

CENTRAL MONTANA MEDICAL CENTER
Lewistown, Montana

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Approved By: <u>D.Jones/B.J.Osborn</u>
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POLICY NO. NSY-061
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SUBJECT: INFANT ABDUCTION PROTECTION IN OB DEPARTMENT/ INFANT ABDUCTION SYSTEM
DEPARTMENT: OBSTETRICS - NURSERY
AFFECTED DEPARTMENTS: OBSTETRICS - NURSERY, MAINTENANCE

POLICY

To protect and prevent the removal of infants by unauthorized persons, all medical staff members, volunteers and outside agency staff members will follow the procedures and protocols listed below.

PROCEDURE

- I. To control infant release/discharge from the unit:
 - A. An infant transponder will be attached to the umbilical cord clamp of all infants at the time of delivery.
 - B. Identification bands will be applied immediately after birth. They are applied as follows: Infant gets 2 (1 for each ankle), mother gets one, father or significant other gets one. Numbers on each ID band should match.
 - C. ID bands must be presented to Nursery Staff when mother, father or significant other comes to the Nursery for their infant.
 - D. Nursery personnel are responsible to check that ID band numbers match before the infant is released to the person.
 - E. If there is any question about the ID band presented, nursing staff will accompany the infant along with the parent to the mother's room to verify ID bands. If doubt still exists, the nursing staff member will return the baby to the Nursery and notify their immediate supervisor.

- II. To guarantee that an infant is removed from the mother's room by authorized staff only:
 - A. Upon admission to the unit, staff will instruct the mother as to proper staff identification.
 - B. Mothers will be given clear and concise instructions not to release their infants to anyone who is not wearing the proper identification.
 - C. Parent orientation regarding security issues about their infant will take place in OB Prenatal classes. Those parents who do not attend Prenatal Classes will receive orientation during the admission process.
 - D. It will be the responsibility of the OB RN admitting the patient to ensure that the security issues are reviewed and reinforced upon patient's admission to the unit. Parent handout should be given to patient.

- III. To maintain unit security:
 - A. All visitors must check in with the OB Nurse before visiting patients on the unit.
 - B. Anyone noticing a suspicious person in the OB Department should notify the OB Nurse or ER Supervisor immediately.

IV. System Checks for Infant Transponders

- A. The transponder should be checked after installation on the infant's umbilical cord by moving the infant through or past a detection area close enough to trigger the alarm. This should be done after the infant's first bath as infant is being taken to the mother's room.
- B. Twice yearly checks of the infant abduction system will be performed.

V. Infant Abduction Alarm System

- A. RBC Alarm Control Panel
 1. When passing the RBC alarm control panel, check the ready light to make sure it is illuminated. If not, contact the Maintenance Department immediately as the system may not be operational.
 2. The RBC panel at the protected door or zone provides all the necessary staff user controls for operating the system. Operation is as follows:
 - a. Ready Light: Green indicator indicates the system power supply is operational. The green indicator should always be illuminated; if not contact Maintenance immediately for service.
 - b. Alarm Light: Once alarm has been triggered, the red alarm light will illuminate steady and the audible beep will sound until the "Reset" button is pressed.
 - c. Bypass Light: Will illuminate and flash when programmed into the timed "Bypass" mode of operation. The bypass light will alternately flash with the alarm light, like a railway crossing. **Note:** No alarm is possible when in "Bypass" mode. Bypass duration is "smart" and will reset automatically.
 - d. Reset Button (below alarm light): When pressed, the reset button will reset the alarming RBC panel into the standby mode, causing the alarm light to extinguish and the audible beeper to silence. **Note:** Reset is ignored when transponder is present.
 - e. Bypass Button (below bypass light): When pressed alone, the Bypass button does nothing.

VI. If infant abduction alarm occurs:

- A. The OB RN and/or CNA all to go **IMMEDIATELY** to the activated alarm panel to see if they can determine the cause of the alarm.
 1. If they see a person carrying an infant they should ask that person to return to the Nursery with the infant, and then check ID bands to see if the person who is carrying the infant has an ID band that matches the infant's ID band.
 - a. If they match: The parent should be instructed in the infant abduction alarm system and safe zone.
 - b. If they do not match or the person holding the infant has no ID band, the infant should be taken from the person and kept in the nursery until identification of the person can be accomplished.
 - c. The activated alarm panel should be reset as soon as the cause of the alarm is ascertained.

2. If the OB staff does not ***IMMEDIATELY*** see any reason for the alarm, they should use the closest phone to page “Code Pink” followed by the exit the alarm occurred at:

- Door from OB hallway = OB Main Exit
- Panel by J. Fox office = West Exit
- Panel on Ambulatory Surgery hallway = Ambulatory Exit
- Panel by door into OR = OR Exit

Example: “Code Pink OB Main Exit”

This should be paged three (3) times. Immediately upon hearing the code and exit paged, the facility lockdown policy should be implemented- please see lockdown policy.

3. The OB staff should return all infants to the Nursery to ascertain if any infants are missing. This should be accomplished ASAP.

- a. If the OB nursing staff finds that all infants are present, then they should page “Code Pink All Clear” three (3) times.
- b. If the OB staff finds that an infant is missing, they should immediately notify the ER supervisor and DON if they are not already present. A search should then commence of the most probable areas (e.g., patient rooms, bathrooms, storage areas, stairwells, etc.) This search should be accomplished as thoroughly and quickly as possible.

C. All available staff upon hearing the code called should follow the facility lockdown policy- please reference facility lockdown policy.

D. If the search is negative, the following action will be taken:

- a. The following people should be notified by the ER Supervisor or designee in the following priority order:
 - 1. Police Department
 - 2. OB Patient Care Coordinator
 - 3. Hospital Administrator
 - 4. Social Services
- b. THE OB RN will notify the missing infant’s physician.
- c. The OB Patient Care Coordinator will compile a complete written description of the missing infant, including photos, footprints, etc. The medical records of the infant will be kept under lock and key.
- d. The ER Supervisor will remove the parents and relatives to a private room away from the affected area or to the Meditation Room. This will insure protection from the media and other interference. A staff member or member from Social Services will remain with them.
- e. A second, expanded search of the hospital using Maintenance, Police and any available employees will be organized.
- f. A room will be designated for use by the police.

- g. Nothing should be moved or removed from the area until the area is released by law enforcement.
- h. When time allows, interviews should be conducted with everyone that was on the unit at the time of the incident. This will include names, addresses, and phone numbers of employees, patients, visitors, etc.
- i. Upon arrival of the police, they will be in complete charge as far as the investigation.
- j. All employees should be instructed to make **no** statements. We do not want to alarm patients, employees or visitors. Also, we want to maintain patient confidentiality.

VII. Cord Clamps and Transponder Maintenance

- A. Cord clamps with transponder attached are not to be removed until immediately before discharge.
- B. Transponder is to be cleaned with cloth saturated with cleaning solution.
- C. Transponders are to be stored in silver pouches after cleaning: 3 in top drawer of warmer in Birthing Room #1 and 2 in top drawer on Birthing Room #2 (unless some are in use).

VIII. Practice Drills

- A. Practice drills will be performed twice a year. These should be reviewed and an after action report completed.