|  |
| --- |
| **POLICY TITLE: Security and Identification of the Newborn** |
| **Department: Mother/Baby, NICU, Labor & Delivery** | **Policy Number: VII-S-1 MB** |
| **History of Review/Revision Dates: 8/84, 10/86, 5/95, 3/98, 8/98, 7/01, 11/06, 06/09** | **Effective Date:** |

**SCOPE:** All personnel involved with newborn care must be aware of newborn abduction precautions per institution and unit policy.

**PURPOSE:**

To outline the process used for identification and security of the newborn and proper use and operation of the Hugs infant protection system, and the Kisses mother/infant matching component.

**STATEMENT OF POLICY:**

Parents at this institution can expect the greatest safeguards to warn against the attempted abduction of their infant. Regular rehearsal of the procedures will be performed so that all personnel are prepared in the event of an actual abduction.

**PROCEDURE:**

1. Four (4) identification bands with matching numbers will be applied at the delivery of the newborn. One will be placed on the mother, two on the newborn and one the significant other as designated by the mother.
2. Personnel will confirm correct pairing of the newborn to mother and/ or significant other by matching band numbers prior to leaving the nursery or when staff member takes newborn to mother’s room.
3. Birth Center personnel will wear a pink color coded picture badge for valid identification
4. A Hugs tag will be applied to infant immediately after birth. The tag will be removed at the time of discharge from hospital or upon transfer to NICU. Infants in the NICU will not have Hugs tags placed until medical condition upgrades to an open crib status.
5. In conjunction with the application of the Hugs tag to a newborn, a Kisses mother/infant matching tag will be applied to the newborn’s Mother.

**Preventing Newborn Abduction (Maternal Newborn)**

1. Verify the identity of the patient and the support person who will wear corresponding ID bands using two identifiers in accordance with institution policy.
2. Clean newborn extremities where ID bands and security bracelets will be located.
3. As soon as the newborn is stabilized after birth and before leaving the delivery room, verify exact ID band information with the mother's ID band and apply ID bands and security bracelet securely to the newborn's opposing limbs, such as right wrist and left ankle, or per institution policy. If there are multiple newborns, the mother should wear an ID band corresponding to each newborn's ID band. Information should include the newborn's name, sex, date and time of birth, delivering practitioner, patient record number, and ID band number.
4. Apply ID bands to the mother and support person before they leave the delivery room. If the fourth ID band is not applied to a support person of the mother's choice, destroy it and document according to institution policy.
	1. Adhere to institution policy if adult bands are removed before discharge of the mother and newborn. Apply a new set of identification bands to the neonate, mother and significant other if any of the bands are lost or removed. The application of the new set will be documented in MEDITECH.
	2. If the patient requests no significant other receive band, or significant other removes/refuses band, that band will be destroyed and documented.
	3. If the Significant Other is not present at delivery to receive band, that band will be secured for placement at a later time, and charge nurse notified.
5. Confirm computer tracking of bracelet on security system, if applicable.
6. Footprint the newborn on the designated form, according to institution policy. The form should include the newborn's name and date and time of birth, should be verified against the newborn's and mother's ID bands. Other information may include signature of staff completing the form, practitioner's name, patient record number, and the newborn ID band number.
7. Advise the family to keep the newborn within their sight at all times unless an appropriate staff member with a pink unit-specific photo ID badge removes the newborn from the room.
8. Transport newborns one at a time to prevent switching. **Do not carry or allow a family member to carry a newborn in the institution. Report to the charge nurse and to security personnel anyone seen carrying a newborn.**
9. Verify that neonate is placed in appropriate crib by matching crib card and ID band **PRIOR** to returning any neonate to his/her crib. Educate family that neonate must remain in crib anytime when not in the mother’s room.
10. When reuniting a newborn with family visually check the newborn's ID band information against the mother's or support person's ID band or confirm the newborn's ID band information while the mother or support person reads aloud their ID band information. **Never read aloud the newborn's ID band information for the mother and support person to check against their band. Because of language barriers or misunderstanding, a family member may indicate that the information is correct when it is not.**
11. Educate family that they should expect all staff to verify that band numbers match.
	1. Ensure that the neonate is removed from the nursery or mother’s room by only the following:
		1. SFMC personnel wearing pink color-coded picture ID tag
		2. Neonate’s physician(s) or designated representative.
		3. Properly banded mother
		4. Properly banded significant other
		5. Volunteers wearing pink color-coded picture ID tag
12. During discharge procedures, visually compare the newborn's and mother's ID bands. Verify numbers to foot prints sheet and have mother sign that the bands match.
13. Upon discharge, have designated staff accompany the newborn to the vehicle in which the family will be riding, with the newborn in a car seat.
14. Document the procedure in the newborn's record.

