



# United States Department of the Interior

BUREAU OF INDIAN AFFAIRS  
Washington, D.C. 20240



IN REPLY REFER TO:

## National Policy Memorandum

### Bureau of Indian Affairs Office of Indian Education Programs

**Number: NPM-EDUC-5**

**Title: Critical Incident And Death  
Reporting Form Policy**

**Effective: May 26, 2005**

**Expires: May 26, 2006**

#### 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

Acting Director, Office of Indian Education Programs

5/26/05

Date

Bureau of Indian Affairs  
Office of Indian Education Programs

**CRITICAL INCIDENT AND DEATH REPORTING FORM**

The purpose of this form is to report an 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)

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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