



POST EVENT TOOLKIT

National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC)

Witnessing a death or serious injury, or even activating an Emergency Action Plan (EAP), can have profound and long-lasting emotional effects upon students, coaches, teachers, athletic trainers, school nurses, friends and administrators. Research shows that even those trained to deal with grief, such as emergency workers, are affected physically and emotionally by critical events such as these.

The purpose of this toolkit is to provide a framework in dealing with the administrative, technical and emotional burden surrounding a catastrophic or near catastrophic event (critical events). This guide does not replace the Grief Protocol developed by many school districts but should be viewed as a supplement. Examples of Grief Protocols can be found at:

https://www.k12northstar.org/cms/lib010/AK01901510/Centricity/Domain/57/Safety%20Information/deathprotocol2014_1.pdf

<https://opi.mt.gov/Portals/182/Page%20Files/Suicide%20Prevention/Documents/CopingSuddenDeath.pdf>

Catastrophic injuries are defined as: fatalities, permanent disability injuries, serious injuries (fractured neck or serious head injury) even though the athlete has a full recovery, temporary or transient paralysis (athlete has no movement for a short time, but has a complete recovery), heat stroke due to exercise, or sudden cardiac arrest or sudden cardiac or severe cardiac disruption.

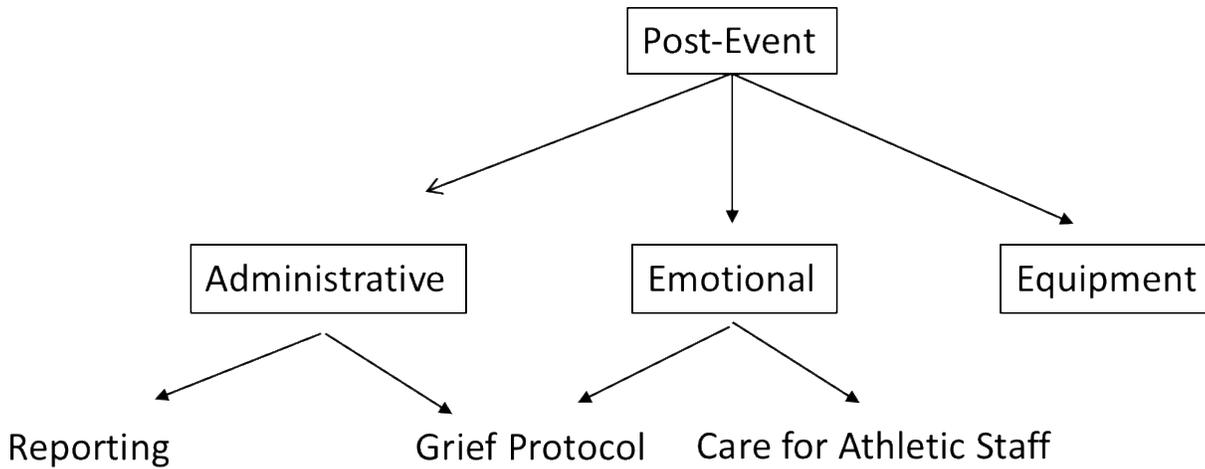
If the student lives:

Even when the student survives an incident, such as using an AED, many classmates will have questions. It is important to calm any fears the students may have and dispel rumors while protecting the injured student's privacy. A simple statement that respects the student's privacy but also explains to the student body and members of the academic team the events that occurred helps to dispel rumors and can demonstrate that effect of the school's preparedness program. More detailed information should only be shared if the families have given explicit verbal or written permission.

If the student dies:

Support from school personnel is essential when students experience the death of a friend or classmate. While each student will be affected differently depending on his or her developmental level, cultural beliefs, personal characteristics, family situation and previous experiences, there are some strategies that can be helpful in supporting bereaved students.

The George Washington University Center for Health and Health Care in Schools has a variety of resources on its website, <http://healthinschools.org/issue-areas/school-based-mental-health/trauma-and-grief-resources/>, to aid in supporting the mental health of students after a death due to shootings, suicide or a school-based traumatic event. Again, the Grief Protocol can be used as a guide.



Administrative Support:

1. The support of the community after a critical event requires a coordinated effort by many members of the school. Given the time sensitive nature required to mobilize these resources, it is best if the school has developed a Grief Protocol, where the roles of the different members are delineated. Examples of these can be found at:

[https://www.k12northstar.org/cms/lib010/AK01901510/Centricity/Domain/57/Safety%20Information/death protocol2014_1.pdf](https://www.k12northstar.org/cms/lib010/AK01901510/Centricity/Domain/57/Safety%20Information/death%20protocol2014_1.pdf)

<https://opi.mt.gov/Portals/182/Page%20Files/Suicide%20Prevention/Documents/CopingSuddenDeath.pdf>.