**GENERAL HUGS INFORMATION:**

1. In the delivery room, Transition nursery staff will be responsible for applying the Hugs tag to the infant’s ankle and admitting the tag into the Hugs software.
2. Tags and straps for the Birth Center will be stored in the newborn Nursery.
3. The patient/tag census in the Hugs computer will be verified daily at each shift change (0700 and 1900) by the Mother/Baby Charge nurse.
4. The Sign Out function will be used to allow patient/tag to temporarily exit the Hugs monitored area. Immediately upon re-entering the Hugs monitored area, the Sign In function will be used to return the patient/tag to the software. This is the process that will be used when moving babies through secured hallways between LD and MB.
5. The Suspend Tamper function will be used anytime the strap needs to be temporarily removed from the Hug tag. (I.e. Strap is too tight and needs to be replaced).
6. Hugs and Kisses tags are reusable. Straps for Hugs tags are single patient use only. If strap is damaged or cut, a new strap would need to be applied to the tag.
7. The Discharge from function will be used when the patient is discharge to home or transfer to a floor not covered by the Hugs system; neonate goes to surgery or to MRI, etc.
8. After discharge, Hugs tag cannot be reused for a 10 minute period. If a Hugs tag has been bonded to a Kisses tag, neither the Hugs nor Kisses tag can be reused or stored together for a one (1) hour period.

**HUGS TAG APPLICATION**

1. Hugs tag will be placed on the neonate’s ankle that does not have the ID bracelet on it. This will occur in the delivery room/OR if possible.
2. Align the strap with one of the tag slots. With message “This side out” on the outside, insert the strap into the back of the tag slot until resistance is felt. Move to the front of the Tag and pull the strap material ¼” past the flush” mark on the strap.
3. Wrap remaining end of strap around the limb, above the ankle. Align the tag with the rounded edge toward the infant’s knee.
4. While holding the tag with one hand, insert the remaining strap end as instructed above. Hugs tag will emit a double beep indicating a functional battery and proper strap application. If no double beep sounds with proper strap application, remove tag from service and give to Hugs System Administrator.
5. Gently pull strap ends until a secure fit is obtained. A secure fit is defined as a fit snug enough to prevent tag from slipping over the heel while ensuring back of tag maintains light contact with the patient’s skin.
6. Use scissors to trim the excess strap material from the front side of the tag, leaving approximately ¼” tabs to allow for tightening and removal at a later time.
7. Activation of the tag will be indicated at the Hugs computer by appearance of an Admit pop-up box providing details on the specific tag.
8. Document the Hugs tag number in Meditech
9. Educate the newborn’s family regarding infant security and its alarms.

**TIGHTENING A TAG**

In order to ensure a secure fit, periodic tightening may be necessary. Staff should assess each Hugs tag and Hugs tag site no less than every 8 hours for secure fit and skin integrity. Assessment of application, skin integrity and tightening of straps will be documented in Meditech. If any skin irritation is noted, Hug tag site should be rotated, immediately. See SUSPEND TAMPER section for instructions on removing a tag.

To tighten the strap:

1. Grasp the cut end of the strap and pull, gently until a secure fit is obtained. A secure fit is defined as a fit snug enough to prevent tag from slipping over the heel while ensuring back of tag maintains light contact with the patient’s skin
2. Use hospital-approved scissors to trim the excess strap material from the front of the Tag, leaving approximately ¼” tabs.

**NOTE;** Strap can not be loosened. Attempting to loosen by pulling on a strap will result in damage to the strap and a Tamper Alarm. If strap is too tight, it must be removed. See SUSPEND TAMPER for instruction on removing a tag.

