

Responding to a Critical Incident

A guide for all GAA units and members

2015



Information

Title of the resource	Responding to a Critical Incident – a guide for all GAA units and members
Type of resource	This resource is intended to offer all GAA units a toolkit to support them in responding to critical incidents or situations. Support documents are referenced throughout the resource (for example R-1, R-2) all of which are available in the Appendix. All our units are encouraged to review this resource and adapt and adopt it for their own use.
Description	The aim of this guide is to help GAA units at all levels to: <ul style="list-style-type: none"> • better understand what a critical incident is • develop and maintain their own critical incident response plan to use should a situation arise • follow recommended practices when responding to critical incidents to the best of their capacity • ensure a consistency of care for all members following an incident regardless of the situation/location • identify and access the range of national and local support services that are available to them in such circumstances
Target audience	All GAA units and members (please note the word ‘unit’ which is referenced throughout this resource, refers to all GAA entities within the Association, be they councils, committees, et cetera, operating at international, national, provincial, county, or club level.)
Compiled by	GAA’s Community & Health Section and National Health & Wellbeing Committee
Organisations/clubs involved	Our gratitude goes to the members of the GAA’s National Health & Wellbeing Committee, Fiona Teague, Susan Kenny, Dr. Brendan Doody, and Justin Campbell, as well as HSE’s psychological services representative Dr. Jennifer Hayes, the National Office for Suicide Prevention, the Public Health Agency (NI), and the private health sector supported the development of this response through the facilitation of a one-day workshop in Croke Park in January 2015. Members of eight GAA clubs and two county’s that experienced broad and varied critical incidents in recent years contributed their invaluable experiences through this workshop into the development of this resource. Others too contributed by phone.
Reference materials	Material from the following resources has been referenced throughout this resource: <ul style="list-style-type: none"> • The HSE Guidance Document, Psychosocial & Mental Health Needs Following Major Emergencies • The HSE Practical Guide, Suicide Prevention in the Community • The National Educational Psychological Service (NEPS): Responding to Critical Incidents: Guidelines for Schools.
Distribution and availability	This resource will be made available to all GAA units through www.gaa.ie/community and the GAA’s Health & Wellbeing network.
Contact details (of the main contact for this document)	Community & Health Department, Croke Park, Jones Road, Dublin 3. Email: community.health@gaa.ie Ph: 01 8192300

Contents

Introduction	3
Critical Incidents and why to plan for them	4
Defining a critical incident	5
Lines of effective communication	6
Our role in responding to critical incidents	7
Developing your Critical Incident Response Plan	10
Good practice tips	12
National directory for support agencies and services	13
Appendix - Referenced resource sheets	14
R-1 - Sample Critical Incident Response Plan template	15
R-2 - Template for useful contacts	16
R-3 - Sample support letter for members	18
R-4 - GAA/GPA Critical Incident Response information & guidelines	19
R-5 - Guidelines for dealing with the media following a critical incident	26
R-6 - Sample announcement to the media	27
R-7 - Good practice guidelines following the death by suicide of a club member	28
R-8 - Republic of Ireland Regional Suicide Resource Officers contact details	32
R-9 - Northern Ireland Mental and Emotional Wellbeing and Suicide Prevention personnel contact details by Health and Social Care Trust Areas	33
R-10 - What a debriefing session is and involves	37
R-11 - A squad session following news of a critical incident – a handout for officers/coaches	38

Introduction

The GAA reaches into every parish in Ireland and continues to extend its presence overseas with over 400 units now established internationally. Throughout its existence the Association has provided phenomenal support to its members and its communities through good times and bad. It is often during unexpected crisis situations or tragedies that the Association comes into its own by rallying around those affected to provide an appropriate community-based support and response system.

Certain situations, due to their severity or complexity, can overwhelm a club or county's natural capacity to respond. These are often referred to as critical incidents. Since its formation in 2012 the GAA's Community & Health section has received **approximately 30 requests annually** from GAA units seeking support in the aftermath of a critical incident. The circumstances vary enormously.

The potential list of 'critical incidents' is non-exhaustive (some examples are outlined later in the document). What one unit may consider a 'critical incident' another may not depending on the situation, the knowledge/experience/personnel they have at their disposal, and their capacity to respond. The nature of each response will also depend entirely on the circumstances of the incident – for example whether it happened on club grounds or within the wider community.

Irrespective, it is important to remember that the GAA club or unit is usually just one entity within a community affected by a critical incident (including, perhaps, amongst others, the local school(s), youth club, emergency and primary/secondary care services, churches/pastoral centres etc). No GAA unit is expected to take on the burden of responding alone – help is out there if required. Of the utmost importance is ensuring that any families involved remains at the centre of any response.

Critical Incidents and why to plan for them

People have remarkable coping skills and mechanisms however at times we can all use a helping hand in overcoming the challenging events life occasionally presents us with.

Research shows that people with greater social supports, such as those provided by the GAA, tend to be better adjusted regardless of exposure to a critical incident. (HSE, 2014)

Sometimes a critical incident – one that overwhelms one’s natural capacity to respond – will arise leaving individuals or communities struggling to cope. GAA clubs and counties have proven themselves invaluable in supporting their members’ and communities in responding to an array of tragic and seemingly insurmountable situations.

However, sometimes our units need support in responding to critical situations too.

Preparing a critical incident response plan in advance will better prepare units for the challenges such situations may present. This resource is intended to:

- Reassure clubs of the importance of the natural support system they provide as a community organisation (in fact in most situations nothing more is required).
- Highlight some of the recommended best practises for responding to crisis situations by community organisations such as the GAA.
- Offer a toolkit from which units can develop their own critical incident plan highlighting key roles and responsibilities.
- Help identify appropriate local and national agencies/entities that units can turn to during crisis situations.
- Highlight the supports that are available through the GAA’s own structures.

Hopefully your club, county or members will never need to turn to their critical incident plan once it has been developed. However having a plan in place during unexpected critical incidents can make highly stressful and painful situations less so.

No template can account for every possible scenario, however, this resource aims to highlight some key principles, roles, duties, and support systems that will better enable your unit make its way through uncharted waters.

Defining a critical incident

The GAA, its clubs, counties, and all other units, provide great support during and after all manner of incidents that may have traumatic or tragic consequences for members and their communities. This natural response, which may include providing a comforting place for those affected to come together in the club house, arranging stewarding around a wake house or providing a guard of honour – usually requiring no external expertise or input. Nonetheless, it has been identified as an invaluable support to those involved. However, some situations can overwhelm even the most experienced and well prepared GAA officers and units. This resource is designed to offer some assurance about what steps to take in such situations, while also highlighting that other support services – both within the GAA and external to it – are available should they be needed. All it takes is a phonecall. That reassurance can be invaluable in times of stress.

A critical incident is any event that is outside the range of usual human experience. It is an event that causes an unusually intense stress reaction which has the emotional power to overwhelm an individual's usual ability to cope. It may impede people's coping mechanisms immediately or in the future following the event. (GPA/GAA guidelines, 2014.)

