

# Annex I: Constant Supervision handover and daily visits recording

Name of resident		NOMIS Number	
Location		Date	

**Action:** Fill out at least one form per 24-hour period.

Handover 1: I ..... took over constant supervision from: .....	
Name	Signature
At (time)	On (date)
Name	Signature
Handover 2: I ..... took over constant supervision from: .....	
Name	Signature
At (time)	On (date)
Name	Signature
Handover 3: I ..... took over constant supervision from: .....	
Name	Signature
At (time)	On (date)
Name	Signature
Handover 4: I ..... took over constant supervision from: .....	
Name	Signature
At (time)	On (date)
Name	Signature
Handover 5: I ..... took over constant supervision from: .....	
Name	Signature
At (time)	On (date)
Name	Signature

<b>Confirm the handover of the following:</b>	<b>Yes/no, and initial</b>	<b>Comments</b>
Radio	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5
Anti-ligature knife (Big Fish)	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5
ACCT document (I have read the plan, including Care Plan)	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5
Local protocol for constant supervision, read and understood	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5
I have read and understand the Emergency Access Plan	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5
I know the location of the anti-barricade tool, emergency first aid boxes and defibrillator.	Handover 1 Handover 2 Handover 3 Handover 4 Handover 5	1 2 3 4 5

<b>I have been briefed regarding:</b>	<b>Yes/no and initial</b>	<b>Comments</b>
The resident's key information	Handover 1	1
	Handover 2	2
	Handover 3	3
	Handover 4	4
	Handover 5	5
The resident's current wellbeing	Handover 1	1
	Handover 2	2
	Handover 3	3
	Handover 4	4
	Handover 5	5
Arrangements for daily regime including any planned activities, restrictions or peer interaction	Handover 1	1
	Handover 2	2
	Handover 3	3
	Handover 4	4
	Handover 5	5
Removal or supervised access to items, e.g. plastic cutlery	Handover 1	1
	Handover 2	2
	Handover 3	3
	Handover 4	4
	Handover 5	5

<b>Name</b>		<b>Signature</b>	
1		1	
2		2	
3		3	
4		4	
5		5	
<b>Date</b>		<b>Time</b>	
		1	
		2	
		3	
		4	
		5	

**Daily Visitors Log****Date**

<b>Duty Governor</b>		Signature		Time	
<b>Unit Supervisor</b>		Signature		Time	
<b>Healthcare</b>		Signature		Time	
<b>Safeguarding</b>		Signature		Time	
<b>Case Coordinator (or deputy)</b>		Signature		Time	
<b>Night Orderly Officer</b>		Signature		Time	
<b>Other**</b>		Signature		Time	

All visitors: please ensure that you make an entry in the ACCT after speaking with the resident or the constant supervision staff member.

<b>Daily Review Summary for completion by the Case Coordinator (or Wing/Unit Manager if unavailable)</b>
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<p>Comment on any changes to risk or behaviour, including defensible decision for continued constant supervision where this has been in place for longer than 72 hours.</p>
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Print name	Sign	Date
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**Notes:**

- Case Reviews must be held daily for first 72 hours. After the first 72 hours regular case reviews must be held, with their frequency decided by the Case Review Team. The resident must be referred to Safety Intervention Meetings by the Case Coordinator.
- The person requiring Constant Supervision must be seen by their ACCT Case Coordinator and any other agreed member of the multi-disciplinary team supporting them at least once in every 24 hour period.
- Completion of the named Daily Visitors Log (by the Case Coordinator or unit manager) is mandatory.
- NOMIS must be updated daily following review or as necessary by the Wing / Unit manager.
- Staff should make every effort to engage with the person. This includes taking the time to introduce themselves and explain that the purpose of their observations is to help keep them safe and to monitor their wellbeing, as well as engaging in conversation and activity.

**Additional daily review summaries for constant supervision**

<b>Daily review summary for completion by the Case Coordinator</b>		
Comment on any changes to risk or behaviour, including defensible decision for continued constant supervision where this has been in place for longer than 72 hours.		
Print name	Sign	Date

<b>Daily review summary for completion by the Case Coordinator</b>		
Comment on any changes to risk or behaviour, including defensible decision for continued constant supervision where this has been in place for longer than 72 hours.		
Print name	Sign	Date

<b>Daily review summary for completion by the Case Coordinator</b>		
Comment on any changes to risk or behaviour, including defensible decision for continued constant supervision where this has been in place for longer than 72 hours.		
Print name	Sign	Date

<b>Daily review summary for completion by the Case Coordinator</b>		
Comment on any changes to risk or behaviour, including defensible decision for continued constant supervision where this has been in place for longer than 72 hours.		
Print name	Sign	Date