POLICY

1. Patient attendants are utilized to maintain safe and effective patient care following a careful assessment of need for constant observation and when all alternative measures have proven unsuccessful.

   Note: Only patient attendants from contracted/qualified vendors are acceptable. Refer to Appendix A

2. The nurse accountable for patient care may assign patient care tasks to the patient attendant consistent with the defined responsibilities of the patient attendant, as well as the knowledge, skills, experience and education of the individual patient attendant.

3. Patient attendants who provide constant observation are to have training to manage disruptive/aggressive behaviour including understanding the rationale for behaviour and intervention.

   Note: It is the accountability of the external staffing agency to ensure this condition is met.

4. The use of a patient attendant does not require a physician order. When constant observation is ordered by a physician the physician is to discontinue the intervention when appropriate (e.g. suicide risk).
DEFINITIONS

Constant Observation (CO): Refers to a continuous one to one level of observation to ensure the safety and well-being of an individual or others in the patient care environment.

Patient Attendant: Unlicensed care provider hired from an external agency

Covering Manager: Refers to administrative coordinator, nurse resource manager or manager on call. These individuals are accountable for final approval to implement a patient attendant for shifts other than regular days Monday through Friday, 0800 to 1600.

Nurse: Refers to both the Registered Nurse (RN) and Licensed Practical Nurse (LPN).

GUIDING PRINCIPLES AND VALUES

1. Capital District Health Authority respects the dignity, rights, values, preferences and expressed needs of patients, clients and community in the care we provide.
   1.1. Health professionals within Capital Health provide care that exemplifies collaboration, accountability, respect and excellence in meeting those care needs and ensures patient safety for all.

2. Patient and family centered care is an approach to planning, delivery and evaluation of health care grounded in mutually beneficial partnerships among health care providers, families and patients.

PROCEDURE

1. Determining Need for Patient Attendant
   1.1. The Registered Nurse (RN) accountable for patient care:
      1.1.1. identifies the need for constant observation and, in collaboration with other members of the inter-professional team (refer to procedure 1.3), makes the decision to use a patient attendant.
      1.1.2. updates the plan of care to reflect the conditions leading to the decision to implement the intervention, including timelines for ongoing evaluation of the intervention as well as the conditions required to discontinue constant observation.

1.2. When assigned to the patient the LPN collaborates with the RN in making the decision to use a patient attendant.

1.3. In determining the need for a patient attendant, the interdisciplinary care team and patient/family/guardian:
      1.3.1. discuss the unique care needs of the patient/client under assessment
1.3.2. explore alternatives and other interventions (Appendix B) which will help achieve the desired patient care outcomes.

2. Patient Attendant Responsibilities

2.1. Maintains patient confidentiality as per the Privacy policy (CH 100-100).

2.2. Provides constant observation (one to one) of assigned patient to ensure patient safety.

Note: If two patients on a unit require a patient attendant and if in the health Service Manager (HSM)/Charge nurse/RN’s judgment it is appropriate to place the patients together then one patient attendant may provide constant observation to both patients.

2.3. Receives report from a nurse, who will utilize the “Patient Attendant Client Review sheet” (Refer to Related Documents) to give directive to assist with certain tasks of daily living such as:

2.3.1. Fluids and meal assistance
2.3.2. Positioning assistance
2.3.3. Ambulation assistance
2.3.4. Wash face and hands
2.3.5. Combing, brushing hair
2.3.6. Brushing teeth and dentures

2.4. Informs the nurse responsible for the patient of any change in the patient’s condition in addition to describing his/her observations of the patient at regular intervals throughout the shift.

2.5. Wear uniforms as per external staffing contract.

2.6. The patient attendant does not:

2.6.1. Have accountability for patient care equipment, stretchers, hemovacs, IV’s, nasogastric tubes, etc.
2.6.2. Independently provide activities of daily living such as bed baths, toileting or transferring.
2.6.3. Engage in counseling, interviewing or health teaching.
2.6.4. Leave the patient for any reason until a relief person has been put in place as arranged by the nurse.
2.6.5. Accompany the patient off the unit without approval of the nurse.
2.6.6. Read or document in the patient’s health record.
3. RN/LPN RESPONSIBILITIES

3.1. If the results of the discussion with the inter-professional team and patient/family/guardian (Refer to Procedure #1) results in the decision to engage a patient attendant the nurse informs the Health Service Manager (HSM), Clinical Leader or covering manager.

