Environmental Round Standard Operating Procedure

Every time you observe a patient that is on 1:1 suicide precautions, you should be observing for any items that might be a safety risk or be on the contraband list. Environmental Rounds are one of the primary ways to ensure the safety of the patients. It is essential that they be done thoroughly upon admission, every shift, and after each visitor leaves the room. Below are the steps to be taken when doing Environmental Rounds:

• Glove up and have the linen bin with you as well as a paper garbage bag.
• While you are certainly looking for any items on our Contraband List, you should also note any items that you think may create a safety concern and discuss those items with the charge nurse when the Environmental Rounds are completed.

• Patient Room
  • Check all open floor space and window sills, especially for excess gowns or clothing. (Excess gowns, linens, or towels should be placed in the laundry bin.)
  • Be sure to check the window sills and all drawers.
  • If patient has papers/books, lift and shake for any loose/hidden items and restack neatly.
  • Check the storage spaces of the bedside tables.
  • Run your hands over the top and sides of the mattress to check for items between the sheet and the mattress.
  • Pat down pillow to check for items hidden inside.
  • Lift the mattress from multiple angles to check the entire space underneath the mattress.
  • Visually inspect the space between the bed frame and wall, desk and wall and bedside table and wall. If items are visible, remove them and determine if item can remain in room.
  • Check under desks and chairs
  • Visually inspect items in wastebaskets (empty if unable to see all contents).
  • Check behind the room door.
  • Visually inspect ceiling light fixtures, access panels, electrical plates and outlets.

• Bathrooms
  • Check all open floor space in the bathroom and visually inspect the shower area.
  • Visually and by touch– ensure no items are in the toilet paper and paper towel dispensers
- Check the space behind the grab bars.
- Check the light fixture to be sure there is nothing on top.

- Any items/areas needing repairs are to be reported to Unit Secretary for completion of a Work Order.
Suicide Precautions Environmental Rounds Form

Directions: It is essential that they be done thoroughly upon admission, every shift, and after each visitor leaves the room.

✓ = completed

Safety concerns should be reported to the nurse/nursing supervisor immediately.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Contraband Check</th>
<th>Window sills</th>
<th>Drawers/Bedside tables</th>
<th>Mattress/Bed frame</th>
<th>Pillows</th>
<th>Ceiling light fixtures</th>
<th>Floor/Baseboards</th>
<th>Curtains/Window Screen</th>
<th>Lights/Wall Sockets</th>
<th>Door/Door Handle</th>
<th>Bathroom</th>
<th>Initials</th>
</tr>
</thead>
</table>

Ingalls Memorial Hospital
March 2019
PURPOSE:

Ingalls Memorial Hospital is committed to providing a safe environment for patients, visitors, and employees. Early identification of patients at risk for suicide or patients with homicidal ideations is a first step in providing appropriate care and interventions. The purpose of this policy is to delineate the process of identifying patients at risk for self-inflicted bodily harm or suicide, patients with homicidal ideations, and the procedures involved in the implementation of appropriate interventions.

DEFINITIONS:

1. **Suicide Precautions**: are implemented for patients assessed as being potentially harmful to him/her-self, patients who are actively suicidal, have made a recent suicide attempt, are expressing thoughts of suicide, or present psychotic behavior which may inadvertently cause harm to him/her-self.

2. **Homicide, Aggression precautions**: are implemented for patients assessed as at risk of assault, aggression towards others, and/or destruction of property.

3. **Behavioral Health Unit; Wyman Gordon Center (Locked Unit)**

4. **Non behavioral Health Unit**: All inpatient units including the emergency department

5. **Suicide, Homicide, and Aggression Precautions; One to One Observations**: patient is considered actively suicidal. Dedicated staff member (Safety Attendant) is assigned to remain within arm’s reach of the patient at all times.

6. **Safety Attendant**: is dedicated staff member or qualified personnel, hospital and/or contracted agency personnel.

