Maternity Security Procedure

1. Purpose

The Bunbury Maternity Unit consists of two wards. Maternity A - a six (6) bed inpatient unit, with five (5) birth suites and a six (6) cot Level 2 Special Care Nursery. And Maternity B – an eleven (11) bed postnatal ward. Due to the increasing security requirements of the Maternity Services, both wards have the ability to be locked down. This enables the department to control who has access to the ward and its patients. Ensuring safety to staff and patients in its care.

This procedure is to look at the normal operating procedure of Maternity, and the increased protocols when there is an active Code Black.

Patients who have been identified as requiring additional security measures, are to be admitted only to Maternity A. These women are generally identified during the Antenatal period and should have undertaken signs of safety meetings as part of the management of "Babies at risk" processes in accordance to the Social Work Guidelines for high-risk families during pregnancy and the first year of life.

2. Procedure

2.1 Normal Security Operating Procedure

Maternity A 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, access to the unit is via swipe card access only or the button located on the wall near the main doors, this phones through to the shift coordinator who can release the doors
- exit through the locked doors is by pushing door release button next to doors
- all unit doors are to release open when there is a Code Red or Code Orange.

Maternity B is to function as follows:
- visiting hours of 0800 – 2000, the main glass doors are to be open.
- the sliding glass doors near the Staff station and the dirty utility room are to remain locked 24/7 and are accessible by swipe access only
- outside visiting hours, all access to the unit is via swipe card access or press the button located on the wall of the main ward entrance, this phones through to the shift coordinator who can release the doors
- exit through the locked doors is by pushing door release button next to doors
- 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

Potential

If there is a patient for admission who has been identified as at risk due to Violent Restraining Orders (VROs), Apprehended Violence Order (AVO), or who's safety plan created by CPFS restricts visitor attendance, they are to only be admitted to Maternity A.

Notify security and Clinical Nurse Manager – After Hours (CNM/AH) that the unit is requiring 24/7 lockdown and the automated release of doors scheduled for visiting hours does not occur.

If this woman has been inadvertently admitted to Maternity B, or has disclosed security concerns after admission:
- the front door, including the door behind the admin clerk leading to Maternity B ward corridor, is to be closed, thus locking down the unit
- notify NUM and CNM/AH
- utilise code black duress bell outside Staff station if required
- arrange security to be placed on the Unit's front doors if risk is imminent
- transfer women across to Maternity A.

Actual

Maternity A:
- 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.
- Utilise duress bells located throughout unit (under most desks).
- 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.
- Notify NUM/ CNM/AH of ward status.
- Place security at main entrance to the Maternity A unit. Review need for security every shift as situation changes.
- In the case of an evacuation, ensure safety of patient by alerting security; ensure that patient is with a staff member at all times.

Maternity B:
- On development of an actual threat, push the Duress bell located outside the staff station.
- Phone "55" advising Code Black, Maternity B, Room X.
- Follow procedures as per Emergency Response Procedures – South West Health Campus.

2.3 Admitting patients to Maternity B

A patient may be suitable for admitting to Maternity B if they:
- have no active risk alerts for domestic violence as determined by Social Worker and Department of Communities, Child Protection and Family Support (CPFS)
- have no current VRO or AVO
- are not a CPFS client.

3. Roles and Responsibilities

The **Director of Nursing and Midwifery (DONM) / CNM-AH** is responsible for:
- being aware of the change to lockdown status, when the stand down is initiated and the ward is back to routine lockdown hours.
- advising switchboard operator of stand down notification.

The **shift coordinator** is responsible for:
- determining which patients are appropriate for transferral to Maternity B and for allocation of residential units.
- ensuring Emergency Controller (Dect 1262); Security and staff are briefed on changes in lockdown status.

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.

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.
- Responsible for activating lockdown of the Maternity department/s upon request from the Maternity Ward Shift Coordinator, Nurse Unit Manager, DONM or CNM-AH to activate lockdown of the Maternity Ward.

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. Monitoring and Evaluation

4.1 Monitoring

Monitoring of compliance with this procedure 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).

4.2 Evaluation

Each Code Black incident will be reviewed as per event debrief processes to ensure procedure met department needs.

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* 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 and procedures is mandatory.

6. References

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

[WebPAS Child at Risk Alert Procedure](#)

[Social Work Guidelines for high-risk families during pregnancy and the first year of life](#)

7. Definitions

Nil

8. Document Summary

Coverage	Bunbury Hospital
Audience	All Bunbury Staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• MP 0053/17 Patient Alert Policy • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	• Emergency Response Procedures – South West Health Campus • Social Work Guidelines for high-risk families during pregnancy and the first year of life • WebPAS Child at Risk Alert Procedure
Other Related Documents	Nil
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3433
National Safety and Quality Health Service (NSQHS) Standards	1.10, 1.30, 6.1, 6.9
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
4.00	1 August 2024	1 August 2024	• changes to procedure to incorporate requirements of new ward.

10. Approval

Policy Owner	Executive Director South West
Co-approver	Executive Director Nursing and Midwifery
Contact	Clinical Midwifery Manager – Bunbury Hospital
Business Unit	Stream B, Maternity
EDRMS #	ED-CO-15-17
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