

LAC+USC MEDICAL CENTER POLICY

Subject: CLINICAL ALARMS	Original Issue Date: 5/28/04	Policy # 601.1
	Supersedes: 4/12/16	Effective Date: 2/21/20
Departments Consulted: Facilities Management Clinical Engineering Nursing Services Respiratory Care Services	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

To provide a safe environment for patients and staff by ensuring that clinical alarms are functioning and effective.

POLICY

The LAC+USC Medical Center will assess the effectiveness of alarms associated with medical equipment and evaluate staff response to the alarm by ensuring that:

- Biomedical equipment is maintained and periodically tested
- Clinical alarms are tested for audibility
- Alarm limit parameters appropriate for patients are established and set for critical clinical equipment such as ventilators and cardiac monitors
- Staff response to alarms is periodically evaluated

DEFINITION / SCOPE

Clinical Alarm: Any alarm intended to protect the individual receiving care or to alert staff that the individual is at increased risk and needs immediate assistance is within the scope of this policy.

PROCEDURE

Clinical Engineering and Facilities Management

- Assess alarm adequacy before purchase of all biomedical equipment.
- Prepare an inventory of all biomedical equipment with alarms that pose a high or medium risk.
- Complete preventative maintenance on high-risk equipment every six months.
 - Evaluation will include testing for proper alarm activation (functionality) and audibility.
 - All equipment repaired will be returned to users with alarm volume setting on HIGH.
- Assist nursing with equipment training prior to actual use.

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- Ensure that clinical staff receive equipment training, including alarm settings, prior to actual use.
- Periodically validate the appropriateness of alarm limit settings.

Care Providers

- Immediately notify Clinical Engineering or Facilities Management about any equipment with a non-functional alarm. Label the identified equipment as “Out of Service.”
- The identified non-functional equipment shall not be used for patient care.
- Ensure that alarms are sufficiently audible with respect to distance and competing ambient noise. Consider relocating either the equipment or patient to improve audibility.
- For monitored patients, ensure that the alarm system is always “ON,” unobstructed, and audible at all times. Alarm volume should **not** be adjusted below ambient noise level.
- For each patient, clinical parameters must have high and low limit settings individualized to that patient’s clinical status.
- Clinical parameters must be set to default or approved unit standards unless otherwise specified by a provider order. Alarm parameters should **not** be adjusted without an order.

RESPONSIBILITY

Facilities Management, Clinical Engineering
Nursing Services
Attending Staff
Medical Center Administration

PROCEDURE DOCUMENTATION

Clinical Engineering Operational Manual
Facilities Management Policy and Procedure Manual
Nursing Services

REFERENCES

Title 22, California Code of Regulations, Section 70853
Joint Commission Standards - Environment of Care

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REVISION DATES

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