**LOGIN**

1. To access the Login pop-up box, touch any key on the keyboard or click on the Login icon on the Windows tool bar.
2. Enter user name, password and click Login
3. When a user is logged into the Hugs software, the Login name of that individual will display in the lower, right-hand corner of the computer screen.

**ADMITTING A TAG**

Once the strap is correctly applied to the Hugs tag as indicated by appearance of the Admit pop-up on the Hugs computer, the Hugs system automatically begins to monitor/protect the tag. Admit refers to assignment of patient information to an active tag. The primary nurse may delegate the admit process but will be responsible to verify proper completion of admission procedure.

1. Login to the Hugs per Login procedure.
2. In the appropriate Admit pop-up box enter the patient information in the description field. If the Admit box is not present, verify that the tag number is displayed in the tag census and enter patient information as outlined in EDIT DESCRITPION section. Patient information will be as follow;
	1. Newborn/NICU patients-room number, last name, gender (ex; 3314 Smith BG). Multiple births will be identified as Twin A, Twin B, etc
3. Verify information and click OK to save.

**NOTE;** If multiple admit boxes are present, clicking on anywhere on the appropriate tag’s Admit box will bring the pop-up box to the forefront without disrupting others.

**MOTHER (KISSES) TAG**

The Kisses mother/infant matching component is an adjunct to the identification process and will NOT replace current hospital required identification procedures.

 Equipment: One KISSES tag

 One Standard Hospital ID band

 Scissors

Within one hour of successful activation of a Hugs tag, the Kisses tag must be bonded to the appropriate Hugs tag(s).

1. To bond the Hugs and Kisses tag(s), bring the Kisses tag within 12 inches of the active Hugs tag. A three note chime emitted from the Hugs tag will indicate bonding has occurred. Repeat process for multiple births.
2. Using a standard hospital ID band, apply kisses tag to mother’s wrist

The hugs tag(s) and Kisses tag will remain bonded until the Hugs tag is discharged. If a mother should be discharged from the hospital and the matching infant remains as an in-patient, the Kisses tag must be removed from the mother and set aside. The Kisses tag cannot be reused until the matching Hugs tag has been discharged.

**NOTE**: if more than one hour passes from the time of Hugs activation, bonding with a Kisses tag cannot be performed. The Hugs tag must be removed per DISCHARGE procedure, a new Hugs tag applied to the infant and the Kisses bonding process re-initiated.

**Matching Hugs and Kisses Tags**

Each time the appropriate Hugs and Kisses tags are within approximately 12 inches of each other, the three note chime will audibly indicate a correctly matched mother and infant(s).

**NOTE:** Chime will not sound if Hugs and Kisses tags have not been apart for greater than 30 minutes.

**BASIC PROCEDURES**

**EDITING A TAG DESCRIPTION**

The Edit Description function will be used to change tag description/patient information displayed in the status window.

1. Edit Description to Hugs Computer Workstation per LOGIN procedure
2. In the Status window of the Hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drip down menu.
3. Click on Edit description
4. In the highlighted field, edit information as necessary.
5. Click ok to save changes.

**SIGN OUT A TAG**

The Sign Out function will be used to allow a patient/tag to temporarily leave the monitored Hugs area to move to another Hugs monitored area, or to visit an unmonitored area such as Radiology. **Hugs tags for patients traveling to Surgery or MRI will need to be discharged.**  See DISCHARGING a TAG section for instructions

1. Login to the Hugs computer
2. In the status window of the Hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drop down menu.
3. Click on Sign Out.
4. In the pop-up box, verify patient information, enter the amount of time, in hours and minutes, required for the Sign Out. If prompted, select the zones for which that tag should e signed out or All Zones if the patient leaves the 3rd floor.
5. Click OK

**NOTE**: In the Status window, yellow highlight indicates a patient in Sign Out status. The time remaining for the Sign Out will display

**EDIT/UPDATE SIGN OUT**

If additional time is required to complete Sign Out, it will be necessary to edit/update the Sign out period. If the Sign Out expires and additional time is required for Sign Out, see Sign Out Time Expired for instructions.

