Department of Health Government of Nunavut	HOME, COMMUNITY, AND CONTINUING CARE Community Health Nursing		
TITLE:		**SECTION:**	**POLICY NUMBER:**
Clients on Constant Observation		Nursing Practice	07-022-00
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
Oct 2023	Oct 2026	Update	6
APPLIES TO:			
Regulated and Unregulated Healthcare Providers			

1. BACKGROUND:

The Department of Health (Health) recognizes that clients with acute mental illness who are at risk of harming themselves or others may require constant observation while waiting for a higher level of care during their involuntary admission under the Mental Health Act.

The following policy provides considerations and the procedural requirements for carrying out Constant Observation to ensure client rights are protected while maintaining client safety.

2. POLICY:

2.1. When an application for involuntary admission has been completed under the Mental Health Act, the client will be placed on Constant Observation to ensure their safety.

2.1.1. Constant Observation may be conducted by:

- A regulated or unregulated HCP
- Unregulated healthcare worker (only in compliance with Policy 07-010-00 *Unregulated healthcare workers – Nurse's Responsibilities.*)

2.1.2. For clarity, family members or support person of the client must not be used for Constant Observation, but can be and should be encouraged to be present.

2.2. Monitoring and observation interventions are based on clinical decision making and risk assessment and are provided in the least restrictive and intrusive means possible while the client is in the care of the health centre.

2.3. For clients who are NOT detained under the Mental Health Act, constant observation is considered voluntary, and the client would have to consent.

2.3.1. However, while completing the initial assessment to determine the need for involuntary admission of a client at risk of harming themselves or others, constant observation is permitted.

2.4. The HCP may contact the community RCMP detachment and request additional assistance or support if the client's behaviours exceed the capacity of the health centre to keep the client safe.

2.4.1. For clarity the RCMP is not obligated to provide this service.

2.4.2. If the RCMP are unable to provide assistance, the SHP should contact their Regional Director for further direction.

3. PRINCIPLES:

3.1. Under the original interpretation of the Mental Health Act (1993), a health centre may assume the role of a 'hospital' while an involuntary client is awaiting transfer to an accepting facility.

4. DEFINITIONS:

Constant Observation is an intensive clinical intervention where a client requires direct, continuous, unobstructed visual monitoring by an assigned staff member, including while in the washroom.
Regulated and Unregulated Healthcare Providers refers to community health nurses (CHN), nurse practitioners (NP), licensed practical nurses (LPN), supervisors of home and community care (SHCC), registered psychiatric nurses (RPN), mental health nurses (MHN), mental health consultants (MHC), advanced care and primary care paramedics (ACP/PCP).
Unregulated Healthcare Workers refers to, but is not limited to, clerk interpreter, mental health worker, home care worker, security and health care aide.

5. GUIDELINE OF CARE FOR CLIENTS ON CONSTANT OBSERVATION

5.1. Assessment

5.1.1. An RPN/MHN/MHC must be consulted if available in the community or by phone to assist with the assessment for all clients with acute mental illness.

5.1.2. When the need for constant observation is identified, the HCP will obtain a verbal physician/NP order and document it in the client's health record.

5.1.2.1. An order is required since the intrusive nature of constant observation is seen as a form of environmental restraint.

5.1.3. The HCP must follow Policy 07-035-00 *Escalation of Medical Care* if the need for constant observation exceeds or is expected to exceed the four (4) limit.

5.2. Intervention

5.2.1. A clear explanation of the reason for constant observation will be given to the client and substitute decision maker (where applicable), including what they can expect from staff and where they can go in the health centre. This explanation must be provided in the preferred language of the client as per *Policy 06-013-00 Interpreter Services.*

5.2.2. Once the client is detained under the Mental Health Act, constant observation will always be maintained (the client will not be left alone at any time).

5.2.2.1. If the risk to the HCP or client becomes too great to manage at the health centre and the client is transferred into RCMP custody while awaiting Medivac or pending re-assessment, the HCP is no longer responsible for constant observation.

