

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 1 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities with inpatient Perinatal and Neonatal services.
PURPOSE: To provide the physical safety and security framework of newborns.
<p>POLICY:</p> <p>A. Each facility with inpatient perinatal and neonatal services will promote the security of newborns. Infant abduction deterrence requires a whole-facility approach. Physical security, written protocols, policies, and procedures, equipment, as well as staff education and training, should be seamlessly interfaced with campus, facility, and unit security, as well as with law enforcement, to provide total security integration.</p> <p>B. Each facility will limit access to authorized personnel and visitors to Perinatal and Neonatal care units.</p> <p>C. Each facility will strictly enforce ID Badge compliance on the Perinatal and Neonatal units.</p> <p>D. Each facility will comply with company technology standards related to electronic infant security systems and configuration.</p>
<p>PROCEDURE:</p> <p>A. Gap Assessment</p> <ol style="list-style-type: none"> 1. Annually or when significant environmental changes occur in Perinatal and Neonatal units, the facility Security department will lead the effort to complete a self-assessment provided by the National Center for Missing and Exploited Children, and develop a gap analysis (current to compliant state) with an action plan based on findings. The facility will ensure the gap assessment is uploaded into Complyos. 2. The action plan will be presented to the facility's Environment of Care Committee. The committee will continuously track open action items until resolved. <p>B. Physical Environment Security</p> <ol style="list-style-type: none"> 1. Proximity locks with badge or card swipe access are required on all perinatal and neonatal department perimeter doors, including elevators and stairwells. 2. Where neonates and/or infants are located, unit access codes are changed at irregular intervals, and at least annually. 3. Entry and exit doors will be secured 24 hours a day, 7 days a week. Emergency exit doors will have a delayed egress function activated per local fire code/Marshall. 4. Perinatal and Neonatal unit access doors have infant abduction alarms. In the event of an infant abduction, audible and visual alarms will occur locally, as well as at a centralized location. 5. Bassinets and cribs on Perinatal and Neonatal units should be placed on the side of mother's bed and away from the doors for added security. The same applies for NICU

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 2 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
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- infants undergoing care-by-parent(s) or rooming-in.
6. Perinatal and Neonatal units should minimize the number of times the newborn or infant is removed from the mother’s room or a staff-supervised unit (Nursery, NICU, Postpartum, etc.).
 7. Perinatal and Neonatal unit colleagues should perform random security checks throughout the shift (i.e., checking empty rooms, badges, security of doors, etc.).
 8. Empty or unoccupied patient room doors should be left open at all times unless the Fire Marshall or Authority Having Jurisdiction (AHJ) requires otherwise. If doors are equipped with a self-closing mechanism, their operation must not be impeded by devices such as manual hold open devices, furniture, wedges, etc. Self-closing doors should be equipped with automatic hold-open devices that are of appropriate design and connected to the fire alarm system, which ensures closure upon activation of the fire alarm. In the event of a fire, empty or unoccupied patient room doors should be closed.
- C. Colleague Access
1. Only clinical and non-clinical colleagues who conduct routine business within the department should have electronic access to the department. Access is to be reviewed on an annual basis by security and facility leadership.
 2. Colleagues who resign from the unit will have their access revoked immediately after their last shift. Access (add, modify, delete) will be requested following the facility process (i.e. Electronic Security Access Form (eSAF), Human Resources or Security).
- D. Colleague ID Badges
1. Facility will control and inventory process for issuance, tracking, and subsequent retrieval of hospital-issued, unit-issued, permanent and/or temporary distinctive ID.
 2. Perinatal and Neonatal distinctive ID badges, including individuals that are allowed to transport infants, will be turned in upon termination, resignation, or when the individual is no longer associated with the facility.
 3. Temporary ID badges issued to students or contractors, etc., will be returned to a designated facility individual at the end of shift, contracted work hours, etc.
 4. All ID badges will be worn visibly on the chest area to ensure picture, name, and facility logo are facing outward and unobstructed by pins, decals, or other devices (i.e., double-sided badges or a stationary badge may be used).
 5. Colleagues providing patient care, which may involve transporting infants (including agency and traveling nurses), are required to have a distinctive, facility-issued Perinatal and Neonatal unit badge to identify them as a member of that unit and having the authority to transport neonates and/or infants.
 6. Colleagues, including administrative and ancillary colleagues, presenting on the Perinatal and Neonatal unit(s), are required to wear a facility-issued photo ID badge.
 7. Perinatal and Neonatal Medical Staff and Advanced Practice Clinicians providing patient

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 3 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
APPROVED BY: Ethics and Compliance Policy Committee	

care are required to wear a distinctive, facility-issued ID badge.

