Policy for the Promotion of Safety /Prevention of Abduction of Babies

Specialty: Maternity and Neonatal Services

Approval Body: Quality & Safety Group

Approval Date: May 2021

Date for Review: May 2025

1. Introduction

The newborn infant in hospital should be cared for in a secure environment to which access is restricted and a robust, reliable baby security system enforced. The risk of abduction of a baby from within a hospital setting is low. However, the distress caused to the family and publicity surrounding such events highlights the importance of ensuring that if such an incident does occur, the Health Board has a comprehensive response plan. This, together with the strict criteria for the identification and labelling of the newborn infant, is essential to minimise both clinical and non-clinical risk to a vulnerable patient group.

2.   Policy Statement

Swansea Bay University Health Board (SBUHB) advocate the importance of prompt identification and labelling of a baby to optimise patient safety including the implementation of adequate security measures that will reduce the risk of a potential baby abduction.

The safety of both the mother and baby is paramount and the policy set's out the responsibilities of key groups who will have a direct role in the welfare of the newborn. It is therefore imperative that all staff comply with the identification/labelling process and abduction protocol if initiated.

3.   Aim of Policy

3.1 To ensure that all mothers and babies have the correct identification and labelling completed and applied as soon as possible after birth and in the presence of a parent or if required prior to admission to the neonatal unit.

3.2 That whenever possible both mother and baby are cared for together in the hospital setting and that the chance of separation is kept to a minimum

3.3 To ensure that if a baby needs to be removed from a ward / neonatal unit for tests or investigations one of the parents should accompany the baby where possible with a member of staff. In the event that this is not possible a member of staff will accompany the baby.

3.4 All staff entering the maternity or neonatal unit should have a photo identity badge clearly displayed.

3.5 All staff should be aware of and challenge any unidentified persons entering their ward area.

3.6 To ensure that if a baby requires prescribed medications, blood sampling or invasive investigations their identification band is clear and insitu.

4.   Identification of New-born Baby Immediately after Birth

4.1 The National Patient Safety Agency issued a safer practice notice in October 2008,   giving recommendations (as below) for identification of a baby at birth

4.2 The midwife in charge of the delivery or receiving the baby is responsible for ensuring that the baby is correctly identified before leaving the delivery room/theatre or on admission to hospital. In

the case of multiple births, the midwife is to ensure that an adequate number of umbilical cord clamps are available to enable identification of the babies at delivery.

- One cord clamp for Twin I or Triplet I
- Two cord clamps for Twin II or Triplet II
- Three cord clamps for Triplet III

4.3   Three identity bands should be used: one for the mother and two for the baby and must be attached to mother and baby **within one hour of the baby's birth.**
If there is delay in inputting the birth data into the computer, the armbands must be hand written and include:

- Mother's full name
- Baby hospital number
- Sex of baby – shown as Boy/Girl or unassigned sex (confirmed with parent)
- Date and time of birth
- In the case of multiple births the birth order must also be stated on the identity bands e.g. Twin I/Triplet I, Twin II/Triplet II etc. The midwife must ensure that the hospital numbers and NHS numbers on multiple births are different prior to banding

The midwife is responsible for checking that the data is correct before checking the bands with the mother as soon as possible after the birth. The mother must be satisfied that the information is correct before the midwife attaches the bands to the baby in her presence.

4.4   Electronic armbands – data is to be entered into the computer. The midwife is responsible for checking that the data is correct before checking the bands with the mother as soon as possible after the birth. The mother must be satisfied that the information is correct before the midwife attaches the bands to the baby in her presence.

4.5   If the mother is unable to confirm identification, the bands should be checked with the father/partner. Rarely, it may be necessary for the midwife to identify the baby without confirmation from a parent. In this case, the midwife should have the identity bands checked by a second midwife.

4.6   Where a mother has had a general anaesthetic the baby should remain with the mother when possible, and be transferred from theatre at the same time.

