



Department of Education and
Early Childhood Development

Crisis Management Manual

A practical guide to assist the
school community to recover
from a crisis

*Every
child,
every
opportunity*



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PREAMBLE

The first priority in any recovery process is to ensure the safety of people in the ‘disaster’ area.

This manual outlines the roles and responsibilities of psychologists and social workers in the Department of Education and Early Childhood Development in providing schools with support and assistance under the direction of the region’s Emergency Management Coordinator.

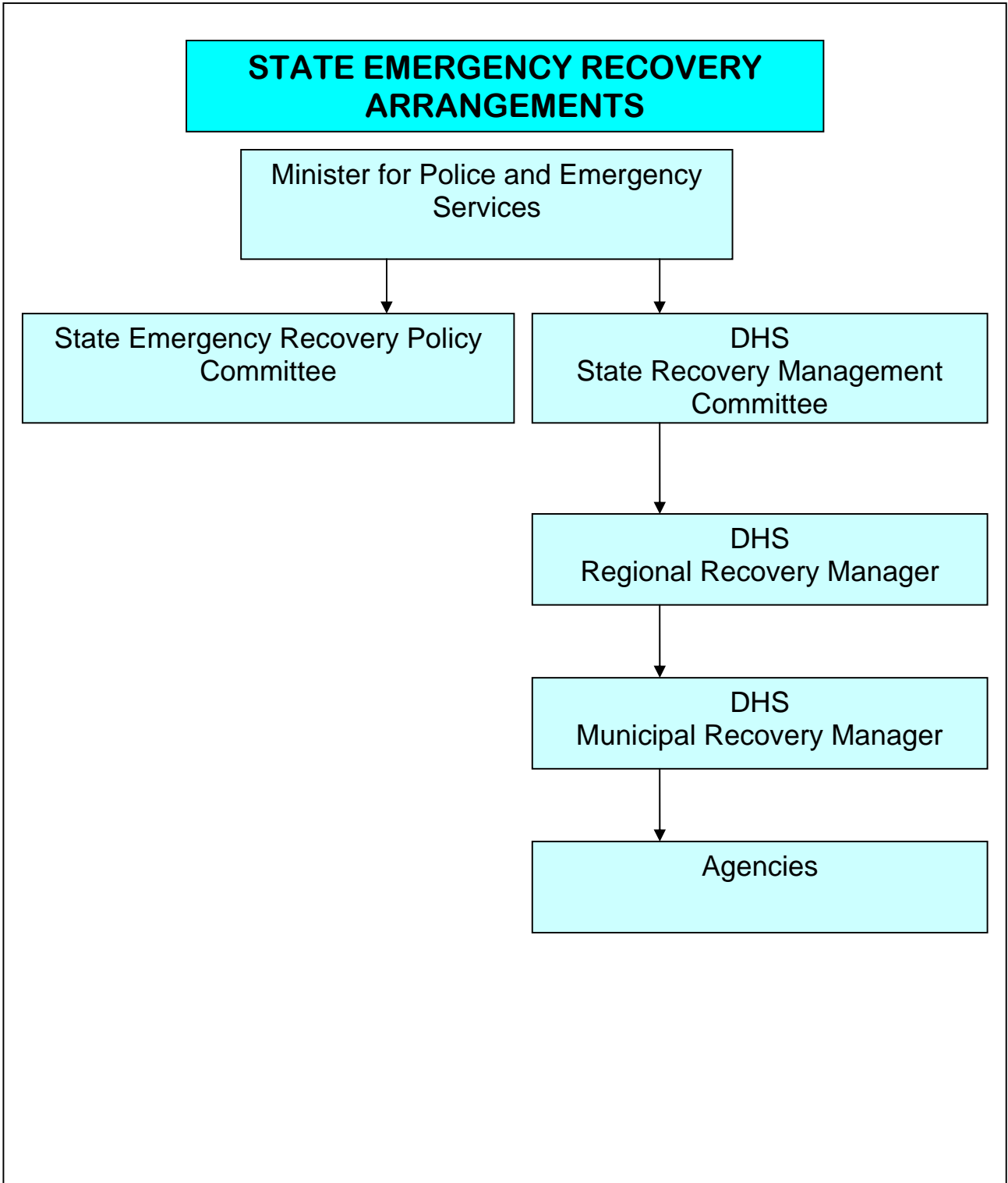
The manual also provides early intervention recovery strategies to assist with minimising the impact of a significant traumatic event on communities and individuals affected.

