Managing emergencies and traumatic incidents – The guide
Managing emergencies and traumatic incidents
– The guide

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Introduction

The Ministry of Education, in partnership with early childhood education (ECE) services and schools, has a responsibility to ensure that learning environments are emotionally and physically safe for children and young people.

The Ministry of Education, Special Education works closely with ECE services and schools to manage emergencies and traumatic incidents as part of the Ministry’s contribution to providing safe learning environments.

A major aim of Special Education’s traumatic incident service is to reduce further harm to others by assisting an ECE service or school continue its day-to-day operations. This guide – written for ECE services and school staff – supports that aim.

It includes a wide range of theoretical and practical information. For example, the guide explores themes such as the definition of traumatic incidents, the findings of the latest research, as well as different aspects of effective practice such as planning for and responding to emergencies and traumatic incidents.

Go to the appendices for an overview of the legislation relevant to emergency and traumatic incident management. The appendices list more references and resources used in the compilation of this guide and feature a glossary of terms used throughout the guide.

Meanwhile, the guide has a partner document called Managing Emergencies and Traumatic Incidents – the Resources, which features a set of planning and responding resources and tools readers will need to effectively manage emergencies and traumatic incidents.

Purpose

This guide has arisen from two extensive reviews of the Ministry of Education’s traumatic incident service carried out in 2001 and in 2006. The reviews indicated that schools spoke highly of the service but identified the need for:

• written information and references, where to go to for more information on traumatic incidents (eg, publications and websites)
• plans to support an ECE service and school function during an emergency or traumatic incident
• local training opportunities to develop traumatic incident response plans.

Around the same time, international evidence came to light following several high-profile and devastating traumatic incidents around the world.

The international evidence reflected the increasing concern about the ways in which disasters affect children and young people, looking at how some adapt and rebound in a manner that seems remarkable (in light of some of the terrible situations they either face or witness), while others show reactions that substantially interfere with or impair their learning and daily living.

In 2007, the Professional Practice Unit within the Ministry of Education, Special Education developed a project plan to address the issues raised by the reviews and incorporate the latest findings from the international research. This guide formed part of that project plan.

Context

This guide and the associated training package are part of a process of ‘continuous improvement’ of the traumatic incident service, which began in 1996.

It provides a nationally consistent approach to helping ECE services and schools respond to emergencies and traumatic incidents.

Readers can find out more about the service by referring to a booklet about traumatic incident management published in 2007. Refer to the Ministry’s website at:

• www.minedu.govt.nz (keyword ‘traumatic incident’).
Chapter 1: Understanding traumatic incidents

This chapter gives readers an overall understanding of traumatic incidents and explains how people tend to respond to traumatic incidents. It explores several key themes that ECE services and schools should be aware of as staff plan and prepare for a traumatic incident. This chapter also looks at why having a healthy and safe environment can help prevent violence and other types of emergencies. It explores a range of approaches developed to enhance well-being immediately following a traumatic incident. For example, it cites psychological first aid as a useful tool. It also identifies some important factors to weigh up when assessing whether or not a child is particularly at risk following a traumatic incident.

International research defines traumatic incidents as events that:

- involve destruction of property
- include injury or loss of life
- affect communities
- are shared by many children and families.

They are also viewed as being out of the realm of ‘normal’ human experience, meaning that they can lead to or result in stress. Recent literature also refers to traumatic incidents as events that receive considerable attention in the media, ie, motor vehicle accidents, residential fires and community violence.

Traumatic incidents in the New Zealand ECE service and school contexts have been broadly defined as events that:

- cause sudden and/or significant disruption to the operation, or effective operation, of an ECE service, school and their community
- have the potential to affect a large number of children, young people and staff
- create significant dangers or risks to the physical and emotional well-being of children, young people and people within a community
- attract media attention or a public profile for the ECE service and school as a result of the incidents.

Examples of traumatic incidents include:

- the sudden death, or serious injury of a child, young person, staff member or family or whānau member
- witnessing serious injury or death of a child, young person, staff member or family or whānau member
- threats to the safety of children, young people or staff, including the presence at an ECE service or school of an individual behaving in a dangerous or threatening manner
- a lost or missing child, young person or staff member
- floods, fires, earthquakes and other community crises or natural disasters.

Research findings

It is vital for ECE service and school staff to understand what a traumatic incident is, what it means to be ‘in crisis’ and what is involved in effectively responding to a traumatic incident.

Crisis theory

Crisis theory provides a framework to better understand and respond to traumatic incidents. It reminds us that people in crisis are sometimes overcome by the incident and lose the ability to think clearly or respond to an incident in an effective way. In the education context, it reminds us that some people may need significant help and support to respond to the incident before they can help others (ie, children and young people) recover.

The first crisis theorists suggest that people constantly employ problem-solving strategies to maintain a state of emotional equilibrium (termed homeostasis). They view a crisis as generating an upset or inability to maintain this steady emotional state. Later, authors noted that the crisis state caused: ‘a temporary state of upset and disorganisation, characterised chiefly by an individual’s inability to cope with a particular situation using customary methods of problem solving . . . with the potential for a radically positive or negative outcome’.

Research findings

It is vital for ECE service and school staff to understand what a traumatic incident is, what it means to be ‘in crisis’ and what is involved in effectively responding to a traumatic incident.
Chapter 1: Understanding traumatic incidents (continued)

People, in the crisis state, find it difficult to direct their emotional reactions and take charge of their immediate responses. Although the symptoms of the crisis state are in many ways similar to those of pathological states, they are not signs of mental illness. Anyone, regardless of how psychologically ill or healthy, can enter a crisis state.

Traumatic incidents are events that, over time, can reorganise one’s view of the world and one’s place in it. For example, if an individual successfully processes the issues surrounding a crisis, it can be a time that results in the development of new coping strategies, processes and ideas that can be used in the future.

In summary, however, the crisis state can be defined as a normal reaction to abnormal circumstances.

Today’s crisis theorists typically differentiate between situational crises and developmental crises.

Lindermann worked with survivors of a night club fire in which many people lost their lives. He observed that crises are generated by situational factors (such as fires and car accidents), as well as by an individual’s developmental transition (such as entering school or adolescence).

It’s important to have some understanding of both and how they relate. It’s also important to note that the Ministry of Education’s traumatic incident service is available to ECE services and schools that experience a situational crisis.

Developmental crises

Developmental crises are events associated with movement from one developmental stage of life to another.

The impact of a developmental crisis depends on its timing and an individual’s personal, financial and social resources. Examples of developmental crisis points may include entering school for the first time, becoming an adolescent and beginning adulthood. Divorce and the expected death of a parent, sibling or classmate are others.

Situational crises

Situational crises, then, tend to occur suddenly or are unexpected. They have the potential to have an effect on many people and have little or no association with an individual’s age, circumstances or developmental stage in life.

Although the incident itself might be perceived as threatening, the new coping strategies these events require can create opportunities for personal growth.

To understand more about situational crises, refer to the table below for an outline of the six main categories.

<table>
<thead>
<tr>
<th>Table 1: Six categories of situational crises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>Severe illness and injury</td>
</tr>
<tr>
<td>Violent and/or unexpected death</td>
</tr>
<tr>
<td>Threatened death and/or injury</td>
</tr>
<tr>
<td>Acts of war</td>
</tr>
<tr>
<td>Natural disasters</td>
</tr>
<tr>
<td>Man-made/industrial disasters</td>
</tr>
</tbody>
</table>

Source: Brock et al., 2001.

Key things to know about crisis theory
1. It is a framework for understanding and responding to traumatic incidents
2. There are two types, ie, situational and developmental
3. The Ministry of Education, Special Education responds to situational crises and defines such crises as traumatic incidents.
Natural disasters, emergencies and disease outbreaks

Research on natural disasters, emergencies and disease outbreaks shows they are all defined as situational crises. In New Zealand a variety of terms are used to describe these types of crises.

For example, Civil Defence and Emergency Management (CDEM) describes situational crises as emergencies, while the Ministry of Education describes and defines them as traumatic incidents.

According to the New Zealand National Civil Defence Plan, individuals are expected to be responsible for their own welfare, the welfare of their families and whānau and those in their care in the event of an emergency.

As with all situational crises, no one knows when an emergency such as an earthquake or tsunami might occur or how severe it might be.

A State of Local Emergency in New Zealand can be declared by CDEM if there is a situation that:

- causes or may cause loss of life, injury, illness, distress or that endangers public safety or property
- cannot be dealt with by emergency services or otherwise requires a significant and coordinated response.

During a State of Local Emergency, children, young people and staff may need medical attention within the ECE service or school environment until help is available. The setting may need to act as an assessment centre for the wider community. In addition, utilities such as water, sewage, electricity, communications, transport and food supplies could be unavailable, inoperative or unsafe for several hours or days or for even longer.

Premises may suffer moderate or even severe damage or may need to close, i.e., in the event the setting becomes a crime scene or to prevent a disease such as measles spreading.

During an infectious disease outbreak up to 50 per cent of the workforce may be sick, looking after sick dependants or carrying out alternative duties for their employer or another agency. That means people’s ability to complete key tasks may be disrupted, particularly if staff are absent for extended periods of time. As a result, alternative means of providing education to children and young people may have to be considered.

During a State of Local Emergency, ECE services and schools are expected to carry out their own civil defence plans as other services (including the Ministry’s traumatic incident service) may be slow to respond due to an overload in demand.

The Ministry of Education has developed a range of resources for ECE services and schools specifically to help them respond to natural events, emergencies and infectious disease outbreaks. This guide now features many of the ideas and information available in those resources.

Researchers provide useful insight into what a situational crisis might look and feel like.

They note, for example, that in the first hours after an incident at least 25 per cent of the population may feel stunned, dazed and apathetic. People may wander and experience general suffering, especially if the impact has been sudden and totally devastating.

People have also described feeling like they had received a blow to the face or feeling knocked out. Other descriptions include feeling overwhelmed and experiencing a sense of unreality about the world and oneself.

Research indicates that most people who experience a traumatic incident will experience some psychosocial reactions (physical and psychological difficulties), but tend to recover with time and basic support. Some may exhibit more extreme reactions in the short, medium or long term.

Following a traumatic incident there can be a range of reactions, as outlined in Table 2 on the next page.
Chapter 1: Understanding traumatic incidents (continued)

Table 2: Traumatic incident reactions

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Faintness and dizziness</td>
<td>• Sleep disturbances and nightmares</td>
</tr>
<tr>
<td>• Hot or cold sensations</td>
<td>• Jumpiness – easily startled</td>
</tr>
<tr>
<td>• Tightness in throat and chest</td>
<td>• Hyper-vigilance – scanning for danger</td>
</tr>
<tr>
<td>• Agitation, nervousness, hyper-arousal</td>
<td>• Crying and tearfulness</td>
</tr>
<tr>
<td>• Fatigue and exhaustion</td>
<td>• Conflicts with family and co-workers</td>
</tr>
<tr>
<td>• Gastrointestinal distress and nausea</td>
<td>• Avoidance of reminders of trauma</td>
</tr>
<tr>
<td>• Appetite decrease or increase</td>
<td>• Inability to express feelings</td>
</tr>
<tr>
<td>• Headaches</td>
<td>• Isolation or withdrawal from others</td>
</tr>
<tr>
<td>• Exacerbation of pre-existing conditions</td>
<td>• Increased use of alcohol or drugs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shock, disbelief</td>
<td>• Confusion and disorientation</td>
</tr>
<tr>
<td>• Anxiety, fear, worry about safety</td>
<td>• Poor concentration and memory problems</td>
</tr>
<tr>
<td>• Numbness</td>
<td>• Impaired thinking and decision-making</td>
</tr>
<tr>
<td>• Sadness, grief</td>
<td>• Complete or partial amnesia</td>
</tr>
<tr>
<td>• Longing and pining for deceased</td>
<td>• Repeated flashbacks, intrusive thoughts and images</td>
</tr>
<tr>
<td>• Helplessness</td>
<td>• Obsessive self-criticism and self-doubt</td>
</tr>
<tr>
<td>• Powerlessness and vulnerability</td>
<td>• Preoccupation with protecting loved ones</td>
</tr>
<tr>
<td>• Dissociation (disconnected, dream-like)</td>
<td>• Questioning of spiritual or religious beliefs</td>
</tr>
<tr>
<td>• Anger, rage, desire for revenge</td>
<td>• Irritability, short temper</td>
</tr>
<tr>
<td>• Irritability, short temper</td>
<td>• Hopelessness and despair</td>
</tr>
<tr>
<td>• Helplessness</td>
<td>• Blame of self and others</td>
</tr>
<tr>
<td>• Powerlessness and vulnerability</td>
<td>• Survivor guilt</td>
</tr>
<tr>
<td>• Dissociation (disconnected, dream-like)</td>
<td>• Unpredictable mood swings</td>
</tr>
<tr>
<td>• Anger, rage, desire for revenge</td>
<td>• Re-experiencing pain associated with previous trauma</td>
</tr>
</tbody>
</table>


Key things to know about natural events, emergencies, infectious disease outbreaks

1. They can occur suddenly and unexpectedly
2. ECE services and schools need to develop plans and processes that enable staff to respond to a range of situational crises and to support those in their care during such incidents
3. People can experience a range of reactions following a natural event, emergency or infectious disease outbreak.
Chapter 1: Understanding traumatic incidents (continued)

Traumatic incidents and children and young people
Research shows that children and adolescents initially tend to respond to traumatic incidents in a similar way to adults following an incident. Research findings about Hurricane Andrew, for example, shows that children described feeling a sense of strangeness and that life was weird immediately after the hurricane.

Several researchers have also gathered insight into how young children respond over time to incidents by analysing responses to incidents like the Mount Ruapehu Eruption in New Zealand and Hurricane Andrew in the United States.

For example, children expressed fears about separation from parents and loved ones following an incident. They also expressed fear of water, thunder and rainstorms after experiencing hurricanes.

Researchers have also found security concerns or fears of reoccurrence and exaggerated startle response occur after unpredictable acts of violence.

The findings show children and young people are likely to express their feelings differently from adults and will need a different level and type of support to recover well over the long term.

The findings also indicate that a child’s metacognitive concepts and strategies, for example, are less developed than those of an adult’s. Children tend to still be developing their concepts of natural events or death. They are not likely to have faced the range of problem situations an adult has faced or to have developed coping strategies in response to such situations.

Research indicates that other areas of children’s and young people’s functioning can be affected too – areas such as academic functioning. It also finds that children and young people tend not to understand many of the issues surrounding an incident.

People who are unable to develop an understanding and resolve a crisis are sometimes at risk from withdrawing from many areas of their life.

Children and young people are more likely to need the adults in their lives to help them feel a sense of comfort and safety following an incident.

They are also more likely to need the adults they know and trust to lead them immediately after an incident and to help them make sense of what has happened.

It is important that adults support children and young people to make sense of an incident by drawing on the existing cultural practices and resources available within their community.

Children and young people will feel a sense of confidence and self belief when the adults in their lives are able to manage and respond to their needs and provide meaning to a traumatic incident.

Key things to know about children and young people during a traumatic incident
1. Children and young people need adults for comfort and safety
2. Children need adults to lead and help them make sense of what’s happened
3. Children and young people depend on the support they get from the adults in their lives to cope over the long term.
Chapter 1: Understanding traumatic incidents (continued)

**Traumatic incidents and people most at risk**

The events of September 11 (2001), the Sumatra Tsunami, the Sumatra-Andaman Islands’ Earthquake, Hurricanes Katrina and Rita and the Mount Ruapehu Eruption (1995-1996) heightened people’s awareness of those most at risk following an incident.

People most at risk include the elderly, people with disabilities and special needs and people for whom English is a second language.

Disasters and traumatic incidents put this group at particular risk for a range of reasons. The World Health Organisation, for example, suggests people with disabilities or special needs tend to have less access to the support they need after a traumatic incident.

Some children, young people and adults are at greater risk of developing long-term difficulties in response to the following risk factors.

- Death of a loved one, especially a violent death (stress can be worsened or complicated by feelings of grief, guilt and the cultural norms surrounding the incident).
- Physical proximity, duration and intensity.
- Perceived threat to the lives of loved ones.
- Loss of possessions and disruption to routines.
- Multiple exposure to different events.
- Parental mental illness, past and present psychiatric problems.
- Parental trauma-related symptoms.
- Major life disruptions following an incident such as divorce, death or hospitalisation.
- Pre-existing difficulties such as communication and attention difficulties.

