ABSTRACT:
This policy ensures the effectiveness of clinical alarm systems by providing regular preventive maintenance and testing of alarm systems; assuring that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit; and monitoring established guidelines for alarm management.

RELATED POLICIES:
UCSDHS MCP 818.1, “Medical Equipment Quality Improvement Plan”
UCSDHS MCP 818.5, “Medical Equipment Electrical Safety and Use of Flexible Electrical Cords in Patient Care Areas”

I. DEFINITIONS
Clinical Alarms: Alarms on equipment or devices used for physical or physiological monitoring to protect the patient (directly applied to the patient, or self-actuated by the patient) receiving care or alert the staff that the patient is at increased risk and needs immediate assistance.

II. POLICY
This policy defines and prioritizes the various clinical alarms in use in this facility; establishes rationale and responsibility for policies relating to alarm settings; and defines the roles and responsibilities in routine and random confirmation of alarm function.
III. PROCEDURES AND RESPONSIBILITIES

A. Responsible Personnel

1. Registered Nurses are responsible for the assessment and reassessment of their patients and, therefore, the majority of clinical alarm function, settings and audibility.

2. Respiratory Therapy is primarily responsible for setting and validating, ventilatory equipment alarm limits, function and audibility.

3. Clinical Engineering is responsible for preventative maintenance.

4. Other personnel are responsible for alerting the appropriate clinician of a clinical alarm but not adjusting, unless it is within the scope of their training.

B. Maintenance and Testing of Alarm Systems

User verification of proper alarm settings and functions are part of the equipment set-up recommended by all equipment manufacturers. Clinical Engineering Services actively inspects equipment with a pass or fail status. Clinical staff are instructed through training that equipment which has passed inspection is noted by a colored Due Dot. The clinical staff is trained in this procedure upon hire to their specific unit/floor and provided with in-service on an as needed basis by the Nursing Department. Refer to Attachment A.

C. Alarm Settings - Refer to Attachment B

D. Alarm Audibility

Alarms, including but not limited to, bed alarms, patient bathroom alarms, infusion pump alarms and security alarms, etc., are sufficiently audible with respect to distances and competing noise within the unit. Audibility will be confirmed by the Registered Nurse.

1. The door to the patient’s room will be kept open with the exception
of select patient care situations i.e., isolation precautions, fire alarms, or specific patient/ family requests. In the event that the door to the patient’s room is closed, alarm audibility will be validated from outside the closed door.

2. Critically ill patients must have cardiac monitor and/or ventilator visible from outside the patient room. If the door to the patient’s room is closed, and if there is not a health care provider in the room, the curtain in the room will be kept partially open to allow for visibility of the patient and monitoring devices. Every attempt will be made to ensure patient care assignments are in close proximity to each other and ensure patient privacy.

3. Patient and/or family education regarding clinical alarms and alarm parameters will be done at the beginning of every procedure and/or shift and as needed throughout the day to decrease alarm induced anxiety and increase patient involvement in their care.

E. Staff Education

Education will be provided at the time of hire specific to staff’s assigned unit/area. Clinical Alarms are monitored on an ongoing basis by staff as part of the standard of care.

IV. ATTACHMENTS

Attachment A: Equipment Maintenance & Testing

Attachment B: Critical Care, Telemetry Level, Obstetrics & Emergency Department Alarm Parameters

V. FORMS

None.
VI. RESOURCES

None.

VII. REGULATORY REFERENCES

-- Title 22, California Administrative Code
-- The Joint Commission (TJC)

VIII. APPROVALS

This policy and procedure was approved by the following committee(s)

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Date Approved</th>
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<tbody>
<tr>
<td>Patient Safety Committee</td>
<td>September 26, 2013</td>
</tr>
<tr>
<td>Nurse Executive Council</td>
<td>October 11, 2013</td>
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<tr>
<td>Medical Staff Executive Committee</td>
<td>October 17, 2013</td>
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