Safety Companion

Use of a Safety Companion for Safety for At-Risk Patients

Policy CM S13
Objectives

• Define the role of the Safety Companion
• Define levels of Safety Companion
• Differentiate between RN and Safety Companion responsibilities
• Discuss proper documentation for Safety Companion
• Differentiate between Non-suicidal and Suicidal Precautions
What is a Safety Companion?

- Specially trained clinical staff, designated to provide observation of a patient at risk for safety due to:
  - Suicide ideations or attempts
  - Self-Abusive/Danger to Others
  - Unable to follow safe instructions
  - Interferes w/ non-vital medical care

LPN, HCT, SCA, HA/UST, MHTA, MOA (In-pt)
RN Role & Responsibility (non-suicidal patient)
• Complete a “Safety Assessment” every 8 hours and PRN to determine NEED & LEVEL of SC (Safety Companion Decision Tree):
  • Electronic Medical Record

• The score total will help to objectively determine if a nursing order for a SC is recommended
RN Evaluates Need and Level SC Safety Companion Decision Tree

**Suicide ideations or attempts**
- Policy CM S 09
- Suicide Watch/Precautions

**Suicide Watcher 1:1**

**Self Abusive and/or Danger to Self or Others**
- 5 points
  - Interferes with Vital Medical Devices (coherent pt, ET, Trach tube, PICC, etc.)
  - Fall Risk with Injury
  - Coherent pt., pulling or dislodging NG, feeding tube, Foley, IV

**Unable to follow safe instructions**
- 3 points
  - Incoherent pt or getting out of bed when shouldn’t, unable to redirect pt behavior, etc

**Interferes with Non-Vital Medical Care**
- 2 points

**Possible Safety Interventions**
- Orientation strategies
- Consider discontinuing tubes and drains
- Personal items within reach
- Family involvement
- Use STOP door barrier
- Move closer to communication station
- Use of wander guard
- Reinforce unit boundaries
- Abdominal binder
- Assess adequate pain control
- Bed alarm or Chair alarm
- Ambulation
- Diversion activities
- Low bed
- Fall mat or floor pad
- Geri sleeve – cover lines
- Limit interaction/stimulation
- Patient Safety Rounder
- Evaluate medications
- PT/OT Consult
- Soft hand mits
- Self-Releasing padded belt
- Toileting
- Use of Restraint
- Environmental Modifications

**Consider SC Level**

**Safety Assessment Score ≥ 4**
- Behavior Same or Increase
  - NO
  - QUESTION: Cohorting, Distance Sc, Purposeful Rounding, Update Order
  - YES
  - SC Level = 1:1 Renew Nursing Order

**Safety Assessment Score < 4**
- Discontinue SC
  - NO
  - Document Reason for SC & Update Nursing Order
  - YES
  - Review SCOR, RN Notes & Discuss with Caregiver Team

**Interventions Successful**

**All Interventions Unsuccessful**

**Consider SC Level**

Revised: 10/16/2013, 7/28/2014, 1/18/2016, 6/23/2017
Safety Companion Scoring

Self Abusive/Danger to Self or Others 5 points
Unable to follow safe instructions 3 points
Interferes with non-vital med. care 2 points

Total = ______________

If total points ≥ 4: Consider use of a Safety Companion
RN determines the level of SC needed

1. **1:1**

2. **Cohorting (2:1)**

3. **Distance Safety Companion**

4. **Purposeful Rounding Companion**
HIGH RISK patient requires 1:1 constant visual, arms reach observation for immediate or impulsive behavior that may be harmful to self or others

- Assaultive/Aggressive behavior
- Interferes with Vital medical Devices (ET, Trach or PICC)
- Actively psychotic experiencing visual, auditory and/or command hallucinations
- Acute detox with seizures or delirium tremors
- 3 or 4 point restraint or Twice-As-Tough Cuff Stretcher/Quick Release
- Fall risk with injury when other interventions are not effective
Cohorting (2:1)

Two patients who do **NOT** require constant visual observation but require a SC in the room

- Remain with both patients in the same room
- Both patients:
  - may have similar conditions and/or symptoms
  - must be responsive to verbal directions
  - cannot be agitated, suicidal or require a great deal of physical care, etc.
- SC must communicate to the RN assigned to the patient if needs extended periods of time with one patient (toileting, bathing, walking, etc)
  - Another staff member will observe one patient while the Safety Companion addresses other patient needs.
Direct observation of the patient at all times within 20 feet of patient (approximately length of 2 stretchers)

- For patients that might have had 1:1 SC Level and now trying to decrease SC Level to promote more freedom
- Direct observation but does not have to be constant
- Provides the patient with a little sense of privacy/independence
Frequent (more than hourly) rounding on Purposeful Rounding patients ONLY as determined by the needs of the patient and RN

- Clinical Leader/Charge Nurse/Shift Coordinator determines the minimal rounding time for each patient.