1. Login to the Hugs computer per LOGIN procedure
2. In the Status window of the Hugs computer display, click on the red heart icon in from the appropriate patient/tag to access the drop down menu
3. Click on Edit Sign Out
4. In the pop-up box, verify patient information, enter the amount of time, in hours and minutes, required for the Sign Out. If prompted, select the zones for which that tag should be signed out for All Zones
5. Click OK

**SIGN OUT TIME EXPIRED**

When the sign out time expires and the patient/tag has not been signed back into the software, a Sign Out Time Expired pop-up box will appear.

If the patient has returned to a Hugs monitoring area, it will be necessary to update the Sign Out.

1. Verify location of patient and amount of time until patient is expected to return to the Hugs monitored area.
2. Login to the Hugs computer per LOGIN procedure
3. Click Update Sign Out.
4. In the pop-up box, verify patient information, enter the amount of time in hours and minutes required for the Sign Out. If prompted, select the zones for which that tag should be signed out or All Zones
5. Click OK

**SIGNING IN A TAG**

It will be necessary to Sign In the patient/tag upon re-entering the Hugs monitored area. Upon completion of the Sign In procedure, the patient/tag will no longer be highlighted in yellow in the Status window; indication the system has resumed monitoring the tag.

When the tag re-enters the Hugs monitored area, a pop-up box may appear indicating the tag has been detected by an exciter (door).

1. Login to the Hugs computer per LOGIN procedure
2. Click Sign In.

If no pop-up box is present

1. Login to the Hugs computer per LOGIN procedure
2. In the status window of the hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drop down menu.
3. Check Sign In.

**NOTE:** Never sign in a patient/tag that has not re-entered a Hugs monitored area as a SUPERVISORY TIME OUT ALARM and PORTAL ALARM will occur. If a Sign Out Time Expired pop-up box appears, see SIGN OUT TIME EXPIRED for instructions.

**SUSPEND TAMPER**

The Suspend Tamper function will be used to temporarily remove a tag. A new strap will be required to re-apply the tag. This function may be used when a strap has been damaged or cut, the tag and strap have become too tight, or rotation of the tag site is necessary. Failure to suspend the Tamper feature before cutting the strap will result in a TAMPER ALARM.

The timeframe for Suspend Tamper is 5 minutes. If more time will be required, the tag will need to be discharged and a new tag applied. See DISCHARGE section for instructions.

NOTE: The Suspend Tamper function is not required to tighten the tag.

1. Login to the Hugs computer per LOGIN procedure
2. In the status window of the Hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drip down menu.
3. Click Suspend Tamper

**NOTE**: In the Status window, the patient/tag will be highlighted in orange. The remaining time in the Suspend Tamper will be displayed

1. Re-apply the tag. See TAGAPPLICATION section for instructions

**RESUME TAMPER**

Once the suspend Tamper time expires, the system automatically resumes monitoring the tag. If the patient/tag will no remain under the visual surveillance of a staff member until the Suspend Tamper time expires, it will be necessary to Resume Tamper manually.

1. Login to the Hugs computer per LOGIN procedure
2. In the status window of the Hugs computer display, click on the red heart icon in front of the appropriate patient/tag to access the drop down menu.
3. Click Resume Tamper

**DISCHARGE A TAG**

The Discharge function will be used to remove a tag for discharge to home, transfer to another facility and transport of patients to MRI or Surgery, or instances where the timeframe for Suspend Tamper is insufficient to complete necessary procedures. When Discharge is used for any reason other than discharge to home, a new tag will need to be applied to the infant and admitted to the system once procedure is completed.

1. Login to the Hugs computer per LOGIN procedure.
2. In the status window of the Hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drip down menu.
3. Click Discharge
4. In the Discharge pop-up box, confirm patient information.
5. Click YES to confirm discharge
	1. **Note**: the tag is no longer supervised by the system once discharge is confirmed.
6. Cut strap and remove tag.
7. Remove strap pieces by pulling from the front of the tag
8. Place tag in identified receptacle for cleaning

**NOTE**: After discharge a Hugs tag cannot be re-used for 10 minutes. IF the Hugs tag was bonded to a Kisses tag, neither the Hugs nor the Kisses Tag can be re-used or stored together for one hour.

