

Ngā Rau Rākau Engagement and Observation Policy

MHAPPM/8104

Approved by:	General Manager – Mental Health & Addiction	First Issued:	January 2013	
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Purpose

The purpose of this document is to outline the standards expected to be met by staff working within Ngā Rau Rākau in relation to tāngata whaiora engagement and observation.

This document is to be used in conjunction with MHAPPM/8953 – [Mental Health and Addiction Group Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All Te Whatu Ora, Te Matau a Māui Hawke’s Bay documents are based on and link back to our values; **He Kāwanuano** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

All staff working within Nga Rau Rakau

Definitions

Refer to the Mental Health Service Definitions Glossary [\\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx](#).

Roles and Responsibilities

Role	Responsibility
Allocated Registered Nurse	Remains accountable for the care and oversight of the tāngata whaiora and the decision to delegate the task of engagement and observation to an unqualified member of staff; and for ensuring they have the knowledge and skills to undertake the role.
Shift Coordinator	Is responsible for ensuring the appropriate and equitable allocation of engagement and observation duties amongst the nursing team. They are responsible for ensuring that the decision to reduce the intensity of engagement and observation must be a team decision.

Role	Responsibility
Student Nurses	Cannot, under any circumstances, carry out enhanced engagement and observation unless under the direct supervision of a registered nurse
Health Care Assistant	To do the physical observations and record activity at time of recording. They are to report to the RN any adverse activities.

Te Whatu Ora, Te Matau a Māui Hawke's Bay Standards

- 1 The appropriate use of observation maintains the nursing teams' duty of care toward tāngata whaiora in their care and allows for treatment to occur in the least restrictive environment.
- 2 The use of nursing observations has implications for the privacy of tāngata whaiora and staff resources that must be considered in the determination of assigning observation levels.
- 3 Clear, honest and open dialogue must take place regarding the reasons for an enhanced engagement and observation and the tāngata whaiora's perspective should be sought and considered as part of the decision making process.
- 4 Information regarding their current standard of engagement and observation and how long it may last must be given to the tāngata whaiora.
- 5 Tāngata whaiora are observed at a level appropriate to their care and safety needs.
- 6 The level of observation is assigned and reviewed by the nursing staff at least once every 24 hours.
- 7 All tāngata whaiora are assigned, and maintained on an appropriate level of nursing observation as documented in their Health Record.
- 8 The assignment of observation status follows an assessment of the mental state, the individual needs of the tāngata whaiora and risk to self or others.
- 9 Observation status is consistent with the overall acuity of the ward, specific identified risks, level status, and assigned AWOL/unauthorised leave category of the tāngata whaiora.
- 10 It is the responsibility of the nursing staff to oversee the assigned level of observation for the unit.
- 11 Health Care Assistants can provide the observations and document the outcome on the Enhanced Engagement and Observation Form.
- 12 On admission to Kowhai or Pukeatea wings the observation level must be Level One or Level Two for a minimum of 24 hours before it can be re-assessed.
- 13 For admissions to Kahikatea, the minimum level of observation is Level Three, if a person requires an increased level of observation then transfer through to Kowhai or Puketea wings is required.
- 14 There are minimum hourly observation requirements for all tāngata whaiora.
- 15 Observation status may be reviewed at the daily morning MDT.
- 16 When there is a change in presentation of mental or physical status:
 - a. The observation status may be increased by the registered nurse after an appropriate assessment.
 - b. The observation status may be increased by the registered nurse after consultation with the shift co-ordinator and/or medical staff.
 - c. Where the registered nurse is a new graduate or competent level nurse, the assignment of the level of observation is made in conjunction with the ACNM or shift co-ordinator.
 - d. The allocated registered nurse consults with the responsible clinician or on-call psychiatrist. Other members of the MDT and the tāngata whaiora family are consulted as appropriate.
- 17 The observation status, ongoing risk assessment and tāngata whaiora's response to observation are documented in the health record and are part of the nursing handover.

Observation Levels

Level One Constant Observations (within arms reach)

- 18 Level One is the provision of one to one observation with a designated member of the nursing staff providing oversight.
- 19 Level One observation can be the responsibility of either a Registered Nurse or a Health Care Assistant and occurs with the staff member remaining either 'within arm's reach' or 'within line of sight' of the tāngata whaiora.
- 20 Level One observation provided by a Registered Nurse is a 'special' and when provided by a Health Care Assistant is a 'watch'.
- 21 At all times, the staff member undertaking the observation should be aware of the tāngata whaiora's physical state and any changes to the person's normal presentation.
- 22 Level One observation may have significant implications for the dignity and privacy of the tāngata whaiora and this should be taken into account when assigning this level of care.
- 23 Level One observation should be considered for tāngata whaiora who are expressing or experiencing any or all of:
 - a. Suicidal preoccupation with active plan and intent.
 - b. Preoccupation with harming others with no immediate intent.
 - c. A psychotic or mood state with impulsive behaviour which is likely to imminently compromise the safety of themselves or others.
 - d. Under the age of 18 years old admitted to Ngā Rau Rākau (an adult inpatient facility).
- 24 Level One observations are generally compatible with:
 - a. Unauthorised leave Serious risk status
 - b. No leave status.

