SARASOTA MEMORIAL HOSPITAL
NURSING DEPARTMENT POLICY

TITLE: INFANT/PEDIATRIC SECURITY	**POLICY #:** 126.608(Neonatal) 126.752(Maternal) 126.854 (Pediatric) 137.033 (Security) **EFFECTIVE DATE:** 11/95 **REVISED DATE:** 3/06, 2/09 **POLICY TYPE:** ☐ DEPARTMENTAL ☐ INTERDEPARTMENTAL ☒ DEPARTMENTS PROVIDING NURSING CARE **PAGE:** 1 of 8
Job Title of Reviewer: Directors, Women's Services & Children's Services	

PURPOSE: To protect infants and children from abduction/removal by unauthorized persons, or, from children inadvertently wandering off the unit.

POLICY STATEMENT: Infant/Pediatric security will be maintained through ongoing patient and staff education on the abductor profile, facility specific security procedures, and Safe Place security system (for high risk patients as defined below) incorporating an interdisciplinary cooperation from Nursing, Administration, Security, Marketing, Medical Staff, and Risk Management.

EXCEPTIONS: Pediatrics: Parents/guardians who decline the use of the Safe Place security system despite staff and/or physician recommendation must sign a release form.

Infants: Exceptions will include those infants whose physical condition necessitates that the identification procedure be carried out in the Neonatal Intensive Care Unit (NICU) when the infant's condition has stabilized.

Adoptions: In the case of adoption or surrogate refer to the Nursing Policy #126.632, "Adoptions", for correct banding of mother and infant.

Infants born outside of SMHCS: Transferred or infants left per Safe Haven Laws.

PROCEDURE:
1. **PEDIATRIC PATIENT IDENTIFICATION:**
   a. The patient's identity will be verified, and if an armband is not in place, it will be applied as appropriate.
   b. The legal guardianship of the patient will be established by asking the accompanying adult. In some cases, it may be necessary to contact the Integrated Case Management Department to provide assistance in determining the legal guardianship.

2. **INFANT IDENTIFICATION**:
   All infants will be properly identified before being transferred from the delivery room. The Hollister Newborn Identification System will be used for the identification procedure.
   a. The Quantitative Sentinel (QS) computer documentation form will be used to verify proper identification of the newborn infant at delivery. Two staff members will do identification of the infant, one who must be a Registered Nurse (RN). Their signatures on the record will acknowledge they verified the correctness of the identification bands on the mother and the baby.
   b. A set of four (4) identification bands with the same security identification number will be used for the mother, baby, and significant other.
      1) Three bands will have the following additional information: mother's name, her identification number, delivery date and time, infant's sex, and delivering physician. One band will be placed on the mother's wrist, another on the baby's ankle, and the last "third" band on the significant other, if present in the delivery room. If the significant other is not in the delivery room, the last band will also be placed on the mother's wrist with the first band.
      2) Bands will be applied securely to prevent displacement. If an Adult band is removed, the un-banded person no longer has access to the Nursery. In the NICU, parents/ support without bands must be known from their prior visits with bands and have their security identification number, or be asked for photo identification.
      3) A second security identification band for the infant will be made from the 4th band in the set. The second infant band will have the following additional information: sex, surname, infant's hospital number (obtain this number from the computer), date and time of birth, and pediatrician's name.
      4) Infants admitted to Mother/Baby Unit (MBU) will have second band applied prior to leaving L&D. Infants admitted to NICU will have a NICU nurse verify and apply second band.
      5) Two staff members will do identification of the infant, one who must be a Registered Nurse (RN). Nursing personnel will document the verification of identification on the Quantitative Sentinel (QS) Computer documentation form.
      6) When medical condition warrant's, infant's in the NICU may have an alternative patient ID band

with standard SMH Identification bar code applied. (Policy #01.PAT.09 Patient Identification: Inpatient/Outpatient).

7) Infant bands that are removed will be attached to the Newborn Identification Record.

