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<p align="center">Standard Operating Procedure for the Event of Complete Lift Failure in Cardiff and Vale UHB Women's Unit</p>	
<p>Introduction and Aim</p> <p>The aim of this standard operating procedure is to provide safe pathways of care for women and neonates who require transfer within the maternity services on occasions where there may be no usable lifts within the Women's Unit at Cardiff and Vale.</p> <p>Executive Summary</p> <p>This guideline provides a standardised format for all obstetrics and gynaecology guidelines. It details the method for creating this format in Microsoft Word. It outlines the procedures for ratification and approval of guidelines once they have been written. There is instruction on creating navigation tools within the guideline, creating a fully linked contents page, and labelling tables and figures to enable hyperlinked contents pages to be created for these.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • To provide a clear pathway of care for women, neonates and visitors, when there may be complete lift failure, or where the performance of lifts is considered unsafe • To provide a clear pathway for escalation in any such circumstances • To provide a pathway of care for women who require access to upper floors when attending for care • To provide a pathway of care for women who may require transfer from the Midwife Led Unit to the Obstetric Led Unit • To provide a pathway of care for women who may require transfer from the Obstetric Assessment Unit to the Obstetric Led Unit • To provide a pathway of care for women who require transfer from the First Floor/ Induction of Labour area to the Obstetric Led Unit • To provide a pathway of care for women who require transfer from the Obstetric Led Unit to other areas throughout the maternity unit • To provide instruction on how visitors may access women or birthing people whom they are visiting in the event of interruption of lift availability 	
<p>Scope</p> <p>This procedure applies to all of our staff in all locations including those with honorary contracts</p>	

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Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has/has not been completed. (please delete as necessary) Where it has not been completed indicate why e.g. 'This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.
Documents to read alongside this Procedure	List all documents the reader is advised to read alongside / in support of this document
Approved by	Committee/Group

Accountable Executive or Clinical Board Director	Title of post holder
Author(s)	Helen Lawrence, Interim Senior Midwifery Manager for Inpatient Services Sarah James, Consultant Midwife
Disclaimer If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate .	

Summary of reviews/amendments			
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1			New Document

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2. Introduction

The Women's Unit at Cardiff and Vale University Health Board is service by 4 lifts (see Appendix A). Lifts 7, 8 and 9 are utilised frequently for both patient transfer between clinical areas and by use of visitors to the maternity unit. Lift 73 is located in the tertiary tower and provides access from the exterior of the unit to all floors within the maternity unit.

This standard operating procedure has been written to provide clear guidance for staff in the event that maternity lifts are either inoperable or intermittently working, posing a threat of lift entrapment or failure to be able to transfer a patient in an emergency situation.

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3. Identification of Lift Failure

