Safety Companion
Ligature/Suicide Precautions

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

Policy CM S13

Revised: 11/18, 6/19, 7/30/19 CK/ML
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
  ➢ SACO=Safety Companion

LPN, HCT, SCA, HA/UST, MHTA, MOA (In-pt)
If the RN determines a patient is at “at risk” (safety concern), they will complete a “Safety Assessment” every 8 hours and PRN to determine a NEED & LEVEL of SACO using the Safety Companion Decision Tree.

The score total will help to objectively determine if a nursing order for a SACO is recommended.

The assessment and level will be documented in the Electronic Medical Record (EMR).

The SACO Level is also documented on the Observation Record F81973.
Safety Companion Decision Tree

**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
- Policy CM F07
- Severe Behavioral or Cognitive Issues (impaired judgment, agitation, impulsivity)

**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
- Coherent pt, pulling or dislodging NG, feeding tube, Foley, IV

**Possible Safety Interventions**
- Orientation strategies
- Discontinuing tubes/drains
- Personal items within reach
  - Family involvement
  - Use STOP door barrier
  - Move closer to communication station
  - Use of wander guard
  - Video Monitor
- 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 Rounnder
  - Evaluate medications
  - PT/OT Consult
- Soft hand mitts
- Self-Releasing padded belt
- Toileting
- Use of Restraint
- Environmental Modifications

**Consider SACO Level**
- Review Obs Record, RN Notes & Discuss with Caregiver Team
- Safety Assessment Score ≥ 4
  - Behavior Same or Increase
  - Document Reason for SACO & Update Nursing Order
- Safety Assessment Score < 4
  - Discontinue SACO

**All Interventions Unsuccessful**
- Consider SACO Level

**Interventions Successful**
- Document & Monitor Effectiveness of Interventions

**ASK SACO:**
- Is the SACO a value to the outcome?
- Is the SACO the most effective way to use staff?
- Is family included in PLAN?

**Consider SACO Level**
- SACO Level = 1:1
  - Renew Nursing Order
- SACO Level ≠ 1:1
  - Document & Monitor SACO & Update Nursing Order

**QUESTION:** Cohorting, Distance SACO, Purposeful Rounding Update Order

Revised: Cherie L Kocan, OTD 10/13, 7/14, 1/16, 6/17, 5/16/2018, 5/10/2019
The Clinical Leader/ Charge Nurse/Shift Coordinator

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

The Patient Safety Rounder will attend unit safety huddles each shift to understand the safety needs of each patient.

The Patient Safety Rounder will round continuously on up to 12 patients attending to their *IMMEDIATE SAFETY* needs.

Possible Safety Interventions: Patient Safety Rounder
Possible Safety Interventions: Patient Safety Rounder (cont.)

• Have no other assignment other than “Patient Safety Rounder”

• Document in EMR – your start and end times as a Patient Safety Rounder and any time that additional help was needed by staff.

• Report any concerns immediately to the unit Clinical Leader/Charge Nurse/Shift Coordinator.
### Safety Companion Scoring

<table>
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<tr>
<th>Category</th>
<th>Points</th>
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<tbody>
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<td>Self Abusive/Danger to Self or Others</td>
<td>5 pts</td>
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<tr>
<td>Unable to follow safe instructions</td>
<td>3 pts</td>
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<tr>
<td>Interferes with non-vital med. care</td>
<td>2 pts</td>
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</tbody>
</table>

**Total = ______________**

If total points ≥ 4: Consider use of a Safety Companion

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RN determines the level of SACO 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
Two patients who do NOT require constant visual observation but require a SACO 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.
- SACO must communicate to the RN if one patient needs extended periods of time (toileting, bathing, walking, etc)
  - Another staff member will observe one patient while the SACO addresses the other patient needs.
Two patients who do not require constant visual observation but require a safety companion.