8) Infants transported to the NICU from MBU will have at least one identification band placed.

c. Infants will have their preprinted Hollister identification band number verified with the mother's identification band each time that he/she is taken to the mother.

d. Each infant's crib will have an infant name card attached.

e. The baby will be released only to the mother or support person wearing the Hollister band.

f. Identification of the infant will be verified with the mother on discharge by means of the bands. The mother/legal guardian will acknowledge this verification in writing on the QS documentation form.

g. In MBU, within four hours of birth, a digital photograph will be taken of the infant and stored until after discharge.

3. **PATIENT SECURITY TRANSMITTERS**:

a. Nursing personnel assigned to the MBU, NICU and Pediatric units will be responsible for the inputting of infant/child/mother data, placement of security transmitters, ensuring enrollment of the infant transmitters in the system, and reporting any system problems or malfunctions to both Nursing and Security Department supervisors. (All information is to be considered confidential).

1) All security transmitters will be stored in a secured area on the MBU, NICU or Pediatric Unit when not in use.

(a) MBU will apply Infant identification bar code to the security band and have 2nd nurse verify correct name.

2) When issuing a new security transmitter, the nursing personnel will be responsible for inputting infant/child/mother data into the Safe Place system.

3) Nurses should not carry security transmitters off the unit at the time of patient discharge, nor should the transmitters be left attached to infants/children after discharge.

4) All security transmitters will be disinfected with a hospital approved disinfectant. (refer to Policy 00.IFC.16 Standard Practices for Decontamination, Disinfection, and Sterilization of Patient Care Items.

5) Nursing personnel are responsible for entering and deleting infant/child/mother data as

necessary at the time of admission and discharge.

6) Security Banding Criteria:
   In the NICU: All infants in open cribs, and upon request of staff, physician or family.
   In Pediatrics: All children admitted to the unit, unless parent or guardian refuses and a waiver is signed.
   In the MBU: All babies.

b. Transportation of Infants:
   1) Prior to discharge, infants will only be transported in the hall in a bassinet or isolette by staff with appropriate identification badges or the mother/support person wearing Hollister bands. The nursing staff will question all other persons or anyone carrying a baby in the hallway.
   2) Infants will be transported one at a time and are never left unattended. Exception: Multiple infants of the same mother may be transported together.

c. At the time of the child's discharge, nursing personnel will discharge the child from the Safe Place security system. Only then will the transmitter be removed from the child

4. **STAFF IDENTIFICATION**:
   a. Personnel authorized for direct contact with patients must wear a current photo identification card. Personnel with authorization an infant for transport must wear a current photo I.D. with a unique background color and the unit logo.

5. **24 HOUR LOCKDOWN**:
   a. The inpatient unit providing care to infants and children are on a 24-hour lockdown.
   b. Access to these units by anyone other than authorized personnel is restricted and controlled from within the patient care unit.

6. **PATIENT EDUCATION**:
   a. Security information will be discussed with parents during prenatal classes and hospital tours.
   b. Upon admission, parents and family will be informed of the measures in place for infant/child security.

7. **STAFF EDUCATION**:
   a. Upon hire, and with yearly updates, staff will receive educational training on protecting infants and children from abduction, including, but not limited to: the offender profile, recognizing unusual behavior, prevention procedures, and the critical response plan.

    b.   Instruction will include action to take when discrepancies in practice occur or questionable individuals are observed on the unit.

        1)   Persons exhibiting unusual or suspicious behaviors will be reported to the clinical coordinator, appropriate nursing supervisor, and security. He/she will be positively identified and interviewed by the nursing supervisor and security. See infant abductor profile in Policy 00SAF34-Code Pink Infant/Child Abduction.

        2)   A report will be documented on the Hospital Suspect Alert Form and kept by the Security Department.

    c.   Security and Nursing personnel will conduct periodic "Code Pink" drills. See Policy 00SAF34-Code Pink Infant/child Abduction.

8.   **SYSTEM MONITORING:**

    a.   The Security Communications Center will receive notification of an alarm, by an alert tone and specific information describing the location and transmitter creating the alarm from the Safe Place security system.

    b.   Closed circuit televisions will be monitored at both the nursing stations and the Security Communication Center. Activity will be recorded on videotape recorders in the Security Communications Center.