4.7   The pre-printed sheet (Appendix 1) is completed with details listed below and is secured in the neonatal records.
- Baby's hospital number
- Date and time of birth
- Sex of child
- Mothers first name and surname
- Explanation of Bartec security given
- Mothers / Father's signature confirming information is correct
- Midwife's signature/witness signature

5. Transfer of a Baby to a Postnatal Ward

5.1 The transferring midwife / neonatal nurse is responsible for handing over to the receiving midwife on the postnatal ward. The armbands, sex of infant should be checked in the presence of the midwife / neonatal nurse and the mother. Documentation in the postnatal records should reflect that the details are correct on page 13 of the neonatal ward record sheet.

5.2 All mothers should be advised to keep their babies with them at all times. All babies, unless medically indicated, should be roomed-in with their mother throughout the 24 hour period.

5.3 There may be an occasion when a baby has to be separated from its mother for a short period of time, if this occurs, a full check of the identity bands should take place when the mother and baby are reunited.

5.4 All mothers should be advised to challenge any individual who intends to remove their baby regardless of any reason given.

5.5 All staff should challenge any personnel they cannot identify.

5.6 A full identification check of the baby should be made during each shift and documented in the baby's notes.

6. Transfer of a Baby from Labour Ward to Neonatal Unit

6.1 If the baby requires admission to a Neonatal Unit the same identification   procedures should be carried out and checked with the mother prior to being admitted.

6.2 If the condition of the infant requires immediate transfer to a Neonatal unit, the Midwife responsible should place hand written bands on the baby with the mother's name, hospital number and baby's date and time of birth until appropriate bands are generated as per sections 4.4 and 4.5.

6.3 In the case of multiple births the birth order must also be stated on the band.

6.4 Babies should be identified as per identification guidelines, if it is not possible, a midwife should accompany the baby to the unit and ensure that the bands are attached as soon as possible after birth. The midwife in charge of the delivery is responsible for checking the identity bands and showing these to the mother as soon as possible.

6.5 The transferring midwife is responsible for handing over the baby to the receiving neonatal nurse on the Neonatal Unit. The armbands should be checked by the midwife and neonatal nurse. Both the midwife and neonatal nurse must sign the neonatal ward record sheet on page 13 to confirm the armbands have been checked and information is correct.

6.6 If the baby is to remain on the neonatal unit, the baby is issued with an additional single medicine band with the baby's name, file number and first line of address.

7. Transfer of a Baby to another Neonatal Unit

7.1 If the baby requires transfer to another neonatal unit for specialised treatment or is a back transfer to their referring unit, the neonatal nurse responsible should check the armbands and document in the case notes to confirm that the armbands are correct before transfer.

7.2 On arrival at the receiving neonatal unit, the neonatal nurse responsible should check the armbands with the receiving neonatal nurse and document the information is correct in the patient records.

8. Transfer of a Baby from Community into Hospital Setting

8.1 If a baby is admitted from the community setting following a home birth, the community based midwife transferring the baby into hospital is responsible for the correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.

8.2 If a baby is readmitted to maternity unit the midwife responsible for admission must ensure correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.

8.3 The pre-printed sheet (Appendix 1) confirming identification should be completed in the notes.

9. Transfer of a Baby from Neath Port Talbot Birth Centre

9.1 If a baby is transferred from Neath Port Talbot Birth centre, the transferring midwife is responsible for the correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.

9.2 On arrival at the unit, the bands must be checked by both the transferring midwife and receiving midwife. As soon as the mother arrives, the identity bands should also be checked with the mother.

10. Daily Identification of Babies' Armbands

10.1 Correct identification of a baby in hospital is the responsibility of every member of staff who provides care to babies; mothers should be encouraged to share this responsibility.

10.2 Every shift a midwife / neonatal nurse / nursery nurse should check a baby's identity and record in the notes that both bands are present.

10.3 The identification of a baby must be checked prior to the administration of oral or intravenous medication, blood sampling and before any invasive procedure by checking that both armbands and medicine band are present and correct.

10.4 All mothers should be advised to immediately inform a midwife / neonatal nurse if an identity band becomes detached or missing. Identity bands that are loose and can be slipped off must be replaced.