However, research also shows that people identified as having the above risk factors are not always in need of support and that most people over time recover without any need for additional support.

Providing support to individuals and groups who are capable of adaptively coping has been found to build resentment. It can also result in groups and individuals believing that they need support to cope with other situations of adversity because they have lost confidence and belief in coping on their own.

Such findings highlight the need to have carefully planned for an incident before it occurs, taking into account the individual needs of each child, young person or adult who may be at particular risk and setting up processes to assess how well a person is likely to cope and recover from an incident.

**Key things to know about people most at risk**

1. Most people recover without any need for additional intervention
2. However, some people can experience long-term difficulties
3. The kind of support people need is not always clear cut
4. Planning is crucial.
Chapter 1: Understanding traumatic incidents (continued)

Well-being and psychological first aid

The process of helping people recover from a traumatic incident involves easing their physical and psychological difficulties, as well as building and bolstering their sense of social and psychological well-being.

The first step is to ensure staff within an ECE service or school have the ability to respond to a traumatic incident before it occurs. The answer lies in thorough planning.

Planning should aim to help staff respond immediately to an incident and enable staff to restore the familiar roles and routines within their ECE service or school. Planning should also ensure staff have ready access to factual communication about the incident to help and support their community to respond. Refer to chapter two for more information about planning.

In the past decade there has been growing awareness of the need to develop a psychological model that reflects many of the approaches used in first aid and that helps people cope immediately after an incident. Such a model has since been developed. It is called psychological first aid.

Psychological first aid is an international evidenced-based model with four key steps, adapted to suit the New Zealand context. It provides a way for responding to and supporting people immediately following a traumatic incident. It is used widely in New Zealand, ie, across the Ministries of Health and Education and within Civil Defence.

It helps reduce the intensity and duration of difficulties that children, young people and staff can experience following an incident. It also provides the opportunity to communicate and ascribe meaning to a traumatic incident.

Research shows that clear, positive communication can reduce uncertainty and fear and help people cope emotionally and physically.

Psychological first aid aligns well with Te Whare Tapa Whā, a Māori cultural perspective of health and well-being. Te Whare Tapa Whā incorporates taha tinana (physical well-being), taha hinengaro (mental well-being), taha wairua (spiritual well-being) and taha whānau (extended family).

Te Whare Tapa Whā suggests that all four are necessary and interconnected and, together, ensure strength and stability. Each element in the model is considered essential for health and well-being.

Four steps of psychological first aid

The four steps of psychological first aid are listed below.

Step one

1. Enhance immediate and ongoing safety and provide physical and emotional comfort (taha tinana and taha hinengaro) by:
   - providing physical protection and meeting basic needs such as medical care, water, shelter, food
   - establishing a sense of security
   - determining the immediate needs and concerns
   - providing physical and emotional comfort and calming and orientating emotionally overwhelmed or distraught people
   - reconnecting with the class, school mates, family and whānau as appropriate.

Step two

2. Supply or gather information and tools (taha wairua and taha hinengaro) to allay concerns by:
   - providing and clarifying facts about the traumatic incident in classrooms and to the community
   - listening and paying attention to children’s and young people’s understanding and feelings about the disaster
   - clarifying misconceptions through talk, art, other media as appropriate
   - providing culturally appropriate activities to provide meaning about the event
   - talking about children’s and young people’s reactions and providing information on differing responses and ways people can support one another
   - providing parents with information on children’s and young people’s reactions and ways they can support one another
   - providing behavioural support and fostering constructive behaviour
   - allowing people to express emotion.
Chapter 1: Understanding traumatic incidents (continued)

Parents, teachers, family and whānau serve as important information sources, as well as support and comfort for children. When children perceive adults to be in control and adults are available to provide meaning about an incident, children are less likely to experience difficulties.

**Step three**

3. Foster social support (taha whānau) by:
   - connecting people to social support networks
   - supporting adaptive and coping skills by acknowledging coping efforts and strengths and encouraging roles in recovery efforts
   - promoting group and social interactions such as reading aloud in small groups, doing a group art activity, playing a game or playing sports together
   - inviting older children or young people to be mentors and role models. For example, they might help support group work and activities with younger children
   - setting aside special time for young people to get together to talk about their concerns and engage in age-appropriate activities such as listening to music, playing games, making and telling stories, etc
   - reuniting victims with friends, family and whānau
   - using social and community support networks for further support as needed.

There is concern that some activities such as counselling or critical stress debriefing have the potential to worsen distress and physical functioning if they occur too early in the psychosocial recovery process and over-burden the people affected.

Sometimes, intervening may be inappropriate, recognising that most people, following a traumatic incident, do not, in fact, require specialist mental health intervention.

Research shows that prevalence of mental health difficulties can drop relatively quickly. For example, it showed a reduction of approximately 66 per cent in prevalence after four months following the 9/11 disaster.

**Step four**

4. Linking people to local recovery systems by:
   - providing information, links and mechanisms for referral to mental health systems
   - being clear about the availability of services.

This last step reflects findings that a minority of people do experience longer-term problems such as anxiety, depression, post-traumatic stress disorder, prolonged grief and general distress.

Children, for example, may respond to cues or reminders in ways that show a level of distress. They may engage in repetitive play with traumatic themes, re-enact an incident in play, draw or talk about an incident. Their behaviour may change. They may become more clingy, more susceptible to tantrums, disruptive behaviour or withdrawal from others.

For more information, refer to the *Diagnostic and Statistical Manual of Mental Disorders*.

**Key things to know about psychological first aid**

1. Psychological first aid is a best practice, evidence-based process for responding to and supporting people immediately following a traumatic incident
2. It recognises the importance of communicating and ascribing meaning to the event
3. It recognises that sometimes some interventions can make things worse.
Chapter 1: Understanding traumatic incidents (continued)

**Well-being and culture**

Psychological first aid emphasises the need to provide and clarify facts about a traumatic incident, acknowledge the feelings and thoughts associated with an incident and provide understanding and meaning about an incident.

The latest evidence suggests the relationship between culture and ethnicity is important too – particularly when it comes to the way people and communities respond to, cope with and recover from traumatic incidents.

Researchers define culture and ethnicity in a multitude of ways. One definition of culture is: ‘the beliefs, values, behaviours, shared history and language of a group of people at a particular time.’

Ethnicity, on the other hand, may be taken as assigned or claimed membership of a particular group. Yet cultural membership may not be as readily apparent. For example, a person may be considered a member of an ethnic group, yet identify with certain cultural aspects of another group.

Researchers have found that people’s perceptions of, and recovery from, traumatic incidents are influenced by their culture. Culture is the lens through which the world is perceived, interpreted and experienced.

All cultures create meaning systems. Cultures also tend to characterise illness or death in a certain way, which, in turn, influences the way someone might express emotion or respond after a traumatic incident.

To help individuals and communities recover from a traumatic incident, it is essential to work with – not disrupt – their existing cultural, religious, spiritual and philosophical practices and beliefs, particularly those relating to illness and death.

Cultural socialisation, including the teaching of cultural values, has been found to be an important factor that helps specific cultural groups cope and recover from an incident. It does so by instilling pride in one’s culture, preparing youth for coping and maintaining cultural norms.

Findings also highlight the importance of (when required) working outside of one’s own religious and spiritual beliefs and engaging in a process of carefully identifying and understanding those of others.

It is important that staff within ECE services and schools are aware and take account of the cultural beliefs, values and practices of their community as part of traumatic incident planning.

The majority of traumatic incidents in New Zealand involve sudden death (92 per cent) or are incidents that cause loss and fear (eight per cent). Yet death’s universal dimensions – fear, loss, anxiety, the desire for reconciliation and forgiveness, the need to give and receive love – are always present.

Culture, faith, ethnicity, philosophical outlook, education and upbringing are all factors that influence people experiencing trauma to different degrees, in different ways and at different times.

Read more about how the cultural beliefs and practices deeply influenced the way two communities responded to trauma in the following examples.

**Community one**

A dormitory fire killed 19 girls, sparking the community’s beliefs about ghosts and evil spirits associated with the dead. People became afraid of sleeping alone and working alone in the village. They believed spirits would arise from graves on the third day and villagers would come under the spell of the devil unless protected from the families and whānau of the deceased.

The church supported the community by stating that the fire was not an act of God. Instead, the church declared it an accident and that people’s reactions to the event were normal, not mad.

The community’s spiritual fears were allayed in traditional church services, which featured exorcism of particular entities. The church also put the spirits into a theological context, directly appealing to the deceased to rest in peace and not cause trouble.

Meanwhile, the memorial at the school where the fire occurred recognised the need for the community to be able to approach the grave not shrink away from it.

A year after the incident there was less fear of ghosts and spirits and the school roll increased rather than decreased as had been expected after the tragedy.
Chapter 1: Understanding traumatic incidents (continued)

Community two

The Ministry of Education received a phone call early in the morning from a principal of a kura kaupapa Māori (Māori language school) saying that a young student had died unexpectedly.

A traumatic incident team was organised by the Ministry to support the kura. Response team members were Māori and were on site by 9.30am to be welcomed formally by the kaumatua (elder), staff and students. The Ministry team participated in the morning karakia (prayer), which acknowledged the loss that had occurred and set the scene for everyone to move forward and plan.

The Ministry team was supported by other key agencies, as well as kuia (female elder), kaumatua and a social worker from another school in the area.

The school and all the agencies present worked together to put a plan in place, aligned with the school’s and community’s principles of tika (what is right), pono (accountability) and aroha (love).

The conversations and the subsequent plan that was developed by the team reflected these principles and guided the process. The principal played a key role in leading, supporting and implementing the process through her knowledge and determination to make the plan right for staff, school and the community.

The traumatic incident process was successfully incorporated within a kaupapa Māori setting and embedded within other services and supports within the community. The acknowledgement and integration of the community’s three key principles into the kura plan enabled the kura to address what had occurred and achieve healing and reconciliation.

This example, in part highlights that for Māori, illness, death and grieving were and are a central part of Māori life. It shows death and grieving are imbued with tapu (sanctity) and kawa (ceremony). The formal ritual and practices are elaborate and the reo (language), karakia (invocations) and waiata (chants and songs) symbolic, encouraging emotions to be openly expressed.

Tangihana (tangi)

Tangihana (tangi) are important traditional Māori mourning ceremonies that occur after a death in the community.

Tangi involve particular rites, including acknowledging and farewelling the deceased and supporting and recognising the loss experienced by family and whānau. Overall, they allow people to grieve, work through loss and mourn and offer many families and whānau great support in times of grief.

In recent years these rituals and practices have become more complex as New Zealand has changed to become more ethnically, culturally and religiously diverse and as attitudes of Māori to death and dying evolve and diversify.

The resource Last Words. Approaches to Death in New Zealand’s Cultures and Faiths provides information on New Zealand’s different cultures and faiths and provides information about their approaches to death.

Key things to know about culture and ethnicity

1. It is best to work with – not disrupt – existing cultural, religious, spiritual and philosophical practices and beliefs

2. Tangihana (tangi) are traditional Māori mourning ceremonies

3. Tangi vary.
Preventing traumatic incidents caused by violence

Research shows ECE services and schools that have effective health and safety management systems reduce the risk of experiencing a traumatic incident caused by violence. It shows they are also more likely to respond effectively to an incident should one occur.

Severe school violence is rare in New Zealand and most parts of the world, with crime and violence decreasing in communities. In New Zealand, however, research suggests bullying by pupils and teachers is a concern.

Bullying-related incidents are a major reason for school suspensions in New Zealand and violence and bullying have caused a number of traumatic incidents in New Zealand schools.

United States research highlights an important link between violence, bullying and suicide. It shows that students who committed severe violence in schools often felt bullied, persecuted or injured by others prior to a violent attack in a school setting.

Analysis of school shooters by the United States’ Secret Service found almost 75 per cent of attackers felt persecuted, bullied, threatened, attacked or injured by others prior to the incident (71 per cent, n=29). In several cases, individual attackers had experienced bullying and harassment that was long-standing and severe.

In some cases, the experience of being bullied seemed to have a significant impact on the attacker and appeared to have been a factor in their decision to mount an attack at the school.

In one case, most of the attacker’s schoolmates described the attacker as: ‘The kid everyone teased’. In witness statements from that incident, schoolmates alleged that nearly every child in the school had at some point thrown the attacker against a locker, tripped him in the hall, held his head under water in the pool or thrown things at him. Several schoolmates had noted that the attacker seemed more annoyed by, and less tolerant of, the teasing than usual in the days preceding the attack.

In New Zealand there is a growing body of research that reveals high levels of physical and emotional bullying within schools compared to other countries.

For example, the Trends in International Mathematics and Science Study in 2006/07 and an Office of the Children’s Commissioner 2009 report shows bullying and violence rates in New Zealand schools are more than 50 per cent above the international average.

School contexts

Traditionally, research on violence in schools has focused on the characteristics and development of individuals who perpetrate school violence rather than the contexts in which students learn and interact with others. As a result, research that specifically attributes the cause of violence to school contexts is sparse.

However, it is known that schools that prevent violence successfully take account of their physical, emotional and learning environments, recognising all three are interrelated.

Physical contexts

Crowe, in his book Crime Prevention Through Environmental Design, states that appropriate physical design and effective use of the built environment decreases the incidence of crime and prevalence of harm or loss.

Careful environmental design can help to prevent crimes like personal assault and vandalism. His major principle is the effectiveness of natural surveillance, ie, to see and be seen. He suggests people are usually less likely to commit crime if they are being (or think they may be) watched. Conversely, people are likely to feel safer if they think someone is looking out for them.

This idea states that crime prevention can be achieved with security cameras and the presence of security staff.

However, it can also be achieved by designing buildings to provide passive surveillance such as locating windows and doorways to overlook play areas, avoiding sudden corners or blind bends, ensuring plantings do not grow to obscure the view or provide hiding places for students, using low or see-through fences between spaces and avoiding dark recesses or concealed corners etc.

Factors such as the level of light, fresh air and noise and the comfort and suitability of furniture and furnishings also have an impact on attitudes and behaviour.

In a before-and-after survey of around 200 students, who shifted to new surroundings, a strong association was found between students’ outlook and their expectations for the future.

Changes in a school’s physical environment were found to affect students’ perceptions of vandalism, graffiti, littering and bullying. For example, perceptions of vandalism decreased from 84 to 33 per cent and bullying from 39 to 16 per cent, according to survey results.
Safe and healthy learning contexts

Providing a safe and healthy learning environment also involves ensuring that school premises do not put staff, children or young people at risk.

Research demonstrates that safe and healthy learning environments are dependent on a number of factors and have the following dimensions:

• a sense of connectedness and belonging
• engaging and appropriate learning opportunities
• emphasis on positive behaviour
• widespread use and understanding of self-regulation skills.

These four dimensions are considered interdependent and are described in more detail in the following sections.

A sense of connectedness and belonging

Dimension one involves a feeling of belonging at school. This feeling of belonging has been called ‘connectedness’ by some authors and includes a child’s or young person’s perception of safety, belonging, respect and feeling cared for by the school.

Researchers have found that supportive relationships between teachers and students promote student engagement, positive attitudes, a sense of belonging toward school, motivation and academic achievement. Research has also found that learning is promoted through such relationships.

Literature from New Zealand and overseas shows the attitudes and values of teachers play a large part in creating a sense of belonging. It also found that teachers can develop their everyday teaching practice to create a classroom environment that works as a learning community.

In learning communities, caring and support come from the social interaction between teachers and students. Learning communities can be fostered by teachers who use methods that are structured to support social relationships such as shared activities, peer tutoring, cooperative learning and acknowledging the accomplishments and cultures of all learners.

Engaging and appropriate learning opportunities

Dimension two highlights the importance of ensuring children and young people access engaging and appropriate learning opportunities. Successful ECE services and schools are ones in which teachers focus on learning as a community and as individuals and where teachers hold high expectations of all children and young people, believing all students can learn.

Research has found that engaging and appropriate learning environments are environments where teachers believe they are collectively accountable for the success of children and young people. Teachers in such ECE services or schools do not attribute poor outcomes to children themselves or to a child’s family, social or cultural background.

It has also found that some children learn regardless of the quality of their learning opportunities. Others, however, need effective strategies such as the sequencing, timing and organisation of learning material.

A key finding from the review of research literature is that, regardless of the educational setting, teachers have to avoid underestimating what children and young people can learn and achieve.

Effective teaching and assessment also requires cultural competency in both content and delivery. It addresses cultural world views, cultural communication, socialisation styles, life context and values.

