

# Unintentional Harm Policy

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|--------------------|--------------------------------------------------------------------|--------------|--|
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| Created:           | 31/05/2025                                                         | Next review: |  |
| Version:           | 1.0                                                                |              |  |
| Related documents: |                                                                    |              |  |

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# Guidance

## Defining Policy, Process and Procedure

|                  | Definition                                                                              | Purpose                                                                          |
|------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Policy</b>    | An overall approach or principle of action in relation to a specific issue              | Describes <i>why</i> this document is required                                   |
| <b>Process</b>   | Provides a high-level view of how the policy is implemented                             | Outlines <i>what</i> tasks should be performed, <i>when</i> , and <i>by whom</i> |
| <b>Procedure</b> | Detailed step-by-step instructions on how to do parts of that process or specific tasks | Details <i>how</i> the steps of each task need to be performed                   |

## Background

Some volunteers may encounter callers who report harming themselves. This harm could be intentional, such as purposeful cuts, or unintentional, such as accidental burns or falls. A volunteer must be able to distinguish whether the harm was intentional, requiring self harm guidance, or unintentional and requiring alternative procedures.

If any policy includes reference to calling emergency services/ campus security, or otherwise breaking confidentiality it must be clearly linked to your confidentiality/ third party data policies.

## Resources and Research

- Good Practice Guidelines
- Safeguarding Policy
- Self Harm Policy
- Sexual Assault Policy
- Third Party Disclosures Policy
- Call Taking Policies

## Good Practice Guidelines

The latest version of the GPGs state that:

### Policies relevant to unintentional overdoses/harm

Nightlines must:

- Nightlines are legally required to state if/when volunteers should/can refer the caller to other services.
- Provide volunteers with guidance on how to respond to direct questions from a caller on practical suggestions for staying safe.
- Include in their procedures instructions on how volunteers call for help and what details are required from a caller to do so.
- **Not** require volunteers to assess callers' capacity.
- Have a policy and procedure on how to handle third party contacts.
- Not contact a third party unless they have reached out to Nightline themselves.

Nightlines should:

- Ask a caller if they are feeling suicidal to clarify an ambiguous situation.
- Offer to call for help more than once during a call, as appropriate and necessary.

## Definitions

| Term               | Definition                                                                                                        |
|--------------------|-------------------------------------------------------------------------------------------------------------------|
| Unintentional harm | A harmful act that was not done on purpose, such as falling down the stairs or burning themselves whilst cooking. |
| Calls/callers      | Anyone who makes contact with Nightline through all channels, including email and instant messaging               |
| Volunteer          | Anyone who has successfully completed training and signed the Nightline Volunteer Agreement.                      |

## Purpose

This policy establishes the difference between intentional and unintentional harm and signposts volunteers to the most appropriate safeguarding procedure for the caller's form of unintentional harm.

## Scope

This policy applies to all listening volunteers and safeguarding leads.

## Policy Considerations

When drafting this policy, the following factors should be considered:

- Guidance on how to clarify whether harm was unintentional.
- How much responsibility the Nightline volunteers will take on for referring the caller to other services.

- What procedures must be followed should the volunteer call for help on the caller's behalf.
- How often the policy will be reviewed and by whom.
- How this policy will be linked to self harm, suicide, third party data, and other call taking policies.

## Legal Considerations

Nightline Unintentional Harm policies must align with legal frameworks set by the UK Government for **England/Wales/Scotland/Northern Ireland** *[Delete as applicable]*. This includes, but is not limited to:

-   *Mental Capacity Act 2005;*
- *Northern Ireland: Mental Capacity Act (NI) 2016;*
-  *Scotland: Adults with Incapacity (Scotland) Act 2000;*
- *Ireland: Assisted Decision-Making (Capacity) Act 2015].*

# Unintentional Harm Policy

|                   |                                                                                 |
|-------------------|---------------------------------------------------------------------------------|
| Policy approved   | Month YYYY <i>[add details of relevant committee members, etc. if required]</i> |
| Policy review due | Month YYYY                                                                      |
| Any other info?   |                                                                                 |

## Definitions

| Term               | Definition                                                                                                                      |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Unintentional harm | A harmful act that was not done on purpose, such as unintentionally taking a stronger dose of drugs or tripping over something. |
| Calls/callers      | Anyone who makes contact with Nightline through all channels, including email and instant messaging                             |
| Volunteer          | Anyone who has successfully completed training and signed the Nightline Volunteer Agreement.                                    |

## Purpose

Just because a caller is contacting an emotional support helpline about experienced harm, this does not mean it was intentional. Nightline should take care not to assume self harm intent or action is present without clarifying.