10.5 If one band has become detached or missing, the midwife/nurse must check the remaining band with the mother's arm band.

If they correspond, a new set of three identity bands can be completed. The mother must be present during this procedure and must check the three identity bands and see the new bands being attached to her baby. This must be reflected on the positive identification form (Appendix 1) in the baby's records by both midwife and mother.

Every effort must be made to locate the missing identity band which must be stapled to the mother's maternity record or neonatal notes when found.

When new bands are required for a baby on the neonatal unit they are to be checked by two nurses against the baby's notes and both nurses must sign on the positive identification form in the baby's records (Appendix 1).

10.6 If both bands are detached, even if both are in the cot or in the vicinity, the incident must be reported to the midwife in charge of the ward.

An immediate review of all mothers and babies bands must be undertaken by the midwife in charge of the ward to ensure the presence of two identity bands on all other babies.

When the Lead Midwife or midwife/nurse in charge of the ward is satisfied that there is no possibility of a mistake in identity, three new identity bands can be made out using information from the mother's notes. These must be attached in the presence of the mother. A record of the new identification number should be made on the positive identification form in the baby's records with signatures of mother and midwife/neonatal nurse.

A Datix incident must be generated and the matron or senior midwife should be informed at earliest opportunity.

If it is not be possible to make positive identification the Matron must inform the Head of Midwifery/Nursing or her deputy, the Unit Manager immediately.

10.7 The ward manager is responsible for undertaking a monthly audit of compliance with the correct procedures for identification of the newborn. This is reported on the monthly Care Metrics.

11. Discharge of a Baby Home from a Postnatal Ward / Neonatal Unit

11.1 When discharging a mother and baby home from a postnatal ward the midwife   responsible must check all the identity bands with the mother. The midwife will remove one of baby's bands and staple to the designated mother/baby positive identification form in the baby's records. This will be signed by the midwife and mother to confirm that the bands are correct at the time of discharge.
11.2 The mother must be informed not to remove her band or the baby's remaining band until the midwife makes a first visit to her home, where they will be checked again and recorded in the midwifery notes as correct.

11.3 NICU, Singleton Hospital - When transferring a mother and baby home, the neonatal nurse responsible must check the armbands with the mother to confirm that the armbands are correct.

This should be documented on the Identification Care Plan and signed by two nurses. Both armband bands and the medicine band are removed from the baby. One armband is given to the mother and the remaining armband, plus medicine band is placed in the patient notes.

12. Surrogacy Arrangements

12.1 The baby should remain with the surrogate mother.

12.2 Names, address, and GP of the commissioning parents to be obtained and the appropriate GP, Midwife and Health Visitor informed to ensure the commissioning parents receive appropriate support following discharge.

12.3 Surrogate mother must care for the baby until she goes home.

12.4 The handing over of the baby should **NOT** take place within the hospital unit. This should take place once the mother has been discharged and left the premises.

12.5 If the surrogate mother leaves the hospital without the baby, the commissioning parents must **NOT** be allowed to take the baby and Social Services must be informed.

13. Baby Admitted to a Paediatric Ward from the Community

Any baby admitted to a children's ward from the community should be identified in line with the Identification Policy on the Paediatric Ward.

14. Baby Admitted from the Community to the Neonatal Unit, Singleton Hospital

Any baby admitted from home must be labelled with two identity bands with the baby's name, hospital number, date of birth and first line of address included in the details.

15. Policy for the use of the BARTEC WATCH System

The system is an effective method of providing security for new born infants in hospital. However, this system is **NOT** used within the neonatal unit due to the use of incubators and continuous monitoring

The features of the system are: -
- An individual battery box connected to a padded pressure mattress placed in the baby's cot.
- Key operation – each key is specific to that cot. It is the responsibility of the parents or staff to activate this system when the baby is being left. Therefore, the mother or midwifery staff can only remove the baby once the system is deactivated.
- Immediate warning – the alarm sounds the instant the baby is lifted.
- Quarterly maintenance agreement with the company (each battery lasts six months, therefore, the system is maintained well in advance of this).

- Should a key be mislaid that particular battery box is retrieved by the manufacturer and replaced with another.

