



Maternity Security Procedure

1. Guiding Principles

Effective: 01 April 2020

The Bunbury Maternity Unit consists of a ten bed unit, with three (3) birth suites and a six (6) bed Level 2 Special Care Nursery. Due to the increasing security requirements of the maternity ward, the ward now has the ability to be locked down. This is to allow the ward to determine who has access to the ward and its patients, and stop the ward being used as a thoroughfare to and from the back stairwell.

This procedure is to look at the normal operating procedure of maternity, the increased protocols when there is an active Code Black and the protocols when patients need to be admitted outside the maternity unit.

2. Procedure

2.1 Normal Security Operating Procedure

The unit is to function as follows:

- Visiting hours of 0800 – 2000, the main glass doors are to be open
- The glass doors near room1 and the back fire exit are to remain locked 24/7 and are accessible by swipe access only
- Outside visiting hours, all access to the unit is to be via swipe card access or press the button located on the wall which phones through to the ward clerk or shift coordinator out of hours who can release the doors.
- Exit through the locked doors is by pushing door release button next to doors
- The phone is to be diverted to 1275 after hours
- All unit doors are to release open when there is a Code Red or Code Orange.

2.2 Lockdown due to Code Black or Code Black Alpha

2.2.1 Potential

If there is a patient on the ward identified as at risk due to Violent Restraining Orders (VROs) or Apprehended Violence Order (AVO), their safety is to be assured. Notify security and CNM/AH that the unit is requiring 24/7 lockdown and the automated release of doors scheduled for visiting hours does not occur.

2.2.2 Actual

- On development of actual threat, push the Maternity Lockdown button located behind the ward clerk desk. This immediately ensures access is by swipe card only. The “ON” button will glow red to indicate its activation.
- The doors to remain locked until stand down has been advised. The Maternity Lockdown “OFF” button can then be pushed and the unit returns to normal operating procedures.

- Station staff at all entrances as is protocol with Code Red and Orange and prevent entrance to the unit. In the case of an evacuation, ensure safety of patient by alerting security; ensure that patient is with a staff member at all times.

2.3 Admitting patients to other wards

A patient may be suitable for admitting to other areas if they:

- are a stable antenatal e.g. awaiting surgery (caesarean section), renal colic or gallstones
- are greater than 24 hours post vaginal birth, multiparous, postnatally well and have no feeding or neonatal issues
- are greater than 48 hours post caesarean section, multiparous, postnatally well and have no feeding or neonatal issues
- have no risk alerts for domestic violence
- have no current or previous VRO or AVO
- are not a Department of Child Protection (DCP) or social work client.
- are >19yrs of age.

2.4 Admitting women to residential units

- Boarder mother of baby in nursery.
- Not to be utilised for inpatient care unless discussion and agreement is reached between the Clinical Midwifery Manager and Coordinator of Nursing and Midwifery (CONM).

2.5 Care while on the other ward/residential units

- An ISOBAR handover and intra-hospital transfer form are to be completed upon admission of maternity patient to other wards and documented in the patient's medical record. Those deemed appropriate will be identified on the ward journey board and then allocated to a ward nurse to provide care as required. The patient file is to remain on that ward for continuity of care and identification of the patient.
- Maternity ward staff are accountable for care of the woman if it is deemed out of the scope of practice for the ward nurse. All pagers are attended to by the ward nurse (Maternity Ward do not receive other ward room pages due to the pager configuration) and the staff of that ward are to inform the midwife if there are any identified concerns or if the woman or neonate requires further care that would be more appropriately managed on Maternity Ward and hence transferred back to Maternity Ward as a matter of urgency.
 - Care for the woman and baby remains the responsibility of the maternity team as per current Postnatal and Neonatal care plans.
 - It must be noted at each journey board handover that women are allocated to surgical ward (as per the Surgical Ward journey board) and a midwife allocated to their care. The maternity ward clerk and/or admissions must be advised of the transfer. Document patient name and surgical ward bed number on Journey board down time board adjacent to electronic journey board.

- The mother is to be advised **not** to leave baby alone in the room. The baby may be transferred to the ward nursery while she is showering, and mother is to be encouraged to do so.
- Care of these women will occur in discussion between Maternity and the other ward shift coordinator at each shift change to ensure the woman and baby are transferred back to Maternity Ward as soon as possible.
- If mothers in the residential units require follow up care, an appointment is to be made by the ward clerk to see a midwife in the Shared Care Clinic which operates Monday to Friday. During the weekend the woman can be seen on the ward. This may be performed by ward staff or delegated to VMS. A MR 8C is to be completed to capture activity and appointment documented in outpatient register.
- If mother is discharged and baby requiring on going care the mother is to be transferred to residential unit and baby admitted to the Special Care Nursery.

3. Definitions

CNM-AH	Clinical Nurse Manager-After Hours
CONM	Coordinator of Nursing and Midwifery
VMS	Visiting Midwifery Service

4. Roles and Responsibilities

4.1 CONM / CNM-AH

The CONM / CNM-AH is to be aware of the change to lockdown status. When the stand down is initiated and the ward is back to routine lockdown hours. The CONM / CNM-AH is to advise switchboard operator of stand down notification.

4.2 Shift Coordinator

The shift coordinator is required to determine which patients are appropriate for transferral to surgical ward if required and for allocation of residential units. They are responsible for ensuring Emergency Controller (Dect 1262); Security and staff are briefed on changes in lockdown status.

4.3 All Staff

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4.4 Switchboard Operator

The switchboard operator is to refer to Code Black or Code Black Alpha action card in the [Emergency Response Procedures – South West Health Campus](#) for specific actions.

4.5 Security Officers

Security Officers are to refer to the Code Black or Code Black Alpha action card in the [Emergency Response Procedures – South West Health Campus](#) for specific actions.

Upon request from the Maternity Ward Shift Coordinator, Nurse Unit Manager, CONM or HCAH activate lockdown of the Maternity Ward.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system MP0031/16 Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by Clinical Midwifery Manager, every 12 months using the following tools:

- Evaluation of Datix Clinical Incident Management System ([Datix CIMS](#)) forms
- SWHC Incident Review and Action Plan (following an event).

7. Standards

[National Safety and Quality Health Service Standards:](#)

Standard 1
Standard 2
Standard 5
Standard 6
Standard 8

8. Related Forms

Datix Clinical Incident Management System ([Datix CIMS](#)) form

[MR8C WACHS SW Maternal Postnatal Outpatient Assessment](#) <http://hart/pim/>

Related Policy Documents

[Emergency Response Procedures – South West Health Campus](#)

9. Related WA Health Policies

WA Health [Clinical Handover Policy](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Clinical Midwife/Acting Clinical Midwifery Specialist (A. Drew)		
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