The recovery process in this manual is designed to assist in reducing the emotional, physiological, behavioural and cognitive reactions that individuals may experience following a traumatic event.

This document was adapted from the *Emergency Management Manual: A Practical Guide to Assist Community Recovery* produced by Vicki Trethowan, July 2007.

STATE EMERGENCY RECOVERY ARRANGEMENTS

State emergency recovery arrangements are outlined in the following chart. The two key agencies are the Victoria Police and the Department of Human Services (DHS).



FRAMEWORK OF EMERGENCY RESPONSE/RECOVERY

The Victorian Emergency Management Council is responsible, under the *Emergency Management Act 1986*, for the development and provision of coordinated emergency management arrangements in Victoria.

The *Emergency Management Act 1986* provides the legislative framework. Under the Act an emergency is defined as:

the actual or imminent occurrence of an event which in any way endangers or threatens to endanger the safety or health of any person in Victoria, or which destroys damages or threatens to destroy or damage property or the environment in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria.

Traumatic events are often:

- sudden and unexpected
- extremely dangerous
- distressing
- include physical or emotional loss or risk of loss
- disrupt an individual's sense of control of the event
- challenge an individual's belief that the world is fair and equitable.

When emergencies occur, people mobilise quickly to assist those affected. A range of government agencies, as well as municipalities and community groups, are always quick to respond to the hazard, rescue people, treat the injured and control the immediate consequences of the event.

State-level emergencies

The Victoria Police, the Department of Human Services and other relevant agencies, such as the State emergency Service (SES), Country Fire Authority (CFA) and Red Cross, have specific roles in responding to emergencies under the whole-of-government arrangements as determined by the Victorian Government.

State Emergency Response and Recovery Plans have been developed to ensure effective coordination of agencies.

State Emergency Response Plans are coordinated by Victoria Police.

State Emergency Recovery Plans are coordinated by the Department of Human Services.

Local government emergencies

Each local government is responsible, under the *Emergency Management Act 1986*, for the development of a municipal Community Recovery Plan as part of the municipal emergency plan.

The Community Recovery Plan involves the identification of services that will be provided in the event of a local emergency. Each municipality is responsible for the provision of services to the local community.

Each local government area has a Community Recovery Committee which is responsible for preparation and planning to assist recovery following a significant traumatic event affecting community members.

The Community Recovery Committee involves representatives from local government and includes voluntary agencies, as well as ethnic leaders.

The recovery process can be enhanced if the following are included:

- community participation
- clear identification of responsibilities of key agencies and voluntary support groups
- clear instructions.

The Department of Human Services liaises with municipal officers to determine the capacity of the municipality to meet the local community recovery support needs in the short and long term.

Local government maintains line management.

Victoria Police emergency management responsibilities

Victoria Police is a statutory authority within the justice portfolio. It has an important role in providing community assistance, guidance and leadership.

Victoria Police aims to help improve the quality of life for individuals in the community by ensuring a safe and secure society. Their role underpins the economic, social and cultural wellbeing of the state.

An important part of this service is the role Victoria Police plays in the prevention, response and recovery activities associated with emergencies in Victoria.

Coordination

Victoria Police has responsibility under the *Emergency Management Act 1986* for emergency response coordination, with the exception of emergencies involving defence force vessels or aircraft.

Control

Victoria Police is the responsible agency for the control of response activities for the following types of emergencies:

- search and rescue on land and Victorian waters, other than for Australian Defence Force ships and planes
- road and other accidents (unless otherwise designated)
- rescue in mines and caves
- explosive devices
- threats to life, property or environment (unless otherwise designated).

Support

Victoria Police also provides services, personnel, or material to support or assist a control agency or affected person, including:

- dissemination of public information
- evacuation – in consultation with the control agency and other expert advice
- registration of evacuees – in conjunction with the Australian Red Cross
- access to communications
- identification of and coronial investigations in connection with deceased persons
- effective coordination of Commonwealth resources
- media relations (if the control agency does not have to resources to manage the media).

