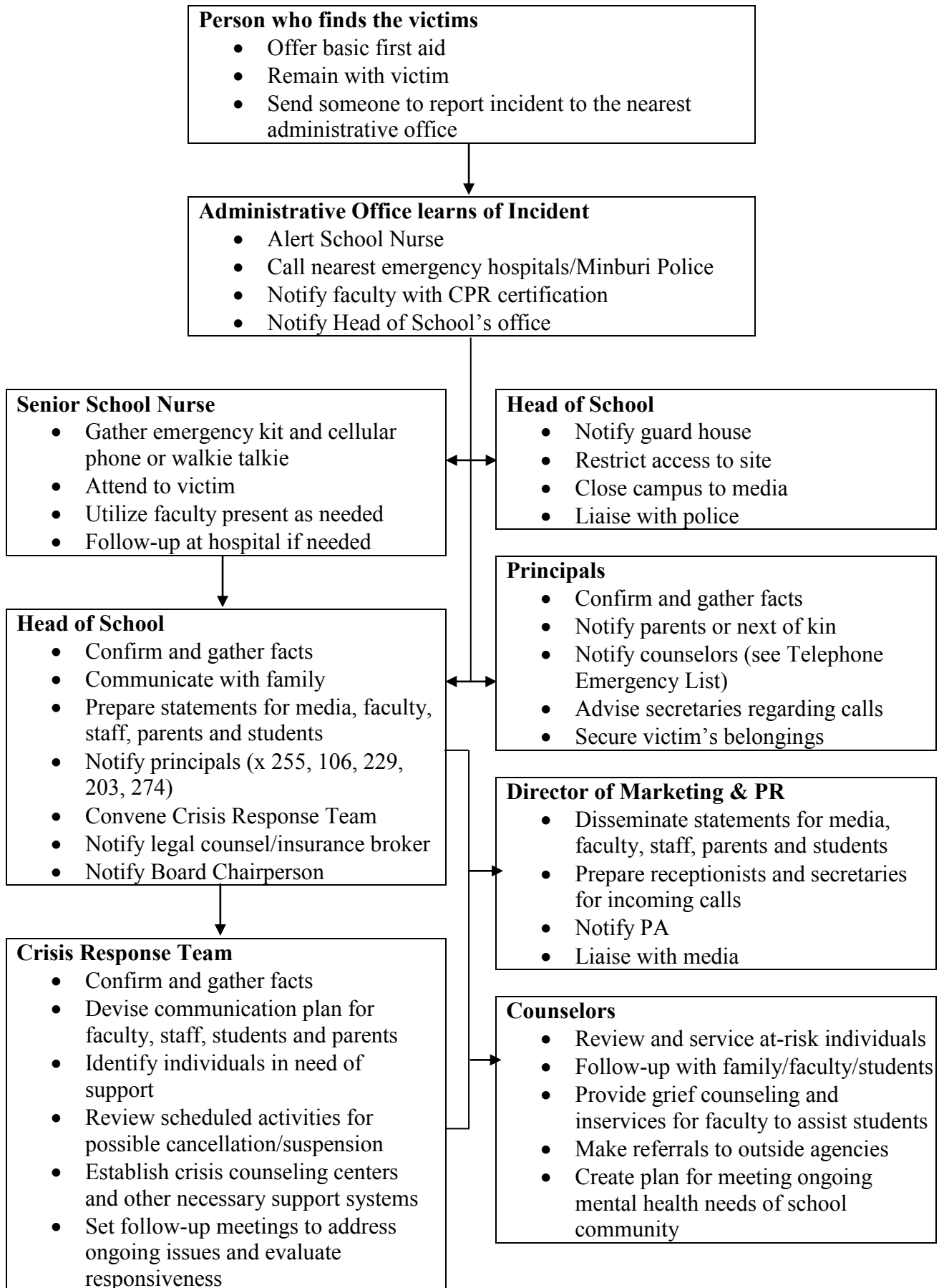
Violent Situation on Campus



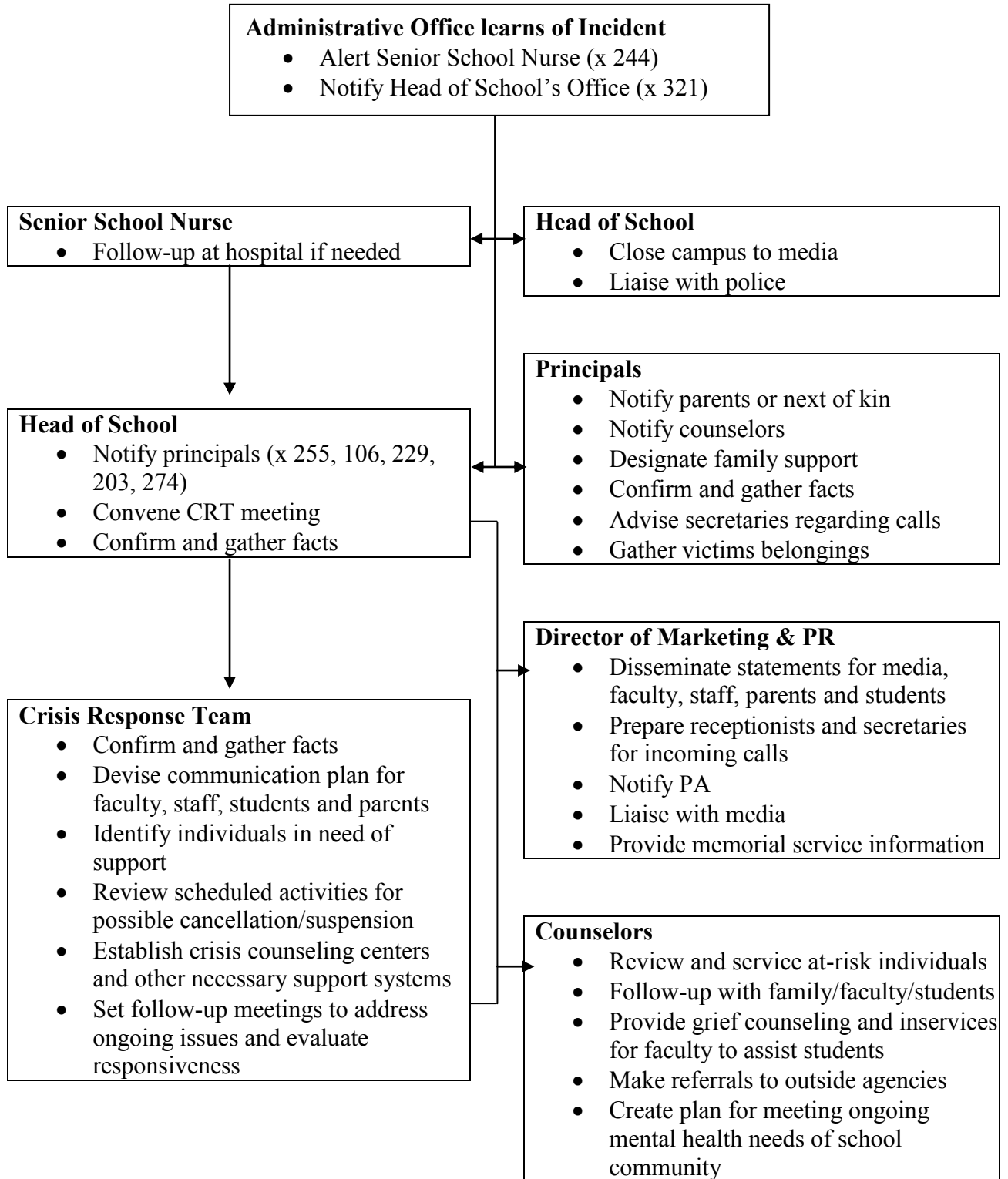
Kidnapping



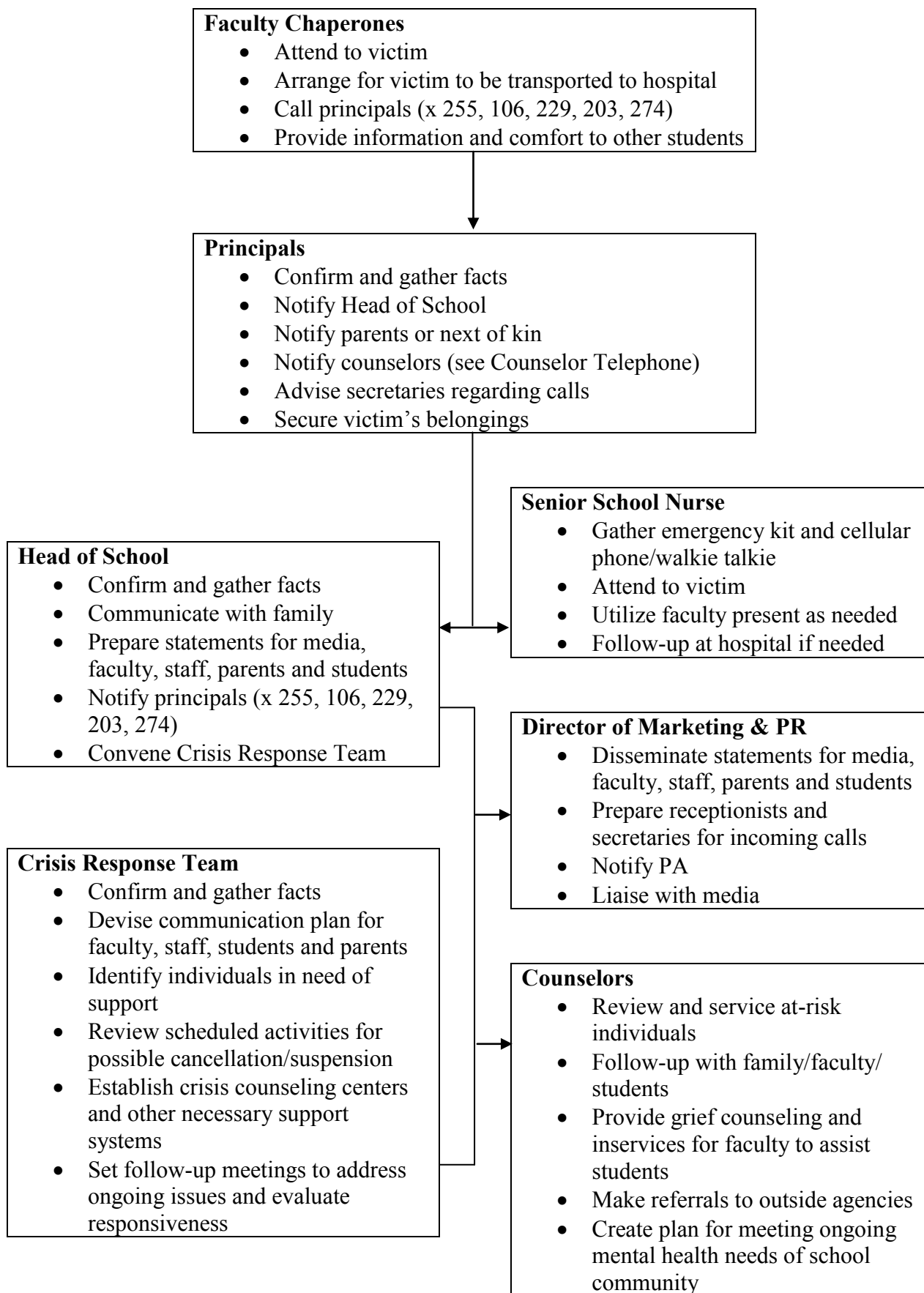
Suicide or Death on Campus



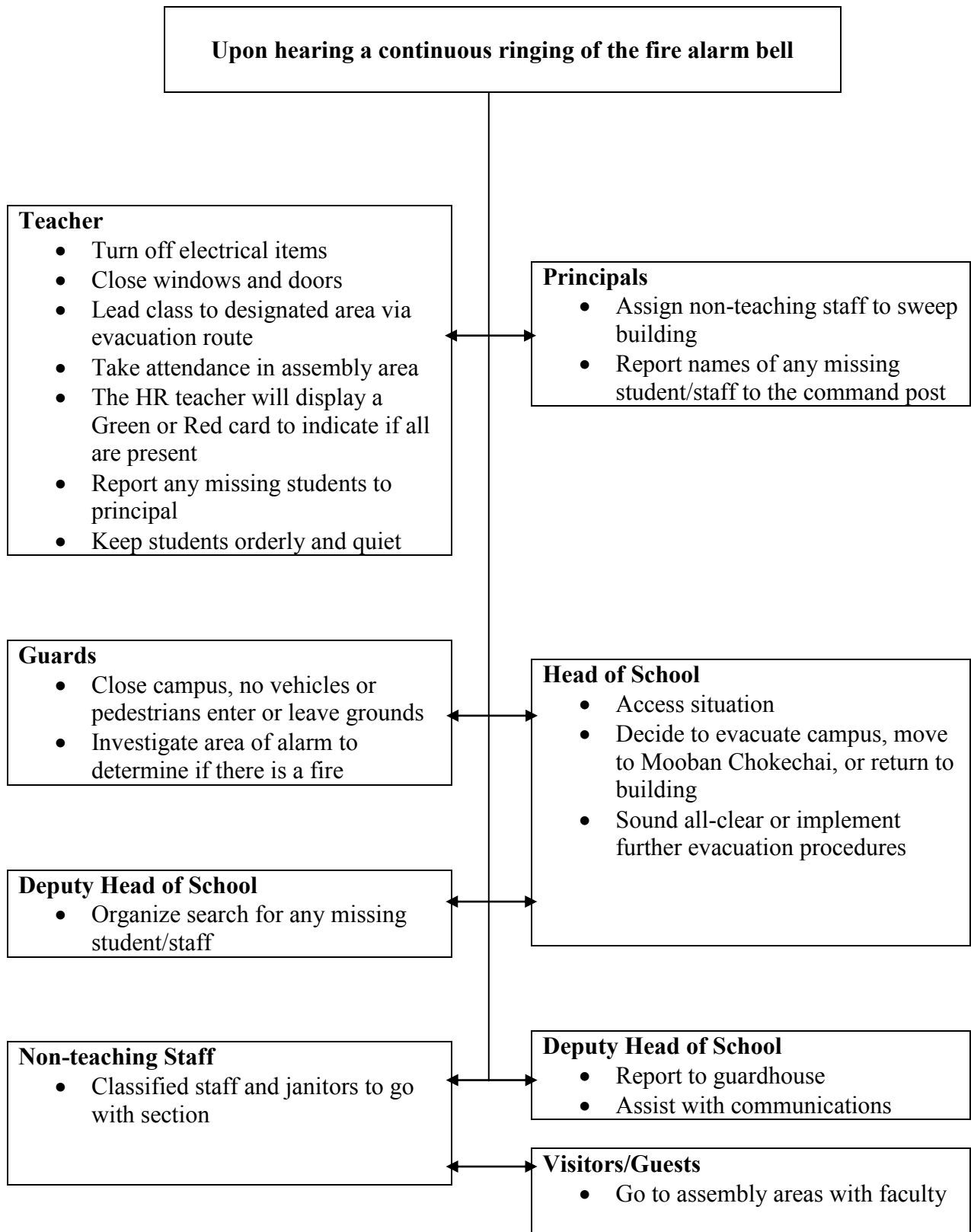
Suicide or Death off Campus



Accident/Death on Field Trip

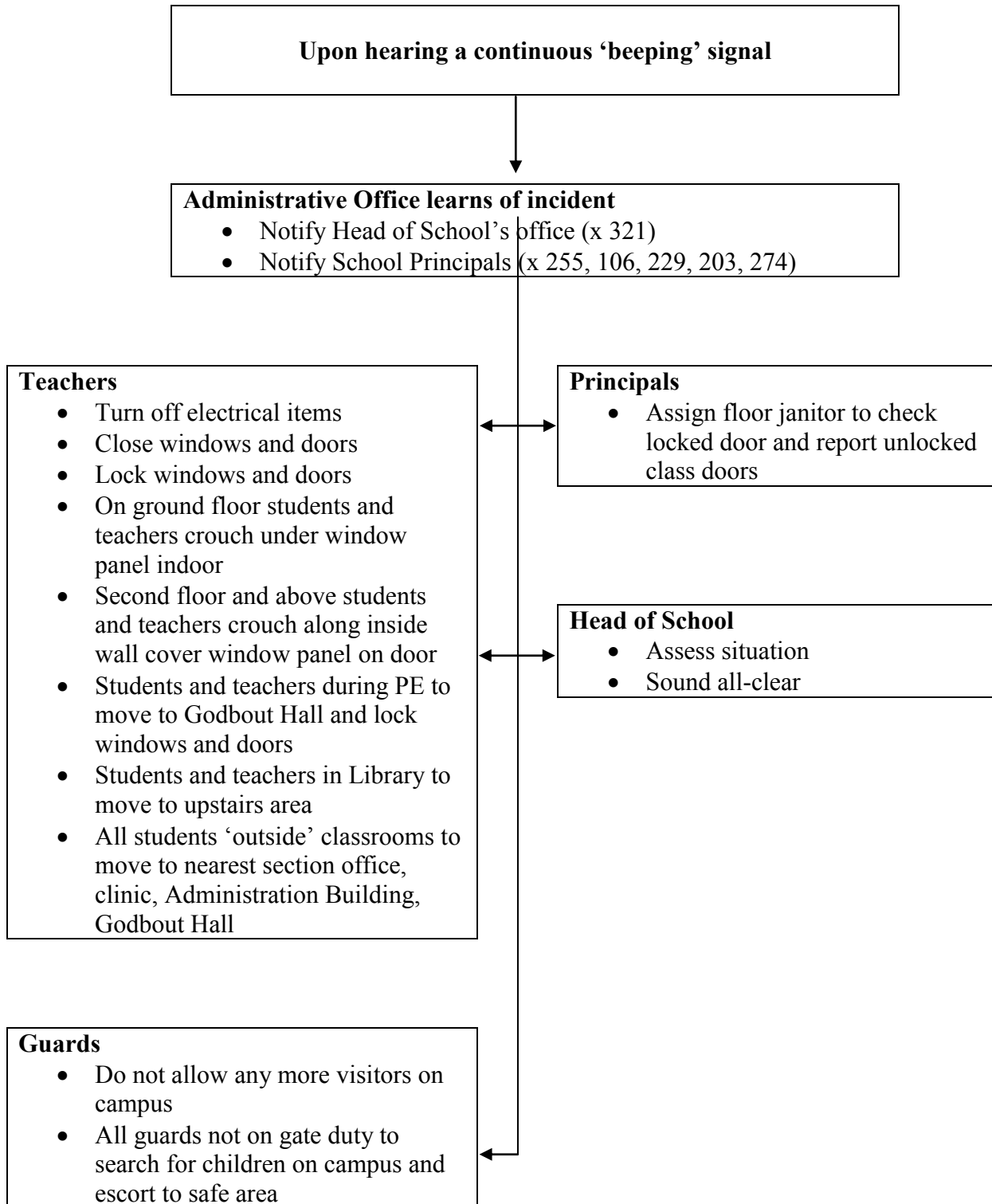


Building Evacuation



Lock Down

Intruder on Campus



Lightning Alert Procedures

Lightning meters are to be kept in the following locations:

1. High School PE Office (Phoenix Hall)
2. Elementary and Middle School PE Offices (Godbout Hall)
3. HS Assist Principal's Office, MS Assist Principal's Office, ES Assist Principal's office, RIST Assistant Principal's Office and Swiss School
4. Athletic/Aquatic Director's Office
5. Alpha Swimming Pool Storage Room
6. Astra Swimming Pool Office

Staff in these locations are to be instructed on:

- How to use the meters
- How to switch on the lightning meters and that they are plugged into the power source
- How to ensure that when the meters are used on the batteries they are changed regularly

Level 1 Alert: Meter showing between **3-8**

Staff should observe the situation closely in order to make a judgement. They should ensure:

- **All students are out of the swimming pools**
- **There are no students on the fields, nor any other exposed outside areas**

During physical education classes, the Assistant Principals of each section should be notified by the teacher or assistants so that they can liaise with relevant personnel. Coaches should contact the High School Assistant Principal to report such a reading.

Eric Monson: High School Assistant Principal Tel. 080 082 8821

John Andy Westerman: Middle School Assistant Principal Tel. 081 144 0607

Kevin Thomas: Elementary School Assistant Principal Tel. 086 029 7107

Sudarath Tan Attanawin: RIST Assistant Principal Tel. 085 904 9955

Dr. Daniel Halter: Swiss School Principal Tel. 081 491 0404 or

Remo Nyffenegger: Assistant CRT Tel. 084 938 5827 and

Administrator on after-school duty if after 2.30.

Level 2 Alert: Meter showing between **0-3** or severe **thunderstorm warning**

All students and staff to be inside buildings

It is important to note that you can hear thunder a long way away but it might not be close enough to evacuate. It can be raining without a lightning threat.

Communications:

- PE/Coaching staff will take the decision to bring their children off the field/out of the pools when the meter readings indicate that a storm is present - or based on their own judgement. This decision must then be communicated to their section office.
