Constant supervision

## Policy guidance in the context of Covid-19

# Key Actions / executive summary

**Constant supervision authorised**

* In line with Safer Custody PSI 64/2011, by the Daily Operational Manager or the Senior Clinical Manager after consultation with each other.

**Decide where constant supervision will take place**

* Constant supervision cell, own cell or alternative cell on unit.
	+ Dynamic risk assessment should inform decision. Consider privacy, perception of other residents, social distancing and ability to observe individual. Decisions to be in line with Cohorting Guidance.

**Decide who will conduct constant supervision**

* Consider most appropriate available member of staff (experience, individual characteristics, relationship with individual).
	+ Decisions to be in line with Cohorting Guidance.

**Conduct constant supervision**

* Engage with person, focus on environment, document decisions and engagement.
	+ Make use of in-cell activities as well as opportunities to engage in regime activities. Items should not be removed unless necessary in particular circumstance. Ensure On-Going Record and Daily Handover & Summary sheet are completed to reflect engagement. Defensible decision log may also be completed if required.

**Minimise risk of infection**

* Practice social distancing, clean equipment and cells in line with Cleaning Guidelines issued, make PPE available.
	+ Ensure Emergency Access Plan is in line with SOP guidance on intervening in a medical emergency in context of Covid-19.

**Review constant supervision**

* Daily case reviews for 72 hours, discuss cases of constant supervision at SIM, daily visit from case manager, prioritise Emergency Access Plan.
	+ Written review contributions from case review team acceptable if necessary.

# When should constant supervision be put in place?

Constant supervision must only be used as a last resort in response to an acute suicidal or life-threatening crisis (where no other option is available to mitigate the threat to life). It must only be in use for the shortest amount of time possible (ended as soon as immediate risk of suicide has reduced or where another option to mitigate this risk becomes available).

# Who should authorise constant supervision?

In line with PSI 64/2011 (Safer Custody), constant supervision can only be authorised by the Daily Operational Manager or the Senior Clinical Manager after consultation with each other and the decision documented in the ACCT plan.

During periods where the Daily Operational Manager and/or the Senior Clinical Manager are not in the prison (i.e. night state), authority for constant supervision can be given by the Night Operational Manager or Senior Nurse following consultation with each other. The Daily Operational Manager must be informed at the earliest opportunity.

Where 24 hour healthcare cover is not available, decisions will need to be taken by the Daily/Nightly Operational Manager with healthcare informed at the earliest opportunity.

# Where should individuals on constant supervision be located?

Decisions on where constant supervision should take place should be made by the Daily Operational Manager on a case by case basis and must be recorded in the ACCT document.

If a constant supervision cell is available, this should be used. If this is not available**,** consideration should be given to the most appropriate alternative. This could be the person’s own cell (if single occupancy), or another cell in normal location or within their cohort unit (in line with Covid-19 Cohorting Guidance). You will need to conduct a dynamic risk assessment based on the information known about the individual and their risks. Consider:

* Is the person’s own cell in an appropriate location for constant supervision? Are there any better alternatives (e.g. somewhere more discreet/private)? Can staff can easily raise the alarm/are they within sight of other staff in case of emergency? If not, is there an alarm bell nearby?
* If constant supervision is conducted in a normal cell, how are you going to ensure staff are frequently rotated? What is the perception of other residents on unit likely to be? Is there a risk that, if regimes are limited to allow staff to conduct constant supervision, other residents view the person on constant supervision negatively? Alternatively, is there is risk that others perceive that there are benefits to being on constant supervision themselves e.g. designated member of staff supervising?

# Who can conduct constant supervision?

The Daily Operational Manager should decide on the most appropriate group of people to undertake constant supervision on a case by case basis. This will need to comply with the Covid-19 Cohorting Guidance that has been issued to establishments, including the expectation that staff should not be cross-deployed between cohort units during shifts and that vulnerable staff are not deployed to higher risk areas if at all possible. Where this cannot be followed, defensible decisions should be fully documented.

Constant supervision should be conducted by a Band 3 or above HMPPS operational staff member.

Consideration should be given to individual characteristics such as gender, age and ethnicity. If possible, the staff member conducting constant supervision should already have a good relationship with the person at risk.