- SACO is within 10 to 15 feet from both patients (approximately the length of 1 stretcher) so they are able to respond to immediate patient needs.
- Remains with both patients in a designated area.
• 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 SACO 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 SACO will be assigned NO more than three (3) patients and will have NO other unit assignments other than “Purposeful Rounding”.
- Inquire about the 5P’s (Pain, Positioning, Personal Needs, Possessions & P.O.)
- At the same time: Respond to Questions, Reassure that they are there to help and will return frequently (the 2R’s)
Once the RN determines a SACO is needed

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

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

**Upon agreement**
- Write *nursing order* for SACO
- SACO Nursing Order expires in 8 hours
• Continue to assess need for SACO every 8 hours and w/ changes
  ➢ D/C as soon as no longer indicated
  ➢ Use lower level of SACO when possible (“weaning”)
• Family may serve as alternative to a SACO
  ➢ Determined by the RN and family members
  ➢ Patient/family/care givers education on expectations
  ➢ Only intervals of time
• Nursing supervisors and/or Nurse Managers are encouraged to rotate SACO assignments on the same unit every 4 hours.
• Gives verbal report to SACO **within 30 minutes of assignment**
  ➢ Be specific about behaviors, interventions
  ➢ Check in on SACO periodically

• **Ensures SACO is relieved for Meals & Breaks**
  ➢ Unit Clinical Leader/Charge Nurse/Shift Coordinator schedules coverage minimally every 4 hours
• SACO receives report and reviews Electronic Medical Record WORKLIST w/RN *within 30 minutes of beginning assignment.*
  ➢ Communicates observations to RN every shift and with any change in patient condition, behavior, affect, interactions or visitors or any concerns that may affect SACO need or level.

• Communication off-going SACO ↔ on-coming SACO:
  ➢ Gives/receives verbal report using Observation Record *(F81973)*
SACO Responsibility (cont.)

• Be alert & aware of all patient activity and avoid any distraction
• No eating or drinking at the bedside
• Do not bring personal items or activities in the patient’s room (backpack, purse, coats, etc.) (personal reading and/or studying, cell phone use {calls or texts} or use of other electronic devices)
• No Sleeping or “resting your eyes”
• Use Vocera conference feature to join unit
• Follow SACO LEVEL that is assigned as a Nursing Order via nurse
• 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
Ligature & Suicidal Risk
Policy CM S-09, Suicide Precautions
Ligature risk points are anything that could be used to create a attachment point, such as a cord, rope or other material, for hanging or strangulation. Common points include doors, hooks, handles, window frames, belts, sheets, towels, and shoelaces.
Placing Patient on Suicide Precautions

• RN can write an RN Suicide Precaution order for patients who exhibits active suicide thoughts and/or behavior, or who are admitted for attempted suicide. (valid 1hr)
  ➢ Charge Nurse notifies Administrative Supervisor of 1:1 Suicide Watcher (SUWA)

• Covering MD will evaluate & determine need within 1 hour of implementation = order via EMR
  ➢ MD order is required to discontinue

• Psychiatric consult is ordered by MD to determine continued need
  ➢ Psychiatric Consultation Service – see patient daily
  ➢ STAT Psychiatric Consultation Service – for elopement/AMA
Room Preparation

• The RN and SUWA will observe the room for possible environmental risks that can be removed without negatively impacting the ability to deliver medical care.

• Confirm window latches are secured and locked

• Place sign on door indicating visitors need to report to nurse’s station prior to entering room *(F87612)* via Duplicating
  ➢ Excluding In-Patient Psych

• Limit 1 plastic liner to 1 trash can
Environmental Risk Items:

1. BP Cuff
2. Stethoscope
3. SCD Tubing
4. Extra Dirty Linen
5. Chair
6. Bed Frame
7. Telephone
8. Call Bell
9. IV Pump
10. Privacy Curtain
11. Suction Gauge
12. Over-bed Table
13. Bed-Side Stand
14. Air Conditioner
15. Blinds
16. Extra Telephone
17. Wire Basket
18. Track Hooks
1:1 Suicide Watcher (SUWA) responsibilities:

- Is the SAME as a 1:1 High Risk Safety Companion but adds:
  - Visual observation of **hands at all times** (including but not limited to: bathing/showering, toileting, sleeping, test/treatment)
- Patient MUST wear hospital SAFETY gowns, pants & socks (**EXCEPTION: 2N DT and 4East CC**)
  - DT = Medical Equipment Request via ZenWorks via linen services & CC = Environmental Services
SUWA responsibilities (cont.)