Level One Process

- 25 The staff member providing Level One observation should assist with skilled therapeutic interventions such as reality orientation, provision of information, identifying and intervening with distortions of patterns of thinking, anxiety management, and/or other strategies as required and appropriate to the tāngata whaiora's clinical condition.
- 26 The designated 'special' or 'watch' maintains constant observation 'within arms reach' or 'within line of sight' of the tāngata whaiora and this level of observation continues while the tāngata whaiora is attending to ablutions, dressing etc. unless otherwise noted in their treatment plan.
- 27 Designating a staff member as a 'special' or 'watch' is made with consideration given to the individual needs of the tāngata whaiora, including consideration for gender, ethnicity, culture, age and privacy.
- 28 The staff member providing Level One observation is relieved for at least 15 minutes every two hours in accordance with employment/health and safety requirements.
- 29 The Level One observation recording form is updated during and at the completion of the shift.
- 30 The Health Record is updated by the allocated Registered Nurse, noting any issues with the observations.

Level Two Constant Observations (in line of sight)

- 31 Level Two close observations are a therapeutic intervention involving tāngata whaiora being in close proximity to staff at all times, documented, observations and assessment of a tāngata whaiora.
- 32 These observations include requirement for assessment and, when required, supportive interaction.
- 33 Level Two observations are for tāngata whaiora in the initial 24-hours of their admission to the unit (this is the minimum level of observation for all new admissions to the unit).
- 34 Ongoing for tāngata whaiora experiencing any or all of the following:
 - a. Expressing suicidal and/or ideation of harming others and plan with no immediate intent.
 - b. Expressing ideas of self-harm.
 - c. Experiencing a psychotic or mood state with impulsive behaviour.
 - d. Has a serious medical condition.
- 35 Level Two observations are generally compatible with:
 - a. Unauthorised leave serious risk status.
 - b. No leave or short accompanied leave.

Level Two Process

- 36 Level Two observations are a therapeutic intervention involving constant observations of tāngata whaiora, documented, observations and assessment of a tāngata whaiora.
- 37 Sighting, assessment and interaction of tāngata whaiora is completed by the allocated staff member.
- 38 The allocated staff member providing Level Two observations identify and respond to the immediate needs of the tāngata whaiora or referring issues that cannot be immediately addressed to the allocated Registered Nurse.
- 39 Observations are documented on the General and Intermittent Engagement and Observation form as they are completed. Tāngata whaiora are always in line of sight and to ensure safety for tāngata whaiora and staff under Level Two observations. Please see Level 2 obs form.
- 40 If a tāngata whaiora on Level Two observations cannot be located the allocated Registered Nurse is notified immediately.
- 41 The allocated registered nurse then:
 - a. Checks the premises and the immediate surrounding area of the unit
 - b. In conjunction with the ACNM/shift co-ordinator initiates the missing person procedure as indicated.

Level Three Observations (5-15 minutes intervals)

- 42 Level Three observations are a therapeutic intervention involving 5-15 minutes observations of tāngata whaiora, documented, observations and assessment of a tāngata whaiora.
- 43 These observations include requirement for assessment and, when required, supportive interaction.
- 44 Level Three observations are for tāngata whaiora in the initial 24-hours of their admission to the unit (this is the minimum level of observation for all new admissions to the unit).
- 45 Ongoing for tāngata whaiora experiencing any or all of the following:
 - a. Expressing suicidal and/or ideation of harming others and plan with no immediate intent.
 - b. Expressing ideas of self-harm.
 - c. Experiencing a psychotic or mood state with impulsive behaviour.
 - d. Has a serious medical condition.
- 46 Level Three observations are generally compatible with:
 - a. Unauthorised leave serious risk status.
 - b. No leave or short accompanied leave.