7. **Behavioral Technician**: is dedicated staff member specially trained, Wyman Gordon Center only.

8. **Constant Observation**: constant (24 hours a day) visual observation of patients at risk (provided for patients on suicide, homicide, and aggression precautions and entails staying within 6 feet with continuous full view of the patient at all times including while bathing and toileting).

9. **Contraband**: potentially harmful items prohibited at all times.

10. **Elopement**: The unauthorized departure of a patient from a hospital unit, care area, or the IMH grounds.

POLICY:

All patients who present with emotional, behavioral, and/or substance abuse problems at the time of admission or triage will undergo a suicide risk screening.

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The Suicide, Homicide, and Aggression Precautions will be implemented for all patients at risk as identified by suicide screening, patient statement, collateral contact statement, nursing assessment, integrated assessment, psychiatric evaluation, and for physician order. Patients expressing suicidal ideation will be immediately placed on 1:1 observation pending further evaluation.

RN may initiate Suicide, Homicide, and Aggression Precautions when indicated however, an order from the attending physician or attending psychiatrist must be obtained within one hour.

An order from attending physician or attending psychiatrist is needed to initiate suicide, homicide and aggression precautions.

- Physician orders suicide precaution at a level of intensity deemed appropriate based upon assessment of suicide risk. Nursing staff shall place the patient on a level of observation commensurate with the level of risk as ordered by the physician.
  a. Suicide Precaution: One to One Observation (severe)
     The individual is considered actively suicidal. A dedication staff member is assigned to remain within arm’s reach of the patient at all times.
  b. Suicide Precautions: Line of Site (moderate)
     A staff member keeps the patient within visual observation at all times. The patient is not permitted to be in an area where staff is not able to directly see them. This intervention must be noted in the medical record and on the proper form.
  c. Suicide Precautions: 15 minute checks (mild)
     Staff makes visual contact with the patient and confirms that the patient is safe and in no physical distress at frequent random interval not to exceed fifteen (15) minutes apart. Whenever possible, verbally interact with patient to assess safety and well-being.

An order from attending psychiatrist is needed to discontinue suicide, homicide and aggression precautions.

All patients who are placed on suicide and/or homicide precautions shall have psychiatric consultation/evaluation within 24 hours of initiation of consult request. An order for a psychiatric consult needs to be entered.

All patients placed on Suicide, Homicide, and Aggression Precautions will have a suicide assessment screen completed by the Assessment and Referral (A&R) personnel or psychiatrist within 24 hours of initiation of precaution by calling extension # 6411.

It is the responsibility of safety attendant to ensure a constant level of observation and intervention per order.

PROCEDURE:

1. 1:1 Precautions with safety attendant assigned.

2. All patients' belongings should be removed from the patient's room, labeled, and stored away from the patient's room in a secured area on the unit. RN should document in clinical note location of secured
belongings. All belongings will be returned to the patient or family upon discontinuation of suicide precautions/constant observation.

3. Consideration should be given to stripping the room of potentially dangerous furniture and/or furnishings.

4. A safety attendant or qualified personnel is to carry out any activity for the patient that uses a potentially harmful object and ascertains that the object is then removed from room. Consideration should be given to postponing any potentially dangerous activity (e.g., shaving) until the patient is more stable.

5. Patient visitors, upon arrival to the room, should be directed by the Safety Attendant to check in with the patient’s RN at the Nurse’s Station prior to visitation with the patient. Visiting may be restricted in certain instances.

6. Belongings brought in by visitors should be secured by staff, these belongings should be given back to the visitor to take home when visitation is completed or the belongings should be secured with the patient’s other belongings outside of patient room until discontinuation of suicide precautions/constant observation or the patient is transferred or discharged.

7. Safety Attendant or qualified personnel performs an environmental assessment at the beginning of each shift and after visitors leave to ensure no contraband has been brought.