- At break times and lunch times, notification of a Level 1 alert is to be communicated to the section Assistant Principals of the respective schools by phone. The Assistant Principals will determine when this should be upgraded to a Level 2 alert.
- The Assistant Principal will ensure that the alert is immediately conveyed, in person or by a senior colleague, to the relevant staff teaching or on duty in the vulnerable areas. If at milk break time or lunchtime, messages need to be immediately sent to the teachers on duty.
- The Assistant Principals will make the decision to declare the alert over once it is clear the danger has passed. They will ensure that the relevant staff are informed.

NB: In the absence of a formal notification of an alert, staff who sense danger of possible lightning strike, should use their initiative to evacuate pools and open spaces.

Emergency School Closure Procedures

Policy (5750 from RIS/RIST Faculty Handbook)

The Head of School is empowered to order the closure of school whenever the health or safety of pupils and staff are threatened. School may be closed for a temporary period, indefinitely, or even permanently in case of an emergency arising out of inclement weather, fire, flood, the failure of an essential utility, or a public emergency endangering the health, welfare or safety of children. An emergency shall be for a stated period which may be shortened or extended by the Head of School or his designee, and may be declared by the Thai Government.

Procedures (5750 from Faculty Handbook)

Head of School informs members of the Administrative Council

Deputy Head of School for Resources informs Montri Transport, classified staff, workers, canteens and security guards

Deputy Head of School informs radio stations, (FM 88.0, 95.5, 100, 105, and 107)

Director of Marketing & PR updates school website, informs parents through SMS

Section Principals & Directors informs teachers and staff in respective sections; telephone trees go into effect

Duties on the first day of school closure, specific personnel duties are as follows:

Administrators report to school so that meetings can be called and decisions made

Teachers remain available for further information/announcements from school

Staff Designated staff report to work to help with telephone calls and the general running of the school since some students will be unaware of the school closure and come to school. (Final decision on which staff will report will be made by Head of School in consultation with Admin. Council, if possible.)