This policy establishes the difference between intentional and unintentional harm and signposts volunteers to the most appropriate safeguarding procedure for the caller's form of unintentional harm.

Guidelines regarding intentional harm, namely the Self Harm or Suicide Guidance, are inappropriate for callers whose harm was unintentional. This guidance provides more suitable safeguarding procedures and relevant policy documents once it is clearly established that the caller's harm was not self-inflicted or an attempt to end their life.

## Scope

This policy applies to all contacts made with [X] Nightline through its official listening channels [phone, IM, email, Skype, drop-in, etc] where the caller discloses unintended harm. All listening volunteers at [X] Nightline must adhere to this policy and related procedures when providing support to callers.

## Policy statement

If a caller reports that they or a third party have been harmed, and that the harm was unintentional, [X] Nightline still has a duty to offer the caller support and to signpost them to further services if it's relevant or requested. A listening volunteer may decide to call the emergency services on the caller's behalf when the harm is imminent/life-threatening.

When dealing with unintentional harm, [X] Nightline must act in accordance with the subsequent relevant policies, including the Safeguarding Policy. Should the caller indicate the harm was intentional and self-inflicted, the volunteer must refer to the Self Harm Guidance. If the caller additionally indicates they have considered ending their life, the volunteer must refer instead to the Suicide Calls Guidance.

## Roles and Responsibilities

| Committee member    | Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Safeguarding Lead   | <ul style="list-style-type: none"><li>- Review the unintentional harm procedure and subsequent policies every 2 years minimum.</li><li>- Provide clear guidance volunteers on how to respond to direct questions from a caller on practical suggestions for staying safe.</li><li>- Ensure volunteers who take distressing calls regarding unintentional harm receive adequate wellbeing support following the call.</li></ul> |
| Listening Volunteer | <ul style="list-style-type: none"><li>- Volunteers will be first first contact to learn of a caller's unintentional harm. They must follow the appropriate procedures, whether it is their role as a listener or providing practical suggestions for staying safe.</li><li>- Volunteers are not trained medical health professionals, so it is <b>not</b> their responsibility to assess the callers capacity</li></ul>        |
| Training Officers   | <ul style="list-style-type: none"><li>- Carrying out and maintaining training of all Nightline volunteers, especially providing volunteers tools to implement this policy and procedure.</li></ul>                                                                                                                                                                                                                             |

## Legal considerations

There is no legal obligation for Nightlines to call for help on behalf of a caller [*England & Wales: Mental Capacity Act 2005; Northern Ireland: Mental Capacity Act (NI) 2016; Scotland: Adults with Incapacity (Scotland) Act 2000; Ireland: Assisted Decision-Making (Capacity) Act 2015*].

As Nightline volunteers are not qualified mental health practitioners, they should not make any assessment of a caller's mental capacity, nor should they make any decisions about keeping the caller safe based on their capacity or incapacity. Helplines have no legal obligation to assess capacity. Even healthcare professionals struggle to assess capacity, so you cannot expect your volunteers to do this.

If the caller asks for help to be called, and **your Nightline follows a policy of implicit consent (if the caller gives their location but does not ask for help, it is still called)** the volunteers will need to pass their information to a third party such as the emergency services or campus security. This falls under data protection legislation and requires volunteers to follow their third party data policy appropriately.

## Reviews and amendments

**List any changes to this policy that need to be recorded for historical purposes.**

*E.g. May 2021: changed wording on \_\_\_\_, updated definitions*

# Unintentional Overdose/Harm Procedure

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## Procedural Steps

**If possible, add links to the relevant policies (in bold) for ease when volunteers follow this procedure.**

Use the following questions to guide the volunteer to the correct policy procedure to follow.

