

HARBOR-UCLA MEDICAL CENTER

SUBJECT: INFANT/CHILD SECURITY

POLICY NO. 447

**PURPOSE:**

To establish guidelines for all workforce employees to follow in the event of an infant/child abduction.

**POLICY:**

Harbor-UCLA shall ensure the protection of the infant/child from harm of abduction.

**PROCEDURE:**

**A. General Procedures**

1. Access to infants/children in the care of Harbor-UCLA Medical Center will be monitored and controlled.
2. All staff will follow policies for maintaining a safe environment.
3. Each care giver will identify himself/herself to patient/parent/guardian each shift.
4. The parent/guardian will be instructed that hospital personnel will accompany the patient to areas off the unit (e.g., x-rays, scan). The nurses will identify the transport person when they arrive for the patient.
5. The parent/guardian will be instructed not to give their child to anyone other than the nurse taking care of them.
6. The parent/guardian will be instructed that if anyone asks to take their child anywhere, they should call their nurse to verify the individual's identity.
7. Hospital staff must wear hospital-issued picture identification. If the employee does not have a hospital-issued picture ID, he/she must obtain a temporary ID per hospital policy.
8. Staff are expected to request identification and the individual's purpose for being in the area of any individuals on the unit who are not employees assigned to that unit at that time.
9. Nursing Staff in 7E L&D, 7W, Level 2 Nursery and NICU who care for mothers and or infants have pink hospital identification badges which allow them to remove infants from the mother's room. Mothers are instructed not to relinquish their baby to anyone without a pink badge without verifying that person's identity with their nurse.
10. Patients are to wear ID bracelets at all times. Patients will not be moved from the unit unless they have a hospital ID band on.
11. Patient movement off the floor must be documented in the patient's electronic health record

**EFFECTIVE DATE: 09/01/98, 03/10**

**SUPERSEDES:**

**REVISED: 02/02, 09/04, 01/12, 05/16**

**REVIEWED: 02/02, 09/04, 01/08, 03/10, 01/12, 05/16**

**REVIEW COMMITTEE:**

**APPROVED BY:**

\_\_\_\_\_  
**Kim McKenzie, RN, MSN, CPHQ**  
**Interim Chief Executive Officer**

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**Timothy L. Van Natta, MD, FACS**  
**Chief Medical Officer**

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**Patricia Soltero Sanchez, RN, BSN, MAOM**  
**Acting Chief Nursing Officer**

Signature(s) on File.

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before transporting patient from the unit and upon returning to the unit.

12. Infant/children are transported off the nursing unit only in the appropriate conveyance.  
**They are never carried off the unit.**
  - a. Exception:
    - Newborns discharged to an authorized agency will be carried in a carrier/car seat from the nursery.
    - Newborns discharged from the hospital will be carried either in a carrier/car seat or in mom's arms while she's in a wheelchair.
    - Infants/children discharged from the hospital may be carried by a responsible adult.
12. Out-of-building testing: Inpatient infants/children removed from the building for testing by appropriate hospital staff must be moved in appropriate conveyance to the ambulance/county transportation van by appropriate hospital personnel with proper ID.  
**Inpatient infants and children are never carried.**
13. Inpatient passes for pediatric patients. Only parents/legal guardians or their designee are to accompany such patients off a patient-care area after an inpatient pass has been issued by nursing staff. Passes are to be dated and time limited.
14. Reporting of Suspicious Activities:
  - a. It is the responsibility of all staff to monitor their area for suspicious activities, including individuals who are not known to the staff.
  - b. Staff members who witness unusual behavior must immediately report this to their supervisor and Los Angeles County Sheriff's Department.  
**Note:** Disturbances/distractions (e.g., loud arguments) may be created by abductors and their accomplices to facilitate abduction.
  - c. Individuals exhibiting unusual or suspicious behavior or who are unable to indicate the purpose of their visit or presence are to be asked to leave immediately.