Workers All workers report to help with general clean-up if needed; Tasks might include, putting up signs to inform parents and students who show up at school, ensuring ongoing maintenance, etc.(Designation of staff needed for this will be made by Head of School and, Deputy Head of Facilities)

Decision Making Guidelines

The following are procedural recommendations to consider when making a decision to close the school.

I. During the school day:

1. Call an emergency meeting of the Admin Council.
2. Continually check Bangkok Nation (<http://www.nationmultimedia.com/>), Bangkok Post (<http://www.bangkokpost.com>) and other reliable sources for recent updates.
3. Contact ISAT to find out if they know of other schools that have made closure decisions.
4. Contact other international schools in our general area to determine if they have made a decision; if they have not, please let us know as soon as they have. (Bangkok-Patana, ISB, NIST)
5. Consult with and consider the directions given by the Bangkok Metropolitan Authority, Thai Ministry of Education and US embassy security updates.
6. Contact Montri Bus Company to verify that they are running on schedule.
7. Make a decision based on the information from # 1-6.

If the decision is to **close school immediately**:

- a. Contact Montri to determine what the earliest time is that they can take students home.
- b. Make logistics decisions:
 - i. when will school close,
 - ii. for how long,
 - iii. continuation or cancellation of after-school activities, etc.
 - iv. which faculty, staff and/or workers should report on closed days
- c. Determine how the closing will be communicated to teachers and students.
- d. Send out an all school SMS and email explaining the reason why school is closing, including supporting documentation (e.g. Ministry of Education directives) and the logistics of the closing. The SMS include parents and faculty
- e. Compose a letter explaining the closing and post it on the website.
- f. Determine necessary administrative duties in clearing the campus and where students will be until they are picked up or go home on the bus.
- g. Establish times for follow-up Admin Council meetings as needed.

If the decision is to **close school at the end of the school day**:

- a. Contact Montri to verify that they can take students home at the regular time.
- b. Make logistics decisions: when, for how long, afternoon activities, etc.
- c. Determine necessary administrative duties in clearing the campus and where students will be until they are picked up or go home on the bus.
- d. Send out an all school SMS and email explaining the reason why school is closing, including supporting documentation (e.g. ministry of education directives) and the logistics of the closing. The SMS include parents and faculty
- e. Compose a letter explaining the closing and post it on the website.
- f. Establish times for follow-up Admin Council meetings as needed.

II. During an evening or weekend/holiday:

1. The Head of School check the latest news from a reliable source and consults with Crisis Response Team.
2. If the decision is to **cancel school on Monday**:
 - a. An all school email and SMS should be sent with the announcement and an explanation.
 - b. A letter should be written and posted on the school website.
 - c. The Section Principals begin their section emergency faculty phone tree.
 - d. Classified Staff will be notified as to whether or not they need to report for work on Monday.
 - e. If needed, the Admin Council will meet during the weekend or on Monday to discuss the length of the closure and provide further direction and information to the community. In the event that this is not possible, the Head of School will continue to arrange communications with the community via email, SMS, and the website, until such a time when the Admin Council can reconvene.
3. If the decision is **not to cancel school on Monday or After a Holiday**:
 - a. Under certain circumstances, the Head of School may decide to send an email and SMS message to the school community stating that school will be in session on Monday.
 - b. Section Principals will use their emergency phone trees and SMS messages to ensure accurate transmission of the information.

CHECKLIST

Head of School/Deputy Head of School

August

- Meet with Crisis Response Team Coordinator to review preparedness, training procedures and development of protocols
- Confirm that all procedures and protocols are written in both English and Thai.
- Confirm that the Crisis Response Plan is communicated to the faculty, staff, students, parents and community
- Communicate a plan with administrative team for back up procedures to secure and store all updated records on disks) in case of closure or damage of school
- Confirm that a person meets with a representative from each organization that utilizes or shares the facility in order to ensure clear communication of all procedures and protocols.

Quarterly

- Meet with Crisis Response Team Coordinator

Crisis Response Team Coordinator

(Head of School & Director of Pupil Services)

August

- Update Crisis Response Manual
- Review Emergency Procedures
- Ensure that the Administration is familiar with Crisis Response Manual
- Set up meeting in August

Quarterly

- Ensure that the Crisis Response Team Telephone Tree is updated monthly

End of the Year

- Evaluate update and change procedures

Principals

August

- Review Emergency Procedures with Crisis Response Team
- Meet with faculty
- Carry out crisis response inservice for faculty
- Assist with creating faculty & parent telephone tree and all parents/guardians mobile telephone numbers for group SMS service
- Review emergency procedures:
 - telephone tree – teachers, and parents
 - differences in crisis (i.e. bomb threat, evacuation)
 - field trip emergency
 - student accident/suicide
- Review procedures with office staff
- Review/add numbers when needed
- Walk through of the emergency procedure (fire drills, lock down, etc.) for faculty (handout evacuation plan and walk through routes)
- Conduct:
 - Fire drill
 - Evacuation drill
 - Lock down drill
- Prepare pack for all teachers to take with them in all emergencies
 - Class list
 - Phone numbers
 - Emergency phone numbers (hospitals, etc.)
- Distribute telephone tree lists - two per person (one for home and one for emergency pack)
- Communicate emergency procedures to parents at the beginning of the year

Quarterly

- Conduct:
 - Fire drill
 - Lock down

Year End

- Evaluate procedures with Crisis Response Team Coordinator and Administrative Council

Faculty/Staff

Faculty: August

- Learn procedures for crisis outlined in the Crisis Response Manual
- New faculty / staff.- participate in crisis response training
- Have Telephone Tree at home next to telephone
- Register passport at Embassy or Consulate (optional)
- Give emergency contact name and number in home country to Human Resources

Ongoing

- Participate in drills and exercises to reinforce procedures
- Review emergency procedures with students
- Keep current class list and contact numbers readily available

Deputy Head of School

August

- Ascertain that student contact information is correct
- Include summary of Crisis Response Procedures in Student Admissions Package
- Ensure that school telephone emergency message works
- Ensure that CRT is familiar with their roles during a crisis
- Identify media sources to liaise with in the event of a crisis

School Manager/HR Manager

Beginning of August

- Inservice new teachers and substitute teachers about emergency procedures
- Communicate emergency preparedness to new teachers during new teacher Orientation
- Communicate hospital procedure, telephone tree procedures, registration embassy to new teachers. Give lists of phone numbers of hospitals, Emergency Phone Number list to all teachers
- Communicate emergency preparedness to RIS staff
- Compile all contact information for faculty and staff
- Issue parking stickers
- Prepare telephone tree for Human Resource office / classified staff

August

- Distribute telephone tree lists – 2 for each person, one for home and one to use on school trips, etc.
- Review telephone procedures
- Communicate emergency preparedness
- Issue ID cards for teachers, students, parents
- Issue parking stickers
- Include faculty & staff mobile numbers for group SMS service

Monthly

- Update all contact information

Periodically

- Review procedures at end of each year

Senior School Nurse

August

- Check first aid kits throughout school and replenish supplies
- Update first aid kit maps (where they are located)

First Aid Kits should be placed

- In every section office and every department office e.g. Pupil Services, Curriculum, etc.
 - Every section, ES, MS, HS, RIST, Swiss School
 - PE offices
 - Guard House – Gate 6
-
- Give CRT information / maps on where First Aid Kits are placed
 - Organize and keep confidential list of all faculty / staff member medical condition
 - Update clinic / hospital / doctors / ambulance emergency telephone number lists and maps and place in:
 - every first aid kit
 - each office
 - guard house
 - faculty room
 - PE office
 - Identify personnel with CPR/First Aid training/Certification maintain list and give to Administration Team and Crisis Response Team. Organise annual training health program
 - Inservice bus drivers and bus monitors on all students with medical alert needs
 - Inservice Homeroom teachers

Semesterly

- Do check of medical conditions for Medical History lists and distribute to ES, MS, HS, RIST and Swiss
- Check and resupply emergency medical supplies (first aid kits) or when needed

Security Coordinator

(Charoen Saengdej, RIS ext. 349)

August

- Review campus security plans and policies with administration and guards
- Post list of emergency numbers in guard house
- Carry out inservice training for all security guards
- Review traffic and gate security plans for emergency situations and evacuation of campus
- Check grounds and fencing around the property and all locks on gates, doors
- Maintain a liaison with local police

Monthly

- Check grounds, fencing, locks around property
- Train any new staff for all emergency procedure

Periodically

- Security reviewed by specialists security company

Ongoing

- Communicating with other agencies

Montri Transportation

(Khun Suchada/Khun Somjit, RIS ext. 267)

Daily

- Check buses for safety
- Check emergency doors

July/August

- Inservice training on emergency response
- Inservice training on first aid
- Check two way communication
- Check busses for safety repairs

August

- Alert drivers and bus monitors about student's medical conditions. Have nurses communicate emergency health plan (i.e. diabetes)

Cyclic (depending on mileage)

- Check fire extinguishers
- Check and replenish first aid kits

Facilities Support

(Khun Prakob, RIS ext. 262)

Daily:

- Check alarms and fire extinguisher

July

- Check all fire extinguishers, watch taps, electrical / distribution boards, fire hydrants, building grounds, emergency exits, structure for school opening
- Update campus maps for location of fire hydrants, fire extinguishers, exit doors, electrical/ distribution boards, evacuation routes and give to administration team and Crisis Response Team
- Put evacuation routes in each classroom
- Check emergency supplies. (Make a list and check off)
- Check alarms (fire alarm), emergency lights, generator
- Coordinate training in the use of fire extinguishers for all maintenance, security and faculty
- (done by fire station)

Monthly

- Check fire alarms
- Check electrical boards
- Check water pumps
- Check emergency generator
- Replenish any material needed for emergency supplies

Year End

- Service any needed parts of the building
- Replace any equipment needed

First Aid Kit Supply Checklist

(Senior School Nurse, Porntip, RIS ext. 244)

- Eye wash/eye drops
- Eye patch
- Antiseptic wipes
- Hydrogen peroxide
- Skin cleanser
- Pressure dressings
- Gauze pads
- Bandages of various sizes
- Antiseptic cream
- Gloves
- Band-Aids of various sizes

Clinic

- First Aid Kits with all the above

In addition:

- Leg splints
- Arm splints
- Basic medication: Tylenol, aspirin, stomach medicine
- Extra sheets
- Supply of gloves

No prescription medication kept on campus

First Aid Kit List

Year 2010-2011

No.	Section	Room No.	Tel	Kit No.	Receive By	Receive Date
1	ES OFFICE	E111	254	1	K.Noree	August 2,10
2	RECEPTION GATE 6	Info office	101	2	K.Pawit	August 2,10
3	HS OFFICE	H111	230	3	K.Pramote	August 2,10
4	RIST OFFICE	IS102	241	4	K.Ann (janitor)	August 2,10
5	RIST LIBRARY.Ms. ALBA	IS602	325	5	K.Ann (janitor)	August 2,10
6	PUPIL SERASSISTANT	AD305	125	6	K.Maew	August 20,10
7	ELIZABETH LIBRARY	AD212	122	7	K.Pen	August 2,10
8	GRIFFITH LIBRARY	L102	270	8	K.Malee	August 2,10
9	GODBOUT HALL PE OFFICE	G102	-	9	K.Serm	August 2,10
10	Small SWIMMING POOL OFFICE (Near Book Room)	-	-	10	K.Serm	August 2,10
11	GUARD GATE 6	-	226	11	K.Pawit	August 2,10
12	PRE-SCHOOL HOME	ELC	364	12	K.Nutchanart	August 2,10
13	MAINTENANCE OFFICE	SN101	261	13	K.Somchai	August 2,10
14	PHOENIX HALL	-	353	14	K.Warin	August 2,10
15	SWIMMING POOL OFFICE (PHOENIX)	-	351	15	K.Serm	August 2,10
16	PRE-KG HOME	ELC	365	16	K.Nutchanart	August 2,10
17	SWISS SECTION		273	17	K.Somyos	August 2,10
18	SWISS SECTION		273	18		
19	LAB ES	AD122	242	19	K.Jeab	August 2,10
20	LAB MS	M103	-	20	K.Somkid	August 2,10
21	LAB HS	AD111	110	21	K.Noi	August 2,10
22	SWIMMING TEAM	-	273	22	K.Joei	August 2,10
23	MS OFFICE	M203	246	23	K.Joei	August 2,10

