11.6 Safeguarding Staff who are at Risk of Self-harm and Suicide

1.0 Introduction

This policy outlines Elizabeth Finn Homes actions when assessing and responding to the needs of our staff who are at significant risk of harm because of work related situations that are connected to their mental health difficulties and disorders. It includes staff who might place themselves in risky and dangerous situations, who are self-harming or at risk of self-harming in some way, including from self–neglect, or who are at risk of taking their own life.

Elizabeth Finn Homes recognise, that it has a duty to protect staff from the injurious effects of their actions and to promote their wellbeing to prevent them from coming to harm.

With the above issues in mind, we adopt the following approach and procedures, which we consider are in line with our duty of care and the regulatory framework in which we operate.

This includes the following:

1. Health and Safety Act 1974
2. Guidance issued by the National Institute for Health and Care Excellence (NICE) with its quality standard QS34 “Self – Harm” (NICE 2013) and CG 16 “Self-harm in over 8s: short-term management and prevention of recurrence” (NICE 2004)

The policy should be read and used in line with other relevant EFHL policies, including Wellness Policy, Sickness Absence Policy, Safeguarding Adults Policy, Bullying and Harassment Policy and Grievance Policy.

2.0 Defining and Recognising Self-Harm and Associated Risks

The situations and behaviours covered by this policy are very wide, but the more likely are as follows:

a) Exposure to Dangerous Situations

A member of staff can deliberately expose him of herself to possible danger for different reasons, and not necessarily with a view to carrying out any expressed or implied threats, but all such actions must be taken seriously. The actions could include: threatening to jump off heights, walking or crossing busy roads or railway lines, cutting or holding electricity cables, running the risk of drowning, threatening to use sharp instruments or taking incorrect medication etc.

b) Self-harming and self-neglect

Self–harming is associated more with young people, but can occur and start at any age. Examples include:

- self–mutilation using knives razors and other sharp instruments (“cutting” behaviour);
- punching or hitting oneself, pulling out hair, head banging and burning with cigarettes, lighters etc;
- repeated alcohol, toxic substance and drug abuse or overdose;
- eating disorders, through starvation or compulsory eating;
- severe neglect, which might result in increased vulnerability to illness and infection, failure or refusal to take prescribed medication that could be life – saving such as insulin injections, or without administration could seriously impair the person’s health and put him or her further at risk.

Self-harming behaviour can be triggered at any time, often when the person is feeling angry, frustrated or disgusted with themselves. For anyone at risk of self–harming, Management staff and colleagues should be aware of the potential triggers and be prepared to act to prevent escalation. For example, they should:

- look out for unexplained cuts, bruises or cigarette burns on eg wrists, arms, thighs and chest, or hair pulling;
- note any behaviour suggesting the person is concealing the signs eg keeping themselves fully covered inappropriately;
- be aware of changes of mood, signs of emotional distress, expressions of self-hate and self-punitive ideas;
- sudden expressions of low self-esteem and feelings of failure and worthlessness.

c) Suicide Risks

Elizabeth Finn Homes recognises that staff who self-harm do not necessarily do so with a view to committing suicide, though signs and symptoms might be similar, and people with suicidal thoughts might not express them at all. Persons employed in leadership positions must still pay serious attention to their staff with a history of suicidal behaviour and any who clearly express suicidal thoughts and intentions e.g. anyone who:

- seems to be in a state of considerable emotional pain and anguish, which seems to be overwhelming and making the person unable to cope;
- expresses complete feelings of hopelessness and despair that they will never get any better;
- seems totally powerless and unable to cope with daily life any longer;
- expresses feelings of worthlessness, shame, guilt, self-hatred, feels that no one cares or others would be better without them;
- expresses fear of losing control or harming self or others;
- becomes very sad, withdrawn, tired, apathetic, anxious, irritable or prone to angry outbursts;
- shows a declining interest in relationships, friends or activities previously enjoyed;
- neglects personal welfare and physical appearance deteriorates;
- drastically changes their sleeping or eating habits (particularly the elderly);
- begins to starve themselves, mismanage their diet or disobey medical instructions;
- becomes depressed at difficult times such as holidays and anniversaries;
- reacts adversely to diagnosis of major or minor illnesses, prospects of going into hospital, of operations, etc;
- fails to accept emotionally that they have recovered from illness or an operation
- appear depressed after discharge from hospital.

