



Brattleboro Retreat

Safety Checks & Special Observations

PURPOSE

- Safety Checks and Special Observations assure that every inpatient will be observed at a frequency appropriate to their age, acuity, safety risk and disability.
- This ensures that patients and the unit environment are closely and consistently monitored by staff.



What is a Safety Check?

- Safety checks are standard observations made by staff of each individual patient on a unit to ensure their safety.
- Baseline Safety Checks for All Adult and Child/Adolescent inpatients are every 15 minutes.
- Safety checks must never be combined with or distracted by other duties.

***Special observations* are more frequent observations that are used for patients who have heightened safety/risk issues.



Our Policy: Safety Checks

All patients are assessed on admission, and throughout their hospitalization, for the level of safety monitoring and observation required appropriate to their age, acuity, safety risk and disability.

All patients are placed on either routine Safety Checks or on Special Observations.

- Safety Checks and Special Observation levels are ordered by a physician and are assessed and changed throughout the patient's hospital stay. Physician orders will include a rationale for any Special Observational levels.
- **A nurse may institute a higher level of observation prior to getting a physician order should the urgency of the situation require it**, with the nurse obtaining a physician's order as soon as possible (within 30 minutes of initiation). The nurse will document rationale for the increased observations in a progress note.
- ***Only a physician may decrease the level of observation.***
- The need for ongoing observation will be reviewed by the treatment team on weekdays and on weekends and holidays, by the On-Call Physician and the Charge RN.
- If the physician orders a higher level of observation on a patient, the physician will inform a nurse (either in person or by telephone) who will in turn inform the Charge Nurse and the Safety Checks person so that the higher level of observation will be implemented immediately.
- Nursing staff educate patients as to their level of Safety Check/Special Observation.



Procedure

- Charge Nurse assigns Safety Checks on the unit assignment sheet for each shift.
- Assigned Safety Checks Staff will:
 - ❑ **Visually** observe each patient.
 - ❑ Monitor the unit milieu by observing patient activities, opening doors, assisting patients with access to laundry, bathrooms, and keeping track of visitors.
 - ❑ Will not do other tasks, e.g. answer the telephone or escort patients, during the assigned Safety Checks time period.
 - ❑ Are expected to be out in the milieu for the duration of this assigned task.
 - ❑ Knock on closed bedroom doors before entering, pause, knock again, announce “Checks”, then open door and observe patient.
 - ❑ During sleeping hours, **take care to minimize the disturbance of sleeping patients** by knocking gently, and not announcing “checks”.
 - ❑ Verify that the correct patient is in the correct room/bed and is alone in the bed.



Procedure (continued)

- ❑ Observes patient carefully with a flashlight—head must be visible, respirations must be verified by listening for breath sounds and looking to movement of chest. Patients may not have blankets covering their heads.
- ❑ Varies their route and sequence of Safety Checks. Documents each patient's location (adding admissions, noting patients who are discharged) and any unit specific requirements on the Safety Checks sheet with every baseline checks rounds.
- ❑ Signs the Safety Checks signature legend.
- ❑ If the patient is not present at the check, validates the location of the patient on the Off-Unit Checks list. **If the patient does not return at the appointed time, notifies the Charge Nurse immediately. Reports any significant or concerning change in behavior to the Charge Nurse or available RN for further assessment and intervention. Immediately reports sudden isolative behaviors.**



Procedure (continued)

- ❑ Completes the patient count during fire drills, fires or other emergencies.
- ❑ Hands off checks at the close of each period of assignment by conducting a verbal review with incoming staff who will be responsible for Safety Checks, and discusses selective patients who present special concern.
- ❑ The off-going staff communicates significant information including the locations and expected time of the return of any patients who are off the unit.
- ❑ **If the oncoming staff does not arrive at their designated start time, the off going staff must continue performing Safety Checks and notifies the Charge Nurse** (until relief arrives from an oncoming staff).
- ❑ **At each shift change, two staff—one from the off-going assigned shift and one from the on-coming assigned shift—complete a round of Safety Checks together.**
- ❑ Monitor patients on O2 (oxygen) protocol: Staff must notify the patient's nurse if patient approaches the 2 hour block of time when they are sleeping day or night.



Safety Checks



YOU MUST VISUALLY OBSERVE EACH PATIENT EVERY TIME

- **Knock on closed doors, wait for an answer, announce yourself and enter**
- If the room is dark shine the flashlight towards the ceiling
- Observe at least three rise and falls of the chest for respirations
- Initial location and activity for the patient



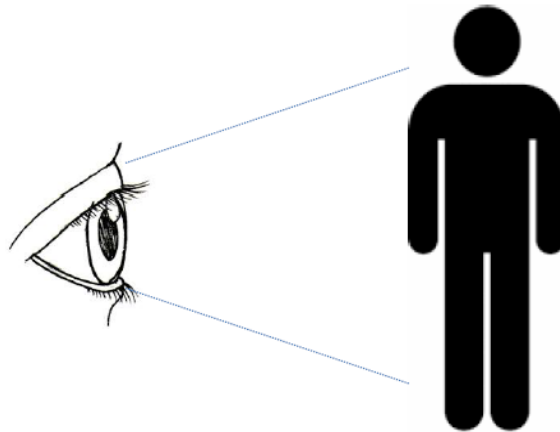
Safety Checks – Reminder

When doing safety checks

staff **must** physically put eyes on the patient.