Wherever possible, it is always preferable to use experienced staff to conduct constant supervision. Although not anticipated, if local outbreaks of COVID-19 occur this may result in some establishments facing staffing pressures in some areas, with staff experienced in conducting constant supervision not available. In these instances, consideration could be given as to whether experienced staff from other establishments may also be available to assist or whether it is necessary to use staff with less experience. If the latter option is the only one available, you can alert your Group Safety Lead so that the member of staff can be provided with additional guidance on how to conduct constant supervision.

In all cases, staff should be rotated at frequent intervals wherever possible, particularly if constant supervision is conducted in a normal cell. If possible, aim for a handover of staff every few hours.

If necessary (due to exceptional resourcing pressures or safety concerns outlined in PSI 64/2011), CCTV can be used as a last resort when conducting constant supervision. However, this must be monitored at all times and the person at risk must be informed. Where CCTV is used there must still be regular face-to-face engagement with the individual as CCTV does not replace this. Use of CCTV must be recorded in the ACCT document, including clear justification for this, and a statement signed by the resident to confirm they are aware it is being used.

# How should constant supervision be conducted?

All staff conducting constant supervision will need to be be familiar with the individual’s up-to-date Emergency Access Plan, CAREMAP and PEEP. Staff should check that both are current and whether there have been any recent changes to circumstances.

Environment

Under normal regime, people on constant supervision should be encouraged to engage with the regime and meaningful activity wherever possible. In the context of restricted or reduced regimes, the environment that the person is in is particularly important for reducing their risk.

It is important that the person has access to suitable comfort and stimulation within their immediate environment. Items should not be removed unnecessarily (whether in own cell or constant supervision cell), and any item that may be considered for removal should be assessed as to whether it is likely to be used by that particular individual to self-harm. As staff will be constantly supervising the individual, the risk associated with individual items may be mitigated.

Where items are removed, the decision should be fully explained to the individual and documented within the ACCT . This includes documenting and explaining the reasoning behind the decision and any agreement on when items can be returned. Helping the person to understand how and why a decision has been taken will increase the likelihood that they feel that they have been treated fairly and accept the decision (even if they do not agree).

Distraction & meaningful activity

Opportunities to engage in activities out of cell will begin to increase slightly as regimes move to level 3 and beyond, and opportunities to engage in exercise/time out of cell should be encouraged where possible.

However, whilst some regimes will be starting to open up in places, it is acknowledged that these will still likely be limited in many ways. For this reason, distraction activities should be provided, along with access to a TV or radio wherever safe to do so in order to mitigate the impact of isolation. Where the person is in a constant supervision cell and it is unsafe to have a TV in the cell itself, consideration should be given as to whether TV access could be facilitated in any other way (e.g. placing the TV outside of the cell facing the person so that they can watch though the door).

Specialist staff may be able to provide items/advice to the individual at risk and the member of staff conducting constant supervision, to improve wellbeing and as a distraction. For example, Psychology colleagues may be able to provide some grounding techniques, or gym staff may be able to advise on in-cell exercise activities that can be undertaken with the person if they are unable to engage with these activities face-to-face.

Engagement

Meaningful conversations can also help to improve wellbeing and interrupt suicidal thoughts. These may include checks on current wellbeing and risk should also include more general conversations that show the person you care and to provide a distraction. Consider using the HMPPS [conversational playing cards](http://hmppsintranet.org.uk/resources/wp-content/uploads/2020/04/Conversational-Playing-Cards.pdf) as a way to prompt engagement with the individual. HMPPS [self-harm guidance](https://intranet.noms.gsi.gov.uk/__data/assets/pdf_file/0011/993494/HMPPS-Self-Harm-Guide-231219.pdf) also contains further suggestions for how you can support the person.

Individuals should be encouraged to contribute to these decisions as far as possible, and staff should ensure good communication with the person about relevant information and any decisions made about their care (e.g. when to end constant supervision).

Decency

When conducting constant supervision, consideration should always be given as to how privacy, dignity and decency can be safely maintained. When the person at risk is engaging in personal care activities (e.g. washing or using the bathroom), consideration should be given to the gender of the supervising member of staff and whether they are the most appropriate person to conduct supervision in these circumstances.

Decisions around the use of alternative clothing should be made in line with the Safer Custody PSI (64/2011) in the usual way.