Once a caller has indicated they or a third party have been harmed, first confirm whether the harm was self-inflicted or accidental. If the caller states the overdose was intentional and self-inflicted, refer to **[X] Nightline's Self Harm Policy**.

Unintentional harm can take the following forms:

- Long-term conditions, e.g. dyspraxia, OCD or mobility issues, causing recurring accidents.
- Minor, one-time accident e.g. accidental burn/cut whilst cooking, sprained ankle playing sports.
- Work-based accidents, such as for people working with heavy machinery or hot cooking equipment.
- Road traffic accident.
- Harm from another person. E.g. street fight or domestic assault.
- (Other forms of unintentional harm may arise)

If the caller indicates the harm was unintentional and not self-inflicted, such as the examples above, use any of the following questions which appear relevant to navigate towards the appropriate policy procedure. You do not need to ask all these questions. Be guided by the caller in the first instance as always.

*“Can you access help yourself?” and...*

*“Is it a critical situation requiring emergency medical attention for you or anyone else involved?”*

Check whether the caller may require assistance beyond a signposting or listening capacity. Examples of a critical condition: a person is unresponsive, uncontrollable bleeding, severe burn.

It should be clarified that the volunteer is not a medical practitioner, and cannot diagnose any conditions, ascertain the correct medical support required, or assess the caller's capacity themselves.

If the caller responds no, they do not have the ability to obtain help themselves, yes, they/the other person is in a critical condition, and they consent to you obtaining help for them and provide their location:

Call 999 using [X] Nightline's **Ambulance procedure** and refer to **Third Party Disclosure Policy** as calling an ambulance requires passing the caller's data to a third party.

If the caller responds yes, they can obtain help themselves, and yes they/the other person is in a critical condition, advise that they immediately call 999 themselves.

If the caller responds yes, they can obtain help themselves, and no, they are not in a critical condition, there is no requirement for emergency assistance. Move on to the next questions.

*"Are you 18 years old or over?"*

If the caller says no, they are under 18 years of age and are harmed:

The call becomes a greater safeguarding concern as they are a vulnerable individual. Refer to the Child Callers Procedure under the **Safeguarding Policy**.

*"Would you like to be signposted for additional support?"*

It is important the volunteer only gives additional information if the caller wants it.

If the caller responds no, they do not want additional support:

Continue the call in a listening capacity, referring to **Call Taking policies** as required.

If the caller responds yes, they do want to be signposted for additional support, move on to the next questions.

*"Was it a minor, single-incidence injury?"*

Clarify if the injury is minor (not serious or requiring urgent attention, such as small burns when cooking, wasp stings, or twisted ankle when clubbing).

*"Are you needing any medical care for the injury right now?"*

Clarify if they want medical support so you signpost them to the appropriate service.



It should be clarified that the volunteer is not a medical practitioner, and cannot diagnose any conditions, ascertain the correct medical support required, or assess the caller's capacity themselves.

If the caller confirms it was a minor injury that requires medical attention, suggest they call 111 for medical advice or go to their local Minor Injuries Unit in the morning.

*“Do you have any ongoing health conditions that might make this kind of injury more likely to happen again?”*

Callers with long-term health conditions which either led to the injury or makes it more likely to reoccur could benefit from longer-term support than what services like 111 can offer. For example, dyspraxia, OCD, or mobility impairments like arthritis.

If the caller says yes, and discloses their condition, offer to guide them through GP referrals or to signpost them to an association that supports their condition.

Refer to the **Safeguarding Policy** if the condition suggests they may be a vulnerable adult.

*“Can I ask — was this something that someone else did to you intentionally?”*

If the caller admits another person intentionally caused the harm, this poses a greater risk to the caller's current and future safety.

For general incidents refer to the **Safeguarding Policy**.

For incidents where the harm was sexual and/or perpetrated by a romantic/sexual partner, refer to the **Sexual Assault policy**.

*“Were you involved in a road-traffic accident?”*

Road traffic accidents are specific traumas which may require specialised care.