The research showed that as teachers move to address such complexities, they spend less time interacting with whole classes and more time with individuals and groups using a range of structured learning activities.

Although the provision of appropriate learning opportunities and social connection are universal needs, some children and young people find it harder to connect to others because of their temperament and learning or behavioural needs.

As a result, research findings showed that adaptations may be required to ensure children and young people are not excluded from learning or from their peers.
Chapter 1: Understanding traumatic incidents (continued)

**Emphasis on positive behaviour**

Dimension three is about responding to behaviour positively. This dimension recognises that schools sometimes use punitive methods such as segregation and detentions to manage student behaviour. Meanwhile, teachers sometimes use disapproval more frequently than approval in response to difficult behaviour. It also recognises that teachers play a large part in creating safe and healthy learning environments by teaching, as well as modelling appropriate behaviour.

Research has found Positive Behavioural Support is one model that supports the development of positive and respectful relationships in ECE service and school settings. It eliminates challenging behaviours and replaces them with prosocial skills. The model has been shown to decrease the need for punishment and suspension and can lead to both system-wide, as well as individual change.

Positive Behavioural Support targets an individual child or young person or an entire ECE service or school by focusing on a wide range of variables from the physical setting to teachers’ task demands, curriculum, instructional pace and behaviour. It also involves the development of consistent expectations across all settings and by all staff. It is a model that teaches behaviour instead of expecting children and young people to just know what to do. As a result, it has been found to be successful across a range of students, contexts and behaviours.

**Widespread use and understanding of self-regulation skills**

Dimension four involves helping children and young people regulate their emotions, as well as their social and academic behaviour. It emphasises the need to develop social and emotional skills. In *The New Zealand Curriculum* these are stated competencies called Managing Self and Relating to Others. Together they emphasise the importance of interacting appropriately with peers and adults, addressing emotional challenges such as frustration and managing interpersonal conflicts such as teasing.

The curriculum competencies recognise that children and young people need to learn and develop self-awareness, interpersonal and social awareness, self-regulation and management, relationship skills and responsible decision-making. The competencies are essential for learning and development. The teaching of these competencies has been found to reduce non-attendance, substance use and behaviour challenges.

Classroom programmes and activities, together with the health and physical education curriculum, can support the development of such competencies. Research has found teachers send powerful messages to students through their own actions, too. Positive respectful relationships modelled by teachers are learned by children and young people. Such social strategies include respectful interactions, appropriate use of voice tone, words, non-verbal gestures and language.

Recent literature suggests the ability to foster positive respectful relationships increases one’s ability to develop friendships. It suggests a link between the ability to do both with a child’s sense of belonging, the quality of a child’s learning skills and a child’s ability to exercise her rights, be assertive and stand up for herself.

Equally, it is the opposite of friendship, ie, loneliness and isolation that has been found to heighten young people’s vulnerability to abuse and bullying.

Research has found that ECE services and schools have a pivotal role in helping children and young people develop their sense of identity. They can support the development of a positive identity through establishing safe and healthy environments or they can achieve the opposite outcome by having an environment that is risky and isolating.

For example, research found students who experienced a positive sense of membership and belonging at school are more likely to have friends and are less likely to experience bullying. They are also likely to find the caring ethos of the school supportive of their emerging identities as learners.

Research also shows that bullying is often not well understood by adults in schools. They do not know when bullying is occurring, they do not respond to reports of bullying and they are not available when bullying needs reporting.

**Key things to know about safe and healthy environments**

1. They have physical environments that allow natural surveillance
2. They emphasise positive behaviour
3. They feature widespread use and understanding of self-regulation skills
4. They foster a sense of connectedness and belonging
5. They offer engaging and appropriate learning opportunities.
Chapter 1: Understanding traumatic incidents (continued)

A framework for reducing violence and other hazards

Safe school initiatives

Safe school initiatives have been developed in a number of countries, including Canada, Australia and the United States and have grown out of tragic and sudden acts of violence such as the loss of life at Colorado’s Columbine High School early in 1999.

Research carried out on the initiatives to date provides New Zealand ECE services and schools with an insight into a successful framework to create safe and healthy learning environments.

Safe school initiatives aim to reduce violence and the occurrence of other non-natural hazards and increase effective learning. They tend to establish safe and emotionally healthy environments by examining and addressing difficulties in a wide range of physical and emotional contexts.

Typically, they involve setting up teams responsible for examining the physical and emotional contexts of an ECE service or school, taking account of issues such as security, lighting, car parking areas, discipline referrals, attendance and so on.

Teams then prioritise areas for action and develop and implement a range of policies, procedures and practices.

Safe school policies set clear expectations for all members of the school community. Procedures, on the other hand, are developed to guide staff, students and visitors through a policy by describing why, how and what steps to follow.

In addition, the National School Safety Center (in the United States) recommends safe school procedures be developed for responding to school assaults in ways that align with community laws.

Research suggests a clear line needs to be drawn between discipline infractions and criminal acts. The School Safety Check Book, from the National School Safety Center, advocates reporting to police behaviour that breaks the law and developing an ongoing working relationship among schools, police and the community.

Research into safe schools and safe school initiatives found that, at the outset, schools were not enforcing any legal consequences for criminal acts committed at school. They were, however, suspending and/or expelling students rather than reporting criminal behaviour to police.

Research has since found that schools that respond to criminal acts by involving the police and the courts have experienced dramatic decreases in the number of school assaults.

In New Zealand, Youth Justice manages offending by children aged 10 to 13 years and young people aged 14 to 16 years. The youth justice system aims to resolve offending and to hold a young offender to account.

Key things to know about safe school initiatives

1. They provide a local framework to explore safety issues in ECE services and schools
2. They emphasise using a collaborative team response to gather information and develop policies and practices to increase safety
3. They decrease violence and increase learning time in schools.
Chapter 2: Planning

Chapter two builds on the theory covered in the previous chapter and starts to explore the practical steps ECE services and schools will need to take when planning for an emergency or traumatic incident.

For example, readers will find out about the training available from the Ministry and what’s involved with setting up a traumatic incident team and developing a traumatic incident response plan. Roles are covered in detail in this chapter.

Effective traumatic incident management

Effective traumatic incident management is directive, time-limited and goal-directed.

Planning is the best first step to effectively manage and respond to a traumatic incident. Effective planning will:

• set up roles and systems that support ECE service and school continuity

• set up roles and systems to communicate effectively to staff, children, young people, their family, whānau and the wider community

• set up systems that will provide immediate traumatic incident management such as having easy access to:
  ° factual, accurate, timely information about the incident
  ° opportunities to clarify and understand information
  ° age- and culturally appropriate activities
  ° information on coping strategies
  ° information on psychological needs and mental health issues, including suicide
  ° resources, if needed
  ° information about rituals and memorials
  ° 24-hour emergency contact information, including contact information for interpreters and consulates.

Roles

ECE services and schools

All ECE services and schools need to be prepared and know how to manage a traumatic incident before it occurs.

The way an incident is managed strongly influences people’s recovery and can limit further risk. That means all ECE services and schools need to develop a policy, plan and/or set of procedures covering the management of a traumatic incident.

Policies, plans and procedures need to ensure people’s activities are coordinated. They need to clarify roles and responsibilities, including those played by the agencies that support an ECE service or a school.

It is the responsibility of an ECE service or school traumatic incident team to manage and coordinate all traumatic incident responses.

A service’s or school’s first action will be to convene their own traumatic incident team and begin to assess the circumstances of the traumatic incident (eg, what happened, how many people are involved and the degree to which they are affected).

Ministry of Education, Special Education

The Ministry of Education, Special Education traumatic incident service comprises two main components: planning and preparation (this includes training) and responding and, where required, following up.

Planning and preparation

Traumatic incident coordinators and Special Education staff offer local training to help ECE services and schools prepare policies, plans and procedures annually.

Responding and following up

Special Education staff, under the guidance of traumatic incident coordinators, work alongside a service’s or school’s traumatic incident team to respond to an incident and implement the service or school traumatic incident response plan.
Chapter 2: Planning (continued)

For example, Special Education staff can:

- assist traumatic incident teams to respond to an incident and help maintain day-to-day operations
- assist staff to communicate appropriately with children, young people and the community about the incident
- make people aware of basic coping and self-help strategies such as re-connection with daily routines and care
- provide advice about typical traumatic incident responses
- ensure the safety of children, young people and staff by developing processes and systems with the ECE service or school traumatic incident team
- link to Māori networks and other culturally appropriate services.

Training

Training for ECE services and schools is provided by Special Education traumatic incident coordinators and experienced traumatic incident staff who train school and ECE managers and leaders to plan, prepare for, respond to and follow up (ie, manage) a traumatic incident.

Typically, Special Education staff invite ECE service and school managers in their districts to take part in training annually. Special Education staff also support ECE services and schools to develop protocols that outline how other agencies may work together with an ECE service or school to provide traumatic incident support.

People who can support an ECE service or school include local health service staff such as the District Health Board emergency planner, as well as representatives from organisations such as Victim Support, Child, Youth and Family, New Zealand Police, New Zealand Fire Service and Civil Defence.

Training aims to help ECE services and schools update their knowledge, skills and resources over time. It also aims to ensure ECE services and schools are able to manage an incident independently.

Setting up a traumatic incident team

Noted below are the recommended steps involved in setting up a traumatic incident team:

- attend Special Education, Ministry of Education training
- talk to staff to help them understand effective traumatic incident management and the different roles involved
- invite staff to be part of a traumatic incident team
- lead and set up a traumatic incident team
- identify existing or related policies, plans or procedures that may impact on a setting during a traumatic incident for further development
- assign traumatic incident team roles and tasks
- organise to meet, as needed, to review work completed and to further develop, evaluate and finalise the ECE service or school traumatic incident response plan
- identify team members who need further support and training in areas such as medical and media liaison and develop a process to address such needs
- involve relevant emergency services and community members in the planning process, where appropriate
- develop (or update) a traumatic incident response plan, ensuring it includes the date, what changes have been made to the plan, who is on the distribution list to receive a copy (ie, local emergency response agencies) and an explanation of the terms used in the plan
- make staff aware of the traumatic incident policy, plan and procedures
- promulgate the policy, plan and procedures, ensuring signatures are gathered from ECE service management, school board members and so on. Ensure the dates of the signatures are noted.

Researchers suggest team members should be reliable, level-headed, available and equipped with the physical and emotional strength needed to face a traumatic incident.
Chapter 2: Planning (continued)

Thompson, for example, recommends that members have strong individual and group facilitation skills, knowledge of how ECE services, schools and communities function and experience with crisis intervention and management procedures.

Others, such as Pitcher and Polard, indicate that the following can interfere with the ability to be an effective team member:

- the need to be a hero
- the need to be in control
- difficulty tolerating unhappiness or strong emotions in others
- taking on too much responsibility for the organisation
- discomfort with consultation, indirect roles
- a need for things to go perfectly.

Recognise that traumatic incidents often require teams to be particularly mindful of specific cultural customs, beliefs and rituals particularly beliefs around death (including suicide) and illness.

Include in the team people who can work with the community to identify the kind of cultural support the ECE service or school might need after an incident. Accessing good cultural support and advice is an essential aspect of effective traumatic incident management.

**Traumatic incident response plan**

The following section explores what can be included in a typical plan. Refer to *Managing Emergencies and Traumatic Incidents – the Resources* for an example plan.

**Crisis/incident definition**

Start with a definition of what the plan will cover, i.e., the possible types of emergencies and traumatic incidents.

**Objectives/goals**

Include in the plan a set of objectives or goals and the plan’s intended outcomes.

A set of objectives or goals might be to:

- respond immediately to the traumatic incident
- provide clear, accurate, consistent and timely information
- work quickly to restore day-to-day functioning in the ECE service or school (if appropriate to the setting)
- meet the well-being and psychological needs of children, young people and staff.

The plan needs to:

- state what needs to occur immediately, outlining the roles and actions required on day one, day two (and the following days)
- name the members of the ECE service or school traumatic incident team
- set out the actions that counsellors, teachers and other staff will take to support the well-being of the ECE service or school community.

The process for identifying the cultural, spiritual and philosophical beliefs of an ECE service or school also needs to occur at the planning stage. For example, the plan should name the specific cultural contacts and describe how they will support the team.

The plan should include what, when, where and how keys, site plans and layout, medical kits, records, etc., will be accessed.

Where relevant, consider and make recommendations to modify the relevant materials, resources or property within the ECE service or school (e.g., the room/s where intervention will take place may need altering).

The plan needs to also state how the ECE service or school response might be evaluated. Refer to *Managing Emergencies and Traumatic Incidents – the Resources* for an evaluation checklist.
Chapter 2: Planning (continued)

Roles
Clarifying roles and responsibilities will help ensure ECE service and school staff respond to a traumatic incident in a professional, efficient way.

The latest research states ECE services and schools are in the best position to respond to traumatic incidents in their communities. They have the appropriate knowledge, expertise and experience. They also have the depth and range of relationships needed to help children and young people recover from an incident.

There are a number of roles and tasks involved in managing a traumatic incident such as media management, medical liaison and internal and external communication. The tasks for each role are described in more detail later in this chapter and in chapter three.

The research suggests ECE services and schools, in the immediate aftermath of an incident, should be the ‘first line of defence’; leaving Special Education and other Ministry staff such as Early Childhood and Regional Education (ECRE) staff to take on an all-important supportive, advisory, back-up role.

The important ‘first line of defence’ role of school staff is emphasised in the following excerpt about the high profile 1999 Columbine High School Shooting near Denver in the United States where two students shot 12 students and a teacher before shooting themselves.

“While our thanks go out to national leaders and experts who came to Littleton to help, it was the local ‘insiders’ who led the community’s response who were most valued by the Columbine students and staff and their families. Many of these leaders had participated in national training on crisis intervention in the recent past. They were inside experts, familiar and trusted faces, who knew the history of the school and the community, were part of a shared culture and shared the loss.”

Deciding roles
Roles are determined by service managers in ECE services and by principals in school settings. The first step in the process is to take part in Ministry of Education, Special Education training.

Training will give people the skills and knowledge to form their own traumatic incident teams and develop their own plans, tailored to suit their particular learning environments.

Attendees will learn the skills to respond and carry out the complexity of tasks needed immediately after a traumatic incident. Refer to the flow chart in chapter three, showing the order in which tasks should be carried out.

Training will also explore what is required from ECE service managers and school principals after training. For example, managers and principals will need to talk to members of the wider community to determine when and how they will support the ECE service or school before finalising the traumatic incident response plan.

Meeting with staff will help staff understand – in general terms – who does what and when during a traumatic incident. The following table outlines roles and responsibilities of a traumatic incident team and aims to provide staff with a general guide for discussion.
### Chapter 2: Planning (continued)

#### Overview of responsibilities

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<th>Who</th>
<th>What</th>
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| **ECE management, school principal** | Support traumatic incident training in ECE service or school settings.  
Develop and annually review policies, procedures and plans.  
Contact and establish the ECE service or school traumatic incident team. Form a traumatic incident team.  
Inform the management committee or board of an incident. (Note that committee and board members may also be represented on an ECE service’s or school’s traumatic incident team).  
Determine the need to assemble the ECE service or school traumatic incident team in discussion with the management committee or board.  
Contact police, fire and other emergency services, if needed, and establish a communication line.  
Set a meeting time and place to assemble.  
Contact the Special Education traumatic incident coordinator on 0800–TI TEAM (0800-84 8326).  
Provide the Special Education traumatic incident coordinator with a meeting time and place, if involved.  
Inform any other ECE services or schools that may be affected.  
Determine what, if any, information can be released. |
| **ECE service or school traumatic incident team** | Take part in traumatic incident training and planning.  
Develop and annually review ECE service or school policies, procedures and plans.  
Respond to and follow up a traumatic incident by implementing a traumatic incident policy, plan and procedures.  
Support staff to communicate appropriately with children and young people and the community about the incident.  
Provide all staff with information about the varying responses to emergencies and support them to provide care to children, young people, parents and the wider community. |
| **Special Education traumatic incident coordinator and team** | Work alongside an ECE service or school traumatic incident team to train, plan for and follow up a traumatic incident.  
Work alongside an ECE service or school traumatic incident team to implement a traumatic incident policy, plan and procedures.  
Act as the key liaison people for all other Ministry of Education groups such as property, school performance, student support and so on.  
Liaise with other agencies such as the Ministry of Health, as and when appropriate.  
Provide a bicultural service for Māori children, young people and staff called Aue… He Aitua.  
Support links to Māori networks and other culturally appropriate services. |
| **ECE service and school teaching staff** | Work alongside an ECE service or school traumatic incident team to respond to and follow up a traumatic incident, as required.  
Practise relevant drills such as an evacuation.  
Teach children and young people about relevant topics such as safety and well-being and natural hazard preparedness.  
Provide direct support to children, young people and their families and whānau, ie, identify children at risk, support children and young people with special needs and so on. |
Chapter 2: Planning (continued)

**Detailed responsibilities**

Each role within a traumatic incident team involves a range of specific responsibilities that are explored further in this section.