8. Safety Attendant or qualified personnel accompanies patient to diagnostic tests and treatments. There should be no disruption of in the observation and documentation process during diagnostic tests and treatments and the safety Attendant or qualified gender appropriate personnel should remain under constant observation whenever possible including toileting.

9. Safety Attendant or qualified personnel and gender appropriate Safety Officer accompany all patients that are being transported to Wyman Gordon Center.

10. RN documents suicide, homicide, and aggression precautions in the medical record every shift.

11. Safety Attendant or qualified personnel documents suicide, homicide, and aggression precautions every 15 minutes in the flow sheet. Once the flow sheet is completed for the 24 hour duration it is given to RN to place in the patient’s medical chart. A new 24 hour period flow sheet is initiated each day at midnight.

12. Food trays are to have disposable plastic dishes and eating utensils (no knives allowed). This includes guest trays. No metal cans are allowed.

13. Use only paper trash bags - no plastic bags should remain in patient room.

14. In the event that a patient attempts suicide, the psychiatrist, primary physician and Manager/Director/designee, are to be notified immediately. After hours the AC will be contacted.

15. In the event that a patient on suicide or homicide precautions elopes the psychiatrist, primary physician Manager/Director/designee, Security, and Police are to be notified immediately. After hours the AC will be contacted.
16. Upon psychiatrist order for discontinuation of suicide or homicide precautions, RN should enter a clinical note indicating suicide or homicide precautions were discontinued.

17. Contraband is not permitted. Refer to attachment C-Contraband.

ATTACHMENTS:

A. Safety Attendant Guidelines
B. Patient Observation Flow Sheet
C. Contraband
Attachment A: Safety Attendant Guidelines

SAFETY ATTENDANT GUIDELINES

1. The Safety Attendant observes and stays in close proximity of the patient at all times. Ideally, this means line of sight of the patient. The Safety Attendant is to have visual contact with the patient AT ALL TIMES and remain within 6 feet.

2. Your entire attention is to be given to the patient.
   a. Do not engage in conversation with the other patients.
   b. Do not leave the patient unattended for any reason.
   c. Do not engage in any activity that will prevent you from closely observing the patient.
   d. DO NOT SLEEP.

3. Patients must be watched carefully to prevent them from obtaining items with which they could use to harm themselves or others.
   a. Observe closely at meals for confiscation of knife, fork, or spoon. Plastic utensils should be used by patient.
   b. Be aware of items which could be potentially harmful to the patient.
   c. All patient belongings should be secured outside the patient's room.
   d. Visitors should be directed to check in with the RN at the Nurse's Station prior to visitation.
   e. All items brought in by visitor should be secured and given to RN. Food items should be searched for potentially dangerous items before given to the patient.
   f. Patient Care Safety Attendants should not have personal belongings/items near the patient.
   g. Cell phone use for personal purposes is not permitted.

4. Notify the nurse with any problems or difficulties, or if you need to leave the patient. Utilize the nurse call light to contact the Nursing Station and/or the primary nurse. You may also call the nurse directly utilizing the nurse's hospital issued cell phone.

5. DO NOT leave the patient for personal time until another staff member relieves you. Please do not take longer than your allotted time. This affects the staff's availability to other patients and activities.


7. The Safety Attendant will give a verbal report of the patient's status to the on-coming Safety Attendant and the nurse assigned to the patient.

