Personal Alarms: Safety Device or Hazard?

Board on Aging and Long Term Care
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Several years ago, long term care facilities discovered what appeared to be the next best thing since sliced bread: personal alarms. Called tabs alarms, bed alarms, chair alarms, motion detectors or pressure release alarms, they all basically served the same purpose of alerting staff that a resident was on the move. Advertisements stated things like "if you're worried about your patient or loved one falling, whether it be in bed, in a wheelchair or any other situation, we've got a great solution for you" and "these alarms can take up the slack in the absence of trained medical professionals." At the time, most everyone, including advocates, believed these devices to be wonderful. Residents who were at risk of falling due to medical conditions or dementia could have these alarms as a safe alternative to restraints. Over time, however, experience with personal alarms begs the question: Are the alarms providing the safety promised or do they create additional situations that are unsafe? Close scrutiny indicates the latter to be true for the following reasons:

- False Sense of Security: In the past, complacency with restraints was common. The assumption was that if someone was restrained they were safe and didn't need as much monitoring. That same complacency now exists with personal alarms. Staff knows the alarm will sound when the resident moves so a tendency develops to provide less supervision, thinking the alarm will keep the resident safe. In actuality, the alarm is only as good as the timely response from staff, and then it is usually too late—the resident is already in an unsafe position or on the floor by the time staff responds to the alarm. As with restraints, any alarm use requires increased monitoring.

- Startled & Stressed: Have you ever been startled by a loud, unexpected noise? Instinctually, a person tends to "jump," maybe feel an adrenalin rush, possibly an increased heart rate. It may even result in an anxious, unsettled feeling. This same type of response, one of apprehension or fear or even anger, may occur with people who have a personal alarm sounding off. The startled response to the alarm has at times resulted in the resident moving more, putting the person at greater risk. The noise of these alarms can also impact those residents nearby causing agitation or an escalation in their behaviors.

- Freeze Factor: As prolonged alarm use occurs, a learned response for some people is to sit or lie completely still, almost as if frozen. Residents have even stated "I can't move or that alarm will sound!" Sitting or lying

in the same position for extended periods can create many medical problems, such as muscle contractures and atrophy, pressure sores, or constipation, all causing discomfort and even serious pain. The emotional impact could also be harmful, causing a sense of imprisonment, frustration and anger, or maybe even worse, hopelessness and helplessness.

- Noise Pollution: The bottom line is alarms are noisy. Some advertise an audible distance up to 125 feet! Long Term Care facilities are home to the people who live there. Who would like to live in an environment full of noisy disturbances?

Long Term Care providers should establish a policy and procedure to guide the facility in the use of personal alarms. Consider the same criteria that were established for restraint usage. Assessments and individualized care planning are key components and should address, at a minimum, the following:

- Are there unmet needs such as hunger, thirst, toileting?
- Is the individual experiencing any pain from a medical condition?
- Is the individual experiencing discomfort from sitting too long, feeling too hot or too cold, or from improper positioning?
- Is there a new or ongoing medical concern that needs to be addressed?
- Has the person's eye sight changed, leading to falls?
- Are other hazards causing the falls? Is the chair or bed the correct size/height for the individual? Are there objects or obstructions that are causing the person to trip?
- Is the person feeling lonely, bored, lost, over-stimulated, or scared?
- Has the individual's cognition changed? Why?
- Does the daily routine reflect principles of person-directed care, respecting the person's choices and preferences?

These are just an example of some of the questions caregivers need to explore when conducting the assessment for personal alarm usage. A team approach is critical, and should include the various disciplines within the facility such as activities, dietary, nursing, social services and therapy, plus utilization of outside resources as needed such as the Alzheimer's Association or Ombudsman Program. As always, the central member of the assessment team is the resident, therefore the resident's input must be encouraged and respected throughout the process.

When personal needs are met, the "behavior"—the original reason for considering alarm usage—often disappears. Personal alarms should only be used after all other appropriate interventions have been tried and proven unsuccessful. Additionally, ongoing assessment is essential when alarms are used, to ensure the alarm is meeting the intent (why continue to use it if it is ineffective?) and that it is not creating negative outcome for <u>any</u> resident. Also,

it is necessary to establish a regular schedule to test the alarm to make sure it is still functional. Finally, nothing can replace having adequate staff available to assist and monitor residents.

In today's trends toward more homelike environments with person directed care, long term care providers need to take a close look at how personal alarms are used. There may be some situations where assessments indicate a personal alarm is appropriate for an individual. However, it is not appropriate to put a personal alarm on every resident that is at risk for falling. As always, individualized care and common sense must prevail. Careful consideration is essential, since being attached to a monitoring device clearly reveals to the general public that the resident has a "problem," creating a dignity issue for the resident. Everyone's goal should be to care for the individual, in a manner that encourages personal choice and promotes dignity of the person.

Julie Button
Regional Ombudsman
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