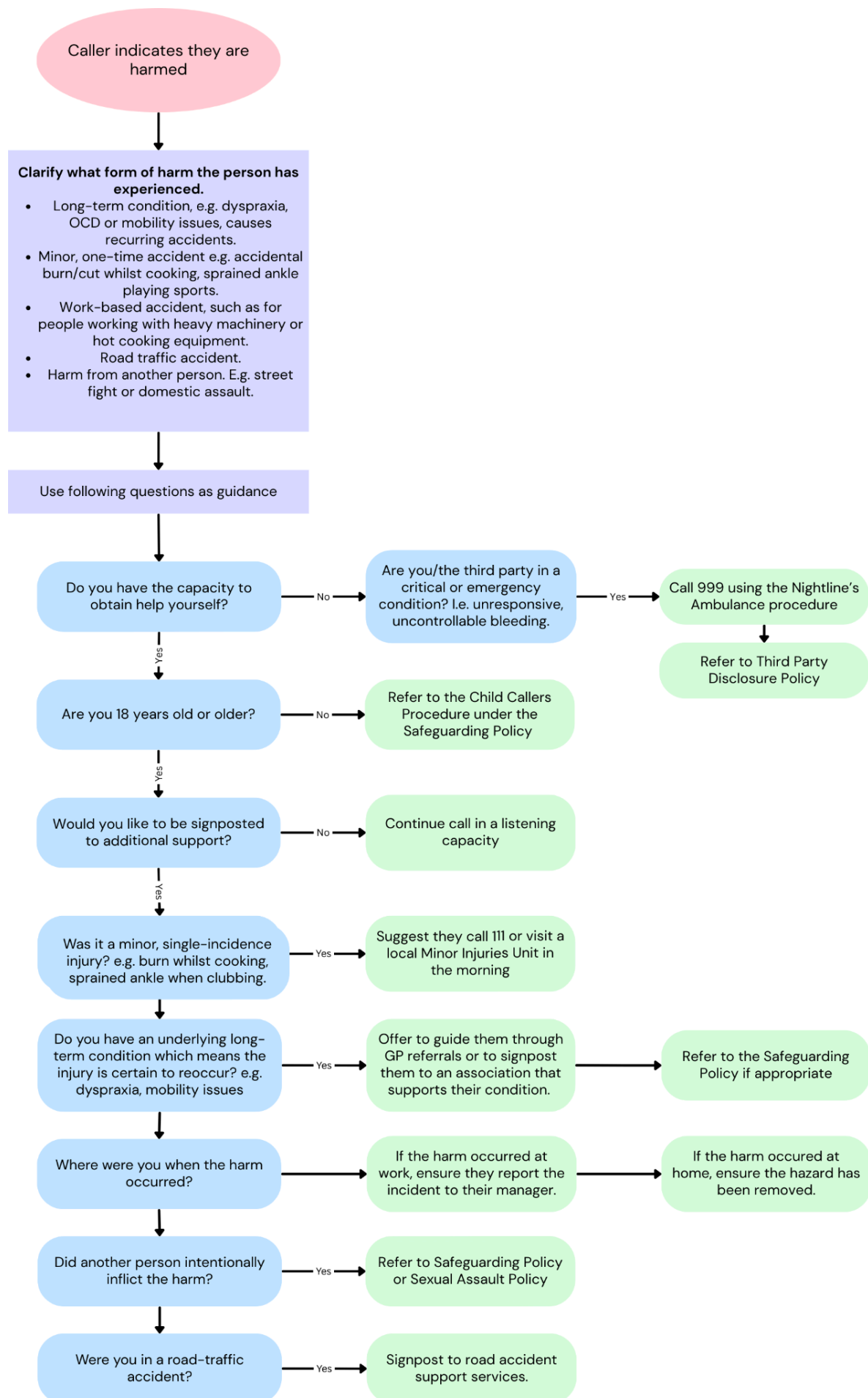
If they respond yes, assuming they have already confirmed they are not in a critical situation, signpost them to a relevant association that supports those affected by road traffic injuries, such as RoadPeace, Brake or Victim Support.

Although Nightline volunteers cannot ask where the accident occurred due to caller anonymity, the caller may mention the general setting in which the harm took place on their own accord.

If the caller discloses the harm occurred at work and they say they're interested in seeking support, compensation, and/or legal routes, signpost a relevant organisation like Citizens Advice.

If the caller discloses the harm occurred at home, check that the hazard has now been removed (if possible).

## Process



## Appendix 1

Add further information here as necessary.