I. Purpose
To provide increased level of supervision to patients who have immediate risk factors that endanger themselves or others.

II. Scope
This policy applies to all patients who require additional observation/supervision.

III. Policy
All staff are responsible for ensuring the safety of the patient or others. If a patient's behavior indicates a need for increased observation/supervision, the RN initiates the precautions and then consults with the patient's physician or OD. For patients who require increased observation/supervision due to the risk of harm to self or others, physicians and nurse practitioners may order specific precautions such as, but not limited to, close observation with 15 minute checks, within eyesight, 1:1 or 2:1 supervision, or Suicide Watch.

Orders for Precautions, limited to 24 hours, can be written or telephonic. If telephonic, the physician must review the pertinent historical data with the nurse by phone before deciding whether to renew the precaution, then sign/date the order within 24 hours.

Patients on precautions are expected to attend classes, go off unit for meals, go to the courtyard, etc. with appropriate supervision, unless ordered differently by the physician.

Due to the intrusiveness and restrictiveness of close supervision, the treatment team and all clinical staff need to work intensively towards a less restrictive alternative.

IV. Procedure
1) The independent practitioner will conduct a clinical evaluation of the patient and order the appropriate level of supervision/observation. The practitioner will write the order with as many specifics and details as necessary on the non-medication order form. A Precautions order is limited in duration to 24 hours, and automatically expires if not renewed.

2) Nursing will write a special precautions summary for each shift in the progress note section of the patient record. These reports will serve as a clinical summary of the data in the nursing flow sheets and other clinical observations that the physician or nurse practitioner will evaluate before renewing a special precautions order.

3) Each special precautions order must be reviewed on a daily basis by a physician or nurse practitioner, as indicated by initialing the Nursing Precautions flowsheet.
4) After five (5) days of continuous precautions on either eyesight, suicide watch, 1:1, or 2:1, the Treatment Team will convene on the very next scheduled treatment team meeting to review the precaution and modify the treatment plan in the following manner:

   1. Under the appropriate problem(s) that generates the need for the special precaution, the treatment plan is to acknowledge the use of special precautions as an intervention.
   2. The treatment plan is to outline measurable goals for the patient that can be used to track progress towards lifting the precaution.
   3. Discipline-specific interventions to mitigate the risk or to treat the problem necessitating the precaution are to be outlined.
   4. For each consecutive 5 day period, if the special precaution is unable to be lifted, the treatment team is to reconvene on the next treatment team meeting and update progress towards those goals and/or reevaluate the goals and interventions.

5) **This process does not apply to those patients on 15 minute checks or to those chronic precautions that are under medical exclusion** (see definition below). Treatment teams who believe a patient on chronic precautions meets the criteria of medical exclusion should discuss the case with the Medical Director for approval. If approved by the Medical Director, notification of the medical exclusion will be sent to the treatment team in writing.

5) Timekeeping will be notified on new precautions and will track renewals on the Daily Operations Report (DOR). If an order is not renewed within 24 hours of its time stamp, Timekeeping will not staff the precaution.

6) After seven (7) days of continuous special precautions, the physician or nurse practitioner will write a progress note detailing how precautions has addressed the targeted risk factors and what criteria must be met for a decreased level of observation/supervision. If a medical exclusion has been approved by the Medical Director, this requirement for weekly documentation is waived. However, the practitioner must be reviewing the nursing data daily.

7) At any time, if the Medical Director or Superintendent in consultation with the Medical Director feels the documentation does not adequately explain or address the risk being targeted by the precautions, the Medical Director will make recommendations to the treating independent practitioner or can convene a consultative conference with the treatment team and clinical leadership.

V. **Definitions**

   A. **Close observation with 15-minute checks:** Increased awareness of patient location and activity with direct observation every 15 minutes.

   B. **Within eyesight:** Constant visual awareness of patient location and activity.

   C. **1:1 supervision:** Staff within arms reach of patient at all times (physician may modify if appropriate).

   D. **2:1 supervision:** Two staff within arms reach of patient at all times (physician may modify if appropriate).

   E. **Suicide Watch:** Same as 1:1 supervision with additional safety measures to insure that no self-harm items are available to patient.

   F. **Medical Exclusion:** Waived documentation requirements for those precautions derived from a medical condition that creates a safety risk that can NOT be mitigated under any circumstances without further deterioration of the patient’s medical condition. Medical Exclusion must be approved by the Medical Director in writing.