School Personnel with CPR/First Aid and Automatic External Defibrillators Training

Training period: October 6-7, 2007

1. Nicole Sabet

Training period: May 10-11, 2008

1. David Byrum
2. Bob Kovach

Training period: March 25-26, 2009

1. Susumu Uno
2. Tsun-Pin Lai (Tina)
3. Robert (Bob) Kovach
4. Melanie Fawcett
5. Carlos Andonegui
6. Somkiat Kiatruangchai
7. Apaporn Siriamornathee
8. Duncan Inglis
9. Hedda Joy Tady-Tan

Training period: May 16-17, 2009

1. William Thro

Training period: November 7-8, 2009

1. Sabrena Baiagern

Training period: October 11-12, 2010

1. Brian Gandy
2. Andrew Silvis
3. Onsa Saleenvan
4. Charoen Saengdej

Appendix A

A. In this section we have included information from the National Association of School Psychologist (NASP) which deals with;

- Critical Incident: Stress Information
- Death: Dealing with Crisis at School
(Practical Suggestions for Educators)
- Disasters: Developing A Crisis Response Plan
(Guidelines for School Personnel)
- Disaster: Helping Children Cope
(A Handout for Parents)
- Disaster: Helping Children Cope
(A Handout for Teachers)
- Emotional First Aid
(A School's Guide to Crisis Intervention)
- Suicide in Children and Adolescents
(Information for Parents)
- Suicide Intervention in the Schools
(A Handout for School Personnel)

B. More resources concerning grief and school response;

- Resource Document
- Frequently Asked Questions: School principals, parents and teachers

This information provides helpful, very practical information to help children, adolescents and parents to deal with critical, stressful and tragic events.

It also gives some insight into our own reactions to these events which allow us to be effective helpers.

Please familiarize yourselves with this material.

Critical Incident: Stress Information

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

by Servio Carroll, Ed.S., NCSP
Crisis Intervention Team, Sheridan WY

Emotional After-Shocks

You have experienced a traumatic event or a critical incident. A critical incident is any incident that causes one to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional after shocks when they have passed through a horrible event. Sometimes the emotional after shocks (stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. In some cases, weeks or months may pass before they appear.

Symptoms of Stress Reaction

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves. Symptoms:

Physical	Cognitive	Emotional	Behavioral
<ul style="list-style-type: none"> •fatigue •nausea •muscle cramps •twitches •chest pain •difficult breathing* •elevated BP •rapid heart beat •thirst •headaches •visual difficulties •vomiting •grinding of teeth •weakness •dizziness •profuse sweating •chills •shock symptoms* •fainting •etc. 	<ul style="list-style-type: none"> •blaming someone •confusion •poor attention •poor decisions •heightened or lowered alertness •poor concentration •memory problems •hypervigilance •difficulty identifying familiar objects or people •increased or decreased awareness of surroundings •poor problem solving •poor abstract thinking •loss of time, place or person orientation •disturbed thinking •nightmares •intrusive images •etc. 	<ul style="list-style-type: none"> •anxiety •guilt •grief •denial •severe panic •emotional shock •fear •uncertainty •loss of emotional control •depression •inappropriate emotional response •apprehension •feeling overwhelmed •intense anger •irritability •agitation •etc. 	<ul style="list-style-type: none"> •change in activity •change in speech patterns •withdrawal •emotional outbursts •suspiciousness •change in usual communications •loss or increase of appetite •alcohol consumption •inability to rest •antisocial acts •nonspecific bodily complaints •hyperalert to environment •startle reflex intensified •pacing •erratic movement •change in sexual functioning •etc.
* Needs Medical Attention			

Consider These Suggestions for the First 24 to 48 Hours:

- Alter periods of exercise with periods of relaxation.
- Structure your time, keep busy.
- Reassure yourself that you are normal and having normal reactions. Don't label yourself crazy.
- Talk with others. Talking about it is healing.
- Avoid caffeine: coffee, chocolate, tea, sodas, etc.
- Reach out. People do care. Spend time with others.
- Maintain as normal a schedule as possible.
- Avoid the use of drugs and alcohol. Don't complicate the problem with substance abuse.
- Give yourself permission to feel rotten. It's normal.
- Keep a journal, write through those sleepless hours.
- Do things that feel good to you.
- Realize that those around you are also under stress.
- Don't make any big life changes.
- Do make routine daily decisions. Regain control.
- Eat regular meals, even if you don't feel like it.
- Get plenty of rest, as much as you can.
- Flashbacks are normal, don't fight them. They'll decrease in time and become less painful.

Resources

Seek professional help from a mental health provider or your physician if you feel overwhelmed. It's Okay. They are trained to help you deal with these strong emotional reactions. It's not a sign of weakness.

Death: Dealing with Crisis at School

Practical Suggestions for Educators

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

by the Department of Psychological Services
Cypress-Fairbanks ISD, Houston, TX

Notification and Announcement Procedures

- **Get the facts!** Verification is very important and administrators should contact the family of the deceased and/or authorities to get the facts before providing post-vention. Give everyone the facts as quickly as possible to dispel rumors. Age-appropriate language should be used.
- **Establish a calling tree:** A calling tree should be utilized to notify district level personnel as well as building staff in the location where the deceased attended or worked. The calling tree can be used to notify all school personnel that a faculty meeting will be held before school to outline post-vention plans. If the death occurs during non-school hours or during vacations, this process allows staff members to work through their own issues before they assist their students.

If a Death Occurs When School is in Session

1. **Hand deliver a memorandum to all teachers:** The most frequent recommendation is to give all teachers the facts about the tragedy and instructions to share the information with their students, as well as suggestions for assisting students. This memo can also invite all staff to a faculty meeting after school. The majority of students should stay in their classroom. Only those closest to the victim or those with tragic life situations of their own should be sent to the school's support personnel.
2. **Use the public announcement system:** The administrator is urged to carefully plan and rehearse what he will say. Choice of words, voice tone and inflection are very important and set the tone for management of the tragedy.

Determine the Degree of Trauma

The following questions will help the administrator anticipate the amount of emotional trauma:

- Who was the person and were they a long-time popular member of the school?
- What happened? Murder and suicide are unexpected and violent, and thus more difficult to deal with than, for example, a death from a serious illness.
- Where did the death occur? A death that occurs on school grounds is more difficult to deal with. It is important to find out who witnessed the death and provide them with counseling. Students may also reflect concerns with personal safety.

- What other tragedies have impacted this particular school recently? The latest death will cause other unresolved issues to surface for both staff and students.
- Who was the perpetrator? If the person believed to be responsible for the death is also a member of your school community, it adds to the emotionality.

Roles for School Personnel

There are a number of roles that should be performed by key personnel. It is important to recognize that each person has his or her own unique history with regard to crisis and loss. It is not unusual for old issues to resurface. Each student should be given permission to feel a range of emotions. There is no right or wrong way to feel. Typically, individuals go through a sequence of emotional reactions following a crisis: 1) high anxiety, 2) denial, 3) anger, 4) remorse, 5) grief, and 6) reconciliation.

Principal's Role

- Direct intervention efforts
- Be visible, available, supportive and empower staff
- Provide direction to teachers about how much to set aside the curriculum. Tests should be post-poned in some classes.
- Communicate with central administration and other affected schools
- Contact family of the deceased
- Inform staff and students about funeral arrangements
- Ensure that memorials are appropriate

Counselor's/School Psychologist's Role

- Be available
- Cancel other activities
- Locate counseling assistance (check community resources)
- Provide individual and group counseling
- Contact parents of affected students with suggestions for support or further referral. Follow the schedule of the deceased and visit classrooms of close friends
- Support the faculty (provide counseling as needed)
- Keep records of affected students and provide follow-up services

Teacher's Role

- Provide accurate information to students
- Lead classroom discussions that focus on helping students to cope with the loss
- Dispel rumors
- Answer questions without providing unnecessary details
- Recognize the varying religious beliefs held by students

- Model an appropriate response
- Give permission for a range of emotions
- Identify students who need counseling and refer to building support personnel
- Provide activities to reduce trauma, such as artwork, music and writing
- Set aside the curriculum as needed
- Discuss funeral procedures

What If the Death Was a Suicide?

If the death was a suicide, post-vention procedures outlined by the American Association of Suicidology (AAS) should be followed, in addition to the recommendations above. The tasks of post-vention are twofold: 1) to reduce the chances of anyone else committing suicide by avoiding glamorization of the deceased and 2) to assist staff and students with the grieving process. Post-vention activities provide an opportunity to teach students the warning signs of suicide so that further suicides can be prevented. It is also important that school personnel receive training to recognize symptoms of depression and warnings of suicide ideation among students well before a crisis occurs. The main recommendations of the AAS include the following:

- Don't dismiss school or encourage funeral attendance during school hours
- Don't dedicate a memorial to the deceased
- Don't have a large school assembly
- Do give the facts to the students
- Do emphasize prevention and everyone's role
- Do provide individual and group counseling
- Do emphasize that no one is to blame for the suicide
- Do emphasize that help is available and that there are alternatives to suicide
- Do contact the family of the deceased

Resources

American Association of Suicidology, Suite 310,4201 Connecticut Av NW, Washington, DC 20008. Pitcher, G., & Poland, S. (1992). *Crisis intervention in the schools*. New York: Guilford Press.

Poland, S. (1997). School crisis teams. In A. Goldstein & J. Conoley (Eds.), *School violence intervention handbook*. New York: Guilford Press.

Poland, S. (1989). *Suicide intervention in the school*. New York: Guilford Press.

Disasters: Developing A Crisis Response Plan

Guidelines for School Personnel

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

**by Debby Waddell, Ph.D., NCSP, Columbus, OH
and Alex Thomas, Ph.D., NCSP, Miami University (OH)**

Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes, or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in **AIDS**, cancer or other deaths due to illness, or bizarre and unusual, as in the case of snipers or a murder. For some of these disasters, pre-planning can be done, i.e., when death from cancer is anticipated or when weather forecasts warn of hurricanes. Others may be sudden and allow no time for pre-planning. Yet another variable is whether the disaster occurs at school (i.e., a suicide in the school or a tornado during school hours) or outside of school hours (i.e., weekend hurricane oil, automobile accident). All of these factors will undoubtedly affect the specific response to the disasters, but some common elements can be found in all of these situations.

Formulating a Disaster Plan

When disaster strikes, teachers and school staff members immediately need to be ready to cope with their reactions and the reactions of their students. The need to deal with student reactions comes at a time when staff members are still dealing with their own reaction and may be least prepared to think quickly and cope with others' reactions. Nonetheless, this must be done. With some advance planning, this process can be much smoother than if disaster takes you by surprise and no pre-formulated plan is in effect. Once a plan is in effect, adjustments can be made quickly to deal with the specific nature of the current crisis. When formulating a disaster plan, the following ideas may be helpful:

- Determine if your district is small enough to have a single crisis team or if separate building teams are needed, with an umbrella district team for times of widespread disaster.
- Team members should be selected on the basis of each member's expertise.
- Designate a team leader.
- Designate the disaster team or teams. This will likely include administrators, school psychologists, counselors, and other staff members without responsibility for individual classrooms.
- Designate an individual who will deal with the media. This is very important.
- Plan ways of using community resources and network with these agencies or individuals in advance. Potential resources include mental health agency personnel and clergy with special training in counseling.