15.1 Use of the Bartec Watch System

15.1.1   Each mother is advised not to leave her baby unattended without informing a member of ward staff.

15.1.2   Following birth, every baby is allocated a cot with the security system insitu. The delivering midwife demonstrates the use of the system to the mother ie:
- how to turn the key to the 'on' position;
- removal of the key (to be kept with the mother if she leaves the baby unattended);
- how to turn the key to the 'off' position when she lifts the baby from the cot.

15.1.3   The mother signs the mother/baby positive identification sheet to confirm that she has understood the use of the system (Appendix 1).

15.1.4   Midwifery staff hold the master keys on the drug key ring in each area should baby need attention whilst unattended by its mother.

15.1.5   On transfer to the community the midwife ensures the system is complete with key before transfer home.

15.1.6   Babies will not be nursed in any cots, pushchair, 'buggies' etc. that do not have the BARTEC Baby Watch System in place.

15.1.7   As the system works on weight distribution of each baby, it is advisable not to store toys in the cot.

15.1.8 If a baby has to be left on the ward without their mother being present eg mother in HDU/ITU, a midwife must be designated as the person responsible and must keep the Bartec key on them at all times.

16. Abduction of a Baby from a Maternity Unit /Transitional Care/Ward 5 Neonatal Nursery

Any unauthorised removal of an infant from the Maternity or Neonatal Nursery should be treated as a potential abduction and is a time critical incident .

If the Baby BARTEC Alarm System sounds, staff should immediately attend the alarming cot to establish if baby present or not.

- If the correct baby is in the cot deactivate the alarm with the mother.

- If the baby is missing from the cot, the staff must quickly establish the location of the infant.

16.1 On suspicion that a baby has been abducted:

The Baby Abduction Flowchart (See Appendix 2) must be followed

A member of staff at ward level will contact the switchboard (**3333**) and state 'baby abduction'. Switchboard will contact key personnel as per abduction flowchart.

- Exit push button release mechanism to be de-activated when and where possible

- A head count and identification check to be carried out on the remaining babies on the ward.

- Staff to be allocated to exit points including fire exits and remaining staff to search the immediate vicinity in an attempt to locate baby's whereabouts.

- Any Individual to be stopped and challenged trying to leave the ward

- Security/porters to seal hospital exit doors and prepare for a hospital search to be undertaken.

- Car Park Security to stop all traffic leaving the hospital with assistance from the police to stop vehicles leaving the hospital site.

- CCTV to be reviewed

- An incident room to be established to ensure an efficient response can be co-ordinated.

16.2   Who to Inform in the Event of an Abduction from the Maternity Unit or Neonatal Unit

- In office hours:

Maternity - Matron, Assistant Head of Midwifery or Head of Midwifery.

NICU – Matron, Assistant Head or Head of Nursing for Children & Young People and Medical Clinical Lead

- Out of hours - On call Manager for Maternity & Children's Services, the Executive on call and the on call consultant for NICU via switchboard.

- If a baby is the subject of a safeguarding plan, social services to be contacted.

- If an actual abduction is confirmed, then the Health Board major incident procedure may need to be initiated.

16.3   False Alarm

- On confirmation that the baby has been found, the senior person in charge of the area must **immediately** contact switchboard and stand down all staff.

17. System Testing

The security system will be checked on a regular basis by the Deputy Head of Midwifery.

The Maternity and Neonatal services will be responsible for initiating and evaluating a security abduction test at least on an annual basis. This will also involve a written evaluation and action plan if appropriate.

The Ward Manager will be responsible for undertaking monthly spot check audits of security identification policy compliance for babies and children.

18. Roles & Responsibilities

- The Maternity and Neonatal Service both have a role in ensuring that this policy is referred to during the training of new staff and induction programmes.

- All key staff groups who have a direct role in the welfare of the newborn such as midwifes, neonatal staff, healthcare support workers, administrators and medical staff have a responsibility to adhering to this policy.

19. Incident Reporting

- This policy will be used in conjunction with the SBUHB Incident Reporting Policy. Any breaches in this policy or security will be reported and reviewed through the Incident Reporting mechanism (Datix).

