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## 1. Introduction and five guiding principles including definition of a critical incident.

We consider that a critical incident is an event that is potentially traumatic, and affects a large part, or the whole of our school, rather than just one or two individuals. This may include;

- Adverse weather conditions (including extreme temperatures)
- Flooding (from weather or water systems failure)
- Fire, bomb threat, explosion, terrorist attack
- Burglary
- Abduction or threatened abduction of a client
- Death or serious injury/illness of a client or staff member
- Epidemic / Pandemic / Outbreak of serious or contagious illness and/or disease

Such events are likely to cause many people in our community distress and may threaten to overwhelm our capacity to cope. This policy might also be useful to support our Organisation's response to serious incidents that affect just one or a few staff/service users by using the guidance to shape our response to the specific person/s affected.

This policy is based on five evidence-informed principles that will help us respond to a critical incident in ways that reduce the impact of trauma and create the best environment for recovery. These principles help staff and clients to feel:

· Safe · Calm · Connected · In control · Hopeful

This Policy has been developed in line with the UKTC (United Kingdom Trauma Council) Critical Incidents policy framework for educational communities, including Alternative Provisions.

For the purpose of this policy, "Staff member" refers to a volunteer, placement student, employee or associate.

Procedures for critical incidents are identified as appendices at the end of this policy.

## 2. Purpose and benefits of policy

The purpose of this policy is to help the Senior Leadership, the Board of Directors, and whole staff team respond to critical incidents in a way that will best support the psychological recovery of the

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service users and staff and enable the Organisation to function effectively. Using this policy will benefit us by guiding us to:

- Feel confident that the responses we make are underpinned by the best available evidence.
- Support our staff and clients following a critical incident.
- Facilitate psychological recovery and reduce the potential traumatic impact of the event.
- Empower our educational community to function effectively.
- Help identify clients who might be more at risk to the potential impact from the trauma of the event.

### 3. Links to other key policies

This policy will be implemented with id Derby's other relevant policies, including;

- Accident and Incident Reporting
- Health and Safety Policy
- Infection Control Policy
- Lone Working Policy
- Safeguarding Policy
- Emergency Evacuation Procedure

### 3a. Staff Delivering in External Venues – Policies

In the event of a Critical Incident whilst delivering sessions at external venues (i.e. schools, care homes), staff are required to, in the first instance, follow the critical incident / lockdown policy and procedures of the venue at which they are located. Staff members are required to familiarise themselves with the policy of the venue they are working at during their induction to the venue.

Please note that for Alternative Provision delivery, staff will still be expected to complete reporting procedures outlined in the RESPECT Collaboration of Schools Provider Handbook regardless of individual venue procedures to ensure open and effective communication between all stakeholders. During a critical incident, even if at an external venue within a school, AP staff are still to maintain their role as responsible for the student/s within their session, unless otherwise instructed by the facilitating venue.

### 4. Key Staff Roles in the event of a Critical Incident

In the event of a critical incident the Critical Incidents Management Team (CIMT) will be formed to undertake the following roles:

Role	Staff Member
Overall CIMT Lead	Rosemary Peberdy / Rae Scudder

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Site Safety / First Aid Coordinator (including communication with emergency services)	Rae Scudder / Rosemary Peberdy
Communication with and support for Staff	Rae Scudder
Communication with and support for Clients	Rae Scudder
Communication with Parents/Carers	Rosemary Peberdy
Liaison with external agencies	Rae Scudder / Rosemary Peberdy
CIMT Support (external)	Clinical Supervisors (currently Sara Rose / Lisa Waugh)

Adaptations to roles might be required depending on the nature of the event and who is involved. Some staff might also take on multiple roles where appropriate. Staff will be able to decline any task that they currently feel unable to do.

## 5. Responding to Critical Incidents

### 5a. Our Response

At each stage of our response to a critical incident we will ask what we can do that will help our pupils and staff feel:

- Safe
- Calm
- Connected
- In control
- Hopeful

### 5b. Preparation

In our preparation for a potential critical incident, we will;

- Use a Senior Leadership meeting to review our current policy.
- Deliver a training session to all staff and board members on the policy at least annually, and during staff induction.
- Update our critical incidents policy in light of discussion from the training session if required and drawing on evidence-based principles (UKTC Critical Incidents guidance).
- Prepare our CIMT (Critical Incidents Management team) identifying staff who are best placed to undertake key roles (see section 4).