Decisions relating to the use of special accommodation should be made in line with PSO 1700 (Segregation & Special Accommodation) in the usual way.

Documentation

Ensure that all engagement (e.g. meaningful conversations) and relevant risk information is accurately recorded in the ACCT On-going Record. Any defensible decisions that are taken (e.g. for the removal of items, moving cell location etc.) will also need to be fully documented within the ACCT document as normal (e.g. the Ongoing Record, the Records of Case Review pages or the CAREMAP).

A constant supervision handover sheet should also be completed daily. If your establishment does not already have a form for recording this information, the handover form that has been circulated with this guidance should be used.

# How should the risk of infection be managed?

Given the current circumstances relating to Covid-19, it is important to promote and practice good personal hygiene when conducting constant supervision. Ensure that the person at risk has access to personal hygiene and cleaning materials and is encouraged to maintain cleanliness and hygiene.

In all cases of confirmed or suspected Covid-19, staff conducting supervision should have access to appropriate PPE in order to minimise the risk of infection. Self-harm/first aid PPE replenishment kits should be located nearby where possible. Cells and equipment used for constant supervision should be cleaned regularly. This includes equipment such as the Samaritans phone which may be used by the person at risk, as well as any equipment used by staff (e.g. radio, anti-ligature knife and sealed pouch containing room key), particularly where these are not personal issue. Further information on both of these issues can be found in the following guidance issued to establishments: Cleaning Guidelines; Interim guidance for Personal Protective Equipment and Hygiene provision to manage Coronavirus - 2019 (COVID-19) across HMPPS’ business areas (first response); Standard Operating Procedure Cleaning Cells of Suspected Cases – COVID 19; Standard Operating Procedure Use of PPE (Room Visits) – COVID 19; COVID-19 Mobile Phone Cleaning Guidance.

Ensure social distancing measures are adhered to. Explain to the person that they may be asked to move to a visible point of the room at times for staff to observe them and explain why this is important.

The Emergency Access Plan should consider any potential infection risk and how this will be managed in the event of a medical emergency. Prompts to consider when developing the Emergency Access Plan have been circulated alongside this guidance. Guidance on intervening in a medical emergency where Covid-19 is suspected or confirmed (Standard Operating Procedure - Self Harm Response) should be followed in any medical emergency that occurs where someone on constant supervision is suspected or confirmed as having Covid-19.

# How should daily case reviews be conducted?

The person under Constant Supervision should be seen by their ACCT Case Manager and any other agreed member of the multi-disciplinary team supporting them as appropriate, at least once in every 24-hour period to monitor progress and inform case reviews. If it is not possible for the Case Manager to visit daily, consider another member of the case review team or, where members of the case review team are unavailable, an appropriate alternative member of staff with good rapport with the person (e.g. their Wing/Unit Supervisor or manager).

Daily case reviews within the first 72 hours of constant supervision are essential, to ensure that constant supervision only remains in place where absolutely necessary. The ACCT document Record of Case Review Notes will need to be updated accordingly.

In line with [previous guidance](file:///C%3A/Users/jes15b/OneDrive%20-%20Ministry%20of%20Justice/Documents/ACCT/ACCT%20QA%20-%20provisional%20guidance%20in%20response%20to%20questions%20from%20establishme.._.pdf) on how to manage ACCT case reviews in the context of Covid-19, if it is not possible to have the multi-disciplinary team in one room then consideration should be given to using written contribution forms or using dial-in/telephone options available. When considering multi-disciplinary input, ensure this is only sought from those involved and relevant to supporting the person at risk.

In exceptional circumstances, if daily case reviews cannot be held due to local resourcing pressures then the Case Manager must visit the person at risk daily in order to review progress and confirm if they need to remain on constant supervision for the first 72 hours. If it is not possible for the Case Manager to visit daily, consider another member of the case review team or, where members of the case review team are unavailable, an appropriate alternative member of staff with good rapport with the person (e.g. their Wing/Unit Supervisor or manager).

In all circumstances it is important that input and feedback is sought from and provided to the person at risk.

The Emergency Access Plan should be prioritised by the case review team and should take account of health and safety guidance on intervening in a medical emergency where there is a risk of infection.

All cases of constant supervision should also be discussed at SIM meetings to ensure that senior multi-disciplinary colleagues are aware of, and contributing to, these cases.