3.2. The RN documents an evaluation of the alternative interventions explored and the rationale for use of a patient attendant in the progress notes.

Note - Family members can arrange and pay (personally or through insurance) for a patient attendant even though it is not considered medically necessary.

3.3. The RN develops the plan of care for the patient and decides whether to utilize the patient attendant to assist with some patient care activities.

3.4. At the beginning of each shift the nurse assigned to the patient:

3.4.1. provides the patient attendant with a “Patient Attendant Client Review sheet” to provide a general report on the patient’s condition

3.4.2. assigns specific tasks that are within the patient attendant’s scope of employment

3.4.3. ensures that the patient attendant understands the extent of her/his responsibilities in performing tasks, who to ask for assistance and when and who to report to when tasks are completed.

3.4.4. Informs the patient attendant as to what specific behaviours constitute a change in behaviour and require communication with the nurse.

3.5. The nurse:

3.5.1. documents “Constant Observation” on the kardex (if used on the unit/area).

3.5.2. completes and documents a reassessment (patient’s condition, observations, interventions and response to interventions) at least every 12 hours.

3.5.3. updates the plan of care as necessary (RN with LPN involvement if the LPN is also involved in the patient’s care).

3.6. The charge nurse incorporates meal coverage and break times for the patient attendant into the nursing team’s schedule.

3.7. The nurse looking after the patient in consultation with the RN/charge nurse/HSM/Clinical Leader reviews the need for a patient attendant every shift.

3.8. The charge nurse or nurse looking after the patient ensures that the decision to continue or discontinue the use of a patient attendant is communicated to the appropriate agency as well as the inter-professional team.
3.9. If a decision to use a family member/friend for the purpose of constant observation has been reached, the RN ensures:

3.9.1. Family/friend confirms understanding of the responsibility of constant observation, including the need not to leave the patient unattended for any reason and what behaviours to report to the nurse.

3.9.2. Appropriate documentation of discussion with family/friend in the progress notes

4. **Health Service Manager &/Or Clinical Leader Responsibilities**

4.1. Reviews the rationale for patient attendant care use during evenings, nights, weekends and holidays on the next working day.

4.2. Reports utilization of a patient attendant to the appropriate Health Service Director.

4.3. Ensures that ongoing monitoring and reassessment occurs.

4.4. Evaluates existing staffing levels on the unit at the time of the request for a patient attendant and for every subsequent shift to maximize opportunities for meeting the patient’s needs within existing shift complement (e.g. adjusting assignments, managing according to priorities, etc.)

4.5. Implement actions as per procedure # 5.1.

5. **Health Service Director (HSD) Responsibilities**

5.1. The HSD who links with the External Staffing Agency (s) communicates actions from quarterly meetings to all employees.

**REFERENCES**


Quinn CA (1994). The four A’s of restraint reduction: attitude, assessment, anticipation, avoidance. *Orthopaedic Nursing 13*(2): 11-


RELATED DOCUMENTS

Policies:
CC 05-030 Least Restraint
CH 70-045 Consent to Treatment
CH 100-100 Privacy

Forms
Patient Attendant Patient Client Review (available for print-on-demand from the CDHA Intranet – Forms – Administrative Forms – Nursing)

Appendixes:
Appendix A Contracted/Qualified Vendors
Appendix B Assessing the need for Patient Attendant

* * *
APPENDIX A

Bayshore Home Health is our primary supplier of external agency staff. It is an obligatory contractual requirement that all external staffing requests be forwarded and declined by Bayshore Home Health before going to any other agency.

Only when Bayshore Home Health has declined or indicated that they have no one to fill a staffing request can you contact the agencies below to request staff.

Secondary external staffing agencies (in alphabetic order)
- Anson CareGivers
- Comcare Health Services
- Nightingale Nursing Services
- RJF HealthCare
- ScotiaCare Homecare & Caregivers

As of Wednesday June 1, 2011 the agencies listed above are the only agencies approved to provide external staffing to Capital Health sites. No other staffing agency can be called.

Secondary external agencies should be called in order of least cost as identified in the table below by staffing category. Contact information is identified below.

