

## GUIDE TO HARM RESPONSE POLICY TEMPLATE

### ABOUT THIS POLICY AREA

This policy guides how the organisation responds to allegations and disclosures of harm or potential harm to clients.

A written harm response policy is required as part of meeting Standard 6 (Protecting safety and wellbeing).

#### **Standard 6 — protecting safety and wellbeing**

*The organisation develops, implements and reviews policies and procedures for responding to potential or actual harm that may occur to clients.*

#### **Policy checklist**

The following checklist will help you check that an existing policy covers this area adequately.

The policy should:

- describe how allegations of harm to people arising out of services received are identified, recorded, responded to, and where appropriate reported to relevant agencies, including the Department of Communities
- indicate how responses to an allegation of harm, or potential harm, take account of the principles of natural justice and how all parties are supported whilst the allegations are being investigated
- describe how the service responds to a disclosure of harm, or potential harm, where the harm does not arise out of services received
- contain clear procedures and actions
- indicate the timing of any actions
- show when it was approved
- show when it was last reviewed.

### COMPLETING YOUR HARM RESPONSE POLICY

#### **Using the policy template**

The template provides some example statements. You can adapt these statements and include them in your policy or write your own statements to better suit the operations and services of your organisation.

To customise the policy template, click on the shaded sections <<Insert text>> and insert the information that is specific to your organisation.

When you have completed the policy template, delete the shaded instruction sections such as: [Refer to the harm response policy template guide for questions and/or examples to consider when customising this section.](#)

For further information on using the policy guides, refer to the information in *Using the policy templates and guides*.

## **Guidelines for each section of your policy**

### **1. Purpose**

When identifying the purpose of the policy, consider how it might apply to your client group/s and stakeholders. Consider the reasons it is important for your clients, staff and others to have clear guidelines about recognising and responding to harm. Do you need to make specific statements to ensure you are inclusive of particular groups, such as Aboriginal and Torres Strait Islander peoples, Australian South Sea Islanders, people from culturally and linguistically diverse backgrounds and people with a disability?

### **2. Scope**

To determine the scope of the policy, consider the following questions:

- Does this policy apply to all your organisation's services and to all clients and agencies?
- Do all staff have a responsibility to recognise and respond to harm?
- What limits does your organisation place on its responsibility for responding to harm that occurs outside the service and its activities?
- Are there any circumstances in which your organisation has a contractual or legal responsibility to respond in particular ways?

### **3. Policy statement**

If you are adopting the policy statement in the template, consider whether there are any additional commitments your organisation wants to make.

In identifying the actions your organisation will take to implement this policy, you should include the following:

- receiving, recording and responding to allegations of harm arising in the service
- managing with sensitivity and care any incident that has caused or could cause harm to clients
- acting decisively, sensitively and appropriately when a client discloses actual or potential harm, whether within the service or elsewhere
- investigating allegations of harm and supporting clients during this process
- reviewing regularly your approach to responding to harm, and particularly after any critical incident within your service.

### **4. Procedures**

The procedures describe how your organisation achieves the aims and goals you have outlined in your purpose, scope and policy statement.

#### **4.1 Managing critical incidents**

It is important to follow a set and consistent procedure to manage any incident where harm has, or could have, occurred to clients as a result of their using your service or interacting with employees, volunteers, management or other people within the service.

Consider incorporating the following steps in your procedure:

*Step 1: Identify what has happened and who is affected**Step 2: Control the situation and alleviate distress*

Take sensitive, decisive and appropriate action to:

- prevent any immediate further harm to clients or staff
- reduce the effect of harm that has been caused by the incident
- as closely as possible, follow the needs and wishes of the person/people affected
- comply with your policy guidelines on service delivery, choice and participation, confidentiality and privacy.

List any particular situations (or reference where these are documented in a related critical incident procedure or workplace health and safety policy) where there are specific procedures in place. For example, physical violence occurring on the premises may involve:

- calling the police to attend
- not intervening to attempt to physically restrain an attacker
- moving all people on the premises to a safe area
- providing first aid once the situation is safe.