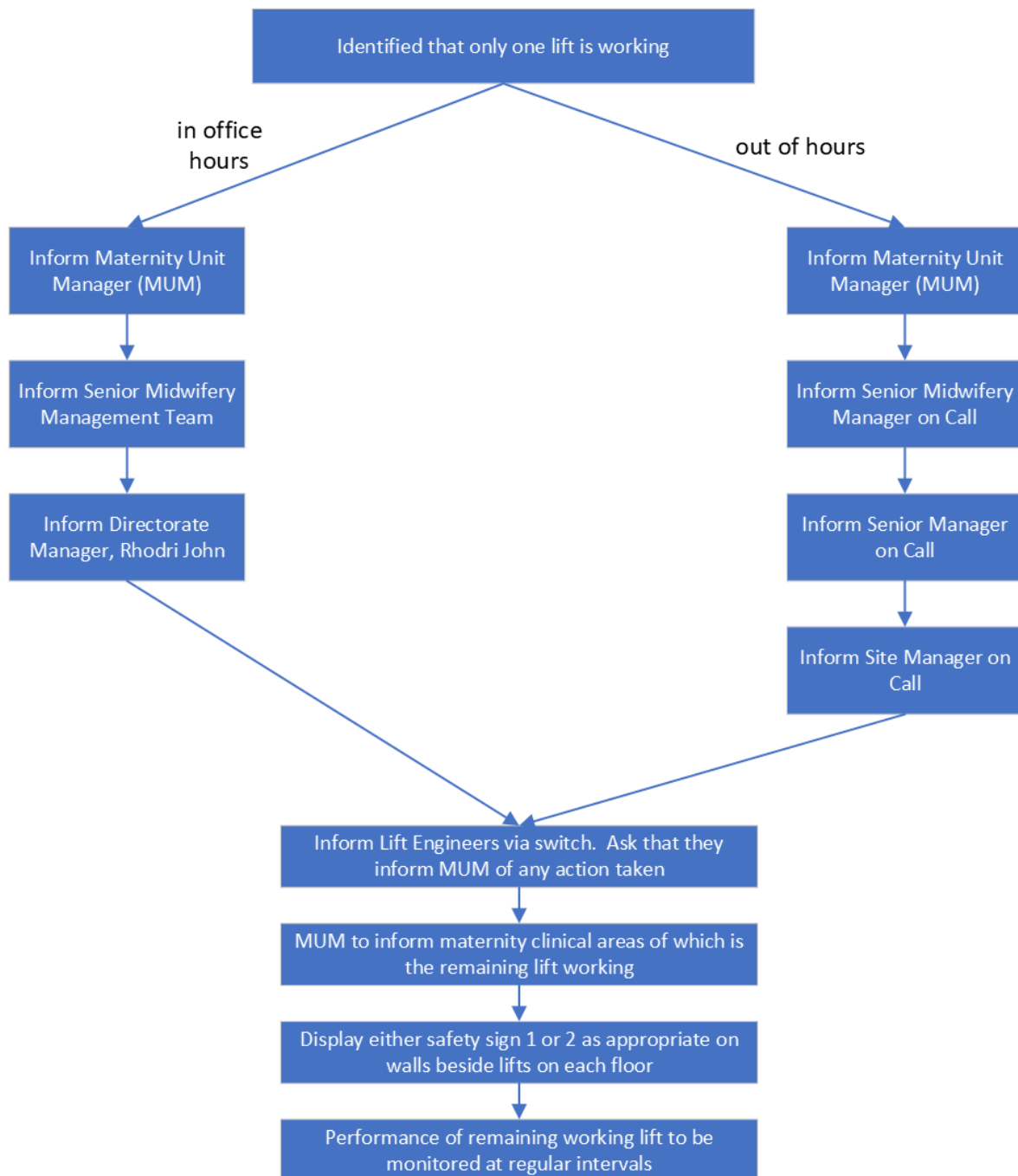
Lift failure is identified when a lift fails to be considered safe to transfer staff, patients or visitors between floors within the maternity unit. This may be identified by a lift failing to arrive at a floor when summoned, failing or delaying opening it's doors when people are inside of the lift, or failing to close it's doors when required to do so.

Lift failure may also be recognised if a lift is no longer consistently working correctly and is intermittently performing actions as described, which could pose a risk of entrapment or delay in patient transfer.

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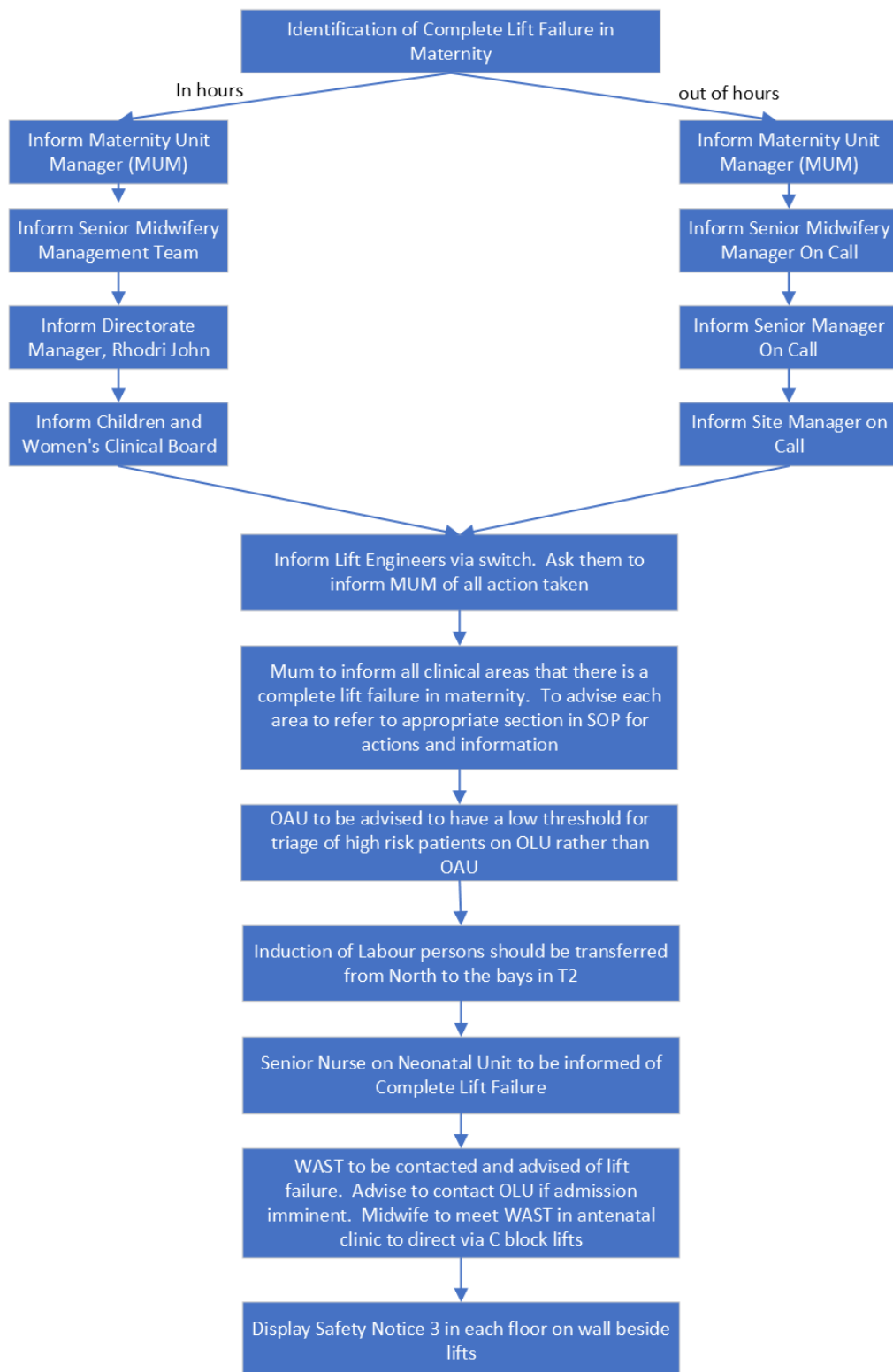
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4. Action to be taken in the event that there is a reduction to one working lift in maternity