<table>
<thead>
<tr>
<th>Patient Attendant</th>
<th>PCW</th>
<th>RN</th>
<th>LPN</th>
<th>Unit Aide/Unit Clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 RJF</td>
<td>1 Nightingale</td>
<td>1 Nightingale</td>
<td>1 RJF</td>
<td>1 RJF</td>
</tr>
<tr>
<td>2 Nightingale</td>
<td>2 RJF</td>
<td>2 RJF</td>
<td>2 RJF</td>
<td>2 RJF</td>
</tr>
<tr>
<td>3 Comcare</td>
<td>3 Anson</td>
<td>3 Anson</td>
<td>3 Anson</td>
<td>3 Anson</td>
</tr>
<tr>
<td>4 Anson</td>
<td>4 ScotiaCare</td>
<td>4 ScotiaCare</td>
<td>4 ScotiaCare</td>
<td>4 ScotiaCare</td>
</tr>
<tr>
<td>5 ScotiaCare</td>
<td>5 Comcare</td>
<td>5 Comcare</td>
<td>5 Comcare</td>
<td>5 Comcare</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION

| Anson CareGivers       | 435-2525 (24/7) |
| Comcare Health Services | (phone) 902-453-0838 (24/7) |
|                        | (fax) 902-453-1018 (0830hrs to 1630hrs) |
| Nightingale Nursing Services | 465-9777 (24/7) |
| RJF HealthCare         | 425.4031 (24/7) |
| ScotiaCare Homecare    | 401-9121 (24/7) |

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Appendix B

All behaviour has meaning and the health care teams must try to understand the behaviour in order to address the individual needs of each patient.

Patient Assessment

There are important questions to ask when assessing the need for restraints:
- What is the reason for this behaviour?
- What steps can we take to eliminate or change this behaviour so as to avoid the use of restraints?

The assessment should include:
- Patient’s age
- Mental status (oriented, confused, agitated) Acute changes? Fluctuates?
- Mobility status (gait and balance disturbances; use of assistive devices)
- Level of cognitive impairment
- Ability to communicate (sensory impairment)
- Unmet physical needs (toileting, hunger, thirst)
- Assess for triggers of delirium: medications, metabolic imbalance e.g. dehydration, infection, pain, exacerbations of chronic illnesses.
- Consult with patient’s family, physician and other health care team members
- Activities and interests
- Availability of family or sitter

Adapted from The Woodstock Hospital, Practicing in a Least Restraint Environment, 2004

Table with patient behaviours and suggested alternatives

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>Suggested Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>• Medication review</td>
</tr>
<tr>
<td></td>
<td>• Toileting regularly</td>
</tr>
<tr>
<td></td>
<td>• Quad exercise: mobility/ambulation</td>
</tr>
<tr>
<td></td>
<td>• Routine positioning (Q2H when awake)</td>
</tr>
<tr>
<td></td>
<td>• Increased participation in ADL</td>
</tr>
<tr>
<td></td>
<td>• Pain relief/comfort measures</td>
</tr>
<tr>
<td></td>
<td>• Normal schedule/individual routine</td>
</tr>
<tr>
<td></td>
<td>• Assess for hunger, pain, heat, cold</td>
</tr>
<tr>
<td></td>
<td>• Glasses, hearing aids, walking aids easily available</td>
</tr>
<tr>
<td></td>
<td>• Hip Protectors</td>
</tr>
<tr>
<td></td>
<td>• Increase social interactions</td>
</tr>
<tr>
<td></td>
<td>• Redirect with simple commands</td>
</tr>
</tbody>
</table>

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.
<table>
<thead>
<tr>
<th>Cognitive impairment – dementia</th>
<th>Confusion – delirium</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Call bell demonstration</td>
<td>- Medication review</td>
</tr>
<tr>
<td>- Involve family in planning care</td>
<td>- Pain relief/comfort measures</td>
</tr>
<tr>
<td>- Diversional activities: pets, music, puzzles, crafts, cards, snacks</td>
<td>- Toileting regularly</td>
</tr>
<tr>
<td>- Scheduling daily naps</td>
<td>- Normal schedule/individual routine</td>
</tr>
<tr>
<td>- Alarm devices – bed/ chair/ door</td>
<td>- Assess for hunger, pain, heat, cold</td>
</tr>
<tr>
<td>- Clutter free rooms</td>
<td>- Label environment using pictures (e.g. label bathroom door with a picture of a toilet)</td>
</tr>
<tr>
<td>- Mattress on floor/ lower bed/ Posey floor mat</td>
<td>- Increase social interactions</td>
</tr>
<tr>
<td>- Non-slip strips on floor</td>
<td>- Redirect with short, simple commands</td>
</tr>
<tr>
<td>- Night light</td>
<td>- Gentle touch and smile</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Assessing past coping strategies</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Involve family in planning care</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Diversional activities: pets, music, puzzles, crafts, cards, snacks</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Reminiscence</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Scheduling daily naps</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Pacing permitted</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Alarm devices – bed/chair/door</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Clutter free rooms</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Night Light</td>
</tr>
<tr>
<td>- Acceptance of risk</td>
<td>- Glasses, hearing aids, walking aids easily available</td>
</tr>
</tbody>
</table>

