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## PANIC ALARMS PROCEDURE

### INTRODUCTION

There are several differing alarm types now available in healthcare, from on-screen buttons which may be used to summon help, through to belt-worn portable units which activate at strategically located sounding points throughout the building, to the traditional wall-mounted panic buttons attached to wired intruder alarms systems, which may, or may not, activate an alert to a central monitoring control centre.

The purpose of this protocol is to cover the procedure to follow in the event of activation, assumed to be where an individual is perceived to be at risk.

### USE AND ACTIVATION

Panic alarms are used to alert workers that assistance is required; it could be in aggressive situations or an emergency.

Use the alarm if you feel threatened by any situation such as:

- Verbal or physical disruption.
- Verbal aggression.
- Physical aggression or threat of physical violence or mental distress.
- Physical violence.
- Medical condition emergencies.

All workers should trust their instinct and activate the alarm if they feel a situation may develop.

Where a worker decides to activate an alarm, they should be aware that the standing instruction is that another attending worker will enter the room after a knock, with only a very short response time, unless the room owner meets them at the door.

### IN THE EVENT OF HEARING AN ACTIVATION

Two people should attend the site of the activation together, and where a third person is available, they should stand at a discrete distance (e.g. further down the corridor) ready to:

- Activate the static alarm which will notify the control centre that there is a personal attack situation, which will generate a police presence.

- Dial 999 for the police, advising them of the alarm activation.

One of the two persons should knock and enter the room after a short pause for a response. They may quickly assess the situation and may say ask the doctor / room owner to:

“Come quickly to help a patient”

This may give the room occupant time to leave the room before the aggressor has time to react.

It is recommended that keys remain in the lock on the inside of doors during the normal working day. This may help prevent unauthorised access to administration or other private (but not necessarily secure) areas by individuals who turn out to be aggressive in this way.

It is good policy to show visiting clinicians, consultants, nurses etc. the alarm in situ and explain what they should do in an emergency.

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