SAFETY IN PSYCHIATRY

PART OF THE FOUNDATIONS OF PSYCHIATRY
HOME STUDY PROGRAM
THE FOUNDATIONS OF PSYCHIATRIC CARE: SAFETY IN PSYCHIATRY

Introduction/Purpose Statement

Staff who are entering into the psychiatric care setting need to have all kinds of information so that they can deliver optimal care without falling into the pitfalls that may loom before them. The Foundations of Psychiatric Care home study series was developed by expert staff from Hennepin County Medical Center, the Minneapolis VA Medical Center, and Regions Hospital to get this information out in an easy-to-read, practical, and relevant manner. This program is divided into four sections: I) Introduction; II) Patient Care; III) Safety; and IV) Interventions. The purpose of the Safety in Psychiatry module (this home study) is to review issues concerning behavioral management, suicide assessment, and providing a safe environment.

Target Audience

This home study was written for the person who has not worked in psychiatry before; however, more experienced psychiatry staff may find the information useful and interesting.

Content Objectives

1. Discuss elements of a safety assessment of the ward/milieu.
2. Review standards related to patient property, contraband, passes, visitors, and privileges.
3. Describe precautions taken to prevent physical or sexual assault on either staff or patients.
4. Identify myths related to the thoughts and actions of the suicidal patients.
5. Identify the characteristics of persons at risk for suicide.
6. Describe the process for providing safety to patients who are at risk for suicide.
7. Differentiate between the levels of risk for suicide.
8. Identify patient characteristics and situations where behavioral management may be required.
9. Describe the effective use of limit setting.
10. Describe assessing the need for and implementing restraints and seclusion.
11. Explain the legal and JCAHO aspects related to physical intervention.
12. Explain the process of debriefing/posting.

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In order to successfully complete this activity you must read the home study, complete the post-test and evaluation, and submit them for processing.

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Expiration Date for this Activity:
As required by ANCC, this continuing education activity must carry an expiration date. The last day that post tests will be accepted for this edition is December 31, 2018—your envelope must be postmarked on or before that day.

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Contact Hour Information

For completing this Home Study and evaluation, you are eligible to receive:

| 1.0 MN Board of Nursing contact hours / 0.83 ANCC contact hours |

Criteria for successful completion: You must read the home study packet, complete the post-test and evaluation, and submit them to TCHP for processing.

The Twin Cities Health Professionals Education Consortium is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Please see the last page of the packet before the post-test for information on submitting your post-test and evaluation for contact hours.

PROVIDING A SAFE ENVIRONMENT

Please note:
The rules and procedures are much different at the Minneapolis VA Medical Center than at Regions Hospital or Hennepin County Medical Center. To provide the most relevant information to all three hospitals, this section is in two parts.

- Part one was originally authored by Marie Mortek and has been written for Regions Hospital and Hennepin County Medical Center staff.
- Part two was originally written by Kevin Roberts and is geared for the Minneapolis VA Medical Center staff.

Both sections have been subsequently updated to reflect current knowledge, policies, and procedures that exist at the time of this publication. Because print publications cannot keep pace with the rate of change, you are urged to check what the current policies and procedures in the setting in which you provide psychiatric services.

Part One: Providing a Safe Environment

For Regions Hospital & Hennepin County Medical Center Staff

Rules

When working on a locked mental health unit, safety must be the first priority of ALL STAFF. The mental health unit is considered a controlled environment because the doors are locked and all property that is brought into the area is monitored by staff on a routine basis. A safe structural design includes safety glass windows, metal non-breakable mirrors, locks on the doors, breakaway curtain rods, a reduction of sharp or dangerous items, and communal phones (with short cords only). HCMC uses specially designed individual, private showers that are located outside of the patient’s room, with weight sensitive hooks and partial doors, rather than standard showers. TV’s and radios are often in a locked cabinet, and dishes are non-breakable. High visibility and a highly structured routine for the patient is essential.

At Regions Hospital, security checks are completed for all patients **every 15 minutes**, regardless of acuity level. Check current policy and procedures explaining these acuity levels. These levels provide parameters for monitoring and also for patient privileges. RNs may increase a patient’s acuity level at their discretion. A specific order from the M.D. is required to decrease a patient’s acuity level.

At HCMC, safety checks are done routinely at least every 30 minutes (at staggered times) on all patients. According to policy, some patients require more frequent (every 15 minute) checks such as:

- at risk for suicide
- high fall risk
- acting in a sexually inappropriate manner

Problems observed during the checks are reported immediately to the charge nurse. Always investigate unusual sounds on the unit – this could be your first sign of a problem. Don’t assume that you know what is happening.
All patient rooms are checked each day and evening shift for contraband. Staff will check night stand drawers, behind drapes, under the bed, mattress and pillow and other hiding places in the room. Check the policy of your hospital; silverware may be counted at each meal and the bathtub (if there is one) and shower rooms may be checked every 15 minutes and/or be locked.