20. Procedure in the Event of Unauthorised Removal of Infant from the   Neonatal Unit by Parents / Carers /family members
- Removal of a baby from a neonatal unit is not usually considered to be an 'abduction' unless it is against medical advice or a baby is considered to be at risk under the Safeguarding Policy.

20.1 Procedure upon discovery that an infant has been removed by parents/carers/family members without authorisation i.e. they have not been discharged or signed a discharge against medical advice form include:

- Informing Primary Health Care Team (Community midwife, Health Visitor, General Practitioner)

- Contact/visit the home to confirm whereabouts of baby

- Inform the Named Midwife for Safeguarding

- Contact Social Services

- Stand down only when infant has been safely located.

- Staff will immediately review the ward video surveillance and contact car park attendants to review CCTV inside and outside the hospital.

- If the baby has been taken by parents, then initiate procedure for unauthorised removal.

- If parents and baby cannot be contacted within 2 hours, then a multidisciplinary risk assessment should be undertaken to assess whether the abduction policy should be activated.

- If baby cannot be found, continue with abduction policy.

- A head count and identification will be carried out for the remaining babies on the ward.

- If during the activation of this policy, it is confirmed that a false alarm has been initiated, staff will be told to 'stand down' by the senior manager on duty, following liaison with the department involved. Reversal of the policy will then be undertaken by the senior manager. However, the police will not be informed of this until they arrive on site.

- Co-ordination/Communication Officer for any hospital search should be the hospital Site Manager or Deputy during normal working hours. The Senior Sister acting up for the hospital will carry out this role outside normal working hours.

21. SB UHB Security Policy

- This policy is not intended to replace SBU Security Policy but compliment it. Therefore, this policy will be used in conjunction with the SBUHB Security Policy.

- This policy will also be used in conjunction with the SBUHB Safeguarding Policy.

Appendix 1

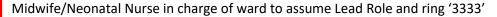## MATERNITY DEPARTMENT

MOTHER/BABY POSITIVE IDENTIFICATION FORM

(This form is to be filed in baby's hospital records)

Baby's Hospital Number: ....

Baby's Date of Birth: ....

Sex of Baby: .... Mother's

First Name & Surname: ....

Explanation of BARTEC Security given: Yes   /   No

Mother's Signature confirming above is correct: .... Midwife's

signature: ....

If Baby's change of band is required, please complete again:

Baby's Hospital Number: ....

Baby's Date of Birth: ....

Sex of Baby: ....

Mother's First Name & Surname: ....

Mother's Signature confirming above is correct: .... Midwife's

/nurses signature: ....

Discharge process

Date of mother's discharge: .... **Baby discharged with mum: Yes   /   No**

Confirm positive identification of 3 bands: ....

(NB: Remove one band from baby and attach to this sheet for filing in <u>Infant notes</u>)

Mother's Signature confirming above is correct: ....

Discharging Midwife's Signature: ....

Appendix 2

Baby BARTEC alarm sounds or Alarm raised indicating baby is missing
- ♦ Staff to attend 'alarming' cot to check if baby is present or not:
- ♦ If baby is not present, and staff cannot establish location of infant, implement **Baby Abduction Protocol**

BABY ABDUCTION PROTOCOL

Midwife/Neonatal Nurse in charge of ward to assume Lead Role and ring '3333'

- ♦ State Baby Abduction and location
- ♦ Request all hospital exits be sealed off immediately & review of CCTV
- ♦ Request Baby Abduction Protocol be implemented

Lead Midwife/Neonatal Nurse:

- ♦ De-active the exit push button release mechanism
- ♦ Arrange a head count including ID checks of all the babies on the unit
- ♦ Station staff to cover ward exit points including fire exits
- ♦ Assign all other available staff to search immediate vicinity for the missing baby
- ♦ Ensure staff do not allow anyone to leave the area until they have been challenged
- ♦ Arrange an incident room to ensure an efficient response can be co-ordinated

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Lead Midwife/Neonatal Nurse to contact:

