PRACTICE GUIDANCE: RISK ASSESSING USING VIDEO OR TELEPHONE FACILITIES

Practice Guidance: Risk Assessing using Video or Telephone facilities

Appraising risk via telephone or video can be more challenging and may be more anxiety provoking than working face-to-face, although there is evidence to support it being safe and effective, and the alternative might be delayed or no contact. This practice guidance sets out specific considerations or adjustments to usual clinical practice and should be used alongside the Clinical Risk Assessment Policy and SAFE-T Aide-Memoire.

Ask specifically about the use of video or telephone, e.g.:

- "How do you feel about using video or telephone?"
- "Do you have enough privacy to feel able to talk openly?"
- •"If this changes, how can we manage this?"
- "Do you have any visual or hearing impairment that might cause any difficulties?"
- •Consider a pre-agreed 'safe word' if person is interrupted or needs to end the call

•Clinical impression (or gut feeling) may be affected by using video or telephone, e.g.:

- •What is said maybe different to what is felt
- How we hear things may be different
- •We may miss body language: encourage sitting back from camera so that person is more visible.
- •We have reduced sense of physical presentation, mobility and smell
- •We may have fewer opportunities for family/carer feedback
- •Consider your own attitude to remote consultation: am I anxious about the patient, or anxious about being on video?

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Feel confident to check what you have heard or seen, particularly if information is missing:

- Err on the side of caution
- •Be alert to sudden change in presentation as this may indicate high risk
- •Consider seeking permission to speak with family/carers if this would be helpful
- •Discuss with the team and/or in supervision if feeling unsure

When communication is unclear

At the start of the

During the

consultation

•If there is a sense or feeling of increased risk then use direct questions, e.g.:

- •Are you at risk of suicide?
- •What plans have you made to kill yourself?
- Have you taken any substances or extra medication?
- •Do you have thoughts of violence or aggression?
- •How is your physical wellbeing, pain or mobility?
- •Other specific questions may depend on the individual or client group you are seeing. Consider having an aide memoire to hand until you are comfortable with remote assessment of risk.



- Check-in with members at the beginning and end of the group
- Consider individual check-in after the group
- Consider having two facilitators. One to take the lead and the other to observe and advise the facilitator of any potential increase in risk

Group interventions

NB: If uncertainty around risk level remains, consider use of face to face assessment