



Lancashire Teaching Hospitals
NHS Foundation Trust

LANCASHIRE TEACHING HOSPITALS

MATERNITY INDUCTION CHECKLISTS

**PLEASE PRINT AND TAKE TO EACH CLINICAL
AREA**

*****MAKE SURE YOU ALSO COMPLETE CHECKLISTS ON PARE**



V1 April 2025

Delivery Suite

Please ensure you are familiar with the location and procedure for the following in your first week on DS. Ask a member of staff to go through it all with you:

- | | |
|--|--|
| <input type="checkbox"/> Orientation to Delivery Suite | <input type="checkbox"/> Entonox- Safe storage and extraction system |
| <input type="checkbox"/> Emergency Obstetric Trolleys | <input type="checkbox"/> Birthing pool |
| <input type="checkbox"/> Adult Resuscitation Trolley | <input type="checkbox"/> Pool Evacuation Nets |
| <input type="checkbox"/> Adult Defibrillator | <input type="checkbox"/> Call Buzzer |
| <input type="checkbox"/> Panda Resuscitaire | <input type="checkbox"/> Emergency Buzzer |
| <input type="checkbox"/> Viamed wall mounted Resuscitaire | <input type="checkbox"/> Emergency Call "2222" |
| <input type="checkbox"/> Drug Cupboards and Drug Fridge. | <input type="checkbox"/> Daily Checks |
| <input type="checkbox"/> Fire- alarms and extinguishers | <input type="checkbox"/> Baby Security and Tagging |
| <input type="checkbox"/> Gases- Switch off valve | <input type="checkbox"/> Delivery beds |
| <input type="checkbox"/> Daily and weekly cleaning checklist | <input type="checkbox"/> Blood fridge |
| | <input type="checkbox"/> Blood gas machine |
| | <input type="checkbox"/> Instrumental Trolley |

Signature of staff
member
receiving orientation

Signature of staff
member
giving orientation

Preston Birth Centre

Please ensure you are familiar with the location and procedure for the following in your first week on PBC. Ask a member of staff to go through it all with you:

- | | |
|--|--|
| <input type="checkbox"/> Orientation to Birth Centre | <input type="checkbox"/> Entonox- Safe storage |
| <input type="checkbox"/> Emergency Obstetric Trolley | <input type="checkbox"/> Scoop Stretcher |
| <input type="checkbox"/> Adult Resuscitation Trolley | <input type="checkbox"/> Pool Evacuation Nets |
| <input type="checkbox"/> Adult Defibrillator | <input type="checkbox"/> Call Buzzer |
| <input type="checkbox"/> Panda Resuscitaire | <input type="checkbox"/> Emergency Buzzer |
| <input type="checkbox"/> Viamed Resuscitaire | <input type="checkbox"/> Emergency Lift |
| <input type="checkbox"/> Drug Cupboards and Drug Fridge. | <input type="checkbox"/> Emergency Call "2222" |
| <input type="checkbox"/> Fire- alarms | <input type="checkbox"/> Transfer Procedure |
| <input type="checkbox"/> Gases- Switch off valve | <input type="checkbox"/> Daily Checks |
| | <input type="checkbox"/> Baby Security and Tagging |
| | <input type="checkbox"/> Essential Oils |

Signature of staff
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Maternity B

Please ensure you are familiar with the location and procedure for the following in your first week on Maternity B. Ask a member of staff to go through it all with you:

- | | |
|--|--|
| <input type="checkbox"/> Orientation to Maty B | <input type="checkbox"/> Call Buzzer |
| <input type="checkbox"/> Emergency Obstetric Trolley | <input type="checkbox"/> Emergency Buzzer |
| <input type="checkbox"/> Adult Resuscitation Trolley | <input type="checkbox"/> Emergency Call "2222" |
| <input type="checkbox"/> Adult Defibrillator | <input type="checkbox"/> Transfer Procedure |
| <input type="checkbox"/> Hypoglycamia box | <input type="checkbox"/> Daily Checks |
| <input type="checkbox"/> Tom Thumb | <input type="checkbox"/> Baby Security and Tagging |
| <input type="checkbox"/> Drug Cupboards and Drug Fridge. | <input type="checkbox"/> Breastmilk fridge and freezer |
| <input type="checkbox"/> Fire- alarms and extinguisher | |

Signature of staff
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Signature of staff
member
giving orientation

Maternity A

Please ensure you are familiar with the location and procedure for the following in your first week on Maternity A. Ask a member of staff to go through it all with you:

- | | |
|--|--|
| <input type="checkbox"/> Orientation to Maternity A | <input type="checkbox"/> Entonox- Safe storage |
| <input type="checkbox"/> Emergency Obstetric Trolleys | <input type="checkbox"/> Call Buzzer |
| <input type="checkbox"/> Adult Resuscitation Trolley | <input type="checkbox"/> Emergency Buzzer |
| <input type="checkbox"/> Adult Defibrillator | <input type="checkbox"/> Emergency Call "2222" |
| <input type="checkbox"/> Panda Resuscitaire | <input type="checkbox"/> Daily Checks |
| <input type="checkbox"/> Drug Cupboards and Drug Fridge. | <input type="checkbox"/> Security Procedures |
| <input type="checkbox"/> Fire- alarms and extinguishers | |
| <input type="checkbox"/> Gases- Switch off valve | |

Signature of staff
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Signature of staff
member
giving orientation

Maternity Assessment Suite

Please ensure you are familiar with the location and procedure for the following in your first week on MAS. Ask a member of staff to go through it all with you:

- | | |
|--|--|
| <input type="checkbox"/> Orientation to Maternity Assessment Suite | <input type="checkbox"/> Entonox and Oxygen-Safe storage |
| <input type="checkbox"/> Emergency Obstetric Trolley | <input type="checkbox"/> Emergency Buzzer |
| <input type="checkbox"/> Adult Resuscitation Trolley | <input type="checkbox"/> Emergency Call "2222" |
| <input type="checkbox"/> Adult Defibrillator | <input type="checkbox"/> Transfer Procedure |
| <input type="checkbox"/> Panda Resuscitaire | <input type="checkbox"/> Daily Checks |
| <input type="checkbox"/> Drug Cupboards and Drug Fridge. | <input type="checkbox"/> BSOTS system |
| <input type="checkbox"/> Fire- alarms and extinguishers | <input type="checkbox"/> Telephone system |

Signature of staff
member
receiving orientation

Signature of staff
member
giving orientation