- Prepare for weekend or after-hours meetings of disaster teams and coordinators, perhaps setting up a phone-tree for quick notification. Be sure to check contract language prior to requiring after-hours involvement, where necessary.
- Determine how PTO/PTA leaders might bring meals for staff members working late into the evening or arrange child care for staff members' children to free them for disaster team efforts.

All staff members should be aware of the disaster plan. Not only teachers, but clerical staff, aides, bus drivers, and maintenance staff need to be apprised of the plan. Including staff members in planning and sharing the plan at a district inservice day or teacher meeting allows time for discussion when stress and pressure are minimal. Another task that can be done in advance of disaster is pre-paring information on typical reactions to disasters and planning ways for distribution of such information. The teacher and parent handouts accompanying this information are designed for just such purposes. Pairing these handouts with one detailing events and resources in your community is suggested. Such a handout might include:

- Specific, factual information about the event
- Details about how the disaster is handling to crisis
- Information about contact people within the district including phone numbers
- Information about community resources including phone numbers
- Titles of books pertinent to disasters as well as books dealing with feelings. Ask librarians to use the bookbinder to prepare a list of such books available in your library (school and public) for a variety of topics (death, tornadoes, children and serious illness, etc.). This will facilitate quick access if the list is needed. Preparing such a list may suggest topic areas in which your libraries are weak and allow time for ordering additional materials.

Components of Effective Disaster Plans

Disaster plans can include steps to be taken immediately upon learning of a disaster as well as longer-term plans. The following items might be included:

Immediate Reaction to Disaster

- Determine how staff members and students will learn of the disaster. Provide accurate information to all concerned at approximately the same time to help control the spread of rumors. The PA system or messages to teachers might be used, depending on the nature of the disaster. A death or other intimate disaster may require a more personal manner of imparting information.
- Notify staff members in advance if time allows. Word of a death occurring over a weekend can be spread by phone or at an early-morning staff meeting.
- o Target certain parents for special notification. For instance, if a member of an athletic team is killed, phoning parents of other team members might be indicated.
- Decide about scheduling changes: Decide whether to maintain normal schedules or set aside regular scheduling in an all-out effort to deal with the crisis. Obviously this decision will depend on the extent of the crisis and might even vary from grade to grade and from class to class. For instance, if a sophomore commits suicide, that class

will probably need more assistance than the senior class. A most important step in any disaster is reopening the school and returning to a normal routine as soon as possible.

- Formulate plans for school dismissal: Typically keeping children in school for the regular school day is best when dealing with disaster. However, if early dismissal is required, parent notification becomes an item of priority.
- There may be occasions when an extended school day is necessary. For instance, if a shooting has occurred and the gunman/women is at large and most of the students walk home from school, dismissing students would be hazardous.
- Plans may need to be made for shielding children and staff from the media. Cordoning children as they are loaded into school buses may prove to be very effective for this purpose.

Intermediate, Steps for Crisis Control

- Provide support and counseling for students. Regular instruction will probably need to be suspended while the disaster is discussed. Individuals trained in counseling might target classrooms for their most immediate services where children are most severely affected. Teachers need to know how to get assistance from another professional quickly should the need arise.
- Disseminate factual information about the crisis to parents. The most effective method of providing factual information to parents may be to prepare a letter to be sent home. Some parents may need to be contacted by phone, especially if their child's reaction to the disaster seems extreme.
- Decide how to deal with funerals or memorial services if death(s) are involved in the disaster. When possible, have parents take their own children to the services. If parents are unable to go, staff members may volunteer to do this. Permission slips may be needed. Successful suicides should not be treated as honored heroes in school assemblies and funeral attendance should, in most cases, be only with parents accompanying the children. At times, school buses may be used. Permission slips may be needed. Plans for make-up work or forgiveness for assignments not completed due to attending the services should be made and discussed with staff members so that a consistent plan is used.

Long-term and Ongoing Disaster Intervention

- Provide for on-going opportunities to deal with the crisis. This might include:
- Continue to have additional support staff and outside professionals available to students.
- Make additional resources available to teachers who will be dealing with student reactions daily.
- Think ahead to effects which might be delayed. For example: A similar incident in another location may trigger renewed feelings.
- The one year anniversary of a disaster may provide an opportunity for planning a special remembrance, thereby diverting renewed reactions if the anniversary date is ignored.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child. Helping kids overcome traumatic events.* New York: John Wiley & Sons.

Federal Emergency Management Agency (FEMA): FEMA Publications, PO Box 70274, Washington, DC 20024. (202) 646-3484.

Jozwiak, T., Johnson, C. & Petersen, E. (1995). Best practices in planning for emergency management within the schools. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-III* (pp.397-402). Bethesda, MD: National Association of School Psychologists.

Pitcher, G. & Poland, S. (1992). *Crisis intervention in the schools.* New York: Guilford Press.

Robinson, E., Roffer, J., Fey, M. & Vogel, K. (1992). *Helping children cope with fears and stress.* ERIC/CAPS (ERIC Counseling and Professional Services Clearing House).

Disaster: Helping Children Cope

A Handout for Parents

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

**by Debby Waddell, Ph.D., NCSP, Columbus, OH
and Alex Thomas, Ph.D., NCSP, Miami University (OH)**

Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes, or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in **AIDS**, cancer or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

The emotional effects of a disaster on you and your child can be tremendous. One of the difficulties experienced by parents during disasters is that they have not had adequate time to deal with their own reactions when they are called upon to deal with the impact of the disaster on their child. This handout is designed to help you and your child during a disaster.

Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from child to child. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how children (and adults) feel when their lives are disrupted by a disaster.

- ***Loss of Control.*** By their very nature, disasters are something over which we have no control - if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.
- ***Loss of Stability.*** Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.
- ***Self-centered Reactions:*** Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them, to an extent that you think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them.

Stages of reactions to loss. Some reactions to disasters are similar to reactions to other losses or grief. These include denial, anger, depression, bargaining and acceptance. Not every

person experiences all of these feelings, and they do not always occur in just this order. A person may feel angry, then depressed, then angry again. How feelings are expressed will vary with the age of the child. A very young child may express denial by refusing to talk about the situation or clowning when others are talking about the disaster. Older children may go to their rooms or insist on going to the mall. Anger in a young child may involve a tantrum and in older child may be manifested as yelling at a parent.

Common stress symptoms: Following a disaster or traumatic crisis event, children - like adults will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child. If symptoms persist for a long time or seem extreme, parents should seek professional help through the school or community healthcare provider. At different ages, parents can expect:

- *Preschoolers:* thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in toileting habits
- *Elementary school children:* irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from activities and friends, increased conflict with siblings
- *Young adolescents:* sleep disturbance, loss of appetite, poor school performance, physical complaints. (headache, stomach ache), conflict with parents, withdrawal from friends
- *Older adolescents:* sleeping and eating disturbances, agitation, lack of energy, lessened interest in peers, physical complaints (headache, stomachache), poor concentration, irresponsible or delinquent behavior

Supporting Children During or After a Disaster

Knowing what to say is often difficult. When no other words come to mind, a hug and saying, "This is really hard for us," will always work.

Try to recognize the feeling underlying your child's actions and put it into words. Saying something like "it makes us mad to think about all the people and homes that were hurt by this hurricane," or "I can see you are feeling really sad about this," can help.

Sometimes children may have an overwhelming fear that they are unable to put into words, and you may need to voice for them. For instance, if a friend loses his mother during a flood, you might want to say to your child, "You may be scared that something will happen to me and Daddy (or Mommy) too. We are safe, and the flood waters are leaving, so we aren't going to die from this flood."

Be honest with your child about what has happened and what is happening.

- *Don't deny the seriousness of the situation.* Saying to a child "Don't cry, everything will be okay" does not reflect how the child feels and the child knows that, at least in the immediate future, this is not true.
- *Help your child know what words to use with others.* For instance, if the disaster has resulted in death, the child may feel overwhelmed about what to say to friends at the funeral home. You may need to help by suggesting some simple appropriate words.
- *Plan a practical concrete activity* to help children deal with feelings.

- *Involve children in decisions* about what to do to help restore their sense of having control in their lives. Possible activities include:
 - Collecting money for disaster victims.
 - Planting a tree as a memorial for a death.
 - Designing cards and writing notes to someone involved in the disaster.
 - Drawing pictures and putting up a bulletin board.
 - Writing poems or stories for a class book about the disaster.
- *Inform your children's teachers* about how they reacting and find out what is being done in the classroom to deal with the disaster.
- *Decide how to handle attending funeral* or memorial services if the disaster involves deaths. When-ever possible, parents should take their own children to services. Provide information about the funeral and its structure to prepare children for the experience. Children who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.
- *Allow for the fatigue* which children may experience due to stress and changed sleep patterns.

Long-term Reactions

Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.

- **Be alert for pathological long-term reactions**, which are more severe than those experienced by most children. These might include (1) persistent reexperiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations, (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness - restricted affect, diminished interest in usual activities or (3) signs of increased arousal, such as sleep difficulties, irritability, hypervigilance, disturbances in concentration, or exaggerated startle response.
- **Find ways to emphasize a return to stability.** When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child. Helping kids overcome traumatic events.* New York: John Wiley & Sons.

Martin, M. & Waltman-G reenwood, C. (1995). *Solve your child's school-related problems* (Appendix B: Helping your child through crisis at home and at school). New York: Harper Perennial.

Originally published by NASP (1992); additional material and resources added by Andrea Canter, Ph.D., NCSP (Minneapolis Public Schools)

Disaster: Helping Children Cope

A Handout for Teachers

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

by Debby Waddell, Ph.D., Columbus, OH
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Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer, or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

Pre-planning can be done for some of these disasters, as when a death from cancer is anticipated or when weather forecasts warn of hurricanes. Others may be sudden and allow no time for pre-planning. Yet another variable is whether the disaster occurs at school, such as a suicide in the school or tornado during school hours, or outside of school hours, such as a hurricane or automobile accident. All of these factors will undoubtedly affect the specific response to the disasters, but some common elements can be found in responses to all of these situations.

Teachers have two essential jobs in the aftermath of disasters: First, to make plans for the practical aspects of how the disaster will be handled in their own classroom and second, to understand and cope with student reactions. The first of these responsibilities will likely be shared with other building personnel, but each teacher will have to structure the response within his/her own classroom. The second responsibility, coping with student reactions, again will be shared, this time with the parents and individuals such as school psychologist, school counselor or an outside mental health professional. The ongoing need to deal with student reactions during the school day, however, will fall on individual teachers. Determining appropriate steps to be taken immediately upon experiencing a disaster and deciding what to do in the days and weeks that follow is crucial.

Student Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from student to student. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how students (and school staff) feel when their lives are disrupted by a disaster.

- *Loss of Control.*- By their very nature, disasters are something over which we have no control-if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.
- *Loss of Stability.* Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.

- *Self-centered Reactions:* Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them, to an extent that adults think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them.

