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STANDARD OF CARE	Manual: Clinical	Section: Interdisciplinary Clinical	Code No.: I P004	Old Code No.:
Title: Patient Observers - Role of			Original Effective Date: Nov 21, 2016	
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Expected Outcome(s):

Preamble:

Prior to requesting additional staffing resources for constant patient observation, the charge nurse will consider the overall complement of patients on the unit including, but not limited to:

- the number of patients and empty beds;
- overall acuity;
- the number of patients designated as ALC;
- the types of behaviours exhibited leading to the request for constant observation;
- other non-personnel interventions (ie bed alarms, re-locating the patient)
- the number of patients who are requiring constant observation;
- the ability to cohort patients with similar behaviours and
- any resources currently available, such as modified workers.

If, after consideration of the above, the charge nurse determines additional staffing resources are required, the following will apply:

Constant Observation may be used as a short term solution to enhance the safety of a patient and worker under certain conditions while further patient safety care plan strategies and interventions are explored. Constant observation may be considered for patients as follows:

- Identified as a risk for violence
- Certified (formed) patients on the medical/surgical units who are actively exit seeking /risk of elopement
- Wandering risk
- Interfering with ESSENTIAL medical treatment (e.g. pulling at a tracheostomy)
- At risk for suicide or self harm

Note: A patient who is certified (formed) under the Mental Health Act does not automatically require a security guard for constant observation on the inpatient units; however, during the process of certification, security presence is required as per procedures [Certification Under the Mental Health Act: Assessment of a Patient in the Emergency Department-Maintaining Safety Preceding, During and Following, Certification of a Patient-Maintaining Safety Preceding, During](#)

[and Following](#) and [Personal Belongings of Certified \(Formed\) Patients in the Emergency Department-Collecting and Securing of](#).

Definitions:

- Constant Observation - the patient is within the audio and unobstructed visual field of the patient observer at all times
- Patient Observer - a staff member assigned to enhance the safety of a patient and/or worker under certain conditions. Observers include, but are not limited to, Patient Services Partners (PSPs), Security Guards, or other Health Care Providers (HCP).

Responsibility:

- Security Guard
- PSP
- Nurse
- Manager/Delegate
- Attending Physician, where appropriate
- Nurse Practitioners, where appropriate

Action:

Responsibilities of the Healthcare Team:

The decision to initiate or discontinue constant observation and the type of Patient Observer required will involve a collaborative discussion between the interprofessional team and after all other non-personnel measures have been tried. The interprofessional team includes, but is not limited to, Nurse, Manager/Coordinator, and the attending Physician or NP where appropriate. The patient and/or Substitute Decision Maker will be involved in the decision-making where appropriate.

The use of a Patient Observer must be approved by a Manager/Delegate. In the event that external agency staff are utilized, the [Commercial Agency Staff as Staff Replacement](#) policy must also be followed.

A nurse must be assigned overall responsibility of the patient and will perform all assessments when there is an observer.

Patients will be reassessed every shift and as needed to determine the need for constant observation. The reassessments will be documented in the health record by the primary nurse.

Patients who require constant observation may be cohorted and observed by one patient observer when determined appropriate by clinical assessment.

In addition to using Patient Observers, implement other safety measures as appropriate (e.g. place appropriate alerts on patient chart and door, safeproof patient room, collect personal belongings, remove illicit or prohibited items, maintain safety when certifying a patient under the MHA, etc.). Security presence can be requested at any time when implementing safety measures.

Responsibilities of the Patient Observer:

- Maintain constant visual supervision of the patient.
- Monitor the environment for safety concerns (such as sharp objects for suicidal or violent patients).
- Immediately notify any staff member on the unit of any concerns such as:
 - the patient is, or may potentially be in danger
 - the patient is missing or has left the room
 - there is any change in the patient's condition the observer is concerned about, including increased levels of agitation or attempts to remove medical devices
 - environmental safety concerns (e.g. sharp objects, prohibited items)
- Initiate code white as per [Code White](#) policy, if required.
- Respect the privacy and confidentiality of the patient.
- Ensure ongoing communication with members of the health care team.
- Accompany the patient off the unit for required tests/procedures. If the observer has more than one patient that they are observing, identify to the charge nurse that another observer is required while they are off the unit.

- If observing more than one patient, alert other staff for assistance if one patient leaves the room (rather than following and leaving the other patients).
- If the observer is a Patient Services Partner (PSP), he/she may participate in patient care in collaboration with the nurse, within the PSP scope of role.
- When care is transferred to a new observer, provide the new observer with information they need to know about the patient. Communicate with the primary nurse or charge nurse when there is a change in patient observer.
- When possible and where appropriate, engage the patient in conversation or activities that are meaningful to them.
- Comply with hospital infection control practices.

Observers will **NOT**:

- Leave the patient unattended
- Be in sole charge of the patient unless they are a regulated health care professional. The nurse is ultimately responsible for the patient.
- Use cellular devices while observing the patient
- Consume food while observing
- Sleep while observing
- Attempt to physically stop the patient from leaving - instead, alert security

Documentation:

Clinical Staff will:

- Document as per policy [Documentation-Clinical Documentation](#):
 - Patient activity and observed behaviours
 - Care provided
 - Notification of nurse regarding concerns
- These notes will be retained as part of the health record

Security will document as per their standard operating procedure.

Responsibilities of the Nurse:

1. Patient care assessments, interventions, and patient care needs at all times during constant observation.
2. Ongoing communication with the Patient Observer.
3. Assigning coverage for breaks for the PSP/nurse observer (charge nurse).

Documentation:

- All assessments and observations will be documented as per the [Documentation-Clinical Documentation \(including System Downtime\)](#) policy.

Security Guard Coverage

The Security Shift Supervisor will endeavour to meet all requests for constant observation by security guards. If the number of requests for constant observation by security guards exceeds the number of security personnel available, the following steps will be taken:

1. The Manager/CSM will collaborate with the Security Shift Supervisor to identify and prioritize corporate needs.
2. The Security Shift Supervisor will arrange for additional security guards.
3. The Security Shift Supervisor will collaborate with the management team to determine re-allocation of security guards until additional resources are obtained and on site.

Special Considerations:

- For patients requiring increased observation due to use of restraints, refer to the [Restraints - Least Restraint](#) policy and associated Standards of Care: [Restraint\(s\) - Use of for Patients Admitted Under the Mental Health Act \(MHA\)](#), [Restraint\(s\) - Use of for Patients Not Admitted Under the Mental Health Act](#)

References:

- College of Nurses of Ontario, 2013, Practice Guideline: [Working with Unregulated Care Providers](#)
- Toronto East General Hospital Policy Constant Care and Close Observation (Special Precautions) 2017.

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