I. PURPOSE
A. To assure the appropriate assignment and utilization of the Personal Safety Assistant (PSA) through application and justification of clinical decision-making regarding patient and staff safety.
B. To increase clinical staff awareness of available options for ensuring safety while managing resources so that the PSA is not utilized until all alternatives/options have been determined to be inappropriate or unavailable.

II. DEFINITION AND BACKGROUND
A. A Personal Safety Assistant (PSA) is a care giver, and in some situations a non-care giver, who closely attends a patient for safety reasons. The PSA is assigned by and reports to an RN and may have responsibility for one or more patients in a contiguous environment.
B. Prior to the development of this guideline, PSAs were referred to as “sitters.”

III. GUIDELINE
A. A nursing or physician order is required to obtain a PSA. The order is entered into the electronic system per protocol. Collaboration between the nursing staff and the physician will occur to establish the need for a PSA utilizing the PSA Assessment tool.
B. The Nurse Manager or Division Director must be notified to authorize the staffing of a PSA. The Nurse Manager or the Clinical Nurse III Supervisor has the responsibility for approval of utilization of the PSA on every shift. Assessment of need for a PSA and response to alternative interventions is to be completed by the assigned Clinical Nurse initially and on a shift to shift basis. The nurse will utilize the PSA Assessment Tool (see Appendices A & B) when requesting a PSA. The tool includes assessment of the effectiveness of alternative measures attempted prior to the request. Once approval has been obtained, the CNIV/PCC requests appropriate staffing.

IV. INDICATIONS
A. There are three distinct categories of patients for which a PSA can be utilized.
   1. Patients at Risk to Harm Self and/or Others through Intentional Behavior.
      This category includes the following:
      a. Any patient deemed to be at risk via Suicide Risk Screening Assessment [UCI Form 88171]
      b. Any patient requiring Behavioral Restraint (see Restraint and Seclusion Policy for definition of Behavioral Restraint) due to actions which are assessed as intended to cause harm to self and/or others.
      c. Any patient admitted with a legal hold (5150, 5250, etc.)
      d. In these circumstances, the PSA must be with the patient at all times (including staying with the patient in the bathroom) or must ensure another competent care provider is in place with the patient. Family or volunteer staff may not assume responsibility for the patient’s safety at any time. The patient must also be accompanied by the PSA for any activities off the unit, e.g. testing.
   2. Patients at Risk for Self Injury due to Increased Fall Risk.
      This category includes any patient who, despite implementation of fall precautions, continues to display behavior that places her/him at risk and is inappropriate for the initiation of restraint use.
      a. Behaviors seen include:
         i. Climbing out of bed without request assistance
ii. Refusal to use call light  
iii. Wandering  
iv. Refusal to use appropriate assistive device, i.e. Front Wheeled Walker

3. **Patients at Risk for Disruption of Medical Services and/or Devices.**  
This category includes any patient who, despite efforts at education and redirection, demonstrates behaviors that place ongoing medical treatments at risk and are also not appropriate for use of restraints.  
a. Behaviors seen include:  
i. Pulling at tubes or lines  
ii. Maladaptive Scratching  
iii. Dislodging dressings or treatments

4. **Exceptions**  
For patients who present behaviors that increase the risk of falls and/or disrupt medical services or devices and exhibit other unique behavioral challenges, consult with unit leadership and other members of the interdisciplinary team to develop interventions.

<table>
<thead>
<tr>
<th>Responsible Party/Discipline</th>
<th><strong>Patients requiring PSA by policy</strong></th>
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</table>
| RN                          | 1. PSA is required for any patient who is:  
|                             | - Admitted under a legal hold, i.e. 5150, 5250, etc.  
|                             | - Placed in Behavioral Restraint  
|                             | - Assessed as being at high risk for suicide  
|                             | 2. This patient classification does not require authorization by Nurse Manager for use of a PSA.  
|                             | 3. Ongoing assessment of causation must be completed.  
|                             | - For patients in legal holds, PSA must remain in place for duration of the hold. RN to interact with MD/CM to determine duration.  
|                             | - For patients in behavioral restraint, PSA must remain in place until restraint use is discontinued.  
|                             | - For patients deemed at high risk for suicide based upon SADPERSONS scale (See Suicide Risk Assessment and Care Policy), any patient scoring 9 or higher must remain with a PSA. For any patient scoring 6-8, the RN, MD and Nurse Manager will collaborate to determine need.  
|                             | □ Note: Any patient with an organized suicide plan, future suicide plans, or who is ambivalent about his/her suicide must remain with a PSA regardless of the score.  
|                             | 4. Once the cause is no longer present, the situation must be reassessed by the RN to determine need for ongoing PSA use. |

