



SRO PATIENT COMPANION GUIDELINES

Job Responsibilities of Patient Companion

Patient Companions are to provide a safe, comfortable and positive environment for assigned at-risk patients on various patient-care units. The patient companion is present to assist with fall prevention, prevention of medical therapy disruption (IV, feeding tubes, etc), and monitoring of behaviors that could endanger the patient or others.

All patient companions have completed a geriatric companion training based on NICHE curriculum.

The overall responsibilities of the patient companion are delineated as:

- **Maintain patient safety**
 - a) Safety is maintained by preventing the patient from climbing over side rails, falling on the floor and pulling at various tubes or lines.
 - b) Safety concerns including, but not limited to, sharps or medications in the room of a patient on suicide precautions, are communicated in a timely manner to the registered nurse and/or other members of the healthcare team.
 - c) Duties assigned by the registered nurse are followed according to policy and procedure.
 - d) Protocols established by the psychiatric units are followed when sitting with their patient population.
 - e) Non-patient care duties are performed under the direction of the registered nurse.
- **Observes patient and notifies nurse when specific situations occur**
 - a) Situations that may require intervention, such as pump alarms, IV tubing disconnection or disruption, new blood is visible, patient complains of breathing difficulty or is noticeably not breathing well, patient has a dramatic change in color and/or patient complains of pain are promptly communicated to the registered nurse.
 - b) Patient is reassured that the nurse has been informed of situations demonstrating calm demeanor and constant monitoring until situation is resolved.

Companions may engage the patient in the following functions:

- Develop professional rapport; engage in positive, appropriate conversation
- Redirect patient from endangering self or others
- Provide fall safety prevention
- Immediately report all unsafe situations to nursing staff.
- Ensure bed and chair alarms are on/off and functional if they are in use for patient safety function. Report to RN in hand off of care that alarms are on/off prior to leaving assignment
- Assist with stabilizing patient position while the PCA or RN provides hygiene or performs task
- Open food containers, cutting food into bite size pieces, meal set up
- Feed patients that do NOT have dysphagia concerns (must be approved by RN)
- Assist RN/PCA with repositioning patient while in bed
- Make the patient's bed when patient is out of the bed
- May assist the patient with minimal personal care (i.e. preparing for teeth brushing, handing urinal)
- Prevent invasive line/tube disruption by ensuring catheter is properly secured and maintained. If there are any concerns, companion will notify patient's RN for correction.
- May ambulate with patient on unit at the discretion of RN

Companions may NOT engage in the following functions:

- Manipulating restraints
- Ambulate patients off the unit

Exhibit OO12.aw

- Bathing, oral care, shampooing or shaving patients
- Providing hygiene after incontinence
- Does not give out information on patient
- Does not eat or drink in patient's room
- Perform any medical record documentation

Patient companions are to be spending time watching their patients in an effort to ensure that patient safety continually remains the focus at all times.

Patient Companions and the Suicide/Homicidal Patient

Please refer to [Policy 0197, "Suicide Precautions"](#) as reference if needed.

Patient companions may be requested to observe suicidal/homicidal patients provided that the patient is appropriate (i.e. calm, cooperative, etc). Serious consideration should be given to the appropriateness of a patient companion assignment when the patient is violent or agitated. The involvement of the medical team is imperative to the safety of all care givers and patients.

The patient companion should position himself/herself next to the patient or at the foot of the bed to enable visual contact with the patient at all times. Never should the patient companion be sitting outside the door, even if visual contact is possible.

When two suicide risk patients are in the same room, it is acceptable for one companion to be assigned to both patients under the following conditions:

- The companion must be placed at the foot of the beds equal distance between the two beds where close visual contact can be maintained for both patients
- The two patients must be in the same room or divided by a curtain only.
- Both patients must be appropriate in behavior (i.e. calm, cooperative behavior exhibited by both patients)
- Patient companions will never leave a suicidal patient alone even with family members or guests.

Requesting and Scheduling of Patient Companions

- All patient companion requests need to be placed in ClairVia.
- Assignment will be made in four hour blocks. Once a companion has been assigned, he or she will not be pulled to a different assignment until the next decision point is reached unless deemed appropriate by the SRO manager/nursing supervisor based on priority needs. The most desirable plan, if it is possible, is to leave a companion with the same patient for the companion's entire working shift.
- Companions will be prioritized based on number of factors including, but not limited to, patient safety risk, nursing staffing levels, unit acuity levels, as well as other pertinent patient information.
- Units will be notified through ClairVia and by text message of companion coverage of their request by 90 minutes prior to the beginning of each four hour block. The notification times are 0130, 0530, 0930, 1330, 1730, and 2130.
- Urgent companion requests after the designated time frame should be entered in ClairVia and the shift manager should call the SRO at 4-9745 to notify of new request. The staffing clerk will notify the SRO manager/nursing supervisor of request and an assessment of the situation will be performed in effort to determine if immediate approval of request is necessary.
- The unit shift manager should review all companion requests in ClairVia, understanding that requests are made four hours at a time. Cancelling requests in ClairVia is of utmost importance if services are not needed for the next four hour block for which a request has been entered.

