



Implementation 07/2020

Last Reviewed 01/2022

Reviewed

Effective 01/2022

Last Revised 01/2022

Next Review 01/2025

Owner Marisa Gillaspie  
Aziz: Senior  
Director Clinical  
Education RN

Policy Area General  
Operating Policy

Applicability OR - Oregon  
Region

## Right to Support Persons for Patients with Disabilities

### GENERAL OPERATING POLICY

Revised: December 2021

PSVMC, PPMC, PMMC, PMH, PWFMC, PNMC, PHRMH, PSH

### OBJECTIVES/PURPOSE

- To provide guidelines for the role of support persons and support care conferences within Providence Health & Services, Oregon Region (PHS-OR) hospitals and emergency departments.
- To promote the safety of patients, support persons and caregivers by defining the conditions under which a support person will function.

### POLICY

- Providence Health employees are expected to comply with Oregon Senate Bill 1606 in upholding the provision and right of a support person for patients with disabilities.

### DEFINITIONS

1. **Patient:** A patient admitted to a hospital or seeking medical evaluation and care in an emergency department who needs assistance to effectively communicate with hospital staff, make health care decisions, understand health care decisions, or engage in activities of daily living **due to a disability**, including but not limited to:

- a. A physical, intellectual, behavioral or cognitive impairment;
  - b. Deafness, being hard of hearing or other communication barrier;
  - c. Blindness;
  - d. Autism; or
  - e. Dementia.
2. **Support Care Conference:** A meeting that must include discussion of the hospital's denial of a patient's request for a support person's physical presence with the patient (or a portion of such a request), and any parameters for permitting a support person to be physically present with the patient including but not limited to any limitations, restrictions, or additional precautions that may be implemented for the safety of the patient, support person, and hospital staff. The support care conference can be held in person, by telephone, or electronic media, and includes the following participants:
- a. The patient;
  - b. A representative from the patient's hospital care team;
  - c. The patient's legal representative (if applicable);
  - d. The patient's designated support person(s)
3. **Support Person:** A family member/significant other, guardian, personal care assistant or other paid or unpaid attendant selected by the patient to physically or emotionally assist the patient or ensure effective communication with the patient.
4. **Visitor:** Refer to GOP "Visitors to Patients."

## POLICY REQUIREMENTS/ PROCEDURE

1. A patient admitted to a hospital or in an emergency department may designate at least three support persons if necessary to facilitate the patient's care including but not limited to when the patient:
  - a. Has a cognitive, intellectual or mental health disability that affects the patient's ability to make or communicate medical decisions or understand medical advice;
  - b. Needs assistance with activities of daily living and the hospital staff are unable to provide the same level of care or are less effective at providing the assistance;
  - c. Is deaf, is hard of hearing or has other communication barriers and requires the assistance of a support person to ensure effective communication with hospital staff; or
  - d. Has behavioral health needs that the support person can address more effectively than the hospital staff.

- e. ***For additional guidance, refer to the Definitions section for the definition of an eligible "patient."***
2. At the earliest feasible time, the hospital will provide all patients orally and in writing notice of their right to support persons.
  - a. Notice to patients must include that treatment cannot be conditioned upon having an advance directive, POLST, or an order withdrawing or withholding life support such as a Do Not Resuscitate order. Notice must be made available in alternate formats at the request of the patient or the patient's legal representative.
3. The hospital will document in the patient's medical record:
  - a. The date and time the patient was informed of their right to designate support persons; and
  - b. If a patient chooses to designate support person(s), the name and contact information for each designated support person and any conditions imposed on the support person(s).
4. Either the patient or patient's legal representative in collaboration with the patient, may designate support persons. If a patient or patient's legal representative does not designate a support person, and the hospital determines that a patient has a communication barrier or other disability, the hospital will take reasonable steps to further communicate the patient's rights to the patient, patient's family, or patient's legal representative.
5. The hospital must allow at least one support person to be physically present with the patient at all times in the emergency department and during the patient's stay in the hospital including in an operating room, a procedure room, or other area where generally only patients and hospital staff are allowed.
  - a. However, consistent with other state and federal requirements, the hospital may impose conditions for any support person(s) present to ensure the safety of the patient, support person(s), and staff. Refer to section below: Conditions to Protect Safety.
  - b. Support persons may not perform tasks otherwise done by a hospital employee and must comply with conditions established by the hospital. Refer to section below: Conditions to Protect Safety.
6. Unless a patient requests otherwise, the hospital must ensure that a support person designated by the patient, or patient's legal representative, is physically present for any discussion in which the patient is asked to elect hospice care, sign an advance directive, or sign any other document allowing the withholding or withdrawing of life-sustaining procedures or artificially administered nutrition or hydration. If there are questions about who the appropriate decision maker is, please refer to PHS-OR "Consent and Refusal to Consent Policy" and "Privacy and Security Policy."