- Patient is NOT aloud personal belongings except for quality of life items (glasses, dentures, hearing aides, etc.)
- Patient is restricted to room unless medical team gives the “OK” (PEDS = stoplight)
  - Report to RN when patient is leaving the unit for medical reasons
  - May step out of room, remaining just outside, at physician request ONLY (examining patient)
  - If patient transfer – communicate precautions
SUWA Responsibilities (cont.)

- Disposable Precautions: account for ALL plastic utensils

- No outside food allowed (PEDS = stoplight)

- Visitor belongings to be placed in room lockers/cupboards – nothing at bedside

- When possible SUWA & patient = same gender
SUWA Responsibilities (cont.)

- **Continuously** monitor RISK ITEMS in room *(Appendix A)*

<table>
<thead>
<tr>
<th>O2 meter/tubing</th>
<th>Toxic Substances</th>
<th>Thermometers</th>
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<td>Cords Of Any Kind</td>
<td>Otoscope</td>
<td>Linen</td>
<td>Pens/Pencils</td>
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<td>Wire baskets</td>
<td>Ophthalmoscope</td>
<td>Plastic Bags</td>
<td>Mirrors</td>
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<td>Suction Gauge</td>
<td>BP Cuffs</td>
<td>Glass/Sharp Items</td>
<td>Bed/Stretcher</td>
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<td>Blinds/Curtains</td>
<td>Stethoscope</td>
<td>Clothes Hangers</td>
<td>Chair/Sofa</td>
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- **Document q15min via Observation Record** *(F81973 is medical record)*
RN Responsibilities

- Perform an Environmental Risk assessment and document on the Observation Record (F81973)
- Provide patient & family education about safety precautions (aka Suicide Precautions)
  - Food, dress code, room restriction, visitors belongings locked
- Give verbal report to SUWA within 30 min of assignment
  - Review Environmental Risk Assessment (ERA) & other risk items NOT removed from room (F81973) with SUWA
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)
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
Psychiatric Inpatient Unit (4B and 5 West): Refer to unit specific policy PSY S-05 Suicide Precautions.

Patients who are intubated and on a continuous sedative drip will require a 1:1 SUWA during any period of holding or weaning the continuous sedative drip. The Observation Record must be completed. (F81973)

Pediatric ICU: An RN or unlicensed personnel will act as the 1:1 SUWA while the patient is intubated and sedated. The Observation Record must be completed. (F81973)
Correction Officers (State & County)  
(Excluding In-Pt Psych)

• May assume responsibility for 1:1 SUWA constant observation (no nursing staff required).

• Required to document every 15-minute observations in the DOCCS log book or the County Jail log book on admitted patients including admitted inmates in the ED awaiting placement.

• A copy of the log will be obtained by the nurse caring for the patient every 8 hours & attach to Observation Record Form (F81973).

• Nursing will place a patient sticker on the copy of the log and document “Constant Observation by DOCCS/County Jail Officer”.

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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.

1. New row in the Precautions group for documenting on the Patient Safety Rounder.
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.
# Observation Record (F81973)

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### Observation (Obs) Level:
- (Safety Companion-RN Only-assessed every 8 hours)
- 1=High Risk, 2=Choking, 3=Distance Safety Companion, 4=Purposeful Rounding, 5=Family/Friends, 6=1:1 SUWA=Suicide Watch, 7=Discontinue Safety Companion/Suicide Watcher
- 0/0=One to One (IP Psych) 15-90 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) 60=60 minute Observation (IP Psych) 90=90 minute Observation (IP Psych) 120=120 minute Observation (IP Psych)
- "C"=Constant Observation (IP Psych)

### Environmental Risk Assessment (ERA):
- These items will be removed from the patient's room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>A. O2 flow meter/tubing</td>
<td>C. Suction gauge</td>
</tr>
<tr>
<td>B. Monitors &amp; Cords</td>
<td>D. BP cuff</td>
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<tr>
<td>H. Thermometer</td>
<td>J. Other</td>
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### Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:
- Curtains and blinds
- Shower curtain
- C-locker
- Call bell
- Lamp shade
- Cords of any kind
- Bed frame/Stretcher
- Shower curtain
- Linen and gown
- Mirror
- Extra linen

