



Maternity Ward Lift Contingency Procedure

Effective: 20 April 2020

1. Guiding Principles

Open communication is imperative between the Patient Flow Coordinator and the Clinical Midwifery Manger (CMM) or, afterhours, Clinical Nurse Manager After Hours (CNM AH) and ward coordinator. The Patient Flow Coordinator/CNM AH or CMM must ensure the maternity ward is aware of the compromised availability of the lifts and the ward has informed the Patient Flow Coordinator/CNM AH or CMM of the current activity of the ward.

In the event of both lifts being inoperative, when a decision has been made that a women is required to be transported to theatre for a non-elective caesarean section, this contingency plan is to be invoked.

If the woman is unable to mobilise herself down the stairs safely, assistance will be required to ensure safe transfer down the stairs to an awaiting trolley and transfer to theatre.

2. Procedure

- 2.1 Once the decision has been made for NELUSCS, contact 1262 to advise the Patient Flow Coordinator or CNM AH of the need to transfer to theatre.
- 2.2 The Patient Flow Coordinator/CNM AH is to access the HoverJack[®] (located on the medical ward) and set up outside stairwell in the corridor at the back of the paediatric unit.
- 2.3 The Patient Flow Coordinator/CNM AH is to source a ward bed and have it ready at the bottom of the stairwell.
- 2.4 Emergency transport trolley – located in birth suite office has been fitted with an emergency ski sheet. The Shift Coordinator or delegate is to bring the emergency trolley into the birth suite.
- 2.5 Transfer the woman to the trolley in the birth suite.
- 2.6 Secure ski sheet as per the manufacturer's instructions.
- 2.7 Escort trolley to back stairwell (near room 4) and follow [Appendix 1 - Ski Sheet Evacuation Procedure](#) to safely transfer the woman to the ground floor. (Remember to go down feet first.)
- 2.8 Following the manufacturer's instructions to utilize the HoverJack[®] to raise the woman to bed height (push brown button to inflate). Release pressure on the ski sheet straps once the patient is on the HoverJack[®] and prior to inflation to prevent tipping of the patient.
- 2.9 Transfer the woman to the bed.
- 2.10 Escort the woman to theatre.

3. Definitions

LUSCS	Lower uterine segment caesarean sections
NELUSCS	Non-elective lower uterine segment caesarean sections
CNM AH	Clinical Nurse Manager After Hours
CMM	Clinical Midwifery Manager

4. Roles and Responsibilities

- 4.1 Primary Midwife** is to advise shift coordinator of the decision for LUSCS.
- 4.2 Shift Coordinator** is to:
- contact 1262 to advise of decision for LUSCS and need to implement contingency plan
 - ensure ski sheet in situ prior to transferral of patient to emergency trolley.
- 4.3 Clinical Nurse Manager - AH – 1262** is to:
- Retrieve the HoverJack® from its location on the medical ward and prepare it for use at the bottom of the stairwell near back of paediatric ward.
 - Contact theatre and arrange for a trolley/bed to be available for the women to be transferred on to at the bottom of the stairs.
- 4.4 All Staff** are:
- to attend mandatory training in manual handling techniques to ensure familiarity with the use of the HoverJack®
 - to attend mandatory fire training to ensure familiarity with use of ski sheets
 - required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity 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 the Clinical Midwifery Manager on every occasion it is implemented using CIM review.

7. Standards

[National Safety and Quality Health Service Standards](#) - 1.31.6, 1.7, 1.10, 1.19, 1.29, 6.1, 6.4

8. References

Appendix 1 - [WACHS South West Ski Sheet Evacuation HoverJack® Manufacturer's Instruction Manual](#)

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

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APPENDIX 1

SKI SHEET EVACUATION

Bed to floor with Ski Sheet (Two person assist)

Assesses, Plans, Prepares, Communicates and proceeds.

<p>Preparation</p> 	<ul style="list-style-type: none"> • Clear area of furniture for access. • Ensure patient is positioned as close to the bed head as possible, arms down by their side, place a pillow below chin and over legs. • Applies both positioning straps around patient and mattress over chest pillow and, if available, leg pillow. • Tightens straps with counter balance, pulling horizontally on tightening strap, and ensuring the mattress assumes a ‘canoe’ shape around the patient by using a saddle seat to brace mattress into curved position while tightening. • Move bed for floor access (don’t block access routes of others). • Ensures brakes are then placed on.
<p>Getting Mattress and Patient off the Bed</p> 	<p>Team member 1:</p> <ul style="list-style-type: none"> • With a firm hold on the handle-strap at the foot of the mattress, counterbalance with a lunge to slide the foot of the mattress. <p>Team members 1 and 2:</p> <ul style="list-style-type: none"> • Move to either side of the head of the mattress, support the mattress on saddle seat, and slide mattress slowly down with a thigh bracket using a lunge with saddle seat • If necessary, move to foot end and take the handle strap in both hands to pivot mattress, using a counterbalance and a lunge, until patient’s head is towards the door.
<p>Sliding Mattress along Floor</p> 	<p>Team members 1 and 2:</p> <ul style="list-style-type: none"> • Both team members move to the head end of the mattress and take hold of the handle-strap, (team members need to have their shoulders touching), brace arms with palms up.

Sliding Down



Work slowly to maintain good posture with counterbalance.

- Both slide mattress to the top of the stairs.
- Position mattress so that foot end is positioned towards the down-flight of the stairs.
- Both move to foot end of mattress and, taking hold of handle-strap, walk slowly backwards, (shoulders touching) with a gentle **counterbalance**, down the stairs to slide foot end of mattress down the stairs.
- Stop when the patient's gluteal fold is level with the top step. Both move to head end of mattress and take hold of handle-strap/ Together (shoulders touching) use a **lunge** and a **saddle seat** to raise the head end of the mattress until the mattress starts to slide (keep elbows **braced** at chest and mattress **bracketed** on thigh).
Do NOT have anyone pulling from below.
- Both control the speed of the mattress by leaning back (**counterbalance**) and raising or lowering end of mattress. Avoid the temptation to push!
- Team member nearest holds onto stair rail with one hand. When foot of the mattress gets to the landing and the mattress stops, move to foot end and slide the mattress to the top of the next flight of stairs (**using counterbalance**).
- Check the patient, and any necessary attachments, at the end of each flight of stairs.
- Watch for patient movement within the mattress 'canoe' during the transfer, (this is particularly important in the shoulder area, where if the patient slips down under the shoulder/chest strap it may result in pressure on the neck).

UNBUCKLING OF STRAPS

Unbuckle from clip side, make sure the patient's arm is tucked in and that the patient's face is protected.

Ensure all staff are out of reach as the buckle will fly open.