**CLEANING AND STORAGE OF TAGS**

1. Tags will be cleaned by Mother-Baby staff.
2. Use Sani-Wipes to clean tag surfaces.
3. If debris is noted in the tag slots, a soft-bristle brush may be used to gently clean the tag prongs.
4. Dry the tag thoroughly before use.
5. Return Hugs tag to Newborn Nursery for future use.
6. Return Kisses tag to Labor and Delivery for future use.

**NOTE**: Prolonged use of alcohol may obliterate written information on the front of the tag. Do not immerse tags in liquid during cleaning.

**ALARMS AND EVENTS**

The Hugs system generates a variety of events and alarms. These events and alarms require immediate intervention.

**EVENTS**

Hugs computer(s) of impacted zones will issue an audible notification and display the event name, patient/tag information and when applicable, event location in the Event window. The Event window is located in the lower right-hand corner of the Hugs computer screen.

**CHECK TAG TIGHTNESS EVENT**

A Check Tag tightness event will display when the tag has lost contact with the patient’s skin for more than ten (10) seconds.

1. Staff should obtain patient/tag information in the Event window on the Hugs computer(s).
2. Tighten the tag. See TIGHTENING A TAG section for instructions.
3. Event will auto-clear.

**NOTE**: Failure to tighten the tag within two (2) minutes will result in a TAG LOOSE ALARM.

**LOITER EVENT**

A Loiter Event will display when the Hugs system detects a patient/tag near a closed, monitored exit for a configured amount of time.

1. Staff should obtain patient/tag information in the Event window on the Hugs computer(s).
2. Direct patient away from monitored exit.
3. Loiter event will auto-clear.

**DOOR AJAR EVENT**

A Door Ajar Event will display when a monitored exit remains open for a configured amount of time.

1. Staff should obtain exit location in the Event window on the Hugs computer(s).
2. Close identified exit
3. Event will auto-clear

**NOTE**: Failure to close the identified door, within a configured amount of time will result in a Door Ajar Alarm.

**ALARMS**

Hugs computer(s) of impacted zones will issue an audible notification and display the alarm type, patient/tag information and when applicable the alarm location in the Alarm pop-up box. An audible tone for specific alarms will sound. Specific notification of individual alarms will be outlined below. All available staff should respond to alarms. Once the appropriate actions have been taken to verify patient’s safety, it will be necessary to clear the alarm.

**NOTE:** Certain alarms, as outlined below, will cause select or all of the Hugs monitored exits to lock. During a fire alarm, the Hugs system will annunciate alarms, but all door magnetic locks will be disabled. Staff should therefore immediately initiate a Code Pink for the following alarms:

* Portal (Exit) Alarm
* Tamper Alarm
* Supervisory Timeout Alarm
* Tag Loose Alarm

**PORTAL (EXIT) ALARM**

A Portal (Exit) Alarm will occur when a patient/tag comes too close to or passes through an **open** monitored exit without being signed out or discharged. An audible notification and alarm pop-up box will display at the Hugs computer(s). If a Portal Alarm occurs at an exit in the direct path of visitor/staff elevators, an elevator bypass mode will be initiated and an alarm will sound.

1. Hugs computers are located at the central nursing workstation on MB and LD and in the Newborn nursery.
2. At Hugs computer(s), obtain patient/tag information and exit/alarm location. Location will be indicated by red, flashing doors on the facility map, in the Details section of the Alarm pop-up, and by audible tone.
3. All available staff will respond to identified location to verify identified patient’s location and safety.
4. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator. Dial 1-2-3-4 and announce “Code Pink at SFMC” with brief description of baby and abductor if available.
5. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.

**TAMPER ALARM**

A Tamper Alarm will display when the contact between a tag and the strap is lost. An audible notification and alarm pop-up box will display at the Hugs computer(s).

Possible causes for loss of contact may include:

1. Attempting to loosen a strap resulting in damage to the strap
2. Failing to suspend Tamper Alarms or discharge before cutting a strap
3. Strap applied incorrectly

During a Tamper Alarm, all closed, monitored exits equipped with magnetic locks will immediately lock. Access control devices such as card readers, motion sensors, etc. will be disabled and elevator bypass mode initiated to prevent exit from the Hugs monitored area.