<table>
<thead>
<tr>
<th>Responsible Party/Discipline</th>
<th><strong>Patients requiring PSA due to risk of injury or harm</strong></th>
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</thead>
</table>
| RN                          | 1. Upon recognition that a patient activity or action is noted as actually or potentially causing injury to self, or is disruptive to ordered medical treatments, the RN assesses the patient utilizing the PSA Assessment tools. See Appendices A & B.  
|                             | 2. This tool is utilized by the RN to guide utilization of appropriate alternative measures. These measures may include the use of restraints where appropriate. |
**Utilization of a Personal Safety Assistant (PSA)**

3. Should the various alternative measures prove unsuccessful in remediating the activity or action deemed unsafe, the RN will collaborate with the Clinical Nurse Leader, Patient Care Coordinator, Supervisor or Manager to determine the potential efficacy of PSA utilization.

**RN Manager**

**Clinical Nurse III**

**Supervisor**

1. Assures that appropriate alternative measures were considered and/or attempted.
2. Provides verbal authorization to CNIV or PCC to proceed with implementation of PSA

**RN/PCC/CNIV**

1. Evaluates current staffing on the unit to determine how to assess required personnel to provide for PSA service. This might include utilizing a Senior Hospital Assistant (SHA) from the unit or HUSC who is cross-trained to SHA functions.
2. The evaluation of concurrent unit patients utilizing a PSA will also be made to determine if cohabitation is possible, based upon bed availability, gender, isolation precautions and patient behavior.

**RN Ongoing Assessment**

1. The RN will reassess the ongoing need for a PSA minimally every 4 hours. This is performed via interview with the PSA, view of the PSA Observation tool, and reassessment of the circumstances that led to PSA initiation. The RN coordinates with the PSA to ensure ongoing observations related to the patient’s behavior are made in real time. Observations will be made by the PSA utilizing the PSA Observation Tool (see Appendix C) to assist the RN in determining an ongoing need for the PSA. This tool is not a part of the permanent medical record.
2. Once the identified patient actions/behaviors are no longer noted, discontinuation of the PSA will be considered in collaboration with Clinical Nurse Leader (PCC or CNIV.)
3. By times defined in each unit to meet deadlines for shift to shift staffing projections, the RN will determine if an ongoing need exists. If the RN assesses that the PSA will be required for the coming shift, the RN will seek authorization through the Nurse Manager or Clinical Nurse III Supervisor for that unit by completing the PSA Assessment tool and obtaining approvals. This series of actions provides sufficient time to obtain the necessary staffing for the next shift.

**PSA Behaviors**

**SHA/HUSC**

**HA/MA**

The following are guidelines provided to the PSA:

1. The PSA seeks and receives direction from the RN assigned to the patient regarding care and safety.
2. The PSA is a patient care provider, e.g. SHA, RN, HUSC.
3. The PSA may also be a non-care provider, e.g. Transitional Work Assignment employee on restricted duty or a Volunteer.
4. The PSA provides feedback pertinent to the status of the patient being observed. This includes report at assigned intervals such as shift change, breaks and or when asked for feedback. The PSA records ongoing observations on the PSA Observation Tool. See Appendix C.
5. The duties and responsibilities of a care providing PSA are focused on patient needs and the provision of assistance in performing activities of daily living. This includes personal hygiene, nutrition, comfort measures, activity in and out of bed, ambulation, and elimination. Duties of a non-care providing PSA are limited to their role descriptions and any applicable restrictions.
6. The PSA must maintain visual contact with the patient at all times, be
attentive to meeting the needs of the patient and will never leave the patient alone unless replaced by another person assigned to observe the patient. This includes staying with the patient when transported off the unit.

7. The PSA assists with any unit activities as assigned when the patient is off the unit or no longer requires immediate observation, such as in the presence of the RN/MD for a procedure, with therapy, or when friends or family members are present and able to safely monitor the patient. Patients required to have a PSA by overriding policy (Legal hold, behavioral restraint, high risk of suicide) are excluded.

