

STANDARD OPERATING PROCEDURE PATIENT ALARMS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	3 January 2019	<i>This version – replaces last review of 8th January 2014.</i>
2.0	October 2020	<i>Reviewed - no significant changes.</i>
2.1	June 6th 2022	<i>Reviewed by security committee, no changes.</i>
2.2	3 July 2023	<i>Review period changed to 3-yearly and some minor amendments. Approved at Security Committee (3 July 2023).</i>

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1. INTRODUCTION

Each ward at the Humber Centre and Pineview has had an alarm system installed for the use of patients. This is in line with Care Quality Commission (CQC) requirements and meets the standard set by the Quality Network for Forensic Mental Health Services (QNFMHS). This Standard Operating Procedure (SOP) is intended to guide and regulate the way in which those alarms are used.

The aim of this procedure is that patients will be able to urgently summon staff assistance if they feel threatened or in any way at risk.

This SOP does not constitute a blanket restriction. Any withdrawal / restriction will be consequent to individual risk assessment.

2. SCOPE

This SOP applies to staff and patients in low and medium forensic services of the Trust.

3. DUTIES AND RESPONSIBILITIES

Review of SOP – Security Committee 3-yearly
Implementation of SOP – Ward Charge Nurses.
Adherence to SOP – all service staff.

4. PROCEDURES

4.1. Equipment

The alarm system is the Network II Nurse Call system, installed by Specialist Alarm Systems Ltd (www.sasuk.com).

Although originally designed as a staff attack alarm (and used in other secure settings for this purpose) the system has been adapted as a nurse call system and adequately meets the potential needs of patients in the service who may have cause to gain staff attention when not directly observed. This may be due to illness, frailty, disability, vulnerability or any other agreed reason.

Each system is specific to the ward upon which it is installed. Unlike the system installed for staff use, activation of an alarm by a patient will only be noted by staff on the ward on which the alarm is activated. Indicator panels inform the ward community of the location of the alarm.

Notification panels are situated in ward communal areas (with ~~no~~ sounder) and in ward offices (with sounder).

There are receivers throughout each ward, giving coverage of all internal areas on each ward.

Each ward will carry two staff response units, to be stored in ward offices when not in use. These will be labelled with ward name, so as to identify the ward to which they belong. One of these staff response units will be carried by a member of staff ON THE WARD at all times



The patient alarm units been examined and are not felt to introduce additional risk to the clinical environment.

More detailed information is available in the user guide provided by SAS, and available at; <http://www.sasuk.com/pages/nurseintro.html>

4.2. Storage and maintenance

Each ward will be responsible for the safe storage and maintenance of the equipment, including charging / defect logging. This will include a weekly test of the system, and a weekly verification of the presence of all alarm units.

Unless risk assessment stipulates otherwise, an alarm unit (and instructions) will be located in every bedroom.

Each ward will have an identifying system which uniquely identifies each alarm unit. Units will be labelled as follows:

Pine View ...1-16
Derwent: D1 to D10
Ouse: O1 to O14
Swale: S1 to S15
Ullswater: U1 to U10
South West Lodge 1-4

Alarms will not be taken out of the building - they will be retained on the ward if a patient is going on leave.

4.3. Issuing alarms

It is the default position that all patients will have the use of a personal alarm unless the decision of the clinical team is that this does not take place. All patients will be offered an alarm on admission to the ward but have the right to refuse if they wish.

Patients in seclusion or on constant engagement and observations will not be issued with a personal alarm as they will be in constant line of sight of staff.

The decision not to issue / withdraw an alarm will be an MDT decision, based on a risk

assessment and will be supported by a record of the decision-making process in the patient notes. This will clearly require consideration of any necessary supportive engagement, and a plan to regularly review the decision. The patient must also be given advice on how to seek assistance if they do not have an alarm.

4.4. Training – Staff

Security staff will train senior members of the ward team in the use of the SAS system.

Staff will be trained in the use of the SAS alarm system by ward senior staff, supported by the Security team.

4.5. Training – Patients

Use of the SAS alarm system will be demonstrated to all patients upon admission.

A leaflet will be available for patient reference, a laminated copy of which will be displayed in all bedrooms (see Appendix 1).

4.6. Testing

- The units and the equipment will be counted, verified and tested on a weekly basis.
- The weekly test record will be completed and signed by the staff member assigned this task (appendix 2). This forms part of the health and safety checklist. It is expected that this form will be assimilated into electronic documentation. When this occurs, a security brief will be released.

5. REFERENCES

Mental Health Act Code of Practice (2015)

NHS England Service Specifications for Low and Medium Adult Secure Services (2018)

Best Practice Guidance: Specification for adult medium-secure services (2007)

Environmental Design Guide: Adult Medium Secure Services (2011)

Standards for Forensic Mental Health Services: Low and Medium Secure Care (2016)

CQC – Sexual Safety on Mental Health Wards (2018)

YOUR PERSONAL ALARM

There is a personal alarm in your bedroom for you to use.

You can carry it with you around the Humber Centre, but please don't take it outside the hospital.

It only works on the ward. It does not work in the courtyard. If you are off the ward, staff will always be with you.

If there is not one in your bedroom, or if yours is lost / damaged, please let staff know as soon as possible.

If you need urgent help or support from staff, you can activate it by pressing the large, orange button.



Please only use the alarm if you feel unsafe, unwell or really need urgent help.

If you misuse the alarm, we may need to withdraw it for a period of time – if this happens, we will discuss the reason with you, and any plans for additional support that you might need.

If you need any more information, please speak to the staff.

January 2019



