**Daily Behavioral Health Safety Review**

* This is a communication tool to use between shifts for all staff including sitters/observers to both track what has been done and also as a reminder of what should happen every day (e.g. meals).
* For any shift, ED staff should check this sheet at the beginning of their shift to see what has and hasn’t already done that day and refer to what remaining needs to be completed. After the sheet has been reviewed, the ED staff member should fill in the shift date time at the top if it hasn’t been completed already by another staff member. The whole ED team should then fill out items below as they happen during that shift.
* For each category, circle what the plan is: Example for constant observe: care companion vs security for observer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ED Staff to place X for item that occurred during their shift**Ideally to be reviewed and filled out on every shift | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time | Date/time |
| **CONSTANT OBSERVER:** stays inside room at arm’s length unless otherwise specified |
| Care Companion |  |  |  |  |  |  |  |  |  |  |  |  |
| Security |  |  |  |  |  |  |  |  |  |  |  |  |
| Required gender of observer? M or F |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOILET:** with observation |
| Staff IN bathroom |  |  |  |  |  |  |  |  |  |  |  |  |
| Visualize Pt thru ajar door |  |  |  |  |  |  |  |  |  |  |  |  |
| **SHOWER:** with observation |  |
| Parent in BR observing |  |  |  |  |  |  |  |  |  |  |  |  |
| Staff IN BR w/ shower head and controls visible |  |  |  |  |  |  |  |  |  |  |  |  |
|  Not appropriate at this time |  |  |  |  |  |  |  |  |  |  |  |  |
| **DIET: \*after meals, confirm all utensils/sharp edges removed from room\*** |
| Safety tray |  |  |  |  |  |  |  |  |  |  |  |  |
| Finger foods only |  |  |  |  |  |  |  |  |  |  |  |  |
| Observe meals |  |  |  |  |  |  |  |  |  |  |  |  |
| **WALKS: \* no walks for first 24 hours\*** |
| No walks |  |  |  |  |  |  |  |  |  |  |  |  |
| With Care Companion |  |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE/ELECTRONICS: PERSONAL PHONE/ELECTRONICS:** |
| Phone allowed? Yes No |  |  |  |  |  |  |  |  |  |  |  |  |
| Video games allowed? Yes No |  |  |  |  |  |  |  |  |  |  |  |  |
| Internet access w/ constant observation allowed? Yes No |  |  |  |  |  |  |  |  |  |  |  |  |
| **ROOM SAFETY RE-CHECK: Suggested at least twice a day and as needed** |
| All unsafe items removed from room |  |  |  |  |  |  |  |  |  |  |  |  |
| **BELONGINGS RE-CHECK: Suggested at least twice a day and as needed with new bags or items brought into room** |
| All unsafe belongings removed from room |  |  |  |  |  |  |  |  |  |  |  |  |
| **COPING & DE-ESCALATION: patient should complete coping tool and re-confirm coping strategies with patient** |
| Review coping strategies |  |  |  |  |  |  |  |  |  |  |  |  |