

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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SECTION 6: Patient Care

POLICY: 6.010

SUBJECT: Behavioral Precautions

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SUPERINTENDENT

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### I. POLICY

It is the goal of Oregon State Hospital to prevent aggressive, suicidal, or self-destructive behavior. To attain this objective, the Team Leader (Physician or Psychiatric Mental Health Nurse Practitioner (PMHNP) and other members of the treatment staff shall determine the level of additional individual supervision necessary to safeguard patients and staff, and assist the members of the Interdisciplinary Treatment Team (IDT) in providing an appropriate response to dangerous or suicidal activity.

### II. DEFINITIONS

- A. "Unobtrusive Precautions" means a staff member shall be assigned to be aware of a patient's location and activities at all times, and have visual and, if awake and appropriate, verbal contact with the patient at least three times per hour, at irregular intervals, never more than 30 minutes apart.
- B. "Close Precautions" means a staff member shall be assigned to be aware of a patient's location and activities at all times, and to have visual and, if awake and appropriate, verbal contact with the patient at least five times per hour, at irregular intervals, never more than 15 minutes apart.
- C. "Visual Precautions" means a staff member shall be assigned to maintain visual contact with no greater than four patients at all times. The physician or PMHNP may specify the ratio of staff to patient in a written order.
- D. "1:1 Precautions" means a staff member shall be assigned to monitor a patient's location and activities at all times, with constant visual contact, as well as continued verbal contact while awake. Visual contact may be suspended while the patient is using the bathroom and/or shower at the

discretion of the unit RN. The Physician or PMHNP may specify additional parameters, as appropriate in a written order.

- E. “Suicide Precautions” means a staff member shall be assigned to monitor a patient’s location and activities at all times, with constant visual contact of the patient’s head, neck, and hands, as well as on-going verbal contact, including times when the patient is in the bathroom and/or shower. The Physician or PMHNP may specify individualized parameters, as appropriate in a written order.

### **III. PROCEDURES**

- A. All hospital employees who become aware of a patient’s unsafe, unpredictable, or suicidal behavior shall immediately take measures to ensure the safety of patients and staff, and notify the RN.
- B. The RN shall:
1. Immediately assess the patient and ensure that safety and security measures are implemented.
  2. Contact the Physician or PMHNP responsible for the unit, or the on duty (OD) psychiatrist immediately to assess the need for behavioral precautions.
  3. If necessary, temporarily authorize behavioral precautions until the Physician or PMHNP is available.
  4. Document in the progress notes of the medical record the assessment of the patient, the specific behavior(s) that required intervention, the method of intervention, patient’s response to the intervention, and the reason this specific intervention was used.
- C. The Physician or PMHNP shall determine the type of behavioral precautions needed, and the appropriateness of therapeutic interventions to be utilized. When notified of the need for an evaluation of a patient for the ordering, of behavioral precautions, the Physician or PMHNP shall promptly evaluate the patient. The evaluation shall include the individual’s condition, the appropriateness of the use of any temporary behavioral precautions, and the level of precautions to be ordered. Findings shall be documented in the medical record progress notes.
- D. At the time of admission or transfer of a patient, behavioral precautions in use at the prior facility or on the sending unit are reviewed by the admitting Physician or PMHNP to provide a continuity of care.

- E. Unless clinically contraindicated, the Physician, PMHNP, RN, or designee shall fully explain the procedure and level of behavioral precautions to the patient and describe both the staff's and the patient's responsibilities.
- F. Designated clinical staff may do a skin or internal examination of the patient at the order of the Physician, and search his/her belongings for potentially harmful objects. Internal examinations are only completed by a Physician, PMHNP, or RN. See OSH Policy and Procedure 6.017, Personal Searches, for specific requirements of this intervention.
- G. All patients on behavioral precautions may move outside of their unit with a Physician or PMHNP order. Patient participation in off-unit activities and need for escort shall be determined by the Physician or PMHNP and the IDT. Forensic patients shall remain within the supervision level previously approved by the Risk Review Panel.
- H. When a patient on behavioral precautions is to be released by court order the social worker, or designee, shall alert the transporting Sheriff's Deputy, the watch commander at the county jail, and the judge who authorized the release. The alert shall include the patient's behavioral precaution status, the reasons for the behavioral precautions, and the recommendation, if necessary, that law enforcement personnel maintain the precautions until the patient can be professionally reevaluated. This communication shall be documented in the medical record.
- I. Specific Procedures for Behavioral Precautions
  - 1. Nursing staff shall maintain contact with patients at suitable intervals and document interventions on the Behavioral Precautions Flow Sheet for unobtrusive and close precautions as described in definitions above. Visual, 1:1 Precautions and Suicide Precautions do not require the use of a flow sheet.
  - 2. Nursing staff must be aware of the patient's location at all times.
  - 3. Staff conducting off-unit activities shall be notified of the patient's status, and will remain in consultation not clear on the intent with the Physician or PMHNP and the IDT.
  - 4. Orders for unobtrusive or close precautions remain in effect during episodes of restraints or seclusion. A notation on the Behavioral Precautions Flow Sheet shall be made noting the time of entry. Due to the patient being under constant observation with the Emergency Seclusion or Restraint Flowsheet being completed, it is not