Key point – It is normal to experience all kinds of unpleasant feelings, emotions and body sensations following abnormal events. (See R-4 in Appendix to view the GAA/GPA information sheet on normal responses to abnormal events)

Examples of critical incidents may include:

- Death or serious injury on or off the playing field
- Exposure to the aftermath of a road traffic accident e.g. the accident scene, the victim(s)
- Personal loss or injury, real or threatened to a child or adult
- Being violently threatened
- Close encounter with death
- Suicide of a club member (this tragic situation can cause extreme distress and confusion for everyone involved. Guidelines developed by professional services highlighting the most appropriate responses following a death by suicide by sporting organisations are available. Some of this information has been included in a special section on suicide in the Appendix section of this resource.)
- A situation with excessive media interest
- A natural disaster or act of God
- Other incidents not covered above but which are associated with unusually strong emotional reactions

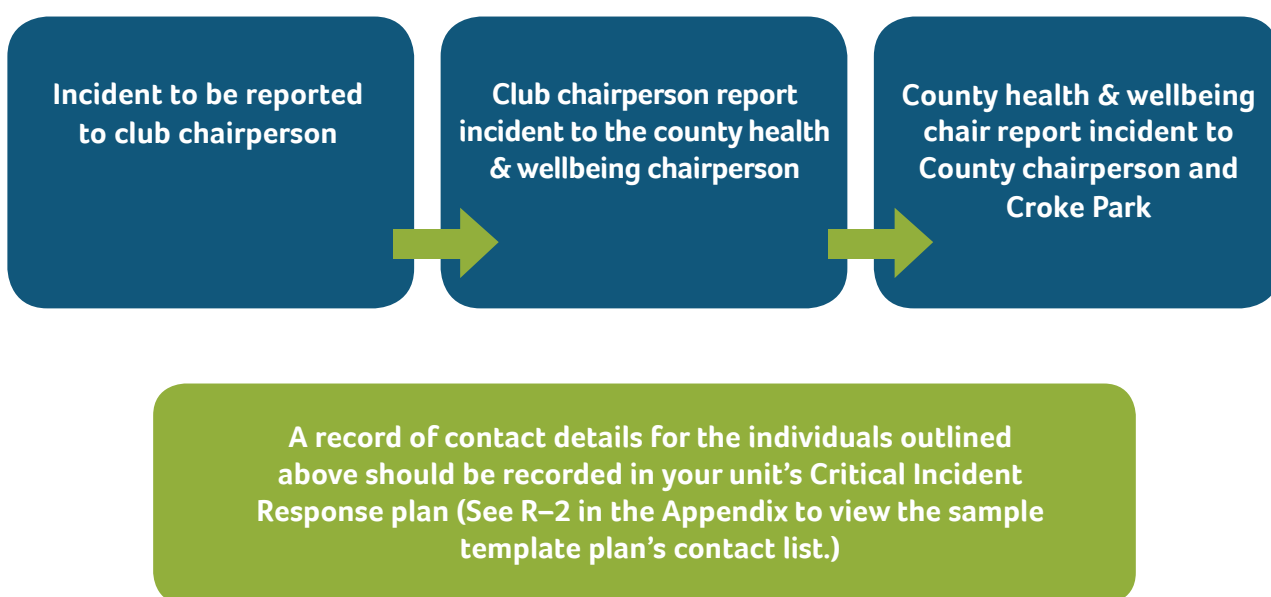
A unit may feel adequately capable of responding to any of these situations and may not feel the need to classify any of the above as a critical incident. Factors impacting on a club's own ability to respond may include:

- Levels of appropriate knowledge or experience in the club – officers/members may deal with such situations as part of their daily or professional lives, e.g. nurses, Gardai/PSNI members, counsellors, doctors, suicide resources officers or trained responders
- Previous experience of successfully handling similar situations
- Good existing links with local support services
- Having a tried and tested Critical Incident Response Plan in place

Lines of effective communication

If club officers/members/coaches feel excessively challenged or inadequately prepared to deal with a situation it is always better to err on the side of caution. Effective communication is one of the key principles when responding to a critical incident. Effective lines of communication will help GAA units access any support they need both within the Association and external to it. When reporting or seeking support a unit should contact their county health & wellbeing committee chairperson in the first instance, who will notify Croke Park if necessary. In extreme cases the club may make directly contact Croke Park for support and guidance.

Figure 1: Recommended avenues for communicating a critical incident.



Our role in responding to critical incidents

Experts have encouraged following these **5 Key Principles** during any crisis situation or critical incident.

1. **Promote a sense of safety**
2. **Promote a sense of calm**
3. **Promote a sense of self-efficacy and collective efficacy (i.e. the capacity to deal with the situation)**
4. **Promote connectedness**
5. **Promote hope**

These simple yet effective steps help support personal and collective responses to any critical incident. Abnormal events trigger normal responses that may seem alien to those experiencing them. It is important to normalise these responses. (HSE, A Guidance Document, Psychosocial & Mental Health Needs Following Major Emergencies.)

Supports are out there

It's important to remember that the GAA will usually be just one entity playing a part in any response to a critical incident. Figure 2 outlines some of the other entities that may be involved in a community response. It also highlights the importance of having the affected family or families at the centre of any plan while being consulted on all actions. Other at risk persons will be to the forefront of considerations too.

Key point – Always consult with those affected to see what level of support they want. A club may feel they are responding effectively but in some incidents this may not be aligned with the wishes of the family.



Figure 2: Some potential participants involved a community - based response to a critical incident.

* In addition to the individuals directly affected, other 'at risk' persons are amongst those most likely to suffer distress as a consequence of an incident. Evidence would suggest that these may include those who:

- directly witnessed death/injury/violence as part of the incident
- are uninjured, but were at greatest risk
- are siblings of those immediately affected
- may blame themselves and/or those who may be blamed by others
- are experiencing instability at home
- have learning difficulties
- have pre-existing emotional and behavioural/mental health difficulties
- are vulnerable due to cultural and/or language difficulties
- have previously suffered bereavement or loss

(GAA/GPA Critical Incident Response Information and Guidelines, 2014)

By playing a part in the above (figure 2) continuum of care cycle a local GAA club can help:

- Minimise the impact of the incident by supporting an appropriate, timely and flexible response
- Provide accurate information about the current situation to those affected and other stakeholders involved in the response
- Respond to the phased need of those affected including reassurance about normal responses to abnormal events, grief, or trauma
- Strengthen the sense of unity and the efficacy of the community response
- Offer signposting to more appropriate services as defined by need
- Support the immediate needs of the family or next of kin