- The SC will be assigned NO more than three (3) patients and will have NO other unit assignments other than “Purposeful Rounding”.

- The safety companion documents each rounding time on the Safety Companion Observation Record (SCOR) for each patient assigned.

- Inquire about the **5P’s** (Pain, Positioning, Personal Needs, Possessions & P.O.)
SC Purposeful Rounding, cont…

• At the same time: **Respond to Questions, Reassure** that they are there to help and will return frequently (the **2R’s**)

• End with “Is there anything else I can do for you? I have the time.”

• Any patient concerns are reported immediately to the RN caring for the patient and/or the Clinical Leader/Charge Nurse/Shift Coordinator.
Once the RN determines a SC is needed

- **RN**
  - Notifies the Clinical Leader/Charge Nurse/Shift Coordinator
  - Together they review alternatives attempted

- **Upon agreement**
  - RN enters Nursing Order stating the LEVEL of Safety Companion
  - SC Nursing Order expires in 8 hours

- **Clinical Leader/Charge Nurse/Shift Coordinator**
  - Notifies the Nursing Unit Manager and, Nursing Unit Director or Administrative Supervisor of the order.

- **Nursing supervisors and/or Nurse Managers are encouraged to rotate SC assignments on the same unit every 4 hours.**
The Clinical Leader/ Charge Nurse/Shift Coordinator

- Determine at the beginning of each shift the need for a Patient Safety Rounder and communicate need with the staffing office.

- Will attend unit safety huddles each shift.

- Will round continuously on up to 12 patients attending to their immediate needs.
Additional Alternative Option: Patient Safety Rounder, cont...

- Have no other assignment other than “Patient Safety Rounder”
- Document rounds in the electronic record as rounds are completed
- Report any concerns immediately to the unit Clinical Leader/Charge Nurse/Shift Coordinator.
Overview of Changes

Changes have been made in Epic for charting on Safety Companion needs and use in the Daily Cares/Safety Flowsheets so that documentation will reflect policy. In addition, there is a change to the icon seen on the Unit Manager for those patients that have a safety companion.

What’s New?

Old icon: 🧵
New icon: 🧵

1. New row in the Precautions group for documenting on the Patient Safety Rounnder.
2. Combined Safety Companion charting into one group.
3. See the Row Information in the Details Report to determine whether or not a Safety Companion may be warranted based on the auto-calculated score.

4. If Initiated is chosen for the Safety Companion cascading row, 2 more rows populate to document what level of safety companion is in place, and what are the indications for having one.
RN

- **Gives verbal report to SC within 30 minutes of assignment**
  - Be specific about behaviors, interventions
  - Use Electronic Medical Record SBAR tab and (SCOR) form (F81973)
  - Check in on SC periodically
- **Ensures SC is relieved for Meals & Breaks:**
  - Unit Clinical Leader/Charge Nurse/Shift Coordinator schedules coverage
  - Minimally every 4 hours

Safety Companion

- **Communication RN ↔ SC:**
  - SC receives report and reviews Electronic Medical Record WORKLIST w/ RN within 30 minutes of beginning assignment.
  - Document SC Level/Suicide Code and RN signature on Safety Companion Observation Record (SCOR) Form (F81973), signifies RN/SC handoff
  - SC communicates observations to RN every shift and with any change in patient condition, behavior, affect, interactions or visitors.
  - Communicates any concerns that may affect SC need or level
- **Communication off-going SC ↔ on-coming SC:**
  - Gives/receives verbal report using Safety Companion Observation Record (SCOR) Form (F81973)
• **Family may serve as alternative to a SC**
  - Determined by the RN and family members
  - Patient/family/caregivers education on expectations
  - Only intervals of time
  - Documented in Electronic Medical Record & (SCOR) form *(F81973)*

• **Continue to assess need for SC every 8 hours and w/ changes**
  - D/C as soon as no longer indicated
  - Use lower level of SC when possible (“weaning”)

• **Communicate and collaborate with all health care team**
  - Other RN’s, SCs, Medical Providers, FAMILY
SC Responsibilities

