APPENDIX TWO: CLINICAL PRACTICE FORM FOR THE USE OF DIGITAL MONITORING TECHNOLOGY IN A BEDROOM AND/OR BATHROOM IN ACCORDANCE WITH SECTION 9

Person's Details	
1. First Name:	
2. Surname:	
3. Date of Birth:	(dd/mm/yyyy)
4. Gender:	

Location	
5. Approved Centre Name:	
6. Unit Name:	

Digital Monitoring Technology Details	
7 (a) Location of digital monitoring technology:	Bedroom ☐ Bathroom ☐ Bedroom and bathroom ☐
7 (b) Is the bedroom/ bathroom shared with another individual?	Shared ☐ Unshared ☐
8 (a) Type of digital monitoring technology:	
8 (b) Brand name of technology where known:	
9 (a) Does the type of digital monitoring technology used capture a person's image?	Yes ☐ No ☐
9 (b) Is the digital monitoring technology capable of recording a person's image?	Yes ☐ No ☐ Not applicable ☐
9 (c) Are any images captured pixelated or blurred?	Yes ☐ No ☐ Not applicable ☐

10. Roles with authorised access to monitor output of the digital monitoring technology:	Registered Nurse ☐ Medical Doctor ☐ Consultant Psychiatrist ☐ Other (please specify) ☐ _____
11. Date order initiated:	(dd/mm/yyyy)
12. Time order initiated:	: (24hr clock e.g. 2.41pm is written as 14.41)
13. Proposed order end date:	(dd/mm/yyyy)
14. Proposed order end time:	: (24hr clock e.g. 2.41pm is written as 14.41)
15. Actual date order ended:	(dd/mm/yyyy)
16. Actual time order ended:	: (24hr clock e.g. 2.41pm is written as 14.41)
17. Periods of time where digital monitoring technology is used:	Continuously 24/7 ☐ At nighttime ☐ During the day ☐ As needed ☐ Other (please specify) ☐ _____
18. Who ordered the use of digital monitoring technology in the bedroom and/or bathroom?:	Name (print): Job title (print): Signed: MCRN:
19. Was the person's multidisciplinary team consulted before a decision was made to order the use of digital monitoring technology in a bedroom and/or bathroom?:	Yes ☐ No ☐
20. Why is digital monitoring technology being used?	Immediate threat of serious harm to self ☐ Actual serious harm caused to self ☐ Immediate threat of serious harm to others ☐ Actual serious harm caused to others ☐ Other (please specify) ☐ *Please provide further details on the above outlining how criteria in section 9.1 are met:*

21. Other measures considered prior to the use of digital monitoring technology:	Seclusion ☐ One to One Nursing ☐ Special Observations ☐ No alternatives attempted ☐ Other (please specify) ☐ _____
	Please provide further details on the above to explain how no less restrictive alternatives were available to manage the person's presentation:
22. Assessments completed in advance of the use of digital monitoring technology:	Digital Monitoring Technology Impact Assessment (required) ☐
	Data Protection Impact Assessment ☐
	Individual comprehensive assessment including risk assessment (required) ☐
23. Can the digital monitoring technology be easily removed or turned off where required?	Yes ☐ No ☐
24. Basis for consent - Order being made in accordance with consent/approval from:	Person ☐ Person's supporter/parent/guardian ☐ Advanced Healthcare Directive ☐ Independent Consultant Psychiatrist ☐ Date consent/approval received: _____ (dd/mm/yyyy)
25. Where order is made by consent obtained from an independent consultant in accordance with section 9.5, please specify the name of the independent consultant psychiatrist who approved the making of the order?:	Name (print):
	Job title (print):
	Signed:
26. Was the person's supporter, where applicable, in line with the person's will and preference, informed of the use of digital monitoring technology in the person's bedroom and/or bathroom?	Yes ☐ No ☐ Not applicable ☐ If no, please explain the reasons why this did not occur:
27. Date of care planning meeting where order will be reviewed	(dd/mm/yyyy)

Order	
28. Order:	I _____ have assessed _____ on Date: ____/____/____ at ____ hrs ____ mins and I order the use of digital monitoring technology to commence on: Date: ____/____/____ at ____ hrs ____ mins to Date: ____/____/____ at ____ hrs ____ . Digital monitoring technology should be used Continuously 24/7 ☐ At nighttime ☐ During the day ☐ As needed ☐ Other (please specify) ☐ _____ Within Bedroom ☐ Bathroom ☐ Bedroom and bathroom ☐ It may be discontinued in the following circumstances: _____ _____ Name (print): _____ Signed: _____
29. Order discontinued Order extended*	Order discontinued ☐ Order extended* ☐ Who discontinued/extended the use of digital monitoring technology in the bedroom and/or bathroom: Name (print): _____ Signed: _____ Date discontinued / extended: ____/____/_____ (dd/mm/yyyy) Time discontinued / extended: ____ : ____ (24 hr clock e.g. 2.41pm is written as 14.41) ** If use of digital monitoring technology is extended, a new Clinical Practice Form and Order should be completed.*