8. Ancillary and support staff will be expected to wear a facility-issued ID badge and are required to notify unit colleagues of the purpose for their presence on the unit.
9. Students and Contracted Staff (i.e., audiology services, photography services, etc.) providing additional healthcare services are required to wear accompanying school/company ID badge and will be provided with a temporary unit-issued badge with agreeing facility logo indicating unit access permission per facility policy.
10. Non-healthcare service providers (i.e., consultants, vendors, etc.) are required to wear accompanying company ID badge and will be provided with a temporary facility-issued badge with agreeing facility logo indicating facility access permission per facility policy.

E. Perinatal and Neonatal Unit-Specific Uniforms

1. Perinatal and Neonatal unit colleagues are required to wear unit or facility-specific attire according to their facility's dress code policy.
2. There will be a control and inventory process for issuance, tracking, and subsequent retrieval of facility-issued, unit-issued permanent and/or temporary distinctive uniforms, patches, etc., for the Perinatal and Neonatal units.
3. Facility-owned perinatal-specific scrubs that are stored on site are kept in a secured environment with access limited to unit employees and other essential personnel with processes to manage inventory. Visitor and vendor scrubs are distinctive and are disposed of or returned at the end of each visit.

F. Newborn Identification of Infants

1. Application of mother-significant other-baby identification bands (four-part) in the delivery room, when the newborn condition allows.
2. Obtaining of newborn footprints in the delivery room, when newborn condition allows. The newborn footprints become a part of the medical record.
3. Facilities that obtain a photograph or video/digital image of the newborn as part of their security process should obtain the image within twenty-four (24) hours of birth.
4. Identification of premature or compromised neonates should mirror the processes of the well-born once the baby has been stabilized.

G. Unit Visitors

1. Upon entrance to Perinatal and Neonatal units, all visitors are to be greeted and validated. Facilities should restrict and monitor visitor entrance, especially within restricted areas on the Perinatal and Neonatal units, such as ORs, Well-Nurseries and NICUs.
2. Perinatal Units should have a process for visitor identification (i.e., visitor logbook, visitor ID validation, visitors receive a distinctive visitor wristband or name tag allowing entry to the unit, etc.). If a visitor wristband is utilized, it should be a cut away, non-transferable, disposable band with no patient identification.

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 4 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
APPROVED BY: Ethics and Compliance Policy Committee	

3. External vendors and/or agency representatives who are required to interact with the infant and/or parents need to be appropriately identified upon arrival to unit and introduced to parents/primary caregivers by the primary care nurse.
 4. The facility will not support the placement of birth announcements in the newspaper and should provide information warning parents of the danger, including an explanation of the risks of birth announcements in the form of yard signs or outside decorations or of placement of birth announcements with complete names and addresses in a newspaper.
- H. Colleague Education
1. Infant security specific training for hospital/unit colleagues is completed during new hire orientation. A colleague involved in the direct care of newborns is to complete training prior to or during their first shift in the patient care area.
 2. Colleagues will be educated on infant security and physical security measures including tailgating/piggy-backing onto secured units annually.
- I. Parent/Guardian Education
1. Parents/Guardians will be educated on security awareness, identification of hospital personnel, primary care colleagues for the shift, and communication regarding unit activities and any procedures involving the newborn or infant.
 2. Parents/guardians should sign a form acknowledging an understanding of infant security education provided and shared responsibility for maintaining infant security during hospital stay. Documentation will be included in the patient’s medical record.
 3. Language and cultural barriers may interfere with the understanding of, or compliance with, infant security education. Therefore, efforts should be made to achieve optimal understanding by the parent/guardian and documented in the medical record.
 4. Based upon home care needs of the infant at the time of discharge, parents/guardians will be educated regarding in-home care vendors and other outpatient clinical services. Home care education includes:
 - a. Vendor/agency name;
 - b. Purpose of visit;
 - c. Anticipated arrival;
 - d. Expected vendor/agency representative identification; and
 - e. Advisory to parents/guardians to remain present with the infant in the home during the vendor/agency representative’s visit.
- J. Discharge Procedures
1. Release infant patients after the patient and the parent/guardian ID bands are validated.
 2. If no ID band is available, colleagues are to validate with government-issued ID.

