



St James' Catholic School

Whakaruru Hau A Sheltering Place

— Te Kura Katorika o Hāto Heemi —

ST JAMES' CATHOLIC SCHOOL BOARD OF TRUSTEES

Emergency and Crisis Management Policy

Date Reviewed:	May 2017
Review Team:	T Edwards, T Royds
Date of Next Review:	May 2020
Connection to the Bishops document "The Catholic Education of School Age Children"	Each Catholic school is a community within a larger community.....embracing students, teachers, priests and benefactors. Cooperation is between brothers and sisters in Christ.
Related Documents:	St James' Catholic School, Emergency Response Plan St James' Catholic School, Health and Safety Policy Ministry of Education Critical Incident Resource APPENDIX 1
NAG:	NAG 5
Community Consultation	December 2017
Approval Date:	26 February 2018
Signed:	

INTRODUCTION

Effective emergency and crisis management procedures are a vital part of ensuring the health and safety of all students, staff, volunteers, visitors and contractors who may be present at our school at the time of an incident/emergency.

GUIDELINES

The Board of Trustees and Leadership Team recognise their obligations to maintain a physically and emotionally safe environment for staff, students and their whanau/families/visitors in the event of an emergency or crisis. We will endeavor at all times to support the people outlined above in a manner that reflects their privacy, and

the special character values and philosophies of our school. At times, the use of external agencies may be necessary, and this decision will be made by the Principal (or delegate in the Principal's absence) after discussion with the teaching team and/or Leadership Team. The Board will only be notified if the Principal deems it necessary or if their assistance is required. In the event of an emergency, the procedures outlined in the Emergency Response Plan will be followed.

- The Emergency Response Plan is to be reviewed annually by the Office Manager.
- A medical profile for each student and staff member is required. This should be completed at the beginning of Term One and be stored in a secure area. The information should only be accessed when needed.
- The whole school will annually perform an emergency evacuation drill following the emergency evacuation procedure. This will be for earthquake, fire and lockdown.
- A Student Release Procedure has been included in the Emergency Response Plan to ensure that this is carried out efficiently and effectively at the time of the crisis/emergency.
- A copy of the Emergency Response Plan will be placed on the St James' Catholic School website so that it is readily available to any interested parent/caregiver or member of the community. A copy of the Emergency Response Plan will be in every learning space including library, swimming, administrative block and school hall.

In the event of a crisis/critical incident that is not included as part of the Emergency Response Plan, staff should refer to the Ministry of Education Critical Incident Response protocol between the Ministry of Education Traumatic Incident team and the Mid Central Health Critical Incident Response team - see below in Appendix 1.

SPECIAL CHARACTER

The Board of Trustees is committed to ensuring the Catholic Character, Values and Philosophy of Hato Heemi (Whakaruru Hau) underpin all Governance and Management Policies and Procedures.

APPENDIX 1

CRITICAL INCIDENT RESPONSE PROTOCOL

Protocol between the Ministry of Education Traumatic Incident (TI) Team and the MidCentral Health Critical Incident Response Team (CIRT) for responding to critical incidents within the MidCentral Health Region.

Rationale:

Critical or traumatic Incidents can occur through the forces of nature (such as floods or earthquakes) or can be the result of human mis-endeavour (such as fires, road accidents, accidental or non-accidental death).

The **Ministry of Education TI team** is specifically trained in critical incident response work and has knowledge of education systems and personnel. The team provides immediate services to schools and early childhood centres that experience traumatic events which affect their education community. This service takes priority over all other Ministry work.

The **Child, Adolescent and Family Mental Health Service (CAFS)** and **Oranga Hinengaro Maori Mental Health Service (OH)** are often called to critical incidents at schools where children and their families have been severely affected or traumatised and are required to provide assessment and ongoing mental health intervention.

The **Public Health Service** (Public Health Nursing Service and Public Health Mental Health Promotion) are also often involved in working with schools where a critical incident has occurred. Public Health respond to requests from schools for support, and information and advocacy for students, students families, and school staff.

The **Child, Adolescent, and Family Mental Health Service, Oranga Hinengaro, and Public Health Service** have joined resources and personnel to form a combined **MidCentral Health Critical Incident Response Team (CIRT)**. The **CIRT** has been established by MidCentral to respond to the needs of children, young people and their families who have experienced a critical incident.