2. The event should be reported to the respective state high school association that oversees high school athletics and/or high school activities, if it is a catastrophic injury or a fatality related to high school athletics and/or high school activities.
3. Administrative tasks related to the use of the AED are listed below.

Emotional Support:

In consultation with the school’s legal counsel and mental health professional, schools should consider a debriefing after all critical events, timed as close to the event as possible, involving those closely involved in the event and response, including athletes, officials, coaches and medical staff. Debriefings are an effective method to mitigate the impact of critical incident stress and will reduce the incidence of an acute or delayed stress reaction.

When there is a tragedy, the resources available to help work through the practical and emotional aspects surrounding the death will vary. Many schools use a Crisis Management or Response Team, with membership usually composed of

the guidance counselor, school nurse, counselors, other building administrators, school social worker, school psychologist, educational consultants, etc.

Members of the team – superintendent, principal, teachers, support staff and the Crisis Management Team – all have roles in the management of a crisis as outlined in:

<https://opi.mt.gov/Portals/182/Page%20Files/Suicide%20Prevention/Documents/CopingSuddenDeath.pdf>.

When the death involves an athlete, the Crisis Management Team should also include the athlete’s coach. While the coach is often a confidant for students, he or she is not a trained social worker, and it is important to remember that the coach will need support as well.

Tips When the Whole School is Affected by a Student Death:

- Subject to privacy restrictions, including those in HIPAA and FERPA, a letter and/or direct communication via email or phone message should be sent to all parents and guardians informing them of the death. The following information should be included in the communication:
 - Facts about the death to dispel rumors.
 - Discussion of the range of feelings and reactions that may occur throughout the grief process.
 - Guidance about talking to their children about the death.
 - Indicators of the need for mental health counseling.
 - Direction on how to contact the school if they have questions or believe their child may benefit from counseling.
 - Direction on how to obtain community resources.
- Share factual information with staff (through meetings and bulletins), students (through class announcements and meetings), and parents (through letters/email/phone messages). All groups should be provided regular updates.
- Provide teachers with guidelines on how to share information about the grieving process with their students and establish referral procedures for students requiring additional support.
- Pay close attention to students who have experienced recent deaths or key life changes, witnessed the death or have known pre-existing emotional problems.

Tips for High School Students:

- Do not force students to share their feelings with others, including their peers, if they do not feel comfortable. Provide them with opportunities to share their feelings privately.
- Students often seek support via social media. Monitor what is being posted and shared. Encourage students to seek support for a friend in need.
- While developmental levels vary, students in their mid-to-late teens tend to express their feelings and grief in a similar manner as adults.
- High school students may use physical contact to show their support and empathy (e.g., hugging or touching the arm).
- Possible reactions include:
 - Poor school performance
 - Anxiety
 - Depression

- High risk behaviors or substance use
- Emotional numbing
- Suicidal thoughts

General Tips to Support Students of All Ages:

- Be understanding and tolerant of common grief reactions, which include decreased appetite, difficulty sleeping, a decreased ability to concentrate, increased sadness and social withdrawal. Students sometimes also feel anger toward the deceased for leaving them.
- Be simple and straightforward. Discuss death in developmentally appropriate terms for students.
 - Use words such as “death,” “die” or “dying” in conversations and avoid euphemisms such as “they went away,” “they are sleeping,” “departed” and “passed away.” Such euphemisms are abstract and may be confusing.
 - Let students know that death is not contagious. Although all human beings will die at some point, death is not something that can be “caught,” and it is unusual for children to die.
- Be brief and patient. The same question may need to be answered multiple times and key information repeated to ensure understanding.
- Listen, acknowledge feelings and be nonjudgmental.
- Feelings should be expressed in an open, calm and appropriate way that encourages students to share their feelings and grief.
- Avoid making assumptions and imposing one’s own beliefs on students.
- A variety of feelings are normal. Be sensitive to each student’s experience, as there is no one right way to respond to a loss. Feelings and behaviors will vary and may change throughout the bereavement process.
- Let students know that expressing feelings noted above is normal; however, if their expressions include risk to self (e.g., suicidal thoughts) or others, refer immediately to the appropriate professionals.
- Be sensitive to cultural differences of students and their families in expressing grief and honoring the dead.
- Consider a student’s intellectual abilities, behavior and conceptual understanding of death. For children with developmental disabilities, their limited communication skills do not mean they are unaffected by the death. Behaviors such as increased frustration and compulsivity, somatic complaints, relationship difficulties, and increased self-stimulatory behaviors may be expressions of grief.
- Maintain a normal routine and engage students in activities they previously enjoyed.
- Provide the opportunity to talk and ask questions and use these questions to guide further discussion. Encourage students to share feelings, but in ways that are not disruptive to the team or hurtful to other students.
- Keep in mind that some students may have a difficult time expressing their feelings or may not feel comfortable talking at school. Do not pressure these students to talk. Some may prefer writing, drawing, listening to music, or playing a game instead of talking about their feelings. Provide students with a variety of options for expressing grief.
- Help bereaved students find a peer support group. There will likely be others who have experienced the death of a loved one.

