Personal Safety Attendant Training (PSA)

Leah Formby RN and April Ebeling RN, BSN, CCRN
What brings us here today?

• We had a patient in one of our facilities who was assigned a “sitter” for their entire length of stay over the course of 55 days. Unfortunately, this patient fell 3 times even though they had a “sitter” around the clock. One of these falls sustained serious injury. Through this we realized that our sitters were just sitting. These events have led us to revise and rename our policy “Personal Safety Attendant” & our Sitter policy will be retired. All of our Personal Safety Attendants will go through this mandatory training to provide you all with the tools to better care for our challenging patients.
Objectives:

• Understand the AMG Personal Safety Attendant (Sitter) Policy

• Understand the general duties, expectations and responsibilities of the Personal Safety Attendant

• Implementing important patient care into your role as a Personal Safety Attendant

• Value the importance of managing the aggressive behavior of a patient
What is a Personal Safety Attendant?

Definition:

• A Personal Safety Attendant (PSA) is an employee who is responsible for staying with an assigned patient(s) for a specified amount of time to ensure patient safety.

• A PSA is also responsible for performing the patient’s personal care.

• The PSA is generally a nurse tech or CNA & is expected to perform the care duties as outlined in their job description with the patient. Each PSA must have a completed competency in their file.
PSA’s may be required for patients who may be a harm to themselves or others:
Policy Statements:

• The CCO or designee is responsible for determining the initial and ongoing use of a PSA.

• PSA’s are hospital employees who attend new employee orientation, PSA initial orientation and training and annual skills training (Example: CNA/Nurse Tech).

• A physician order is not required for a PSA.

• PSA’s are BLS certified.
General duties, Expectations and Responsibilities of a Personal Safety Attendant:

- Reports to the Charge Nurse for assignment
- Receives face to face clinical & safety report from the patient’s nurse at the beginning of the shift. This report will include the plan of care for the patient & any special precautions.
- Communicates regularly with the nurse throughout the shift & reports observed behaviors.
- Documents behaviors noted as assigned by the nurse
- Updates patient information “white” board in patient room each shift
- Remains alert & attentive to the patient at ALL times (NO distractions such as eating/music/TV/reading materials/social media & ABSOLUTELY NO CELL PHONES!)
General duties, Expectations and Responsibilities of a Personal Safety Attendant:

• Remains within reach of the patient at all times unless an assessment by the nurse determines this may be inappropriate due to increasing agitation/combativeness of patient. PSA must remain close enough to reach the patient very quickly in case of a fall.

• Remains in the patient’s room/location and observes patient constantly (must have a replacement to go to the bathroom or on breaks).

• Remain within arm’s length of the patient as the your sole function is to prevent patient injury!

• Provides diversional activities for patient as approved by attending nurse (reading to the patient, engaging in conversation, offer simple tasks, games, puzzles, etc.)

• Provides a quiet, restful, low stimuli environment for agitated patients.
General duties, Expectations and Responsibilities of a Personal Safety Attendant:

• If patient is confused, re-orient to person, place, & time throughout the shift. Assure blinds are open to provide direct natural light during the day & closed at night for darkness.

• Ensure a safe environment by removing clutter & obstacles that could contribute to falls or injury.

• Provides a proper handoff to another staff member when going on breaks or completing shift.

• Keeps patient’s personal belongings such glasses, call bell, tissues, trash can, etc. within reach of patient to prevent falls.
General duties, Expectations and Responsibilities of a Personal Safety Attendant:

• Introduces self to patient and/or family & explains the PSA role & expectations of care

• Stays in the patient’s room unless given approval to leave by the nurse assigned to the patient. Assures that another employee is assigned to attend the patient in their absence.

• Notifies the nurse immediately in the event of a potential or actual emergency, fall, or sudden change in the patient’s behavior.

