

# Constant Supervision Good Practice Guidelines

## Introduction

Staff carrying out observations must be appropriately briefed about the needs of the person and considered to be a core member of the care team during their participation. PSO 2700 has more information.

It is the responsibility of the member of staff carrying out constant supervision duties to:

- Establish previous patterns of behavior
- Concerns and current issues prior to undertaking the duty and
- Ensure that the information is handed over to the next person.

The individual is entitled to information about why they are under constant supervision as well as the restrictions that are in place at the time ie; toileting, showering, association etc.

## 1. Scope of Guidelines

1.1 These guidelines have been developed by Healthcare and Safer Custody Group. They reflect the guidelines recommended and distributed by Safer Custody Group as part of the constant supervision training package.

## 2. Persons Covered

2.1 This information is applicable to those individuals who are placed on the most intense level of observation as part of the ACCT process for their own or others safety.

## 3.0 Interaction

It is important that you interact with the person whilst undertaking constant supervision duties;

- Introduce yourself to the individual you are supervising.
- Talk to the person. Either the person or yourself could initiate conversations. When talking to the individual consider the following
  - Hobbies/interests
  - News – for example, what is happening on the wing or in the prison
  - Ask how he/she is feeling now

- The reason for the crisis only if raised by the person themselves
  - Be careful not to make inappropriate disclosure of personal issues about yourself that could put you at risk (for example where you live).
  - If a risk assessment allows try to involve the individual in activities such as board games, cards if these are available or access to normal regime such as education
  - Be considerate to the needs of the person when communicating with other staff or doing anything that does not directly relate to communicating with the person on a constant supervision
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## Stay alert

Make sure the individual does not have the opportunity to self-harm by:

- Staying alert. Especially at night, stand up from time to time and make sure you are not too comfortable in your chair
  - Talking and interacting with the person
  - Maintaining professional boundaries. Do not be persuaded by the person to act otherwise than you've been instructed to do in respect to toileting, showering etc
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## What to observe

You need to particularly look for any of the following behaviours:

- Changes in mood for example, irritability/aggressiveness, becoming more withdrawn or becoming more willing to talk
  - How the individual relates to you or other staff
  - Whether or not the individual appears to know where he or she is, what day of the week it is or can remember things
  - Any signs of planning for an act of self-harm
  - Signs of interest in regime activities or hobbies
  - Dietary and Fluid intake
  - Remain impartial and avoid discussing clinical issues
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## Log keeping/Communication

It is important to keep an objective and informative log, as the information will assist those in managing the individual to decide when the level of observations can be safely reduced. As a result **quality** rather than **quantity** is required, although entries must be made in accordance with the number required by the case review team.

Imagine you are a video camera and record exactly what you see the person doing and hear him or her saying.

Examples of poor log entry:

- Had breakfast
  - OK sitting in cell
  - Seems depressed
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## Examples of good log keeping:

When I first came on duty I found Peter sitting on his bed staring in front of him. The TV was on but Peter wasn't watching it. His books and newspapers were strewn around the floor. His sandwich was on the bed uneaten. When I tried to engage Peter in conversation, he told me he wanted to be f..king left alone, and that he did not want to talk about his problems or anything else. When I persevered in trying to talk he threw his pillow against the wall and paced around, telling me to go away and leave him alone. After a few minutes however, he did sit down and engage with me in light conversation over the subsequent 2 hours