Title: **Constant/Close Observation (Suicidal/High-Risk Mental Health Clients)**		
Document Path: Regional Documents/Policies & Procedures/General		
Approved By: VP of Nursing		Version: 1.0
Effective Date: 29/02/2006	Status: Current	Page 1 of 7

Policy Name: Constant/Close Observation (Suicidal/High-Risk Mental Health Clients)

Purpose:

To provide guidelines to employees who provide constant or close observation to ensure the safety of clients.

Policy / Standard:

Observation is a process that ensures close monitoring and engagement with a client requiring intensive care and support.

- Constant or close observation is implemented when high-risk clients are identified;
- Constant or close monitoring is used to provide a safe and secure environment;
- Constant or close observation may be required for clients who:
  - Have been assessed to be at risk for harming themselves or others, or for endangering the client care environment (i.e. suicidal and/or homicidal ideations; threats or indications of aggressive behaviour);
  - Are in a psychotic state or confused and pose a potential danger to themselves, others, or the client care environment;
  - Have a high risk of flight;
  - Have been chemically restrained or placed in seclusion.

Constant observation means:

- A client is requiring constant observing thus requiring one on one;
- Staff must have a clear view of the client and their activities at all times;
- The client must remain on the unit, exceptions are allowed with a physician's order however the client must be escorted at all times;
- The observer is constantly aware of the precise whereabouts of the client through visual and auditory observation.

Close observation means:

- A client is requiring close observation and will receive regular checks at fifteen (15) minute intervals;
- Staff must be aware of all possible escape points in a room;
- Staff will be close enough to the client to be easily alerted to self-harm, high-risk behavior or escape attempts.

Materials Required:
Client's Clinical Chart
Constant/Close Observation Record
Constant Observation - Information for Client and Families
Emergency Codes
High-Risk Mental Health Checklist
Mental Health/Acute Care Policies Audit Tool

Related Policies:
Seclusion Room Protocol
Examination of Belongings - High-Risk Clients

Procedure:

General:

1. Clients' care should not be compromised when placed on constant or close observation. If placing a client on observation has an impact on the clinical needs of the unit, nursing staff should contact the Clinical Nurse Manager (CNM) or designate (Nursing Site Manager, Nursing Site Supervisor, Nursing Administrator On-Site, Nurse-in-Charge or Primary Care Nurse) or physician.

2. Case consultation between the clinical team and appropriate others is key to sound assessments. Staff should consider information of the client's previous presentations and information from the employee providing constant or close observation to develop a care plan for the client.

3. A physician order is required to place a client on constant or close observation.

4. The CNM or designate may implement constant or close observation until the physician can be reached and an order is obtained.

5. The client should be placed in a private room, if possible.

6. The physician, Primary Care Nurse (PCN) or mental health staff will communicate the need for **constant** observation to the client and/or family members. **With the client's consent the client's next of kin (NOK) will be informed at the earliest opportunity and advised of the following:**

   - Why the client is under constant observation;
   - How long constant observation will be maintained;

- What may happen if the client is non-compliant (i.e. possibility of physical restraint, seclusion, medications, transfer to another facility);
- Restrictions regarding food, drink and packages brought by visitors.

This information will be provided in written form (Constant Observation – Information for Clients and Families) to the family member, NOK or client representative.

7. The CNM or designate will ensure that all staff on duty is informed that a client has been placed on constant or close observation; or that the period of constant or close observation have been terminated; they will be informed why the client has been placed on constant or close observation and what the potential risks are.

8. The client should be given the opportunity to be involved in the planning of their health needs. The PCN compiling and evaluating the care plan should discuss the reasons for considering a change in observation (from constant to close or vice versa). Allowing the client to be involved in the treatment planning process ensures the client has the opportunity to give consent to treatment.

9. The attending physician assess the client every twelve (12) hours and as necessary (PRN), and document the need to continue constant or close observation.

10. With constant observation, the client must be observed by nursing staff during bathroom, shower and tub use. In facilities where space does not allow this, the door to the bathroom or shower room must remain unlocked and slightly ajar.

Before the initiation of constant or close observation the PCN is responsible to:

1. Examine the client's room to ensure that there are no dangerous or sharp objects, or objects to harm self or others (i.e. razors).

2. Search the client's clothes and personal belongings and remove any harmful objects, substances or medications as per the Examination of Belongings – High Risk Clients policy.

3. Remove the client's clothing and replace it with a hospital gown when appropriate and if safe.

4. Inform the "observer" of approximate times for relief and provide relief to the observer as required.

5. Ensure the observer has received an appropriate orientation and is aware of their obligations.

6. Consult with the observer and the client to monitor for changes in behavior noting signs and symptoms that require immediate attention or require interventions such as medications, restraints or seclusion.