*Media liaison*

Media liaison involves establishing the policies and procedures needed to work with journalists and the media. As a result, the person in this role may require additional training. Media training is available throughout New Zealand, including Auckland, Wellington and Christchurch.

After a traumatic incident occurs, the media liaison person assists with or manages the media coverage, with the aim of discussing ways the media can aid, not hinder, the way children, young people and the wider community respond to the incident.

The person who takes responsibility for speaking directly to reporters and the media will depend on the size of the ECE service or school. In small services and schools, it is often the service manager or principal. In larger contexts, it may be better delegated to the board chair or staff with other media responsibilities.

ECE service and school traumatic incident teams should always expect interest from the media. The media are increasingly interested in traumatic incidents, particularly those involving violence or suicide.

Research indicates that the way suicide is reported in the media can increase the likelihood of additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs and trends in suicide rates.

For more information, refer to the Ministry of Health’s media guidelines available from:

- www.moh.govt.nz

In the planning phase, the main objectives of the media liaison role are to:

- set up media training for the media spokesperson, which includes role plays and media interviews
- develop a policy for responding to media inquiries
- collect the names of local newspaper reporters and maintain a media contact list
- establish professional relationships with local media and create an awareness of how media coverage can affect people exposed to trauma
- minimise coverage that has the potential to rekindle reactions to trauma
- prepare a mobile communication kit for use and store the kit in an easily accessible place. List everything in the kit and ask others not to take things out of the kit or to borrow items
- set up training in radio handling and rescue responses
- identify locations that could serve as media interview sites, ensuring sites will be away from children, young people and teachers
- set up a specific media line with an answering machine to play back media release material or make media announcements
- compile reading lists and resource materials.

Refer to *Managing Emergencies and Traumatic Incidents – the Resources* for tools and resources on communication.

*Internal/external communication*

It is important to manage the content and flow of information within an ECE service or school and to and from a service or school and the wider community throughout an emergency or traumatic incident.

In the planning phase, the main objectives of this role are to:

- liaise with groups such as Civil Defence, District Health Boards (DHBs) and police to determine their contact people and their contact details
- establish the roles such groups might play and how to use their resources, eg, Victim Support may be available to provide food and drink, tissues and transport. Lifeline may be able to offer telephone support
- establish relationships with community mental health and Māori mental health agencies for referrals of children and young people
- identify language or interpreter services within the community
- think about having alternative forms of communication available should primary systems break down.
Keep in mind that centre management and boards of trustees should always take advice and direction from health authorities before closing a service or school during a pandemic or infectious disease outbreak.

Local medical officers of health (or their approved designates) will provide leadership and/or direct the closure or opening of an ECE service or school.

During a civil defence emergency, advice and direction is provided by Civil Defence. Again, it is important to establish contact and collect the details for people in these organisations before an emergency or traumatic incident occurs. Establish links with Civil Defence Emergency Management (CDEM), in particular.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to internal and external communication.

Cultural liaison

The cultural liaison role is an essential part of safe and effective traumatic incident management because culture provides communities with many of the primary tools and strategies for dealing with life and experiences such as death and dying.

In the planning phase, the main objectives of this role are to:

- establish connections with various cultural groups and individuals such as kaumatua (Māori elders) within the community
- work with kaumatua and others to help staff gain an understanding of some of the cultural beliefs and practices involved with death
- obtain a copy of and become familiar with useful resources such as Last Words. Approaches to Death in New Zealand’s Cultures and Faiths compiled by Margot Schwass
- be prepared for this role to become the main link between the service or school and parents and the community
- select a number of back-up staff to be on hand to support the person who takes on this role.

Site closure

In some situations an ECE service or school may need to close. It is important to plan how to maintain essential services in the event of a closure.

Section 65E of the Education Act 1989 describes the emergency conditions under which a school can close. They include infectious disease outbreaks, flood, fire or other emergencies. They do not include traumatic incidents involving the death of a student or teacher.

If a school closes, the local Ministry office may reduce the number of half days a school will have to be open and will inform the school.

Managing the closure of an ECE service or school involves making sure that people with the core skills are available to keep essential parts of an ECE service or school functioning even if the service or school is closed to children and young people.

If an incident or emergency occurs during ECE service or school hours and main arterial routes are cut, parents and caregivers may not be able to reach an ECE service or school. In this instance, Child, Youth and Family (CYF) may provide temporary care for a significant number of children and young people, taking over responsibility from the Ministry of Education.

Handover of responsibility from agency to agency requires careful coordination to ensure all children and young people are accounted for and their safety and well-being assured.

ECE services and schools need to plan for a scenario of up to 50 per cent of staff and students being absent during the outbreak of an infectious disease. Ministry of Health information shows that two weeks’ leave is the average amount of leave required for sickness and recovery of a staff member. Overall, however, it should be the goal of an ECE service or school to have a plan that keeps the setting open as close to normal as possible.

In the planning phase, the main tasks of this role include:

- gathering child and staff contact details
- supplying the contact details of children and young people to local CYF offices annually
- supplying details of teachers willing to act as caregivers (during an incident) to local CYF annually
- identifying the essential parts of the service’s or school’s operation to determine how they will be maintained.

Think about:

- who are the key people required to keep the essential parts running?
- what are the core skills required?
- is there sufficient back-up for such people and skills if there is a high level of absence (due to an incident such as a pandemic)?
Chapter 2: Planning (continued)

- are there other people (including volunteers and retirees) who could be drawn on if necessary? Is it possible to coordinate them by telephone and email (ie, remotely)?
- who are the key people required to manage the traumatic incident response plan?
- are there any systems that rely on periodic physical intervention by key individuals to keep them going? How long would the system last without attention?

Once the core people are identified, ensure they are aware of their position and how they will be managed following an incident. Put arrangements in place for staff pay, power, gas, phone, coordination of voluntary redeployment of staff in alternative duties and alternative use of premises.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to site closure.

Safety and security

A number of staff may need to cover this role. Start by examining the physical and emotional environment to determine the extent of any safety problems and/or security issues.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for a safety and emergency assessment checklist to guide the process. It will help staff explore issues to do with natural disasters, vandalism, security problems, accidents, lighting, car parking, discipline problems, classroom climate, drug and alcohol use, attendance and suspensions.

Overall, however, the key first steps (in the planning phase) are:
- set up the safety team
- assess contexts
- identify problem areas
- set goals and actions to address any problems.

Chemical and hazardous substances

The Ministry of Education has published guidelines on safety procedures and safe handling of substances. Caretakers, property managers and science teachers should have copies of the guidelines and be familiar with their content.

Other information sources include:
- Safety and Technology Education (1998)
- New Zealand Chemical Industry Council who provide the CHEMCALL service (see www.nznic.org.nz).

Bomb threats and attacks in New Zealand are rare, but should never be discounted. History suggests they are often made by phone or through the mail system.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for more information. Use and display the information in administration areas where staff receive mail and phone calls to remind them about the procedures they need to follow.

Violence and the use of safety and danger signals

Some emergencies require communication by methods such as a buzzer system, intercom and/or mobile phone or hand signals. It is important to keep messages simple and easily understandable.

Poland advocates for the use of danger signals to communicate the need for assistance (without necessarily alerting others), as well as using all clear signals to indicate that a crisis has passed.

For example, a Code 1 could refer to an incident on ECE service or school grounds (such as a fight) requiring immediate assistance from the office. Code 2 could refer to an incident requiring medical assistance. A Code 3 could refer to an incident (such as a person with a gun) requiring immediate police assistance or another emergency service.

Code 3 incidents in some countries initiate a lockdown procedure where children, young people and staff are moved to secure locked locations. Staff (not children) are trained to know the meaning of the signal and the actions following.
Chapter 2: Planning (continued)

Emergency evacuation
A variety of crises may require evacuating children and young people from one location to another (e.g., fire, toxic waste spill or bomb threat).

Some types of evacuations such as a fire drill can be practised prior to an event. It is not recommended that practice evacuations occur for events such as school shootings because they tend to heighten children’s and young people’s distress.

It is important during evacuations to support emergency staff such as police by providing them with access to information and tools. This might include providing police with a master key, detailed floor plans of the site (showing entrances, windows, roof hatches and ventilation systems), the estimated number of staff, children and young people in each class and parking permits (if they exist) to identify student and staff cars and class photos to identify children and young people.

In the planning phase, tasks for the person or people responsible for safety and security are to:
• contact emergency services and practise evacuations in consultation with appropriate services
• record practice evacuations
• address difficulties and problems encountered
• set up procedures for people signing in and out
• have a system in place for issuing visitors with identification badges (and a system for their return)
• have signs that direct visitors to the ECE service or school entrance points
• determine safety/danger signals
• develop a site plan and liaise locally with police about information they may require
• determine what types of incidents involving violence are criminal acts and require liaising with local police.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for a range of safety and security tools and resources.

Transport management
Transport management is a role involving the development and coordination of procedures that support bus safety, traffic flow, emergency and public access prior to, during and/or following a traumatic incident.

This role may involve contact with outside groups such as the local police, Victim Support or Civil Defence, as well as other community groups.

The Ministry of Education is responsible for more than 100,000 school students who use school transport each day. The administration of school bus safety is outsourced to school transport agencies. Transport operators generally have one generic traumatic incident management plan that is focused around their operations, but adjusted for local service runs and school services.

Schools and the Ministry of Education are responsible for supporting transport operators to respond to and manage emergency situations.

ECE service and school traumatic incident response plans should include transport operator plans and take account of investigation processes that include the police and the New Zealand Transport Agency (formerly Land Transport New Zealand).

Further information and support can be found in the school transport toolkit at:
• www.minedu.govt.nz/schooltransport

In the planning phase, ensure the person responsible for transport management considers:
• employing a vehicle identification system
• restricting student parking around bus loading areas
• restricting vehicle access to play areas where children and young people are present
• assigning staff to student parking areas during arrival and dismissal times
• setting up regular safety checks of vehicles (i.e., buses, vans and cars)
• requiring staff and students to carry identification with them on field trips
• having systems for checking staff, children and young people on and off transport during activities
• maintaining passenger lists (on site, on transport) and route descriptions at the site for all bus routes (including those used for field trips).

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to transport management.
Chapter 2: Planning (continued)

Medical liaison

This role is responsible for ensuring the ECE service’s or school’s medical and health-related procedures are followed prior to, during and following a traumatic incident.

ECE service management and school boards, through the medical liaison person, need to ensure that an appropriately trained or experienced person is in charge of all first aid supplies, cabinets and rooms and that the medical liaison person or his deputy is available during normal ECE service or school hours and that a register of all accidents is kept.

Accidents and emergencies can occur at any time and in any place. The actions of the first people on the scene often determine the outcome.

A range of information is available from emergency service and training providers. Such resources provide information essential for a variety of medical situations that could occur, with many tailor-made for easy display and access.

Medical emergency and training providers have information about asthma, burns, poisoning, shock and so on. These organisations run first aid training and provide health-related products and services to communities.

Some services run youth programmes for children and young people, providing young people with an opportunity to learn first aid, health care and general life skills in their communities.

Medical liaison may include participation in and management of the medical triage in ECE services and schools. In most cases, medical staff will be supported by paramedics and their wider traumatic incident team members.

If doctors, hospital or other medical staff become involved, communicating and documenting actions among teams, family, whānau and the wider community becomes important.

An important part of this role is to minimise a child’s exposure to injury and death. Research links witnessing injury and death to the degree to which a child reacts and his rate of subsequent recovery. As a result, children should be shielded from witnessing traumatic incidents and the sites where they occur.

While medical liaison people are responsible for ensuring learning material is supplied to the home while a child is convalescing, it is worth keeping in mind that returning to school and socialising with peers who experienced the same incident will help a child heal.

In the planning phase, key tasks include:

• providing opportunities for staff to train in first aid and cardiopulmonary resuscitation (CPR)
• setting up a register of staff who have training in first aid and CPR
• documenting the medical needs of staff and students, including vaccination information
• ensuring each international student holds medical insurance with ‘sums insured’ exceeding the recommended $1 million or ideally has ‘unlimited cover’, including no excess for medical claims
• maintaining first aid supplies and providing appropriate storage facilities
• distributing first aid supplies
• informing cleaning staff about effective hygienic procedures and practice
• providing and maintaining off-site medical kits for ECE service or school trips
• establishing communication links with doctors, hospitals and emergency medical staff and working together to locate areas where triage (immediate life-saving care) may be conducted, ie, areas where water and toileting facilities are available
• identifying and determining the availability of support services in the community that will provide extra support if needed for staff, children and young people, eg, mental health services, GPs and other primary health care and youth health services
• educating staff, children, young people and parents about symptoms of illness, good hygiene practices etc.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to medical liaison.
Caring for children and young people

In the classroom

New Zealand has the potential to experience a number of natural hazards such as volcanic eruption, earthquake and tsunami.

The Institute of Geological and Nuclear Sciences (GNS) has a website that offers a range of useful information, advice and background to natural hazards. Teaching staff can support children and young people to respond to such incidents by using the GNS learning resources and by fully utilising the resources in the health and physical education curriculum that promote well-being.

What’s the Plan Stan? is a teaching resource for ECE services and schools that helps teach children and young people how to respond to earthquakes, tsunami, volcanoes, storms, floods and some non-natural disasters.

What’s the Plan Stan? has several components, including:

• a guide for teachers that includes unit plans and activities to be used prior to an event
• a CD-Rom for teachers and students with stories, interactive games, research material tips for teachers and resources to be added to unit plans
• a poster promoting What’s the Plan Stan?
• a website with resources to download in PDF, go to: www.whatstheplanstan.govt.nz

Staff also need training to respond to different emergency situations. For example, all staff should be aware of fire fighting equipment and be trained in its use. They should also know basic first aid. For more information about training, refer to the Yellow Pages (look under fire protection).

In the planning phase, key tasks for the people responsible for natural hazard management include:

• teaching children and young people how to respond to natural hazards
• ensuring people have access to medical kits and knowledge of relevant safety procedures
• ensuring people know danger signals and the relevant procedures to follow
• helping people to learn how to use emergency equipment such as a fire extinguisher.

Catering for children and young people with special needs

During a traumatic incident, when all members of the community are placed in a vulnerable situation, a person with a disability may face extra challenges if his or her special needs are not met.

She may have difficulty moving, hearing, seeing and communicating without specific support related to her disability and her environment (ie, assistive devices, an additional caregiver or modified equipment).

Research finds that the level of support people with disabilities tend to receive from others is often interrupted during a time of trauma.

The following list highlights some factors that may make people with disabilities more vulnerable during an emergency situation:

• they tend to be invisible in emergency systems
• they may not be able to comprehend the disaster and its consequences
• they may be excluded from the disaster response efforts and may become particularly affected by changes in terrain resulting from the disaster
• he or she may lose the ability to use a mobility aid and, as a result, lose access to a safe location, adequate shelter, water, sanitation and other services
• they may experience emotional distress that has long-term consequences
• he or she may misinterpret the situation
• they may have communication difficulties, making them more vulnerable in disaster situations.

In the planning phase, key tasks for the special needs liaison role include:

• engaging with people with disabilities and involving them in planning
• conducting needs assessments of individuals
• adding disability-specific procedures to traumatic incident response plans.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to special needs liaison.
Chapter 3: Responding

This chapter looks at what’s involved in responding to a traumatic incident. It starts by taking readers through the first steps. It then provides more information about what is required from traumatic incident team members responsible for roles such as media liaison, internal and external communication and cultural liaison.

It goes further by outlining how to carefully manage the effects of suicide, prepare a memorial and evaluate an ECE service’s or school’s policy and plan following an incident.

Also refer to Managing Emergencies and Traumatic Incidents – the Resources for a range of relevant tools and resources.

First steps

The first steps have been developed as a general guide. It may be that various elements from the list are not needed for a particular incident or, owing to the timing or previous actions of the ECE service or school, cannot be followed in the order given.