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5. Action to be taken in the event of complete lift failure in maternity



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5.1 Supplementary actions to be taken by the Maternity Unit Manager (MUM) in the event of a complete lift failure

- The MUM should advise staff in each clinical area to familiarise themselves with the transfer route from their clinical area to the OLU. If possible, staff should take the opportunity to walk the alternative route from their clinical area via the C block lifts.
- The MUM should ensure that a minimum of two wheelchairs are available in antenatal clinic reception area for the event of admission of a woman via the C block lifts.
- The MUM must liaise with the senior nurse on NNU each shift regarding the operational status of the lifts and the routes of access from NNU to OLU
- The MUM must liaise with WAST every 24 hours regarding the operational status of the lifts until lift performance is restored.
- The MUM must ensure that one member of staff in each clinical area on first floor has TDSi access to the fertility corridor on first floor. TDSi access can be sought by contacting security access control via telephone, x42669 or at securityaccesscontrol.cav@wales.nhs.uk

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6. Care of women on the OAU in the event of complete lift failure in maternity

In the event of a complete lift failure in maternity there should be a low threshold for advising women who may be high risk to attend the OLU rather than the OAU for triage.

When contacting the OAU, women should be advised to use either the stairs to access the OAU or the C Block lifts. Safety notice 3 should be displayed by the lifts. This safety notice shows a route map to the OAU via the C block lifts as well as displaying a telephone number to request assistance if required.

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6.1 Transfer of women from OAU to OLU

In the event of a situation requiring transfer of a woman from the OAU to the OLU, a risk assessment should occur to the most appropriate method of transfer. Well women to whom the stairs may pose no further risk of harm to either women or fetus, may be asked to use the stairs to transfer to the OLU. Women should be accompanied on transfer by a midwife.

If the stairs are considered to be an inappropriate method of transfer, then the upper group floor corridor should be used to access the C block lifts. The woman can then be transferred via the C block lifts and T2 entrance to the OLU. Please see Appendix B for route of transfer from OAU to OLU via C block lifts.

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7. Care of women on first floor in the event of complete lift failure in maternity

7.1 Access to C block lifts from first floor via the Welsh Fertility Institute Corridor

An agreement is in place between the Welsh Fertility Institute and CAV maternity that the fertility corridor on first floor may be used as a route of access to the C block lifts in the event of a complete lift failure.

Each band 7 labour ward coordinator has TDSi access to the fertility corridor. To ensure continued access to this corridor, the band 7 coordinators must swipe their TDSi badge at least once a month.

The MUM is required to ensure that at least one member of staff from East and West on first floor, has access to the Welsh fertility corridor via TDSi. Please see [section 5.1](#) on how to arrange this access.