5.2.3. Medication will not be left at the client's bedside, and the HCP will ensure that all oral medications are swallowed.

5.2.4. In order to ensure the safety of the client and others, the staff member responsible for constant observation will monitor the clients whereabouts and activities, at all times

5.2.5. Clients will not receive items at the health centre from visitors unless there has been prior approval from an HCP.

5.2.6. The client will remain in the same examination or holding room in the health centre until the order for constant observation is discontinued, or the client is medically evacuated from the community. If the examination room or holding room is required for another client, staff will ensure the client under constant monitoring is placed in an alternative safe environment at the health centre.

5.2.7. The HCP most responsible (MRP) for the client's care will give a verbal report to the medevac HCP. The medevac HCP will determine the level of risk associated with on-flight procedures prior to departing the health centre. The medevac team is responsible for obtaining additional resources necessary for the flight (e.g., RCMP escort) or retrieving additional medication orders if the client is assessed to be moderate to high level of risk for injury or violence.

5.3. **Procedure**

5.3.1. The MRP will advise the SHP of the physician/NP's order for constant observation. An RPN/MHN/MHC must be consulted if available in the community or by phone to discuss further treatment options.

5.3.2. The MRP or delegate will place the client's belongings in a secure area of the health centre outside the room being used for constant observation.

5.3.3. The MRP or delegate will promote a safe environment for the client by removing any potential harmful objects and minimizing environmental stimuli.

5.3.4. The MRP will assign a staff member (another HCP or healthcare worker) to observe the client until the client is discharged to the medivac team.

5.3.5. The MRP will instruct the observing staff member about any client restrictions, visitor privileges and/or precautions to be taken **and** not to leave the client until relieved by another staff member.

5.3.6. The observing staff member will immediately inform the MRP if the client on constant observation attempts to leave the health centre.

5.3.7. If a client on constant observation leaves the Health Centre, the MRP or delegate will contact the RCMP who will assist with apprehending the client and returning them to the health centre.

5.3.7.1. For the sake of clarity, the RCMP cannot be used to prevent a client from leaving the health centre.

5.3.7.2. The RCMP will not apprehend clients unless they are under involuntary admission but should be advised of elopement, regardless.

6. GUIDELINES FOR UNREGULATED HEALTHCARE WORKERS - CARING FOR A CLIENTS UNDER CONSTANT OBSERVATION

Practice Point: "**Constant observation**" means that you always see the client.

6.1. The MRP will give you a brief report when you arrive. This private and confidential information will help you carry out your duties. It is never to be discussed with people not involved in the client's care.

6.2. You must always be within 3 meters of the client.

6.3. The client needs an environment of low stimulation. This means things like loud music and talking are to be avoided.

6.4. Avoid talking about issues that may upset the client.

6.5. The client must stay in the clinic room, unless otherwise instructed by the MRP.

6.6. Keep the curtains around the bed open, even if the client is sleeping. Make sure you see the client's head above the bed linens.

6.7. Use the emergency bell/alarm in the clinic room if you require immediate help. The MRP will show you how it works if you are unsure. If there is no working alarm or emergency bell, the MRP will instruct what to do.

6.8. Never discuss your personal issues with the client. Listen but do not give advice.

6.9. Do not get sidetracked from your duties. Avoid getting into long talks with other clients or staff.

6.10. If the client requires the washroom, every effort should be made to arrange for a staff member of the same sex to attend.

6.11. Observe the client's appearance, facial expressions, speech, mood, activity level, reaction to others, and appetite. Report all concerns or observations as they happen to the

MRP.

6.12. Remain with the client until your replacement arrives for breaks and at the end of your shift. Do not leave the client alone in the care of family or friends.

7. DOCUMENTATION

7.1. The MRP will document in the client's health record:

7.1.1. The physician/NP order for constant observation.

7.1.2. All personal belongings that were removed, and the method in which belongings/valuables have been secured.

7.1.3. All interactions and interventions with the client as per Policy 06-008-00 *Documentation Standards*.

8. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Consolidation of the Mental Health Act can be found:
https://www.nunavutlegislation.ca/en/consolidated-law/mental-health-act-consolidation
06-008-00 Documentation Standards
06-013-00 Interpreter Services
07-010-00 Unregulated healthcare workers – nurse's responsibilities
07-021-00 Restraints
07-035-00 Escalation of Medical Care

9. REFERENCES:

Rights and Responsibilities: Mental Health and the Law 2002.