9.   **RESPONSE TO AN INFANT/PEDIATRIC SECURITY ALARM**: Alarms from the Safe Place security system will be received simultaneously at the nursing station and the Security Communications Center. Whenever a Safe Place alarm is received, it should be considered an immediate priority or "STAT" response.

    a.   Security Response: Security officers responding to the Safe Place security system alarm will do the following:

        1)   Security officers will respond to all alerts. The officer assigned the call will go immediately to the location of the alarm to investigate and support nursing personnel responding to the alarm point.

        2)   An attempted or actual abduction, nursing staff will call a Code PINK x3911 SEE P Corporate Policies\Safety (SAF)\00SAF34-CODE PINK - INFANTCHILD ABDUCTION.

            a)   Determine the identity of the infant/child.

            b)   Who last saw the child

            c)   Secure the crime scene and make sure nothing is removed.

       3) In cases of an attempted abduction, assign a staff member to remain with the child at all times until advised to the contrary by Security.

         a) Advise all staff to remain until interviewed and released.

         b) Decline speaking to the media. Refer them to the communications center and Public Affairs.

       4) Nursing personnel will report any false alarm conditions immediately to Security specifying the cause, (i.e., nurse accidentally took the child to the barrier point.)

10. **INVESTIGATIONS, AND FOLLOW-UP**:

   a. Security officers who respond to a Safe Place alarm must do the following:

       1) Check and verify the cause of the alarm.

       2) Assure that the child and transmitter are on the unit, and that no abduction has occurred.

       3) The responding security officer will notify the Security Communications Center of the alarm cause, and its resolution.

       4) In the event of an attempted or actual abduction the security officer who responded to the security alarm is responsible for writing a security incident report, specifying the cause of alarm. This information must be provided to the on duty security supervisor and unit nursing supervisor. Information about the cause of the alarm (and its resolution) must be reported in the radio communications log at the Security Communications Center.

11. **RESETING THE SAFE PLACE SECURITY SYSTEM**:

The Safe Place security system must be reset by security before officers and responding nursing personnel can return to regular duties.

   a. Security and nursing should ensure that there are no children wearing security transmitters near the barrier point(s) before beginning the reset.

   b. If abduction has occurred, permission to reset should only be given by the police, director of security, or the nursing director on duty.

   c. A security officer will reset the system by clearing the alarm at the Safe Place computer.

   d. When the system reset is complete, the Security Communications Center operator will notify the responding security officers that the alarm is reset.

   e. The responding security officer will notify the clinical coordinator on the floor that the alarm is reset and will return to normal duties.

f. Every alarm received from Labor & Delivery, MBU, Pediatrics, and NICU or by the Security Communications Center must be investigated, even if reported as a false alarm prior to security's arrival at the site of the alarm.

12. **SYSTEM TESTING**:
   a. Alarm points must be tested by security weekly.
   b. A security officer will test each of the patient protection alarm points in the security system.
   c. The security officer will notify the Security Communications Center and the nursing station when the test is about to begin and of the location of the testing.
   d. Using a testing transmitter the assigned officer will go to the alarm point where the alarm test will occur.
   e. The officer activates the testing transmitter at each of the exit points in the test area.
   f. A local alarm must sound and a report of the alarm should be received at both the nearest nursing station and the Security Communications Center.
   g. The Security Communications Center should record the sequence of test events on a test form. If a problem is noted the security supervisor will be notified and they will immediately act to correct the problem.
   h. The use and maintenance of the Safe Place security system is critical to the hospital's patient protection system. No intentional creation of false alarms will be tolerated. Staff involved in unauthorized use/abuse of the Safe Place security system or its components will be subject to disciplinary action, up to and including termination. (Sentinel Event Alert, JCAHO, Infant Abductions: Preventing Future Occurrences. Issue 9. April 9, 1999.)

RESPONSIBILITY: It is the responsibility of the department directors to ensure that all staff is aware of, and adheres to, this policy.

REFERENCE (S): SMHCS Policy #00.SAF.34, Code Pink: Infant/Child Abduction

National Center for Missing and Exploited Children.

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APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy   Date

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