The following flow chart gives a visual outline of the first steps and an order in which they might be carried out.
Chapter 3: Responding (continued)

Gather the facts
If staff receive a call regarding a traumatic incident:
• listen to what has happened
• record the caller’s name and phone number
• record the names of others involved
• check that the appropriate emergency services have been contacted
• ask if everyone has been accounted for
• inform the caller of any actions staff will take such as informing the head teacher, principal and the Special Education traumatic incident coordinator
• give the caller a staff member’s name and phone number in case they need to call back
• immediately after the call, contact the head teacher or principal and call the Special Education traumatic incident coordinator (on 0800-TI TEAM or 0800-84 8326).

Immediate actions
Immediate actions:
• record and verify the facts of the incident
• record and ascertain the individuals involved
• ascertain the reactions of the people involved and record any actions taken
• notify the head teacher or principal or their representative.
The head teacher or principal should immediately:
• inform the management committee or board of trustees
• determine the need to assemble the ECE service or school traumatic incident team in discussion with the management committee or board
• contact and establish the traumatic incident team to coordinate support and further arrangements
• set a meeting time and place to assemble
• contact the Special Education traumatic incident coordinator service for support
• consider involving a Special Education traumatic incident coordinator and organise a meeting time and place
• inform any other ECE services and schools that may be affected
• contact police, fire and any other emergency services, if needed, and establish a communication line
• determine what, if any, information can be released in consultation with emergency services and family of deceased.
Chapter 3: Responding (continued)

Next steps

Next an ECE service or school traumatic incident team should:

- convene an on-site traumatic incident team meeting
- share facts and assess the impact of the incident (when and where did it occur? how did it happen? are members of the traumatic incident team involved? do deputies need to be assigned roles?)
- assign traumatic incident team roles
- determine how many children, young people and staff are likely to be affected and the potential responses that might follow
- determine the children and young people involved
- determine if the ECE service or school can remain open, eg, are there enough staff? is the site a crime scene?
- determine if additional relief staff are needed
- determine if additional support services are needed
- arrange for identification badges for outside professionals
- assign phones for media, public information and outside calls
- identify and prepare support rooms for children and young people
- identify a possible media room and times, prepare media statement
- identify parent access sites and rooms
- set up a central information board for staff access
- post relevant information on the central information board, ie, information about phones, student support rooms, media times and places, parent access etc.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for the Ministry’s traumatic incident response checklist.

Media liaison

Primary tasks on first contact with the media involve:

- noting the reporter’s contact details
- asking the reporter to forward story background and questions by email
- reassuring the reporter that his or her inquiry will be dealt with and that someone will be in touch within a given timeframe
- locating media interview sites (offsite, if possible)
- locating the communication kit and checking contents
- assigning the media spokesperson, ensuring no one else talks to the media
- ensuring all administration staff and teachers are briefed on all aspects of information flow.

Before meeting any member of the media:

- make it easy for reporters to get what they need and don’t assume they will recognise what to report
- negotiate various aspects of the interview in advance, ie, talking about certain topics and not talking about others
- send reporters fact sheets and other relevant information before the interview. For example, refer reporters to the following websites if the incident involves suicide:
  - www.thelowdown.co.nz
  - www.spinz.org.nz

Overall, the main media tasks after a traumatic incident include:

- developing a media response in consultation with the ECE service management team or school board (consider confidentiality, family and whānau wishes, cultural appropriateness and police and emergency services information). Typically the media will report on the information received from the ECE service or school
- designating the spokesperson and confirming that no one else talks
- informing bereaved family and whānau of media content prior to release
Chapter 3: Responding (continued)

- providing the media spokesperson with a statement to read
- ensuring sufficient staff and phones are available to handle incoming media and public calls
- ensuring administration log all media calls if possible
- transferring calls to appropriate team members and staff, ie, the identified media spokesperson
- encouraging staff and teachers are briefed on all aspects of information flow
- phoning the reporter back with an update if you need more time – try to be prompt as reporters have deadlines and may arrive at the ECE service or school unexpectedly
- ensuring the media has accurate information to disseminate to the community and minimising any coverage that has the potential to rekindle reactions to trauma
- working with reporters to minimise potential harm and promote accurate and safe reporting
- reminding reporters how media coverage of suicide influences children and young people
- scanning published and broadcast information daily to check accuracy and making attempts to correct serious misinformation as quickly as possible
- ensuring the time and place for media contact, avoid times when staff and/or children and young people are moving between classes etc.
- supplying media with identification badges
- providing staff, children and young people with guidelines on what to do if approached by the media, ie, not to respond unless they have a statement ready
- keeping other community agencies aware of the information released
- responding to unexpected media calls.

International students and the media

If an international student is involved, media interest is likely to come from New Zealand and overseas. As a first step, phone the Ministry of Education’s Code of Practice team on:
- 09-632 9513

In the case of the serious injury or death of an international student, contact needs to be made with the relevant consulate to inform them of the incident and provide them with details about the student.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to media liaison.

Internal/external communication

The traumatic incident team member (responsible for internal and external communication) will need to work closely with the person responsible for media liaison. Overall, he or she should consider:
- ensuring all administration staff and teachers are briefed on all aspects of information flow within and outside the ECE service or school (in consultation with the person responsible for media liaison)
- contacting the Ministry’s Code of Practice team if the incident involves an international student and following the team’s advice (again, in consultation with the person responsible for media liaison)
- developing all messages in consultation with emergency services, whānau and cultural representatives and releasing information as and when agreed
- forming a central internal secure area to display up-to-date information and actions to staff
- deciding how and when to release information to staff, ie, during a staff meeting
- providing information to help teachers respond to the incident and share information with others
- deciding how and when to notify all staff about staff meeting times and reminding staff of the traumatic incident team role, ie, to help the ECE service or school resume functioning
- locating the mobile communication kit and checking contents
- communicating and liaising with the bereaved family and whānau
- deciding on information that can be released to the community and how this should be released (eg, through recorded phone messages and staff statements), keeping in mind the media may gain access to the information
- providing statements and other information to teachers to support and communicate with children and young people
Chapter 3: Responding (continued)

• developing newsletters to be sent home with children and young people, featuring information about likely reactions to trauma, lists of support networks and so on
• providing sufficient staffing and phones to handle incoming media and public calls efficiently
• changing phone messages as appropriate
• assigning and briefing administration staff on the transfer of phone calls to appropriate traumatic incident team members such as the media spokesperson
• monitoring local radio frequencies for information and/or civil defence information.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to internal and external communication.

Cultural liaison

Ensure a senior member of the ECE service or school such as a principal or service manager is available to carry out this role. Please note if a death has occurred within a kura kaupapa Māori (school) or a similar setting, it is likely that all children and young people who attend the kura will go to a marae (meeting place) as part of the tangi (funeral) and kaumatua and kuia (Māori elders) will lead the process.

Following a death, the team member (responsible for cultural liaison) should consider the following list before communicating funeral or tangi arrangements to the community:

• consult whānau and family in culturally appropriate ways. Refer also to a resource called Last Words. Approaches to Death in New Zealand’s Cultures and Faiths
• consider the wishes of the whānau and family in all communications about the incident, including media statements
• consider the wishes of the victim’s whānau and family regarding attendance by the ECE service or school community at the funeral or tangi
• consider children’s and young people’s well-being in attending or not attending a funeral or tangi
• consider whether or not parents need to accompany children and young people to the funeral or tangi
• consider the number of staff attending and plan for additional support as appropriate
• consider children’s and young people’s well-being and safety in viewing caskets or having caskets in the ECE service or school environment. For Māori, it may be culturally appropriate for the tāpāpaku (corpse) to be brought to the ECE service or school for final farewells
• consider whether or not the circumstances require memorialisation and, if so, the best method. Consider a moment of silence, plaque, planting a tree, a dedication, flying a flag half mast etc.

Site closure

The traumatic incident team member (responsible for site closure) should consider:

• ensuring children and young people can be reunited with their family, caregivers or the appropriate emergency contact
• managing the release of children and young people through agreed systems and managing parental arrival through agreed systems
• contacting Child, Youth and Family (CYF) to register children and young people as separated from their parents or normal caregivers
• understanding that once children and young people are registered with CYF, they become the responsibility of CYF
• marking children and young people as neither present nor absent and placing a note in attendance registers to record the reason
• keeping all emergency closure documentation
• keeping all child contact details
• providing learning programmes for children and young people to complete at home
• maintaining all essential services
• communicating, if possible, with the community about all arrangements and reopening information.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to site closure.
Chapter 3: Responding (continued)

Safety and security

The traumatic incident team member (responsible for security liaison) should consider:

• activating safety/danger signals
• evacuating the ECE service or school
• contacting and liaising with emergency services
• locating the site floor plan and the master key
• locating contact details for children, young people and staff, as well as boarding school students
• closing off electricity, water, gas and securing site records as appropriate
• organising children and young people into class groups and moving them to an assigned area (this may need to be delayed in situations where children and young people are not accounted for and/or are injured and parents are yet to be notified)
• managing parental arrival through agreed systems and assigning areas such as the library for parents to wait until they are reunited with their children
• managing the release of children and young people through agreed systems in ways that prevent parental anxiety
• documenting the release of children and young people to parents and caregivers
• organising communication systems such as loud speakers to address large groups
• managing how people circulate through buildings, toilet blocks and grounds and directing children and young people, as appropriate, to classrooms
• supporting children and young people in classrooms and playgrounds with cultural activities, as appropriate
• ensuring visitors sign in and out and wear identification badges
• directing visitors and parents to appropriate places and/or people
• approaching all unfamiliar visitors, identifying them (if possible) and accompanying visitors to the central administration area (for sign in)
• placing signs directing visitors to the ECE service or school office at all entrance points.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to safety and security.

Transport management

This role involves several important tasks, including:

• keeping the ECE service or school entrance area and driveways free for emergency vehicle access
• providing clear ways through the ECE service or school if emergency vehicles need access to classrooms or other sites
• establishing clear communication systems
• locating emergency landing sites for rescue helicopters if needed
• advising visitors to park on side streets and developing the relevant signs and phone messages
• consulting with local police and fire service to support traffic management plans.

Serious crashes involving school buses are rare. However, in the event of a crash or incident, the appropriate action must be taken quickly. For example, the bus operator or driver must:

• immediately obtain medical aid, where necessary, and notify the police, if appropriate, and the bus controller
• evacuate the bus, if appropriate
• inform the principal of the facts of the situation
• report to the Service Agent immediately with as much factual information as is available at the time
• liaise with transport operators, as appropriate, and locate passenger lists and route descriptions.

Meanwhile, the ECE service manager or principal will need to immediately notify parents and caregivers of any children or young people who have sustained injuries and bring together the school’s traumatic incident team.
Medical liaison

The traumatic incident team member (responsible for medical liaison) should consider:

• participating in and managing medical triage with other trained first aiders and medical staff
• ensuring immediate medical intervention in life-threatening situations
• ensuring the care of patients through an accurate, initial assessment of urgency
• taking care of children and young people who are ill
• establishing communication and liaison links with medical staff
• consulting with the appropriate emergency services and cultural advisors on storage/removal of people who are hurt or deceased (in the event of a death or serious injury)
• setting in place rigorous cleaning policies and practices to reduce the spread of a flu virus (in the event of an outbreak)
• keeping accurate records of injured children, young people and staff and the doctors and hospitals involved
• minimising exposure to the injury scene with the use of screens, removal etc
• cleaning the site (in culturally appropriate ways)
• assisting in the gathering of personal effects that may need to go home to family or whānau
• supporting children and young people to return to the ECE service or school as soon as possible.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to medical liaison.

Caring for children and young people

In the classroom

Teaching and guidance staff can provide important psychosocial support, known as psychological first aid, to children and young people following an emergency or traumatic incident.

ECE services and schools will also need to establish systems to identify children and young people in emotional distress. Such identification is an important part of helping to prevent suicide and other negative behaviour.

An important resource is Young People at Risk of Suicide: A Guide for Schools - The Prevention, Recognition and Management of Young People at Risk of Suicide. The guide describes how to identify students in distress. Go to:


The guide provides a number of checklists and questionnaires that help determine a young person’s emotional distress. On the basis of the young person’s responses and the school’s and parents’ knowledge of the young person, schools can determine which of three risk levels – low, moderate or high – best describes the young person’s situation.

During an incident, an ECE service or school should consider having staff use psychosocial support and psychological first aid.

Do this by:

• preparing written material for staff to support their interaction and communication with children and young people
• preparing written material for the ECE service or school community to support their understanding of the event and communication with children and young people
• having teachers share prepared factual material with children and young people
• allowing students to express thoughts and feelings about an incident
• clarifying misinformation
• encouraging teachers to normalise feelings and provide factual answers to questions
• encouraging helping relationships, characterised by empathy, warmth and genuineness
• taking care not to lecture and to allow periods of silence
• avoiding clichés such as: ‘Be strong’, ‘You are doing so well’ because they reinforce a sense of aloneness
• being aware of cultural differences that exist in expressions of grief
• maintaining confidentiality, where appropriate
• providing snacks, drinks and support to children, young people and staff
• visiting selected classrooms to provide opportunities for discussion and support
• identifying high-risk children and young people and monitoring attendance closely
Chapter 3: Responding (continued)

- identifying people who are suicidal or homicidal and immediately referring them on to mental health professionals
- monitoring staff attendance closely
- making referrals to outside support (if needed)
- providing contact numbers to parents to ring after hours and documenting actions taken
- having an open forum for parents (and others) to express concerns about the well-being of children and young people
- carrying out appropriate cultural, remembrance and memorialisation activities.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources grouped under the title 'support and well-being'.

Catering for children and young people with special needs

Ensure every staff member is familiar with:

- carrying out evacuation plans and attending to the specific needs of children and young people with special needs
- asking people to say if they need assistance
- asking how to help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect her independence
- avoiding assumptions about the person’s abilities
- sitting down to speak at eye level, if conversation is likely to take more than a few minutes
- enquiring about the person’s limitations or problems that may affect a person’s safety
- asking if the person is able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair
- asking if the person can stand or walk for quite a while on her own
- avoiding pressure on the person’s arms, legs or chest when he is being carried (it may result in spasms, pain and may even interfere with his ability to breathe)
- avoiding the fireman’s carry and instead using alternative techniques
- avoiding interference with the person’s movement unless asked to do so or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what is needed and why
- acting as a buffer for someone, if the stairs are crowded.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to special needs liaison.

International students and hostels

During an incident in a boarding setting or that involves international students, staff (responsible for this role) should consider the following:

- make contact with the hostel manager
- provide appropriate care for sick students
- monitor planned/recent domestic and international travel of staff, children, young people and parents (as far as possible)
- establish working links with the Ministry of Education’s Code of Practice team
- locate the boarding school master key and floor plan
- determine if additional relief staff are needed
- alert the boarding school medical advisor
- communicate medical conditions and notify next of kin, release information in consultation with the traumatic incident team and police
- encourage boarding staff to circulate through hostel buildings
- provide methods for parents and caregivers to communicate with boarding staff and their children through making extra staff available on phone lines or by providing phone message systems and web-based information. Consider any time differences between countries
- follow the travel advice on the Ministry of Foreign Affairs and Trade website
- use the planning guidance and resources for international students on the Ministry of Education website
Chapter 3: Responding (continued)

• remind international students and their caregivers about responsibilities under the Code of Practice for the Pastoral Care of International Students
• keep a list of interpreters who can cater for residents and their families and whānau in their first language
• identify students who cannot return home in case of hostel closure and make alternative arrangements (through agencies such as Child, Youth and Family or through local care, billeting and hostel arrangements)
• check the medical and travel insurance policies of international students.

Activities after an emergency or traumatic incident

Follow-up activities are particularly useful for traumatic incidents that have no immediate closure (ie, because recovery efforts will be slow, identification of the perpetrators may take time or the impact of the event has long-term consequences).

In situations like these, staff might consider:
• linking with other community efforts (such as food drives or other donation activities for children, young people, families and whānau displaced by the event)
• establishing and implementing conflict resolution, tolerance and other instructional programmes that have long-term prevention goals
• building a permanent memorial or establishing an ongoing memorial fund for disaster relief for current and future tragedies.

Identifying risk

Psychosocial processes and the use of psychological first aid by teachers and parents immediately after an incident will help the majority of children and young people recover well. Some children and young people, however, in the weeks following a disaster, may develop more serious difficulties.

