

SFHFMH3

Observe an individual who presents a significant imminent risk to themselves or others



Overview

This standard covers the observation of individuals who's disturbed or violent behaviour is considered to present a significant, immediate risk to themselves or other people including staff (e.g. through self-harming behaviour, suicide, bullying, harassment). Since observation can itself be a trigger for such behaviour, it needs to be carried out continuously and strictly, but sensitively and preserve, as far as possible, the individual's privacy and dignity. Ideally, effective observation is also about effective engagement and has a positive therapeutic benefit. All members of the multidisciplinary team need to know and support the care plan through the Care Programme Approach in order to achieve consistency of management.

Users of this standard will need to ensure that practice reflects up to date information and policies.

SFHFMH3

Observe an individual who presents a significant imminent risk to themselves or others

Performance criteria

You must be able to:

- P1 be actively aware of the individual's risk indicators identified in their integrated care plan and the factors which increase or decrease the risk (e.g. suicidality)
- P2 determine the dynamic risk factors that are present at the current time in relation to the individual (e.g. irritability, auditory hallucinations, environmental over stimulation, boredom)
- P3 identify to whom the risk exists
- P4 agree and authorise with members of the team what level of observation is needed (e.g. visibility, rotation of team members)
- P5 engage with the individual to discuss why they are under observation, the aims of observation, the closeness of observation and how long it is likely to be maintained
- P6 define the conditions that need to exist to decrease observation levels
- P7 preserve, as far as possible, the individual's privacy and dignity
- P8 remove the environmental factors likely to either increase the level of risk or maintain it at the current level (e.g. de-escalation as in moving the individual to a low stimulus environment)
- P9 apply continuously and sensitively the level of observation that is the least intrusive consistent with the required visibility of the individual (general, intermittent, within eyesight, within arm's length)
- P10 carry out a planned, regular rotation of staff to maintain high attention levels
- P11 seek opportunities for engagement and collaboration with the individual as early as possible (e.g. recreational activities, conversation)
- P12 introduce or reinforce coping strategies that the individual can use in risky situations
- P13 detect indicators that the individual's level of risk is diminishing (e.g. no longer hallucinating, level of arousal)
- P14 ensure the individual's next situation is as safe and supportive as possible (e.g. an environment that is not over stimulating for the individual)
- P15 identify with the individual and the multidisciplinary team what can be learned from the episode and record the facts and findings according to local protocols

SFHFMH3

Observe an individual who presents a significant imminent risk to themselves or others

Knowledge and understanding

You need to know and understand:

- K1 techniques of observation, including how to balance visibility, focus and sensitivity
- K2 the ethical and legal framework for sensitivity in observation, respecting an individual's rights of privacy and dignity
- K3 the theory and practice of de-escalation techniques and those specific to individuals
- K4 inquiry reports on forensic mental health settings, including recommendations and analysis of practice in the observation of individuals within a range of settings and contexts
- K5 protocols for recording and reporting observation
- K6 suicidal behaviours and opportunities, including ligation
- K7 offending behaviours with special regard for violent behaviour not related to mental illness
- K8 mental health disorders
- K9 drug, alcohol or substance misuse
- K10 psychopathy and personality disorder
- K11 risk indicators and dynamic risk factors
- K12 the range of treatments available at your own and other establishments
- K13 a range of coping strategies that individuals can adopt
- K14 current mental health legislation and regulations
- K15 codes of professional conduct (eg in relation to accountability, governance)
- K16 the legal rights of individuals
- K17 local policy/governance arrangements
- K18 negotiation skills
- K19 techniques of conflict resolution
- K20 observation techniques at different levels
- K21 local policy and procedures on observation and managing aggression
- K22 guidelines on observation and managing violence (eg NICE, CRAG, SIGN)
- K23 the religious beliefs of different cultures
- K24 the effects of culture and religious beliefs on individual communication styles
- K25 the different features services must have to meet people's gender, culture, language or other needs
- K26 the effects of different cultures and religions on care management
- K27 the principle of confidentiality and what information may be given to whom
- K28 how information obtained from individuals should be recorded and stored

SFHFMH3

Observe an individual who presents a significant imminent risk to themselves or others

Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB3 Protection of health and wellbeing

SFHFMH3

Observe an individual who presents a significant imminent risk to themselves or others

Developed by Skills for Health

Version number 1

Date approved June 2010

Indicative review date June 2012

Validity Current

Status Original

Originating organisation Skills for Health

Original URN FMH3

Relevant occupations Health and Social Care; Healthcare and Related Personal Services

Suite Forensic Mental Health

Key words forensic, mental health, self-harming, de-escalation, engagement , offending