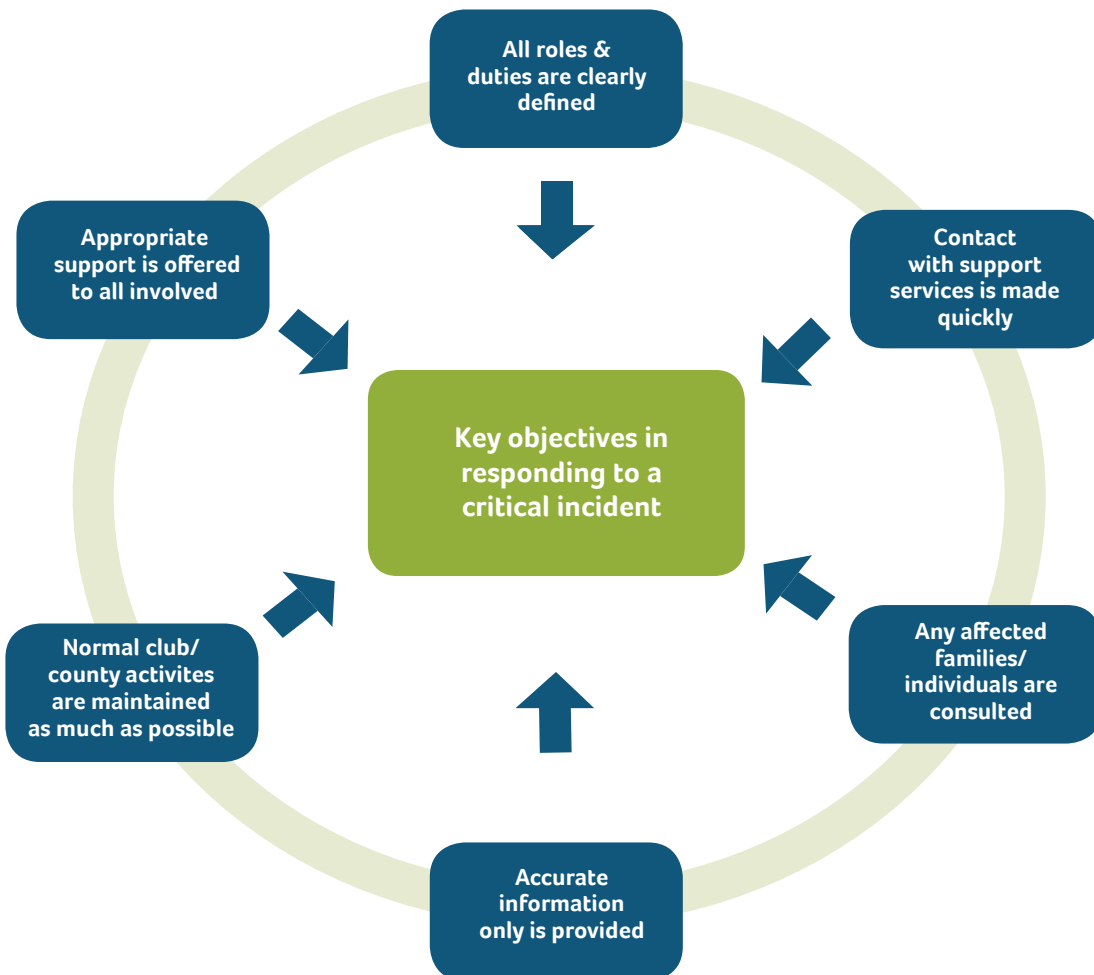


Figure 3: Key objectives in responding to a critical incident.

Developing your Critical Incident Response Plan

The **five steps** below offer a guide for clubs when developing their own critical incident response plan. At the time of a crisis there can be a number of tasks a unit may need to carry out. By identifying **key roles and duties** in advance of an incident there will be a clear statement of who will do **what, when and how**. A good plan also ensures that no individual is overburdened and that important elements in the response are not forgotten. A sample response plan template is provided in **R-1** in the Appendix which units may find helpful.

Step 1- 5:

1. Nominate a designated liaison person and support team to oversee the plan...

- Designated person should be suited to the role. They should have an interest in this type of work and some particular skills (e.g. communication skills, calm approach, good coordinator)
- Nominate an alternative lead person in case designated person is unavailable
- Responsibilities attached to the various roles should be clearly outlined

2. Outline the key roles involved...

These may include:

- Incident liaison person (e.g. club chairperson, health & wellbeing officer)
- Garda /PSNI contact
- Media relation person (e.g. club chairperson, club PRO)
- Community/Support agency contact
- People named in the plan with responsibilities should provide 24 hour contact information

Always ensure those leading out on a response have all the support they need. It can be a stressful role and those coordinating the care of others may neglect their own care. Watch out for each member of the response team.

3. Highlight potential duties when responding to a critical incident...

These may include:

- Liaison with those directly affected and if required outside agencies or services
- Obtain information and record actions taken
- If necessary manage any media relations/enquiries (See **R-6** in the Appendix for a sample media notification message)
- Monitor the club's response throughout the process
- If necessary organise a debriefing meeting for club members or specific groups (e.g. coaches, players, juveniles, parents). Please **see R-10 and R-11** in the Appendix for advice relating to debriefing and what may be involved.

4. Identify relevant resources and services available to the club...

- Each community/county will have various agencies/support groups that may be called on during or after specific incidents. These should be identified and contact details recorded in your plan. When making contact you should inform the external party that you intend including them in your contacts list.
- To facilitate this 'mapping process' two online resources are available that list all recognised services in both the Republic of Ireland and Northern Ireland:
 - For ROI visit <http://www.yourmentalhealth.ie>
 - For NI visit <http://www.mindingyourhead.info>
- The Appendix to this resource also includes additional support resources for units, such as support letters for members, advice sheets for those affected or managing a situation, guidelines when dealing with the media.

5. Review the plan annually or following a critical incident...

- After managing a critical incident it is good practice to review the procedures and amend the plan in the light of experience and lessons learned. This should also be carried out annually regardless of an incident having happened.

Checklist for reviewing the critical incident response plan

- ✓ Have key roles been clearly identified and tasks clearly outlined?
- ✓ Are personnel suitable?
- ✓ Has contact been made to external agencies?
- ✓ Is the contact list appropriate and complete?
- ✓ Are materials such as press releases, letters readily available, for adaption to suit the particular circumstances?
- ✓ Are telephone numbers on contact lists up-to-date?
- ✓ Has a date been set for a review of the plan?
- ✓ Where will the plan be kept and are people aware of this?

Good practice tips

The following is a summary of some good practice tips to follow:

- Always consult with those affected to see what level of support they want from the club, if any.
- A General Practitioner (GP) should be recommended as the first point of contact if an individual needs help.
- Ensure the response is consistent throughout the process.
- Keep a log of events with times and details of actions and decisions taken. This could be important for any subsequent inquiry which could range from an internal club/local authority review to a formal inquiry/legal inquiry.
- Be familiar with all the appropriate local services and agencies that are available and ensure that the contact numbers are checked and updated every year. This is really an invaluable exercise. Go to www.yourmentalhealth.ie or www.mindingyourhead.info for a one stop directory of recognised national & local services.
- Ask the questions regarding support services – what can they deliver? And when can they deliver? Do they respond at weekends?
- Only keep open clear lines of communications which will cut out any rumours or miscommunications.
- Be mindful of any relevant procedures in both jurisdictions (ROI/NI).
- To ensure consistency of message, only one person should deal with any media inquiries. (**See R-5** in the Appendix for guidelines on dealing with the media).
- If there is a club or county match scheduled always check in with those involved to see how they would like the club to manage fulfilling the fixture.
- Be careful about using the term counselling in the aftermath. People understand it to mean different things so it can be misleading.
- Cases of suicide bring with them a particular set of challenges and very specific recommendations as to how to respond appropriately. Fortunately there are also skilled services available – both statutory and voluntary – to guide units through such tragic situations.
- See **R-7, R-8, and R-9** for **good practice guidelines following the death of a member by suicide**, and a list of the contact details of those professionals employed by the HSE/PHA to support communities in responding to such tragedies.

Key Point - Remember that the role of the club is primarily to act as a sign-posting service to the supports that are available. Boundaries should be appreciated and getting the balance between what a voluntary entity can offer as opposed to what professionals can is important. Do not take on too much.

National directory for support agencies and services

During a critical incident it is important to source help and support as quickly as possible for yourself or for anyone the club might be concerned about. If you feel you need further help and support as a consequence of being involved in a critical incident, you are advised to contact:

- Your family General Practitioner or a health centre by visiting the HSE.ie online service provider. In Northern Ireland (NI) go to <http://www.nidirect.gov.uk/index/information-and-services/health-and-well-being/health-services/doctors-dentists-and-other-health-services.htm>
(If it is late in the evening, night time or the weekend contact a G.P Out of Hours Service).
- **Samaritans** (Official mental health partner & support helpline of the GAA)
Free helpline: Samaritans is a free helpline available 24 hours a day, 7 days a week for anyone struggling to cope.
 - **116 123** in the Republic of Ireland
 - **08457 90 90 90** in Northern Ireland, or
 - **Email** jo@samaritans.org
 - Visit www.samaritans.ie for details of the nearest branch.