1. At Hugs computer(s), obtain patient/tag information.
2. All available staff will begin searching for identified patient.
3. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator.
4. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.
5. Replace the strap using normal procedure to avoid Strap Detached Alarms.

**TAG LOOSE ALARM**

A Tag Loose Alarm will occur when the Hugs tag is not in contact with the patient’s skin for two (2) minutes. An audible notification and alarm pop-up box will display at the Hugs computer(s). During a Tag Loose Alarm, all closed, monitored exits equipped with magnetic locks will immediately lock. Access control devices such as card readers, motion sensors, etc. will be disabled and elevator bypass mode initiated to prevent exit from the Hugs monitored area.

1. At Hugs computer(s), obtain patient/tag information.
2. All available staff will begin searching for identified patient.
3. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator.
4. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.

**SUPERVISION TIMEOUT ALARM**

A Hugs tag Supervision Timeout Alarm will occur when a Hugs tag fails to communicate with the Hugs system for a configured amount of time. An audible notification and alarm pop-up box will display at the Hugs computer(s).

During a Supervision Timeout Alarm, all closed, monitored exits equipped with magnetic locks will immediately lock. Access control devices such as card readers, motion sensors, etc. will be disabled to prevent anyone from exiting the Hugs monitored area.

Possible causes for loss of communication may include:

* Patient/tag is outside of the Hugs monitored area
* Tag battery expired (Tags generate an automatic Low Battery Alarm; see LOW BATTERY ALARM procedure)
* Shielding of tag
* Inadequate receiver (LAR) coverage
1. At Hugs computer(s), obtain patient/tag information.
2. All available staff will begin searching for identified patient.
3. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator.
4. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.

***WRONG MOTHER ALARM***

A Wrong Mother Alarm will occur when an infant is in close proximity to the wrong Kisses (mother) tag. An audible notification and alarm pop-up box will display at the Hugs computers.

1. At Hugs computers, obtain infant/tag information.
2. Staff should remove infant from immediate area of wrong mother.
3. Clear Alarm. See CLEARING AN ALARM section for instructions.

**NOTE:** As long as the bonded Hugs and Kisses tags are in close proximity of each other, presence of another Kisses tag will not result in a Wrong Mother Alarm.

**IMPROPERLY APPLIED STRAP ALARM**

An Improperly Applied Strap Alarm will occur, only during the initial admission/activation process, when the strap is damaged or applied and then immediately detached or damaged. An audible notification and alarm pop-up box will display at the Hugs computers.

1. At Hugs computers, obtain patient/tag information.
2. Staff will verify location and safety of identified patient.
3. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator.
4. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.
5. Replace the strap per normal procedure to avoid Strap Detached Alarms.

**STRAP DETACHED ALARM**

A Strap Detached Alarms will occur if a Tamper Alarm or Improperly Applied Strap Alarm has been cleared, but the strap has not been correctly re-applied to the tag. An audible notification and alarm pop-up box will display at the Hugs computers.

1. At Hugs computers, obtain patient/tag information.
2. Staff will verify location and safety of identified patient.
3. If identified patient’s location and safety cannot be immediately verified, call Code Pink by calling PBX operator.
4. Clear Alarm only after the identified patient’s safety has been determined. See CLEARING AN ALARM section for instructions.
5. Replace the strap per normal procedure to avoid alarm re-occurrence.

**LOW BATTERY ALARM**

A Low Battery Alarm will occur when the battery of a Hugs or Kisses tag becomes low. An audible notification and alarm pop-up box will display at the Hugs computer(s).

1. At Hugs computers, obtain patient/tag information.
2. If the patient will be discharged within 72 hours, clear alarm. See CLEARING AN ALARM section for instructions.
3. If the patient will not be discharged within 72 hours, clear alarm (See CLEARING AN ALARM section for instructions), discharge tag and apply new tag.

**NOTE:** When low-battery tags are discharged, a pop-up will display a reminder to remove tag from service. The low-battery tag should be given to the Hugs System Administrator.