Your adherence to these expectations will help ensure effective hand off communication and safety for patients, visitors, and staff.
## Attachment B: Patient Observation Flow Sheet

![Flow Sheet Image]

### Department of Behavioral Health Services

#### Precaution Flow Sheet

<table>
<thead>
<tr>
<th>Location</th>
<th>Activity/Behavior Key</th>
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<tbody>
<tr>
<td>NS Tower's Lobby</td>
<td>1. Anxiety</td>
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<tr>
<td>2nd Floor</td>
<td>2. Crying</td>
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<td>3rd Floor</td>
<td>3. Eating</td>
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<td>4th Floor</td>
<td>4. Sleeping</td>
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<td>5th Floor</td>
<td>5. Resting</td>
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<td>6th Floor</td>
<td>6. Flat</td>
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<td>7th Floor</td>
<td>7. Hyperventilation</td>
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<td>8th Floor</td>
<td>8. Tachycardia</td>
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<td>9th Floor</td>
<td>9. Mild agitation</td>
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<td>10th Floor</td>
<td>10. Non-responsive</td>
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<td>11th Floor</td>
<td>11. Pacing</td>
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<td>12th Floor</td>
<td>12. Resting</td>
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<td>13th Floor</td>
<td>13. Quieting</td>
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### Observation Schedule

- **Observations (circle one):**
  - Check every 15 minutes
  - Check every 30 minutes

### Time Records Table

<table>
<thead>
<tr>
<th>Time</th>
<th>Located</th>
<th>Activity/Behavior Key</th>
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### Notes

- Uncontrolled Document
- See electronic version for latest revisions
Attachment C: Contraband

Anything that can be potentially used by patients to harm themselves or others is considered contraband and is not permitted. The items listed below are examples of contraband.

- Aerosol Cans
- Audio or video tapes
- Battery Operated Gadgets: toys, radio, TV, cell phone, pager/beeper, palm pilots, MP3 Players, cosmetic mirror, or any item requiring a battery to operate
- Belts
- Cans: Soft drink, juice, etc.
- Clippers & Other Manicure
- Equipment: Finger and/or toenail of any size
- Cough Drops or Throat
- Lozenges: prescribed or store bought even if sealed
- Cords: including those in clothing such as sweat pants
- Creams: over the counter or prescribed
- Drugs/Medication including drug Paraphernalia
- Electrical / Electronic Gadgets: toys, hair dryer, blow dryer, curling iron, radio, TV, cosmetic mirror, shaver, computers or any item that has an electrical cord, cell phone
- Explosives
- Food, Candy and/or Gum: homemade or store bought even if sealed
- Glue, Paint, or Cleaning: Behavioral Health Services
- Compound
- Head Coverings: Hats, baseball caps, "doo rags"
- Keys
- Knives: including pocket
- Lighters and/or matches
- Medication: Including over the counter, prescribed, traditional, complimentary
- Mirror: compact or hand
- Needles
- Nude/violent items: including photographs, posters, magazines or books
- Picture frames: glass face or sharp edges
- Personal videogame and music players: including video games
- Products with Alcohol
- Rope and/or String: Includes drawstrings on clothing
- Scarves and/or Bandanas
- Shoe laces
- Sharp Objects: Scissors, hard plastics or other objects that may cut or puncture. Plastic ware including forks, knives and spoons provided by the facility are excluded as sharps and are not considered contraband.
- Smoking Materials
- Spiral Notebooks
- Sunglasses
- Suspenders/overalls
- Telecommunication: Including pagers, beepers, cell phones, palm pilots, walkie-talkies, and lap tops.
- Behavioral Health Services Devices
- Ties
- Weapons or potential weapons: including pins, needles and metal combs
- Wire Hangers

Interpretation, Implementation and Revision: The Nursing Department, Emergency Department, Wyman Gordon Department, and Security Department are responsible for the interpretation, implementation, and revision of this policy.

CROSS REFERENCES:
- Search of Unit and Patient Belongings Policy
- Elopement Precaution Policy

This Policy was revised in February 2019
Corrin Steinhauer, VP, CNO, Krista Curell, VP Risk Management & Patient Safety, Chris Fishback (ED), Dr. Guneesh Saluja (EM), Doug Kaiser (Security), Elizabeth Smoczynski (A&R), Alan Moy (WG), Susan Klaczak (PCS), Martina Buttilgero (RPS), Meredith Borak (RPS), Dawn Deboer (Education), Roseanne Serafin (Education)