No unaccompanied visitors are allowed to access the Welsh Fertility Corridor in the event of a complete lift failure. Visitors should be encouraged to use the stairs to visit women on first floor rather than the corridor.

In the event that the Welsh fertility corridor is utilised as an access route, the Welsh Fertility Institute should be informed via email at Rachel.griffiths66@wales.nhs.uk. The senior midwifery management team will hold responsibility for contacting the team.

Please see Appendix C for the route of transfer from first floor to OLU.

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7.2 Transfer of induction of labour women from first floor, north to T2

In the event of complete lift failure, induction of labour women should be transferred from first floor, north to the bays on T2. Women who are comfortable and able to use the stairs for transfer, should be encouraged to do so. Women who require transfer on a bed should be transferred via the fertility corridor and C block lifts. Midwifery staff from North should then be expected to continue to care for induction of labour women on T2.

Telephones from first floor, north should be diverted to T2.

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7.3 Access for visitors to first floor

Visitors should be encouraged to use the lifts to visit women who are receiving postnatal care on first floor. Visitors who are unable to use the stairs will need to ring first floor for escorted access via the fertility corridor.

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8. Care of Women on the OLU in the event of complete lift failure in maternity

Women who are admitted to the OLU from home will be able to access the OLU via the stairs or via the C block lifts. Women who ring the OLU should be informed of this on telephone triage. Safety notice 3 displays a map of the access route via C block lifts to the OLU. This safety notice will be displayed by the lifts 7, 8 and 9. Midwives should consider meeting women who sound distressed or may be in advanced labour in the antenatal clinic reception, to guide them via the C block lifts to the OLU.

Transfer of women from the OLU to first floor should occur via T2, C block lifts and the Welsh fertility institute corridor.

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9. Care of Women on the MLU in the event of complete lift failure in maternity

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A risk assessment should occur regarding centralisation of midwifery led intrapartum services to the OLU in the event of complete lift failure. A complete lift failure may not necessarily be an indicator for temporary closure of the Midwife Led Unit.

Women should be informed on telephone triage that there has been a complete lift failure in the maternity setting. They should be informed that there is an alternative route of transfer via C block lifts and that this may add an additional 5 or more minutes to the usual transfer time. Appendix D should be used as a discussion proforma to allow women to make an informed decision regarding their place of care in the event of a complete lift failure.

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9.1 Transfer of women from the MLU to OLU

In the event of a situation requiring transfer of a woman from the MLU to the OLU, a risk assessment should occur to the most appropriate method of transfer. Well women to whom the stairs may pose no further risk of harm to either women or fetus, may be asked to use the stairs to transfer to the OLU. Women should be accompanied on transfer by a midwife.

If the stairs are considered to be an inappropriate method of transfer, then the ground floor corridor should be used to access the C block lifts. Transfer via C block lifts and through T2 to the OLU should then occur. Please see Appendix E for a map of the route from MLU to OLU.

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10 Resumption of service once lifts are operational

Any lifts that have been non operational should be declared operational by a lift engineer prior to use. A written confirmation that the lift can be operational should be requested from the lift engineer.

The MUM can then inform clinical areas that the lift/s are operational, and remove safety notices as appropriate. In the event of a complete lift failure and the return to

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operational lifts, a risk assessment should be performed to determine a safe time to move the induction of labour patients back to first floor north.

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Appendix A – Map of location of lifts in CAV Women’s Unit via C block lifts

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Appendix B – Map of route of transfer from OAU to OLU via C block lifts

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Appendix C – Map of route of transfer from 1st floor to OLU via C
block lifts

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Appendix D – Discussion proforma for MLC women in the event of complete lift failure in maternity

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Appendix E – Map of route of transfer from MLU to OLU via C block lifts

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Safety Sign 1 – For when there is only one lift working in maternity – either lift 7, 8 or 9

This notice will advise persons that are able to do so to use the stairs, and will have a map on where to access the stairs.

Otherwise the one working lift may be used.

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Safety Sign 2 – This is to be used when only working one lift is working in maternity , in the tertiary tower

Persons to be advised to use the stairs where able. Map to stairs included.

If unable to use the stairs, map included to direct to MLU for access to 1st floor and delivery suite

If unable to use the stairs and requires OAU, map of route to OAU via C block lifts

Contact no of delivery suite if assistance required

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Safety notice 3 – in the event of complete lift failure in maternity

Advise persons to use stairs where able and map to stairs.

If unable to use stairs, to use C block lifts for OAU and OLU. Map to C block lifts and route for access to OAU and OLU.

If requires access to 1st floor and unable to use the lifts, visitors should contact 1st floor via telephone for escorted access via fertility corridor.

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