Department of Human Services responsibilities

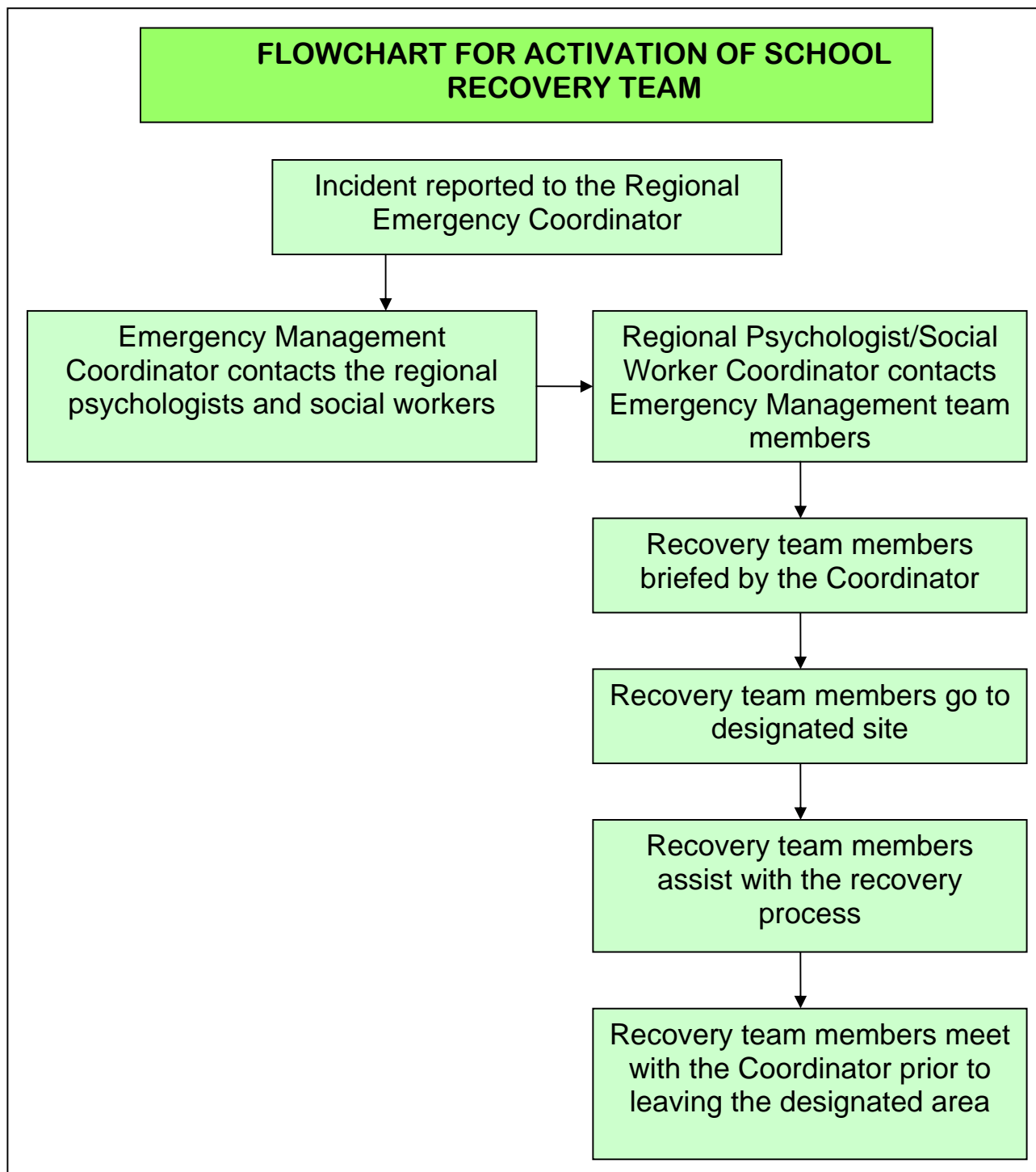
The Department of Human Services has major responsibilities for emergency management and counter-terrorism under Victoria's emergency management arrangements. Victoria's 'all hazards/all agencies' approach requires the Department to perform the following functions:

- pre-hospital mass casualty management at incident sites by medical and ambulance services, including the deployment of hospital teams (through the State Medical Emergency Response Plan)
- hospital emergency response to a surge in demand for services (through hospitals' emergency management plans)
- public health emergency response, including incident control functions for biological and radiological incidents, and food and water contamination (through the Public Health Emergency Management Plan)
- community support and recovery (through State and Regional Emergency Recovery Arrangements).

The Department is the principal agency for State Recovery Coordination.

REGIONAL SCHOOL RECOVERY TEAMS

Regional School Recovery Teams, also referred to as Regional Emergency Management Teams, are outlined in the following chart.



REGIONAL SCHOOL RECOVERY TEAMS

Emergencies

Regional School Recovery Teams may be required to provide support and assistance for children and adolescents who may have been exposed to traumatic events including the following:

- death
- serious medical condition
- missing persons
- loss of homes, pets, belongings
- serious motor vehicle accident
- serious injury
- direct exposure to bushfires
- indirect exposure to bushfires.

