



Safety Watch (page 1)

1. On-call staff will be contacted by direct care staff when a resident is placed on a Safety Watch. Applicable behaviors include, but are not necessarily limited to: significant threat of self-harm, harming others, or running away, suicidal ideation or behaviors, extreme risk-taking, self-injurious behaviors, atypical aggressive behaviors or verbalizations. **Document incident on a Critical Incident Report**
2. Any staff person can make the initial decision to place a student on a Safety Watch; however, the individual or On-Call Clinician will review and approve that decision and the specific restrictions included as part of the Safety Watch.
3. If the incident occurs during evenings and/or weekend hours, the Clinician will decide whether a formal clinical assessment can wait until the following weekday.
4. When a student is removed from Safety Watch the Clinician will ensure that the client and all appropriate staff are informed that any restrictions have been lifted. The signed form is returned to the main file to be attached to the original Critical Incident Report that documented the resident's actions/behaviors.

Student's Name: _____ Start Date/Time: _____

Staff on Duty: _____

Name of On-Call Clinician contacted: _____

Name of Clinical Supervisor contacted: _____

Name of Family worker messaged: _____

(Family worker or case manager will contact outside collaterals as indicated)

Name of Health Services staff notified: _____ PRN: Yes / No

Name of Individual Clinician messaged: _____

Brief Description of Behavior (Incident Report will contain more detail):

Filled out by Clinician - Clinical Assessment:

Signature: _____

Date/Time: _____



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Safety Watch (page 2)

Student Name: _____

Start Date / Time: _____

Check all that apply:

- ☐ One-to-one staff monitoring outside of bedroom, bathroom, and while using the shower.
- ☐ Scheduled check-ins: _____
- ☐ Safety Contract Made: _____ verbal _____ written
- ☐ No off-campus trips unless approved by Clinician, Family Worker, and the parent if indicated.
- ☐ Documentation of supervision every _____ min. when awake; _____ min. when asleep.
- ☐ Must sit next to a staff person for all activities.
- ☐ No more than 5 feet away from staff and in visual sight at all times (Staff Shadowing).
- ☐ Must stay within close proximity and visual sight of staff and within 5 feet during transitions.
- ☐ Must have two staff with them in order to be outside of a building.
- ☐ Must hold staff's hand during transitions.
- ☐ Door open during room time.
- ☐ Awake Overnight Staff will sit outside bedroom door for overnight shift.
- ☐ Directed activities (individualized schedule for the remainder of the shift)
- ☐ Bedroom modifications at staff discretion:
 - ☐ Room stripped of specific items related to behavior (shoes, belts, sharp objects, cords, etc.)
 - ☐ Room stripped of everything except bed, bureau and clothing.
 - ☐ Room stripped of furniture except for mattress.
- ☐ Not allowed in the kitchen.
- ☐ Use of plastic utensils at staff discretion.
- ☐ Other restrictions: _____

Filled out by Clinician - Written determination for ending a Safety Watch:

Signature: _____

Date/Time: _____