The **CIRT** is made up of identified clinicians from the three representative services at MidCentral who are able to respond to critical incidents and hold working knowledge of trauma, acute and post traumatic stress reactions, and associated cultural implications.

The aim of the protocol is to provide a coordinated response by both **Ministry of Education-Special Education** and **MidCentral Health** (the **Trauma Response Team**) to effectively manage critical incidents and reduce risk for children and their families.

Protocol 1:

Notification of Critical Incident

The organisation that first receives information about a critical incident is responsible for immediately contacting the other organisation. For **MidCentral Health**, the **Ministry TI team** will make contact with **CAFS** as there is a duty person available who will then contact a member of the **CIRT** to follow-up the incident. The **CAFS CIRT** member who takes the initial call will notify **Oranga Hinengaro** and **Public Health CIRT** representatives of the critical incident.

Protocol 2:

Liaison Contact

A representative from both organisations will make contact and decide on how to manage the critical incident.

Protocol 3:

Initial Contact with School(s)

If it is agreed that both organisations need to be involved, then representatives from the two organisations will meet with the school to initially assess the crisis situation and identify the school's needs. Other agencies will be contacted if deemed necessary. Roles of the organisations involved and an initial plan will be established.

Protocol 4:

Setting up a Trauma Response Team.

If both organisations are to work with the school an initial meeting will be held to outline the nature of the critical incident and to agree on and establish roles and responsibilities of both organisations. Consider whether any other professionals need to be part of the trauma response team (i.e., Youth Aid, CYF). Three week follow-up (and three month follow-up if required) will be carried out by the **CIRT group** or by the **Ministry TI team** whichever is most appropriate.

Protocol 5:

School Intervention

The **Trauma Response Team** will work together with the identified school(s) to manage the critical incident. Each organisation has specialist skills, and both will take designated roles and responsibilities as agreed at the initial meeting.

In line with Ministry of Education requirements, the **Ministry TI Team** will take a lead role in ensuring systems of safety to support the school community are established. Support will be provided to the point where the school can manage the effects of the incident independently. The **MidCentral Health CIRT** in their specialist role will assess the impacts of the trauma and will take responsibility for individual risk assessment of children and young people with their caregiver present. Adults severely affected by the trauma will be supported and where necessary appropriate follow-up and/or intervention recommended.

Protocol 6:

Reporting on the Critical Incident

The incident is evaluated by the **Trauma Response Team**. Any information obtained by **MidCentral Health CIRT** will be held at **MidCentral Health** and managed as per **MidCentral Health** policy. Similarly, any information held by **Ministry TI Team** will be managed as per **Ministry of Education** policy.

Protocol 7:

The **Trauma Response Team** will no longer be engaged when the school is able to manage the effects of the critical incident independently. Follow-up with the school by a **CIRT or Ministry TI Team** member will occur at three weeks post incident, and possibly three months if required.

Protocol 8:

Debriefing of Critical Incident

A debriefing process will take place after each critical incident. The debriefing is to include representatives from both organisations and the individual services involved. The debriefing is to include an evaluation of the incident and an evaluation of the protocol process. An invitation is to be extended to the school(s) involved, offering an opportunity for the school to reflect on their processes and also give the **Trauma Response Team** feedback on their support.

Protocol 9:

Ongoing Liaison between MOE-SE and MidCentral Health

Manawatu Suicide Postvention Committee has been running for several years supporting the **Trauma Response Team** process. This is an interagency group that identifies potential risks and key areas of need within a community. Representatives from both organisations attend the Postvention Committee and regularly evaluate the critical incident process that has been agreed on. Appropriate changes within individual teams have been made as needed. Training needs will also be identified and training undertaken as appropriate.

Ministry of Education – Special Education

Name: _____ **Designation** _____

Signature: _____ **Date:** _____

MidCentral Health Representatives

Child, Adolescent and Family Mental Health & Co-Existing Disorder Service:

Name: _____ **Designation** _____

Signature: _____ **Date:** _____

Oranga Hinengaro:

Name: _____ **Designation** _____

Signature: _____ **Date:** _____

Public Health:

Name: _____ **Designation** _____

Signature: _____ **Date:** _____