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| **Safety checklist for mental health admission**  |
| **Low risk patient****No amber or red risks identified** |

* Request that carer stay with patient whilst in hospital if appropriate
* Ask the person if they feel safe from further self- harm while on the ward and explain how to ask for help if things change
* If Adult ‘medically fit’ for discharge and awaiting Mental Health Liaison Team (MHLT) review and safety plan: General observations ( 4 to 6 hourly vital signs)
* Confirm if person is required to be in line of sight.
* Whereabouts to be known by staff and checked and documented hourly. Staff should note the persons clothing and be able to describe them in the event they leave the ward.

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| **Safety checklist for mental health admission**  |
| **Amber risk patient****Amber (but not red) risks identified**  |

* Request that carer stay with patient whilst in hospital if appropriate
* Undertake person search in-line with Trust policy to search belongings and remove any items which could be used to self- harm (or staff could search with persons consent)
* Complete environment risk assessment tool
* Alert security/ site to ensure there is an agreed plan if absconding risk is high
* Ensure that registrar/ consultant are aware of specific/immediate risks
* Ask the person whether they are likely to harm themselves while on the ward, how they are likely to do this and what ward staff can do to help
* Admit to a bed on the ward that enables close supervision by nursing staff (particularly important if no carer staying with patient). Consider locking toilets
* If Adult ‘medically fit’ for discharge and awaiting MHLT review and safety plan: General observations ( 4 to 6 hourly vital signs)
* Confirm if person is required to be in line of sight.
* Whereabouts to be known by staff and checked and documented as a minimum hourly.

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| **Safety checklist for mental health admission**  |
| **Red risk patient****Red risks identified**  |

* Request that carer stay with patient whilst in hospital if appropriate
* Undertake person search in-line with Trust policy to search belongings and remove any items which could be used to self- harm (or staff could search with persons consent)
* Complete environment risk assessment tool
* Alert security/ site to agree plan for situations which might require restraint
* Ensure that SpR/ consultant aware of specific/immediate risks and have a plan for rapid tranquilisation if needed
* Ask the person whether they are likely to harm themselves while on the ward, how they are likely to do this and what ward staff can do to help
* If Adult ‘medically fit’ for discharge and awaiting Mental Health Liaison review: General observations ( 4 to 6 hourly vital signs)
* Urgent Mental Health liaison to discuss plan of care until full review by MHLT
* Highly likely to require 1 to 1 care. Discussion with consultant/MHLT or SWIDS / site/nurse in charge about how this is best provided (security/ RMN/ nursing staff). Undertake and complete enhanced nursing care assessment.
* Consider safety of other patients on the ward – is there a need/capability to move vulnerable patients
* If 1:1 care unavailable, person to be in line of sight by staff and checked and documented as a minimum every 15 minutes. Nurse in charge to escalate unavailable 1:1 to Matron.