For Republic of Ireland contacts:

- visit <http://www.yourmentalhealth.ie/> for your 'one stop' online resource which has been developed and funded by HSE National Office for Suicide Prevention (NOSP).
- Console is a Republic of Ireland support and counselling to those bereaved by suicide. You can call Console on **1800 201890**.
For more information visit www.console.ie
- ChildLine is a 24-hour confidential phone line for children and young people.
Helpline **1800 666 666**. For more information visit www.childline.ie

For Northern Ireland Contacts:

- For NI visit <http://mindingyourhead.info/> for your 'one stop' online resource which has been developed and funded by Public Health Agency (PHA).
- Lifeline is a Northern Ireland crisis response helpline service operating 24 hours a day, seven days a week. If you're in distress or despair, you can call Lifeline on **0808 808 8000** and talk to an experienced counsellor in confidence. For more information visit www.lifelinehelpline.info

Appendix - Referenced resource sheets

- Resource 1:** Critical Incident Response Plan template
- Resource 2:** Template for useful contacts
- Resource 3:** Sample support letter for clubs
- Resource 4:** GAA/GPA critical incident response information & guidelines
- Resource 5:** Guidelines on dealing with the media following a critical incident
- Resource 6:** Sample announcement to the media
- Resource 7:** Good practice guidelines following the death by suicide of a club member
- Resource 8:** Republic of Ireland Regional Suicide Resource Officers contact details
- Resource 9:** Northern Ireland Mental and Emotional Wellbeing and Suicide Prevention Contacts in each of the five Health and Social Care Trust Areas contact details
- Resource 10:** What a debriefing involves
- Resource 11:** Possible approaches/things to include in a squad session following news of a critical incident



R-1 - Sample Critical Incident Response Plan template

Critical Incident Response Plan

Club/County Name:

Lead liaison person: _____ Alternative liaison person: _____
Contact No: _____ Contact No: _____
Alternative No: _____ Alternative No: _____
Email: _____ Email: _____

Support team:

Name: _____ Contact No: _____
Name: _____ Contact No: _____
Name: _____ Contact No: _____
Name: _____ Contact No: _____

Media Liaison Person:

Name: _____ Contact No: _____

Key Roles: _____

Key Duties: (Short-term, medium-term and follow up actions)

Review Date: _____ By: _____

R-2 - Template for useful contacts

Use the following table(s) to record the contact details of key personnel and people in your area that you think might be useful. We've included a few titles in alphabetical order to get you started.

Useful GAA contacts

Contact	Contact Person	Contact Details
Club Chairperson		
Club Health & Wellbeing Officer		
Club Children's Officer		
Club PRO		
County Health & Wellbeing Chairperson		
County Children's Officer		
County PRO		
National Children's Officer (Croke Park)		
Community & Health Manager (Croke Park)		

Useful service contacts in your area

Contact	Contact Person	Contact Details
Accident & Emergency		
Bereavement Support Services		
Citizens Information Centre		
Community First Responder		
GP/Family Doctor		
Gardaí/PSNI		
Health Centre		
Journalist & other media contacts		
Mental Health Services		
School Principal		
Social Services		
Suicide Resource Officer/Suicide Prevention Officer		
Youth Services		

R-3 - Sample support letter for members

Support Service for _____ Club/County members

We are all in shock from the untimely death of _____.

To lose a loved one like _____, a dear friend and team mate, is one of the most difficult life experiences you will have to face.

When the death is sudden and tragic, _____ family and friends must cope with the sadness of their loss plus all their additional heightened feelings like confusion, questioning of self, anger and coming to terms with his death.

Should you wish to speak to someone in confidence about how you feel or if you need help or guidance to come to terms with _____ death, please call:

Samaritans, official helpline of the GAA and available 24-7, on their free-phone number 116 123 in Republic of Ireland or 08457 90 90 90 in Northern Ireland. Or Lifeline is a Northern Ireland crisis response helpline service operating 24 hours a day, seven days a week. If you or someone you know is in distress or despair, call Lifeline on 0808 808 8000.

The above is a confidential service available to you and we encourage you to avail of it and call, if you need to talk to someone.

Equally, should you know of any of your friends or colleagues, who are struggling to come to terms with _____ death please encourage them to call also, or talk to a loved one about their feelings.

We also ask you to keep an eye out for each other, not to be shy or embarrassed about asking for help and to talk to and support each other during what is a very difficult time for us all.

If there is anything we can do to help and support you please let us know. We will get through this tragic time together.

_____, Chairperson,

on behalf of the _____ Club Committee.

Phone: (insert your number here if you feel it is appropriate for any additional enquiries)

R-4 – GAA/GPA Critical Incident Response Information and Guidelines

Foreward

Cumann Lúthcleas Gael and the Gaelic Players Association (GPA) are committed to the welfare of its players, clubs, individuals, families and communities. In recent times, there has been an increase in the number of contacts made to the GAA/GPA as a result of ‘exceptional circumstances’ or ‘critical incidents’ and to this end the following document has been provided to assist those players, clubs, individuals, families and communities.

No document can account for all ‘exceptional circumstances’, or for the reactions of individual(s) which will be different depending on if they are adult(s) or children, whether they witnessed the event(s) or, have close or distance relationships with those involved, etc. Nevertheless we have tried to capture the normal responses that many people experience following exceptional circumstances.

Introduction

Do you or someone you know experience disturbing images, flashbacks, try actively to forget these memories and can’t, feel sad and numb, can’t think straight, are unable to concentrate, are irritable, shudder when you hear a sudden noise, and cannot sleep. If so, you may be experiencing an intense stress response following an exceptional circumstances often termed a “critical incident”. In fact this is a normal reaction to an abnormal event.

This advice sheet is presented to those who may have experienced such an incident that brought about these intense stress responses. It offers the opportunity to make some sense for you or your club member experience(s). You are invited give this advice sheet to a friend or club member who may be experiencing distress following an exceptional event(s). The events that may generate these reactions are known as a “critical incidents”.

What is a Critical Incident?

A traumatic or critical incident is any event that is outside the range of usual human experience. It is an event that causes an unusually intense stress reaction which has the emotional power to overwhelm an individual’s usual ability to cope. It may impede peoples coping mechanisms immediately or in the future following the event. It may impair their ability to adjust, and it may negatively impact on their work.

Examples of Critical Incidents include

- Death or serious injury on or off playing field
- Exposure to the aftermath of a road traffic accident e.g. the accident scene, the victim(s),
- Personal loss or injury, real or threatened to a child or adult
- Being violently threatened
- Close encounter with death
- Suicide of a club member
- A situation with excessive media interest
- Other incidents not covered above but which are associated with unusually strong emotional reactions

Normal Responses to Abnormal Events

A critical incident is an emotional shock. It is not easy to take in what has happened and to come to terms with it. After a critical incident, it is normal to experience all kinds of unpleasant feelings, emotions and body sensations. During this time, memories and images of the critical incident, and thoughts about it, come into your mind even if you try to shut them out. These experiences may be confusing and even frightening. You may wonder if you will ever get over the critical incident, if you are losing control of yourself, or even if you are going mad. These worries are entirely understandable.

However, you will discover from this advice sheet that the thoughts, feelings and sensations you are experiencing are **a normal reaction** to stress, and show that your body and your mind are working to come to terms with the critical incident. Each person reacts to critical incidents in their own unique way. Nonetheless, there are common reactions which many people share. This advice sheet describes some of these common reactions.

How Does Our Mind Respond After A Critical Incident?

