APPENDIX B – Example Observation Record

<table>
<tr><td>Persons Name:

D.O.B:

Age:</td><td colspan="2">Place of Residence:</td></tr>
<tr><td colspan="3">Brief description of reason for enhanced level observation: (Please ensure to record all behaviours and what the identified risks are)</td></tr>
<tr><td colspan="3">Brief description of how the person will be supported? (e.g.: support when mobilising, engagement with activities, access to fresh air/social activities, support with personal care, emotional support, use of distraction techniques)</td></tr>
<tr><td>level of observations to be provided:</td><td>Staff ratio…….

1:1…….2:1……..……3:1……..……</td><td>Number of agreed hours ……...

Times Between …….and ……</td></tr>
</table>

Within arm's length: c Within Eyesight: c		
Is there a Positive Behavioural Support plan in Place?..... Date…… …	Is there a care plan in place.?..... Date……	Has a risk assessment been competed? Date…… ……
Has there been a best interest discussion regarding enhanced care provision and has the outcome been recorded in the persons records and signed by all relevant parties? Date of discussion……...		

Name……
Date……

TIME	**Presentation/ interaction/ behaviour**	**Was intervention required to reduce the identified risk.**	**STAFF NAME & SIGNATURE**
07:00			
08:00			

09:00			
10:00			
11:00			
12:00			
13:00			
14:00			
15:00			
16:00			
17:00			
18:00			
19.00			
20.00			
21.00			

22.00			
23.00			
24.00			
01.00			
02.00			
03.00			
04.00			
05.00			
06.00			

Managers Signature ……...

Date ……