

FNIHB-OR Nursing Policy and Procedure

Section:	Professional Nursing Practice	Policy Number:	II - 06
Subject:	Continuous Client Observation	Issued:	March 31, 2015
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 Prompt physician consultation is required for all clients who are at risk of harm to self or others. These clients may be placed on Continuous Observation and supervised by a nurse, psychiatric nurse, mental health worker, unregulated staff member or family member.

NOTE: It is not appropriate for FNIHB-OR staff to provide ongoing continuous observation for clients in the community. Continuous observation may be implemented for a short duration until the plans for transfer to a more appropriate facility have been arranged.

- 1.2 When an application for involuntary admission has been completed under the Mental Health Act, the client will be placed on continuous observation until transferred from the health care facility. A physician order is required for the application for involuntary admission and continuous observation.
- 1.3 Assistance from law enforcement officers may be requested if there is a potential threat or actual threat to the safety of the client, other clients and/or health care facility staff. Not all clients who are under continuous observation requires police presence. This need should be assessed on an individual basis.

2. PRINCIPLES:

- 2.1 The Mental Health Act (MHA) sets out the criteria for voluntary, informal and involuntary admissions. The statute protects the rights of psychiatric clients and provides provisions for the review of informal and involuntary admissions.
- 2.2 The Health Care Consent Act (HCCA) sets out rules for determining capacity in three key areas: treatment decisions; admission to care facilities; and personal assistance services. It also provides provisions for obtaining informed, voluntary consent from either the client or his/her substitute decision maker.
- 2.3 The Substitute Decisions Act sets out the legal framework for granting a power of attorney for personal care or property. The statute also provides provisions for an individual to apply to the Court to be appointed as a guardian.
- 2.4 Involuntary admission often begins with a physician's Application for Psychiatric Assessment (Refers to a Form 1). This assessment is not required to occur in a hospital setting.

3. DEFINITIONS:

- 3.1 **Continuous Observation** means the client is observed by staff or other designated personnel and is in sight at all times, including while in the washroom.
- 3.2 **Unregulated staff / volunteers** includes, but not limited to, clerk interpreter, maternity care worker, mental health worker, home care worker, health care aid and/ or family members.
- 3.3 **Form 1:** is a Medical Practitioner's Order for a Psychiatric Assessment (Mental Health Act, Section 15), where detention is for the purpose of an assessment. It is completed by a Medical Practitioner who must have assessed the person within the past seven days prior to issuing the certificate.
- 3.4 **Medical Practitioner:** Refers to a physician or surgeon.

4. PROCEDURE:

Nursing Alerts

- 4.1 Once an order for continuous observation is initiated, the client will not be left alone for any reason. A health care facility staff member will be assigned to directly observe the client continuously.
- 4.2 The continuous observations order will be clearly documented on the client's health record.
- 4.3 At minimum, the following safety measures must be implemented:
- 4.3.1 No environmental barriers should come between the client and the staff member assigned to observe the client (e.g. no closed doors).
 - 4.3.2 Do not leave medications at the client's bedside under any circumstances.
 - 4.3.3 Ensure that all oral medications administered are swallowed.
- 4.4 All clients who are on continuous observation will remain in the exam room until the order for continuous observation is discontinued or the client is transferred from the community.
- 4.5 Visitors are not permitted to bring any items to the client unless approved by the nursing staff.

5. PROCEDURE:

- 5.1 The Nurse in Charge and the health care team shall be promptly advised of the continuous observation order. The nurse must also inform the client of the limitations imposed by the continuous observation order.
- 5.2 If there is a Psychiatric Nurse / Mental Health Nurse in the community, he/she should also be consulted to discuss further treatment options.

- 5.3 Remove all clients' belongings and sharps, including any luggage if present. Ensure the client's environment is free of potentially harmful objects. Document in the client's health record all belongings which have been removed and the methods in which the belongings/valuables have been secured.
- 5.4 Assign a staff member to the client until the client is discharged or continuous observations have been discontinued.
- 5.5 If the staff member assigned to continuous observation is an unregulated health worker:
 - 5.5.1 The unregulated health worker is required to review the *Provisions for Unregulated Healthcare Workers* included as Appendix A of this policy.
 - 5.5.2 The nurse shall document in the client's health record that the policy guidelines have been reviewed with the worker.
 - 5.5.3 The nurse will instruct the staff member about any client restrictions, precautions (including instructions not to leave the client until relieved by another staff member), and visitor privileges.
- 5.6 Call law enforcement personnel if assistance is required.

Documentation

- 5.7 The nurse assigned to the client must clearly document the order and reason for continuous observation in the client's health record.
- 5.8 At minimum, the following information shall be recorded in the client's health record:
 - a. Current mental state (e.g. mood, behaviour)
 - b. Physical condition
 - c. Assessment of risk
 - d. Level of observation being implemented
 - e. Timing of assessments (e.g. Q hourly checks to be performed)
 - f. Name and designation of staff member assigned to observe the client.

6. RELATED POLICIES AND LEGISLATION:

Ontario Mental Health Act, R.S.O. 1990, CHAPTER M.7

FNIHB-OR Policy: Documentation Policy

FNIHB-OR Policy: Law Enforcement Policy

FNIHB-OR Policy: Restraints Policy

FNIHB-OR Policy: Working with Unregulated Health Care Workers

7. REFERENCES:

Rights and Responsibilities: Mental Health and the Law 2002.

Boyd, M A., Nihart, M A., Psychiatric Nursing: Contemporary practice. Lippincott New York.

Jones, J., Martin, W., Nigel, W. (2000). Psychiatric inpatients' experience of nursing observation a United Kingdom perspective. Journal of Psychosocial Nursing 38(12) 10-20.

Mental Health Act

Health Care Consent Act

Approved by:	Effective Date:
Director of Nursing, Ontario Region Date:	
Regional Executive, Ontario Region Date:	

APPENDIX A: Continuous Observations - Provisions for unregulated health care workers

“Continuous observation” means that you have the client in sight at all times. This includes when he/she uses the washroom.

1. The Nurse will give you a brief report when you arrive. This private and confidential information will help you carry out your duties. It is never to be discussed with people not involved in the client’s care.
2. You must be able to see the client at all times and there should not be any environmental barriers between you and the client (e.g. doors, curtains, etc), even when the client is sleeping.
3. The client needs an environment of low stimulation. This means things like loud music and talking are to be avoided.
4. Avoid talking about issues that may upset the client.
5. The client must stay in the exam room, unless otherwise instructed by the nurse.
6. Use the emergency bell/alarm in the exam room if you require immediate help. The nurse will show you how it works if you are unsure.
7. Never discuss your personal issues with the client. Listen but do not give advice.
8. Do not get side tracked from your duties. Avoid getting into long talks with other clients or staff.
9. Call the nurse if the client needs to use the washroom and you and the client are of the opposite sex and/or uncomfortable with this arrangement. This helps to protect the client’s dignity.
10. Make a mental note of things like the client’s appearance, facial expressions, speech, mood, activity level, reaction to others, and appetite. Report all concerns or observations as they happen to the Nurse.
11. Remain with the client until your replacement arrives for breaks and at the end of your shift. Do not leave the client alone in the care of family or friends.