FLASHBACKS	Memories or flashbacks where images or feelings associated with the critical incident come into mind when you don't want or expect them.
NIGHTMARES	Distressing dreams or nightmares about the incident
REMINDERS	Anxiety or distress when you see or hear something that reminds you of the critical incident e.g. T.V., news items, a film, etc.
TRYING TO FORGET	You actively try to forget or put out of your mind thoughts and recollections of the critical incident
CONCENTRATION DIFFICULTIES	Problems with thinking, in concentrating or remembering things
PREOCCUPATION	Preoccupation with the critical incident
UNABLE TO RECALL	You may not be able to remember particular aspects of the critical incident even when you want to.

Why Does Our Mind Respond To Critical Incidents In This Matter?

It is important to remember that these reactions are temporary. They are a result of intrusive and distressing feelings and memories about the critical incident. In an attempt to make sense of what happened to you, your mind is constantly going over the critical incident, bringing it back up, chewing it over, trying to digest it. Naturally this means that you have less mental space available to concentrate on other things.

These experiences are intrusive – they happen whether you want them or not, and you may well come to feel that you have no control over what you are feeling, thinking and experiencing, day or night. Trying to push flashbacks and memories out of your mind will not stop them from coming back, and may in fact make them all the more persistent.

How Does Our Body Respond After A Critical Incident?

PHYSICAL SYMPTOMS	Physical symptoms such as tense muscles, soreness in neck, shoulders and back, trembling or shaking, heart palpitations, diarrhoea or constipation, nausea, headaches, sweating, tiredness, exhaustion and fatigue.
DISTURBED SLEEP	Sleep problems including falling and/or staying asleep, waking in the middle of the night, distressing dreams or nightmares.
IRRITABLE	You may become more irritable or more short-tempered. You may find yourself snapping at people close to you, or losing your temper for trivial reasons.
INABILITY TO UNWIND	You may find that you have an inability to unwind or relax
JUMPY	You may be more “jumpy” than usual or easily startled by loud noises or sudden movements
AVOIDANCE	You may find yourself avoiding situations or thoughts that remind you of the critical incident
LOSS OF INTEREST	Lack of interest in usual activities, including loss of appetite or sexual interest

Why Does Our Body Respond To Critical Incidents In This Matter?

Physical Arousal is a common reaction to critical incidents. After critical incidents adrenaline, a powerful hormone is released to help you to respond adequately to threat or danger. After a critical incident, your body may stay constantly on the alert, prepared for instant action, even though the critical incident has passed. The critical incident has forced you to realise that there is danger in the world, and you are all set to deal with it. It is as if your body has failed to realise that the danger is past. Your body stays on “red alert” and it continues to react as if you are still under threat. With high levels of adrenaline in your body this is why you may feel keyed up, tense, jumpy, irritable and have trouble sleeping.

Avoidance is a strategy to protect yourself from things that you feel have become dangerous, and thoughts and feelings that seem overwhelmingly distressing. While avoidance reduces distress in the short term, it is not always the best longer-term strategy for getting over the critical incident and one is advised to confront their avoidances.

How Does Our Emotions Respond After A Critical Incident?

FEAR & ANXIETY

of being alone or other frightening situations
of damage to oneself and those we love
of being left alone, of having to leave loved ones
of “breaking down” or “losing control”
of a similar event happening again

ANGER & IRRITABILITY

You may feel angry at what has happened, at whoever caused it or allowed it to happen, at the injustice and senselessness of it all, at the shame and indignities, at the lack of proper understanding by others. You may ask WHY ME?

HELPLESSNESS

Critical incidents show up human powerlessness, as well as strengths. Critical incidents can make people feel powerless and out of control

SADNESS

for deaths, injuries and losses of every kind and feelings of loss or aloneness. Your mood may be low you may have feelings of hopelessness and despair, frequent crying spells.

EMOTIONAL NUMBNESS

The loss of the ability to feel anything very much, including affection and pleasure is another common way of trying to cope with painful feelings and thoughts about the critical incident. It may include feeling alienated from people you care about. Because they have not experienced what you have, it is as if they cannot possibly understand what you are going through.

GUILT

You may feel guilt related to something you did, or did not do, in order to survive during the critical incident. Guilt may be present for being alive, not injured, for being better off than others.

SHAME	You may feel shame for having been exposed as helpless, emotional, needing others or for not having reacted as one would have wished.
NUMBNESS	The shock of the incident can leave you feeling numb and emotionally exhausted.
LOSS OF CONTROL	Following a critical incident, your life, and the lives of those you care about, may have been threatened. You may have felt that you had no control over your feelings, your body, your physical safety, or your life. Sometimes the feelings of loss of control may be so intense that you may feel as if you are “going crazy” or “losing it”.
LOSS OF INTEREST	Loss of interest in people and activities you used to enjoy often follows critical incidents. Nothing may seem much fun to you any more. You may also feel that life is no longer worth living, and that plans you had made for the future no longer seem important or meaningful.
MIXED-UP	You may find that your emotions are “all mixed-up”.
FUTURE FEARS	You may feel that something dreadful is going to happen to you or your loved ones in the future

Why Do Our Emotions Respond To Critical Incidents In This Manner?

Critical incidents impact powerfully on our minds and bodies. As a result there are numerous challenging emotions present. The complexity of the human condition tries to make sense of these experiences. Consequently, feelings of the experience tend to come into our minds. It is generally thought that this may in fact be part of a natural healing process as our brains try to come to terms with what has happened.

How Do Critical Incidents Impact On Our Family And Social Relationships?

Flashbacks, nightmares, sleep disturbance, anxiety, low mood, anger and irritability may lead to strains in family and social relationships. Given the intensity of thoughts, feelings and emotions you are experiencing, you are more likely to express your frustration and unhappiness with those closest to you. Consequently strains in relationships may appear. This is normal. It would be helpful to give your family or close friends this advice sheet so they can try to understand what you are experiencing.

Is there anything that will help my recovery?

Although people may recover in many different ways it is generally thought that the following may help:

- Being able to talk through your feelings.
- Support and understanding from friends and/or family.
- Gradually getting yourself back to work.
- Trying to make sure you are still doing enjoyable or pleasurable activities.
- Spending enjoyable time in others' company.
- Lots of rest and relaxation, to help body and mind to recover.

Is there anything I might be doing that may not help my recovery?

Again, although there are no hard or fast rules, it's generally thought that the following may not be helpful:

- Refusing to think about the critical incident or anything relating to it.
- Refusing to talk about feelings and thoughts.
- Carrying on as if nothing had ever happened.
- Avoiding anything that might remind you of the critical incident.
- Becoming withdrawn and not doing anything enjoyable.
- Thinking about nothing other than the critical incident.
- Using alcohol and other drugs to numb the effects of the critical incident

How Long Will These Reactions Last?

You may find that returning to your normal self takes some time and that you have periods when thoughts or feelings related to the critical incident come back. There may be some aspects of your experience you will never forget. Many people find that the nightmares and flashbacks decrease, though this commonly takes up to a year or so.

As the time since the critical incident increases, feelings that there is a danger around every corner also tend to become less. However, many people remain more sensitive to danger than they were previously, though this does not necessarily make people overcautious, perhaps just more realistic than others.

How Will I Know When I've Recovered?

People generally feel they've recovered when they are able to enjoy life again, and when they return to activities they did previous to the critical incident. When the nightmares and flashbacks have decreased. When they do not restrict their activities or avoid doing something because it reminds them of the critical incident. When you find that you are able to talk about it without becoming very distressed.

Some people seem to recover well without professional help, but with much support and encouragement from friends and family. However, some people find that additional help is needed in order to reduce the physical, thoughts and emotional feelings associated with critical incidents and to put it in the past where it belongs.

When To Seek Help?

