

**WHITING FORENSIC HOSPITAL**  
**OPERATIONAL PROCEDURE MANUAL**

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| <b>SECTION I:</b>               | <b>PATIENT FOCUSED FUNCTIONS</b>          |
| <b>CHAPTER 2:</b>               | Provision of Care, Treatment and Services |
| <b>PROCEDURE 2.28:</b>          | <b>Critical Clinical Alarm Systems</b>    |
| <b>Governing Body Approval:</b> | 6/10/18                                   |
| <b>REVISED:</b>                 |   |

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

**SCOPE:** All Clinical Staff

**POLICY:**

WFH employs a limited inventory of Critical Clinical Alarm devices. Currently, the hospital utilizes Bed and Chair Alarms as fall prevention devices.

1. The **Bed and Chair Alarms** are mobile and may be obtained from the Physical Therapy (PT) Department. 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 General Medical Services (GMS) 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. PT will then deliver the alarm ordered to the unit where the patient is located.

## **PROCEDURE:**

### **1. Preventive Maintenance and Testing of Alarms**

The Nurse Executive and Director of General Medical Services 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. 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.
- B. 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.
- B. Nursing staff will consult with the psychiatrist and/or medical services clinician prior to discontinuing the use of an alarm. A Physician's order is necessary for discontinuation and will be faxed to Physical Therapy. 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 clinician's order from the medical services clinician or psychiatrist. There is no volume adjustment for alarms.

**Introduction of New Alarm Systems:**

Any new Critical Clinical Alarms proposed for introduction at WFH will be approved by the Nurse Executive, in collaboration with the PT Department.