

## **ALARMS: BED, CHAIR, DOOR, FLOOR ALARMS, MOTION DETECTION**

It is the policy to utilize multiple interventions to monitor safety and reduce fall risk.

Interventions may include the use of alarms to alert staff of resident movement from a bed or chair when the resident is not safe to transfers themselves. Alarms may also alert staff of resident movement in their room or outside their room.

Each resident is assessed for fall risk on admission and interventions added to the plan of care. When a fall occurs members of the IDT review the circumstances of the fall and may implement alarms as an intervention. The type of alarm is determined by the assessed fall risk. The physician, the resident and/or their representative is made aware of the use of the alarm.

Staff will check that alarms are functioning properly when assisting residents with care (during transfers, toileting). Residents are not to be left unattended when alarms are removed or shut off, such as during toileting or hands on care.

The facility fall committee or IDT will determine if the alarm is effective in alerting staff and will monitor the resident's reaction to the alarm. If an alarm is upsetting to the resident or found to be ineffective in preventing falls the Fall committee or IDT will determine if the type of alarm should be changed, another intervention added or the alarm discontinued.

Alarms may also be used to alert staff when resident is up at night and exiting their bed or room when wandering is a concern.