When determining if a child or young person has a serious problem, it is important to consider how the child acted before the disaster. For example, if a child or young person was shy or withdrawn, then this type of behaviour after the disaster would not be unusual. Children who react in ways very different from their usual behaviour should be closely monitored.

Research indicates that parents and teachers can under-report difficulties, as was the case following Hurricane Andrew where some children did not want to burden their parents by talking about their feelings.

It is important to get information about children and young people from a range of sources. Spend time with them to discuss their experiences and feelings. Identify who may need more support by developing processes and systems. Give children and young people a way to refer themselves for extra help and to discuss their concerns.

Think about:
• providing teachers with ways to clearly report children and young people who they feel concerned about
• providing parents and caregivers with letters home that describe the range of reactions their child is likely to experience and ideas for supporting their children
• providing parents and caregivers with information about where to go and how to seek help if they feel concerned about their child.

Extra support for staff

Using psychosocial support immediately after an incident should work well for the majority of staff. However, some staff may experience difficulties due to their life circumstances. All staff should be informed of the outreach and support services in their community and the availability of these services after a disaster.

Note, research indicates that people most in need of assistance may be least likely to seek support and should be approached about available services. People most in need of assistance include:
• people with disabilities
• dependent people living alone or in supported accommodation
• migrants
• people for whom English is not their primary language
• staff who have an accumulation of risk factors or pre-existing psychological conditions such as intense and/or prolonged bereavement and/or stress-related symptoms.

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources grouped under the heading ‘support and well-being’.
Postvention

Suicide or suspected suicide should be followed by postvention procedures. Postvention activities involve reducing the chances of anyone else dying by suicide, avoiding glamorisation of the deceased and assisting staff, children and young people to grieve.

Postvention procedures seek to reduce the risk of further suicide by explaining the warning signs of suicide and the symptoms of depression and suicide idealisation.

Carry out the following actions:

- contact the police inquest officer (who works with the local coroner) to determine what information can be released to the community
- contact the family and whānau of the deceased
- give facts to children and young people in class groups
- make it clear they may hear stories about why a death occurred and encourage them to share such stories
- if children and young people bring up the topic of suicide, talk about it as an act that could have been dealt with in many other ways and that this death is tragic
- don’t have a large assembly
- keep the ECE service or school open and discourage funeral or tangi attendance during school hours
- emphasise prevention and everyone’s role
- reassure family, whānau, friends and other bereaved that they are not to blame
- provide information and resources about the help and support available to people who may be feeling suicidal
- provide information on suicide prevention to the media and community
- provide information on what the ECE service or school is doing and how to seek help
- do not state the cause of death as suicide or suspected/probable suicide during any communication with the community until the coroner provides a ruling regarding the cause of death
- respect cultural norms
- don’t dedicate a memorial to the deceased
- be aware the way suicide is talked about can increase the risk of further suicide.

Clinical Advisory Services Aotearoa (CASA)

Clinical Advisory Services Aotearoa (CASA) provides services to communities at risk of suicide, as well as the individuals, families and whānau affected by a suicide or suicide attempts.

Community Postvention Response Service

This is a free, national service from the Ministry of Health. The aim of the service is to provide postvention services to communities at risk of or affected by suicide, following a death by suicide. Increased risk can occur when the original suicide influences others through imitation, glorification of the person who has died, sensationalism of their death and the presence of a highly-charged emotional atmosphere.

Community Postvention Response Service offers services such as consultation, community assessment and intervention. They can also take on a ‘lead agency’ role. Typically staff:

- coordinate meetings
- assist with identifying gaps in services and barriers to service provision
- provide first level suicide screening (QPR)
- assist with strategies for working with the media
- provide resources and ongoing support
- help identify people who are at risk
- advise on mitigating risk
- advise on addressing the long-term implications of suicide (eg, how to plan and respond to the anniversary of a suicide).
Chapter 3: Responding (continued)

Specialist Counselling Service

Another postvention service offered by Clinical Advisory Services Aotearoa is the Specialist Counselling Service. This service provides up to six free counselling sessions to people affected by suicide or a suicide attempt. It provides a specialist Māori service, offering access to kaumatua (Māori elders), kaiawhina (Māori support workers) and home visits. In addition, the service provides supervision, support and training to organisations such as Primary Health Organisations (PHOs) on suicide postvention and bereavement issues.

The Specialist Counselling Service is available in seven regions. Call the service, toll free, or visit the website for more information. Go to:

- www.casa.org.nz

Memorialisation

Memorials, ceremonies or memory activities following a traumatic experience serve an important function in the healing process. Such activities provide the opportunity to express emotions in a variety of ways, besides talking. In addition, a memorial helps to bring closure to a period of grieving and serves as a point from which to move on with regular activities. Memorial activities can take many forms, from tree planting or writing letters and cards, to more traditional services. It is best to plan a variety of activities rather than one big event. Some students will be more comfortable with, and more comforted by, one activity compared to another. Providing a range of opportunities to express feelings is essential.

Memorial activities following large-scale traumatic events such as the Oklahoma City Bombing of 1995 or the terrorist attacks of September 11 have a somewhat different focus to memorials following a student or staff death or even multiple deaths following a school shooting or natural disaster.

A memorial activity helps bring people together to express feelings and concerns and reduce feelings of isolation and vulnerability. They encourage everyone to think about ways to increase feelings of security and reduce conflict. Memorial activities are important for people who know the deceased and for people who don’t.

Consider the following points before undertaking memorial activities:

- proceed slowly and involve students, staff, families, whānau and the community in the planning and decision-making. Remember, it took five years to plan and construct the memorial in Oklahoma City for the victims of the bombing of the Murrah Federal Building
- form a committee that includes administrators, teachers, parents and students to plan memorial activities. It is very important to involve students in the planning process
- consider planning the memorial event as a series of activities not just the more traditional permanent marker or structure in memory of those who died
- think about holding group services, as well as activities that involve creating tributes, artwork, cards, letters, etc
- ensure the memorial activity – at least the initial activity – takes place within one week of the event if possible
- acknowledge and show sensitivity toward issues of diversity, including culturally specific rituals, activities and practices.

Memorial activities

Memorial activities might include some or all on the following list.

- a temporary memorial site, featuring flowers, notes, poems, ribbons, stuffed animals, pictures and other objects brought by children, young people and staff to a designated location. The site could be dedicated to those who died and those who helped to rescue and support survivors. Get input from the wider community to determine if a more permanent place for the memorial site objects is feasible or to determine an appropriate, sensitive way to dismantle the memorial site. The location of a permanent memorial at an ECE service or school should be considered very carefully and locations other than main entrances are recommended
- activities or projects that address tolerance and bullying and that serve as a ‘gift of hope’. Communities that experience significant trauma often look for what is termed ‘a gift of hope’, ie, activities and projects that will make a difference and prevent similar tragedies in the future
- writing activities that enable students to write and send cards, letters and posters to the families and whānau of victims (coordinated by support organisations such as the Red Cross) or to those involved in rescue work such as police and fire staff. Older students might also like to write to local or national leaders. Always check messages to help children and young people express their messages appropriately. Involve all children and young people, including those with disabilities. Tailor activities to suit the cognitive and emotional development levels of all children. Ask for input from special education staff.
Chapter 3: Responding (continued)

Consider the activities listed below.

**Young children**

Give young children something to do to express their grief, even though they may not really understand all that has happened. Suggest they draw. Hang their drawings up in hallways. Send drawings to firefighters and police who helped victims or to children in disaster areas. Alternatively, encourage young children to perform songs or read poems as part of a memorial service.

**Adolescents**

Adolescents need activities that provide them with a sense of contribution to the school’s and community’s efforts. Teen activities should not only recognise the event and honour those affected, but focus on preventing such tragedies in the future. Involve intermediate school and high school students in all aspects of planning memorial activities, including helping with setting up, designing and protecting the memorial activity.

Gather suggestions and ideas about preventing another traumatic incident. Seek their ideas about improving security (locally or globally) and increasing tolerance and peaceful conflict resolution.

Encourage students to write to Members of Parliament or appropriate agencies with their suggestions.

In response to terrorism or war-related events, older students might also benefit from studying the political and religious issues that might help explain the origins of hatred and fanaticism.

Consider the following ideas.

- Involve children and young people of all ages in planning a memorial service. Keep the memorial service brief and age-appropriate. For young children, 15-20 minutes is appropriate. For older students, services might be up to an hour.
- Include music and student performances. Play soothing music to set and maintain a calm mood as people enter and leave the memorial service.
- Preview the service with children, young people, parents and staff ahead of time. Teachers should help children and young people anticipate how the service will be different from typical assemblies and should discuss appropriate behaviour.
- Have several brief speakers. Select individuals who are well known and who represent security and safety, ie, the mayor, local police chief or school liaison officer, etc.
- Invite family and whānau to attend.
- Ensure all children, young people and staff attend the memorial service (unless parents specifically object). Such programmes can be very powerful in uniting the community and send the message that each individual is important. If some choose to not attend, provide a quiet activity as an alternative.
- Involve children and young people by inviting them to bring and hang a class banner or poster to honour those involved or to promote peace.
- Use symbols of life and hope in memorial activities. Balloons and candles can be used very effectively to promote a positive, uplifting message that acknowledges pain and sadness, yet is also hopeful for the future.
- Following a school-wide memorial service, students should return to their classrooms for a short time to allow time to talk with one another, teachers or mental health staff members (if available) about the experience.
- Provide a forum that allows the inclusion of diverse traditions and rituals that are specific to members of the community.

**Evaluation**

Evaluation is an important way for ECE services and schools to assess, check and understand their traumatic incident policy, procedures and practice.

It provides a way to determine if a specific approach is the best, most appropriate one to use to achieve outcomes. An effective evaluation might involve carrying out a drill or readiness check before an incident occurs. A typical example is the fire drill.

New Zealand has specific regulations that relate to fire drills. They are set out in the Fire and Safety and Evacuation of Buildings Regulations 1992. The regulations state that ECE services and schools must have a fire evacuation procedure and carry out fire drills every term.

Drills help staff, children and young people learn more about the importance of a quick response and give them an opportunity to discover what procedures and practices do and don’t work in practice.

Drills and other practice-type events should focus on the type of situation and should be done at all levels, ie, as individual classes and as a whole school. Practise at different times and in different situations such as lunchtime, in the library, at assembly etc. Carry out drills to evaluate procedures and make any necessary changes. Ideas and guidance on simulation and practice activities are available online at:

- www.whatstheplanstan.govt.nz
Chapter 3: Responding (continued)

Note, drills on what to do in violent situations are not recommended because they create anxiety and fear in children and young people.

In New Zealand, the value of readiness checks were reported in the education sector magazine, the Education Gazette, following a pandemic planning exercise in June, 2007. Newlands Intermediate, for example, found out when forced to close the school that they didn’t have enough ‘closed’ signs for every entry into the school.

“When we started putting the signs up we found we were short – very short, we didn’t realise until we walked around the school to all the exits and actually went through the motions of putting up the signs.” (Pandemic planning exercise, Education Gazette, June, 2007).

Meanwhile, Silverstream School had this to say:

“Overall, our processes worked well. We had to use common sense to solve many of the issues. For example, we received the directive to close the school at 3.30pm – after school had closed for the day – and we had to find a mechanism of advising all of our community that the school grounds would be closed the next morning. That was easy enough, but there were complexities no one had thought about such as: ‘What do you do if you have after-school care on the school grounds? And: ‘What about the people doing sports coaching?’ They were minor issues, but we had to work our way through them.” (Pandemic planning exercise, Education Gazette, June, 2007).

Refer to Managing Emergencies and Traumatic Incidents – the Resources for tools and resources related to evaluation.

Evaluation support

Ministry of Education, Special Education staff are available to help ECE services and school traumatic incident teams evaluate policies, procedures and practices after an incident.

Evaluating procedures and practices can be extremely valuable. During a traumatic incident, people experience emotional overload and stress, which can result in interpersonal conflict within a team and lead to negative feelings about the performance of the team as a whole and the processes that were followed.

Evaluation can help people assess the effectiveness of their procedures and practices and, in doing so, help restore team functioning and relieve stress. Post-incident evaluation has been found to work well when it is lead or coordinated by people not directly involved in the traumatic incident team being evaluated.

In some situations, ECE service and school staff will need an opportunity to seek additional support for personal reasons. Such support should be offered to all ECE service and school staff after an incident.

The Employee Assistance Programme (EAP) offers staff counselling and critical incident support, giving people an opportunity to discuss their personal reactions in a confidential and supportive environment. Discussions can take place in groups or individually, at the worksite or at an EAP office. The programme’s Critical Incident Response Team is available 24/7 on:

- 0800-327 669.

The following Listener magazine excerpt gives an account of the experiences of those involved in the Erebus disaster and demonstrates the differing needs of group members involved in the response.

For eight days the Erebus recovery team worked alongside the civilians and lived in tents on the crash site.

“A lot of the bodies that were scattered about had relatively light burns, but those that were still in the aircraft had been burnt so severely that when you tried to pick them up, they just crumbled. Some bodies were intact; a lot weren’t. I don’t know how many pieces of identifiable human remains we picked up, but I think it was 350 or more.

“There was little water, and the police, who were lifting the burnt bodies, became covered in a black grease. But ‘Penn’ says it was the sight of skua gulls pecking the bodies that emotionally strained the men almost beyond endurance.”

Penn stated that:

“When we returned the level of public interest was high and you could not walk down the street without people asking what the job had been like. I had to get out of it. It was driving me nuts. People wouldn’t leave me alone and I didn’t want to talk about it. An experience like that is extremely vivid in your mind. You can’t help but have dreams about it at night if you’ve been through a big trauma. For me, the best way to cope was to get out of the whole place.”

Time has faded the intensity of the experience, although Penn says whenever he hears of a plane crash or other disaster, he always thinks of those who will have to recover the bodies. He still thinks counselling must be offered but not forced on people who have been through trauma.

“You have to leave it up to individuals to decide. I think nowadays I’d be more inclined to take the counselling, but back then, I said: ‘What, me?’”
Appendices

Legal references
Noted below is the legislation relevant to effective emergency and traumatic incident management. For more information, go to: www.legislation.govt.nz

Building Act, 2004
Regulates building work, establishes a licensing regime for building practitioners and sets performance standards for buildings to ensure that people who use buildings can do so safely and without endangering their health and people who use a building can escape from the building if it is on fire.

Children, Young Persons and Their Families Act, 1989
Promotes the well-being of children, young persons and their families and family groups by providing for the protection of children and young persons from harm, ill-treatment, abuse, neglect and deprivation.

Civil Defence Emergency Management Act, 2002
Provides for the safety of the public and provides for planning and preparation for emergencies and for response and recovery in the event of an emergency.

Coroners Act, 2006
Provides for investigations into and the identification of the causes and circumstances of sudden or unexplained deaths or deaths in special circumstances.

Education Act, 1989
Places requirements on boards to provide safe physical and emotional environment for their students.

Fencing of Swimming Pools Act, 1987
Requires owners to fence swimming pools.

Fire Safety and Evacuation of Buildings Regulations, 2006
Requires building owners to have fire escapes in the building and evacuation procedures in the event of fire.

Food Hygiene Regulations, 1974
Provides for the registration and maintenance of food premises and sets standards related to the manufacture and sale of food items.

Health Act, 1956
Specifies the powers and duties of local authorities in relation to public health. Provides for emergency powers and requires for notification of specified diseases.

Health and Safety in Employment Act, 1992
Sets requirements for employers to promote health and safety in the workplace.

Health (Immunisation) Regulations, 1995
Promotes the immunisation of children against disease and encourages caregivers to make an informed choice regarding immunisation.

Health (Infectious and Notifiable Diseases) Regulations, 1966
Provides for the notification and control of infectious diseases.

Human Rights Act, 1993
Sets up the Human Rights Commission and provides for the process for making complaints about discrimination.