Do not assume a patient is where you last saw them.

Do not use a camera monitoring system
to view patient for safety checks.



Safety Checks... “Do Not’s”

- ... **Do Not** sit behind the nursing station in between checks...
- ... **Do Not** time your checks exactly and use the same route every single time....
- ... **Do Not** manage the milieu at the same time....



More Do's and Do Not's of Checks

Do

- ✓ Open bathroom door
- ✓ Get towels
- ✓ Get snacks
- ✓ Assist patients with quick tasks

Do Not

- ❖ Leave the unit
- ❖ Start projects with patients
- ❖ Get involved with meal trays
- ❖ Walk around with your head down



Special Observations

Special observations are more frequent observations that are used for patients who have heightened safety/risk issues.

Rationales for special observations may include:

- Suicide Risk or attempt
- Self-Harm risk or attempt
- Violence Risk or attempted Assault
(physical or verbal to other patients or staff)
- Mental Status Impairment
- Elopement
- Detoxification
- Medical Status (physiologically unstable)
- Fall Risk



Observation Levels (Obs)

- Standard Safety Checks
 - **Q15** on all inpatient units
- Special Observations
 - **Milieu Observation (MO)**
 - At risk of agitated/ assaultive or sexually predatory behaviors
 - Staff keeps the patient within continuous visual observation and must be ready to intervene immediately, **EXCEPT** when the patient is alone in their room or bathroom.
 - **Community Area Assignment (CAA)**
 - Assigned to remain visible in a unit community area. Only for SIB and Eating Disorders — Adolescents Only
- **Continuous Special Observation**
 - **CVO**
 - Constant Visual Observations. Line of sight including in bathroom, Hands and head visible.
 - **1:1 or 2:1**
 - Maintains constant visual observation of the patient **and a physical proximity** to the patient that permits immediate assistance or intervention. Hands and head visible.



Special Observations

Our Policy

Special Observations are ordered:

- ❑ At time of admission by the Doctor on Call with the recommendation of the Admissions Nurse
- ❑ During regularly scheduled Treatment Team meetings on weekdays, by the provider in consultation with the regular the team.
- ❑ During evenings, weekends and holidays by the Doctor On Call with the recommendation of the Admissions Nurse.



Special Observations

Our Procedures

Staff will:

- Not engage in any other activities when assigned to any Special Observations.
- When possible, use the same gender staff as patient while visualizing in the bathroom.
- Review the Coping Skills Survey or the Individual Crisis Prevention Plan with the patient and augment/ change as needed.
- Maintains constant visual observation of the patient and a physical proximity to the patient that permits immediate assistance or intervention, dependent on the levels described above.
- Intervene to prevent high risk behavior alone only when there is not the risk of use of a weapon/or probable risk of aggressive behavior on part of patient.



Special Observations

Our Procedures

Staff will:

- Utilize additional help when there is risk of injury to patient/staff due to use of a weapon or probable risk of aggressive behavior on part of patient.
- Accompany patient to all areas including the bathroom for CVO and 1:1 (not for Milieu Observations) to supervise the patient within visual line of sight.
- Handoff: Off-going staff verbally verify level of observation to oncoming staff before leaving assignment. Incoming staff initial Nursing Observation Flow Sheet.
- Document on the Nursing Observation Flow Sheet.



Recap:

- Standard Safety Checks
 - **Q15** on all inpatient units
- Special Observations
 - **Milieu Observation (MO)**
 - At risk of agitated/ assaultive or sexually predatory behaviors
 - Staff keeps the patient within continuous visual observation and must be ready to intervene immediately, **EXCEPT** when the patient is alone in their room or bathroom.
 - **Community Area Assignment (CAA)**
 - Assigned to remain visible in a unit community area. Only for SIB and Eating Disorders, Child/Adolescent patients.
- **Continuous Special Observation**
 - **CVO (similar to a 1:1 but with distance).**
 - Constant Visual Observations.
 - Continuous line of sight including in bedroom and bathroom
 - Hands and head visible at all time
 - **1:1 or 2:1 (arms length away at all times).**
 - Maintains constant visual observation of the patient **and a physical proximity** to the patient that permits immediate assistance or intervention
 - Hands and head visible at all times.



Discontinuation

Patients may be returned to baseline Safety Checks, based on the judgment and decision of the Treatment Team, when their clinical condition has significantly improved.

A physician's order is required for discontinuation of any special observations check



Review

- ❑ At each shift change, two staff—one from the off-going and one from the on-coming assigned shift—complete a round of Safety Checks **together**.
 - The off-going staff communicates significant information including the locations and expected time of the return of any patients who are off the unit (court, clinic, BMH, Etc).
 - Oncoming staff determine the safety and location of each patient.
- ❑ Each staff will sign the Safety Checks signature legend.
- ❑ The Charge Nurse:
 - Reviews and signs the Safety Checks/Observation Levels record for each shift.
 - This confirms that the Safety Checks have been carried out as assigned and documented.