7. Evaluate the client's response to interventions and continued need for constant or close observation.

8. Notify the Dietary Department that the client's meals are to be served on paper plates with plastic utensils.

9. Thoroughly search all objects or packages brought by visitors with no food or drink allowed for high risk clients'.

10. Refer Suicidal/High-Risk Mental Health clients to the Mental Health and Addictions department.

11. Complete a nursing care plan that identifies problem areas, nursing approaches and projected interventions to assist the client.

12. Complete an initial client assessment when a non-nursing staff member is providing constant observation.

13. Consult with the observer on the status of the client and document the update in the clinical chart at least twice per shift.

The observer is responsible to:

1. Introduce themself to the client, and explain how long (s)he will be with the client.

2. Maintain a safe environment by removing jewelry, nametags with strings/lanyards, and all sharp/potentially hazardous objects (i.e. pens, scissors, keys, paper clips, etc.).

3. Activate an emergency code when required:

   - Labrador West Health Centre — Dial 8888
   - Charles S. Curtis Memorial Hospital — Dial 7777
   - Labrador Health Centre — Dial 2222

4. Know all possible escape points in a room. Stay close enough to the client to be easily alerted to self-harm, high-risk behavior or escape attempts.

5. Not to engage in activities that would divert attention away from the client, even when the client is sleeping (i.e. socializing, studying, cell phone usage, etc.).

6. Know the client's schedule and plan for the day and what precautions are necessary in caring for the client.

7. Activate the call bell when assistance is required; dial the internal emergency number or yell for assistance if urgent.

8. Identify the behaviors that might require immediate attention and respond accordingly to prevent or stop harmful behaviors.

9. Ensure meals are served on paper plates with plastic utensils.

10. Check the meal tray before and after meals for utensils and report any discrepancies to the PCN.

11. Refer visitors to the assigned PCN so all items brought for the client is examined.

12. Maintain a clear view and closeness to the client when visitors are present and be alert to interactions between client and visitors. Visitors are not permitted to assume responsibility for constant or close observation.

13. Escort the client for diagnostic testing or interventions/sessions.

14. Maintain proximity to the client during an exam or procedure. If another health care provider asks the observer to leave during an exam or procedure, the observer will wait outside the door and return to the room as soon as the provider leaves.

15. Provide a verbal handover each time a member of the multidisciplinary team takes over a period of observation. The client should be included in this discussion where practicable.

16. Inform the PCN of changes in the client's behavior.

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Documentation:

1. Accurate, consistent and complete records must be kept on information related to constant or close observation. Record on the Constant/Close Observation Record and the High Risk Mental Health Checklist if the client is under constant or close observation. Each person observing the client will be responsible to ensure that this is completed.

2. The client record will clearly indicate the reason for the client being placed on constant or close observation.

3. Complete documentation must include a description of the client's general condition, behavior signs and symptoms, assessment factors that necessitated constant or close observation and any other pertinent information. An adequate description of symptoms and behaviors permit others to monitor for improvements or deteriorations. No change at all can be as significant as any change, thus document both.

4. The client record will state:

   - The time constant/close observation was commenced;
   - Any therapeutic engagement that occurred during periods of increased observation;
   - Ongoing risk assessment and the risk management plan;
   - Evidence of the review date and time.

Discontinuation of Constant Observation:

1. The client will remain under constant or close observation until the physician decides in consultation with the care team, that the client's condition no longer warrants this level of care. A physician's order is required to discontinue constant or close observation.

2. After the decision has been made to change the observation (from constant to close or vice versa) it will be documented noting the date and time the decision was made.

3. The CNM or designate will notify all staff on duty and the client of the decision to change the observation.

Audit:

1. The Mental Health/Addictions Manager will complete four random chart audits monthly using the Mental Health/Acute Care Policies Audit Tool.

Definitions:

Not applicable

References:

Central West Health Corporation. (1998). Regional Acute Care Nursing Manual.

Clinical Research and Audit Group. (2002). Observation of People with Acute Mental Health Problems: A Good Practice Statement.

ECRI Institute. (2003). Continuos Observation Responsibilities.

Norfolk Mental Healthcare National Health Standards Trust. (2003). Clinical Standards: Additional Observation of Clients at Risk.

Nursing Standards Council. (1998). Grenfell Regional Health Services Nursing Service Policy and Procedure Manual.

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NHS Forth Valley. (2013) Mental Health Services Psychiatric Observations.