• Adheres to patient confidentiality, dress code, smoking, cell phone, & infection control policies.
Important Patient Care Provided by PSA

- Maintains toileting schedules for the patient and remains in the bathroom with patient at all times! Must stay within arms reach of patient while on the bedside commode.
- Assists patient with personal hygiene (mouth care, foley/perineal care, bathing patients, changing linen, etc).
- Assists patient with meals as needed. Communicate with the nurse to assure that it is appropriate for the patient to eat.
- Turn patients as directed by patient’s nurse.
- Assist patient with activities of daily living as directed by attending nurse.
Restraints

• When utilizing a PSA we should avoid the use of restraints if at all possible. Sometimes the use of restraints can lead to increased agitation.

• When restraints are necessary, the PSA must be competent in the use of restraints. PSA must appropriately apply restraints as ordered by a physician & perform monitoring per policy.
Managing Aggressive Patient Behavior

• First method & most important: YOU ARE IN CONTROL OF YOUR REACTION!

• Your attitude must remain intact if you are to give the situation your complete attention.

• Breathe deep—It gives a calming affect & prepares you for what lies ahead. It will keep your fight or flight frenzied.

• Maintain a positive, calm, respectful attitude.

• Always identify yourself to the patient because they are less likely to hurt you if they know who you are.

• Be aware of your surroundings. For your protection, situate yourself near code/panic buttons or other alarms to activate if the situation escalates. Don’t let the patient get between you & the exit.
Managing Aggressive Patient Behavior

- If your patient becomes aggressive, stay 2 arms length in distance because if the situation turns violent the distance gives you a chance to get away.
- Call for immediate help if the patient becomes aggressive.
- Always position yourself at a 45 degree angle position to avoid coming across as aggressive.
Managing Aggressive Patient Behavior

• Keep your voice monotone. It may have a calming effect.

• Do not tell them to keep it low because telling them they are disturbing others will not help. They are in crisis/conflict and don’t care if they are disturbing others.

• Make good eye contact—warm eyes

• Don’t sit down if the person being aggressive is standing. Always maintain eye level. If they remain standing, you should do the same.

• During conflict, emotionally charged people do not demonstrate emotional intelligence.
Managing Aggressive Patient Behavior

• Do not respond to insults. Let them rant & share their frustration.
• Do not defend (Ex: Sorry, we are short staffed)
• Be comfortable in uncomfortable silence.
• Ask clarifying questions.
• Before breaking out the policy & procedure rule book, hear the person out completely because there may be an opportunity for negotiation & to meet in the middle.
• Just because a person demands something doesn’t mean we make a decision to penalize their attitude.
Managing Aggressive Patient Behavior

• Focus on promoting the autonomy of the patient through minimizing restrictions.

• Make respectful decisions. Their behavior does not warrant punishment, just empathy (Ex: pain seekers).

• Conflict & aggression is a sign of an unmet need. We must focus on the outcome.

• You have to set limits. I want to meet your needs but set limitations.

• Negotiating in a respectful, calm environment produces better outcomes.

• Maintain good posture & non-verbal cues (Don’t move. Keep hands together. Don’t rock back n forth). Don’t invade personal space.
Key De-escalation Strategies

- Check yourself
- Monotone voice
- Give undivided attention
- Maintain a safe distance
- Empathy—warm eyes
- Do not be judgmental
- Good eye contact
- Negotiate to meet needs
- Remain calm

Remain calm
Develop a Plan

• Always debrief
• Ensure safe conditions for de-escalation
• Threatening punishment approaches should be avoided
• Separate patient from other patients & uninvolved staff
• Avoid threats, ultimatums, or entering power struggle
• Security can sometimes make things worse
• Chaplain can also provoke a situation too because they often associate a chaplain with death
Training Requirements on Medline

- General Safety
- Fall Prevention Tools & Strategies
- Caring for Cognitively Impaired Patients
- Restraint Management, Monitoring, & Application
- Fall Prevention Risk Assessment & Fall Prevention Program
- Safe Patient Handling