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 5 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
APPROVED BY: Ethics and Compliance Policy Committee	

K. Infant Abduction-Drills, Potential and Actual

1. Drills: The Patient Safety Director will be responsible for validating that the infant abduction drills are completed in partnership with security and unit leadership. Infant abduction drills will involve the entire campus and will be conducted at a minimum of once per quarter. Drills are to be conducted at varying times to include all shifts and should not establish a predictable pattern. Drills are to be initiated from Perinatal and/or Neonatal units. A realistic scenario should be utilized with debrief and critique following the drill. All critiques, findings, and action plans should be reviewed in the Environment of Care (EOC) Committee for oversight. The facility will ensure the completed drills will be uploaded into Complyos.
2. Potential Abduction: Facility colleagues should be alert to any unusual behavior they encounter from individuals. The alert process should include the recommendations provided by the National Center for Missing and Exploited Children and generate a communication and action plan based on observation and findings.
3. Actual Abduction: To assist in the timely identification of an abducted infant and/or an abductor, the facility response for infant abduction will include:
 - a. Activating a security alert referencing the abduction of a newborn or infant
 - b. Performing a facility-wide overhead page notification, in plain language, which identifies the unit from which the infant was abducted, and includes a description of the abductor, if available. The announcement will occur every two minutes until an "all clear" is initiated.
 - c. Security responding to the location of the reported abduction shall sequester the area, moving family from the current location to another secure area.
 - d. Colleagues immediately responding to stop vertical (floor to floor) movement, by securing interior departments, stairwells and exterior doors, allowing only designated individuals (i.e. Law Enforcement, Security and/or Senior Leadership) to have unfettered access.
 - e. Designating specific individuals that may cancel the security alert. Facility may choose to utilize a special passcode to validate individuals.
 - f. Have a designated representative responsible for communicating with Law Enforcement agencies, relaying and updating information, as well as receiving communication from Law Enforcement for further instructions.

L. Electronic Infant Security System

1. Activation of the electronic infant security device connected to the infant will occur in the delivery room or at the moment the infant is within the security zone (i.e., at delivery, upon transitioning from OR to Perinatal and Neonatal Unit, etc.), when the newborn condition allows.
2. The electronic security device should be applied and activated in the Neonatal Intensive Care unit when infant condition is stable. This would apply to babies who are in stable condition in open cribs, rooming-in with parents/guardians, overflow area located on a

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 6 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
APPROVED BY: Ethics and Compliance Policy Committee	

<p>patient floor that is not a locked/secured unit or social situations that put the infant at risk for abduction.</p> <ol style="list-style-type: none"> 3. When application and/or activation of the electronic security system device is delayed due to the environment or system default, the infant will be transported by an authorized colleague wearing the authorized Perinatal and Neonatal distinctive badges using direct, line-of sight supervision. 4. Upon infant discharge, electronic security devices should be deactivated then removed immediately prior to exiting the perinatal/neonatal unit. The infant should remain with an authorized colleague in line-of-site supervision until the infant has exited the facility. 5. The Security Administrator will be responsible for: <ol style="list-style-type: none"> a. Maintaining and fixing the electronic infant security system; b. Testing equipment on a monthly basis (uploaded into Complyos); and c. Reviewing event and alarm reports to mitigate risks. Event and alarms to be activated and tracked are: <ul style="list-style-type: none"> • Band detached (Procedure) • Check tag tightness (Procedure) • Tag exit alarm (Security) • Tag tamper (Security) • Tag loose tighten immediately (Procedure) • Tag at exciter (Security) • Tag off-skin (Security) • Improperly applied tag (Procedure) • Battery low (System) d. Security events/alarms should be minimal in occurrence and will be reviewed in detail by security and unit leadership. Investigations will be presented to Environment of Care Committee. e. At least quarterly, technology should be evaluated for propensity of false alarms and dead spaces. The evaluations should occur through a collaborative effort involving facility engineering, security, information technology, and nursing management. f. In the event electronic security systems (i.e., badge access, electronic infant tags, remote door releases, etc.) experience downtime or temporary malfunction, application of physical controls and safeguards (i.e., clinical colleagues informing elevated security needs to mothers of the newborn or that infants will be taken to well-baby nursery) should be implemented immediately.
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DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Infant Security Program
PAGE: 7 of 7	REPLACES POLICY DATED: 10/1/20, 9/1/23
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: IP.PS.005
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DEFINITIONS:

Abduction The action or an instance of forcibly taking an individual away against their will.

Alarms Notification that the system has triggered and/or reached the second designated limit.

Dead space Area that does not receive a Wi-Fi signal.

False Alarm Alert activated but did not actually happen.

Infant Any newborn admitted to the perinatal or neonatal unit.

Perinatal Time before and after infant birth.

System Alert Notifications that the system has triggered and/or reached the first designated limit.

REFERENCES:

1. National Center for Missing and Exploited Children (2014). For Healthcare Professionals: *Guidelines on Prevention of and Response to Infant Abductions*
2. [National Center for Missing and Exploited Children \(2009\). Self-Assessment for Healthcare Facilities](#)
3. [HCA Healthcare Physical Security Electronic Infant Security Equipment Standards](#)
4. HCA Healthcare Identification and Name Badge policy, HR.ER.015
5. [Implementation Guidelines for COG.PPA.003 non-employee Dependent Healthcare Professionals \(DHP's\)](#)