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CAMPUS ACUTE RISK POLICY

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# Statement of Intent

The aim of this policy, and the accompanying procedures, is to provide a framework for reactive crisis management in cases where acute risk has been identified and the probability of a student causing harm to themselves or others is considered to be both imminent and high.

It is written primarily for advisers working within the Student Support and Wellbeing services (possibly working out of hours); however, it may also be relevant for use by other members of university support staff who work directly with students on campus.

# Scope

The policy is applicable to all university employees, support staff, students, associate lecturers and third-party staff (such as associate counsellors, clinical supervisors, contractors and volunteers).

The policy is written to cover acute risk issues which may occur on campus only. Staff involved with an incident of acute risk with a student which occurs off campus, should contact the Emergency Services immediately.

# Policy

1. All forms of suicidal ideation and threats of harm to self or others by students will be taken seriously.
2. Any student seeking support from the Wellbeing Service or the Health Service may be asked questions relating to risk of harm to themselves or others, in line with the Wellbeing risk assessment procedure (see Appendix A).
3. This policy covers incidents of acute risk, when a student (who may or may not have been assessed for risk by the Wellbeing Service) may become suicidal or show signs of risk of harm to self or others.
4. This policy covers threats of potential harm or risk to university employees and associate staff/ contractors, should a student or other person(s) display aggressive and/or unacceptable behaviour towards them or other(s) at any time on campus or over the phone.
5. This policy operates in line with all other University of Chichester Policies, including:
* [Safeguarding and Prevent Duty Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support)
* [Positive Mental Health Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support)
* [Sexual Assault and Sexual Misconduct Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support)
* [Fitness to Study Procedure and Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support)
* [Professional Suitability and Fitness to Practise Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support)
* the University’s [Privacy Standard and Privacy Notices](https://www.chi.ac.uk/about-us/policies-and-statements/data-protection) and the Student [Support and Wellbeing Privacy Notice.](https://www.chi.ac.uk/student-life/support-health-wellbeing/student-support-and-wellbeing-privacy-notice/)
1. [In ad](https://www.chi.ac.uk/student-life/support-health-wellbeing/student-support-and-wellbeing-privacy-notice/)dition this policy operates in line with the [BACP Ethical Framework (2018)](https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf)[[1]](#footnote-1), and the [NMC Code (2015 updated 2018)](https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)[[2]](#footnote-2).
2. Appropriate action must be taken in the case of every student contemplating suicide or harm to self or others - whether it is a chronic or an acute ideation.
3. In cases where the student is showing imminent signs of acute risk of harm to themselves, is expressing ideation, or has intent to harm themselves or others, then this policy will be implemented immediately.
4. When in doubt whether a situation is high or low risk, the default response must be in line with the high-risk possibility.

# Confidentiality

Student Support and Wellbeing services operate within strict confidentiality guidelines; however, in exceptional circumstances, when the safety of the student or another person is at risk or if there is a legal requirement, it may be necessary to extend confidentiality with or without the consent of the student.

* In exceptional circumstances, the need to safeguard students or others from serious harm may require us to override our commitment to making students’ wishes and confidentiality our primary concern. We may need to act in ways that will support any investigations or actions necessary to prevent serious harm to students or others. In such circumstances, we will do our best to respect the parts of students’ wishes or confidences that do not need to be overridden in order to prevent serious harm.
* Confidentiality may need to be extended with or without the consent of the student when the safeguarding of the student or others is paramount.
* Confidentiality may need to be extended where disclosure is required by law e.g. a court subpoenas records required in court or under prevention of terrorism legislation.
* Confidentiality is therefore dependent on the legal and ethical risk of harm to self or others and public protection, and may need to be extended in certain cases in line with the university Privacy Standard as exemplified in the [Safeguarding and Prevent Duty Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support).
* Students receiving support from any of the Student Support and Wellbeing services will be notified whenever possible of the need to extend confidentiality where this is necessary. If it is not possible to notify the student, for example due to the acute risk factors, the adviser will seek agreement from a senior professional member of staff or line manager whenever feasible.
* All personal data will be processed in accordance with current data protection legislation and in line with the [Student Support and Wellbeing Privacy Notice](https://www.chi.ac.uk/student-life/support-health-wellbeing/student-support-and-wellbeing-privacy-notice/).

