



# Enhanced Observations Procedure

Effective: 30 August 2018

## 1. Background

The Goldfields Mental Health Inpatient Unit (MHIU) is committed to ensuring that decisions about the level of patient observation are based on the assessment of the patient's level of risk, and that their safety and wellbeing, and the safety of others is to be safeguarded at all times

The MHIU is committed to ensuring that staffing numbers are adequate for the safe management of patients admitted to the inpatient unit.

## 2. Procedure

Every patient admitted to the MHIU is to undergo a risk assessment on admission in accordance with the [Clinical Risk Assessment and Management \(CRAM\) in WA Mental Health Services Policy and Guidelines](#) and the [Clinical Risk Assessment and Management \(CRAM\) Procedure - Goldfields Mental Health Service](#).

A patient assessed as being at risk of:

- Absconding.
- Deliberate harm to self or suicide.
- Harm to others.
- Exhibiting challenging behaviours.
- At risk of accidental harm.
- Physical health issues that do not warrant transfer to a medical ward may be subjected to enhanced observation.

Level 1 and Level 2 enhanced observations of a patient is an intrusive process and the decision to implement this intervention is to be taken with great care. The least restrictive form of observation is to be applied while still managing the assessed level of risk.

The MHIU team, including the Shift Coordinator (SC), Clinical Nurse Manager (CNM) and Consultant Psychiatrist are to determine the level of observation for each admitted patient

### 2.1 Levels of Observation

**Level 1:** The nurse / security personnel are to:

- Remain within arm's length of the patient at all times.
- Maintain observation of the patient at all times.
- Continually re assess the patient level of risk.

**Level 2:** the nurse / security are to:

- Keep the patient in sight at all times.
- Only allow brief moments of privacy if safety can be maintained.

**Level 3:** The nurse is to:

- Undertake time checks, up to a maximum interval of 60 minutes.

### **2.2 Frequency of level 3 observations:**

Level 3 observations can be set for any frequency or duration but should be for the least restrictive time possible. The maximum interval between checks for any patient is 60 minutes. For patients with higher risk, 5 – 30 minute intervals may be more appropriate. Nursing staff are to record their checks at the allocated time on the observation chart. The nurse carrying out the observation is to observe the patient for their locations and activity. If the patient is in bed, the nurse is to observe and note respiration.

There may be incidences where the time of observations needs to be varied / random. The rationale for this is to be clearly documented in the patient's medical record by the SC, with written acknowledgement by the Psychiatrist. In addition, the inpatient unit is to keep a record of general observations completed using the [Appendix 1 - Observations Chart](#).

### **2.3 Psychiatrist**

The Psychiatrist is responsible for ensuring that the rationale for the chosen level of observation is to be documented in the medical record and an explanation provided to the patient, carer, personal support person/s and or advocate.

### **2.4 Clinical Nurse Manager (CNM)**

The CNM ( in their absence the SC – by contacting the Hospital Coordinator (HC)) is responsible for ensuring that adequate resources are allocated to support the implementation of an extra nurse or security personnel when one is require.

### **2.5 Registered Nurse**

Any registered nurse can determine an increase in requirement for observations and is to then document the reasons for doing so in the patient's medical record and ensure this is included in the handover to the treating team. The nurse increasing a patient's level of observation is to inform the treating Psychiatrist at the earliest opportunity.

### **2.6 Provision of Level 1 and 2 enhanced observations**

- Provision of Level 1 or 2 enhanced observations is only to be considered if the patient has a clinical need that can be safely and clinically provided within the ward setting.
- A review of the need for Level 1 and 2 enhanced observations is to occur on each shift. The outcome is to be documented in the patient's medical record.
- Where practicable, consideration should also be given to the other requirements of the patient when selecting a nurse / security personnel, including (but not limited to: gender, ethnicity, culture, religious need and age.
- Where a patient's risk management needs exceeds the capability and capacity of the unit and staff group, the patient is to be considered for referral to a more secure hospital. This referral is to be made by the Consultant Psychiatrist.

