COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Medical Device Alarm Safety		**NUR-016**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	**02/2020**	
DEPARTMENT	REFERENCE	
Nursing	See below	

SCOPE

The scope of this policy addresses the use of medical devices in designated patient care and high-risk areas.

PURPOSE

To ensure a process for safe medical device alarm management and response in patient care or high-risk areas. To ensure a systematic and coordinated approach to clinical alarm system management. Clinical alarm systems are intended to alert caregivers of potential problems. Mangum Regional Medical Center views medical device alarm safety as a top priority.

DEFINITIONS

Medical Device- A piece of equipment designated by the Food & Drug Administration as a medical device.

High Risk Clinical Condition-A medical condition that is considered life threatening to a patient.

Critical/High Risk Alarms-Alarms on medical equipment designed to alert staff to the presence of a life-threatening condition and/or conditions that may impact patient safety. Critical/High risk alarms include ventilator alarms, bipap/cpap alarms, telemetry alarms, pulse oximeter alarms, and fall prevention alarms.

Non-Critical Alarms-Alarms on medical equipment designed to alert staff to the presence of a non-life-threatening condition. Non-critical alarms include enteral feeding pumps, IV pumps, and wound vacuums.

POLICY

This policy applies to medical devices that contain alarms designed to alert staff to high-risk clinical conditions and/or conditions that may impact patient safety. Patient care and high-risk areas

- Monitored care units
- Emergency department
- Other: any area where a medical device/medical equipment with clinical alarms are utilized

PROCEDURE

Critical Alarm Parameters shall be defined by the Medical Director.

TELEMETRY MONITIORING
The alarms for critical dysrhythmias will be in the "on" position at all times and will be audible to staff. Alarms will be maintained in the "on" position as long as the equipment is being used on the patient. Telemetry monitors with parameter settings, will be established by the Medical Director to alert staff of conditions that may be life threatening or impact patient safety. The House Supervisor and/or Charge Nurse has the authority to change alarm parameters based on a medical provider order. The House Supervisor and/or Charge Nurse will be responsible for checking telemetry monitoring for accurate settings and proper operation every shift.

VENTILATOR OR OTHER NON-INVASIVE RESPIRATORY DEVICES
- Alarm volumes will never be turned down or muted.
- Alarm parameters will be set in such a manner that they are consistent with the patient's clinical presentation and care needs as determined by the medical provider.

MONITORING AND RESPONDING TO ALARM SIGNALS
All clinical, licensed or non-licensed staff are responsible for responding to alarms and implementing interventions within their scope of practice.

NON-CRITICAL ALARM SETTINGS
Non-critical alarm parameters shall be set to the default settings established by the manufacturer or as clinically warranted based on the patient's condition. Non-critical alarms should not be turned off.

STAFF TRAINING
Staff training on the proper operation of medical devices will include the identification and verification of critical alarms and settings.
- Training shall be provided as part of staff's initial assessment of competency upon hire, when new medical devices are introduced into the organization, and as necessary.

REFERENCES

Joint Commission NPSG.06.01.01Improve the safety of clinical alarm systems

ATTACHMENTS

NA

REVISIONS/UPDATES

Date	Brief Description of Revision/Change