# Acute risk factors

Individuals may be more likely to contemplate suicide, self-destructive acts, harming self or others, at certain points in their lives or if certain conditions exist. The following factors should be considered when assessing acute risk to self or others and should be discussed with the student:

* **Acute Risk** refers to the level of current risk (of suicide, self-destructive acts, harming self or others) with progression along a continuum based on escalating intent and risk. The level of risk also accounts for the extent of the individual’s risk, protective factors, and any known history regarding the student’s behaviour towards themselves or others and their potential and/or capacity/intent to harm themselves or others.
* **Chronic Risk** refers to the ongoing likelihood of a person making a future attempt and is based on historical information e.g. previous suicide/self-destructive attempts, history of depression, extent of background and current risk factors and presence of protective factors. People who have a chronic risk can experience acute crises which would impact others as well as themselves.
* **Intent or motivation** reflects whether the student has a reason to live or a reason why they may choose to carry out an act of harm to self or others. The greater the motivation to die or to harm self or others, the greater the risk. The student should be asked about their intent by the adviser.
* **Plan** is how/when/where the student will carry out his/her suicide or plan to harm self or others. A more detailed and specific plan indicates a greater risk and they should be asked for details on when/how/if they plan to act on their thoughts to harm themselves or others.
* **Means** is what the student intends to use to commit suicide or harm self/others. The more lethal the means, the more serious the risk (e.g. a gun could be deemed a more immediate threat to self and others rather than pills). Moreover, the more available the method, the more serious the risk (e.g. loaded gun).
* **History**: An individual who has attempted suicide in the past, or who has seriously harmed themselves/others may be at higher risk of achieving their goal than someone who has no history of suicide/harm to self or others. A student who has been known to be aggressive towards others may also become quickly agitated or aggressive with others in stressful circumstances. The risk may also be increased by alcohol or drugs.
* **Demographics (suicide):** In the UK, suicide rates among young people have been increasing in recent years. In 2021 the suicide rate for young females reached its highest rate in 3 years. In the UK men are three times as likely to die from suicide than women, the highest rate being men in the 50 to 54 age range[[3]](#footnote-3). Men tend to seek help only when problems have reached serious proportions.
* **Stress**: Someone with a lot of stress in their life is at greater risk of suicide/harm to self or others.
* **Resources**: A person with fewer resources and support networks is at greater risk than a person with considerable resources. The more socially isolated the individual, the greater the risk.

# Procedures

In the first instance when a member of staff is aware that a student is showing signs of acute risk of harm to themselves or to others:

**Risk to you or others:**

1. It the student is showing signs of intent to harm you or others, or becomes aggressive and their behaviour is unacceptable then put your safety first. If an emergency alarm is fitted please activate this, leave the room (if safe to do so) and call for help on the University 24/7 emergency phone number (01243 81) **6363**, or ask the student to leave, and/or seek support from other staff.
2. If you are seeing a student who is known to be aggressive or has shown unacceptable behaviour towards others, then please see the student with another member of staff or alert nearby staff that you may need support.
3. If you are uncomfortable about a student’s behaviour and would prefer not to meet with them, then please give advance notice to your line manager, so other arrangements can be made to support the student.

**Risk to themselves:**

1. This should be explored with the student to establish their: intent, plan and means (as stated in the acute risk factors section above) as appropriate.
2. Communicate clearly to the student that you do not want them to take their life / harm themselves or others, and that you will stay with them in person (or on the phone) whilst you seek assistance for them.
3. If at the Chichester campus, explore with the student if they feel safe enough to walk with you or a friend or another member of staff across campus to A&E at St Richard’s Hospital. If so, call the University emergency number and ask them to let an appropriate manager know you or someone else is escorting a student to A&E so support staff can be alerted.
4. In all other circumstances you should call the University emergency line immediately whilst keeping the student with you or on the phone:
* **Dial 6363 on any campus phone line (or 01243 816363 from a mobile). Until 10pm you will speak to a member of the SIZ Team, and after 10pm you will reach Site Security.**
* **If you cannot get through on 6363, then call 999 immediately and report the risk, and then call 6363 to alert them.**
* Inform them that you require an ambulance immediately as a student is at acute risk and ask them to call the emergency services for you. Pass on any health information about the student, if necessary, (e.g. they have swallowed 50 paracetamol).
* Tell them your location with the student, and ask them to arrange for emergency services to access campus and meet you at your location.
* Ask them to pass on this information to campus security immediately, and to send a member of staff to support you and the student, whilst you wait for emergency services to arrive.
* Ask them to repeat back to you your message so you can check the details are correct
1. Whilst on campus, or if escorting the student to emergency services, please do not leave the student alone. Keep the student continuously engaged in conversation. They must be escorted to the toilet, if they wish to go.
2. Ask them to help you keep them ‘safe for now’ by giving you any means they may have on their person to harm themselves or others. (As far as reasonable and where this is safe for you, such as handing over pills). Anything taken in this way should be bagged by campus security and made secure. It may be necessary to return any such item to the student at a later date.
3. Wait for emergency services to arrive and, if you have appropriate training, try and help the student identify the problem and reframe it. Do not offer unrealistic outcomes, or promises.
4. Wherever possible a member of site staff will accompany the student to hospital, or the student may ask a friend or family member. Staff who accompany a student to hospital should feel able to leave the student once they have been registered at reception, or triaged, according to their training and/or professional judgement.
5. Immediately consult your supervisor or the first available manager, and seek support for yourself.
6. Document all actions and responses according to your established processes, for example Wellbeing Advisers and Nurse Health Advisers record notes in the Student Services database. Make sure your line manager and all appropriate University services (such as Wellbeing Services) are notified (the wellbeing referral form can be used for this: [Wellbeing Referral by Staff Form](https://wellbeingreferral.chi.ac.uk/)**)**. An appropriate summary report of the incident will be passed to the STAR (Students at risk) meeting by your manager.