3.0 Risk Assessment

The General Manager or senior person in charge will respond to any person who then presents or is subsequently found at risk of putting themselves into dangerous situations, of self-harming or of attempting suicide by ensuring that they are formally assessed by appropriately trained and qualified mental health professionals to decide how the person can be best supported and to know how to act if they engage in any dangerous behaviour, self-harming or suicide threats or attempts.

The risk assessment will be recorded on the staff members personnel file and will also outline the responsibilities of care service staff in managing the risks or situations that might arise. Risk assessments will be reviewed regularly, if circumstances change significantly, or a new risk arises.

Depending on what has been agreed in the risk assessment, the General Manager might need to intensify their monitoring and supervision of the person at risk, and negotiate the extra staffing and other resources that might be needed.

Sources of Danger for Staff at Risk

The assessment will consider all sources of possible danger. These include the member of staff's own behaviour, their living environment and life-style, access to specifically dangerous items including medicines, the actions of other people regularly in contact with the person, and situations arising if the person goes out, where the service continues to have some responsibility for the person's safety.

The care service will define its areas of responsibility in the person's risk assessment and support plan, and it may, where necessary in compliance with GDPR to reduce risk to inform the senior persons in the home in the absence of the General Manager.

4.0 Procedures in the Event of an Incident or Suspected Risk

Elizabeth Finn Homes recognises that it might have to deal with an event of a person who has exposed her or himself to danger, self-harmed or attempted suicide. This could be an unexpected event, which has occurred without there being any evidence of risk, or because the person has carried out their intentions despite preventive measures having been taken.

Where and when the incident takes place could vary, for example, it could be outside the care service setting. If it takes place within, say the person's staff accommodation or in one of the service's facilities, it is likely that care service staff will be the first responders, either because they have been alerted by someone or discovered it themselves. In this case the following procedures might apply, though because of the nature of the situation, it is difficult to be entirely prescriptive, and much will depend on the training, confidence and competence in emergency situation handling of the people involved.

1. Where there is a clear known risk, care staff should always have help available, and where possible there should be a co-worker. There should be the means to summon help immediately using a call system or mobile phone.

2. There should also already be in place contingency plans for possible crisis situations, which staff can put into effect, including summoning para-medical service help e.g. in the case of someone who has taken a drugs overdose or from a crisis mental health teams for someone in acute emotional distress.

3. With a person having seriously hurt themselves the care worker (or workers) will need to make a brief immediate assessment to decide the urgency of the situation before reporting the situation and summoning the appropriate help.

4. The care worker or person in charge should reassure the staff member that help will be forthcoming and stay with the person (assuming it is safe to do so) until help arrives.

5. In all cases of visible self-harm, the person will need first aid or medical attention, and in some cases further medical assessment to check any inadvertent adverse effects of the harmful act.

6. The General Manager is at the earliest opportunity to report the situation to the Regional Manager. This includes any incidents that occur in or outside normal working hours. The Regional Manager will then communicate at the earliest opportunity with the HR Director.

7. Once all the facts are gathered, the HRBP will document on the safeguarding internal tracker and will provide support to the General Manager on our duty of care.

5.0 Changes to Agreed Actions Following a Risk Assessment and Incidents

Elizabeth Finn Homes and the General Manager will ensure that the incident is fully reported and all relevant organisations notified, including CQC and the local safeguarding authority so that a full investigation can take place to identify what lessons might be learned.

The Care Quality Commission will be notified to comply with Regulation 18: Notification of Other Incidents, Care Quality Commission (Registration) Regulations 2009.

The service will enter into discussions with the staff member, family members or other professionals with a view to a revision of the risk assessment. In some cases, if the service cannot guarantee to keep the staff member safe or if our staff and residents are put at significant risk it might proceed to suspend the staff member on medical grounds with immediate effect. All discussions and actions taken will be first fully recorded and agreed with the HRBP and Regional Manager.