Common stress symptoms: Following a disaster or traumatic crisis event, students-like adults- will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child. If symptoms persist for a long time or seem extreme, teachers should consult their building

mental health staff (school psychologist, counselor, social worker) and discuss concerns with parents. Professional help through the school or community healthcare provider might be needed, At different ages, teachers might observe:

- *Elementary schoolchildren:* irritability, aggressiveness, clinginess , school avoidance, poor concentration, withdrawal from activities and friends, increased conflict with peers. Parents might report concerns about sleeping difficulties, including nightmares.
- *Young adolescents:* poor school performance, physical complaints (headache, stomachache), withdrawal from friends. Parents might report concerns about sleep disturbance, loss of appetite and conflict between parent and child.
- *Older adolescents:* agitation, lack of energy, lessened interest in peers, physical complaints (head-ache, stomachache), poor concentration, irresponsible or delinquent behavior. Parents might report concerns regarding sleeping and eating disturbances.

What Can Teachers Do? Immediate Responses

Inform students of the disaster: Typically some school-wide decision is made regarding notification of staff and students. Often the PA system or a message to all teachers is used so the same information is given to everyone at the same time and the spread of rumors is controlled. A death or other intimate event may require a more personal method of imparting information. A teacher's responsibilities include:

- Ensuring that the information your students receive is appropriate to their developmental level and is stated in vocabulary they can understand. You may need to restate information in several ways so that every student understands.
- Controlling panic among your students. Your calm demeanor and take-charge attitude can do much to control panic. It is okay for students to know that you are upset, for instance by shedding tears over a death. While it will be natural for you to experience emotion, it is important to students that you maintain composure and control of the situation.

Decide about scheduling changes: Decisions about scheduling changes may be made by administrators. However you will have to make decisions about what is to happen in your classroom.

- Generally, returning to a normal routine is appropriate.

- If students seem very unsettled, returning to a normal routine may not be the best choice. Possible immediate responses to disaster include discussing what has happened, clarifying information and facts, and listening carefully.

Intermediate Steps for Crisis Control

Arrange support and counseling for students: Building administrators will probably have made arrangements for support services. Your job is to know how, where, and when to access these services and to channel students in need of these services to the appropriate individuals.

Children particularly affected by the disaster should be carefully observed. They may require extra support and assistance.

Continue to have group discussion time at the beginning of the day. This may be useful in clearing the air of rumors and helping the students get ready for school work.

Plan a practical concrete activity to help student deal with feelings: Involve students in decisions about what to do to help restore their sense of having control in their lives. Possible activities include:

- Collect money for disaster victims.
- Planting a tree as a memorial for a death.
- Designing cards and writing notes to someone involved in the disaster.
- Drawing pictures and putting up a bulletin board.
- Writing poems or stories for a class book about the disaster.

Inform parents about how their children are reacting and what is being done in the classroom to deal with the disaster. A handwritten, detailed note will suffice in this situation.

Decide how to handle attending funeral or memorial services if the disaster involves deaths. Whenever possible, have parents take their own children to services. If necessary, arrange transportation for a student to a memorial service. If you will be teaching during the service, a parent or another staff member may take the student. (Permission slips may be needed.) The person chosen should be prepared to deal with the student's emotional reaction to the service.

Provide Information about the funeral and its structure to prepare the students for the experience. Students who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.

Allow for the fatigue which children may experience due to stress and changed sleep patterns.

- Plan for less intense instructional activities for a few days.
- Introduce snack time for a few days to provide extra nourishment which tired children may need. Room parents or the PA may be willing to provide snacks.
- Delay tests which will allow fair evaluation of student performance after stress levels are reduced.

Long-term and Ongoing Intervention

Provide ongoing opportunities to deal with the crisis:

- Let students know there continue to be people available who are willing to listen. Tell them who is available and when and where to find these people.
- Discuss feelings with the entire class or individual children who feel most affected.
- Discuss the disaster in the context of other subjects, e.g. discuss suicide prevention in a middle school health class, discuss weather-related disasters in elementary social studies class.

Provide facts to help allay fears: For instance, if a classmate dies of cancer, facts about prevalence and cures may help students who are fearful when they feel unwell.

Think ahead to effects which might be delayed. For instance:

- Be aware that similar incidents in another location may trigger renewed feelings.
- Plan a special remembrance for the one-year anniversary of the disaster, thereby diverting renewed reaction if the anniversary date is ignored.

Listen and Watch for long-term reactions:

- Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.
- Watch for pathological long-term reactions. Pathological long-term reactions are more severe than those experienced by most children and might include (1) persistent reexperiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations; (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness, such as restricted affect, diminished interest in usual activities; or (3) signs of increased arousal, such as sleep difficulties, irritability, hypervigilance, disturbances in concentration, exaggerated startle response.

Find ways to emphasize a return to stability: When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child. Helping kids overcome traumatic events.* New York: John Wiley & Sons.

Pitcher, G. & Poland, S. (1992). *Crisis intervention in the schools.* New York: Guilford Press.

Robinson, E., Roffer, J., Fey, M. & Vogel, K. (1992). *Helping children cope with fears and stress.* ERIC/CAPS (ERIC Counseling and Professional Services Clearing House).

Emotional First Aid

A School's Guide to Crisis Intervention

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

by Servio Carroll, Ed.S., NCSP, Crisis Intervention Team
Sheridan (WY) School District No. 2

Overview

A crisis happens when one's coping mechanisms are overwhelmed by a situation. This inability to cope is a potentially dangerous situation because, as our stress levels rise, our excitability and impulsivity increase and our coping mechanisms and behavior options sharply decrease. Crises usually happen following large changes or losses in a person's life. Potential crisis situations are separation from meaningful relationships (like in death or divorce), flunking out of school, moving to a strange town, birth of a new child in the family, loss of security, loss of freedom, etc. Crises are normal occurrences in everyday lives and most people experience and successfully cope with these situations. The experience strengthens one's ability to handle future similar situations.

The ability to help people in distress is not the exclusive property of mental health professional.

We have been successfully dealing with crises (both our own and our acquaintances) for many years, and have developed useful ways of dealing with these situations. Since in most cases we will encounter the distressed individual long before "professional" help is available, this Guide was created to give you the basics of Emotional First Aid. Don't be surprised if you find that some of the suggestions sound like "common sense."

Helping the Individual in Crisis

People in crisis act differently than normal. Depending on the crisis event and their coping ability, the changes may come about slowly, suddenly or be delayed. If you know the person in crisis, you will recognize they are not acting as usual, but be unsure as when to intervene. Most of us find this intervention uncomfortable and shy away from the person, with a wealth of rationalizations. Whether this is right or wrong, it's culturally accepted. However, shying away is much more difficult to do when an unexpected and sudden event takes place. ...and you are there! So what can you do to help bring equilibrium to the situation and help others regain their emotional balance?

1. **Make Contact.** It is important to make physical or emotional contact with the person in crisis. Depending on your relationship with the person, you might touch, shake or hold their hand, make eye contact, offer or accept a soda, cup of coffee, etc.
2. **Suspend Judgment.** When trying to understand the person in crisis it is helpful to listen in a special way - that is listening without judging or placing expectations on the person. Since the person may be afraid of gossip, assure him that what is discussed will remain confidential. Some questions you might be asking yourself are: How does the person actually handle a crisis? Whom does she usually go to? What kind of supports does he have?
3. **Clarify the Problem.** People in crisis are often so nervous and disorganized that they are unable to be objective and define what the problem is. You may be able to help clarify the problem.

4. **List Choices.** A person in distress is often unable to see the alternatives available. You may be able to help the person list specific options available.
5. **Encouragement.** Sometimes a person in crisis will be “stuck” or “spinning their wheels,” unable to make any progress. He might need encouragement to take some kind of action or to make a decision that would start the coping process again. This does not mean that you should make decisions for other people but that the person in crisis may need a little push to make her own decision.

Suicide in Children and Adolescents

Information for Parents

**NATIONAL ASSOCIATION OF
SCHOOL PSYCHOLOGISTS**

**by William O. Hahn
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Background

In the USA it is estimated that a child or adolescent will commit suicide every 90 minutes. Suicide among individuals age 15-24 is the third leading cause of death. Research indicates that over 60% of all high school students contemplate suicide at some time during the school year, while 8-13% engage in suicidal behavior. From 1980-1992, the rate of suicide among 10-14-year-olds increased 120%. Add to these statistics those children who attempt suicide and we have a problem of almost epidemic proportions.

Development

While suicide is considered to be a uniquely individual act, there are some common trends and identifiable traits. Children as young as 2 or 3 may attempt suicide, but they do not usually utilize a lethal method. Even children between the ages of 6 and 10 tend not to use lethal methods. This seems due to the fact that younger children are almost "protected" from self-destruction by virtue of their immaturity. A common factor present in suicidal young children, which tends to prevail even into adolescence, is a strong sense of abandonment or rejection by a significant other. As children become older stress factors may intensify and add to the problem. Significant stressors such as addition of a third party to the family, sibling birth, parental divorce, and as was mentioned, a sense of abandonment all play an important part. Losses such as these often result in a decrease in self-esteem and an increase in anger or rage. Thus suicide for the child becomes either an attempt to alter an intolerable situation, a cry for help, or a means of gaining attention, love, and affection from significant others. Suicide rates are particularly high among gay teenagers, reflecting the rejection they may feel or anticipate from family and peers and sense of isolation.

In adolescence, suicidal behavior is related to the following risk factors:

1. Loss of significant other
2. Recent suicide of a peer or family member
3. Legal difficulties
4. Unwanted pregnancy
5. Family stress (including divorce, separation, unemployment)
6. Recent and/or frequent changes in school
7. Difficulties in relationships
8. Depression and withdrawal
9. Disorientation and isolation, psychiatric disorders
10. Substance abuse
11. Poor school performance

As with younger children, these teenagers often find themselves in what they consider to be an intolerable situation. Unfortunately, they become rigid in their thinking, unable to see any alternatives other than suicide. Often there are prevailing feelings of hopelessness, (that is, the feeling that there is no hope, and that the future looks bleak). With these types of views, and an inability to see alternative, the child's only solution becomes a suicide.

Five danger signs of suicide:

1. A suicide threat or statement indicating a desire to die
2. A previous attempt
3. Severe depression
4. Marked changes in personality or behavior
5. Making a will or giving prized possessions away

What Can I Do as a Parent?

It is important for the parents to be aware of his/her child's moods, feelings and attitudes. *Sudden mood swings* or *marked changes in behavior, decreasing grades* and/or *withdrawal from friends* often signify the onset of depression. The parent must realize that this is often not just a "phase" that the child is going through, but indications of a problem. Of primary importance in helping these distressed children is letting the child know that no matter what, you are there as a parent to help them, that you care for them, and love them. While you might not be able to heal their pain, resolve their problems, or even understand what they are going through, you must let them know that you are willing to listen and help them in whatever way possible.

As a parent, if you begin to notice signs of depression, or more importantly, signs of suicidal behavior, you should begin by talking with your child. Let him or her know that you will listen, and that you are not going to judge him. Encourage her to express her feelings and really listen. Try not to criticize or downplay his feelings. At some point, it will become necessary to ask him if he has thought about suicide. (You are not putting an idea into her heads-the majority of children and adolescents know what suicide is, so you are not giving them any suggestions.) If she has seriously thought about suicide, then it is time to seek professional help, either through the school, local mental health agency, private agency, suicide hotlines or your family physician. If, in addition to the suicidal thought, the child has a plan of suicide, then serious consideration should be given to hospitalization of the child for her own protection. Any time that you fear that your child might be suicidal, it is imperative that you seek the help of qualified professionals. It is also advisable that you remove any guns from the house, as this is the most lethal of all methods, and also one that is prone to be used impulsively.

After the suicidal crisis is over, you must continue to support, listen, and care for your child. You don't want him to think that he must threaten suicide in order to get your attention. It is also important to follow-up with a mental health agency, in order to resolve the difficulties that stimulated the suicidal behavior. Remember, youth suicide is a family problem.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child.- Helping kids overcome traumatic events*. New York: John Wiley & Sons.