necessary to complete the behavior precautions flowsheet during the restraint or seclusion.

5. Upon release of a patient from restraint or seclusion the patient will return to the level of behavioral precaution previously ordered. If there are concerns related to the level of behavior precautions the RN will consult with the Physician or PMHNP. If the patient is to continue on unobtrusive or close precautions the Behavioral Precautions Flow Sheet will need to be resumed.
6. The RN will document in the progress notes an assessment of the patient's status and an evaluation of the level of supervision every shift during the course of behavioral precautions.

J. Additional Procedures for 1:1 and Suicide Precautions

1. Constant 1:1 or Suicide Precautions will have staff replaced/rotated every one (1) hour at a minimum.
2. Staff assigned to constant 1:1 precautions must actively communicate their need for rest or reassignment to lead staff.
3. Lead staff will actively monitor the efficacy of personnel assigned to constant 1:1 precautions and intervene assertively when indicated.
4. Physician Orders
  - a. A physician's order for 1:1 and suicide precautions shall have an automatic stop date of seven (7) days from the time the order was written.
  - b. Nursing staff shall monitor the order's automatic stop dates and obtain a clear MD directive to continue or discontinue precautions.
  - c. Each order for 1:1 and suicide precautions shall be written only following a face-to-face evaluation by a psychiatrist and a written progress note by the examining psychiatrist.
  - d. Each order that exceeds 1:1, e.g., 2:1, 3:1, shall require a review, face-to-face evaluation and progress note by the Supervising Psychiatrist within 24 hours (or next business day) of the initial order for approval.
  - e. Any patient on 1:1 and suicide precautions or higher that exceeds 14 consecutive days needs to be reviewed by the

Chief Medical Officer (CMO) or designee prior to any further 1:1 orders. The CMO note shall state the time of the next CMO review and shall be no more than 30 days.

- f. Patients in seclusion or in restraint (excluding ambulatory restraints) shall not have staffing in excess of 1:1.
  - g. If an OD (doctor on call) starts a behavioral or suicidal 1:1 precaution, that order shall be reviewed by the treating psychiatrist or his/her supervising psychiatrist the next business day and a progress note written.
  - h. The Medical Department shall be responsible for the monitoring of when a 1:1 exceeds 14 days and requires involvement of the CMO.
5. The IDT will review 1:1 precautions within five (5) working days from the initial Physician order or PMHNP. If the IDT determines that the 1:1 and Suicide Precaution continues to be appropriate, the IDT shall develop intervention strategies specifically designed to reduce or eliminate symptoms, which require 1:1 and Suicide Precautions. These interventions shall be added to the patient's Treatment Care Plan within five (5) working days from the Physician's or PMHNP's initial order.
6. The staff/patient ratio during 1:1 and Suicide Precautions shall be maintained at all times (i.e., during performance of ADL's, while with visitors, etc).
- K. Determining Readiness for Reduction or Discontinuation of Behavioral Precautions
- Only a Physician or PMHNP may reduce or discontinue behavioral precautions. This includes temporary behavioral precautions implemented by the RN.
- L. If clinically necessary, the Physician or PMHNP may order the doors to a patient's room to remain open while on behavioral precautions.

#### **IV. REFERENCES**

*OSH Policy and Procedure Manual:*

6.017, Personal Searches

6.011, Interdisciplinary Treatment Teams

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6.003, Restraint and Seclusion

*Nursing Manual Policy and Procedures:*  
Alert Charting, Documentation  
Behavior Precautions

*Medical Staff Manual:*  
MDQI Major Aspects of Care, Suicide Observations

Replaces OSH Policy and Procedure 6.010, Behavioral Precautions, dated 06/17/10.