4 Steps to Safety

An Introduction for New and Temporary Staff

The 4 Steps to Safety Project aims to increase patient and staff wellbeing whilst reducing violence and aggression on inpatient wards through the use of a toolkit of interventions that work in an integrated way to improve four key areas.

- **Proactive Care:**
  Making sure that staff are able to recognise when patients are beginning to struggle, so that they can add support before things get worse.

- **Patient Engagement:**
  Staff and patients working together to make sure that support is effective and meaningful.

- **Teamwork:**
  Improving and increasing opportunities for effective communication, ensuring that everyone is up to date about the needs and risk for each patient.

- **Environment:**
  Ensuring that the ward is a safe place and that it supports patients in their recovery.

To assist you in getting started you will find a brief outline of how to use the interventions over the page. However, your ward will have a 4 Steps to Safety folder and we would ask you to refer to this and the clinical manual included within it for more in-depth information.
4 Steps to Safety

DASA
The DASA is a predictive tool that allows staff to recognise when patients are struggling and intervene earlier than they would have otherwise. There is a folder in the nurses’ office with a sheet for each patient. Any member of staff can use the DASA, simply tick if you notice one of the behaviours listed. If there are already two or more ticks for that patient on that day, then check with the nurse in charge to see if you need to escalate or intervene.

SBAR
To support staff in effectively communicating patients’ needs and risk, please deliver your handover in the SBAR format:

Situation: What happened for this patient today?

Background: Anything that may be relevant to the patient’s presentation and situation. If the patient is new or the staff are unfamiliar with them, then a fuller background may be necessary.

Assessment: Your assessment of the patient’s presentation today. In your judgement is there cause for concern?

Recommendations: In the light of your assessment of this patient are there any actions that should be taken? What do the staff on the next shift need to do to support this patient? What needs to happen and who needs to do it?

Zoning
This is a system to help staff keep track of patients’ support needs and level of risk. A red, amber or green sticker or magnet will be displayed next to the patient’s name on the whiteboard. The risk could be related to violence and aggression, physical health needs, Safeguarding or anything else that might affect patient safety.

Risk will be reviewed every morning at an MDT meeting, which will ensure that CareNotes is consistent with the display on the whiteboard, and are sure that any necessary actions are taken.

Intentional Rounding
This is a way of improving and recording engagement with patients, and enabling staff to be proactive about meeting patients’ needs, whilst ensuring that patients feel supported and involved in their care. Please check in with your allocated patients three times over the course of a shift. Please try to find out how they are, how they are feeling, whether there is anything they need and let them know that you have time for them and will be returning to check in with them later.

At the end of your shift please record how many times IR was completed for that patient as part of your CareNotes entry, ie IR x 3 or alternatively IR x 2 due to patient’s absence for two hours leave.

Compact or Mutual Expectations
This is an agreement between patients and staff that helps clarify expectations. It may be a document or a display which declares the shared values of those that stay and work on that ward. Please be aware of its content and the expectations of your patients and colleagues.