

Across the country, state health organizations, nursing homes, private and government quality improvement organizations have all been studying the impact of personal alarms on the lives of residents in skilled nursing homes.

The findings, for the use of personal alarms, have not been positive:

“By keeping people from moving, restraints adversely affect people’s respiratory, digestive, circulatory and muscular systems, contribute to depression and isolation, and inhibit sleeping. However, just as restraints cause harm by keeping people from moving, so do personal alarms. There is no evidence to support alarms’ usefulness in preventing falls and injuries. In spite of that, staff, and sometimes families, gravitated to the use of alarms.”

~ ”Rethinking the Use of Personal Change Alarms.” *Quality Partners of Rhode Island, state Quality Improvement Organization, under contact with the Centers for Medicare & Medicaid Services, 2007.*

Our goal is to provide the best quality of care for our residents. We work to ensure that their safety, well-being and quality of life are what they wish it to be.



If you have any questions or concerns regarding our goal to reduce the use of personal alarms on our residents, please contact our director of nursing, administrator and/or social services at your convenience.

(Your facility name and information placed here.)

Reducing and Discontinuing Resident Alarms

The False Reassurance of Personal Alarms



Our goal is to provide the best possible care for our residents. A growing concern has been the continued use of personal alarms that attach to or are placed next to or near the body of the resident.

We find this practice to be intrusive and undignified to the quality of life of our residents.

We strive to maintain as safe and secure an environment as possible, but the use of personal alarms has not proven to be of assistance in meeting this goal.

Personal alarms are alerting devices that emit a loud warning signal when a person moves.

The most common types are:

- Pressure sensitive pads placed under the resident while they are sitting on chairs, in wheelchairs or when sleeping in bed
- A cord attached directly on the person's clothing with a pull-pin or magnet adhered to the alerting device
- Pressure sensitive mats on the floor
- Devices that emit light beams across a bed, chair or doorway.



Many states are now moving towards an “alarm-free” environment within their nursing homes:

“The noise produced by alarms agitated residents so much that residents fitted with alarms did not move at all to avoid activating the alarm. This put them at a greater risk for decline. Residents with dementia experienced an increase in agitation when fitted with an alarm.”

~ Case Study, MASSPRO a Massachusetts Quality Improvement Organization

“Alarms contributed to a lack of sleep; they wake both the resident using one and the roommate. After staff removed all restraints, including alarms, falls decreased.”

~Director of Nursing, Oakview Terrace Nursing Home, Freeman, South Dakota

“Falls management: the next step is moving beyond the use of alarms.”

~ Indiana State Department of Health, Falls Management Conference, 2007

Alarms have been shown to have many negative effects on the lives of the residents.

Alarms contribute to noise pollution, immobility, restrictiveness, discomfort, restlessness, agitation, sleep disturbance, stress, skin breakdown and incontinence of the residents.



In light of this recent evidence and to improve the lives of our residents, we will conduct a systematic and careful assessment and evaluation for the successful removal and reduction of personal alarms in our care center.