Responding to Risk Events
Policy and Procedure Manual

1. Policy

Apex Care will ensure that the needs of the person supported are continually assessed and staff will respond accordingly to their changing needs during episodes of increased mental health and emotional risk. Concurrently, Apex Care will ensure the safety and wellbeing of support staff providing support and education of best practice and evidence-based means of de-escalation utilising a trauma informed approach. This policy is aligned with the Support Plans and Service Reviews Policy, with an assumption that Apex Care staff have access to quality information from referral providers, implementing the knowledge gained from training into practice, and actively practice the skills and steps from the Crisis Prevention Institute (CPI) training.

2. Scope

Applies to all staff at Apex Care.

3. Overview

Individual and Relationship factors that increase risk for people:

Individual:
- Previous suicide attempt
- Mental illness, such as depression
- Social isolation
- Criminal problems
- Financial problems
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious illness
- Substance use disorder

Relationship:
- Adverse Childhood Experiences (ACE) such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

In addition to this there are the added risk factors for marginalised communities of Māori and Pasifika who are over-represented in the statistics for mental health and addictions, corrections and youth welfare.

Apex Care endorses and supports the use of a trauma informed care approach, alongside, wherever possible, family/whanau inclusion. This would be dependent on consent from the customer and the client.

Triggers

Triggers can present as internal (a memory, a thought, an emotion, a nightmare) and external (a comment made by someone in person, a phone call, a smell). This can make the person more vulnerable to intense emotions, and difficulties with expressing their needs. This can present in

numerous ways, often with anger, feeling defensive, use of drugs and/or alcohol, self-harm to numb emotional pain.

Risk generally comes in two main categories:

Risk to Self:
- Self-harm
- Suicide
- Inadvertent risk (neglect, drugs and alcohol, exhaustion if experiencing mania)

Risk to others:
- Assault to others
- Assault to property
- Others, includes risk to service, reputation

De-escalation and early intervention tips

Early Warning Signs	Indicators	What may help
Early intervention is best, as soon as you notice the Early Warning Signs. These can include, but are not limited to:	• Change in body language • Change in tone of voice • Change in eye contact • Pacing/Fidgeting • Increased/use of swearing/insults/abusive talk • Impatience • Isolating/withdrawing/shutting down	• Listen to their concerns • Actively listening without interruption • Reassure that you are there for them and you care • Sitting with the person in silence • Giving some space (and keeping an unobtrusive eye on them and increase to 4x usual distance) • Distraction or redirection • Burn off some energy with an activity. • Call Apex Care for support, available 24/7. Use the threshold of, "If I am wondering if I call Apex Care" to call Apex Care. If the person would prefer not to talk with you, they call or text 1737 for free support 24/7
Late Warning Signs	**Indicators**	**What may help**
Not limited to:	• Yelling/Shouting • Use of explicit language	• Increase your personal space area. When people are running high on adrenaline their personal

	• Making provocative statements • Making threats against themselves/you/others • "Squaring up" posture	space area increases, so move away but remain where you can still communicate effectively. • Increase your use of validation skills
Crisis	**Indicators**	**What may help**
	• Making threats (to the point you feel there is a possibility this will be followed through) • Escalated aggressive behaviour • Destroying property Self-harming (for example, if the person has locked themselves away and there is significant concern for their health) • Behaviour is out of control • Unable to reason	• Disengage/distance completely and do not reengage, exit the property. • Call police (and ambulance if indicated) • Follow Apex emergency procedure • Call Crisis team (number is on the back of ID Badge) as an option to talk to tangata whaiora
Self-Harm & Suicide	**Indicators**	**What may help**
Please remember what can increase the risk on the first page of this policy	• Self-harm and suicide risk support. This can vary between pacing/agitation, through to quiet and withdrawn. Sometimes there are no signs. • Talking about suicide or dying, expressing regret about being alive or ever having been born • Feeling or appearing to feel trapped or hopeless, and in emotional pain. Experiencing changes in personality, routine, or sleeping patterns. Sometimes people after a period of severe depression suddenly feel better (as they have made a decision to end their life) • Consuming drugs or more alcohol than usual, or starting drinking when they had not previously done so	• Do your best to stay calm, it is normal to feel anxious on the inside, just try not to show it on the outside. • Validate feelings (discussed below) and listen without judging the person. • Do your best to gently remain with the person, at the same time do not invade their sense of personal space. • Discreetly ensure all things that may be harmful are removed e.g. medications, knives, graters. Be aware of other things that might be a risk. E.g. electrical items, glass, clothing. • Call your local mental health crisis assessment team or go with them to the emergency department

	• Getting hold of a weapon, medications, or substances that could cause them harm	(ED) at your nearest hospital.
	• Talking about being a burden to others	• If they are an immediate physical danger to themselves or others, call 111. Remain with them wherever possible and help them to stay safe. It is ok to breach confidentiality in situations like this, and it needs to happen.
	• Getting their affairs in order, arranging what possessions will go to who, getting rid of their belongings.	
	• Writing "goodbye" letters, emails, or texts. Veiled comments on social media sites	• People who frequently self-harm often have a specialist care plan in place from CAMHS or Oranga Tamariki. Please make sure this is followed. Consistency is critical to promote the best outcome for the person.

Staff Safety

Keeping yourself safe is just as important as keeping the person supported safe. If you find yourself fearing for your safety do not hesitate in removing yourself from the situation and calling support services immediately.

Methods of Response

De-escalation: regular training is provided to staff on safe and effective ways of de-escalating when needed. Strategies given are those in line with the MAPA programme so that staff can be effective in de-escalation without the need to restrain Tangata Whaiora. Apex Care has a no restraint policy at all times.

Site Safety Checks:

- A site safety checklist is completed at the beginning of every new shift and recorded in client's files alongside the daily notes. Any risks identified are immediately discussed with Clinical Nurse Manager and a plan devised.
- Random site checks are performed from time to time by the clinical Nurse Manager.
- Staff are encouraged and taught to always monitor and report any potential risks immediately.

Review Of Risk Management Plans and Support Plans:

- Regular reviews of support plans are carried out to ensure they are up to date and include any risk management that our staff need to be aware of.
- The level of risk is constantly assessed, and should it be raised then a plan is discussed with the customer, staff, and management in an MDT meeting to ensure safety of staff and the Tangata at all times.
- Regular communication is held between customers and Apex to keep both parties up to date with the most recent information or any changes that may occur.
- Regular staff debriefs and peer reviews are undertaken to give staff the opportunity to discuss their concerns and any further support that may be required.

Emergency Response Plan:

In any situation there is always the potential for a situation to escalate and for risk to self or others to become imminent. In these situations, we train and encourage staff to act accordingly, but to always consider their own safety as paramount. Where there is risk staff are to take the following steps:

1. Assess level of risk e.g. mild, moderate or severe.
2. Attempt to de-escalate situation whilst making sure you are always aware of an exit plan.
3. If this is unsuccessful or if there is EVER any imminent risk to yourself or anyone else, then dial 111 immediately for police and/or ambulance and remove yourself from danger immediately.

Incident Reporting and Investigation:

- All incidents reported are investigated within 24 hours
- A debrief and full discussion is had with staff and our Clinical Nurse Manager.
- EAP counselling services offered if required
- Once incident has been reviewed and actioned this is all documented and saved on file.
- Processes are reviewed and changed as necessary to prevent future incidents and or/minimise any future risk.