

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	PATIENT FOCUSED FUNCTIONS
<b>CHAPTER 2:</b>	Provision of Care, Treatment and Services
<b>PROCEDURE 2.28:</b>	<b>Critical Clinical Alarm Systems</b>
<b>REVISED:</b>	Reviewed 02/18
<b>Governing Body Approval:</b>	1/14/16 ( <i>New</i> ); 04/18

**PURPOSE:** To establish facility guidelines that ensures the effectiveness of Critical Clinical Alarm Systems throughout the hospital.

**SCOPE:** All Clinical Staff

## **POLICY:**

CVH employs a limited inventory of Critical Clinical Alarm devices. Currently, the hospital utilizes Bed and Chair Alarms as fall prevention devices. In addition, the hospital maintains Pressure Sensitive Alarms in one building to mitigate against suicide risk by hanging on patient bedroom door frames above the entry.

1. The **Bed and Chair Alarms** are mobile and are stored in the Physical Therapy (PT) Department at CVH. The following four alarms are currently in stock and may be obtained with a Physician's order:
  - A. Bed Pad Sensor Alarm
  - B. Seat Alarm with built-in Sensor Pad
  - C. Seat Belt Alarm, Buckle
  - D. Seat Belt Alarm, hook-and-loop
2. The Physical Therapy Department will maintain an inventory of all Bed and Chair Alarms. The Ambulatory Care Services (ACS) Clinician will recommend which alarm is clinically appropriate for the patient by writing a Physician's order. Nursing will then fax the order to the PT Department (x7012). PT will then deliver the alarm ordered to the unit where the patient is located.
3. The **Pressure Sensitive Alarms** are permanently installed in Battell Hall in patient bedroom hallways where the walls do not fully extend to the ceiling.

## **PROCEDURE:**

1. Preventive Maintenance and Testing of Alarms

The Nurse Executive and Supervisor of PT share responsibility for the testing, preventive and ongoing maintenance of the Clinical Alarms, per established manufacturer's guidelines. (Reference [\*NP&P 10.12 Nurse Assist MC700 Chair and Bed Sensor Alarms\*](#))

- A. The Director of Facility Operations oversees the testing, preventive and ongoing maintenance of the Pressure Sensitive Alarms, per established guidelines. (Reference [\*Operational Procedure 7.34 Pressure Sensitive Alarms\*](#))
- B. Pressure Sensitive Alarm Systems will be tested every Wednesday on second shift by nursing staff and documented on the Routine Observation form.
- C. All Bed and Chair Alarms will be tested on the units on the first Wednesday of each month on second shift. Testing results will be documented on the Routine Observation form.
- D. Routine Observation forms will be maintained in a binder on each unit for a calendar year and will be accessible for review.

2. Alarm Adjustment:

- A. Nursing staff will ensure that alarms are activated and functional with each change in patient assignment. Replacement batteries are available from the Nursing Supervisors in each division.
- B. Nursing staff will consult with the Psychiatrist or ACS Clinician prior to discontinuing the use of an alarm. A Physician's order is necessary for discontinuation and will be faxed to PT (x7012). Physical Therapy will then go to the unit and retrieve the alarm for storage.
- C. Nursing staff will intervene as clinically appropriate when an alarm sounds. Patients with Bed and Chair Alarms will have room assignments within close proximity of the nursing station for audibility and accessibility.
- D. Usage of a clinical alarm will be identified in the Treatment Plan and incorporated into the Nursing Plan of Care.
- E. Bed and Chair Alarms will not be silenced without a Physician's order from the ACS Clinician or Psychiatrist. There is no volume adjustment for alarms.
- F. The Pressure Sensitive Alarms will not be disabled at any point in time without the authorization of the Director of Facility Operations.
- G. The Pressure Sensitive Alarms will not be silenced or cleared until the cause of the alarm activation has been identified. A census check of all patients is conducted as part of this evaluation.

**Introduction of New Alarm Systems:**

Any new Critical Clinical Alarms proposed for introduction at CVH will be approved by the Nurse Executive, in collaboration with the PT Department, and the Director of Facility Operations.