State Sector Act, 1988
Establishes State Services Commission. Covers management of state sector, employment and code of conduct issues.
## Appendices (continued)

### Glossary

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<td>Aguilera</td>
<td>Author on crisis intervention. See references section.</td>
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<td>Allan</td>
<td>Author on inclusion and special education. See references section.</td>
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<tr>
<td>Alton-Lee</td>
<td>Author on high quality teaching. See references section.</td>
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<tr>
<td>American Psychological Association</td>
<td>Scientific and professional organisation representing psychologists in the United States. <a href="http://www.apa.org/">www.apa.org/</a> Authors on Oklahoma City Bombing. See references section.</td>
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<tr>
<td>Aroha</td>
<td>Love.</td>
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<tr>
<td>Aue…He Aitua</td>
<td>Ministry of Education, Special Education bicultural service for Māori children, young people and staff.</td>
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<tr>
<td>Baker and Donelly</td>
<td>Authors on disability. See references section.</td>
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<tr>
<td>Bishop, Berryman, Cavanagh and Teddy</td>
<td>Authors on culture. See references section.</td>
</tr>
<tr>
<td>Board of trustees</td>
<td>People elected by the community to govern a school.</td>
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<tr>
<td>Brock</td>
<td>Author on crisis management in schools. See references section.</td>
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<tr>
<td>California Department of Education</td>
<td>State department for education in California, United States. <a href="http://www.cde.ca.gov/index.asp">www.cde.ca.gov/index.asp</a></td>
</tr>
<tr>
<td>Caplan</td>
<td>Author on preventative psychiatry. See references section.</td>
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<tr>
<td>Cardiopulmonary resuscitation</td>
<td>Also called CPR. Emergency medical procedure for a victim of cardiac arrest or, in some circumstances, respiratory arrest.</td>
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<td>Carlson</td>
<td>Author on trauma assessment. See references section.</td>
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<tr>
<td>Carroll-Lind</td>
<td>Authors on school safety. See references section.</td>
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<tr>
<td>Centres for Disease Control and Prevention</td>
<td>Providers of background information about avian influenza, how it spreads, vaccines, outbreak information, travel advice and professional guidance.</td>
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<tr>
<td>CHEMCALL service</td>
<td>24-hour, 365 day emergency response service provided by the New Zealand Chemical Industry Council (NZCIC). Funded by industry subscribers and is available at no charge to schools and the emergency services. <a href="http://www.nzcic.org.nz/">www.nzcic.org.nz/</a></td>
</tr>
<tr>
<td>Child, Youth and Family</td>
<td>Government service focused on the well-being and safety of children and supporting positive parenting. Part of the Ministry of Social Development. <a href="http://www.cyl.govt.nz">www.cyl.govt.nz</a></td>
</tr>
<tr>
<td>Clinical Advisory Services Aotearoa (CASA)</td>
<td>New Zealand mental health consultancy company. <a href="http://www.casa.org.nz">www.casa.org.nz</a></td>
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### Appendices (continued)

| Coffman | Author on Hurricane Andrew. See references section.
| Coggan | Author on traumatic incident services and evaluation. See references section.
| Cohen | Author on crisis counselling. See references section.
| Columbine High School shooting | Massacre that occurred on Tuesday April 20, 1999 at Columbine High School in Columbine, Colorado, United States.
| Comer | Author on school development. See references section.
| Cooper, Griffith and Filer | Authors on special education. See references section.
| Crane, Hawton and Simkin | Authors on suicide and the media. See references section.
| Crime Prevention Through Environmental Design | A multi-disciplinary approach to deterring criminal behaviour through environmental design. [www.cpted.net/](http://www.cpted.net/)
| Crisis state | Temporary state of upset and disorganisation, characterised chiefly by an individual’s inability to cope with a particular situation using customary methods of problem-solving with the potential for a radically positive or negative outcome.
| Crisis theory | Conceptual framework for understanding and responding to traumatic incidents.
| Crowe | Author on crime prevention through environmental design. See references section.
| Culture | The beliefs, values, behaviours, shared history and language of a group of people at a particular time.
| Cultural socialisation | Process of learning one’s culture and how to live in it.
| Davis and Watson | Authors on social and cultural exclusion. See references section.
| Denny, Clark and Watson | Authors on alternative education students. See references section.
| Developmental crises | Events associated with movement from one developmental stage of life to another.
| de Vries | Author on trauma and culture. See references section.
| Diagnostic and Statistical Manual of Mental Disorders | Manual published by the American Psychiatric Association that provides diagnostic criteria for mental disorders.
| District Health Board (DHB) | Boards responsible for providing, or funding the provision of, health and disability services in their district. There are 21 in New Zealand. [www.moh.govt.nz/moh.nzl/indexmh/contact-us-dhb](http://www.moh.govt.nz/moh.nzl/indexmh/contact-us-dhb)
| District Health Board (DHB) emergency planner | Members of emergency planning teams within DHBs.
| District health nurse | Nurses who provide nursing care and treatment to patients in their homes.
| Durie | Author on Māori health. See references section.
| Dwyer, Osher and Warger | Authors on child mental health. See references section.
| Early childhood education (ECE) service | Educational setting for pre-school children.
| Early childhood education (ECE) service management team | Team who manage an ECE service.
| Early Childhood and Regional Education | Groups within the Ministry of Education located throughout the country.
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<tr>
<td><strong>Education Gazette</strong></td>
<td>Printed and online magazine about the education sector. <a href="http://www.edgazette.govt.nz">www.edgazette.govt.nz</a></td>
</tr>
<tr>
<td><strong>Education Review Office (ERO)</strong></td>
<td>Government agency responsible for looking at and reporting on public schools. <a href="http://www.ero.govt.nz">www.ero.govt.nz</a></td>
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<td><strong>Elliott, Hamburg, Williams</strong></td>
<td>Authors on school violence. See references section.</td>
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<td><strong>Employee Assistance Programme (EAP)</strong></td>
<td>Twenty-four hour counselling and traumatic incident service. <a href="http://www.eapservices.co.nz/">www.eapservices.co.nz/</a></td>
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<tr>
<td><strong>Erebus disaster</strong></td>
<td>Airline disaster on 28 November 1979 at Mount Erebus, killing all 237 passengers and 20 crew members aboard.</td>
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<td><strong>Evans, Meyer</strong></td>
<td>Authors on social relationships and special education. See references section.</td>
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<td><strong>Evans, Paewai</strong></td>
<td>Authors on bicultural contexts. See references section.</td>
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<tr>
<td><strong>Evaluation (also see post-incident evaluation)</strong></td>
<td>Process of assessing, checking and understanding a traumatic incident policy, procedures and practice.</td>
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<td><strong>Everly, Flynn</strong></td>
<td>Authors on psychological first aid. See references section.</td>
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<tr>
<td><strong>Everly, Phillips, Kane, Feldman</strong></td>
<td>Authors on psychological first aid. See references section.</td>
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<tr>
<td><strong>External communication</strong></td>
<td>Practice of managing the content and flow of information from a service or school to the wider community.</td>
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<td><strong>First aid</strong></td>
<td>Emergency treatment administered to an injured or sick person before professional medical care is available.</td>
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<td><strong>First line of defence</strong></td>
<td>Term used to describe the first and best people to respond to an emergency or traumatic incident at an ECE service or school.</td>
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<tr>
<td><strong>Funerals New Zealand and Funeral Directors Association of New Zealand</strong></td>
<td>Association of funeral directing companies in New Zealand. Provides a range of information on topics such as grief and organising a funeral. <a href="http://www.funeralsnewzealand.co.nz">www.funeralsnewzealand.co.nz</a></td>
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<td><strong>G</strong></td>
<td>Authors on death, cultures and faith. See references section.</td>
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<td><strong>Gillis</strong></td>
<td>Author on the Stockholm Schoolyard Shooting. See references section.</td>
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<td><strong>GNS</strong></td>
<td>Institute of Geological and Nuclear Sciences. New Zealand government-owned research organisation for independent scientific and technical advice. <a href="http://www.gns.cri.nz/">www.gns.cri.nz/</a></td>
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<td><strong>Gonzales and Kim</strong></td>
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<td>Author on inclusive education. See references section.</td>
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<td><strong>Gurwitch, Sitterie, Young, Pfefferbaum</strong></td>
<td>Authors on coping with disasters, trauma etc. See references section.</td>
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<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hapai Te Hauora</td>
<td>Auckland Māori health provider who coordinates and delivers a range of health promotion messages and events in the Auckland area. <a href="http://www.hapai.co.nz">www.hapai.co.nz</a></td>
</tr>
<tr>
<td>Hapū</td>
<td>Sub tribe.</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>Thorough hand washing and drying. The single most important measure to reduce the chances of transmitting infection from one person to another and an important measure to reduce the spread of influenza.</td>
</tr>
<tr>
<td>Handicap International</td>
<td>UK-based organisation focused on disability and people with disabilities. <a href="http://www.handicap-international.org.uk">www.handicap-international.org.uk</a> Authors on disaster management and disability. See references section.</td>
</tr>
<tr>
<td>Hawton, Williams</td>
<td>Authors on suicide and the media. See references section.</td>
</tr>
<tr>
<td>Health Promoting Schools</td>
<td>Framework based on the principles of the Treaty of Waitangi, Te Whare Tapa Whā, a model for hauora (health) and well-being and the Ottawa Charter for Health Promotion. <a href="http://www.hps.org.nz/">www.hps.org.nz/</a></td>
</tr>
<tr>
<td>Homeostasis</td>
<td>State of equilibrium or balance.</td>
</tr>
<tr>
<td>Hurricane Andrew</td>
<td>First named storm and only major hurricane of the otherwise inactive 1992 Atlantic hurricane season. Was ranked as the costliest Atlantic hurricane in US history until surpassed by Hurricane Katrina in 2005.</td>
</tr>
<tr>
<td>Hurricane Katrina</td>
<td>Occurred in the 2005 Atlantic hurricane season and was the costliest hurricane, as well as one of the five deadliest, in the history of the United States.</td>
</tr>
<tr>
<td>Hurricane Rita</td>
<td>Fourth-most intense Atlantic hurricane ever recorded and the most intense tropical cyclone ever observed in the Gulf of Mexico. Seventeenth named storm, tenth hurricane, fifth major hurricane and third category five hurricane of the historic 2005 Atlantic hurricane season.</td>
</tr>
<tr>
<td>Huziff and Ronan</td>
<td>Authors on children’s coping. See references section.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>I</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious disease outbreak</td>
<td>Term used to describe an occurrence of disease greater than would otherwise be expected in a particular time and place. It may be small and localised or impact upon thousands of people across an entire continent.</td>
</tr>
<tr>
<td>Ingstad</td>
<td>Authors on disability and culture. See references section.</td>
</tr>
<tr>
<td>Institute of Medicine</td>
<td>US-based independent health care organisation. <a href="http://www.iom.edu/">www.iom.edu/</a> Authors on suicide reduction and terrorism.</td>
</tr>
<tr>
<td>Internal communication</td>
<td>Practice of managing the content and flow of information within an ECE service or school.</td>
</tr>
<tr>
<td>International Association for the Evaluation of Educational Achievement</td>
<td>US-based education research organisation. <a href="http://www.iea.nl/">www.iea.nl/</a></td>
</tr>
<tr>
<td>Iwi</td>
<td>Tribe.</td>
</tr>
</tbody>
</table>
## Appendices (continued)

### J

Kachur, Stennes, Powell, Modzeleski, Stephens, Murphy, Kresnow, Sleet, Lowry  
Authors on violent deaths in schools. [See references section](#).

### K

Kann, Kinchen, Williams, Ross, Lowry, Grunbaum, Kolbe  
Authors on youth at risk. [See references section](#).

Kaiawhina  
Helper, assistant.

Karaka  
Invocations.

Karanga  
Ritual calling.

Kaufman, Chen, Choy, Ruddy, Miller, Fleury, Chandler, Rand, Klaus, Planty  
Authors on crime data. [See references section](#).

Kaumatua  
Elder.

Kavermann  
Author on inclusion and special education. [See references section](#).

Kawa  
Ceremony.

Kirimate  
Supporters of the mourning family and whānau.

Klingman  
Author on school mental health services, post-traumatic stress disorder and children and war. [See references section](#).

Kneisel and Richards  
Authors on crisis intervention. [See references section](#).

Kuia  
Elder.

Kura kaupapa Māori  
School.

### L

Land Transport New Zealand  

La Greca, Prinstein  
Authors on hurricanes and earthquakes. [See references section](#).

La Greca, Silvermann, Vernberg, Roberts  
Authors on post-traumatic stress disorder, disaster and terrorism. [See references section](#).

Last Words. Approaches to Death in New Zealand’s Cultures and Faiths  

Learner, Volpe, Lindell  
Authors on crisis response. [See references section](#).

Lindermann  
Author on grief and crisis. [See references section](#).

Lovitt, Plavins, Cushing  
Authors on disabilities. [See references section](#).

Luther, Zigler  
Authors on childhood vulnerability and competence. [See references section](#).

### M

MacArthur and Gaffney  
Authors on bullying and disability. [See references section](#).

Maharaj, Ryba and Tie  
Authors on bullying. [See references section](#).

Managing Self and Relating to Others  
Two of The New Zealand Curriculum competencies. Competencies are defined as: “the capabilities people have, and need to develop, to live and learn today and in the future”. [http://keycompetencies.tki.org.nz/What-are-KCs](http://keycompetencies.tki.org.nz/What-are-KCs).

Marae  
Meeting house.

Margot Schwass  
Editor of Last Words. Approaches to Death in New Zealand’s Cultures and Faiths.

Matsakis  
Author on post-traumatic distress disorder. [See references section](#).

McCay and Keyes  
Authors on social competency. [See references section](#).
### Appendices (continued)

<table>
<thead>
<tr>
<th>Role or Person</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media liaison</td>
<td>Role or person within a traumatic incident team responsible for establishing the policies and procedures needed to work with journalists and the media.</td>
</tr>
<tr>
<td>Medical liaison</td>
<td>Role or person within a traumatic incident team responsible for medical and health-related procedures.</td>
</tr>
<tr>
<td>Medical triage</td>
<td>Process of prioritising patients based on the severity of their condition. Process of rationing patient treatment efficiently when resources are insufficient for all to be treated immediately.</td>
</tr>
<tr>
<td>Memorialisation</td>
<td>The act or process of memorialising or creating a memorial.</td>
</tr>
<tr>
<td>Ministry of Education, Special Education</td>
<td>Group within the Ministry of Education responsible for providing traumatic incident training and services. Authors of this guide. <a href="http://www.minedu.govt.nz">www.minedu.govt.nz</a> keyword traumatic incident</td>
</tr>
<tr>
<td>Ministry of Foreign Affairs and Trade</td>
<td>Government agency responsible for foreign affairs and trade. <a href="http://www.mfat.govt.nz">www.mfat.govt.nz</a></td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Government agency responsible for the health sector. <a href="http://www.moh.govt.nz">www.moh.govt.nz</a></td>
</tr>
<tr>
<td>Mitchell and Resnick</td>
<td>Authors on emergency response. See references section.</td>
</tr>
<tr>
<td>Mount Ruapehu Eruption</td>
<td>Eruptions that occurred during 1995 and 1996. Ruapehu had been showing signs of increased activity since late November 1994, with elevated crater lake temperatures and a series of eruptions that increased in intensity over about nine months.</td>
</tr>
<tr>
<td>Murrah Federal Building Bombing</td>
<td>See Oklahoma City Bombing.</td>
</tr>
</tbody>
</table>