- ♦ Daytime – Senior Midwife/Nurse
- ♦ Out of Hours – On call manager

Switchboard will contact:

- ♦ **Porters & Security Staff**
- ♦ **Car Park Attendants**
- ♦ **Police**
- ♦ **Hospital/Bed Manager**

Lead Midwife/Neonatal Nurse to brief Security staff and/or police on their arrival

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If the baby is discovered on the premises during the search, switchboard is to be contacted immediately to alert the search parties to 'stand down'

Appendix 3

Security System Birth Centre NPT

Security Doors

All areas where there are inpatient services for neonates or babies must have locked security doors. This system must be maintained in good working order.

Only authorised personnel employed by SBUHB will be provided with a proximity security swipe card which is issued by Dalkia.

Any breaches in security must be incident reported and notified immediately to Senior Midwifery Management and Hospital Porters. During out of hours, the Hospital Porters and on call Manager must be notified.

A directory of card holders within the department is held by Dalkia. As staff leave the department they are required to return the card to the issuer. This card will then by deactivated.

Security Cameras

There are security cameras on the main corridors/entrances of the Antenatal Clinic and on the entrance to the Birth Centre. In the case of breakdown or when the need to review footage arises, please contact Security Department (NPT Ext 4-7733) immediately and state urgency. Generate an Incident Form through the approved mechanism to alert and identify the risk situation. Contact the Matron and General Manager of the appropriate site and inform them.

Appendix 4

ABDUCTION OF A NEWBORN BABY AT NPTH

Role Of The Switchboard

The Switchboard's role immediately on receipt of a 3333 Baby Abduction Call will be:-

Contact following personnel/departments in the order specified below
Apply communication as required by the Incident Manager Note time of day – The time of day will determine who to contact

Action Card

1 Notify Charge Hand Porter Ext 47750 / 46100 saying:
"Potential Baby Abduction – Action Procedures"

2 Contact Police 999

3. Contact Hospital Site management / OOH's on call Acute Services Manager

4. Contact on call Manager – rota held by switchboard

5. Contact Unit Nurse Ext 42600/42594 or Matron 42324 / OOH's Night Nurse Practitioner ext 46000

6. Contact Kier Facilities Management ext 47744, OOH's on call staff

7. Contact Veolia Management ext 47728, OOH's on call staff

8. Contact SBU UHB Estates - / OOH's Contact ABMUHB Estates 1st on call Engineer

9. Contact Hotel Service Manager – Hotel Services manager on call

10. Test Telephone communication with Boardroom Ext 42150

11. Contact Ward Managers / Sisters to allow staffs release to form search teams (see list attached)

NOTE: Staff reporting to help with search to assemble in NPTH main Atrium for instructions

Following receipt of baby abduction alert and procedure activation contact the following Wards and departments.

Inform a senior member of staff of the emergency, give description of baby and/or suspected abductor and request their main corridor doors are closed and the whole area including rooms off leading corridors are searched.

GROUND FLOOR			FIRST FLOOR		
Dermatology	42660		Colposcopy	42114	
Children's Assessment Unit	42059		Ward B2	42340	
Occupational Therapy	42320		Ward C	42071	
MIU	42160		Ward D	42199	
Fracture Clinic	42246		Ward E	42654	
OPD	42237		Ward A	42042	
WRVS shop	47701		Wales Fertility Inst..	42698	
Coffee shop	47761		Day Surgery Unit	42186	
Radiology	42133		Theatre	42437	
Restaurant	47792		Clinic B1	42080	
Physiotherapy	42043		Ante Natal Clinic	42118	
Elderly Day Hospital	42603		Chapel	44750	
General Office	42206		On call rooms	42455 & 42378	
Neuro Rehab	42403				
Catering	47712		Second Floor		
Ward F	42516		Education centre	42202	
Ward G	42520		Health Records	42564	
Pharmacy	42169		Library/IT	42369/42200	
Endoscopy	42304		Med/Surg Staff		
R&D stores/corridor	42201		Facilities		
MAU	44750		Pathology	42219	
Y Rhosyn	42553				