### 5c. Immediate Response

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In the first hours and days that follow a critical incident we will;

- i. Contact and use emergency service support as appropriate
- ii. Ensure that all staff and clients are accounted for and that the whereabouts of all people involved is known. If people are missing this will be reported to the emergency services immediately.
- iii. Speak to staff and clients directly involved in the incident to consider immediate safety needs and any support required.
- iv. Ensure our client and staff needs for water, food and rest are accommodated.
- v. Seek to establish as far as possible the facts of the incident – who, what, where, when?
- vi. Decide whether the event qualifies as a critical incident.
- vii. Speak with senior leaders where possible and agree which members of staff will form the Critical Incidents Management Team.
- viii. Speak to involved professionals such as the police, medical professionals and social care to gather information and to agree any restrictions on what can be said and to whom.
- ix. Provide staff all with an initial outline of the incident and outline any first steps to be taken at this stage.
- x. Make contact with the families of those staff and clients directly involved to ensure that they are aware of the incident and of what has happened to their family member including where they are.
- xi. Make contact with key stakeholders: our board of Directors, the local authority and relevant contractors to inform them of the incident and to seek the support of specialist staff if appropriate.
- xii. Inform the rest of our Organisations community if appropriate, providing accurate and honest information. Consider sharing information in small groups if possible, and by staff who feel confident doing this. (See UKTC Critical Incidents guidance immediate response for details on giving information).
- xiii. Inform other professionals who work regularly in our setting but who might be missed as part of general staff communications such as associates, placement students and volunteers.
- xiv. Make plans to deal with the enquiries of clients, families and the press. This can be done in collaboration with a media officer.
- xv. Decide how our Organisation can operate or whether it will be better to close it for a short while. If remaining open, decide on any alternative arrangements or provisions that may need to be implemented.
- xvi. Consider the practical implications of the incident on the running of our organisation, for example covering the sessions of members of staff who are not able to be there. This will need to be discussed with the relevant contractors/stakeholders on a case-by-case basis.

xvii. If the critical incident is on a large scale, triggering the involvement of multiple services, decide if a Team Around the Organisation is required to help co-ordinate multiple agency involvement. If so, establish who this will include and schedule initial meetings (see UKTC Critical Incidents guidance supplement 5).

xviii. Begin to identify those in our community (staff, service users) who may be more vulnerable and need closer attention and support (see UKTC Critical Incidents guidance medium term response and supplement 4 for further information).

xix. Restore our familiar routines and structure within the working day as far as is possible and helpful.

xx. Staff to explain and normalise distress, encouraging clients to use what helps them feel calmer.

xxi. Share and teach strategies to help regulate emotions (UKTC Critical Incidents lesson plans 3-6 years, 7-11 years and 12+ years).

xxii. Facilitate connection between peers, staff and home.

xxiii. Work to include our Organisation's community in decision making to give them some influence and control where possible.

xxiv. Provide parents and carers / client's circle of support with information about how to best help our clients.

xxv. Keep a sense of hope visible, explicitly affirming how we will get through this together.

## **5d. Medium Term Response**

In the first weeks that follow a critical incident we will....

i. Update staff, service users, parents/carers and stakeholders as new information and more details become available.

ii. Build on news about how services are working to keep the community safe

iii. Present information in printed form for clients who would benefit from this, using simple text or their preferred symbols.

iv. Where appropriate, develop partnerships with external professionals that hold expertise in the event we have experienced.

v. Closely monitor those in our community that may need targeted support including personalised care plans as they are at risk of developing more persistent problems (See UKTC Critical Incidents guidance medium term response and supplement 4 about those who might be more vulnerable).

vi. Monitor staff wellbeing, encouraging personal and collective responsibility to seek help both internally but also ensure information about external services is readily available.

vii. Facilitate further opportunities for peer and community support in planning ways to help and /or memorialise those impacted.

viii. Make plans that involve discussion about the future.

## **5e. Long Term/Ongoing Response**

In the months and years that follow a critical incident, we will;

- i. Seek to develop a new normal, embedding routines and structures that have been helpful.
- ii. Make referrals to services for clients that might need specialist support, involving them and their parents/carers/relevant professionals in the decision making.
- iii. Acknowledge key dates and triggers that might be more difficult for some in our community and put in measures to identify and support those most affected.
- iv. Collectively plan how we will mark the first anniversary using this as an occasion to remember what happened, name those who died, were bereaved or affected by the event and also to acknowledge how we have all coped.
- v. Consider how we might develop an ongoing legacy of the incident that helps us show the value of those in our Organisation.
- vi. Seek feedback from our community about how we responded to this critical incident to identify lessons learned.
- vii. Record and share these lessons, reviewing our policy considering them.
- viii. Highlight and celebrate and explicitly acknowledge how far we have come.

## **6. How and When Dissemination and Review**

This policy was signed by Directors and Management and is under review whilst transitioning into our new venue. Once reviewed and finalised it will be disseminated to all current staff through a training event. It will be stored in our online drive and accessible to all staff as needed. Management have ownership to review and update it at least annually.