### N

<table>
<thead>
<tr>
<th>Authors</th>
<th>Role or Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nader, Pynoos, Fairbanks, Federic</td>
<td>Authors on post-traumatic stress disorder. See references section.</td>
</tr>
<tr>
<td>Nakagawa, Shaw</td>
<td>Authors on disaster recovery. See references section.</td>
</tr>
<tr>
<td>National Administration Guidelines</td>
<td>Statement of school operation requirements that are addressed to boards of trustees. Part of the National Education Guidelines.</td>
</tr>
<tr>
<td>National Child Traumatic Stress Network and National Center for Post-traumatic Stress Disorder</td>
<td>US-based academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. <a href="http://www.nctsnet.org">www.nctsnet.org</a> Authors on psychological first aid. See references section.</td>
</tr>
<tr>
<td>National Civil Defence Emergency Management Plan</td>
<td>Plan giving effect to the principle of supporting the management of and recovery from emergencies in the community at the national, regional and local levels. <a href="http://www.civildefence.govt.nz">www.civildefence.govt.nz</a></td>
</tr>
<tr>
<td>National Organisation on Disability</td>
<td>US-based disability organisation. <a href="http://www.nod.org">www.nod.org</a> Authors on disability and Hurricane Katrina. See references section.</td>
</tr>
</tbody>
</table>
### Appendices (continued)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>National School Safety Center</td>
<td>US-based center that advocates for safe, secure and peaceful schools worldwide and as a catalyst for the prevention of school crime and violence. <a href="http://www.schoolsafety.us/">www.schoolsafety.us/</a></td>
<td></td>
</tr>
<tr>
<td>Ngata</td>
<td>Author on death, dying and grief. See references section.</td>
<td></td>
</tr>
<tr>
<td>NetSafe</td>
<td>Organisation providing information and services related to cybersafety. <a href="http://www.netsafe.org.nz/">www.netsafe.org.nz/</a></td>
<td></td>
</tr>
<tr>
<td>New Zealand Chemical Industry Council</td>
<td>Not-for-profit industry association responsible for implementing and promoting the international safety, health and environmental protection initiative practised by the chemical industry in more than 45 countries worldwide. <a href="http://www.nzacic.org.nz">www.nzacic.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>New Zealand Fire Service</td>
<td>Organisation providing a wide range of fire services and information. <a href="http://www.fire.org.nz">www.fire.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>New Zealand Curriculum and Te Marautanga o Aotearoa</td>
<td>Documents that set the direction for student learning and provide guidance for schools to design and review the curriculum. <a href="http://nzcurriculum.tki.org.nz/curriculum-documents">http://nzcurriculum.tki.org.nz/curriculum-documents</a></td>
<td></td>
</tr>
<tr>
<td>New Zealand Listener</td>
<td>National, weekly current affairs and entertainment magazine. <a href="http://www.listener.co.nz">www.listener.co.nz</a></td>
<td></td>
</tr>
<tr>
<td>New Zealand Police</td>
<td>Government agency responsible for law enforcement and policing. <a href="http://www.police.org.nz">www.police.org.nz</a></td>
<td></td>
</tr>
<tr>
<td>Norris, Friedman, Watson, Byrne, Diaz, Kaniasty</td>
<td>Authors on disaster victims. See references section.</td>
<td></td>
</tr>
<tr>
<td>North, McCutcheon, Spitznagel, Smith</td>
<td>Authors on mass shootings. See references section.</td>
<td></td>
</tr>
<tr>
<td>Nye</td>
<td>Author on school shootings. See references section.</td>
<td></td>
</tr>
<tr>
<td>Oklahoma City Bombing</td>
<td>Also called the Murrah Federal Building Bombing. Occurred April 19, 1995 when American militia movement sympathiser Timothy McVeigh, with the assistance of Terry Nichols, destroyed the Alfred P. Murrah Federal Building in Oklahoma City. The most significant act of terrorism on American soil until the September 11 attacks in 2001.</td>
<td></td>
</tr>
<tr>
<td>Omer, Alon</td>
<td>Authors on disaster and trauma. See references section.</td>
<td></td>
</tr>
<tr>
<td>Oregon School Boards Association</td>
<td>US-based advocacy, leadership and service organisation. <a href="http://www.osba.org">www.osba.org</a></td>
<td></td>
</tr>
<tr>
<td>Organisational risk</td>
<td>Threats, negative effects or problems that can occur further to an event or an action in a company or an organisation.</td>
<td></td>
</tr>
<tr>
<td>Osher, Dwyer and Jimerson</td>
<td>Authors on school safety. See references section.</td>
<td></td>
</tr>
<tr>
<td>Osofsky</td>
<td>Author on child and youth violence. See references section.</td>
<td></td>
</tr>
<tr>
<td>Pandemic</td>
<td>An epidemic of infectious disease that spreads through human populations across a large region, a continent or even worldwide.</td>
<td></td>
</tr>
<tr>
<td>Parad</td>
<td>Author on crisis intervention. See references section.</td>
<td></td>
</tr>
<tr>
<td>Pastoral Care of International Students</td>
<td>Framework for minimum standards, good practice procedures and a complaints procedure related to international students. <a href="http://www.minedu.govt.nz">www.minedu.govt.nz</a> keyword International Students</td>
<td></td>
</tr>
<tr>
<td>Pavri</td>
<td>Author on children with disabilities. See references section.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendices (continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penn</td>
<td>Christchurch police sergeant whose firsthand account of Erebus was referenced in a New Zealand Listener article. See references section.</td>
</tr>
<tr>
<td>Pfefferbaum, Nixon, Tivis, Dougherty, Pynoos, Gurtwitch, Foy, Phillips, Carstensen</td>
<td>Authors on suicide. See references section.</td>
</tr>
<tr>
<td>Pirks, Blood</td>
<td>Authors on suicide and the media. See references section.</td>
</tr>
<tr>
<td>Pitcher and Polard</td>
<td>Authors on crisis intervention. See references section.</td>
</tr>
<tr>
<td>Poland</td>
<td>Author on crisis intervention. See references section.</td>
</tr>
<tr>
<td>Pono</td>
<td>Accountability.</td>
</tr>
<tr>
<td>Positive Behavioural Support</td>
<td>An empirically validated, function-based approach to eliminate challenging behaviours and replace them with prosocial skills. See references section.</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>Anxiety disorder that can develop after exposure to one or more traumatic events that threatened or caused great physical harm.</td>
</tr>
<tr>
<td>Postvention</td>
<td>An intervention conducted after a suicide, largely taking the form of support for the bereaved (family, professionals and peers) who may be at increased risk of suicide themselves.</td>
</tr>
<tr>
<td>Priestley</td>
<td>Author on disability and social inequality. See references section.</td>
</tr>
<tr>
<td>Primary Health Organisations (PHOs)</td>
<td>Organisations funded by District Health Boards to provide essential primary health care services to those people who are enrolled with the PHO.</td>
</tr>
<tr>
<td>Professional Practice Unit</td>
<td>Team in the Ministry of Education, Special Education that is focused on supporting and improving practice within the special education sector.</td>
</tr>
<tr>
<td>Prosocial skills</td>
<td>Broad term used to identify the behaviours people use to help them get along with others.</td>
</tr>
<tr>
<td>Psychological first aid</td>
<td>Set of skills identified to limit the distress and negative behaviours that can increase fear and arousal.</td>
</tr>
<tr>
<td>Psychosocial reactions</td>
<td>Physical and psychological difficulties.</td>
</tr>
<tr>
<td>Psychosocial recovery and support</td>
<td>Process of recovery from emergencies that involves easing the physical and psychological difficulties for individuals, families, whānau and communities, as well as building and bolstering social and psychological well-being.</td>
</tr>
<tr>
<td>Psychosomatic symptoms</td>
<td>Bodily ailments or symptoms caused by mental or emotional disturbance in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress.</td>
</tr>
<tr>
<td>Primary health care</td>
<td>Professional health care received in the community, usually from GPs or practice nurses. Covers a broad range of health and preventative services, including health education, counselling, disease prevention and screening.</td>
</tr>
<tr>
<td>Property Management Guidelines</td>
<td>Guidelines on property management published by the Ministry of Education. See references section.</td>
</tr>
<tr>
<td>Purvis, Frederick, Nades, Steinberg, Eth, Nune, Fairbanks</td>
<td>Authors on post-traumatic stress disorder. See references section.</td>
</tr>
<tr>
<td>Pynoos</td>
<td>Author on post-traumatic stress disorder, grief and trauma. See references section.</td>
</tr>
<tr>
<td>Pynoos and Nader</td>
<td>Authors on psychological first aid. See references section.</td>
</tr>
<tr>
<td>QPR suicide screening</td>
<td>Suicide risk assessment practice by QPR New Zealand, a subsidiary of Clinical Advisory Services Aotearoa.</td>
</tr>
<tr>
<td>Rabalais, Ruggiero, Scotti</td>
<td>Authors on multicultural issues and disaster. See references section.</td>
</tr>
<tr>
<td>Raphael</td>
<td>Author on disaster and coping. See references section.</td>
</tr>
<tr>
<td>Rangatahi</td>
<td>Young people.</td>
</tr>
</tbody>
</table>

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50
### Appendices (continued)

| Red Cross | Global organisation providing assistance to millions of vulnerable people every year. Support is provided to those affected by armed conflict, natural disasters or poverty and to better prepare communities to cope with potential crises. [www.redcross.org.nz](http://www.redcross.org.nz) |
| Resource Teacher: Learning and Behaviour (RTLB) | Specially trained teachers who work in schools to support staff meet the needs of students with learning and behaviour needs. |
| Roberts | Author on crisis theory and crisis intervention. See references section. |
| Rogoff | Author on human development. See references section. |
| Rudd, Reed, Smith | Authors on attitudes to learning. See references section. |
| Rūnanga | Council or board. |
| Sandoval | Author on culture, diversity and crisis. See references section. |
| Schools and the Right to Discipline for Parents and Schools | Wellington Community Law Centre book that aims to strengthen the partnership between home and the school by providing parents with the knowledge they need within the school disciplinary process. |
| Section 65E of the Education Act, 1989 | Legislation governing school closures. |
| September 11 | A series of coordinated suicide attacks by Al-Qaeda upon the United States on September 11, 2001. |
| Shiang, Kjellander, Huang, Bogumill | Authors on cultural competency. See references section. |
| Situational crises | Crises covered by the Ministry of Education’s traumatic incident service. Include natural disasters, emergencies and disease outbreaks. |
| Slaikeu | Author on crisis intervention. See references section. |
| Smith | Author on crisis intervention. See references section. |
| Snyder, Sickmund | Authors on young offenders and victims. See references section. |
| Specialist Counselling Service | Network of experienced health professionals to provide the Specialist Counselling Service to help those bereaved by suicide or affected by suicide attempt. [www.casa.org.nz](http://www.casa.org.nz) |
| Specialist Education Services (SES) | Crown entity that provided special education services until 2001, when it integrated with the Ministry of Education. |
| Special Education traumatic incident coordinator and team | Ministry of Education, Special Education employees trained to support ECE services and schools that experience a traumatic incident. Located in 16 districts throughout the country. |
| Special needs liaison | Role or person within a traumatic incident team responsible for supporting persons with disabilities during an emergency situation. |
| Springboards to Practice | Information that brings together research information with student, parent and teacher voices into practical teaching suggestions. |
### Appendices (continued)

<table>
<thead>
<tr>
<th>Stack</th>
<th>Author on suicide and the media. See references section.</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Local Emergency</td>
<td>State of local emergency declared under section 68 or section 69 of the Civil Defence Emergency Management Act, 2002.</td>
</tr>
<tr>
<td>Staub</td>
<td>Author on special education and inclusion. See references section.</td>
</tr>
<tr>
<td>St John</td>
<td>New Zealand emergency service and training provider. <a href="http://www.stjohn.org.nz">www.stjohn.org.nz</a></td>
</tr>
<tr>
<td>Sue, Bingham, Porche-Burke, Vasquez</td>
<td>Authors on multiculturalism and psychology. See references section.</td>
</tr>
<tr>
<td>Suicide Prevention Information New Zealand (SPINZ)</td>
<td>Suicide Prevention Information New Zealand. <a href="http://www.spinz.org.nz">www.spinz.org.nz</a></td>
</tr>
<tr>
<td>Supporting Positive Behaviours Toolkit</td>
<td>Toolkit promoting a whole-school approach to help structure a positive and challenging learning environment throughout the school. <a href="http://www.teiho.org/maorihealthperspectives/tirohangamaoribymasondurie.aspx">www.teiho.org/maorihealthperspectives/tirohangamaoribymasondurie.aspx</a></td>
</tr>
<tr>
<td>Sumatra-Andaman Earthquake and Tsunami</td>
<td>Indian Ocean earthquake in 2004, with an epicentre off the west coast of Sumatra, Indonesia. Known as the Sumatra-Andaman earthquake. Resulted in a devastating tsunami and given various names including 2004 Indian Ocean tsunami, Asian Tsunami, Indonesian Tsunami and Boxing Day Tsunami.</td>
</tr>
</tbody>
</table>

| Taha hinengaro | Mental well-being. |
| Taha tinana   | Physical well-being. |
| Taha wairua   | Spiritual well-being. |
| Taha whānau   | Extended family. |
| Tamariki      | Children. |
| Tangihana (tangi) | Māori approach to the process of grieving for someone who has died. Practices and protocols can differ from tribe to tribe. |
| Tapu          | Sanctity. |
| Taylor        | Author on spirituality and trauma treatment. See references section. |
| The Low Down  | Website on depression for young people. [www.thelowdown.co.nz](http://www.thelowdown.co.nz) |
| Thompson      | Author on suicide in schools. See references section. |
| Tika          | What is right. |
| Te reo Māori  | Māori language. |
| Terr, Bloch, Michel, Shi, Reinhardt, Metayer | Authors on trauma and children. See references section. |
| Te Whare Tapa Whā | Health model exploring Māori concepts of health and well-being. [www.teiho.org/maorihealthperspectives/tirohangamaoribymasondurie.aspx](http://www.teiho.org/maorihealthperspectives/tirohangamaoribymasondurie.aspx) |
| Towl          | Author on behaviour. See references section. |
### Appendices (continued)

<table>
<thead>
<tr>
<th>Traumatic incident</th>
<th>Events that cause sudden and/or significant disruption and have the potential to affect a large number of people. Events that create significant dangers or risks to physical and emotional well-being and that attract media attention or a public profile.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumatic Incident Management Support for Schools and Early Childhood Centres</strong></td>
<td>Guidelines published by the Ministry of Education. <a href="http://www.minedu.govt.nz">www.minedu.govt.nz</a> keyword traumatic incidents</td>
</tr>
<tr>
<td><strong>Traumatic incident response plan</strong></td>
<td>ECE service or school plan to respond to a traumatic incident.</td>
</tr>
<tr>
<td><strong>Traumatic incident service</strong></td>
<td>Service for ECE services and schools from the Ministry of Education, Special Education.</td>
</tr>
<tr>
<td><strong>Traumatic incident team</strong></td>
<td>ECE service or school team responsible for responding to a traumatic incident.</td>
</tr>
<tr>
<td><strong>Traumatic incident training</strong></td>
<td>Training for ECE services and schools provided by the Ministry of Education, Special Education.</td>
</tr>
<tr>
<td><strong>Trends in International Mathematics and Science Study (TIMSS)</strong></td>
<td>Study measuring trends in mathematics and science achievement at Years 5 and 9. Monitors curricular implementation and identifies the most effective instructional practices from around the world.</td>
</tr>
<tr>
<td><strong>Tuhiwai</strong></td>
<td>Author on bicultural services. See references section.</td>
</tr>
<tr>
<td><strong>Tūpāpaku</strong></td>
<td>Corpse.</td>
</tr>
</tbody>
</table>

U

| Ulman | Author on trauma treatment. See references section. |

V

| Valent | Author on stress. See references section. |
| Vancouver Coastal Health | Canadian research, teaching and medical care provider that provides Pandemic Influenza Response Plan resources. [www.vch.ca/home/](http://www.vch.ca/home/) |
| Van der Kolk | Author on adaptation to trauma. See references section. |
| Vernberg | Author on children and disaster, interventions and post-traumatic stress disorder. See references section. |
| Victim Support | Provider of 24-hour emotional support, personal advocacy and information to all people affected by crime and trauma throughout New Zealand. [www.victimsupport.org.nz/](http://www.victimsupport.org.nz/) |
| Vogel, Vernberg | Authors on children and disaster. See references section. |

W

| Waiata | Song. |
| Watson, Holton, Andrews | Authors on inclusion. See references section. |
| Weinberg | Author on school-based crisis teams. See references section. |
| Whai korero | Speech making. |
| Whānau | Family. |
| Whitney-Thomas and Moloney | Authors on adolescent behaviour. See references section. |
| World Health Organisation | United Nations public health arm. Monitors disease outbreaks, assesses the performance of health systems around the globe. [www.who.int/en/](http://www.who.int/en/) Authors on disease outbreaks. See references section. |

X
Appendices (continued)

<table>
<thead>
<tr>
<th>Y</th>
<th>Young</th>
<th>Author on crisis response training. See references section.</th>
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<td></td>
<td>Youth Justice</td>
<td>Special section of the law that deals with offending by children aged 10 to 13 years, and young people aged 14 to 16 years. <a href="http://www.justice.govt.nz">www.justice.govt.nz</a></td>
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<td>Young People at Risk of Suicide: A Guide for Schools - The Prevention, Recognition and Management of Young People at Risk of Suicide.</td>
<td>The guide describes how to identify students in distress. Go to: <a href="http://www.minedu.govt.nz">www.minedu.govt.nz</a> keyword Suicide</td>
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<td>Yule, Udwin and Bolton</td>
<td>Authors on mass transportation disasters. See references section.</td>
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References


Appendices (continued)


Appendices (continued)


Hawton, K., & Williams, K. 2001. The Connection between Media and Suicidal Behaviour Warrants Serious Attention. Crisis; 22, 137-140.


Appendices (continued)


