

Introduction and who the guideline applies to:

This guideline outlines the process for ensuring the availability of medical equipment (in line with national guidance) on the Delivery Suite and applies to all staff within the UHL maternity unit who use the equipment.

Legal Liability (standard UHL statement):

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible health professional' it is fully appropriate and justifiable.

Related UHL documents:

[Enhanced Maternity Care UHL Obstetric Guideline](#)

Policy statement:

The prime concern is the safety of mothers and babies. Therefore it is essential that vital equipment that is often required in an unforeseen emergency situation is checked prior to the need of its use. Table 1 Identifies such equipment and describes the person/persons responsible for checking the equipment, where the equipment can be found and how to record that it has been checked.

Guidance:

Background:

Delivery Suite rooms must be equipped with monitoring equipment for the measurement of non-invasive blood pressure. There should also be readily available equipment for monitoring ECG, oxygen saturation, temperature and invasive haemodynamic monitoring if required. All delivery rooms must have oxygen, suction equipment and access to resuscitation equipment (Obstetric Anaesthetists' Association (OAA) & The Association of Anaesthetists of Great Britain and Ireland (AAGBI) Guidelines for Obstetric Anaesthetic Services, 2005:pp22)".

Responsibilities of staff groups:

It is the responsibility of all staff members using medical equipment to ensure the equipment is working efficiently, report any faults and ensure regular checking of equipment. If equipment is found to be faulty it should be removed, an incident form (DATIX) should be completed and the delivery suite co-ordinator and manager informed. It is the responsibility of the manager, co-ordinator or deputy to ensure the faulty item of equipment is sent and repaired by the appropriate department. The item should be replaced with one that is fully functional.

Documentation:

Daily equipment checks (see Table 1) should be recorded in the equipment checking books by the staff member checking the item of equipment. If an item of equipment is broken it must be reported and repaired and have receipt of a job number. It should be documented in the checking book that the item has been sent for repair.

Availability of equipment

If further equipment is required in addition to that available in the immediate vicinity this can be acquired through the Critical Care ITU Outreach Nurses. Obstetric theatre recovery also has HDU equipment. Authorisation to use the equipment from theatre recovery can be gained via the Anaesthetic Consultant on call and the Operating Department Practitioner. If equipment from recovery needs to be used an incident report form (DATIX) should be completed.

Table 1

Equipment	Store	Checking	Record	Responsibility (The Midwife Coordinator/ Ward Manager has overarching responsibility)
Piped oxygen and suction	All delivery rooms HDU room Induction / Observation Bay	Daily	Equipment checking book / check list	Maternity Care Assistants
Anaesthetic machine	Theatres	Daily	Equipment checking book / check list	ODP
Recovery equipment	Recovery	Daily		ODP, Midwives or recovery nurse
Adult Cardiac Arrest Trolley	Recovery LRI Obstetric Theatre Sluice Room Midwives Station LGH	Daily	Equipment checking book/ check list	Midwife Coordinator
HDU monitor (P,BP, ECG, SaO2)	HDU room	Daily	Equipment checking book / check list	Midwives
Intravenous Fluid Warmer	Theatre	Daily		ODP
Blood Gas Analyser	Clean Utility	Daily	Attached Folder	Maternity Care Assistants
Emergency PPH Trolley	Treatment Room LRI	Daily	Equipment checking book/ check list	Midwives
Emergency Eclampsia Trolley	Treatment Room LRI	Daily	Equipment checking book / check list	Midwives
Obstetric Emergency Trolley	Treatment Room LGH	Daily	Equipment checking book / check list	Midwives
Transfer Equipment (ventilator and monitor)	ITU LRI ONLY	Daily	ITU record	ITU staff

Monitoring

A review of all DATIX reports will be sent to and actioned by the delivery suite manager. The Midwife Coordinator checks that all equipment has been checked daily and signs the handover sheet.

The Matrons check that all resuscitation equipment has been checked monthly using the Metrics Audit Tool and this is entered onto the Dashboard.

References:

Obstetric Anaesthetists' Association, the Association of Anaesthetists of Great Britain and Ireland (2005) Guidelines for Obstetric Anaesthetic Services. Revised Edition. Pp22. London. OAA & AAGBI. Available from www.aagbi.org

The Obstetric Anaesthetist Association (2011) Providing Equity of Critical and Maternity Care for the Critically ill Pregnant or Recently Pregnant Women. London. The Royal College of Anaesthetists.

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