*Step 3: Record keeping and reporting*

A designated person should complete a critical incident report and submit this to the appropriate person within an agreed timeframe. A critical incident report should document:

- date of incident
- nature of incident
- any contributing factors
- person or people affected, and how they were affected
- action taken
- any follow-up action required.

You should also list any agencies or third parties that need to be notified, and the types of situations where this is the case (refer to *section 4.3 Special guidelines for responding to and recording incidents and allegations of harm to clients where we have specific legal or contractual obligations* below).

Describe the records you keep on the monitoring and management of allegations, incidents and disclosures of harm, whether these arise out of the services you provide or elsewhere.

Records should include:

- **individual file records:** How and where do you record allegations or incidents of harm arising out of services received, and how do you document your service response and any resolution for the client? Describe the protocol for keeping records in individual or family files about allegations and incidents of harm arising outside the service (for example, case notes tracking the management of a response to a disclosure of harm to a client not arising out of services provided).
- **forms and formats used to document critical incidents and the organisation's response:** List these. Where can electronic copies be found? Where are completed records filed? Who receives the reports?

*Step 4: Improving harm prevention and harm response*

Who reviews critical incidents and when? How are they used to improve service delivery and planning? The actions of the person who reviews the incident should include:

- checking that all follow-up action has been completed
- identifying what can be done to prevent a similar incident occurring
- making recommendations about how future incidents that cannot be prevented could be managed more effectively.

*4.2 Responding to a disclosure of harm or potential harm arising outside our service, including a risk of suicide or self-harm.*

Describe in detail the steps you will follow in each case of disclosure of actual or potential harm.

A response to a disclosure of harm or potential harm arising outside the service will be most effective if it:

- is decisive, sensitive and appropriate
- takes adequate account of the best interests of the person and the person's views
- provides effective support to the person making the disclosure.

Explain how you will:

- assess the circumstances in which the disclosure may need to be reported
- make use of available assistance from external agencies with particular expertise in the issue
- ensure the best interests of the client, take account of their views at all times, and provide them with adequate support
- decide when the matter should be referred to another agency.

*4.3 Special guidelines for responding to and recording incidents and allegations of harm to clients where we have specific legal or contractual obligations*

Describe any specific protocols you must follow in specific cases where you have a legal or contractual obligation to report information or seek expert help.

For instance, this may be in cases where there are implications for any of the following:

- child protection
- police involvement in criminal acts
- breach of probation, parole or community service orders
- supervision and protection orders (mental health, disability, ill health, age)
- breach of patient or client confidentiality
- service agreement with a partner agency
- funding contract
- insurance or workers compensation claims.

List the relevant legislation or contracts in each case and describe in detail the steps that you must follow to meet your obligations.

### **5. Other related policies and documents**

List the other policies related to the harm response policy. The policy should be linked to:

- harm prevention policy
- client service charter.

### **6. Review processes**

Consider how often the policy should be reviewed and the process for doing this:

- **frequency of review:** Most policies benefit from an annual review. The experience of implementing the policy is used to decide which changes are necessary. Consider reviewing your harm response policy as part of an annual review of your organisation's client service policies or, if your organisation is small, perhaps over a three-year period. Critical incidents may prompt you to review the policy ahead of schedule.
- **responsibility for the review:** In most organisations, the person accountable for client service would be responsible for reviewing this policy. In small organisations, this may be the coordinator or manager. In larger organisations, this may be a client service manager or an administration manager.
- **process for the review:** Decide which particular staff, volunteers, external people and organisations will provide input to the policy review, and whether clients will be involved.
- **decision-making process:** Who will review draft changes to the policy and approve changes? What will be the timeframe for the review process?
- **documentation and communication:** What records of the policy review process are needed? How will changes to the policy be communicated to staff implementing the policy? In a small organisation, this may be as simple as noting the changes at a staff meeting. In a larger organisation, an email memo may be needed.
- **key questions for the review:** Is the policy being implemented? Are procedures being followed? Is the policy clear? What has changed that may prompt a change to the policy (for example, new contracts, changes to relevant legislation, expansion in service, new activities)? Have particular stakeholders had difficulty with any aspect of the policy? Can their concerns be resolved? How does the policy compare with that of similar organisations?