

# 1:1 Monitoring for Suicidal Risk Patient Competency

Staff Member: \_\_\_\_\_  
Start Date of Competency: \_\_\_\_\_

Job Title: \_\_\_\_\_  
Unit: \_\_\_\_\_

*This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.*

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

<b>Applicable References &amp; Policies:</b>	<ul style="list-style-type: none"> <li>Organization policy and procedure</li> </ul>
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>Knowledge</b>				
• Organizational policy on 1:1 monitoring	D S T V			
• Verbalize where to find the Safer Room Checklist that is used to provide!1 a suicide-safer room for suicidal patients.	D S T V			
• Demonstrate the use of the Safer Room Checklist and where to place items that are removed from the room.	D S T V			
• Select the correct type of hospital gown or hospital scrub sets suitable for use by patients at risk for suicide.	D S T V			
• Discuss how the patient's individual belongings are to be managed.	D S T V			
<b>Demonstrate Room Preparation:</b>	D S T V			
• Removal of items that create risk				

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<ul style="list-style-type: none"> <li>Removal and management of patient belongings</li> <li>Ability to identify that all room curtains and or blinds must remain open at all times</li> <li>Able to demonstrate where the monitoring person should be positioned within the room</li> <li>Able to demonstrate how they would assist patient with use of bathroom</li> </ul>				
<ul style="list-style-type: none"> <li>Verbalize what activities the 1:1 monitor can engage in while conducting 1:1 monitoring.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Describe/demonstrate how they would interact with permitted visitors and manage items visitors bring with them, including personal belongings.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Select all items that may create a hazard for the patient from the following list: <ul style="list-style-type: none"> <li>Scissors *Shoelaces * belts * purse handles * call bell cords * plastic garbage bags * jewelry * eating utensils * electrical cords</li> </ul> </li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Verbalize the types of conversations the monitor can have with the patient and how to explain why they are assigned.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Verbalize examples of the types of patient behaviors that should be immediately reported to the Nurse.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Provide nutrition that does not pose a suicide risk (finger foods, no utensils)</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Uses proper technique in monitoring patient: <ul style="list-style-type: none"> <li>Proper distance</li> <li>Able to visualize patient heads and hands</li> <li>Proper lighting</li> <li>Not distracted</li> </ul> </li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Documents monitoring using process as per policy</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Performs hand off to other staff member during shift or break relief ensuring that environmental hazards are reviewed and any patient risks are conveyed properly.</li> </ul>	D S T V			

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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> <li>Maintains effective suicide risk monitoring when transported to tests or other off-unit services.</li> </ul>	<b>D S T V</b>			

*I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.*

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**