Language:

- Avoid comparisons. Saying “my father died, too” shifts attention to a competing loss and away from the grieving student.

- Also, avoid trying to comfort a student with any sentence that begins with "at least." Don't try to make light of or find good in the situation.
- The goal should be to support grieving students by making clear to them that they are safe and have someone with whom to talk.
- Remember, this is a long-term process – not just a one-day or one-month challenge.

Caring for the Caregivers:

While many resources are mobilized to aid in the support and recovery of students and friends, often those who provide care for the patient/coach/student (athletic trainers, coaches, school nurses, counselors, school administrators, teachers) are overlooked. However, as a result of supporting the victim emotionally and physically, caregivers are often drained and leave little reserve for themselves. It is very important that attention and resources be provided for these individuals so they can heal. Athletic trainers have a phenomenal resource from the National Athletic Trainers' Association (NATA) ATs Care Program – A Peer-to-Peer Support Network for Athletic Trainers and Athletic Training Students: <https://www.nata.org/membership/about-membership/member-resources/ats-care>.

Districts and schools should ensure that a mechanism is in place to provide support for individuals involved in the care of the victim(s).

Equipment:

When an AED is turned on, whether it is used or not, there is a checklist of activities to be completed to ensure that the AED is ready for use again.

AED Post-use Procedure Checklist - Documentation/Quality Assurance:

1. Quality assurance shall be maintained by way of retrospective evaluation of the medical care rendered by the authorized individuals on scene and during transfer of the patient to the appropriate transporting agency personnel. Documentation of the event should be completed no more than 24 hours after the event. The documentation should be initiated whether or not shocks by the AED are delivered and include the following:

- 1) Date
- 2) Event location
- 3) Person's name
- 4) Person's address
- 5) Person's telephone number
- 6) Person's sex
- 7) Estimated time elapsed from person's collapse until initiation of CPR, if witnessed or heard.
- 8) Total minutes of CPR prior to application of defibrillation
- 9) Person's response to treatment rendered, i.e., regained pulse and breathing.
- 10) Name of transporting agency
- 11) Name of authorized individual completing the report

2. Give all documentation to the predetermined school administrator/medical director.

3. The predetermined school administrator will contact the AED vendor to download event data. Do not remove the battery.

4. The predetermined school administrator/medical director should receive the documentation no later than one week from the date of the event.

5. Follow the manufacturer's instructions.

The predetermined school administrator, medical director and/or designee will review the AED record of the event and the AED Post-Incident Report and interview the authorized individuals involved in the emergency to ensure that:

- a. The authorized individuals quickly and effectively set up the necessary equipment.
 - b. When indicated, the initial shock(s) was delivered within an appropriate amount of time given the particular circumstances.
 - c. Adequate basic life support measures were maintained.
 - d. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.
 - e. The AED was activated safely and correctly.
 - f. The care provided was compliant with the internal emergency response guidelines.
5. The predetermined school administrator or medical director or designee should conduct emergency incident debriefing as needed.
6. If grief counseling is deemed necessary, referrals may be made to professional grief counseling organizations.

Equipment Maintenance:

1. Inspect the exterior and connector for dirt or contamination.
2. Check supplies, accessories and spares for expiration dates and damage.
3. Check operation of the AED by removing and reinstalling the battery and running a battery insertion test.

Quality Assurance Procedures:

1. The medical director will determine the occurrence and the range of action to be taken in response to identified problems or deficiencies, if any.
2. A copy of the AED Post-Incident Report is to be sent to the manufacturer as well. The manufacturer may be able to offer post use support services that are not restricted to: A certified service engineer's onsite AED inspection, immediate post-event supply replenishment, AED data download and clinical event review by a medical director, and onsite counseling.

Legal:

The death, or near death, of a student may result in legal action by the family in the weeks or months following the incident. Often, an investigation ensues. It is, therefore, prudent that someone is designated to facilitate collection of all materials important to the event.

1. Do not destroy or erase anything that can be considered evidence.
2. Player equipment such as shoulder pads, helmets, etc. should be collected and removed from future use.
3. Be sure to save any video of the event, if it exists. Online video (Hudl for example) should be removed from team access and provided to school/district supervisors.
4. There should be a debriefing session where a scribe takes notes regarding the events and the timing.
5. The school's general counsel and insurance representative should be consulted promptly.

The Good Samaritan Law generally provides basic legal protection for those who assist a person who is injured or in danger. In essence, it protects the "Good Samaritan" from liability if unintended consequences result from his or her assistance. All 50 states and the District of Columbia have some type of Good Samaritan Law, and it is important for everyone to know the laws in their states.

References:

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