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.
| Involve family in planning care  
| Scheduling daily naps  
| Alarm devices – bed/chair/door  
| Clutter free rooms  
| Night light  
| Glasses, hearing aids, walking aids easily available  

**Agitation**

| Mobility / ambulation / exercise routine  
| Routine positioning (Q2H when awake)  
| Medication review  
| Pain relief / comfort measures  
| Toileting regularly  
| Normal schedule / individual routine  
| Assess for hunger, pain, heat, cold  
| Increase social interactions  
| Redirect with simple commands  
| Relaxation techniques (tapes, dark environment)  
| Gentle touch, calm voice  
| Assessing past coping strategies  
| Involve family in planning care  
| Diversional activities : pets, music, puzzles, crafts, cards, snacks  
| Scheduling daily naps  
| Pacing permitted  

**Wandering**

| Assess for hunger, pain, heat, cold  
| Buddy system among staff/ consistency  
| Label environment using pictures (e.g. label bathroom door with a picture of a toilet)  
| Increase social interactions  
| Redirect with simple commands  
| Assessing past coping strategies  
| Involve family in planning care  
| Diversional activities: pets, music, puzzles, crafts, cards, snacks  
| Tape (stop) line or grid on floor, yellow tape across doorways  
| Alarm devices – bed/chair/door  
| Provide wandering path  
| Increase frequency of checks  
| Have familiar items in the patient’s room  
| Clutter free rooms  
| Night light  

*This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.*
| Room close to nursing station  
| Glasses, hearing aids, walking aids easily available  

| Sliding in chair  
| Routine positioning PRN  
| Pain relief/comfort measures  
| Call bell demonstration  
| Wedge cushions/tilt wheelchairs (consult OT/PT)  
| Non slip cushions (consult OT)  

| Aggression  
| Medication review  
| Pain relief/comfort measures  
| Normal schedule / individual routine  
| Assess for hunger, pain, heat, cold  
| Increase / decrease social interactions  
| Relaxation techniques (tapes, quiet/dark room)  
| Assessing past coping strategies  
| Involve family in planning care  
| Pacing permitted  
| Soothing music  
| Calm approach, use reassurance  
| Redirect, don’t argue  

| Pulling out invasive/tubes  
| Pain relief / comfort measures  
| Increase social interactions  
| Redirect with simple commands  
| Call bell demonstration  
| Stimulation/meaningful distraction  
| Explain procedures/treatments  
| Gentle touch  
| Involve family in planning care  
| Camouflage tubing on IV  
| Abdominal binder over PEG  
| Change IV to intermittent ASAP  

| Unsteadiness  
| Mobility/ambulation/exercise  
| Medication review  
| Increase social interactions  
| Call bell demonstration  
| Scheduling daily naps  
| Clutter free rooms  
| Mattress on floor/ lower bed  
| Non – slip strips on floor  
| Night Light  

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.
• Acceptance of injuries
• Glasses, hearing aids, walking aids easily available

Adapted from The Ottawa Hospital Least Restraint, Last Resort Program, 2003

This list of alternatives is not exhaustive and alternatives that are effective for one patient may not be effective for another. Each care area will develop and use alternatives that work for their patient population. The key to finding an alternative that is effective is a detailed assessment of the patient and their behaviour.

Additional care management strategies to consider:
• Move the patient to a less stimulating environment e.g. a single room
• Place the commode at the bedside for easy toileting access
• Minimize abrupt relocations
• Maintain consistency of caregivers
• Encourage family members to visit and become involved in care
• Use calming strategies e.g. warm bath, therapeutic touch, massage, music
• Refer to advanced practitioners (e.g. geriatric or psychiatric clinical nurse specialist, nurse practitioner, or consult/liaison service)