

WYO CISM NET



December 2008

A Newsletter For Critical Incident Responders In Wyoming

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Proceedings of the 5th Rocky Mountain Region Disaster Mental Health Conference 2006
(Paperback)

<http://www.amazon.com/exec/obidos/ASIN/1932690379/>

Kindle Page:

<http://www.amazon.com/Proceedings-Mountain-Disaster-Conference-RMRDMHI/dp/B000ZM0VIE>

Proceedings of the 6th Rocky Mountain Region Disaster Mental Health Conference 2007

<http://www.amazon.com/Proceedings-Mountain-Region-Disaster-Conference/dp/1932690565/>



The Taj Mahal hotel is seen engulfed in smoke during a gun battle in Mumbai November 29, 2008

SOME MECHANISMS FOR SHORT AND LONG TERM RESPONSES TO CRISES: DISASTERS AND INJURIES AFFECTING SCHOOL COMMUNITIES

It is important that schools be responsive to crises and disasters that could affect the school community. These include environmental disasters (e.g. fires, floods, tornadoes, blizzards, and earthquakes); the death or serious injury of a student or a staff member in a car or bus accident, suicide, or a violent event at school; a suicide attempt; terrorism, including bioterrorism; hazardous material spills; explosions; radiation; mass illness or injury; or other situations which threaten the safety of persons in the school or the community. A school response plan can be comprehensive, addressing response needs for multiple types of crises, disasters, and emergencies. Responses should include both short and long term services:

- Establish a written plan for responding to crises, disasters, and associated injuries.
- Prepare to implement the school plan in the event of a crisis.
- Have short term responses and services established after a crisis.
- Have long term responses and services established after a crisis.

ESTABLISH WRITTEN PLAN FOR RESPONSE TO CRISES, DISASTERS AND ASSOCIATED INJURIES

Many states require that districts and schools have crisis response plans. It is important that schools review the district and state crisis intervention manuals and adapt them to address their local needs. School plans could include development of a crisis response team with a person designated to coordinate the school's response (NEA, 2000; Brock, Sandoval & Lewis, 2001). Such a plan and team could be developed with input from key members of the local community. These would include: school administrators, law enforcement, fire and rescue departments, EMS, mental health agencies, parent-teacher organizations, hospitals, domestic violence shelters, health and social service agencies, emergency management agencies, rape crisis shelters, teachers unions, Red Cross, and other emergency response organizations. Crisis plans can:



Mumbai hotel on fire

**ONLINE COURSES
AVAILABLE FOR
CONTINUING
EDUCATION CREDIT:**

The following courses are available online:

- *Crisis Intervention Training for Disaster Workers* You can preview the course and access where to sign up by going to:
http://www.psychceu.com/CISM/cism_index.asp

12 CE Hours

- *From Crisis to Recovery: Strategic Planning for Response, Resilience and Recovery*
http://www.psychceu.com/Doherty/crisis_index.asp 12 CE

The Crisis Management and Traumatic Stress Report

<http://www.nc-cm.org/The%20Report/The%20Report%2005.0.pdf>



SEASONS GREETINGS TO ALL



- assign roles and responsibilities in the event of an emergency to all members of the team and to the broader school community;
- consider the potential need for back-up assistance from the district, other schools, or outside groups (Brock, Sandoval & Lewis, 2001);
- consider that the crisis might be based in the community and that the school may need to serve as a shelter;
- include plans for dismissing school early, canceling classes, and evacuating students to a safer location;
- include strategies for informing school staff members, families, and the community about the school's plans and assignment of responsibilities (NEA, 2000);
- include procedures for handling suspicious packages or envelopes, including actions to minimize possible exposure to biological or chemical agents and mechanisms for informing law enforcement (CDC, 2001).

A communication system should provide for communicating internally as well as for contacting community resources (e.g. law enforcement) and families in the event of an emergency. Schools can communicate basic emergency procedures to families so that they will know where to report or call for information in the event of a crisis. A communication system should also include methods for families, community members and agencies, students, and others to communicate potential crises to the school. Floor plans should be shared with local law enforcement, fire and rescue, and EMS agencies (NEA, 2000). Crisis plans should be produced in writing and copies provided to all school staff members and all relevant community organizations, even if they do not participate in the development of the plan. The plan should be updated annually.

Schools should train faculty, staff members, students, and community organization and agency staff members and the crisis response team about the crisis response plan and their individual roles and responsibilities in a crisis. These plans should be practiced regularly and whenever updates are incorporated.

IMPLEMENTING THE PLAN IN THE EVENT OF A CRISIS

The adequacy of responsiveness during a crisis depends largely on preparation. In addition to their crisis response plan, schools should have a current listing of personnel who are trained and certified to administer first aid and CPR; a phone tree for expediting communication to school staff members and families; clothing or badges to identify members of the crisis response team; fact sheets, letters and brochures for distributing information about the school to the media; an emergency contact list; and a "go box" ((NEA, 2000; Brock, Sandoval & Lewsi, 2001). The "go box" should contain tools and information to be taken to the crisis response post (NEA, 2000) and should include the phone numbers, current lists, and other items described previously as well as a bull horn, a complete roster of students, and a map and floor plan which includes the locations of power and utility connections. A lap top computer and a cell phone or walkie-talkie system or hand-held radios should also be made available. The contents of the "go box" should be reviewed and updated at least once a year. Several persons should have access to the "go box" and know how to use it.