7. In cases where the physical presence of a support person(s) must be denied to protect the safety of the patient, support person(s), and staff, the patient and the patient's designated support person(s) must be **immediately** notified verbally and in writing of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be physically present.
  - a. For additional requirements, refer to sections below: Denial of Support Person and Support Care Conference.
  - b. Refer to Addendum A for the Support Persons Denial Letter.
8. Providence will not condition the provision of treatment on a patient having a POLST, an advanced directive, or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.
9. This policy is posted on Providence's website and a summary of this policy is posted at entry points of each hospital that are clearly visible to the public, with instructions on how to obtain the full policy. The policy may be requested in an alternate format by contacting The Customer Care Team at 503-962-1275 or 1-855-360-3463.

## CONDITIONS TO PROTECT SAFETY

1. Consistent with other state and federal requirements, the hospital and/or emergency department may impose conditions for the physical presence of any support person(s) to ensure the safety of the patient, support person(s) and staff.
2. Support persons may not perform tasks otherwise done by a hospital employee and must comply with the following conditions:
  - a. When requested by hospital employees, support persons must wear personal protective equipment provided by the hospital and follow hand washing and other protocols for preventing the potential spread of infection;
  - b. Be free of any symptoms of viruses or contagious diseases;
  - c. Submit to screenings for viruses or contagious diseases upon entering and exiting the hospital;
  - d. Submit to testing for contagious disease per unit policy;
  - e. May not dispense medications of any kind without consultation with the patients' clinical care team;
  - f. May not make changes to medical devices or technology that supports patients care, including but not limited to oxygen; and
  - g. May not provide interpreter or translation services (Refer to Interpreter Policies).
3. In hospital units and emergency departments where patient care is rendered in a congregate

setting (e.g. behavioral health), the safety of other patients, as well as the confidentiality for those being served, will be considered.

4. To ensure the privacy and safety of all patients, support persons and caregivers in locked units with psychiatric populations, a clinical care conference will be held to determine the parameters of accommodation provided by the support person(s) for the patient.
5. PHS-OR retains the right to restrict the presence of support persons to what is feasible and needed to maintain the safety of the patient, support person(s), and caregivers.
6. Any conditions imposed on a support person will be documented in the patient's medical record.

## DENIAL OF SUPPORT PERSON

1. If a decision is made to deny a patient's request for a support person's physical presence with the patient, or a portion of such a request, the following must occur:
  - a. Notify the House Supervisor immediately.
  - b. The House Supervisor will immediately notify the patient and the patient's designated support person(s) orally and in writing of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be physically present.
  - c. For written notification of denial, the House Supervisor will provide copy of [Addendum A: Support Persons Denial Letter](#).
    - a. The patient identification label must be placed on the letter
  - d. The House Supervisor will document in the patient's *Significant Event* EHR note the oral and written notification to the patient and support person(s), and whether the patient and support person(s) have requested a support care conference.

## SUPPORT CARE CONFERENCE

1. Upon request for a support care conference, the hospital will conduct a support care conference as soon as possible but no later than 24 hours after request was made.
  - a. The House Supervisor is responsible for contacting the care management team to conduct the support care conference.
  - b. If it is after hours, the House Supervisor will conduct the support care conference or find resources to assist to comply with the requirements below.
2. Prior to the support care conference, the care management team will schedule a meeting with the House Supervisor, Department Manager, and appropriate members of the patient care team to review the situation.
3. Participants of the support care conference must include the patient, a representative from the patient's hospital care team, the patient's legal representative (if applicable), and the patient's

designated support person(s).

- a. The care management team will contact these participants to schedule the support care conference and determine whether the support care conference will be held in person, by phone, or electronic media (for example, Zoom, Teams, or Webex).
4. The support care conference must include discussion of denial and any parameters for permitting a support person to be physically present with the patient, which may include any limitation, restrictions, or additional precautions that may be implemented for the safety of the patient, support person, and hospital staff.
  5. Following a support care conference, the House Supervisor will document the decision and any reasons for the limitation, restriction, additional precaution or prohibition in the treatment plan.
    - a. If a support care conference is requested and does not occur, the House Supervisor shall document in the *Significant Event* EHR note why the support care conference did not occur.

## AUTHORITY

Providence Health & Services – Oregon Region, pursuant to the requirements of OAR 333-501-0055, OAR 333-505-0030, OAR 333-505-0033, and OAR 333-505-0050

## LIST CROSS-REFERENCE

[GOP: Consent and Refusal of Consent for Procedures](#)

[GOP: Interpreter for Deaf HOH Deaf-Blind Patients](#)

[GOP: Interpreter for Patients – Spoken Language Interpreter Services](#)

[GOP: Rights and Responsibilities of Patients](#)

[GOP: Visitors to Patients](#)

[PSJH-RIS-850 General Privacy Policy](#)

## All Revision Dates

01/2022, 06/2021, 07/2020

---

## Attachments

[Addendum A: Support Persons Denial Letter](#)

## Approval Signatures

Step Description	Approver	Date
GOP Policy Representative	Shelly Haines: Asst-Exec Admin	01/2022
	Shelly Haines: Asst-Exec Admin	01/2022

## Standards

No standards are associated with this document

COPY