ABDUCTION OF NEW-BORN BABY

DURING OFFICE HOURS

SINGLETON HOSPTIAL SWITCHBOARD ACTION

The switchboard operator will contact the following personnel/department in the order specified below:

1. Activate Bleep Holder/Porters and Bed Managers saying "**POTENTIAL BABY ABDUCTION. ACTION PROCEDURES**"

2. Contact security ensure CCTV is being reviewed and cameras are recording in West Block/Crush Hall and corridors to Labour Ward, NICU and wards 20,19 & 5

3. Contact police via 999 requesting ETA (only do so in a genuine lockdown please do not call if only an exercise).

4. Contact Car Park Supervisor to close exits.

5. Contact Matron/deputy head of Midwifery, Matron of Neonatal unit/assistant head of Nursing for Children's Services and NICU Consultant via their bleep/mobiles.

6. Contact Women and Child Health Directorate Manager.

7. Notify Hospital Manager

Appendix 6

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ABDUCTION OF NEW-BORN BABY

OUT OF HOURS

SINGLETON HOSPTIAL SWITCHBOARD ACTION CARD

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The switchboard operator will contact the following personnel/department in the order specified below:

1. Activate bleep Holder/Porters and Bed Managers saying "**POTENTIAL BABY ABDUCTION. ACTION PROCEDURES**"

2. Contact security to ensure that CCTV is being reviewed and cameras are recording in West Block/Crush Hall and corridors to Labour ward, NICU and wards 20, 19, 5

3. Contact police via 999 requesting eta (only do so in a genuine lockdown please do not call if only an exercise).

4. Contact on call Manager for Maternity and Children Services and Neonatal Consultant on call.

Appendix 7

Birth Centre, Neath Port Talbot Hospital

SECURITY CARD APPLICATION FORM

Forms can be completed manually (please complete in black ink and capital letters) or electronically.

(Please circle) New card request / Replacement card request

Applicants Name: ....

Designation: ....   Contact Number: …………………...

Contract: (Please circle)   Permanent   Fixed Term   Secondment

I have read and agreed to the following terms and conditions for access permission:
   •   Once issued, I accept responsibility for the safety of the security care and agree to report any loss to the Birth Centre co-ordinator and submit an incident report;
   •   The card issued to myself is for my sole use;
   •   I will ensure the card is returned to the Midwifery Matron at NPTH if I leave SBUHB employment or I am transferred to another area within SBUHB.

Staff signature: ....   Date: ....

Midwifery Matron: ....   Date: ....

Card ID No ....

Please send / email completed form to:

MONTHLY SPOT CHECK ARMBAND AUDIT

Date and time of audit:	
Audit undertaken by:	
Number of babies on Ward:	
Number of babies that had both identity bands in place:	
Number of babies identity bands that corresponded with mothers identity bands:	
Number of mother/baby positive identification sheets where there was correct documentation of the information with the identity band that has been signed by midwife / parent	
Audit 10 sets of discharge notes for compliance of parent / midwives signatures on mother/baby positive identification sheet at discharge.	Number compliant:
Please detail reason for non compliance :	

COIN clinical online information network

Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	CID3426
Title.	Policy for the Promotion of Safety/Prevention of Abduction of Babies
Name and Signature of Author/Chair of Group or Committee.	Dawn Apsee, Intrapartum Service Manager.
Name and Signature of Lead Pharmacist.	N/A
Please specify whether the document is New, Revised or a Review of a previous version.	New
Please specify the section on COIN where you wish the document to be published.	Paediatrics
Please sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Maternity Quality and Safety Group
Has NICE guidance been considered/referenced when producing this guidance? If yes, please state the title or reference number.	N/A
Is the document relevant to the GP Portal?	No
Equality Statement (Mandatory for Policies). [(1)]	N/A
Please specify keywords to assist with searching. [(2)]	Abduction, Babies, Security, Armband, Safety, Alarm, Security.

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Next Review/Expiry Date.	May 2022

(1)   All policies need to comply with the Policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines

(2)   Relevant keywords will assist COIN users with searching for documents.