Exposure to any of these traumatic events may cause individuals and/or school communities to experience traumatic reactions.

Community traumatic event

A community traumatic event is described as an event that may impact on a school community or wider communities, e.g. bushfires.

Psychologists and social workers must have a good understanding of the diverse needs of the community following a significant traumatic event including:

- cultural needs
- special needs groups
- support agencies available for referral.

Personal traumatic event

A personal traumatic event is described as an event that may impact on individual/s, e.g. a serious road accident.

Roles and responsibilities

The Regional School Recovery Team involved in a recovery process must ensure it receives information about the event – scale, impacts, responses and relevant contact numbers.

It is important to get a regular update of information.

The Regional Psychologist/Social Worker Team requires the Coordinator to make quick and difficult decisions on behalf of the team.

All team members are fully qualified psychologists and social workers who are experienced in providing crisis support to school populations.

Coordinator's role

In the first instance, the Coordinator must:

- verify information about the incident so that team members understand what has happened
- ask what services are required and where
- determine which member of the team will provide the service to which schools
- monitor the team and provide the Regional Emergency Management Coordinator with information about how the team is going.

The role includes:

- consulting and communicating with the Regional Emergency Management Coordinator and the principal
- possibly attending a local council briefing about the emergency situation
- determining the appropriate number of members required at any given school
- facilitating team member attendance
- ensuring clear information is available to the team
- ensuring clear information is available to school personnel through the principal about the role of the team in the recovery process
- ensuring effective working relationships with other community support and mental health agencies
- ensuring the Emergency Management Team is prepared at all times.

Communication with the team

The Coordinator can assist in identifying the information the psychologists and social workers in the team needs, when and how often. This will depend on the severity, type and effects of the traumatic event on individuals and on the school community.

The Coordinator is responsible for giving team members explicit instructions on where to go, e.g. designated recovery rooms.

Team members will need to have a 'care kit' which includes the following:

- blanket
- towel
- water
- light rain coat
- tissues
- torch
- change of clothes
- information pamphlets
- long-life snack bars
- sensible clothing and shoes.

Recovery team

Responsibilities

The recovery team is responsible for:

- preparing for recovery following the traumatic event – know the facts surrounding the incident
- assisting with the recovery process during and following the event
- fostering a cohesive school community.

The Recovery Team needs to understand the following information about providing support to individuals affected by a traumatic event.

Emergency recovery involves:

- the unpredictable
- applying skills in an abnormal environment
- providing a service when possibly exposed to direct trauma
- exposure to extreme emotional reactions.

What do I need to consider?

You need to consider:

- the impact of this work on you
- your own personal experience of bereavement and loss
- whether you can provide the emotional demands.

You may be able to provide support to colleagues involved if you are unable to assist in a particular situation.

Understanding individual cultural and/or religious beliefs

Cultural and religious understanding is essential to the recovery process. Cultural and spiritual views need to be respected, supported and included in the recovery process.

Recovery Team members need to have pre-existing relationships with cultural groups.

Factors influencing an individual's response to a traumatic event

People who are the worst affected are those with the least resources.

Children are particularly vulnerable to witnessing threats or harm to a parent or family member.

Separating children from their parents during the rescue stage or immediately after a traumatic event can increase traumatic reactions.

Arriving at the designated site

Ensure you have been briefed about the details of the incident and given direction about what you will be doing. (First and foremost, find out who is coordinating the recovery – you will be directed by the coordinating personnel.)

It is important to:

- maintain a calm presence
- remain sensitive to cultural and religious needs
- be mindful of 'at risk' individuals/community groups
- be prepared to attend to basic needs first and foremost (food, shelter, warmth, comfort).

Traumatic reactions

Objective Reality + Subjective Perception = Traumatic Experience

Traumatic reactions can arise when an individual has:

- been directly exposed to the traumatic event
- witnessed the traumatic event or been in proximity to the traumatic event
- heard about the traumatic event.

Those directly involved in a traumatic event are the **PRIMARY** victims. These individuals are likely to experience traumatic reactions. Those who witness or are peripherally involved are **SECONDARY** victims and may experience traumatic reactions.

Factors that influence the traumatic reactions of an individual include:

- experience of the event
- pre-event history
- interpretation of the event

- coping mechanisms
- current strengths and weaknesses
- relationship to anyone directly affected
- pre-existing support networks.

Individual and community values and beliefs will also impact on the meaning of the traumatic event and be critical to the recovery process.

