

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF NURSING
POLICY & PROCEDURE**

**NUMBER: 1001
VERSION: 2**

SUBJECT/TITLE: ONE-TO-ONE STAFF (SITTER) TASKS AND RESPONSIBILITIES

MD ORDER: YES [] NO [X]

POLICY:

1. Patients in the inpatient units, assessed to be at risk for suicide and assigned a one-to-one care companion, will be constantly observed to ensure their safety and well-being.
2. Patient's rights will be respected at all times.
3. The one-to-one staff (care companion) will be responsible for executing the tasks and responsibilities defined in this policy and any others that may be unique to the patient's situation as discussed by the RN.

PURPOSE: To define the tasks and responsibilities of a nursing staff providing constant observation of a patient at risk for suicide.

DEPARTMENTS: NURSING

PROCEDURE: At the start of the shift or the assignment, the RN responsible for the care of a patient at risk for suicide will discuss with the one-to-one staff the reason(s) for constant observation, signs and symptoms to observe for, tasks and responsibilities listed below, and any other interventions as indicated in the patient's plan of care.

TASKS and RESPONSIBILITIES:

I. Constant Observation

1. Observe the patient in full view at all times with no obstruction:
 - while awake/asleep
 - while receiving visitors, allowing some degree of privacy by sitting off to the patient's side
 - while using the restroom/bathroom, door must be ajar
 - while undergoing treatment procedures or attending activities
 - while eating meals
2. Observe patient's behavior, watch for self-injurious behavior, changes in mood, isolative, depressed, manic, or agitated behavior, giving away possessions, more expressions of suicidal ideation, and responses to the interventions. Report observations to RN.
3. Never leave patient unless relieved by another staff.

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II. Maintain Patient's Safety

1. Check room for sharps, belts, straps, ties, drugs, hair dryer, curling iron, purse, cosmetics in glass containers, plastic bags, razors, matches, lighters (see list of contraband items). Remove these contraband items and notify RN for proper disposition/storage.
2. Remove any potentially dangerous items from the patient's access.
3. Search any object or package brought to patient by visitors.
4. Make sure that all eating utensils, plates, etc. are paper or plastic and are all returned on the meal tray.
5. Keep patient on unit restrictions unless instructed differently by RN.
6. Accompany and maintain patient in full view at all times if patient is allowed to leave unit per RN's instructions or MD's order.
7. If patient is on a hold and makes any attempt to leave, notify RN or other nursing staff for additional assistance. Notify Los Angeles Sheriff Department (LASD) immediately if patient elopes.
8. Be alert and focused on the patient as directed. Reading, eating, and drinking are only allowed during the 15-minute break or 30-minute meal break. No cell phone use / laptop use / personal effects allowed during a constant observation assignment.
9. Inspect physical environment for presence of hazards: loose screws, sharp edges, broken furniture, tacks or bulletin board pins, glass vases, exposed wires, access to electrical outlets. Remove these hazards or prevent access to hazards and inform RN.

III. Other Direct Patient Care Interventions

1. Encourage patient to verbalize his/her feelings towards hospitalization or any issue that may be relevant to the behavior. Respond with active listening, demonstrate concern.
2. Assist patient in structuring their time, e.g., selecting TV programs, providing reading material, conversation, or other activities such as games or art projects, if available.
3. Take and document vital signs as ordered or per RN instructions.
4. Monitor and document I & O's as ordered or per RN instructions.
5. Assist with meals.
6. Ambulate with patient and assist with activities of daily living.

IV. Communication

1. Communicate suicide risk precautions to any staff providing relief during breaks or change in shift.
2. Communicate with maintenance workers and housekeeping staff the need to monitor and secure their carts and tools, and any hazardous items when in and around a suicidal patient's room.
3. Inform family/visitors that potentially harmful items (glass, scissors, sharps, etc.) are not to be given to the patient.

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4. Report any changes in the effectiveness of interventions and any other verbalizations to RN.

V. Documentation

1. Document patient’s location, behavior, activities every 15 minutes on the Electronic Health Record.
2. Document in progress notes every 2 hours – patient’s response to interventions, verbalizations, contraband items removed from patient and environment, behavior and notifications made to the RN.

References:	
Sentinel Event Alert: A complimentary publication of The Joint Commission. Issue 56. (2016, February 24). Retrieved from: https://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf	
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