Schools should establish evacuation procedures to move students to safety and make appropriate provision for persons with special needs (Posner, 2000). Adequate transportation should be made available to move students to a pre-established safe location and should take into account the transportation requirements of students with special needs. Reunion areas should be established where students and families can meet each other. Assigned staff members should manage a standardized procedure for the release of students to their family members. This procedure should include maintaining records of when each student left the school grounds and with whom they left.

Schools should anticipate demands from media and be proactive in delivering information that the school wants released to the media (Brock, Sandoval & Lewsi, 2001). A school official who is trained in providing information through the media should be designated to speak to the media (Waddell & Thoas, 1998). A specific location for media contacts should be assigned. This location and the name of the media contact should be communicated to local media outlets when the school crisis plan is released. In the case of a death by suicide, schools should help media representatives understand that dramatizing the effect of suicide by showing grieving students or memorials might increase the suicide risk for other vulnerable students and community members (Annenberg, 2001).

ESTABLISHMENT OF SHORT TERM RESPONSES AND SERVICES POST-CRISIS

Schools should consider re-opening as quickly as possible following the end of a crisis. School personnel can be a substantial source of assistance to students. Developmentally appropriate and culturally competent mechanisms are essential for dealing with the psychological consequences of traumatic events in counseling centers, classrooms, and assemblies. Depending on the situation, these mechanisms may involve teachers, administrators, counselors, families, and local safety professionals (e.g. fire fighters following a fire).

Following a crisis, grief counselors should be made available to students and staff members on both group and individual levels (Amaya-Jackson & March, 1995; NEA, 2000; Brock, Sandoval & Lewis, 2001). The school should communicate with students, families, and staff members about recognizing and treating post-traumatic stress disorder.

Depending on the scope of the crisis, all or some students and staff members may not be able to immediately return to routine class schedules. Community resources may be needed to help provide counseling and psychological services. In the event of a death, students, families and staff members should be allowed to grieve for their losses (NEA, 2000; Brock, Sandoval & Lewis, 2001). Gatherings or other tributes may be appropriate, except in the case of suicide, where public tributes could increase the risk of copycat suicide attempts (Underwood, & Dunne-Maxim, 1997; CDC, 1994). Schools should be proactive in identifying and assisting students who want or need to discuss their feelings. Additionally, schools should continue to work with the media so that students and staff members can return to school without disruption and to ensure that the media and the public receive the information they need.

ESTABLISHMENT OF LONG TERM RESPONSES AND SERVICES POST-CRISIS

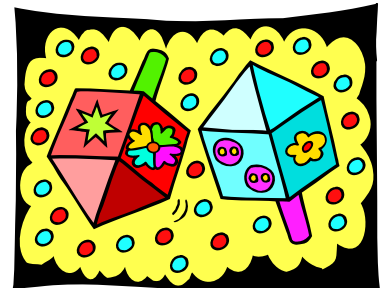
Crises have long term consequences and need to be treated over the long term. Some students may require ongoing counseling and psychological services (Amaya-Jackson & March, 1995; Brock, Sandoval & Lewis, 2001). Schools should anticipate anniversary dates and other occasions that may be painful for members of the school community. These are times when additional services may need to be provided (Waddell & Thoas, 1998). Continue to communicate with students, families and staff members to recognize and treat post-traumatic stress and depression. Schools should teach students coping and grieving strategies which they can use throughout their lives.

CONCLUSION

Schools should learn from crises. After a crisis affects a school or community, the school crisis response team should meet to analyze the school's response, consider revisions to the crisis response plan, assess how to prevent future recurrences, and make necessary changes based on the lessons learned (Posner, 2000).

REFERENCES

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- Posner, M. (2000). *Preventing school injuries: A comprehensive guide for school administrators, teachers and staff*. New Brunswick, NJ: Rutgers University Press.
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BOOK

“Crisis Intervention Training for Disaster Workers: An Introduction”

The book can be ordered through Amazon.com by going to: <http://www.amazon.com/exec/obid/ASIN/1932690425>

If ordering in bulk to use as an instructor or for a college or university course, please contact the Institute for details (307-399-4818) or email: rockymountain@mail2emergency.com

WYOMING CISM TEAM UPDATE

SWEETWATER ASSIST CISM TEAM MEETING MINUTES
Nov 19th 2008 5:30-8:00pm @ RSPD Training room

Attending: **RSFD**- Ben Fausett, Ron Atkins **RSPD**- Randy Hanson, Tracy Frisbee, Wauneta Lutes, Bob Cottrell
Emergency Mgmt- Judy Roderick **Family Dynamics**- Jill Johnson, Renee Schroeder **Christ's Ministries**- Bonnie Rice

Topics: We discussed the recent debriefings. The one from Daggett Co. - Judy went with Kate from SW Counseling and met with Shirley and Winston in Manila UT. They said they thought it went well and because of the debrief, they thought that it helped to open up communications between agencies in the area. They said there was a lot of grief from this one.