- If you don't notice a decrease in the physical, thought and emotional symptoms which are outlined in this advice sheet within a couple of months.
- If you notice the physical, thought and emotional symptoms increase – either they are stronger or more frequent as the weeks go by.
- If you find you are unable to function effectively in your family or working life.
- If you find that you are unable to relate satisfactorily in your family or working life.
- If other people who know you well say that you have been very changed by the experience.

Unrecognised and unattended levels of stress may gradually lessen your quality of life and wreck relationships with work club members, families and friends. The most serious stress reactions are anxiety, panic attacks and depression with or without suicidal tendencies. Should these reactions occur, you are advised to seek prompt attention from your General practitioner G.P.

From Where Can I Get Further Help?

If you feel you need further help as a consequence of being involved in a critical incident, you are advised to contact:

- Your family General Practitioner
- A Psychologist / Counsellor with expertise in the area of critical incidents / trauma

Conclusion

In this advice sheet you have read about common reactions to critical incidents and you will have had an opportunity to identify those which particularly fit how you have been feeling. **The main message is this: the feelings, thoughts and body sensations you have been experiencing are entirely normal. They are a natural, human reaction to extreme stress associated with critical incidents.**

DOs & DON'Ts Following a Critical Incident

DOs

DO remind yourself that your reactions are a normal result of critical incident and will pass in time.

DO take some long slow breaths and remind yourself that you are safe and that the critical incident is over if you feel uncomfortable, afraid or anxious.

DO talk to your family, friends, and club members about the critical incident, as this will help you to get over your feelings.

DO try to get back into your normal routine as soon as possible.

DO make sure that you are doing things that are relaxing and enjoyable.

DO take every opportunity to review the experience within yourself and with others.

DO ensure that you have adequate rest, sleep, a good diet, and regular exercise

DO confront your fears step by step

DO show this advice sheet to your family/those you live with. It will help them better understand what you are going through.

DO Drive More Carefully And Be More Careful Around The Home And With Machinery.

ACCIDENTS ARE MORE COMMON AFTER CRITICAL INCIDENTS: DO TAKE CARE!

DON'TS

DON'T bottle up your feelings

DON'T reject support from family, friends or work club members'

DON'T avoid situations that remind you of the critical incident

DON'T expect the memories to go away – the feelings will stay with you for an extended time

DON'T use alcohol &/or illicit drugs to manage your symptoms

R-5 - Guidelines for dealing with the media following a critical incident

Following a critical incident in which people have died, press interest in survivors and bereaved families can be intense. There are rules and standards the press should follow. All members of the press have a duty to maintain the highest professional standards. The Independent Press Standards Organisation (IPSO) is charged with enforcing the 'Editors' Code of Practice'.

Individuals are under no obligation to speak to the media. If someone doesn't want to speak to them - tell them.

When speaking with the media the following are some helpful tips;

- always make a note of the journalist's name and contact phone number at the outset
- consider appointing somebody as a spokesperson for family - this might be a relative or friend, or your solicitor - some support groups have appointed media liaison people who will field questions on behalf of the support group
- don't do anything in a hurry, whatever the journalist says about deadlines
- ask what they want to talk to you about in advance
- ask them to write down the questions they want to ask you in advance
- give yourself time to think about what you want to say
- write down your answers
- ask the journalist to ring you back at a specified time
- ask if you can see what they wish to quote from you before it goes to press - they may not do this, but it will alert them to your concerns about what they are going to publish
- never say anything 'off the record' unless both you and the journalist have a shared understanding of what this means
- remember that a journalist is entitled to report anything you say, so don't mistake them for counsellors or friends
- bring the conversation to a close if you are uncomfortable

Sometimes journalists will ask for photographs of you, your loved one, and your family. You may wish to provide these, but remember that you are under no obligation to do so. If you do, ensure that you have a copy and ask for the photographs and any other personal items that you pass on to be returned.

R-6 - Sample announcement to the media

This can be used as a template by clubs to be emailed, faxed or given to the media. It may help to decrease the number of media calls and callers to the club.

In some instances it is not appropriate to provide names or information that might identify individuals.

This announcement will need to be changed based upon confidentiality issues, the wishes of the affected family and the nature of the incident.

Template:

My name is (Name) and I am the (Role within the club) of (Name) club. We learned this morning of the death of (Name). This is a terrible tragedy for _____ family, our club and our community. We are deeply saddened by these events. Our sympathy and thoughts are with (Name) family and friends.

(Name of person) was a member of (Name) club and will be greatly missed by all who knew him. We have been in contact with his/her parents and they have requested that we all understand their need for privacy at this difficult time.

Offers of support have been pouring in and are greatly appreciated. Our club have implemented our Critical Incident Response Plan.

The club has been open to members, to support them and to offer them advice and guidance. We would ask you to respect our privacy at this time.

Thank you.

Chairperson

R-7 - Good practice guidelines following the death by suicide of a club member

The death by suicide of a member of a club can have a deep impact on club members, in particular on teammates and coaches.

How a club responds to a death by suicide depends on a number of factors including:

- How well known the person who died was to club members;
- How the club has dealt with past tragedies;
- The leadership shown by key club members; and
- Media coverage of the event.

What to do after a suicide:

Do's

Acknowledge the death

Acknowledge that a club member has died. Respect that some families may choose not to describe the death as a suicide.

Acknowledge a wide range of feelings

Acknowledge that individuals will experience a wide range of feelings and emotions as a result of the death.

- Be gentle with each other – we all grieve in different ways
- The grieving process takes months and years not days and weeks
- Don't blame yourself or anyone else for the death

Try to get the balance right

Try to get the balance right between continuing to do normal activities (for example, following the funeral, go ahead with scheduled matches), but also make allowances that motivation and morale may be low among the team.

Try not underestimate young people's natural ability to cope with difficult situations.

Keep an eye out for vulnerable people

Watch out for those who are not doing well or may be at greatest risk, for example:

- Brother and sisters of the deceased person who are also club members;
- Close friends;
- Teammates; and
- Others who may be experiencing difficult life situations at the time.

Anyone who may be particularly vulnerable at this particular time may need extra support. Having access to local support services contact details is important. You can usually call on these organisations for advice.

For more information on local support available in ROI you can contact your Regional Suicide Resource Officer or in Northern Ireland the local Mental and Emotional Wellbeing and Suicide Prevention contacts. (Please see **R-8** and **R-9** for contact details)

Anticipate sensitive dates on the calendar

Anticipate birthdays, holidays, anniversary dates and other celebratory events where the person's absence from the team will be most felt. Accept there will be times, such as these, when members of the club may benefit from extra support.

Don'ts

Don't focus only on the positive

Do not remember the person who died by only talking about the positive things about them. While it is important to celebrate their sporting achievements and other personal qualities, it is also crucial to talk about the loss. Openly acknowledge and discuss the pain, and heartache, as well as any difficulties the person might have been experiencing, for example mental health issues, but with any discussions also encourage individuals to seek help if they feel the need to talk to someone.

Be careful how you pay respects

Do not do things in memory of the person like:

- Commemorative matches;
- Number on shirts; or
- Naming a trophy.

A Guard of Honour may be organised for other deaths. However, remember that a death by suicide differs from other deaths. Avoid any activities that glamorise or glorify suicide. The challenge is to grieve, remember and honour the deceased without unintentionally glorifying their death.

Do not over-indulge

Around the time of the funeral and immediately afterwards it is important to ask members and friends to try not to overindulge in alcohol, caffeine or other substances. They may make people more vulnerable at this time.

Helpful short and medium to long-term responses

After a death by suicide, clubs have found the following short-term and medium to long-term responses helpful.

Short-term

Right after a suicide those affected often look for the following:

Information

Clubs have found it helpful to identify what supports are available locally to provide advice, support and care at this time. As a result, many communities have developed local support cards outlining services available in the area. In Northern Ireland 'Z Cards' are available for each Health and Social Care Trust area, providing information on local support services.