- Staffing for Level 1 and 2 enhanced observations are to be arranged by contacting the HC and requesting personnel. This is the responsibility of the SC.
- Patients who are subject to Level 1 and 2 enhanced observations are not generally granted leave. Exceptions to this are to be made by the Psychiatrist and recorded in the patient's medical record.
- With consent of the patient the carer, personal support person/s and or advocate may be informed of the rationale for Level 1 or 2 enhanced observations. This is to be documented in the patient's medical record.
- A nursing staff member is not to be allocated to line of sight enhanced observation for longer than 2 hours in one block unless there are exceptional circumstances, which are to be reported to the CNM or HC (afterhours) at the earliest opportunity. This does not apply to contracted security personnel.
- A comprehensive handover of the patient is to occur between nurses who are completing line of sight observations.

### 2.7 Visitors

A patient on line of sight observations may still have visits on the ward providing a risk assessment is completed in regards the person(s) visiting.

### 2.8 Special Arrangements for Children and Adolescents

The Mental Health Act 2014 specifies that young people under the age of 18 are not to be admitted to adult inpatient facilities unless special provision can be made for their care (Section 303).

Level 1 or 2 enhanced observations are required for adolescents who have been admitted to the inpatient unit.

The CNM and Psychiatrist are to review the adolescent's accommodation with 24 hours of admission with a view to transfer to a more appropriate setting.

### 2.9 Discontinuation of Level 1 and 2 Enhanced Observations

Following a review by the SC and in consultation with the Psychiatrist, the order for Level 1 and 2 enhanced observations can be varied or ceased. Any change is to be documented in the patient's medical record.

### 2.10 Privacy and Dignity

Security personnel are not permitted in toilets or shower areas when patients are changing unless the patient is very high risk, however a nurse is to be present at all times when enhanced observations are in place.

## 3. Definitions

<b>Specialling</b>	For the purpose of this policy "specialling" is provided with a 1 staff to 1 patient ratio. A designated staff member is allocated to provide the "specialling" or close level of observation for a defined period of time. There may be circumstances where the ratio of staff to patient will vary; this will be addressed on a case by case basis following clinical assessment.
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## 4. Roles and Responsibilities

### **The Clinical Director and Regional Manager, Mental Health are to:**

- oversee and ensure clinical governance within the GMHS
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

### **Clinical Nurse Manager - Mental Health Service**

The CNM MHIS is responsible for:

- ensuring that all MHIS staff receive sufficient training, instruction, and supervision in the use of this procedure
- monitoring this document and ensure staff comply with its requirements.

All Staff are to:

- ensure they comply with all requirements within this procedure
- promote a safe recovery oriented, patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

## 5. Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

This process is to include a routine review of “specialled” or “close” observations patients.

## 7. Appendices

[Appendix 1 – Observations Chart](#)

## 8. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012) – 6.5.1, 9.4.1, 9.4.3, 9.7.1

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) – 2.5a, 2.5b, 8.4a, 8.4b, 8.4c, 8.6b

[EQulPNational Standards](#) (11-15) – 12.3.1, 12.10.1

[National Standards for Mental Health Services](#) – 2.1, 2.3, 2.8, 2.11, 10.5.2, 10.4.5

## 9. References

Office of the Chief Psychiatrist of WA [Chief Psychiatrist's Standards for Clinical Care](#)

## 10. Legislation

[Mental Health Act 2014](#)

## 11. Related Policy Documents

[Clinical Risk Assessment and Management \(CRAM\) Procedure - Goldfields Mental Health Service](#)

WACHS [Disturbed Behaviour Management Clinical Practice Standard](#)

## 12. Related WA Health System Policies

[Department of Health Clinical Handover Policy](#)

[Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services Policy and Standards](#)

[Statewide Standardised Clinical Documentation \(SSCD\)](#)

## 13. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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