A patient may use items from their unit locker during daytime hours; i.e. makeup, portable radio, hair dryer, or curling iron. At HCMC, these items may only be used under staff supervision and they must be immediately returned when they are finished using them. Staff should stand by the locker to assess that each item is safe to have on the floor and to inventory what is on the unit. The staff person that gives an item out from the locker is responsible for the return of the item when the patient is done using it. Items from the locker cannot remain on the unit.

Safe Items

Only “safe” items are accessible to the patients. A sorting process of “safe” versus “unsafe” items begins upon the arrival of a new person into the unit. The staff person that first greets the new patient will have him/her empty his/her pockets on arrival to the unit. At Regions Hospital, electronic wanding occurs. All belongings accompanying a patient are put in the staff office until they are marked on a clothing list or inventoried and packaged to go to the business office (Regions Hospital) or unit closet (HCMC). A patient’s clothing may be locked in their locker until advised by the psychiatrist (check your hospital’s policy). All items must be checked for contraband and the contraband must be removed before items are placed in the patient’s locker. Both the clothing list and inventory sheet are signed by the patient. Patients are limited on the amount of belongings they may bring as storage space is limited.

Electronic Devices

Cell phones, laptops, Blackberries, corded devices, etc. should not be on the unit. Please check your hospital’s policy about electronic devices.

Sharps

Patient’s “sharps” are put away in the staff office or a safe, secure storage area. “Sharps” are items such as compacts with glass mirrors, glass bottles, nail cutting equipment, scissors, metal picture frames, glass from picture frames, cigarettes and lighters, knives, or any other potentially sharp or dangerous objects. These objects will be held until the patient is discharged.

Some mental health units provide communal “sharp” items for patient use under the supervision of the nurse. These sharps are stored in the staff office and inventoried at the change of each shift. Unit sharps may include: a nail clipper, emery board, scissors for craft projects, and tweezers. At HCMC, the “good grooming” group supplies razors to individuals, if appropriate, and maintains a close inventory of them. Razors may only be used during group and handed in immediately when finished.

Personal Care Items

Electrical appliances such as a hair dryer, curling iron, or electric shaver are kept locked in the patient’s locker. Use of straight edge and safety disposable razors are prohibited (with the exception of the “good grooming” group). Items such as cosmetics, shampoo, and conditioner can be accessible to the patient as long as they are in non-glass containers. Items containing alcohol (hairspray, aftershave, mouthwash, etc.) must be carefully monitored because some patients will drink these items.

Medications

All medications that are brought in are given to the nurse to inventory and then are transferred to the hospital pharmacy (Regions Hospital) or stored in the secure medication room (HCMC). Medications that require identification may be sent to the pharmacy. This includes over-the-counter medications as well as prescription medications. The psychiatrist may write an order for the patient to use “Own Supply of Meds” if the hospital pharmacy does not carry the particular medication. These medications will be sent to the pharmacy to be identified and relabeled before dispensing.

Valuables

Valuables are packaged and sent to the hospital safe. Valuables may include checkbooks and checks, social security card, bus pass, credit cards, birth certificate, medical assistance card, public assistance card, food stamps, and money over $10.00 (Regions Hospital) or $20.00 (HCMC). If money or items are sent home with the family, this should be documented in the chart.

Going Out

Patients may go for walks on the hospital grounds at the staff discretion during daylight hours. The decision for who is eligible for “off-unit privileges” is discussed by the treatment team, made up of a doctor, nurse, social worker, and occupational therapist. An order for off-unit
walks must be written by the psychiatrist. At Regions Hospital patients will be accompanied outside by staff members, per the hospital policy ratio of patients per staff. At HCMC, Therapeutic Recreation may accompany patients off unit (usually in a group) for walks or movies. HCMC staff usually do not accompany patients off the unit for nonmedical purposes. Smoking may be prohibited on hospital grounds. Staff should never smoke in front of/with the patient regardless of the hospital’s policy.

As the patient progresses, their psychiatrist may write an order for them to go out on “pass.” The patient may be asked to sign out. On return from pass, the staff will again complete a thorough search of clothing and belongings. All purses, pockets, and wallets are searched. At Regions Hospital, electronic wanding occurs. The patient will not be allowed to keep any unsafe items; an explanation should be given to the patient as to the rationale of not keeping certain items. All new belongings are entered on the clothing list, sent to the safe or pharmacy (as per admission policy). Craft items that are brought in that contain sharp materials must be kept in the nursing station when not in use. These craft items include: knitting needles, crochet hooks, rug hooks, and needles. Please familiarize yourself with your hospital’s pass policy.