What factors can lead to an individual being traumatised?

The following factors are relevant:

- temperament
- family context
- appraisal of the event
- sense of fear and helplessness
- ability to cope with physiological arousal
- pre-existing pathology.

Normal reactions to traumatic events include:

<p style="text-align: center;">Emotional</p> <ul style="list-style-type: none"> - anxiety - fear - anger - shock - guilt - grief - helplessness - irritability 	<p style="text-align: center;">Physiological</p> <ul style="list-style-type: none"> - somatic complaints - sleep problems - appetite changes - hyper vigilance - fatigue - tiredness - muscle tension
<p style="text-align: center;">Behavioural</p> <ul style="list-style-type: none"> - conflict with others - irritability - social withdrawal - detachment from others - loss of interest in normal activities 	<p style="text-align: center;">Cognitive</p> <ul style="list-style-type: none"> - distortion of facts - difficulty concentrating - intrusive thoughts - difficulty remembering

These reactions are not to be used as a guide for ruling out the need for a referral to a mental health professional. Serious reactions require immediate referral.

Central to any intervention is the notion of restoring safety and predictability to the individual's life.

Understanding the recovery cycle

Shock

Duration: minutes, hours, days

Anxiety, confusion, crying, agitation, detachment, inattention, numbness, disbelief, anger

Acute stress

Duration: hours, days

Nervous system arousal/hyperactivity

Emotional reactions – coming to terms with the reality of what has happened; feelings of not coping

Intrusion

Duration: days, weeks, months

Intrusive thoughts, anxiety, insomnia, anger (experiencing the effects and the personal meaning of the traumatic event)

Physiological reactions begin to settle; emotional reactions are up and down – reactions indicate less distress

Recovery

Progression from intrusive thoughts to acceptance

EARLY INTERVENTION – RECOVERY STRATEGIES

If working at the scene or in a designated recovery room you will provide psychosocial support to children and adolescents, and teachers and parents if needed.

You will not be providing counselling or debriefing. You will be providing psychological first aid.

In any early intervention the overriding principle is **do no harm**.

Early Intervention – psychological first aid

(This material has been adapted from the National Child Traumatic Stress Network National Center for PTSD - *Psychological First Aid: Field Operations Guide*. 2nd Edition, 2006).

What is psychological first aid?

Psychological first aid is a supportive early intervention approach designed to assist in the reduction of initial distress that can be evident as a result of a traumatic event. This approach promotes both short- and long-term adaptive coping.

Psychological first aid early intervention strategies can assist children, adolescents and adults exposed to traumatic events.

Objectives

The objectives of psychological first aid are to:

- establish a non-obtrusive human connection
- enhance immediate and ongoing safety
- provide physical and emotional comfort
- assist those affected to tell you what their immediate needs and concerns are
- connect those affected to social support networks
- support individual adaptive coping
- empower those affected to take an active role in their recovery
- provide information that may assist individuals to cope effectively.

Remember:

- comfort
- concern
- containment
- connection
- communication.

Central to any intervention is the notion of restoring safety and predictability to the individual's life

What you need to know

- Most people will RECOVER.
- Most people will not develop PTSD.

What is effective psychological first aid

- Providing emotional relief
- Minimising fear reactions
- Normalising the recovery process.

First and foremost – attend to basic needs

Ask the individual what they need/or assess what might be helpful.

- Give practical assistance.
- Limit exposure.
- Provide food, water, shelter and comfort.
- Link to social networks.
- Identify vulnerable individuals.
- Maintain a high level of confidentiality.

Remember – your goal is to reduce distress and promote adaptive coping – not to elicit detail around traumatic experience and loss.

How to assist school communities

- Respond to tangible needs.
- Convey respect.
- Be part of the school community.
- Provide information and education appropriate to the school community – have appropriate translations available.
- Consult community members about their needs.

How to assist individuals

- Possibly the best way to make contact is to offer practical assistance.
- Minimise the trauma reminders where possible (e.g. extremely distressed individuals, media coverage).
- Ensure contact is not going to be intrusive.
- Speak in a sensitive and calm way.
- Use simple language.
- Listen to what the person is saying and respond to let them know you have listened – let them take the lead.
- Validate their feelings and emotions (help them to understand that what they are experiencing are normal reactions to a distressing situation).

- Acknowledge the positive things they have done to keep safe.
- Recognise an individual's strengths.
- Give information that directly relates to what they have asked (must be age-appropriate).
- Assist with re-establishing social networks and/or reuniting families.
- Provide care for those extremely distressed.