We talked about the request from Farson to do a debriefing. There was a team assembled, however the people from Farson called and cancelled the debriefing. Thanks to those who were ready to serve!!

We also had a debrief in Green River. Castle Rock Ambulance service called and requested a debrief for a 2 year old child that "coded". Jill and Renee along with Wauneta and Tasha did this one. It sounds like it went well. It was a difficult group at first that no one wanted to talk, but as it went on, they opened up. Having Tasha and Wauneta as peers was a big help in this one.

One of the things that came up was that, if a case is still ongoing, some people involved may not be able to discuss any "tactical issues" and we must respect them with their "emotional issues" in these cases.

Jill and Renee put on an in-house training on the Reaction, Symptom, and Training phases of a debriefing. It was a good training to show us some of the elements and how to address them in a debriefing. They did a GREAT job and it was very informative. THANKS !!!!

Along with this issue, I have enclosed a copy of the application for the Rocky Mountain Disaster Mental Health Institute CISM Responder Certification form. Look it over and we will discuss it at the December Meeting. It is also on the web site and at "Sweetwater_Assist" at yahoo.com e-mail - password is "rocksprings"

NEXT MEETING: TUES DEC 16TH 2008 - 5:30-7:00PM @ RSPD TRAINING ROOM **REMINDER:** Meetings are ALWAYS the 3rd Tues of the month at the RSPD training room 5:30-7:30

CAMPBELL COUNTY CRITICAL INCIDENT RESPONSE TEAM Presents: **Group Crisis Intervention Course**

Friday and Saturday, January 16 & 17, 2009 - 8:00 AM to 5:00 PM each day. Community Room, Campbell County Fire Department, Station One. Instructor: Gordon E. Harper, Chaplain Harper is the Training Coordinator for CC CISM.

Cost: \$100.00, (due with registration) - includes all training materials and Certificate of Completion. (Note: If you have previously completed this course for a certificate, you may audit this session for \$45.) Students are responsible for lodging and/or meals. **To register, contact:**

Bob Rudichar, CC CISM Team Coordinator, (307) 660-3777 or Gordon Harper, CC CISM Training Coordinator, (307) 680-6286 **REGISTRATION DEADLINE: DECEMBER 22, 2008**

**VA Sends Latest Gulf War Illness Report to IOM for Review**

WASHINGTON (Dec. 1, 2008) -- The Department of Veterans Affairs (VA) has sent the October 2008 report from the VA Research Advisory Committee on Gulf War Veterans' Illnesses to the National Academy of Sciences' Institute of Medicine (IOM) for review and recommendations.

The October report from the advisory committee identified potential causes for -- and asserted that research supports the existence of -- a multi-symptom condition resulting from service in the 1990 - 1991 Gulf War, which the committee identified as Gulf War Illness (GWI).

Because VA has traditionally and by law relied upon IOM for independent and credible reviews of the science behind these particular veterans' health issues, Secretary of Veterans Affairs Dr. James B. Peake has asked IOM to review the advisory committee's report before VA officially responds to the report's conclusions.

"I appreciate the committee's work on this report, and I am eager to see the results of further independent study into their findings," Peake said. "Of course, VA will continue to provide the care and benefits our Gulf War veterans have earned through their service, as we have for more than a decade."

VA has long recognized conditions, granted benefits and provided health care to Gulf War veterans suffering from a broad range of symptoms, even though these conditions have not been scientifically recognized as a specific disease or injury or GWI.

These include chronic fatigue, persistent rashes, hair loss, headaches, muscle pain, joint pain, neurologic symptoms, neuropsychological symptoms (such as memory loss), respiratory system symptoms, sleep disturbances, gastrointestinal symptoms, cardiovascular symptoms, abnormal weight loss and menstrual disorders.

RESOURCES: Two list-serve resources you might find helpful:

The Crime Victim Organization Network is a national group that was created to provide victim advocates with a place to collaborate in real-time about topics pertaining to public safety, as well as supporting and serving victims of crime. To join, or find more information about this group, visit <http://groups.yahoo.com/group/CrimeVictimOrgNetwork>

Monday Morning Missives is a national group formed by Anne Seymour to provide new resources for those providing services to victims of crime. This is a once-per-week email with facts, tips, reminders, and resources for advocates, volunteers, executive directors, and more! To join this group, send a blank email to MondayMissives-subscribe@yahoogroups.com.

WYO CISM NET PLANNING

The Rocky Mountain Region Disaster Mental Health Institute will be developing proposals for grant and other funding for 2009 and further years (five years if approved) to help offset the costs of trainings, workshops, and conferences and to pursue development of new relevant courses for CISM Teams and mental health professionals working with disaster and critical incident recovery. We are also seeking funding to provide salaries for a Director/CEO and an Administrative Assistant Office Manager.