SUBJECT: CONTINUOUS SUPERVISION OF INDIVIDUALS

1. PURPOSE:

This policy and procedure will provide appropriate guidelines to assure that the care given to the individual on Line-of-Sight, 1:1, or 2:1 continuous observation and supervision is consistent with the Master Treatment Plan, Nursing Care Plan, and Acuity Level, and to assist nursing staff with a providing a uniform approach to evaluation, intervention, and treatment of the individual.

2. POLICY:

1. An individual on Line-of-Sight, 1:1, or 2:1 Observation is under direct and continuous supervision at all times (refer to page 814.2 for observation requirements).

2. Personnel assigned to any individual ordered to be on a continuous observation for any reason shall be held accountable for that individual’s safety and care.

3. The Shift Lead, under the direction and supervision of the Unit Supervisor, shall insure that nursing personnel assigned to continuous observation comply with the following requirements:
   a) That the treatment plan developed for the individual by the Treatment Team is being followed;
   b) Will assign staff in accordance with the individual’s need and staff experience;
   c) Shall insure staff provide and maintain proper documentation and record pertinent observations and treatment encounters, including documenting the type of restraints in use every 15 minutes on the appropriate log; Provide updates on individual’s status at Change of Shift reports;
   All three shifts follow the same guidelines established by the ID Team;
   Staff conducting the 1:1 shall not be preoccupied with personal, non-related activities (e.g. reading newspaper, watching TV, conversing with other staff).

4. Staff floated from other units, Registry staff, and those staff on duty unfamiliar with specific individual care being provided, will receive a report
from the Shift Lead/designee advising of the individual(s) on specific ALERTS, 1:1’s, High/Low Risk Observations, pertinent acute/chronic medical or behavior issues, containment risk(s), or any other clinically significant information. All staff will communicate pertinent nursing concerns to the Shift Lead, RN/Case Manager, and the NOD throughout the shift.

5. The same staff member who is assigned the observation shall complete the documentation.

6. Placing an individual on an emergency 1:1, or Line-of-Sight Observation requires an order by the unit psychiatrist/MOD to be obtained within one hour of the incident. Nursing staff shall document individual’s behavior in the I.D. notes (MH 5624). The Registered Nurse shall conduct an assessment of the individual, and working in collaboration with the Shift Lead, shall notify the unit psychiatrist/MOD or unit psychologist/ODP and NOD, immediately, and shall insure documentation of findings and actions taken. The unit physician/MOD and the I.D. team should evaluate the individual within two (2) hours of obtaining the order.

7. To initiate a 2:1 for an individual during regular work hours the clinician must first receive approval of the Medical Director or designee. Once approval is obtained the PD/EOD must be notified (by nursing staff). After hours and on weekends/holidays, collaboration of two MOD’s, (one of which must be a psychiatrist) is required. The individual must be seen in person by the physician for a face-to-face evaluation within one hour of the initiation of the order and the clinical indication and justification for the 2:1 must be so documented in the individual’s chart. The initial order for 2:1 shall be time limited to a maximum of 4 hours, but may be renewed every 4 hours if clinically appropriate and justified, but the individual must be seen, face to face no longer than every 24 hours. The order must specify the duties of each of the two staff on 2:1. No individual will be maintained on 2:1 while asleep. If the individual remains on 2:1 beyond 72 hours, a BMTP must be immediately developed and initiated to justify the continued use of the 2:1, and approval process completed within 7 days.

8. Pre-licensed nursing staff, e.g. Pre-Licensed PT (PLPT), Interim Permit RN (IPRN), Psychiatric Technician Assistant (PTA), who have the experience and expertise, as determined through the individual care assignment process, may be used on Line of Sight, 1:1, and 2:1 supervision.

9. Preliminary nursing plans of care will be established within 8 hours of identification of the problem and placement on observation. Once the ID Team meets and a consensus is reached regarding the goals for the identified problem, the nursing plan goal must be consistent with the short-term goal recommended by the Treatment Planning Team. The nursing plan
shall include nursing interventions that are designed to help the individual reach the goal.

10. An individual status report shall be provided to the HSS on duty each shift and shall be reported at each Change of Shift Report.