Level Three Process

- 47 Sighting, assessment and interaction of tāngata whaiora at intervals no more than 15 minutes by the allocated staff member.
- 48 The allocated staff member providing Level Three observations identify and respond to the immediate needs of the tāngata whaiora or referring issues that cannot be immediately addressed to the allocated Registered Nurse.
- 49 5-15 minute observations are documented on the General and Intermittent Engagement and Observation form as they are completed. These observations need to be staggered e.g. between 5-15 minutes and not regularly every 15 minutes. This to ensure safety for tāngata whaiora and staff. Please see Level 3 obs form
- 50 If a tāngata whaiora on Level Three observations cannot be located within a 15 minute timeframe, the allocated Registered Nurse is notified immediately.
- 51 The allocated registered nurse then:
 - a. Checks the premises and the immediate surrounding area of the unit
 - b. In conjunction with the ACNM/shift co-ordinator initiates the missing person procedure as indicated.

Level Four Observations (30 minute intervals)

- 52 Level Four observations are a therapeutic intervention involving 30 minutes observations of tāngata whaiora, documented, observations and assessment of a tāngata whaiora.
- 53 Level Four observations require a partnership for maintaining safety and are shared between the allocated staff and tāngata whaiora.
- 54 The allocated staff member maintains a general awareness of the tāngata whaiora's physical location, mental state and activities.
- 55 The allocated registered nurse must visually confirm the presence of the tāngata whaiora on the unit at intervals of no more than 30 minutes (or must know, if the tāngata whaiora is on authorised leave, when they are expected to return and will confirm the return at this time).
- 56 Level Four observations are considered for tāngata whaiora who are:
 - a. Able to engage with staff in a plan to maintain safety and known physical location.
 - b. All tāngata whaiora who are not on Level 1 or Level 2 or Level 3 observations.
- 57 Level Four observations are generally compatible with:
 - a. Unauthorised leave low risk status.
 - b. Short unaccompanied leave status.

Level Four Process

- 58 Sighting, assessment and interaction of tāngata whaiora at intervals no more than 30 minutes by the allocated staff member.
- 59 The allocated staff member providing Level Four observations identify and respond to the immediate needs of the tāngata whaiora or referring issues that cannot be immediately addressed to the allocated Registered Nurse.
- 60 30 minute observations are documented on the General and Intermittent Engagement and Observation form as they are completed. These observations need to be staggered e.g. between 15-30 minutes and not regularly every 30 minutes. This to ensure safety for tāngata whaiora and staff. Please see observation form.

- 61 If a tāngata whaiora on Level Four observations cannot be located within a 30 minute timeframe, the allocated Registered Nurse is notified immediately.
- 62 The allocated registered nurse then:
 - a. Checks the premises and the immediate surrounding area of the unit
 - b. In conjunction with the ACNM/shift co-ordinator initiates the missing person procedure as indicated.

Level Five Observations (60 minute intervals)

- 63 Level Five observations are a therapeutic intervention involving 60 minute observations of tāngata whaiora and follow the same notions as above.
- 64 The allocated registered nurse must visually confirm the presence of the tāngata whaiora on the unit at intervals of no more than 60 minutes (or must know, if the tāngata whaiora is on authorised leave, when they are expected to return and will confirm the return at this time).
- 65 Level Five observations are considered for tāngata whaiora who are:
 - a. Able to engage with staff in a plan to maintain safety and known physical location.
 - b. All tāngata whaiora who are not on Level 1 to 4 observations.
- 66 Level Five observations are generally compatible with:
 - a. Unauthorised leave low risk status.
 - b. Short unaccompanied leave status.

Level Five Process

- 67 Sighting, assessment and interaction of tāngata whaiora at intervals no more than 60 minutes by the allocated staff member.
- 68 The allocated staff member providing Level Five observations identify and respond to the immediate needs of the tāngata whaiora or referring issues that cannot be immediately addressed to the allocated Registered Nurse.
- 69 60 minute observations are documented on the General and Intermittent Engagement and Observation form as they are completed. These observations need to be staggered and not regularly every 60 minutes. This to ensure safety for tāngata whaiora and staff. Please see observation form
- 70 If a tāngata whaiora on Level Five observations cannot be located within a 60 minute timeframe, the allocated Registered Nurse is notified immediately.
- 71 The allocated registered nurse then:
 - a. Checks the premises and the immediate surrounding area of the unit
 - b. In conjunction with the ACNM/shift co-ordinator initiates the missing person procedure as indicated.

Measurable Outcomes

Audit of compliance to this document once every year

Related Documents

FORM: Enhanced Engagement Observation Record – (code: 2010049)

References

[Te Pou : Let's Get Real](#)

Key Words

Engagement
Observations
Minimisation
Risk

***For further information please contact the Clinical Nurse Manager –
Mental Health Intensive Services***