Do not get distracted when talking to someone

Suggested responses

Listen to what is being said – always show compassion.

What can I say

- 'This must be very difficult.'
- 'I can't imagine what it was like for you.'
- 'It is okay to cry.'
- 'What could I do that would be most helpful for you right now?'

Do not say

- 'I know how you feel.'
- 'Let's talk about something else.'
- 'You are strong enough to deal with this.'
- 'You will feel better soon.'
- 'You need to relax.'
- 'You need to grieve.'
- 'It's good you are still alive.'
- 'It's good no-one else died.'

Working with children

- Crouch to the level of young children.
- Help children to verbalise feelings and concerns – give simple labels to emotional reactions, e.g. worried, sad.
- Let the child take the lead – listen to what they are saying.
- Use language that is at the child's developmental level.
- When talking to adolescents – use language that respects their feelings and concerns.
- Assist with re-establishing social and family networks.

Suggestions for working with children and adolescents following a traumatic event

Traumatic events, such as the death of a family member or friend, will impact more on some children more than others.

Children will have individual responses around the trauma and will be affected in different ways.

What you can do

A traumatic event may create the following distressing experiences for children:

- sense of fear
- disruption to home and school routine
- feeling isolated
- feeling that life is out of control
- sense of loss.

Possible reactions children and adolescents may exhibit and ways you can assist

- Allow children time to discuss their concerns.
- Validate their concerns by listening to them and acknowledging their fears and anxieties.
- Be aware of children 'at risk' – those with few resources.

Allow CHILDREN to express anger appropriately – try to respond calmly.

Sometimes CHILDREN need to be by themselves in order to make sense of what has happened and begin to gain acceptance of the event.

These reactions usually only last for a short time

Possible reactions parents may see and ways you can discuss how they can help

Children often worry more than we realise. Parents may assume that their child is doing okay if they do not talk or ask questions about what has happened.

Sometimes they have questions they may not ask unless we provide the opportunity. You might say 'Sometimes when we hear about something that has happened we can feel confused, saddened and possibly concerned about what it means'.

Take time to talk and listen to your child.

Advice to parents – some suggestions for assisting/supporting children following a distressing event

- Address thoughts and feelings conveying understanding.
- Help with the acceptance that unusual reactions are normal following a traumatic event.
- Talk honestly, calmly, compassionately and openly with your child.

Sometimes we feel like we do not have the answers. It is helpful to remind children and ourselves that there are people we can share our concerns with.

Working with people with special needs

- Try to provide an environment with minimum noise/distractions.
- Talk directly to the person (unless communication is difficult).
- Ask the person what you can do to help.
- Be guided by their abilities.
- You may need to write down information.
- Assist with moving around when needed.
- Ensure their medical aids are made available (wheelchair, oxygen).

What to do with a person who is extremely upset, agitated, withdrawn or disorientated

Provide comfort and emotional support – you will need to ensure that the person is assisted by a mental health professional.

When the team determines it is time to leave – ensure you all meet with the coordinator before going home. Coordinators will need to be mindful of the follow up that has to happen

SELF CARE FOR RECOVERY TEAMS

Self care refers to the ability to 'refuel' oneself in healthy ways. No individual is immune from being affected by traumatic events.

You need to develop healthy practices for resolving your own anxieties when working with traumatised clients. What do you do in your day-to-day work to promote self care?

You need to be mindful about the possible heightened adrenaline rush for you when doing this work. Do not see your role as being there 'to fix the problem'. You are there to meet the basic needs of an adult, child or adolescent.

You may find that you display some of the same symptoms as those affected by an incident. Ensure you get the support you need, including:

- talking together with your team
- using social networks.

Some possible suggestions for self care include:

- massage
- meditation
- yoga
- walking
- exercising
- relaxation techniques
- sharing your experience
- nutrition
- being with those you feel comfortable with.

Do not work beyond your skill level – it can easily become overwhelming.

It is important to maintain a meaningful and gratifying life outside your professional role.

Engage in peer/professional support. In a few days, meet with your coordinator to discuss what worked well, what you would do differently and how this can be done.

By developing your own 'self care' plan, you maximise your resilience.

**Vicki Trethowan, Acting Manager, Emergency Management,
Department of Education and Early Childhood Development, 2009**

Sections of this manual were adapted from:

www.police.vic.gov.au

www.dhs.vic.gov.au

www.ema.gov.au

APPENDIX 1: Regional School Recovery Flow Chart

