Partner Policies: Calling Emergency Services

Introduction

EAP clinicians provide sensitive and professional assistance to participants who are in extreme crisis and who present with risk of harm to self or others. Steps will be taken according to best practice guidelines to preserve the safety of the participant and others. The participant may need the intervention of a third party, such as one of the Emergency Services, due to an inability to control their actions appropriately.

Policy

Clinicians will take a confident, professional, and sensitive approach to all participants, including those in crisis. Individuals in crisis are generally seeking help amid a chaotic situation and the clinician is likely to be seen as a significant source of help and potential support. The primary aim is to ensure the participant's safety and the safety of others.

The EAP will contact appropriate Emergency Services whenever it is considered that a participant, or another person, is potentially at immediate/imminent risk of harm.

The EAP may have a 'duty to warn' when a participant is threatening harm to another. In addition to notifying Emergency Services, the clinician may need to take steps to try and warn the intended victim of the threat being made.

Partners will always inform WPO Clinical Management whenever Emergency Services have been called.

Clinical Practice

- The following guide is used for all contact with a participant whose presentation indicates there is imminent risk of harm to self or others:
  - Determine whether the participant has already done something to harm themselves (e.g. taken medication or cut themselves), has already harmed another person(s) or has been harmed by another person(s).
  - The participant's name, address, and phone number must be documented whenever and as soon as possible. The exact location of the participant must be clarified and documented. Where the participant is reluctant to provide these the clinician will continue to work with the participant to foster a more trusting relationship until the participant is comfortable with providing the information.
  - If the participant states a desire to seriously injure or kill another specific person, attempt to get that person's name, phone number, address and any other information that may help to locate them.
  - Establish whether the participant is alone. If not, it needs to be ascertained which others are present and whether they can be helpful in the situation. They may be able to take the participant to an emergency room immediately.
  - If the participant is alone and in imminent danger to self and/or others, the participant must be reassured that help is available and supported in their decision to call for help.
  - The EAP will always contact Emergency Services or a third party when a participant is presenting at imminent risk of harm to self or others. This report will be made, with or without the participant's permission, in the interest of safety. Where necessary the clinician may need to initiate the report without the participant's knowledge. The report may be made to one or more of the following as appropriate, a Doctor, law enforcement, a nearby relative, parent, spouse or friend. If an incident occurs (or is threatened) at work co-workers, supervisor, company doctor or Human Resources may be notified.
  - Partner Clinical Management will always be involved in any decision to break confidentiality and make a report unless their involvement would cause an unacceptable delay in taking action.

- Unless special circumstances apply (e.g. the participant is a chronic user of EAP/Emergency services), the clinician will remain in contact with the participant while alerting another clinician that emergency services are needed. This second clinician will reach out to the appropriate service(s).

- If another clinician is not immediately available, the call to emergency services will be made by the clinician taking the call. Prior to doing this, the clinician will attempt to make a verbal contract with the participant that they will not act on intentions to harm themselves or another while help is being arranged. This must be documented.

- When contacting the police or local emergency services the following script will be used:

  "I am a mental health professional and am reporting a life-threatening emergency at the following address. . . ."

  The operator will then ask for additional information allowing them to ascertain that the correct service/location has been contacted. An appropriate callback number will be provided. When notifying the Doctor or emergency services, clinicians should report as much of the following information as possible:

  - Participant's name
  - Participant's present location (phone number, address)
  - Exact nature of the threat (e.g. suicide, homicide, weapons, pills including type and quantity)
  - Current mental status/emotional stability (especially noting level of intoxication or agitation)
  - Current medical state (e.g. whether the participant has already overdosed)
  - Whether or not participant is alone
  - Other important details, such as names of people involved.

- As a general principle, the clinician will stay in contact with the participant until emergency services arrive, continuing to offer support and encouragement. Unless special circumstances apply (e.g. the participant is a chronic user of EAP/Emergency Services) contact is never disconnected by the EAP until the Emergency Services have arrived. Once Emergency Services do arrive the clinician will appraise them of the situation and obtain confirmation of what action is to be taken. Emergency services have decision-making power once they arrive. The clinician's only input is in providing information. When working with emergency services, clinicians should not attempt to engage in a discussion of the clinical issues involved in the case, but rather report the facts of the case in a business-like manner. The name, time and content of any discussion with a person contacted to aid in the situation (e.g. a member of the Emergency Services, a Doctor or Family Member) must be documented.

- Where the participant is threatening to harm another person, the potential victim will be called to warn them wherever possible. All attempts to reach the potential victim will be documented. The Emergency Services will be provided with any information obtained from the participant to aid them in contacting the potential victim where the EAP does not have sufficient contact information to do so.

- If the participant is making non-specific but significant threats of violence (e.g. threatening to shoot co-workers) the Emergency Services will be called immediately.

- If there is current or potential risk at the workplace the Partner will inform WPO Clinical Management immediately. WPO Clinical Management will be involved in any disclosure to a participant's employer.

- Occasionally a participant may request that a clinician reach out to a Third Party (e.g. a spouse or a friend) to inform them that the participant is being taken to the Emergency room, and so is unable to pick up their child(ren) from day care/school, and request the Third Party do so for them. Wherever possible, the clinician should try to ensure the participant can make the call themselves, however, where this is unsuccessful, the Third Party can be called, and the request delivered. Minimum information should be provided to the Third Party and, if the call in which the participant requested the outreach to the Third Party was recorded, it must be saved permanently.

- Once the participant has been handed into the care of Emergency Services or a Third Party any follow up will be with the individual/organization into whose care the participant has been handed and who is now responsible for ensuring the participant's safety and ongoing care. The participant will not be contacted directly for a welfare check.

- Documenting the Case

  As always where risk is involved, it is essential that the case documentation accurately reflects that all necessary information was gathered to appropriately assess risk and that proper action was taken to address and mitigate the risk presented.

- Self-Care and Debriefing with Supervisor/Colleagues

  Managing participants in crisis can be stressful for clinicians, therefore it is important that clinicians consult with their Clinical Management after receiving crisis calls to both seek support and review the details of the case.

- Exceptions to this Policy

  Some EAPs may have their own specific requirements with regard to how they wish risk situations to be handled; these are documented in the Case Management System and must be followed where they apply.

CHANGE HISTORY:

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