

40. Management of Self-Harm Policy and Procedure

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Policy

The purpose of this policy and resulting procedure is to support all staff to manage self-harm effectively and safely. It provides clear procedures for reporting, managing and documenting self-harming behaviour, and Australian Quality Care's commitment to providing appropriate training to staff in relation to self-harm.

The application of this policy will facilitate:

- Immediate response
- Internal reporting systems
- Notifications of Minor or Non-Persistent Self Harming
- Notifications of Serious or Persistent Self Harming
- Recording
- Reporting requirements (Critical Incidents NDIS Commission reportable incidents)

Scope

This Policy applies to all frontline staff and managers engaged in supporting participants in both the home environment (including short-term accommodation) and in the community environment.

Definition

Self-harm: A variety of behaviours that cause harm to oneself irrespective of the motivation or intention.

Procedures

Immediate Response

Once a member of staff becomes aware of a self-injury or potential self-harming behaviour, they should remain calm and non-judgemental. They should not show disgust or anger towards the person. The person should be shown care and consideration, and in most cases, it would be appropriate for the staff member to provide first aid and clean a wound. If a person does not wish to show their wound staff should not force them. A decision should be made as to whether

medical attention is required. If, after immediate assessment of the injury, it is determined that the person requires medical attention.

For minor injuries, staff are to render appropriate first aid. For serious or critical injuries, staff must call emergency services immediately on 000.

In the event that the person conceals the wound then staff should discuss with the person what signs to look for to indicate when medical attention is required. The following criterion provides an outline for when to seek external support:

Staff should be aware of NICE guidance on what treatment a young person should receive upon access services in relation to self-harm (see Section 8, National Guidance).

Internal reporting systems

Incidents relating to any self-harm incidents should all be reported within 24 hours using the Incident Report form. This process will ensure that incidents of self-harm are responded to appropriately and safely.

The Incident Report Form should be followed up with the completion of an Incident Investigation which requires more in-depth information. Notification of self-harm falls into the two categories below.

Notifications of Minor or Non-Persistent Self Harming

Minor or non-persistent self-harming should be notified to the Manager at the first opportunity; the Manager will decide whether it is a reportable incident. In the case of all minor or non-persistent self-harming, the internal reporting system should be followed within 24 hours of the incident occurring. The Manager may then decide to complete a Reportable Incident with the NDIS Commission.

Notifications of Serious or Persistent Self Harming

Serious or persistent self-harming is deemed to be an incident; and must be notified immediately to the Manager and NDIS Commission within 24 hours or as soon as practicable thereafter. The manager should notify guardian, where appointed.

In the case of all serious or persistent self-harming the internal reporting system should be followed within 24 hours of the incident occurring and an Incident Report Form should also be completed within 24 hours of the incident.

Depending on the seriousness of the Incident, other people/agencies may have to be notified, see Incident Reporting Procedure. The Manager must undertake an Incident Investigation, as set out in the Incident Reporting Procedure.

Reporting

Key personnel are responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents, or allegations, which result in harm to any NDIS participant.

Skymac, as a registered provider, is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents, involving NDIS participants, include:

- Death
- Serious injury
- Abuse or neglect
- Unlawful sexual or physical contact or assault
- Sexual misconduct committed against, or in the presence of, an NDIS participant including grooming for sexual activity
- Unauthorised use of a restrictive practice.

Reportable incident procedure

1. Staff must immediately notify management.
2. Management will follow the process outlined in this policy.
3. Key personnel will notify the NDIS Quality and Safeguards Commission within 24 hours of becoming aware of a reportable incident, via the NDIS Commission Portal:
<https://www.NDIScommission.gov.au/providers/NDIS-commission-portal>

Assessment of the incident by the Key Personnel, will involve:

- Assessing the incident's impact on the NDIS participant
- Analysing and identifying if the incident could have been prevented
- **Australian Quality Care** Policy and Procedure Manual
- Reviewing management of the incident
- Determining what, if any, changes are required to prevent further similar events occurring
- Recording all incidents and responsive actions taken, to prevent recurrence.

Documentation

- All reportable incident reports and registers must be maintained for seven (7) years.
- This policy is to be reviewed on an annual basis, or when legislation changes occur.
- All participants, families and advocates are informed of this policy
- All staff will be trained in the procedures outlined in this policy.

Related documents

- Incident Report Form

- Australian Quality Care Policy and Procedure Manual

References

- [NDIS Practice Standards and Quality Indicators 2020 - Version 3](#)
- [Disability Services Act 2006 \(QLD\)](#)
- [NDIS Act 2013](#)
- [NDIS Quality and Safeguards Commission](#)
- [Human Rights Act 2019 \(QLD\)](#)
- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)