

# Phase 1 Deployment Protocol: Non-Medical Companion

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## 1. Purpose & Scope

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This document outlines the operational protocol, governance boundaries, and safety mechanisms for the **Phase 1 Non-Medical Companion**. The objective of Phase 1 is to provide safe, reliable, and auditable social support and adherence reminders to seniors in a home setting, with zero clinical authority or regulatory risk.

This protocol is designed for review by pharmaceutical sponsors, healthcare providers, and regulatory advisors to demonstrate the strictly non-medical scope and robust safety architecture of the initial deployment.

**Governing Principle:** *Phase 1 is designed for social support and data logging only. It does not perform any diagnostic, assessment, or clinical decision-making functions. Every interaction is governed by the Caregiver-in-the-Loop and Physician-as-Pilot doctrines.*

## 2. Core Operational Boundaries

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The Companion operates under a strict set of rules enforced by the **Safety OS** architecture.

Capability	Permitted (✓)	Forbidden (✗)
Interaction	Social conversation, companionship, answering general knowledge questions.	Offering medical advice, interpreting symptoms, providing reassurance about health concerns.
Reminders	Acknowledging user-set medication or appointment reminders.	Adjusting medication schedules, assessing adherence effectiveness, diagnosing side effects.
Data Logging	Logging engagement continuity, user-reported sentiment, and escalation events for Real-World Evidence (RWE).	Inferring cognitive state, scoring linguistic friction, or detecting clinical decline.
Escalation	Routing a user-initiated concern to a designated human caregiver or clinician <b>with explicit consent</b> .	Autonomously deciding to contact emergency services or a clinician without user approval.

## 3. Escalation & Consent Protocol

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Escalation is the primary safety mechanism. It is designed to be deterministic, auditable, and fully dependent on user consent.

### 3.1. Escalation Trigger

An escalation sequence is initiated **only** when a user explicitly expresses a desire to speak with a human about a concern that falls outside the Companion's non-medical scope.

- **Example Trigger:** "*I don't feel right, I think I should talk to my daughter.*"

### 3.2. Consent Gate

Before any external communication is initiated, the Safety OS enforces a mandatory consent gate.

**System Prompt:** "*I understand you'd like to speak with [Caregiver Name]. I can connect you. Is that okay?*"

User Response	System Action
“Yes” / Affirmative	The system proceeds to the designated escalation pathway (e.g., places a call, sends a text).
“No” / Negative / Ambiguous	The system aborts the escalation. It will respond: “ <i>Okay. I am here if you need me.</i> ”

### 3.3. Escalation Pathway

The escalation pathway is a pre-configured, deterministic route. The system does not choose the recipient; it follows a pre-defined rule (e.g., `IF escalation_confirmed THEN contact_caregiver_1`).

## 4. Audit Logging for Real-World Evidence (RWE)

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Every interaction is logged for compliance review and the generation of non-clinical Real-World Evidence (RWE). This data is crucial for demonstrating the value of companionship in improving a senior’s quality of life and adherence.

#### Logged Metrics (Phase 1):

- **Engagement Continuity:** Frequency and duration of voluntary user interactions.
- **Escalation Routing Accuracy:** Was the correct human notified per the protocol?
- **Explicit Consent Confirmation Rate:** Percentage of escalations confirmed by the user.
- **Caregiver Escalation Response Time:** Latency between system notification and caregiver response.
- **User-Reported Quality of Life Signals:** Explicit, self-declared statements of well-being (e.g., “*I feel good today*”).

## 5. Governance & Disclaimer

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- **Zero Clinical Authority:** The Companion has no clinical authority. It is a tool for social support and a data conduit to designated human supervisors.

- **Caregiver-in-the-Loop:** A human is always responsible. The AI never acts alone in any situation involving a potential health concern.
  - **Physician-as-Pilot:** While the physician is not involved in Phase 1's real-time operation, they define the governance framework that allows the system to operate safely and scale into future clinical phases.
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*This document is for informational purposes only and does not constitute a medical or regulatory claim. The system described is designed for non-medical use in Phase 1.*