### Activity Code:
- (Describe):

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<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1.</td>
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<td>Physician present</td>
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<td>8.</td>
<td>Toiletting</td>
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<td>9.</td>
<td>Shower/bathing</td>
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<td>11.</td>
<td>Story Telling/Reminiscence</td>
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<td>Activity Apron/repetitive activity</td>
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<td>16.</td>
<td>Puzzles/book mind game</td>
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<td>18.</td>
<td>Playing cards/board game</td>
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<td>19.</td>
<td>Urinal/bedpan</td>
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<td>20.</td>
<td>Off unit for test/ procedure</td>
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### Behavior Code:
- (Describe):

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<td>c.</td>
<td>Impulsive directions</td>
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<td>d.</td>
<td>Yelling/screaming</td>
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<td>Unable to follow</td>
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<td>f.</td>
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<td>i.</td>
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<td>j.</td>
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<td>l.</td>
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### Location Code:
- (IP Psych only)

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### On-going SACO/SUWA Signature

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F81973 - Observation Record  4/2019.1  Page 2 of 2  MR F
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<th>Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. O2 flow meter/tubing C. Suction gauge E. Otoscope, ophthalmoscope G. Stethoscope I. Phone</td>
</tr>
<tr>
<td>B. Monitors &amp; Cords D. BP cuff F. Wire basket H. Thermometer J. Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtains and blinds Shower curtain C-locker Call bell Lamp shade Cord of any kind Bed frame/Stretcher</td>
</tr>
<tr>
<td>Chairs Sleeper sofa Linen and gown Mirror Extra linen</td>
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<table>
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<th>Activity Code:</th>
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<tbody>
<tr>
<td>R = Room Awake  K = Kitchen  D = Dayroom  Q = Quiet Room  B = Bathroom  H = Hallway</td>
</tr>
<tr>
<td>SW = Social Worker  S = Asleep  T = Treatment Room  GR = Group Therapy  SH = Shower  CR = Conference</td>
</tr>
<tr>
<td>L = Laundry  OU = Off Unit  P = Privilege/Pass  O = Doctor Office  MR = Music Room  C = Classroom</td>
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Inpatient Psych use SAME code in Observation Level column (SUWA)
**Observation (Obs) Level:** (Safety Companion-RN Only-assessed every 8 hours)
1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, P=Purposeful Rounding, F=Family/Friends, 1:1 SUWA= Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
(0/0=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) 24=Constant Observation (IP Psych) 24/7=Observation (IP Psych) 24/7=Observation (IP Psych)

**Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared:** (Environmental Risk Assessment-RN Only-assessed every 8 hours)

<table>
<thead>
<tr>
<th>A. Device</th>
<th>C. Items</th>
<th>E. Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2 flow meter/tubing</td>
<td>Suction gauge</td>
<td>Otoscope, ophthalmoscope</td>
</tr>
<tr>
<td>Monitors &amp; Cords</td>
<td>BP cuff</td>
<td>Wire basket</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:**

- Curtains and blinds
- Shower curtain
- Shower valve
- Linen and gown
- Mirror
- Cord of any kind
- Bed frame/Stretcher

**Activity Code:**

1. TV/Movie
2. Therapeutic Play
3. Eating
4. Drinking
5. On the telephone
6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
10. Ambulating
11. Story Telling/Reminiscence
12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive activity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for task/procedure
21. Other (Describe):
22. Other (Describe):

**Behavior Code:**

- Crying
- Quiet/reclusive
- Impulsive
- d. Yelling/screaming
- e. Unable to follow directions
- f. Restless
- g. Sleepy
- h. Disoriented
- i. Cooperative
- j. Follows directions
- k. Responds to verbal cueing
- l. Calm
- m. Risk Behavior (hitting, biting, self-injury)
- n. Other:

**Location Code: (IP Psych only)**

- R = Room Awake
- SW = Social Worker
- L = Laundry
- K = Kitchen
- D = Dayroom
- T = Treatment Room
- QR = Quiet Room
- GR = Group Therapy
- P = Privilege/Pass
- B = Bathroom
- SH = Shower
- CR = Conference
- MR = Music Room
- H = Hallway
- C = Classroom

**On-coming SCA/SUWA:**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Initial</th>
<th>Print Name/Tide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2019</td>
<td>Chic Little</td>
<td>Chie Little, moa</td>
</tr>
<tr>
<td>1/9/2019</td>
<td>David Duck</td>
<td>David Duck, HCT</td>
</tr>
<tr>
<td>1/8/2019</td>
<td>Little King</td>
<td>Little King, HCT</td>
</tr>
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<td>1/7/2019</td>
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<td>Pretty Pink, HCT</td>
</tr>
<tr>
<td>1/6/2019</td>
<td>Mickey Mouse</td>
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</table>

**Off-going SCA/SUWA:**

<table>
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<th>Initial</th>
<th>Print Name/Tide</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>1/4/2019</td>
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<td>Sleeping Blue, RN</td>
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<tr>
<td>1/3/2019</td>
<td>Sleeping Blue</td>
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</table>

**RN Order:**

<table>
<thead>
<tr>
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<th>RN Order</th>
<th>RN - Signature</th>
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<tbody>
<tr>
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</table>
### Observation Record

**Patient Name:** Sally Safety  
**MR#:** 0123456  
**Account #:** ABC 1234  
**DOB:** 12-12-12  
**Date:** 1-1-19

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity Code</th>
<th>Behavior Code</th>
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**RN order at initiation of Safety Companion Level**

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**RN assessment is q8h or if level changes**

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**RN can place pt on Suicide Precautions (SUWA), then must document Obs Level & ERA q8h**  
**MD will evaluate in 1 hour**

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<th>Activity Code</th>
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**Encourage rotating SACO assignments on unit q4h**

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New shift RN validates previous RN order & RN HANDOFF but  
**NO new order is needed unless a change or 8 hours has passed**

**Now the Safety Companion is now a Suicide Watcher (SUWA), documentation on Observation Record is now q15 minutes**
Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)
1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
O=One to one (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared.

A. O2 flow meter/tubing
B. Monitors & Cords
C. Suction gauge
D. BP cuff
E. Otoscope, ophthalmoscope
F. Wire basket
G. Stethoscope
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J. Other:
K. Other:
L. Other:

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- Locker
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- Lamp shade
- Bed frame/Stretcher
- Cords of any kind
- Linen and gown
- Extra linen

Activity Code:
1. TV/Movie
2. Therapeutic Play
3. Singing
4. Eating
5. On the telephone
6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
10. Ambulating
11. Story Telling/Reminiscence
12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive activity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for test/procedure
21. Other (Describe):
22. Other (Describe):

Behavior Code:
a. Crying
b. Quiet/reclusive
c. Dull, zombie-like eyes

d. Yelling/screaming
e. Unable to follow directions
f. Restless
g. Sleepy
h. Disoriented

i. Cooperative
j. Follows directions
k. Responds to verbal cueing
l. Calm

m. Risk Behavior (biting, biting self-injury)

n. Other:

Location Code: (IP Psych only)
R = Room Awake
K = Kitchen
D = Dayroom
O = OU Off Unit
Q = Quiet Room
G = Group Therapy
T = Treatment Room
P = Privacy/Pass
O = Doctor Office
B = Bathroom
H = Hallway
S = Asleep
C = Conference
L = Laundry
C = Classroom

Date Time Initial On-coming SACO/SUWA Signature

Date Time Initial Off-going SACO/SUWA Signature

Checking box indicates RN completed assessment to start/change/discontinue Safety Companion order or when the RN has to start Suicide Precautions due to assessment. Document in Obs Level column on reverse side of Observation Record & EPIC