The case will be reviewed by members of STAR and other University staff (for example the Wellbeing Allocation Meeting (WAM)), to ensure that appropriate support is put in place for the student.

Staff may contact other students affected by the incident and offer support as appropriate.

# Appendix A

## Risk assessment procedures for Student Support and Wellbeing services

1. A student’s capacity for suicide risk/harm to self or others will be discussed with the student, as appropriate, initially by a suitably trained member of SSW (eg a member of the Wellbeing Team or one of the Registered Health Professionals) wherever possible.
2. The student will be asked questions relating to risk in accordance with the training of the team member working with them.
3. If the student appears to be at high risk then the procedures in this policy should be followed.
4. If a student is expressing risk of harm to self or others, but this may not be imminent and they are ‘safe for now’, then an appropriately trained adviser should discuss risk with the student and fully explore this issue.
5. If the student appears not to be at imminent risk then the appropriately trained adviser should document the discussion of risk with the student and seek advice/discuss this with their supervisor/manager as soon as possible.
6. Members of Student Support and Wellbeing working with students who may be at risk will continue to review risk regularly with the student, as appropriate.
7. Students expressing suicidal thoughts may also be referred to their GP for further mental health assessment or other approved professional in line with the Mental Health Act 2007.
8. If a student has been aggressive or behaved in an unacceptable manner to a member of staff or other person(s) on campus or over the phone, then a full report needs to be provided, and an investigation may follow in line with the university disciplinary policy, the Fitness to Study Policy or the Professional Suitability and Fitness to Practice Policy as appropriate.

# Appendix B

## Confidentiality guidelines

Under the BACP Ethical Framework for Counselling Professions (2018, Good Practice, page 13, Section: 10), confidentiality may need to be overridden, with consent of the client or without their consent, in the following circumstances:

“In exceptional circumstances, the need to safeguard our clients or others from serious harm may require us to override our commitment to making our client’s wishes and confidentiality our primary concern. We may need to act in ways that will support any investigations or actions necessary to prevent serious harm to our clients or others. In such circumstances, we will do our best to respect the parts of our client’s wishes or confidences that do not need to be overridden in order to prevent serious harm.”

In line with the NMC Code (2015, Section 5, Prioritise people, 5.4. and 5.5) confidentiality may need to be breached to:

“5.4 share necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality”

“5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.”

Confidentiality is therefore dependent on the legal and ethical risk to the harm of self or others, and public protection, and may need to be overridden in certain cases, in line with university safeguarding. Students receiving support from a Student Support and Wellbeing adviser will be notified of this when consent is obtained to access a service.

1. Copyright © 2018 British Association for Counselling and Psychotherapy. First published 2018. This Ethical Framework for the Counselling Professions takes effect from 1 July 2018. [↑](#footnote-ref-1)
2. Published by the Nursing and Midwifery Council 29 January 2015, effective from: 31 March 2015 Updated to reflect the regulation of nursing associates: 10 October 2018 [↑](#footnote-ref-2)
3. [Suicides in England 2021](https://www.samaritans.org/documents/1762/Suicide_Stats_England_2021.pdf) published by the Samaritans [↑](#footnote-ref-3)