Support

The first gathering of the team after the funeral, for example, the first night back at training, may be a difficult time for everyone. Coaches have found it helpful to break the team up into small groups and allow some time to talk about their deceased team member.

Coaches or team leaders may wish to prepare for this by thinking through the types of issues that they think will be raised and how best to create a safe place to discuss these matters. Coaches or team leaders should seek the help of local support services if they feel necessary. Some coaches may not feel comfortable in preparing for such a gathering.

The following topics are usually addressed:

- How to support people who are grieving at this time;
- Looking after yourself during this traumatic time; and
- What to look out for, say and do if you are worried about someone else.

Medium to long-term

The medium to long-term develop policies and procedures on suicide prevention as well as other broader areas such as drug and alcohol use. For example, the GAA has developed an Alcohol and Substance Abuse (ASAP) programme which aims to prevent alcohol and drug problems taking hold in clubs.

Policies

Clubs should develop policies and procedures on suicide prevention as well as other broader areas such as drug and alcohol use. For example, the GAA has developed an Alcohol and Substance Abuse (ASAP) programme which aims to prevent alcohol and drug problems talking hold in clubs.

Training

Clubs find it helpful to offer training and skills development to coaches and team leaders. It may be useful to initially look at some form of resilience programmes/training that will help coaches/members. There is also the opportunity to look at putting in place suicide awareness training in the longer term.

Other situations to note

Discovery of a suicide on club grounds

The following steps should be taken with the discovery of a suicide on sports grounds:

- Give or ask for first aid if there is any possibility the individual may be saved or resuscitated.
- Contact the emergency services immediately
- Leave the scene untouched.
- Avoid disturbing any evidence.
- Keep onlookers away.
- Write down the names of all the staff and team members who witnessed the event or discovered the suicide.
- Tell the closest relative – the Gardaí/PSNI usually do this.

Suicide notes on clubhouse

Once you become aware of the existence of a suicide note, for example, a paper note or a suicide message written on a club house wall, leave it untouched and immediately tell the Gardaí/PSNI. After the personal and legal needs of family and Gardaí/PSNI are met, the club has to decide when and how best to remove the note. For example, one club hired a graffiti artist to work with supporters and young people to replace the note with a positive image, along with contact numbers for support services for young people.

Death by suicide of famous sports people

Deaths by suicide of high-profile or famous people can impact on members. Responsible media coverage will help to reduce this risk. Clubs should be aware of the impact an international or national sports star's death by suicide can have, especially on young people who viewed them as a role model. Extra care and supports may be needed at this time.

(HSE, Practical guide on Suicide Prevention in the Community, 2011)

R-8 - Republic of Ireland Regional Suicide Resource Officers contact details

Name	Region	Email	Phone
Anne Sheridan	RO for Donegal	anne.sheridan1@hse.ie	074-9104693
Sean McCarthy	RO for Waterford, Wexford, Kilkenny, Carlow and South Tipp	sean.mccarthy@hse.ie	051-874013
Josephine Rigney	RO for Longford, Westmeath, Laois and Offaly	josephine.rigney@hse.ie	057-9357807
Garreth Phelan	RO for Louth, Meath, Monaghan and Cavan	garreth.phelan@hse.ie	041-6850674
Helena Coogan	RO for Cork and Kerry	helena.cogan@hse.ie	028-40402
Mary O'Sullivan	RO for Galway, Mayo and Roscommon	mary.osullivan@hse.ie	091-560182
Roisin Lowry	RO for North Dublin City and County	roisin.lowry@hse.ie	01-8976121
Mike Rainsford	RO for Sligo and Leitrim	michaelp.rainsford@hse.ie	071-9135098
Pauline O'Reilly	RO for South Dublin City and County, Kildare and Wicklow	pauline.oreilly@hse.ie	01-4632800
Louise Morris	RO for Limerick, Clare and North Tipperary	louisec.morris@hse.ie	061-461454

R-9 - Northern Ireland Mental and Emotional Wellbeing and Suicide Prevention personnel contact details by Health and Social Care Trust Areas

Key Contacts in HSC Sector

Suicide Prevention and Promoting Emotional Wellbeing Officers

Madeline Heaney

Head of Health and Social Wellbeing Improvement (North)
PHA Northern Office
County Hall
182 Galgorm Rd
Ballymena
BT42 1QB
Tel 028 9536 2908
Email: Madeline.heaney@hscni.net

Fiona Teague

Health & Social Wellbeing Improvement Manager
Public Health Agency
Health Improvement Manager
Public Health Agency (Southern Area)
Tower Hill
Armagh
BT61 9DR
Telephone: (028) 9536 3306
Email: fiona.teague@hscni.net

Amanda O'Carroll

Health & Social Wellbeing Improvement Senior Officer
Mental & Emotional Wellbeing and Suicide Prevention
Public Health Agency, Gransha Park House
Derry-Londonderry, BT47 6FN
Tel: (028) 7186 0086 / Mob: 07887 691480
Email: amanda.ocarroll@hscni.net

Dr. Denise O'Hagan

Consultant in Public Health Medicine
Public Health Agency and QUB
Tel: 07590353457

Linda Cassidy

Health Improvement Officer
Northern Ireland Registry of Deliberate Self-harm
Public Health Agency
Gransha Park House, Clooney Road, Derry, BT47 6FN
Tel: 02871 860086 Ext 218828
Mobile : 07772418025

Northern Area

Elaine O'Doherty

Health and Wellbeing Improvement Manager
Public Health Agency (Northern Office)
County Hall
182 Galgorm Road
BALLYMENA
tel: 0282531 1165 mobile: 07970637281
email: elaine.odoherty@hscni.net

Gabrielle Nellis

Senior Officer for Health and Social Wellbeing Improvement (Suicide Prevention and Promoting Mental Health)
Health and Social Well-Being Improvement Team (North)
Public Health Agency
County Hall
182 Galgorm Road
Ballymena
BT42 1QB
Tel: 02825311172 or 02825311192
Email: Gabrielle.Nellis@hscni.net

Geraldine McDonnell

Senior Health Promotion Officer (Suicide Prevention) Health Improvement & Community Development Service Naomí Centre
2 Cullybackey Road
Ballymena
BT43 5DF
Tel: 028 2563 6600
Email: geraldine.mcdonnell@northerntrust.hscni.net

Jayne Colville

Senior Health Promotion Officer (Mental Health) Health Improvement and Community Development Service Naomi Centre
2 Cullybackey Road
Ballymena
BT43 5DF
Tel: 028 2563 6600
Email: jayne.colville@northerntrust.hscni.net

Southern Area

Gerry Bleakney

Head of Health and Social Wellbeing Improvement (South)
Public Health Agency
Tower Hill
Armagh
BT61 9DR
Tel: 028 37 414606

Deirdre McNamee

Health & Social Wellbeing Improvement Senior Officer
Public Health Agency
Tower Hill
Armagh
Tel: 028 3741 4557
Email: deirdre.mcnamee@hscni.net

Helen Gibson

Regional Training Co-ordinator for Mental & Emotional Wellbeing
& Suicide Prevention
Public Health Agency
Tower Hill
Armagh
BT61 9DR
Tel: 028 37 414606
Mobile: 07772418059

Nuala Quinn

Protect Life Coordinator
Promoting Wellbeing Dept
Southern Health & Social Care Trust
St Luke's Hospital
Loughgall Road
Armagh
BT61 7NQ
Tel: 028 3741 2882
Email: nuala.quinn@southerntrust.hscni.net