Martin, M. & Waltman-Greenwood, C. (1995). *Solve your child's school-related problems* (Appendix B: Helping your child through crisis at home and at school). New York: Harper Perennial.

Organization

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285

Websites

San Francisco Suicide Prevention: <[http://www. Sfsuicide-org/things.html](http://www.sfsuicide-org/things.html)>

[Offers a variety of information including a suicide risk evaluation tool]

Wings of Madness Suicide

Resources:<<http://bobbyt.simplenet.com/stuff/depress/Suicide.htm>>

[Webpage for **SA/VE**- Suicide Awareness/Voice of Education.]

Suicide Intervention in the Schools

A Handout for School Personnel

**NATIONAL ASSOCIATION OF
SCHOOL PSYCHOLOGISTS**

**by Scott Poland, Ph.D.
Cypress-Fairbanks ISD, Houston, TX**

Incidence

The problem of youth suicide has dramatically increased in recent years: 300% since 1950; 200% since 1970; since 1982, the rate among 10-14-year-olds has increase over 120%. Adolescents are especially at risk, and gay adolescents at very high risk. Recent surveys of high school students indicate that over 60% have seriously thought about suicide and 8 to 14% have engaged in suicidal behavior. Suicide is the third leading cause of death for adolescents and young adults, with approximately 100 to 120 attempts for every death.

The suicide of elementary age students is rare with less than 200 suicides occurring annually. Young children have less thought-out plans, have a limited understanding of death, and may engage in reckless behavior.

Role of the School

- To detect suicidal students
- To assess the severity level of suicidal risk
- To notify the parents of the suicidal student
- To work with the parents to secure the needed supervision and services for the student
- To monitor the student and provide on-going assistance

Warning Signs

Everyone should know the following warning signs of suicide and the referral procedures to follow to assist the student:

Suicidal threats

A previous attempt at suicide

Prolonged depression

Dramatic change of behavior or personality

Making final arrangements (giving things away, putting things in order)

Confidentiality

No one should keep a secret about suicidal behavior. The parents of the suicidal student must be notified. School districts and their employees have been sued for failing to notify parents, inadequately supervising and failing to get psychological help for suicidal students. The liability issues are foreseeing ability and negligence.

Empowerment

All school employees play a role in preventing youth suicide. Listen and hear what the student is saying. Trust your judgment and inquire directly, openly and honestly about the student's suicidal thoughts. Take definite action to get help for the student.

Key Myths Debunked

Suicide is not inherited. It is not someone's destiny. There are many people alive today who were suicidal at one time. Young people are often ambivalent about suicide and go back and forth between wanting to live and wanting to die. The young person who talks or writes about suicide may be at risk and cannot be ignored.

Factors and Forces in Youth Suicide

Researchers have identified as many as 28 different causes. There is no one type of young person that is more at risk. The following factors are involved in many youth suicides:

- Depression
- Drug and alcohol usage
- Angry and rebellious behavior
- Gun availability
- Impulsive and reckless behavior

Assessment

School employees such as counselors and psychologists should have special training to determine the severity risk level for a suicidal student. "No suicide contracts" should be utilized to gain a promise from the student not to follow through on his or her suicidal plans. Alternatives to suicide should be emphasized.

Getting Assistance for Suicidal Students

Community services such as crisis hotline centers, hospitals and private practitioners are available to assist. Parents need to be encouraged to reach out to their child through increased supervision and communication. Parents need to take suicidal threats seriously and professional help must be sought whether or not the child's behavior is manipulative. It may be necessary to document in writing that parents were notified and encouraged to get assistance in the community. School personnel should continue to monitor and assist the student.

Curriculum

There is a debate about the advisability of classroom presentations on suicide prevention. A presentation that is well integrated with a mental health unit is recommended. The information presented must also emphasize friend intervention and prevention. All information presented should be carefully selected.

Postvention

Few events are more scary than the suicide of a student. Care should be taken not to glorify the student. Memorials should be downplayed. The suicide of the student must be acknowledged and students must be allowed the opportunity to express emotions and ask questions. This discussion should be done in either small groups or a classroom format but not in an assembly. Networking counseling efforts should assist the friends of the deceased to manage their grief and should assist other students previously known to be suicidal.

Media

Coverage should be downplayed. Back page coverage if any at all is preferred. Suicide should not be portrayed as mystic, romantic, simplistic or unexplainable. Details of the method should be avoided. Emphasis should be placed on where suicidal students can get help.

Resources

Brock, S. & Sandoval, J. (1997). Suicidal ideation and behaviors. In G. Bear, K. Minke & A. Thomas (Eds.), *Children's needs //.- Development, problems and altemadves* (pp. 361-374). Bethesda, MD: National Association of School Psychologists.

Davis, J. & Sandoval, J. (1991). *Suicidal youth: School-based intervention and prevention*. San Francisco: Jossey-Bass.

Poland, S. (1989). *Suicide intervention in the schools*. New York: Guilford Press.

Organization

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285.

Resource Document

Grief

(Adapted from "Grief in Children: Someone to talk to" Barnardos p. 64-65)

It is acknowledged that while there are distinct stages/phases in the grieving process different people may go through these stages in different sequences and at different paces. Generally the grieving process in adults is thought to take about two years while children and adolescents it may be over a more extended time-frame with different issues arising as they go through developmental milestones.

Denial, numbness, shock (up to 6 weeks)

- Death of the person may be denied
- Emerging feelings may be suppressed
- Refusal to talk about the death
- Bereaved keeps very busy to avoid thinking about the death
- Bereaved may show signs of confusion and forget everyday routines
- Children in shock may display either silent withdrawal or outbursts of crying/screaming

Acute grief/searching and longing for deceased (6 weeks to 4 months)

- Acute sadness – crying
- Physical pangs of pain including loss of appetite and disturbed sleep
- Emotional pain accompanied by dejection, hopelessness, lack of concentration
- Fears of life after death, nightmares, ghosts
- Disorganisation
- Strong guilt feelings and questioning of self and others, particularly in the case of a sudden death
- Feelings of anger at the departed for leaving them
- Bereaved may reject offers to comfort them.

Adaptation to life without the deceased (6 months to 18 months)

- People begin to adjust to their lives without the person who is gone
- Sense of isolation
- Fearful of forgetting the deceased
- Less crying and irritability
- Exacerbation of existing personality problems. Children with low self-esteem may be at a greater risk of emotional behavioral difficulties.

Re-organisation

- Getting on with life
- Returned sense of humour and play
- Able to participate emotionally in new relationships
- Changed relationship with the deceased – able to think of the deceased without pain
- Reduction in physical/emotional symptoms
- Less guilt.

Children's understanding and reaction to grief according to age

(Adapted from "Children's understanding of death" Barnardos p. 28 -32)

The following are guides only – children will differ in their reactions and grasp of events for a range of reasons other than age alone.

Infants (0 – 2 years)

- Infants do not understand the meaning of death
- They may display anxiety when separated from a loved one
- They may appear upset, subdued and uninterested in their surroundings.

Ages 2 – 5 years

- No understanding of the permanency of death
- May search for the missing person
- May feel responsible for the death in some way
- May become apathetic and depressed
- May regress to an earlier stage of development e.g. thumb sucking, bedwetting, tantrums or may become clingy etc.
- May develop fears of going to sleep
- May worry that other loved ones may die.

How you can help

- Continuity of normal routine e.g. mealtimes and bedtime
- Offer physical comfort
- Explain the death in clear simple language, using word like “dead” and “died.” Do not use terms like “gone to sleep” or “passed away”
- You may need to repeat the same information again and again
- Permit them to ask questions and be consistent in your answers
- Reassure them that they had nothing to do with the death and of the well-being of other family matters.

Ages 5 – 7 years

- Beginning to realize the permanency of death, but their idea of life after death is still vague
- May have concerns about how the deceased is feeling or thinking in the grave
- May have a lot of questions about aspects of the death e.g. how the person died, what they looked like, the funeral, heaven, coffins etc.
- The reaction of their peers is important, may feel ‘different’ to them
- Their peers may be awkward about the death and avoid contact
- They may become the target of bullying.

How you can help

- Encourage the child to talk and cry about the deceased if they wish to, otherwise respect their silence
- Answer questions and provide as much factual information about the death as possible
- Reassure them that thinking and feeling ceases after death
- Be vigilant in relation to bullying.

Ages 9 – 12 Years

- Understand the finality and universality of death
- Awareness of their own mortality and may worry about their own death
- May display psychosomatic symptoms
- May wish to stay at home close to parents
- May display anger.

How you can help

- Dispel fears about their own health or the health of other loved ones by offering reassurance
- Encourage them to go to school
- Allow them to express their anger, offering appropriate ways to do so.

Adolescents

- Fully understand the finality, universality and inevitability of death. Their experience of death is similar to adults
- May feel a range of feelings: guilt, regret, anger, loneliness etc.
- Death adds to the already confused array of emotions
- May appear to not care about the death
- May seek support outside of the family

How you can help

- Offer them time to listen
- Allow them to express their grief in their own way
- Be prepared for mood swings.

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

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

The range of ‘normal’ reactions to a Critical Incident

(Adapted from Somerset Educational Service pack.)

People vary in their reactions to loss and tragedy, and any or all of the following can be experienced. There is no ‘right’ or ‘wrong’ way to feel

FEELINGS

Fear
Guilt
Shame
Anger
Regret
Loneliness
Anxiety
Shock
Yearning
Numbness
Confusion
Isolation

BEHAVIORAL

Bedwetting
Nightmares
Thumb sucking
Over dependency
Social withdrawal
Tantrums
Mood swings
Loss of concentration
Forgetfulness
Irritability
Tearfulness
Insecure feelings
Separation anxiety
School refusal
Physical/Verbal aggression
Misuse of drugs, including alcohol

PHYSICAL

Tiredness
Sleeplessness
Headaches
Gastrointestinal problems
Bowel/Bladder problems
Loss or increase in appetite

THOUGHTS

Disbelief
Denial
Sense of unreality
Preoccupation with images of the event/person

Frequently Asked Questions

School Principals

Q. What do I do first on hearing news of the incident/death?

A. If the source of the news is the affected family, express condolences and get as many facts as possible – sensitively. If it is from another source, **check for veracity**, obtain the facts, the numbers injured etc. Ascertain who is to contact the next of kin. The police may have already undertaken this role.

Q. Whom do I contact for help?

A. Head of School, Deputy Head of School, Director of Pupil Services

Q. What should I do first thing on the first morning back at school?

A. Call a meeting of the Crisis Response Team.

Q. What should be on the agenda for this meeting?

A. 1. A statement of the facts as known.
2. Delegation of responsibilities.
3. Preparation of what to say at a staff meeting.
4. Preparation of what to say to students.
5. Preparation of a letter to parents.

Q. How do I handle all the phone calls?

A. Staffing the telephone will be a stressful task. Assign one or two suitable people to take calls. Clear guidance should be given to those involved on what is appropriate to say. An agreed factual statement should be available to the telephone operators.

Q. How do I keep staff up to date?

A. The staff room is a very important room for teachers on this day. Informal briefings can take place during the breaks.

Q. How do I dovetail the school's part in the funeral/religious ceremonies with the wishes of the parents?

A. The Campus Ministry and Director of Pupil Services will be the main link person here. Ensure that the parents' wishes are respected and that participation of any students or friends is agreed with them. Most students are Buddhist and temple services span several days. RIS/RIST will sponsor one evening of prayers at temple. We consult with the families of deceased closely with any arrangements.