11. The Shift Lead/designee shall insure that the staff member on 1:1 assignment shall be offered a break at least once every two hours and should be rotated to another assignment after two hours if possible.

12. Staff taking over the 1:1 shall receive a brief history of the individual including alerts, individual limitations, and severity of risk. Off-going staff and the on-coming staff will initial together on the Q 15 Minute Observation Sheet (CSH 7108) thus insuring this interaction.

13. Staff member being relieved of the 1:1 will give an account to the relief staff member of the individual’s behavior while they were attending the individual.

14. Staff shall be sensitive to gender issues, especially during toileting/bathing. Privacy should be afforded in a manner that will maintain the client’s safety and security at all times.

3. **DEFINITIONS:**

   **Line-of-Sight Supervision** - Continuous observation by a designated employee, with no visual barriers between the employee and the individual. The employee shall be close enough to the individual to intervene in case of an emergency including when the individual is asleep. Additional staff may (or may not) be provided by Central Staffing office, depending on availability of staff on duty.

   **One-to-One Supervision** - Continuous observation by a designated employee, with no barriers between the employee and the individual. The employee will be within a designated distance from the individual as indicated in the order. Additional staff will be provided for each 1:1 ordered by the Central Staffing office per the Staffing Policy.

   **Two-to-One Supervision** - Continuous observation with no barriers between two designated employees and the individual. Both employees will be within a designated distance from the individual as indicated in the order.

   **Seclusion** – All individuals newly placed in seclusion must be monitored for the first hour by continuous observation through Line-of-Sight supervision by an assigned PMAB certified staff member. After the first hour, an individual in seclusion may be continuously monitored using simultaneous video and audio
equipment if available and if the physician’s order permits video/audio monitoring. If such equipment is available and if authorized by unit psychiatrist/MOD order, one staff member may monitor more than one individual via this equipment.

**Voluntary Time Out** – The individual willingly goes alone into a room that is left unlocked. The therapeutic intent, with the individual’s voluntary agreement, is to deliberately separate the individual to another area that allows unrestricted exit, provides a non-threatening environment, and reduces the individual’s level of agitation.

**Involuntary Time Out** – a procedure used only for those individuals who have a Behavioral Management Treatment Plan.  To assist the individual to regain control by removing him from the immediate environment and restricting him to a quiet area or unlocked quiet room for 30 minutes or less consistent with the individual’s treatment plan.

**LINE OF SIGHT 1:1** – (NOT TO BE CONFUSED WITH LINE-OF-SIGHT SUPERVISION) Continuous observation by a designated employee for the purpose of preventing aggressive/assaultive behavior. To be ordered by the unit psychiatrist/MOD for those individuals who have a history of aggressive/assaultive behavior, to facilitate release from wrist-to-waist restraint. Staff will be within a distance as designated in the physician’s order (e.g. close enough to prevent assault upon others). Additional staff will be provided per Staffing Policy.

**Medical Supervision** – Observation by a nursing staff for medical reasons. Physician orders must specify type of observation, frequency of checks, and frequency of documentation. Physician must document justification of need for 1:1, 1:2, 1:3, etc, supervision.

**1:2, 1:3, Supervision** – Observation by one nursing staff of more than one Individual, either for medical reasons (e.g. Oxygen/C-PAP therapy at night), or for behavioral reasons (e.g. Audio/Video monitoring of more than one Individual in seclusion), if ordered by a physician.

“Barrier” – can be any object (e.g. privacy screen, toilet stall door, blanket, sheet, etc.) which interferes with staff’s ability to visualize an individual’s activity or behavior while on continuous supervision. Staff shall be alert for any type of barrier when providing continuous supervision, and shall be expected to use appropriate clinical judgement when making decisions regarding the importance of appropriate barriers for privacy versus the need to ensure an individual’s safety and security.
4. GENERAL INFORMATION:

ROLE OF THE ONE-TO-ONE OR TWO-TO-ONE PROVIDER:

One-to-One or Two-to-One Supervision is an opportunity to provide intensive intervention for the individual. Staff assigned should have good communication skills, positive attitude, and ability to listen and remain objective. The duties of the provider include searching individual for contraband or any hazardous material when risk is suspected, talking to the individual, active listening, and escorting individual to regularly scheduled treatment as appropriate. The Two-to-One or One-to-One provider shall not be occupied with other activities that take attention away from the individual. It is recommended that a copy of the individual's daily PST schedule be attached to the Observation Record (CSH 7108) clipboard and that the individual's activities be described on the back of the tracking record.

