1.1 **Purpose.** This critical incident and death reporting policy is for use during and after any critical incident or death.

*Critical Incident and Death* is defined as: Any incident in a Bureau-operated school or dormitory where a student requires immediate medical attention because of a life threatening injury which could result in or does result in death. This includes suicidal ideation, attempted suicide, or suicide completion.

1.2 **Scope.** This policy applies to Bureau of Indian Education (BIE)-operated schools. Tribally controlled schools are encouraged to adopt a Critical Incident and Death Reporting Form and Policy.

1.3 **Policy.** Immediately after a critical incident or death is discovered, the principal, or the principal’s designee, will complete and fax the Critical Incident and Death Reporting Form (see attached) to the BIE Director, the respective BIE Associate Deputy Director, the BIE Chief of Staff, the Program Specialist (SCAN), and the appropriate Education Line Officer. Schools will maintain a current list of emergency telephone numbers and the names and addresses of local personnel who may be involved in assisting or resolving the critical incident or death.

In addition to the reporting form, in the event of a student/employee death, schools will provide a grief-counseling plan for students and staff. The plan will include resources such as counselors, grief counselors, school psychologists and any other mental health professionals available to the school. The grief counseling procedures will include the following steps:

1. Determine the level of intervention for students and staff by meeting with school counseling staff.

2. Shield students and staff from media questioning.

3. Designate rooms for private counseling.

4. Follow-up with students and staff who receive private counseling.

5. Document all counseling and intervention activities.

1.4 **Authority.** Public Law 95-561, Education Amendments of 1978, Title XI, Sections 1120 and 1126(a), as amended by Public Law 107-110 the No Child Left Behind Act of 2001, Title X, Section 1042, Jan. 8, 2002, 115 Stat. 2007 and 2026

1.5 **Responsibilities.**

A. **Director, BIE** is responsible for final approval of BIE policy, consistent with the delegated authority identified in 230 Departmental Manual (DM) 1, and submission of final policy to Deputy Director, BIE.
B. **Associate Deputy Director, BIE** is responsible for the annual review of the policy for overall improvement of school environments. The Associate Deputy Director is also responsible for monitoring the Education Line Offices.

C. **Education Line Officers** are responsible for ensuring the policy is in place at the schools.

D. **School Principals** are responsible for adherence to the policy.
CRITICAL INCIDENT AND DEATH REPORTING FORM

The purpose of this form is to report a critical incident or death occurring at a school. This form is to be completed immediately and faxed to the BIE Director, or his/her designee, at 202-208-3312; the respective Associate Deputy Director, or his/her designee; the Chief of Staff at 202-208-3312; the Program Specialist (SCAN), 505-563-5292; and the respective Education Line Officer.

School Name ______________________________________ Date: _________________

Student Name: ____________________________________Age: _____ Grade ______

Tribe: __________________________

Location of Incident: ____ school    ____ dormitory ____other (specify___________ )

Description of Incident – What happened? Who was involved? (Attach additional sheets as needed)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Indicate persons that were notified of the incident (if applicable)

_____ Parent/Guardian _______________________________ Date/time ____________

_____ Law Enforcement _______________________________ Date/time ____________

_____ Hospital/EMT _______________________________ Date/time ____________

_____ Education Line Officer _______________________________ Date/time ____________

Certification:
I certify that the information contained in this report is true and correct to the best of my knowledge.

__________________________________      ___________     _____________________
Signature                        Date                  Telephone number

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