National Policy Memorandum

Bureau of Indian Affairs
Office of Indian Education Programs

Number: NPM-EDUC-5  Effect: May 26, 2005
Title: Critical Incident And Death  Expires: May 26, 2006
Reporting Form Policy

1. Purpose
The Bureau of Indian Affairs, Office of Indian Education Programs (OIEP) is committed to promoting and providing a safe and nurturing environment for all students. However, when a critical incident or death occurs, there must be a process that provides for immediate response and notification. This critical incident and death reporting policy is to act as a guide for schools to use during and after any critical incident or death.

2. Scope
OIEP recommends that all Bureau-funded schools follow this policy. The provisions of this policy are specifically applicable to Bureau of Indian Affairs (BIA) operated schools, and OIEP advises all Tribally Controlled Schools to have a Critical Incident and Death Reporting Form and Policy similar to this Policy.

3. Policy and Procedures
The BIA operated schools are to use the Critical Incident and Death Reporting Form to immediately notify OIEP officials of an incident. The form is to be completed and faxed to the OIEP Director, Deputy Director, DOI Law Enforcement and Security Watch Office and the 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. Prohibit media from questioning students and staff
3. Designate rooms for private counseling
4. Follow-up with students and staff who receive private counseling
5. Document all counseling and intervention activities

4. Roles and Responsibilities
Director, Office of Indian Education Programs (OIEP). The Director, OIEP is responsible for final approval, consistent with the delegated authority identified in 230 DM 1, and submission of final policy to Deputy Director, OIEP.

Deputy Director, OIEP. The Deputy Director, OIEP is responsible for the annual review of the policy for overall improvement of school environments. The Deputy Director, OIEP is also responsible for monitoring the Education Line Offices.

Education Line Officer. The Education Line Officer is responsible for ensuring the policy is in place at the schools.

School Principals. The school principals are responsible for adherence to the policy.

5. Approvals

/sgd/ Jim Martin for Edward Parisian 5/26/05
Acting Director, Office of Indian Education Programs Date
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 OIEP Director at 202-208-3312, Deputy Director at 505-248-6353, the DOI Law Enforcement and Security Watch Office at 202-208-3421 and Education Line Officer. If the incident occurs during the night, a telephone contact must be made to the Education Line Officer and one of the following officials: Director at 202-277-7638 or Deputy Director’s Office at 505-270-1360.

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