8. The PSA engages the patient in interactions that keep the patient focused, engaged and performing meaningful tasks.

9. The PSA considers the age appropriate needs and interests of the patient and formulates an activity plan that may include playing games, watching movies, listening to music, etc. The PSA may read, provided he/she is reading to the patient.

10. The PSA is prohibited from using personal cell phone or portable electronic devices such as an MP3 player, iPod, hand held video game, Blackberry, etc. Doing homework, reading the paper, watching the patient’s TV and working on puzzles is also prohibited, as these activities draw focus away from the patient and increase safety risks.

11. If a PSA is performing duties for cohabitated patients and is required to provide care to one patient that prevents monitoring the other patient, the PSA should first secure assistance to watch the second patient.

**Assignment of Staff in the Role as PSA**

<table>
<thead>
<tr>
<th>RN</th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Once the need for a PSA has been determined, the RN will further assess the situation to determine the best option to provide for this service.</td>
</tr>
<tr>
<td></td>
<td>1. This assessment will take into consideration:</td>
</tr>
<tr>
<td></td>
<td>a. The actions or activities that are the root cause of PSA need</td>
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<tr>
<td></td>
<td>b. Medical needs and unique psychosocial variables. It is acceptable in specific situations to seek out specific staff with unique qualities to support a patient’s unique psychosocial and/or cultural needs.</td>
</tr>
<tr>
<td>B.</td>
<td>During normal business hours the Nurse Manager will investigate to determine if the PSA use for a specific patient can be addressed safely by a care giving employee being utilized in a Transitional Work Assignment (TWA).</td>
</tr>
<tr>
<td></td>
<td>1. This will be based on the patient’s care needs, level of required physical assistance and work restrictions for available TWA staff.</td>
</tr>
<tr>
<td></td>
<td>2. The availability of TWA staff is coordinated through the Human Resources department. Contact Tammy Haugen Monday through Friday (0700-1600) at extension 6597.</td>
</tr>
<tr>
<td>C.</td>
<td>The Manager, in conjunction with the nursing team on the floor, will determine if the patient can safely be monitored by volunteer staff for short durations.</td>
</tr>
</tbody>
</table>

V. REFERENCES

VI. RELATED POLICIES AND PROCEDURES
1. Fall Reduction Program, K. Al Eid RN 12/10/08
3. Suicide Risk Assessment and Care, B. Autry & P. Thomas 12/07

VII. AUTHORS
Medical Surgical and ARU Management Team

See Appendix A, page 6 (Algorithm for Justifying a Personal Safety Assistant)
See Appendix B, page 7 (Personal Safety Assistant Assessment Tool, page 1)
See Appendix C, page 8 (Personal Safety Assistant Observation Tool – page 2 of the PSA Assessment Tool)
Appendix A

Algorithm for Justifying a Personal Safety Assistant

Does patient have Legal Hold, Behavioral Restraints or SADD \( \Rightarrow \) ?
- Yes: Initiate PSA; Notify manager (or designee)
- No: Use Behavioral Restraint or implement PSA if restraint contraindicated.

Intentional

This patient is pulling at tubes/lines, disrupting dressing, demonstrates maladaptive scratching, etc.
Prior to requesting PSA, assess effectiveness of:
- Hiding/repositioning medical devices
- Stockinet
- Repetitive task (Folding Laundry, activity blanket)
- Relaxation Techniques
- Family involvement
With MD assess need for ongoing medical devices (NGT, Foley, etc.). Consider:
- Discontinuing Noxious Stimulation
- Medication

Disrupting Treatment

Assess the type of behavior the patient is demonstrating. Determine if the behavior is intentional or as a result of impaired judgment, poor safety awareness or other noxious stimuli:
- Poor safety awareness

This patient is climbing out of bed, wandering hallways, trying to elope, etc.
Prior to requesting PSA, assess effectiveness of:
- Increased rounding
- Family Involvement
- Move room closer to supervision (or further if noise is a factor)
- Bed Alarm
- Relaxation techniques
- Exercise (OOG activities)
- Frequent toileting
Assess medical issues:
- Pain
- Elimination (catheter, UTI, constipation)
- Medication (Check with MD/Pharm. to determine if regimen may be causative factor)

Alternative measures effective?
- Yes: Document and relay to team for continuation and ongoing assessment
- No: Initiate restraint per policy and obtain MD order. Reassess q.2hr.