- Keep the individual busy.
- Teach coping skills so that the individual can feel more competent to solve life’s every day problems as well as stressors.
- Give the individual hope. The individual needs to be given specific problems to work on to assist with maintaining a feeling of hope. Keep the individual apprised of the progress they make.
- Escort the individual to regularly scheduled treatment as appropriate.
- The 1:1 staff person is recommended to have recreational material available to utilize with the individual, e.g. a bag of games. The 1:1 Supervision Kit, available from the Program Office, consists of such items such as a deck of cards, dominoes, art supplies, and travel size games, stationary to write letters, a card game that involves engaging the individual in conversation. The Kit is intended for use during the individual's free time. The individual is still expected to attend their prescribed groups. Use of the games is on an individual basis according to the assessment by the Treatment Team.

5. STAFF DUTIES:

1. The 1:1 provider shall not be occupied with other activities that take attention away from the individual. Staff shall investigate all unusual noise(s) and/or movement(s) that may lead to and/or be indicative of self-abusive or suicidal behavior(s).

2. The 1:1 staff person is to encourage the individual to attend all scheduled treatment activities as appropriate. The 1:1 staff person shall have the individual's schedule immediately available, e.g. attached to a clipboard or in the teal folder.

3. A copy of the individual's treatment plan, plan of care, or nursing care plan shall be kept on the clipboard/in the teal folder with the assigned 1:1 staff.
4. Staff shall be selected to do 1:1 observation based on their individual strengths:
   a. Counseling skills
   b. Positive attitude
   c. Rapport with the particular individual

5. Selection of Floats to do 1:1 observation should be avoided. If it does prove necessary at any point to assign staff unfamiliar with the individual to do 1:1 observation, then the Unit Supervisor or designee is responsible to ensure that the staff member is briefed on the individual's current clinical status.

6. **PRECAUTIONS:**

   Observe safety regulations. Lock potentially dangerous areas such as janitor’s closet, storage room, and medication/treatment room. At initial placement on the observation, and every shift during the length of the observation, the individual, bed and storage area are to be searched for contraband, potentially dangerous items, and confirmed free of harmful objects.

   Because of risk management issues, whenever possible the use of floats for 1:1 assignment is to be discouraged if they are not familiar with the individual or their risk behavior signs.

   Any unsafe request by the individual should be discussed with the unit I.D. Team (or mini team after-hours) before staff complies with the individual’s request.

7. **PROCEDURE:**

   **NURSING ACTION** | **KEY POINTS**
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   A. If order is not clear, clarify with the unit psychiatrist/MOD or unit psychologist/ODP who wrote the order. | A. Discuss alternative supervisory approaches with the unit psychiatrist/MOD/unit psychologist/ODP and make sure the order is clearly understood.
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<td><strong>B.</strong> Involve the I.D.Team in Treatment Care Planning. A copy of the Specialized Treatment Plan is to be kept on a clipboard with the 1:1 staff to insure continuity of care between staff.</td>
<td><strong>B.</strong> The Treatment Team should plan constructive activities. Provide individual teaching so that the individual is aware of the treatment goals. All shifts are expected to follow the same guidelines.</td>
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<td><strong>C.</strong> Afford as much privacy as appropriate and necessary continuous observation will allow, especially with regard to toileting/bathing issues. Stall door may be open or closed depending on level of individual continuous observation necessary (e.g. 1:1 for Suicide or Self-Harm vs. 1:1 for Protection from Harm by Others).</td>
<td><strong>C.</strong> Be sensitive to gender issues. When sitting in a restroom stall, individual may be partially observed (feet movement) or by hearing (unusual sounds). If something irregular is suspected, talk to individual, look over stall and call for help as necessary and appropriate to the situation.</td>
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