**B. Discharge of Newborn to an Authorized Agency**

The purpose of this policy is to ensure the newborn is released to the appropriate individual or agency when the maternal mother is surrendering the infant to Social Services, a foster parent, or adoptive parent.

1. Clinical Social Work staff will document on the patient's chart the anticipated discharge date, the agency to which the child is to be released and the name of the agency contact person with whom discharge arrangements were made.
  2. If the Social Worker does not accompany the representative, the representative must show driver's license, employee photo I.D. and provide name and agency phone number before the child is released.
  3. The Nursing staff will:
    - a. Notify the Social Worker as soon as they know the mother will be relinquishing the child to an agency.
    - b. Provide the Social Worker with the following information:
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- Mother location in hospital
- Date of delivery
- Expected date of discharge
- Sex of infant
- General condition of infant.

4. On Day of Discharge:
  - a. **Pediatrician/PNP notifies Social Worker that the infant is ready for discharge.**
  - b. **Pediatrician/PNP completes discharge orders and notes.**
  - c. **Remove all means of identification at time of discharge.**
  - d. **Nurse confirms the identity of the person picking up the baby against their employee photo I.D.**
  - e. **Nurse gives appropriate instructions on care, formula feeding and clinic appointments, and documents in infant's medical record.**
  - f. Nurse documents in the patient's electronic health record: condition of the infant at discharge, the actual time of discharge, name of person picking up the baby, the name of their employer and the agency phone number.

**C. Discharge of a Newborn to other than Maternal Mother**

Guidelines for the release of a newborn to a caregiver other than the maternal mother because of maternal death or prolonged maternal hospitalization.

1. The Nursing staff will notify Clinical Social Work of the special circumstances relating to the mother's inability to take the infant home.
2. The Nursing staff will work closely with the Clinical Social Worker to identify the person(s) or agency to whom the newborn will be released.
3. The Clinical Social Worker will confirm and document in the infant's medical record the name of the person to whom the newborn will be released.
4. Nursing staff will verify the identification information provided by the person signing for the newborn against the information previously provided by the Clinical Social Worker.
5. Documentation:
  - a. Confirmation statement that indicates: name of person picking up the infant and "the identity of the person receiving the patient was confirmed against their picture I.D."
  - b. Instructions on care, feeding and clinic appointments were provided to the person receiving the patient.
  - c. Condition of the infant at discharge and the actual time of discharge.

**D. Discharge of Infant/Child to Other Than Maternal Mother or Legal Guardian**

The purpose of this policy is to provide guidelines for the release of an infant/child when the maternal mother or legal guardian is unable to collect the infant/child from the hospital at time of discharge.

1. The Nurse Manager/Charge Nurse together with the Physician will verify the parents' consent to authorize release of the infant/child to another.  
**Note:** Verification may include that a person can state by telephone, some personal information known only to them.

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2. Discharge order by MD/PNP must specify to whom the patient will be discharged.
3. The person receiving the infant/child must show a picture **I.D.**
4. Documentation:
  - a. Confirmation statement that indicates: name of person picking up the infant/child and "the identity of the person receiving the patient was confirmed against their picture I.D."
  - b. Instructions on care, formula feeding and clinic appointments provided to the person receiving the patient.
  - c. Condition of the infant/child at discharge and the actual time of discharge.

**E. Transfer of Infant/Child to Another Health Care Facility**

The purpose of this policy is to ensure the release of the infant/child to the appropriate authorized transportation person(s).

1. Verify and document that parents/legal guardian have been informed of the patient transfer.
2. If appropriate, have parent/legal guardian sign the release form to transfer to other care facility.
3. Physician order for transfer will specify the name of the receiving facility.
4. Patients transferred to another health care facility will be released only to authorized transportation persons with photo I.D. (e.g., Driver's License) and company/agency photo identification.

**F. Suspicious of Infant/Child Abduction**

In the event of a suspected infant/child abduction from the area, follow the procedures outlined in Policy No. 447A "Code Pink/Code Purple – Infant/Child Abduction)".