Assignment and Priority of Needs of Patient Companions

The SRO manager/nursing supervisor will review all patient companion assignments and make the final staffing decisions for all patient companion requests. Factors to be considered in the decision making process are:

- Patient Safety Risk
- Other Pertinent Patient Information
- Nursing Unit Staffing Levels
- Unit Acuity Levels

Suicide precaution patients take priority and are to be considered before any other assignment.

- Priority of requests
 - ED
 - Acute Care and 5E
 - ICU
- It is essential that all assignment factors be reviewed when making assignments

All other patient companion assignments are to be reviews based on a patient safety prioritization
All assignments are made at the SRO manager or nursing supervisor discretion.

*Patient companions may be assigned to forensic patients.

Clocking To and From Units

Effective July 1, 2013, all patient companions will clock to the respective unit they are assigned with a patient. Upon completion of the assignment, the patient companion will either clock out or float to a new unit for deployment.

Cancelling and Reassigning of Patient Companions

- If a patient companion needs to be given back, the shift manager will call the Staffing Resource Office at 4-9745 and notify them as well as removing the request from ClairVia.
- If an immediate unit for redeployment is known, the patient companion will be assigned to a new unit at that time via phone. If unknown, the patient companion will return to the Staffing Office for redeployment.
- Shift managers may not independently move the patient companion to another assignment on their unit as there may be higher needs elsewhere. If the situation arises where a transfer of companion to another patient is thought to be needed by the shift manager, the shift manager may call the Staffing Resource Office at 4-9745 to notify of request and the SRO manager or nursing supervisor will be paged to assess the situation and approve the switch. The SRO manager/nursing supervisor will be able to determine if there are higher priorities elsewhere where a companion may be needed.
- If a patient is being transferred to another unit, the patient companion does transfer with the patient. It is the responsibility of the new unit's shift manager to place the companion request no later than arrival on the unit. The patient companion will call the SRO upon arrival to the new unit to notify clerk of the transfer.
- If a higher priority need is deemed elsewhere, the nursing supervisor may elect to move the patient companion if he/she feels necessary.
- The ED Rover will not transport with any assigned patient. He/she must remain in the ED as this is a specialized assignment.

Transporting for Procedures and Off Units

- A patient companion may travel off a unit with a patient if necessary to procedures off the unit, provided verification and approval has been provided by the bedside clinician and a proper hand off of care has been given. The only patients that patient companions may not travel with off the units at this time are:
 - Suicide/homicidal patients
 - Restrained patients

Report/Meal Breaks/Other Considerations for Patient Companions

At the start of the assigned shift

- When a companion is assigned to a unit, he/she should connect with the RN at the beginning of the shift for a hand off of care regarding essential information. This is critical for the companion to carry out the assignment to the best of his/her ability and perform his/her role effectively.
- The companion should negotiate a lunch break with the nurse at the beginning of the shift as well. The timing of this break is at the discretion of the nursing unit, not the companion.
- Although the companion is not providing patient care, it is expected that he/she will keep the patient's room tidy and free of obstacles.

During the assigned shift

- When the companion leaves for lunch or a break, he/she must notify the nurse.
- When the companion is scheduled for less than 8 hours, there should be no expectation for a lunch break.
- As the needs of the unit permit, the companion will be granted an additional break of 10-15 minutes for every eight hours worked.
- The companion may ask to be relieved to go to the bathroom but must ensure he/she is covered while off the unit.

At the end of the assigned shift

- When the assigned shift ends, the patient companion must report off to the patient's nurse that he/she is leaving and if relief is present.
- If bed or chair alarms are in use, the patient companion must review that they are on or off with oncoming companion. In the event that the assignment is not being covered, the off going companion must review with the nurse the status of the alarms.
- The patient companion will remain at his/her assignment until relieved by another companion or the end of their designated shift.
- The companion must not leave their assignment without communicating with their nurse or it is considered abandonment of their patient assignment.

Concerns/Issues with Assignment or Companion

- If patient companion has concerns with his/her assignment, he/she should provide that feedback to the primary nurse.
- If concerns are not addressed, the concerns can be communicated to the shift manager
- If at that time the concerns remain an issue, the SRO manager or nursing supervisor must be notified so that the situation can be resolved. Patient safety is the utmost concern, so all issues need to be addressed to avoid escalation.
- The same hierarchy may be utilized by the unit staff if a concern regarding a patient companion needs to be addressed.

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