## **7. External Support**

When seeking outside support, we will draw from those who share our understanding about what can help and empower us to embed the guiding principles. This might also include developing a Team around the Organisation. Contact details for key services/organisations we may draw on include:

- Local authority critical incidents team
- Educational Psychology team

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- Child Death Lead for local authority
- Social care
- Police/ other emergency services as appropriate
- LEA media spokesperson as appropriate.

Other organisations who hold specific expertise relevant to the critical incident will be identified e.g., following a suicide. Where our service users need specialist support for enduring difficulties we will make referrals to:

- General Practitioners (GPs)
- Educational Psychology Service (EPS)
- Child and Adolescent Mental Health Services (CAMHS)
- Mental Health Support Teams (MHST)
- Charities (such as counselling and bereavement services)
- School counsellor
- Family hubs
- Youth services and youth hubs

## Effective Communication

Communicating effectively means:

- Staff talk to people using their preferred method of communication and change how they talk to people when needed.
- Staff involve family/carers, the person and other professionals in assessing and developing support plans for the person's communication, health and well-being.
- Staff keep a check on each person's health and well-being and investigate any changes in behaviour, mood or activity levels that might suggest these are getting worse and take appropriate action, e.g. discussing concerns with key members of a persons' circle of support, signposting to other health or care services as appropriate.
- Staff support people to be involved in managing their own health and wellbeing.

- Staff help people to make choices about their health and lifestyle by providing information and support. Staff should respect a person's right to live the lifestyle they choose.
- The person, family carers and other key people are invited to meetings and reviews about the person's support.
- The person, family carers and other key people are involved in assessments (e.g. by contributing information) and help to develop interventions and supports.
- The person, family carers and other key people are kept informed (e.g. by receiving information and being given accessible copies of assessment results and plans). Regard is given to the person's right to confidentiality.
- The person, family carers and other key people are able to provide feedback in a range of ways. E.g. talking to staff informally, written feedback, attending meetings etc. and this is used to improve the support they provide and celebrate good practice.

## Practice

Key practice which may be used in PBS include:

- Avoiding particular triggers or situations which you know a client might find difficult, until the person feels able to tackle this trigger
- Enabling clients to take 'time out' from sessions, reducing sensory over-stimulation
- Distracting clients or diverting them to other activities if tensions are building
- Encouraging to use grounding techniques – for example tapping, breathing exercises, etc
- Using a visual timetable or plan of what is going to happen during a session, somewhere that the person can easily see. This plan might have pictures or symbols on it (visual timetable) as well as pictures of staff that will be involved.
- Using focus objects / 'fidget toys'.
- Enabling clients to use metaphor / 'artistic distance' to explore difficult emotions safely.
- Empowering clients with new insight into their thoughts, feelings, behavioural patterns and the consequences of their behaviours.
- Enabling clients to form positive relationships and develop new relational patterns.
- Enabling clients to practise using coping strategies in safe situations.

## Key Resources

- A person-centred plan. This is an individual plan developed by the person and others who know them well, which looks at all aspects of their life, their goals and dreams. This should be facilitated by someone with expertise in this area. The plan should make it clear how staff will work with the person to achieve their goals. Remember there may be some goals that are private to the person and written information about their progress must be kept confidentially.
- A one-page profile. This is one sheet of paper capturing all the important information about a person under three simple headings: what people appreciate about me, what's important to me and how best to support me.
- A support plan. This is a focused document detailing how to support a person in their routines.
- A list of things that someone likes and dislikes.
- Communication aids – either electronic or visual aids.
- Wellbeing measurement tools to track a person's progress.
- Reflective session logs to record what happens within sessions and enable continuous learning about the client.

## **Understanding & Commitment**

- We recognise that PBS is not a quick fix: the aim is to actively support people over the long-term and to use evidence-based assessment tools to monitor and maintain their quality of life.
- We commit to always work in the best interests of our clients.

## **Additional resources**

- International Journal of Positive Behaviour Support <http://www.bild.org.uk/our-services/journals/ijpbs/>
- Publications produced by the Challenging Behaviour Foundation: <http://www.challengingbehaviour.org.uk/cbf-resources/information sheets/understandingcb.html>
- Department of Health, Skills for Health, and Skills for Care, [A positive and proactive workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health](http://www.skillsforcare.org.uk/restrictivepractices), 2014. <http://www.skillsforcare.org.uk/restrictivepractices>

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• LGA, ADASS, NHSE, [Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition](https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf), 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

• Positive Behavioural Support (PBS) Coalition UK, Positive Behavioural Support: A Competence Framework, 2015 <http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviourchallenges/Positive-Behavioural-Support-Competence-Framework.pdf>

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