



## Participant Safety Procedures

|                         |   |
|-------------------------|---|
| Related Policy          | Participant Safety Policy<br>Abuse and Neglect Policy |
| Version                 | 6.0   |
| Development Date        | September 2015  |
| Review Date             | August 2023   |
| Date for Review         | August 2028   |
| Person/Body Responsible | Chief Executive Officer                               |
| Approved By             | Chief Executive Officer                               |

Participant safety cannot be achieved without staff safety. Potential hazards and operational risks that may pose a risk of accident or incident for participants should be identified and managed with consideration given to the following Mental Health Foundation ACT (MHF) documents:

- *Incident Management Procedures*
- *Risk Management Policy*
- *Risk Management Procedures*
- *Work Health and Safety Management System Procedures*
- *Work Health and Safety Policy.*

These *Participant Safety Procedures* apply to all incidents and accidents involving participants and recognise that safety is a shared responsibility with everyone having a role to play in ensuring safety of participants.

It is imperative to ensuring safety that participants and carers provide staff with accurate and appropriate information relevant to the services they are receiving.

### 1. Definitions

**Dignity of risk** – as defined the National Disability Insurance Agency means exploring new opportunities and extending a person’s choice.

**Safety** – in the context of this Policy means people are safe from violence, abuse, neglect and exploitation.

---

## **2. Education and Promotion**

MHF wants all participants and their carers to be safe and it performs a variety of regular risk management tasks to ensure a safe environment and service delivery.

Participants and carers are encouraged to provide feedback to MHF staff regarding any hazards or risks they observe.

MHF develops risk assessments to include the strengths of the participant that promote skill building and the acquisition of knowledge by participants and carers. MHF staff will help people to learn how to stay safe through a range of training options designed to help participants and carers better understand their circumstances and options.

Participants and carers should know their rights and responsibilities, participate in service planning and be allowed to make their own choices. We want participants to understand their options so staff should encourage questions.

## **3. Cultural Safety**

MHF values cultural diversity and is committed to providing a safe environment to support all people living with a mental illness.

Where referrals or entry assessments identify service users are from cultural and linguistically diverse or indigenous background staff will consider any barriers that may inhibit the building and delivery of appropriate and relevant supports. This requires the provision and acquisition of accurate information between MHF and the participant and/or their carer.

Information must be provided to participants regarding their rights in a way they can understand their choices, thereby empowering them to make decisions about their treatment options. This may require the use of independent interpreters to eliminate communication barriers and ensure the accuracy of information exchange.

## **4. Gender Safety**

Where referral information identifies potential gender, all efforts will be made to provide treatment options that do not compromise the participant's feeling of safety.

---

## 5. Self-Harm

Staff should be aware of any known history of self-harming behaviours, and relevant observable indicators, triggers, safety measures and interventions should be documented in a participant's risk assessment.

A first aid kit should be accessible to staff on MHF premises.

Evidence of self-harming behaviours, or threats to do so, must be reported to MHF management.

## 6. Suicide

MHF staff will identify and respond to participants at risk of suicide. All indications of suicidal behaviour and self-harm must be taken seriously. Staff responding to a person expressing suicidal thoughts or behaviours must have adequate training and supervision.

MHF acknowledges and is prepared for participants disclosing suicidal thoughts or plans or other self-harming behaviours through a range of avenues including disclosure to staff and volunteers, or through carers and/or other participants.

All staff are trained to recognise the limits of individual roles and competencies and actively facilitate links to further levels of care where necessary.

Participants presenting with suicidal behaviour will be questioned to determine their level and immediacy of suicide risk. Questions for assessing risk should include:

1. Are you having thoughts of suicide or thinking of killing yourself?
2. Do you have a plan?
3. Are you ready/willing/able to complete the plan immediately?

Each affirmative answer to any of these questions elevates the assessable level of risk from low, medium to high.

Immediate safety concerns must be addressed before development of longer-term interventions.

---

If a participant is assessed as being at low or medium risk of suicide, intervention strategies to decrease the risk should be discussed and implemented. Staff should notify their manager to jointly develop a plan for further assessment, support and intervention; this may include involvement of additional external parties. Risk assessment should be undertaken on an ongoing basis to monitor the risk status and to ensure the participants' support needs are met.

If the risk of suicide or self-harm is assessed as being medium or high, the participant is not to be left unsupervised, and the Access Mental Health Line or police should be contacted after consulting with the manager.

If staff are unsure about a participant's suicide risk, the employee should ensure the participant's immediate physical safety before consulting with their supervisor or other relevant parties such as the participant's Clinical Manager.

All indications of suicidal thoughts or behaviour must be documented in the Participant's Client Record in Supportability and reported to the employee's manager. Staff who have participated in suicide interventions will undergo debriefing with their manager and be offered debriefing with the MHF Employee Assistance Program, as soon as possible after the event, and the incident should be reviewed at the next team meeting.

## **7. Transport**

MHF participants have the right to safe transport that minimises interference with their rights, dignity and self-respect. This right, however, needs to be balanced with the safety of the transport provider.

MHF staff only provide transport to facilitate treatment services, not as a support in itself. Staff who feel that a participant cannot be safely transported at any time may refuse to provide this service. Staff should contact their manager to discuss their concerns.

If an employee realises that a participant poses a risk to safety whilst in transit, they should stop the car immediately in a safe place and attempt to de-escalate the situation. The participant should be asked to exit from the vehicle. Transport of the participant should not continue unless the employee is confident that the risk has been eliminated.

---

## 8. Personal Health

MHF staff will be vigilant in observing signs of deterioration in a participant's general health or well-being and recommend professional interventions as appropriate.

The MHF staff will abide by the MHF *Infection Control Procedures* and assist participants in facilitating infection control measures to maintain a healthy environment, personal hygiene, and prevent cross infection.

