



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: NEWBORN/INFANT/CHILD SECURITY

POLICY NO. 447B

CATEGORY: Safety	EFFECTIVE DATE: 3/96
POLICY CONTACT: Jacqueline Miller, RN	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To establish guidelines for the prevention of a newborn/infant/child abduction.

POLICY:

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

PROCEDURE:

A. General Procedures

1. Access to newborn/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 caregiver 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. Nursing Staff in 7E L&D, 7W, NICU Level III and II who care for mothers and/or newborn/infants/child have pink hospital identification badges. These pink badges allow the nursing staff to remove newborns from the mother's room. Mothers are instructed not to relinquish their newborns to anyone without a pink badge without verifying that person's identity with their nurse.
6. The parent/guardian will be instructed not to give their newborn/infant/child to anyone other than the nurse taking care of them.
7. The parent/guardian will be instructed that if anyone asks to take their newborn/infant/child anywhere, they should call their nurse to verify the individual's identity.
8. Hospital staff must wear hospital-issued picture identification. If the workforce member does not have a hospital-issued picture ID, s/he must obtain a temporary ID per hospital policy.
9. Staff are expected to request identification and an individual's purpose for being in the area of the unit (for any individuals on the unit who are not a workforce member assigned to that unit at that

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APPROVED BY: _____

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time).

10. Patients are to wear hospital 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 before transporting patient from the unit, and upon returning to the unit.
12. Newborns/infants/children are transported off the nursing unit only in the appropriate conveyance. **They are never carried off the unit.**
 - a. **Exceptions:**
 - Newborns discharged to an authorized agency will be carried in a carrier/car seat from nursery.
 - Newborns discharged from the hospital will be carried either in a carrier/car seat or in mom's arms while she is in a wheelchair.
 - Infants/children discharged from the hospital may be carried by a responsible adult.
13. Out-of-building testing: Inpatient newborns/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 newborns, infants and children are never carried.**
14. 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.
15. **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 the 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/Infant/Child to an Authorized Agency

The purpose of this policy is to ensure the newborn/infant/child is released to the appropriate individual or agency when the mother is surrendering the newborn/infant/child 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 newborn/infant/child is to be released, and the name of the agency's 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 newborn/infant/child is released.
3. The Nursing staff will:
 - a. Notify the Social Worker as soon as they know the mother will be relinquishing the newborn/infant/child to an agency.
 - b. Provide the Social Worker with the following information:
 - Mother's location in hospital (if applicable)
 - Date of delivery/birth date



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- Expected date of discharge
- Sex of newborn/infant/child
- General condition of newborn/infant/child.

4. On Day of Discharge:
 - a. **Pediatrician/PNP notifies Social Worker that the newborn/infant/child 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 newborn/infant/child against their employee photo I.D.**
 - e. **Nurse gives appropriate instructions on care, formula feeding and clinic appointments, and documents** in newborn/infant/child medical record.
 - f. Nurse documents in the newborn/infant /child's electronic health record: condition of the newborn/infant/child at discharge, the actual time of discharge, name of person picking up the newborn/infant/child, the name of their employer and the agency phone number.

C. Discharge of a Newborn to other than Mother

Guidelines for the release of a newborn to a caregiver other than the 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 newborn 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 newborn'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. Clinical Social Worker should meet with mother and, if medically able to do so, request for her to complete and sign the AD-22 Form (Health Facility Minor Release Report) which is available online or in the Clinical Social Work Department.
- b. Confirmation statement that indicates: name of person picking up the newborn and "the identity of the person receiving the newborn was confirmed against their photo I.D".
- c. Instructions on care, formula feeding, and clinic appointments were provided to the person receiving the newborn.
- d. Condition of the newborn at discharge and the actual time of discharge.

D. Discharge of Newborn/Infant/Child to other than Mother or Legal Guardian

The purpose of this policy is to provide guidelines for the release of a newborn/infant/child when the mother or legal guardian is unable to collect the newborn/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 newborn/infant/child to another.

Note: Verification may include that a person can state by telephone, some personal information



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known only to them.

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

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

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

1. Verify and document that parent/legal guardian has 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. Suspicion of Newborn/Infant/Child Abduction

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