STATEMENT: The Healthcare Facility (HCF) should establish policy and procedures to provide guidance for the constant observation of patients, including the use of security in a patient watch role. The long-term use of security as sitters or inpatient watch situations should be avoided unless dedicated security staffing resources have been allocated for this specific purpose.

Definitions: High-Risk Patient: A patient assessed with the potential to elope, self-harm, or harm others.

Patient Watch (also known as security assist or observer): A clinically driven process assigning security resources to constantly observe a high-risk patient with focus on safety and reducing patient harm using direct or indirect methods.

INTENT:

a. The HCF should collaboratively develop criteria for defining high-risk patients, to guide clinicians to an appropriate risk-based intervention for an individual patient, including the initiation of a patient watch.

b. Clinical staff are responsible for determining if a patient watch is required per the criteria. Relevant information regarding the patient being watched should be conveyed to the security officer; this may include medical condition or other factors that impact care.

c. The HCF high-risk patient criteria should clearly identify when the use of security personnel for the patient watch function is appropriate. The primary role of security should be to deter aggressive posturing, prevent self-harm, and help as needed to gain compliance from the patient.

d. If security personnel are utilized in a patient watch role, their actions will be under the direction of a clinical care staff. However, security may take independent action when presented with circumstances involving a clear and present danger of bodily harm to patient or others or damage to property, where there is no time to consult with clinical staff.

e. If on-site security resources are used for patient watch, the overall posture of safety on campus should be maintained to the largest degree possible. In general, on-site security should be used in defined circumstances to supplement

and not replace clinical staff members.

f. Training competencies and retraining frequency should be established that are specific to the duties of security personnel responsible for conducting a patient watch.
    1) the roles of security and the clinicians
    2) Identifying and managing aggressive patient behaviors
    3) De-escalation techniques
    4) Security officer positioning
    5) Identifying and removing potentially dangerous/hazardous objects
    6) Restraint application and related policy
    7) Correct use of available Personal Protective Equipment (PPE)
    8) Understanding of facility emergency codes/procedures and relating them to the patient watch function
    9) Documenting all involvement with the patient

g. Documentation produced by the patient watch security officer should avoid information related to the medical condition of the patient but should include:
    1) Patient name, time watch initiated and name of the assigned care provider initiating the watch
    2) Names of other care providers providing direction(s) to security during the patient watch
    3) Any physical contact with the patient including response to aggressive behavior
    4) Types of clinical restraints applied or removed including which limbs were involved
    5) Names of other security staff providing relief or assistance during the watch and start/end times of their involvement
    6) Name of assigned care provider ending the watch and the time the watch ended

REFERENCES:

IAHSS Foundation "Training for Observers for High-Risk Patients", August 31, 2017.
IAHSS Foundation's Evidence Based Healthcare Security Research Committee.

York, Tony W. and MacAlister, Don. (2015). Hospital and Healthcare Security (Sixth Ed.)

Woburn, MA: Butterworth- Heinemann.

SEE ALSO:

IAHSS Healthcare Security Industry Guideline 05.0, Patient Related Services (General)

IAHSS Healthcare Security Industry Guideline 05.02, Security Role in Patient Management

IAHSS Healthcare Industry Guideline 05.05, Patient Elopement Prevention and Response

Approved: May 2019