Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: **CLINICAL ALARMS**

Policy No.: **B880**
Supersedes: **October 2018**
Revision: **May 2022**

PURPOSE:

To provide a safe environment for patients by ensuring that the management strategies of clinical alarms are effective and functional.

DEFINITION/SCOPE:

Clinical Alarm: Any alarm intended to protect the individual receiving care by alerting staff when physiologic changes occur and reach the pre-set alarm parameters.

PROCEDURE:

A. Inspection Testing and Maintenance
   I. The biomedical engineering department staff will inventory, inspect, and perform a safety check on all new medical equipment prior to use on a patient. (Exception: Ventilators are managed by the respiratory therapy department). The evaluation of new equipment includes a determination of the processes that will be used to test, inspect and/or maintain the equipment. These strategies include:
      a. Routine inspections based on manufacturer's specifications.
      b. Equipment with clinical alarm systems is placed on a regular preventative maintenance schedule, which includes testing the alarm function and setting alarm parameters and volume.
      c. Biomedical department staff will track the inspection, testing, and, maintenance of all medical equipment.
      d. Under no circumstances shall malfunctioning equipment be used on a patient. Malfunctioning equipment must be taken out of service; it must be tagged and reported to the biomedical department. Staff should label the equipment to prevent others from using it.

B. Equipment with clinical alarms will be assessed for patient risk and assigned a risk category as follows:
   I. High – Failure of equipment may pose significant injury or death to a patient
   II. Moderate – Failure of equipment may pose injury or adverse effect on a patient
   III. Low – Failure of equipment may pose an adverse effect on a patient

C. Use of Equipment with Clinical Alarm Systems
   I. Area/department supervisor will ensure that clinical staff receives equipment training, including alarm settings prior to actual use.

II. All caregivers and equipment users shall be responsible for the proper use, response to, and management of clinical alarm systems commonly used in their assigned work areas. Patient care staff should make every effort to respond within the recommended amount of time as specified below:

Risk Category	Response Time
High	< 1 minute
Moderate	< 3 minutes
Low	< 5 minutes

III. Clinical alarms must not be disabled or turned off while equipment is in use. Patient care staff will check equipment with clinical alarms to ensure:
   a. Proper operation and alarm detectability
   b. Appropriate settings for each patient
      1. Licensed staff who have been trained, and as determined by their scope of practice, are able to set or change the alarm parameters to meet each patient's specific needs
   c. Alarm is active and functional
   d. Alarm is sufficiently audible to all staff with respect to distance and competing noise within the unit

D. High-Risk Areas: ICU, PCU, SCI, Pressure Ulcer Management, OR, and Pediatrics

I. Rancho Quality, Risk, and Safety Committee periodically review patient safety events according to the National Patient Safety Goals; such review will include events related to medical equipment alarms. The trend, if any, of such patient safety events in these five high-risk areas will be studied to help form a continuous improvement plan.

REFERENCES:

Title 22, California Code of Regulations, Section 70853

Joint Commission. (2013, July). National Patient Safety Goal on Alarm Management. *Joint Commission Perspectives, 33*(7)

The Joint Commission. (2022, July 27). *2022 Hospital National Patient Safety Goals*. Retrieved from https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2022/simple_2022-hap-npsg-goals-101921.pdf

Created by: Patient Safety Committee
Approved:
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Critical Care Committee: October 13, 2015
Patient Safety Committee: October 26, 2015
Pharmacy and Therapeutics: October 27, 2015

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Policy B880 - Attachment A

Clinical Alarm Safety
Equipment Risk Category

Equipment	Risk Category
Zoll Defibrillator (AED defibrillator/monitor)	High*
Nellcor (Pulse Oximeter/Capnograph)	High
Respironics S/t-D30 (C-pap)	High
Patient Bed- (Patient exit alarm)	High
Seat Belt Alarm	High
Wander Guard (Patient Wandering System)	High
Call Light System - Emergency	High
Ventilators	High
VS4; VS30 Vital Sign Monitors	Mod (If on continuous monitoring)
BD Alaris Infusion pump	Mod (ICU – High)
Kangaroo ePUMP	Low
Sequential Compression Devices	Low
Wound Vac	Low
Telesitter	High
Peritoneal Dialysis	Mod

ICU/PCU Equipment	Risk Category
Patient Monitor Central Station MX800 (ICU)	High*
Philips MP50 (Network patient monitor)	High*
Philips MX40 (Telemetry transmitter)	High*
Ventilators (ICU)	High
Cincinnati Subzero	Low

Operating Room Equipment	Risk Category
3M 505 Bair Hugger (Forced air warming unit)	High
ValleyLab Force Triad	High
ValleyLab Force FX 8	High
Anesthesia Machines (Vendor Services)	High
Philips MP50 (Stand Alone Patient Monitor)	High*
Philips MX500	High*
Zimmer ATS-4000TS (Tourniquet)	Mod
Level 1 HL 390 Hotline (Blood & fluid warmer)	Mod

This list is not meant to be all-inclusive

*Cardiac monitor alarm settings will vary based on patient condition and cardiac rhythm.

High – Failure of equipment may pose significant injury or death to a patient
Moderate – Failure of equipment may pose injury or adverse effect to a patient
Low – Failure of equipment may pose an adverse effect to a patient

Patient care staff should make every effort to respond within the recommended amount of time as specified below:

Risk Category	Response Time
High	< 1 minute
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