The service will also ensure that staff who were directly involved and others affected by the event, including service users, receive the appropriate support and counselling opportunities.

6.0 Involving Others in Decisions About Vulnerable Staff Members

Staff whose lack of capacity to take responsible decisions about their own welfare will be treated under the current statutory provisions (Mental Health Act/Mental Capacity Act).

In decisions about care or risk-taking we will involve others — family members, friends, representatives or other professionals — with the specific permission of the staff member.

Staff will always be fully involved in their risk assessments and support plans.

A staff member's wishes must never be allowed to undermine the homes responsibility to act in line with its duty of care, particularly, when working in partnership with the local authority exercising its duties under the Care Act 2014.

7.0 Training

Elizabeth Finn Homes will ensure that staff are adequately trained and appropriately experienced to provide the best possible service. Where a staff member presents risks that are outside the experience of the staff allocated to their care, the staff will be given specific briefing or training. Qualified and experienced senior staff supervise care workers, who always have access to a responsible and competent person for advice and support.

Training

All staff members receive training to make sure they understand the service's policy regarding staff at risk who need specific measures to keep them fully safe.

Staff receive further and more specialised training in the care of adults at high risk of harm in line with their roles and responsibilities.

Training will include:

- Understanding signs and symptoms of people at risk of harming or injuring themselves and of suicidal behaviour;
- Observing and reporting of concerning behaviour, and how to deal appropriately with it;
- Risk assessments and management planning;
- Emergency procedures;
- Availability of occupational health support to staff affected by having to deal with distressing situations and behaviour.

Author	Patrick Condon (HR Business Partner)
Date of Implementation	21/04/2023
Date of next full review	20/04/2026

Issue	Date	Author	Reason
1.0	21/04/2023	Patrick Condon	New document

Appendix 1

Safeguarding Staff who are at Risk of Self-harm and Suicide – Incident report form

<table>
<tr><td colspan="4">Incident Title:</td></tr>
<tr><td>Name of person reporting the incident:</td><td>Home:</td><td>Location:</td><td>Date and Time:</td></tr>
<tr><td colspan="4">Nature of incident:</td></tr>
<tr><td colspan="4">What are the incident details (Please state clearly the facts of what happened and not opinion. Immediate actions taken should also be included to assist Manager/other relevant person in completing the risk assessment):</td></tr>
<tr><td colspan="4">Who or what was affected by the incident? (Please state who or what was affected and provide contact details of any individual directly affected)</td></tr>
<tr><td colspan="2">Did any person suffer injury or ill-health?
Yes / No
(If yes, please give details):</td><td colspan="2">Immediate action taken? (Include details of any treatment/support given)</td></tr>
<tr><td colspan="4">Details of any witness(es) to the incident:</td></tr>
<tr><td colspan="2">Reported by:</td><td colspan="2">Date reported:</td></tr>
<tr><td colspan="2">Position:</td><td colspan="2">Signature:</td></tr>
</table>

Appendix 2

elizabeth finn homes	**Safeguarding – Self-Harm and Suicide Individual Risk Assessment**

Employee Self-harm and Suicide Risk Assessment
Name of Employee:
Job Title:
Care Home Name:
Manager (completing assessment):
Date of Assessment:

Assessment of Risk

	YES	NO	Background information
Work related factors (are there additional or new job-related factors impacting the employee)			
Factors outside of the workplace (are there any outside factors impacting the employee)			
Any specific incidents or accidents (this could be something historical)			
Absence Record (is there any previous absence for self-harm, stress/anxiety, depression)			

Assessment of Supports Available
Detail what supports and/or adjustments are available or have already been taken to negate or mitigate the causes of self-harm and/or suicidal tendencies. Are these supports long term or short term? Is a GP report required? Ensure counselling line has been offered.
Further Action Agreed
Detail what action has been agreed to mitigate the likelihood of future self-harm or suicidal tendencies. E.g. has the employee made any specific requests? have you agreed adjustments to the job role or the team? have you directed the employee to further supports?

Record of Meeting with Manager and Review
Signed Employee:
Signed Manager:
Date for review: **(agree a mutual date to review any actions agreed)**