South Eastern Area**Chris Totten**

Head of Health and Social Wellbeing Improvement (South Eastern)
Public Health Agency
Lisburn Health Centre
Linenhall Street
Lisburn BT28 1LU

Owen O'Neill

Health and Social Well being Improvement Manager (South Eastern)
Public Health Agency
Lisburn Health Centre
Linenhall Street
Lisburn BT28 1LU
Telephone 02892501259
Mob 07717731879

Western Area

Brendan Bonner

Head of Health & Social Wellbeing Improvement (West)
Public Health Agency
Gransha Park House
Gransha Park
Derry
BT47 6FN
Tel: 028 7186 0086
Mobile: 07818556068
Email: [**Brendan.bonner@hscni.net**](mailto:Brendan.bonner@hscni.net)

Hilary Parke

Health & Social Wellbeing Improvement Senior Officer
Public Health Agency, Gransha Park House
15 Gransha Park, Clooney Road, L'Derry, BT47 6FN
T: 028 7186 0086 Ext. 8866
E: [**hilary.parke@hscni.net**](mailto:hilary.parke@hscni.net)

Belfast Area

Séamus Mullen

Head of Health and Social Wellbeing Improvement (Belfast)
Public Health Agency
Ormeau Avenue Unit
18 Ormeau Avenue
Belfast BT2 8HS
Tel: 028 9031 1611
Fax: 028 9031 1711
Email: [**seamus.mullen@hscni.net**](mailto:seamus.mullen@hscni.net)

Amy Pepper

Health and Social Wellbeing Improvement Senior Officer (Belfast)
Public Health Agency
Ormeau Avenue Unit
18 Ormeau Avenue
Belfast BT2 8HS
Tel: 028 9031 1611
Fax: 028 9031 1711
Email: [**dara.mcgaughey@hscni.net**](mailto:dara.mcgaughey@hscni.net)

Maria Morgan

Mental Health Promotion Practitioner Advanced
Health Improvement Department
Glen Villa
Knockbracken Health Care Park
Saintfield Road
Belfast
BT8 8BH
Tel: 028 95046771
Email: [**maria.morgan@belfasttrust.hscni.net**](mailto:maria.morgan@belfasttrust.hscni.net)

R-10 - What a debriefing session is and involves

Debriefing

Debriefing allows those involved with the incident to process the event and reflect on its impact. (Davis, 1992; Mitchell, 1986).

A debriefing session will have three main objectives.

- 1) Allows members to take time out to speak freely about the incident,
- 2) It helps restore a form of 'normality' to members/the club which has been involved in a critical incident.
- 3) An opportunity to provide members/the club with information on additional support services if required.

A debriefing session may take the form of a meeting/gathering and can sometimes be useful to have an independent person not directly involved in the incident to facilitate discussions.

A debriefing session may look at the following issues:

- What actions/interventions did the club/members take? e.g. was club rooms opened to allow community to come together? Was there information/support services information provided to members/community?
- What worked well?
- What could have worked better?
- Next steps – Record learning
- Forward Planning - Anything that needs to be put in place?
- Does the critical incident plan need amended?
- Are there any gaps?

R-11 - A squad session following news of a critical incident – a handout for officers/coaches

Normally, the coach/mentor who knows the players best should be the person to inform them of the events and lead the classroom session. Players, especially juvenile ones, generally feel safe and secure with someone they know. If the individual(s) feels uncomfortable with this role another club member may work with them and share the task, or outside support may be brought in.

Coaches/mentors/officers should have the opportunity to opt out of this work if they feel unable to handle it and other arrangements should be made for the squad/group of players.

The aim of the session is to break the news to give the students an opportunity to discuss what has happened and to express their thoughts and feelings in a secure environment. The facilitator needs to listen and be empathic.

The session needs to be tailored to the age and developmental level of the group.

The outline of the session is as follows:

- Step 1: Giving the facts and dispelling rumours**
- Step 2: Sharing stories and allowing and encouraging the sharing of thoughts and the expression of feelings**
- Step 3: Normalising the reactions**
- Step 4: Worries (for younger players)**
- Step 5: Empowerment**
- Step 6: Closure**
- Step 7: Free Time**
- Step 8: Recovery**

Step 1: Giving the facts and dispelling rumours.

Tell the players in a calm, low key and factual voice:

- What has happened
- Who was involved
- When it happened
- The plan for the day

Sample Script:

I have something very sad I want to share with you. The factual information agreed upon by the critical incident response team e.g. (Name of team mate), who is a club mate of ours and was missing, has been found. He is dead. Yesterday, the Gardaí/PSNI found his body. They are investigating what has happened and will let us know as soon as they find out more information. I am feeling very sad about what's happened. Let's spend some time together now helping each other to talk about how we feel about what has happened.

Step 2: Sharing stories

Take some time for discussion. Players may wish to tell their story of the event. As a result they will feel less alone because of their common shared experiences. Assisting them to verbalise their experiences helps their recovery. For those who find it difficult to verbalise their experiences, or for members with learning difficulties, it may be helpful to allow them to express their feelings and recount their experiences in other ways. Writing stories or using art can be particularly helpful, especially for younger members (this will need some advance planning and perhaps support).

Give the players a choice as to how they want to represent their experiences. Have a box of tissues at hand.

Sample script:

To help us today, we are going to make a memory box for (name of deceased). You can draw a picture of a time you remember with (name of the deceased) or write a poem or a letter to him. If you like we can put these in a nice box and give it to (name of deceased) family sometime soon. This will help them to see how important (name of deceased) was.

Step 3: Normalising the reactions

Tell the players that they will all react differently to what has happened and that there is no right or wrong way. List some possible feelings and reactions, (see R-4). Explain that their reactions are normal responses to abnormal circumstances. Let the students know that the reactions or symptoms will go away in time. Tell them that if the symptoms haven't gone after a few weeks, they should let you or their parents know. They may need to talk to someone about how they are feeling. Depending on the incident and the age of the member distribute handout's R-2, R-3, R-4, R-11, R-9.

Step 4: Worries (for younger players)

Sample script

You may be worried about (name of the deceased) - that they might be sad or lonely or hungry or cold. When someone dies they don't feel cold or hungry or feelings like that anymore.

You may be worried that the same thing could happen to you or someone in your family. What happened to (name of deceased) doesn't happen very often. If the teammate has been ill, you could say. He was very sick and the chances of this happening to someone else you know are low.

Step 5: Empowerment

Help the players to identify strategies that they might use to help manage their reactions. For example, talking to family and friends, getting enough sleep, exercise may all help. If appropriate, members can share strategies that worked for them in other stressful situations or brainstorm ideas as to what might help. Overall, it is important to help the players regain a sense of control.

Step 6: Closure

End the session by focussing on the future. Depending on the nature of the incident, help the group decide what they would like to do about various issues, e.g., what to do about the person's jersey, about writing cards or letters. Reiterate the message that their reactions are normal responses to abnormal circumstances.

Step 7: Free Time

After the discussion the coach may want to allow the players' some play time on the pitch or free time together, depending on the age.

Step 8: Recovery

It may be useful to continue to do these activities at intervals during the days following and to intersperse them throughout the natural events within the club in the coming days. Normal routines should generally be returned to as soon as possible.

- Members should be encouraged to resume sports and other extra-curricular club activities
- Help members to identify or establish some supports; help them to identify who they go to for different kinds of help
- Use opportunities which arise within training, where coping and support can be reinforced
- Members could be encouraged to discuss how to avoid future crises and lessons learnt from their experiences

(NEPS, 2007).

GAA,
Páirc an Chrócaigh,
Baile Átha Cliath 3 / GAA, Croke Park,
Dublin 3
P: +353 (0)1 8192300
W: www.gaa.ie