Is patient candidate for restraint?
- Yes: Obtain Managerial Approval for PSA
  Discuss with CNV/PPC current staffing
  Until additional staff available utilize resources from floor (i.e. SHA, HUSC)
  Clarify Classification of PSA required
  Ensure Staffing Coordinator/PPPO aware of need
  Reassess need for PSA every 2 hours, until shift change. Determine need for next shift and confirm with Manager again.
- No:
### Personal Safety Assistant Assessment tool

Not required for patient on Legal Hold, with high Suicide Risk or in Behavioral Restraint

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>NAME/TITLE:</th>
<th>Patient ID</th>
</tr>
</thead>
</table>

#### Describe undesired behavior:

- □ Climbing out of bed with poor judgment
- □ Pulling at Tubes/Lines
- □ Combative (No Intent for Harm)
- □ Self Destructive
- □ Aggressive/Assaultive (Intended Harm)
- Other: ______________________________

#### Restraint consideration

- □ Unable to follow directions
- □ Low level of consciousness
- □ Lack of decision making ability
- □ Behavior did not change
- □ Other: ______________________________

Approval for PSA obtained @_________(date/time) from _____________ (name of Manager of Clinical Nurse III Supr)

PSA begun ________________ Must be reevaluated every two hours and reauthorized every shift.

#### Behaviors that should be seen to discontinue PSA:

- □ Follows directions of staff request 100% of the time for a specific time frame. (describe) ______________________________
- □ Evidence of decreased agitation (describe) ______________________________
- □ Exhibiting safe behavior (describe) ______________________________
- □ Other: ______________________________

PSA removed @ ________________(date/time) by _________________ (name/title)

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<table>
<thead>
<tr>
<th>Companionship/Supervision</th>
<th>Modify Environment</th>
<th>Reality Orientation</th>
<th>Diversional Activities</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family in room</td>
<td>Hide/Reposition tubing under bedding</td>
<td>Frequent cueing/reminding</td>
<td>Exercise/request therapies - PT eval for strength and balance</td>
<td>Medication administration</td>
</tr>
<tr>
<td>Rounding by staff q 1-2 hours</td>
<td>Decrease/Remove Noxious Stimulus</td>
<td>Involve patient in conversation</td>
<td>Use TV/Music/books</td>
<td>Comfort Measures</td>
</tr>
<tr>
<td>Moved closer to nursing station</td>
<td>Stockinet over tubing</td>
<td>Redirect behavior</td>
<td>Play Therapy</td>
<td>Pain relief</td>
</tr>
<tr>
<td>Extended visits from family</td>
<td>Bed Alarm</td>
<td>Use relaxation techniques</td>
<td>Help with grooming</td>
<td>Restraint consideration</td>
</tr>
<tr>
<td>Other:</td>
<td>Move to quiet area</td>
<td>Education</td>
<td>Offer repetitive tasks</td>
<td>Other:</td>
</tr>
<tr>
<td>Side Rails (unless patient declines)</td>
<td>Therapeutic touch</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

Alternatives Unsuccessful due to:

- □ Unable to follow directions
- □ Low level of consciousness
- □ Lack of decision making ability
- □ Behavior did not change
- □ Other: ______________________________

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Not a part of the permanent Medical Record
Document patient behavior every 15 min until end of shift or until PSA is discontinued

This tool provides the RN with information to determine ongoing need for PSA. Begin documentation at beginning of shift or at onset of PSA observation. Every 15 minutes the PSA will record type and frequency of activities (using the activity codes below). A new sheet is used for each shift. Use restraint documentation form for patients on restraints.

| 00  | 15  | 30  | 45  | 00  | 15  | 30  | 45  | 00  | 15  | 30  | 45  | 00  | 15  | 30  | 45  | 00  | 15  | 30  | 45  |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

Activity Codes

A. Restless, Agitated
B. Yelling/Screaming
C. Pulling at Tubes/Lines
D. Climbing out of Bed
E. Disrobing
F. Combative
G. Ambulating
H. Seated in Chair
I. In Bed
J. Sleeping
K. Visitors/Family
L. TV/Activity
M. With Professional Staff
N. Other

Date: ____________ Shift: ____________ PSA Name: _______________________________________

Not a part of the permanent Medical Record