MR F 4/2019
1. **Safety Companion (SACO) ~ Non-Suicide**
   a. Using the Activity Codes on page 2 - place a NUMBER in the Activity Code Column on page 1 EVERY HOUR and/or
   b. Using the Behavior Codes on page 2 – place a lower case LETTER in the Behavior Code Column on page 1 EVERY HOUR
   c. Place your initials in the Initial (Int.) Column on page 1 every time you write in EITHER the Activity or Behavior Columns on page 1
   d. Place your signature on page 2
   ✓ On-coming = arriving SACO to patient room
   ✓ Off-going = leaving SACO from patient room
   ✓ Keep in mind that a RN/LPN can be in the SACO role during breaks – they would sign their signature in the On-coming or Off-coming SACO area on page 2
2. **Suicide Watcher (SUWA) ~ Suicide Precautions**
   
   a. Using the Activity Codes on page 2 - place a NUMBER in the Activity Column on page 1 EVERY 15 MINUTES and/or
   
   b. Using the Behavior Codes on page 2 – place a lower case LETTER in the Behavior Column on page 1 EVERY 15 MINUTES
   
   c. Place your initials in the Initial (Int.) Column on page 1 every time you write in EITHER the Activity or Behavior Columns on page 1
   
   d. SUWA and/or RN can place check marks next to any of the items in the room that are NOT removed from the patient room
   
   Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:
   
   - Curtains and blinds
   - Shower curtain
   - C-locker
   - Call bell
   - Lamp shade
   - Cords of any kind
   - Bed frame/Stretcher
   - Chairs
   - Sleeper sofa
   - Linen and gown
   - Mirror
   - Extra linen

   e. Pace your signature on page 2
      
      ✓ On-coming = arriving SUWA to patient room
      ✓ Off-going = leaving SUWA from patient room
      ✓ Keep in mind that a RN/LPN can be in the SUWA role during breaks – they would sign their signature in the On-coming or Off-coming SUWA area on page 2

1. **Registered Nurse ~ Non-Suicide Patient**
   
   a. Using the Observation (obs.) Level Codes on page 2 – place the code in the Obs Level column on page 1
      
      ✓ When RN writes a NEW Safety Companion Order
      ✓ When the RN CHANGES the Level of Safety Companion Order
      ✓ When a NEW SACO is reporting, the code will validate previous RN order if less than 8 hours ago and confirms SACO/RN verbal report
      ✓ At least EVERY 8 HOURS
   
   b. Place your initials in the Initial (Int.) Column on page 1 ONLY when you write in the Obs Level column on page 1, which is at least every 8 hours
   
   c. Place a CHECK MARK on the RN Order column on the bottom of page 2 ONLY when you write a RN order
2. Registered Nurse ~ Suicide Precautions
   a. Using the Observation (obs.) Level Codes on page 2 – place the SUWA code in the Obs Level column on page 1
      ✓ When RN has assessed the patient and feels that should be place on Suicide Precautions – MD evaluation in 1 hour
      ✓ When a NEW Suicide Watcher is reporting, the SUWA code will validate the continued MD Suicide Precaution order at least EVERY 8 HOURS and confirms SACO/RN verbal report
   b. Place your initials in the Initial (Int.) Column on page 1 ONLY when you write in the Obs Level column on page 1, which is at least every 8 hours
   c. Using the Environmental Risk Assessment (ERA) Codes on page 2 – place capital LETTERS in the ERA column on page 1 of all items in the patients room that REMAIN in patient room EVERY 8 HOURS. Once they are no longer needed for treatment they would be removed and no longer need to be documented

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity Code</th>
<th>Behavior Code</th>
<th>Obs Level</th>
<th>Location Code</th>
<th>ERA</th>
<th>Init.</th>
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</table>

d. RN and/or SUWA can place check marks next to any of the items in the room that are NOT removed from the patient room

e. RN and SUWA review the items that remain in the room – suggestion – count the High Risk items.

f. Place a CHECK MARK on the RN Order column on the bottom of page 2 ONLY when you write a RN order
   ✓ RN can write an initial Suicide Precaution Order if assessment indicates
   ✓ NO check mark is indicated if your just validating MD order

g. Place RN Signature on page 2
   ✓ ONLY when you sign your initials in the (Int.) column