

POLICY/PROCEDURE

Duress or Panic Alarms Policy

POLICY:

[Name of Hospital/Medical Center] will maintain a duress/panic alarm system for use by all Emergency Department staff. The use of the duress/panic alarms will be included in orientation for all ED staff, new staff, PRN/agency staff, physicians, EMS and hospital administration.

Monthly drills will be conducted by the Security staff in conjunction with ED management. Governance for duress/panic alarm testing protocol and for the use and maintenance of the alarms will be shared by the ED management and the hospital Security department.

PROCEDURE:

1. [Name of Hospital/Medical Center] cares about the individuals providing care for its customers/patients. The use of duress/panic alarms will provide an additional layer of security for the individuals caring for the patients in the Emergency Department.
2. Duress/panic alarms will be selected and implemented and the Emergency Department staff and the Security Department staff will be oriented and trained in the use and maintenance of the alarms.
3. All PRN and agency nursing staff, physicians, hospital administration and EMS must know the location of the duress/panic alarms and how to activate the alarm in the event that urgent assistance/prevention of injury to an individual is required.
4. Duress/panic alarms are wireless fobs that can be worn by Emergency Department staff or the alarms can be hard-wired into the following locations: triage, hallways between the waiting room and the treatment area, EMS/ambulance entrance, each treatment room or bay, the nurses' station. If the alarms are hard-wired, it is important to place the alarm in a convenient and suitable but inconspicuous location.
5. The Security staff and the Emergency Department staff will implement an alarm testing protocol and a procedure for use and maintenance of the duress/panic alarms. Drills, conducted monthly, at a minimum, will ensure proper operation of

the alarms and utilization by the users and will be conducted by the Security department staff.

APPROVALS

Director, Emergency Department Date

CNO (Chief Nursing Officer) Date

CMO (Chief Medical Officer) Date

Medical Director, Emergency Department Date

CEO / Administrator Date

Next review date _____
(6 months from current review)

NOTE: This policy may require adaptation or shared as a dual policy with the internal Security Department.