

<b>Process for checking daily safety standard operating procedure (SOP)</b>	
<b>Summary statement: How does the document support patient care?</b>	This SOP is to ensure that safety standards are checked daily at maternity units in UH Sussex West.
<b>Staff/stakeholders involved in development:</b>	Head of Midwifery Labour Ward Leads (Midwifery), Matron In-patients for Maternity
<b>Division:</b>	Women and Children's
<b>Department:</b>	Maternity
<b>Responsible Person:</b>	Chief of Service
<b>Author:</b>	Matron In-Patients Worthing
<b>For use by:</b>	All Midwifery staff at UH Sussex West.
<b>Purpose:</b>	To provide a standard operating procedure for maternity staff to follow, to ensure safety standards are checked daily at maternity units in UH Sussex West.
<b>This document supports:</b>	
<b>Key related documents:</b>	<b>UH Sussex West Maternity Guidelines:</b> <a href="#">CG1196 Care in labour</a> , <a href="#">CG12029 PPH</a> , <a href="#">CG1116 Fetal monitoring</a> , <a href="#">CG1112 Management of severe pre-eclampsia &amp; eclampsia</a> , <a href="#">PGD-56 administration and supply of medicines by midwives</a> , <a href="#">P19008 midwives exemptions</a> , <a href="#">CG1128neonatal resuscitation</a>
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<b>Ratification Date:</b>	Not Applicable – Divisional Ratification only required
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<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
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Version	Date	Author	Status	Comment
1.0	December 2021	C. Harris, Matron In-Patients Worthing	Live	New SOP in response to CQC recommendations.

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.  
 If in doubt contact a senior colleague or expert.**

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# **Process for checking daily safety standards standard operating procedure (SOP)**

## **1.0 Aim of this document**

To provide a standard operating procedure for maternity staff to follow, to ensure safety standards are checked daily at maternity units in UH Sussex West.

## **2.0 Scope**

This guideline applies to:

- Maternity assistants
- Midwives
- Maternity managers

## **3.0 Introduction**

Maintaining the safety of mothers and babies at all times, and maintaining a safe working environment for staff is of utmost importance. This SOP will assist maternity staff to ensure safety standards are checked daily on maternity units.

### **3.1 Abbreviations used in this guideline**

UH Sussex – University Hospitals Sussex	SOP – Standard Operating Procedure
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## **5.0 Responsibilities**

Midwives:

- To access, read, understand and follow this SOP.
- To use their professional judgement in application of this SOP.

Management:

- To ensure this SOP is reviewed as required in line with Trust and National recommendations.
- To ensure this SOP is accessible to all relevant staff.

## **6.0 Safety Standards**

**Safety standards need to be checked and documented as compliant in each clinical area. These standards are checked daily by various team members. These safety standards are either on a laminate in each area or on the electronic handover board.**

- The safety standards will be discussed daily on all safety huddles.
- The band 7 or midwife in charge of each shift will ensure these daily checks are completed for that 24 hour period and recorded in the appropriate place (Laminate, spread sheet).
- All staff on duty will be delegated and will be responsible for completing these checks.
- Community midwives to complete safety standards for their equipment including equipment for homebirths weekly. Specific safety standard is situated within their team spreadsheet.

## **7.0 List of safety standards**

### **7.1 Equipment checks**

- All resuscitaires checked?
- Are the air flowmeters removed from the wall outlet when not in use and is the black outlet cap replaced in the wall air outlet?
- Is the oxygen flowmeter ready for use at each bed space with the nipple attached?
- Is an oxygen mask (unopened) adjacent to the oxygen flowmeter?
- Is the suction equipment checked daily (or after use) including portable suction?

### **7.2 Fire safety checks**

- Fire safety - Evidence of fire training /evidence of evacuation chart /evidence of fire drill /evidence that the ward, clinical area, corridors are safe and uncluttered with specific reference to fire safety i.e. no fire doors propped open etc.?
- Fire safety - Is the Fire Safety Risk Assessment in date with action plan if required?

### **7.3 Cleaning checks**

- Are the cleaning schedules on display and checklists up to date?
- Checked for cleanliness - Commodes
- Checked for cleanliness - Drip Stands
- Checked for cleanliness - Medical Equipment
- Checked for cleanliness - POD Lockers locked and clean
- Does the ward have a process for COSHH (SHE risk assessments) and are all the cupboards locked?
- Is the cleaning cupboard locked and cleaning materials secured?

### **7.4 Drug & treatment room checks**

- Is the drug trolley on the ward locked and secured to the wall?
- Has the cardiac arrest emergency trolley been checked daily?
- Sepsis box drugs checked and in date?

- PPH box drugs checked and in date / algorithm present?
- Eclampsia drugs in date?
- Are controlled drugs records up to date and checks completed?
- Are the clinical treatment rooms locked?
- Is the drug fridge locked?
- Is the drug fridge temperature checked and recorded daily?
- Is the ambient temperature checked daily (via thermometer) in the clinical/treatment room (where medications are stored) and recorded?
- Are medications stored securely (locked)?

#### 7.4 Other checks

- Are the sharps bins clean, not overfilled, signed and secured?
- Medical records - are they stored safely and secured?
- Do windows have working restrictors in situ?

#### 8.0 Action if lapses in safety checks or safety checklist found not to be compliant

Any lapses identified should be rectified through sustainable actions and escalated to the matron if no immediate solution is found.

- Any concerns raised should initially be escalated to the midwife in charge who will be responsible for ensuring the appropriate actions are taken.
- **Failsafe 1** – Team leaders or ward managers will review the safety standards weekly in a clinical area which is not their own. The Matron will ensure that this is fairly shared amongst the Band 7 team.
- **Failsafe 2** – The Matron and / or Head of Midwifery will ensure the safety standards are compliant, and escalate any concerns if they have not already been resolved.
- Any concerns regarding non-compliance with the daily checks will be escalated to the Head of Midwifery for actioning.

## Audit

- Failsafe 1 – Team leaders or ward managers will review the safety standards weekly in a clinical area which is not their own. The Matron will ensure that this is fairly shared amongst the Band 7 team.
- Failsafe 2 – The Matron and / or Head of Midwifery will ensure the safety standards are compliant, and escalate any concerns if they have not already been resolved. These will be reviewed weekly by the Trust Patient Safety Team.