Q. How do I handle staff members who want to opt out?

A. All staff would be expected to attend meetings held to disseminate information. However, it should be made clear to staff at these meetings that opting out of support type work is completely acceptable. Be aware that some staff may be particularly vulnerable and watch out for them.

Q. How do I handle the media?

A. Delegate one suitable person to deal with the media.

Prepare a written statement.

- State that it is a difficult time for the school community.
- Emphasis should be on what is being done to support staff and students
- Research suggests that the media can help prevent copy-cat suicides by: not mentioning specific details of the suicide e.g. location and method used; not using colorful phrases to romanticize it; not citing causes of suicide and thereby indirectly suggesting suicide as an option. Guidelines should be adhered to by the school in any communication with the media.
- Allow limited and controlled access to the media by providing a press room.

Q. What/When should I tell staff/students about the incident?

A. Give the facts, as you know them. This is the best way to counter rumour and fantasy.

It should be done as soon as possible to prevent staff and students hearing from other, sometimes inappropriate sources.

Q. What if I feel upset myself and find it difficult to talk?

A. It is very important to let children know that it is natural and acceptable to be upset and to cry. It is better to share feelings with them than to hide them so don't worry if you get upset. You should also seek and accept support for yourself while dealing with this difficult event.

Q. What if some students do not appear to grieve?

A. Don't assume that because overt signs are absent, the person is not grieving. Each individual has his/her own personal way of grieving. **It is important that these different individual ways are respected and seen as normal.** Repression of grief because of the fear of 'losing face' in front of friends is an inappropriate coping strategy, as it can lead to difficulties later.

Parents

Q. This traumatic incident which occurred in the school has upset my daughter/son. As there are many rumours circulating, I would like to know what really happened. How can I find that information?

A. You will receive a letter from the Head of School, which will deal with this. The information conveyed to you has been carefully gathered and is factual. The letter may also detail the school's plans to keep you informed in the immediate aftermath of this incident.

Q. Will help be available to the students in the school?

A. This will depend on the particular situation. Some possibilities are:

- The school has already embarked on a response to the incident by activating its Crisis Response Team.
- Various outside agencies have been contacted so help will be available from...

Q. How can I help my child?

A. You are the natural support for your child. He/she may want to discuss some feelings and thoughts with you. You can help by listening carefully, restating what you hear them say so they know you are really listening. You should tell them it is ok to feel the way they do, that people react in many different ways and that they should talk rather than bottle things up.

Q. Since the incident occurred my child has difficulty in sleeping, headaches etc. Can I be sure these are related to the incident?

A. Grief can affect one physically as well as emotionally and these and other symptoms may be part of a grief reaction. If they persist, consult a doctor for a check up.

Q. How long will the symptoms of grief last?

A. There is no quick answer to this. It varies from individual to individual and according to circumstances. It will also be affected by the closeness of the child to the event or to person who died.

Q. If my child remains very upset what should I do?

A. If your child remains very distressed after six weeks or so, he/she may need additional support, but there is no fixed rule about the length of the grieving process. It is best to seek more help through your school psychologist and/or family doctor.

Q. In what ways are adolescents different from other children?

A. During adolescence young people have very confused feelings about themselves and the world around them. Grief tends to heighten these feelings and increase the confusion. At this time the individual may be orienting more towards his/her peers and away from family, so do not feel rejected if they look to friends for their support and comfort. Just be available and tell them so.

Teachers

Q. I would like to opt out of support type work for personal reasons. Is this OK?

A. Because students need to be with people they know and trust, it has been found that their teachers are the best people to support them in school in times of distress. Accordingly, all teachers and other school staff members are encouraged to help the students at these times. However, nobody should be obliged to do this work and people should feel free to opt out of it if they so desire. You would need to be in attendance at staff meetings where information is disseminated in relation to the incident, in order to stay in touch.

Q. I have no qualifications to help out in this area. Don't you think the job should be left to the experts?

A. You probably have more skills here than you realize. Your experience, competence and skills as a teacher and as an expert in dealing with children and young people are invaluable. Most importantly, the students know you. Experience shows that people grieve best with someone they know. Pupils need a safe environment in which to grieve and that security is often provided for by the familiar face of the teacher in the first instance.

Q. What should I do in the classroom that could be helpful?

A. You should acknowledge the situation and clarify the facts, as they are known. Honesty is essential. Encourage questions so that the students have a clear understanding. You should try to establish normal routines as soon as possible – but balance this with allowing students opportunities to discuss the incident and to express their thoughts and feelings. Encourage them to resume extra-curricular activities and help them to identify where they can go to for support. Encourage them to be supportive of one another.

Q. What are the signs of grief that I may notice in students?

A. After bereavement a student may become withdrawn or aggressive, show anger, have mood swings or lack concentration. Try to handle all these changes with patience, do not seem surprised by them and do not get cross. If pupils come from a background where there is family breakdown, serious illness, alcohol or drug related difficulties, then you need to take extra note of any behavioral changes.

Q. What skills do I have that are important?

A. Listening skills are probably the most important as people who have experienced loss or trauma generally feel that talking helps them to cope with their feelings. When it is clear that a student wants to talk, try to make the time. Be reassuring and patient while gently encouraging them to talk about the loss. Reassure the student that you are there to help.

Q. Is there any one important thing I should say?

A. Yes – emphasise that grieving is a normal healthy process following a traumatic incident. It is the person's way of coping with the event. It is not like depression, which is abnormal. People often need this kind of reassurance because of their confused state.

- Q. What if I think that some students are not grieving normally?**
A. There is no such thing as a ‘correct’ way to grieve. Some people cry, some laugh, some show no reaction. The important thing is that all these different ways are natural and normal and you should try to help the pupil understand this.
- Q. Is it a good idea to organize a classroom session following a critical incident?**
A. Some schools do and they have found this to be very effective. An advantage here is that students may feel safe and secure with their classroom teacher rather than being with an adult they do not know.
- Q. What should I do if I feel that a student needs more professional support?**
A. Discuss the issue with the Principal or counselor. They in turn may wish to discuss it with the school psychologist or other support services and the parents. The outcome may be a referral through the family doctor to the appropriate service
- Q. What is the overall message in helping bereaved children?**
A. You will get through this difficult time and we are here to help if you need support. Take care of yourself and look out for each other. Talk to us if you or a friend needs help.
- Q. When should I get back to a normal teaching routine with a class?**
A. It is important to give students sufficient time and space to share their feelings and come to terms with what has happened. However, it is also important to move towards a normal routine as soon as possible. Getting on with the regular and familiar pattern of school life helps reduce stress. Avoid introducing new material in the immediate aftermath of an incident or bereavement as grief and shock can interfere with concentration and motivation. It is often a good idea to ask the students themselves about returning to the normal routine.
- Q. What do I do about the empty chair/a student’s belongings etc?**
A. A helpful strategy might be to involve students in a discussion about what to do about the chair. This might also present an opportunity to move to a new phase in the process. With regard to the student’s belongings, it might be useful to put together a folder of the student’s work for the parents. This could be given to them at an appropriate time.
- Q. Is there a danger that by talking about suicide you make it an option for others?**
A. Talking about the death helps people to make sense of what has happened. People can cope with the truth. It is important to talk about how a person can get to the point where suicide **seemed** to be an option but to emphasise that it is not a good option. There is always help available if a person can take the step of reaching out for it.

Appendix B

BOMB THREAT PROCEDURES

BOMB THREAT TELEPHONE CHECK LIST

KEEP CALLER ON LINE AND TALKING AS LONG AS POSSIBLE

1. DATE _____
2. TEL.NO.OF REC.STATION _____
3. TIME OF CALL _____
4. DURATION OF CALL _____
5. EXACT WORDS OF CALLER _____
6. WAS CALLER FAMILIAR WITH THE BUILDING? EXPLAIN.

7. QUESTIONS TO ASK WHILE THE CALLER IS ON THE PHONE:
 - A. WHAT TIME WILL THE BOMB EXPLORE? _____
 - B. WHERE IS THE BOMB LOCATED? _____
 - C. WHAT DOES THE BOMB LOOK LIKE? _____
 - D. WHAT KIND OF BOMB IS IT? _____
 - E. WHY WAS THE BOMB PLACED? _____
 - F. WHAT IS IT MADE OUT OF? _____
 - G. WHAT IS THE CALLER'S NAME? _____
8. VOICE IDENTITY
 - A. SEX OF CALLER _____
 - B. ACCENT _____

- C. APPROXIMATE AGE _____
- D. VOICE CHARACTERISTICS (LISP, STUTTER) _____
- E. EDUCATION _____
- F. CALLER NERVOUSE? _____
- G. CALLER INTOXICATED? _____

9. BACKGROUND NOISES

- A. MUSIC _____
- B. STREET TRAFFIC _____
- C. TRAINS / BUSES _____
- D. VOICES _____
- E. MACHINERY / TYPEWRITERS _____
- F. OTHER _____

10. PERSON RECEIVING CALL:

POSITION _____

11. REMARKS / IMPRESSION OF THE CALL?

12. NOTIFICATIONS

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

ขั้นตอนการรับโทรศัพท์ช่วงว่างระเบิด

ขั้นตอนการรับโทรศัพท์ช่วงว่างระเบิด

พูดคุยโทรศัพท์กับผู้ว่างระเบิดให้นานที่สุดเท่าที่จะเป็นไปได้

1. วันที่ _____
2. หมายเลขโทรศัพท์ของเครื่องที่รับสาย _____
3. เวลาที่โทรศัพท์เรียกเข้า _____
4. ระยะเวลาของการสนทนา _____
5. คำพูดทุกคำของผู้ว่างระเบิด _____
6. ผู้ว่างระเบิดมีความคุ้นเคยกับอาคารหรือไม่ อธิบาย _____

7. คำถามสำหรับใช้ถามในขณะที่ผู้ว่างระเบิดยังอยู่ในสาย:
 - A. ระเบิดจะระเบิดเมื่อไหร่ ? _____
 - B. ระเบิดอยู่ที่ใด ? _____
 - C. ลักษณะของระเบิดเป็นอย่างไร ? _____
 - D. ระเบิดเป็นระเบิดชนิดใด ? _____
 - E. เพราะเหตุใดจึงมีการวางระเบิด ? _____
 - F. ระเบิดทำมาจากอะไร ? _____
 - G. ชื่อของผู้โทรศัพท์ เข้ามา ? _____
8. ลักษณะของเสียงพูด
 - A. เพศ _____
 - B. สำเนียง _____

- C. อายุประมาณ _____
 - D. ลักษณะการพูด (พูดไม่ชัด, พูดติดอ่าง) _____
 - E. การศึกษา _____
 - F. ผู้พูดมีอาการตื่นเต้นหรือวิตกกังวลหรือไม่ ? _____
 - G. เสียงผู้พูดบอกอาการมีนเมาหรือไม่ ? _____
9. เสียงแทรกอื่น ๆ ที่ได้ยินในโทรศัพท์
 - A. เสียงเพลง _____
 - B. เสียงการจราจรบนถนน _____
 - C. รถไฟ / รถประจำทาง _____
 - D. เสียงคนพูดคุยกัน _____
 - E. เสียงเครื่องจักร / พิมพ์ดีด _____
 - F. อื่นๆ _____
 10. ผู้รับโทรศัพท์ : _____
ตำแหน่ง _____
 11. ข้อสังเกต/ ข้อควรจดจำ? _____

 12. การแจ้งข้อมูล
 - ชื่อ _____ หมายเลขโทรศัพท์ _____
 - ชื่อ _____ หมายเลขโทรศัพท์ _____
 - ชื่อ _____ หมายเลขโทรศัพท์ _____