MHF staff may be required to monitor medications, protocols for which must be detailed in the participant's Supportability record.

## 9. Dignity of risk

MHF acknowledges and respects the right of people with a disability to dignity of risk and to express their will and preference.

Supported decision making will support participants to make informed decisions and help ensure the balance between dignity of risk and participant safety.

Sometimes a participant's decisions may put them at unreasonable risk, this includes serious, imminent risk of physical, financial or legal harm to themselves or others. When responding to these situations, if a participant's will and preference conflicts with MHF's obligations to protect the participant's safety, MHF may take action to prioritise the participant's wellbeing and wellbeing of others.

## 10. Incident and Accident Reporting and Management

MHF is committed to protecting the safety and wellbeing of participants and will ensure that all accidents or incidents involving participants are reported, investigated and appropriate corrective or preventive measures taken to prevent recurrence and eliminate or minimise risk.

MHF requires staff and volunteers to report any and all incidents of abuse or suspected abuse involving MHF participants, family or carers to their



---

manager, in accordance with the MHF *Abuse and Neglect Policy* and the *Incident Management Procedures* (IM Procedures). This may require reporting information that could be deemed as confidential, and as such the participant should be informed of the employee's obligation.

Information should be shared only on a need-to-know basis, for the protection of the vulnerable person.

The IM Procedures set out the processes and requirements for responding to and reporting incidents and accidents both internally and to external stakeholders. The IM Procedures will be followed by staff to report all incidents and accidents.

## **11. Incident and Accident Follow up**

After the incident or accident has been reported in line with the IM Procedures, and the immediate danger has passed, managers should develop an action plan to prevent recurrence and eliminate or minimise risk.

Managers may initiate a case conference with the participant, family, and relevant services to address the impact of the consequences resulting from the incident to the participant and ensuring their risk assessment appropriately addresses any issues related to the incident and the individual's ongoing wellbeing.

The Chief Executive Officer will track and monitor all incidents and manage ongoing systemic issues or risks.

Action plans developed in response to the incident should be reviewed at a stipulated interval to ensure all required steps have been fully implemented and are effective.

## **References**

|   |  |
|---|--|
| ACT Government                                    | <i>Senior Practitioner Act 2018</i>  |
| Disability Gateway,<br>Commonwealth<br>Government | <i>Australia's Disability Strategy, 2021 – 2031,<br/>Safety Targeted Action Plan</i> |

|   |  |
|---|--|
| Disability Services<br>NDIS Consulting  | <i>Incident Management and Reportable Incidents – Quality and Safeguarding</i>   |
| HelpGuide.org                           | <i>Helping Someone Who is Suicidal</i>   |
| Mental Health First Aid<br>Australia    | Standard Mental Health First Aid: 4 <sup>th</sup> Edition  |
| Mental Health<br>Foundation ACT         | <i>Abuse and Neglect Policy</i><br><i>Incident Management Procedures</i><br><i>Restrictive Practice and Behaviour Support Procedures</i><br><i>Risk Management Policy</i><br><i>Risk Management Procedures</i><br><i>Work Health and Safety Management System Procedures</i><br><i>Work Health and Safety Policy</i> |
| National Disability<br>Insurance Agency | <i>Participant safeguarding policy, 2023</i><br><i>Practice Standards and Quality Indicators 2021</i><br><i>Restrictive Practices and Behaviour Support 2018</i>   |

| <b>Document History</b>    |                |   |                   |                       |
|----------------------------|----------------|---|-------------------|-----------------------|
| <b>Author</b>              | <b>Version</b> | <b>Amendment</b>  | <b>Owner</b>      | <b>Date of Effect</b> |
| Policy Manager             | 1.0            | Document Created  | Executive Officer | 17/4/2013             |
| Policy Manager             | 2.0            | Mandatory Reporting – NDIS participants   | Executive Officer | 10/9/2014             |
| Corporate Services Manager | 3.0            | Minor changes to list the correct policy, procedure and form names. 'Suicide', changed to 'suicidal behaviour'. Spelt out the full name of the MHF WHS Committee. | Executive Officer | 1/10/15               |

| Document History           |         |  |                         |                |
|----------------------------|---------|--|-------------------------|----------------|
| Author                     | Version | Amendment  | Owner                   | Date of Effect |
| Corporate Services Manager | 4.0     | Changed 'Consumer' to 'Participant'.<br>Changed name of procedures to 'Participant Safety Procedures'.<br>Included the mandatory reportable incidents that must be reported to the NDIS Quality and Safeguards Commission. Changed 'Executive Officer' to 'Chief Executive Officer'.   | Executive Officer       | 1/8/19         |
| Registered Nurse           | 5.0     | Reviewed in line with development of new <i>Abuse and Neglect Policy</i> .<br>Separated out the different reporting entities under the mandatory reporting section. Added in requirement to report to the ACT Senior Practitioner.<br>(Draft not signed off.)  | Chief Executive Officer | 17/8/2022      |
| Corporate Services Manager | 6.0     | Updated to incorporate new logo and branding guidelines. Included definition and paragraph on 'dignity of risk' from the NDIS Safeguards doc; included definition of 'safety' from the PS Policy. Removed reference to 'Welcome Pack'. Changed 'Recovery Plans' to 'risk assessment'.<br>Changed 'must' to 'should' or 'will'.<br>Changed 'Program Manager' to 'manager'. Changed name of MH Triage Service to 'Access MH Line'.<br>Inserted reference to 'Incident Management Procedures' for staff to follow when reporting incidents/ accidents etc. Removed reference to this information as it already exists in the IMP. Removed reference to WHS Committee monitoring incidents and instead CEO will do so. | CEO                     | August 2023    |