Jones, J., Martin, W., Nigel, W. (2000). *Psychiatric inpatients' experience of nursing observation a United Kingdom perspective*. Journal of Psychosocial Nursing 38(12) 10-20.

Boyd, M A., Nihart, M A., *Psychiatric Nursing: Contemporary practice*. Lippincott New York.

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APPENDIX A: ROLE OF THE DELEGATE

The Mental Health Act assigns specific responsibilities to the Commissioner and Minister. In practice, these responsibilities are carried out by Delegates.

A Delegate exercises the powers of the Commissioner or Minister as set out in the Act.

Current Delegates are functioning as both the Commissioner and Minister (due to limited number of available Delegates).

The Delegates examine the application and determine compliance with the Mental Health Act and Regulations. Decisions (involuntarily detain/admit/transfer OOT) are based on the information provided in the forms submitted by the Medical Practitioner and/or nurses (See Appendix B: Mental Health Act Forms).

Delegates are responsible for ensuring that the formal requirement of the Act and Regulations are met and for making decisions based ONLY on the available evidence provided and that which will result in the best outcome for the patient.

APPENDIX B: MENTAL HEALTH ACT FORMS

Form 1: is a Medical Practitioner's Order for a Psychiatric Assessment (Mental Health Act, Sec. 8), where detention is for the purpose of an assessment. Completed by a Medical Practitioner who must assess the person being formed. Authorizes detention for 48 hours.

Form 3: is a detention for the purpose of assessment (Mental Health Act, Sec.9). A Form 3 is completed by a Justice of the Peace or Territorial Court Judge. It authorizes detention by a peace officer for 7 days and authorizes detention for 48 hours for an assessment.

Form 4: is an affidavit (Mental Health Act, Sec. 9; 19.3; 23.2; 26, 26.1;49.1) which accompanies any application to court. The applicant signs the corresponding application. The form must accompany the person to court to be filed and served on interested parties before the hearing.

Form 5: Statement by a psychologist, peace officer, nurse, psychiatric nurse, mental health worker, or other person i.e., family member etc. (Mental Health Act, Sec.10; 11; 12). This relates to the circumstances surrounding apprehension for assessment. The person who signs is the person who arranges to have the detainee seen by a medical practitioner or a hospital. It is to be completed when delivering custody of an apprehended person.

Form 6: Application of Involuntary Admission (Mental Health Act, Sec. 13; 14) when the client poses a danger to self or to others. It is also used to request transfer to another province/territory. This is the form most frequently used by QGH and when there is physician in the community. A Form 6 can only be completed by a Medical Practitioner who has performed an assessment or an examination; and must be completed within 24hrs of that assessment. This form authorizes detention for 48 hours while the application is being processed

Form 7: Certificate of Involuntary admission (Mental Health Act, Sec. 16) which authorizes detention because the person poses a danger to self or to others. The form is completed by a Delegate for the Minister within 24 hours of receipt of a completed Form 6. A 72-hour detention can be ordered for the purpose of a second assessment and a 48-hour detention in unusual circumstances. Once a Form 7 has been issued, detention may be authorized for up to two weeks.

Form 8: Certificate of transfer (Mental Health Act, Sec.19). This form authorizes the transfer of a client to a hospital outside of Nunavut.

Form 25: Notice of Detention to the Client and Substitute Consent Giver (Mental Health Act, Sec. 35.2; 18). This is a notice of any decision to detain and of the rights, including the right to review. The form is signed by the attending healthcare practitioner, which includes a psychiatric nurse or a community health nurse. It must be completed and conveyed within 48 hours of an assessment / examination and immediately after the Certificate of Involuntary Admission, a Certificate of Transfer or a Certificate of Renewal has been issued.