- Document observations on SCOR form (F81973) at least once per hour
- Be alert & aware of all patient activity and avoid any distraction
- No eating or drinking at the bedside
- Do not bring personal items into the patient’s room (backpack, purse, coats, etc.)
- No Sleeping or “resting your eyes”

- **No personal activities** (including but, not limited to: personal reading and/or studying, cell phone use {calls or texts} or use of other electronic devices)
- Face the patient, depending on the safety companion level
- Limit interactions with all other staff
- The distance between the SC and patient is determined by the RN
• Engage patient in activities according to plan of care in collaboration w/ RN

• Activity Cart
  • Community: Administrative Hallway – 1st Floor
  • Downtown: 1328B hallway

• Provide competent physical/therapeutic care and ADL’s consistent with job title/role

• Offer diversion activities with direction of RN

• Walk patient around unit if stable – “Get up & Go Program”

• Redirecting patient
Observation Record, Safety Companion/Suicide Precaution Form F81973

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**Patient Name:** Sally Safety  
**MR#:** 123456  
**Account:** 08012017  
**DOB:** 12/25/19

**Date:** 8-1-2017

**Activity Code:**  
1. T1 (Not Applicable)  
2. Therapeutic Play  
3. Eating  
4. Drinking  
5. On the telephone  
6. Crying  
7. Questionnaire  
8. Impulsive

**Behavior Code:**  
1. Cooperative  
2. Resists to verbal commands  
3. Risk behavior: (biting, hitting, self-injury)  
4. Other

**SC Level or Suicide Code Key:** RN ONLY

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RN Documentation – Every 8 hours

- Clinical justification & score
- Contributing factors
- Safety interventions attempted along with patient response & outcomes
- LEVEL of Safety Companion utilized in Medical Record
- Patient’s Plan of Care
- Patient/Family/Caregivers safety education
- RN → Safety Companion Handoff on SCOR form (F81973)
  - RN Signature
  - SC Level/Suicide Code
For your own safety…

• Remove items from around your neck
• Tuck in shirt ties, no hooded sweatshirts
• No hanging jewelry, cloth handbands
• Don’t discuss personal information
• Keep track of utensils, etc.
• Back off, wait it out
For your own Safety…

• Keep yourself between the patient and an exit

• May need to obtain help – a neutral person may be able to diffuse the situation

• Staff abuse is unacceptable (physical or verbal)
  • Take steps to protect your safety
  • Notify your supervisor
  • Contact University Police as needed and complete the required injury/occurrence forms as needed
  • Refer to Workplace Violence Prevention Policy Statement (Policy W-04)
• A safety companion order is a Nursing Order

• The Registered Nurse may discontinue a provider’s order for a safety companion if the patient does not meet criteria.

• If a Licensed Medical Provider requests or writes an order for a safety companion, the Registered Nurse needs to perform a “Safety Assessment” prior to safety companion implementation.
The Suicidal Patient
Policy CM S-09, Suicide Precautions

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Suicide Precautions

- RN can initiate Suicide Precautions
  - Active suicidal thoughts and/or behaviors or
  - Admitted following an attempted suicide

- RN notifies MD – who evaluates **within one 1 hour**
  - who then writes an order to continue or not

- A psychiatric consult must be ordered by the MD to further determine need to continue

- MD order is required to D/C

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Suicide Precautions: Additional SC Responsibilities

• CONTINUOUS OBSERVATION
  • The patient is **NEVER** left alone
  • **ALWAYS** 1:1 Suicide Watcher (AKA: Safety Companion)
  • Remain within “**arms reach**” of the patient at **ALL** times
    Includes showering/bathing, sleeping, toileting
  When Clergy present, the Suicide Watcher must continue to monitor pt.
  • Document observations SCOR form **every 15 min**
  • Suicide Watcher Voceras to conference to unit for assistance

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Pediatric Suicide Precautions

- No personal computer, electronic, or cell phone use
- Patient will wear hospital gowns, pants, and socks and will not be permitted to wear sneakers
- Visitors will be limited & Only a parent or guardian may remain overnight
- Patients should always be transported by elevator when changing floors, never stairs
- Please refer to phone calls protocol via the policy
- **Pediatric Behavioral Stoplight Program**
  - Pediatric specific behavior incentive program
- **ALL BAGS BROUGHT IN BY VISITORS MUST BE INSPECTED**
• Special Care Units, where the patient can be constantly observed.

• Psychiatric Inpatient Units (4B & 5W)

• All Corrections Officers will assume responsibility for maintaining constant observation of a suicidal inmate (not nursing) – will document on their log and nursing keeps a copy for the patient’s chart