**SIGN OUT TIME EXPIRED ALARM**

A Sign Out Time Expired Alarm will occur when the sign out time allotted has expired and the patient/tag has not been signed back into the software. An audible notification and alarm pop-up box will display at the Hugs computer(s).

1. At Hugs computer(s), obtain patient/tag information and verify location of patient. If the patient **has** returned to a Hugs monitored area, SIGN IN the patient/tag
2. Login to the Hugs computer per LOGIN procedure.
3. In the status window of the Hugs computer display, click on the red heart icon beside the appropriate patient/tag to access the drop down menu.
4. Click Sign In.
5. Clear Alarm. See CLEARING AN ALARM for instructions.

**NOTE:** Never sign in a patient/tag that has not re-entered a Hugs monitored area as Supervision Timeout Alarm and Portal Alarm will occur.

If the patient **has not** returned to the monitor area, it will be necessary to UPDATE SIGN OUT.

1. Login to the Hugs computer per LOGIN procedure.

1. In the status window of the Hugs computer display, click on the red heart icon in front of the appropriate patient/tag to access the drop down menu.
2. Click on Edit Sign out.
3. In the pop-up box, verify patient information, enter the amount of time, in hours and minutes, required for Sign Out. If prompted, select the zones for which that tag should be signed out or All Zones.
4. Click OK.
5. Clear Alarm. See CLEARING AN ALARM for instructions.

**DOOR AJAR ALARM**

A Door Ajar Alarm will display when a monitored exit remains open for a configured amount of time.

1. At Hugs computer(s), obtain exit location.
2. Close identified exit.
3. Clear alarm. See CLEARING AN ALARM section for instructions.

**MUTING AN ALARM**

Only once alarm response efforts have been initiated may an Alarm be muted.

1. Login to the Hugs computer per LOGIN procedure.
2. Click on the flashing blue banner, located at the top of the Alarm pop-up box.

**NOTE:** Alarm will remain muted until cleared. Occurrence of a new alarm will sound alarm.

**CLEARING AN ALARM**

1. Follow response instructions outlined for the specific alarm.
2. Login to the Hugs computer per LOGIN procedure.
3. In the alarm pop-up box, click to highlight the alarm to be cleared.
4. Click Clear to access the Alarm Notes pop-up box.
5. In the Alarm Notes pop-up box, type a brief alarm explanation or click the drop-down arrow to access pre-configured list.
6. Click OK

**OTHER SECURITY ISSUES:**

1. Neonate will be admitted under mother’s admission surname regardless of paternity, relinquishment or plans to have a different name on the birth certificate.
2. Nursery is a restricted access area. Patient and significant other may gain entry to nursery accompanied by a Birth Center/Nursery staff member, physician, or by requesting entry by activating nursery doorbell. This requires visual acknowledgment of identification armband by a Birth Center/Nursery staff member.
3. Neonates of silent patients will be admitted in the security system under the same “spice name” being used for the mother. (see IDP S-02-a Silent Patients)
4. No doors should be propped open in any area for any amount of time.

**Other Infant Identification:**

1. During the transition period the newborn will be foot printed on foot print sheet.
2. Newborn ID band number, Mother’s Name, Date and Time of birth will be recorded on foot print sheet.
3. Foot print sheet will remain in the newborn’s chart until time of discharge.
4. Prior to discharge, one of the infant’s ID band will be cut and applied to the foot print sheet.
5. The newborn’s mother will compare her own ID band to the newborn’s band and foot print sheet and will sign verifying correct identification of her newborn.

**REFERENCES AND SOURCES OF EVIDENCE:**

(2007). *Hugs infant protection*. Ottawa, ON K2K 3A3: Xmark Corporation. DOI: [www.xmark.com](http://www.xmark.com)

Association of Women's Health, Obstetric and Neonatal Nurses (2003). Preventing infant abduction: A parent's guide. Retrieved on October 29, 2011, from http://www.awhonn.org/awhonn/binary.content.do?name=Resources/Documents/pdf/2H2b\_InfantAbduction.pdf (classic reference)\*

Truesdell, A. (2011). Emergency codes: Standardized health care emergency codes for California. Retrieved on October 29, 2011, from http://www.hasc.org/hospital-emergency-codes

Joint Commission, The (1999). Infant abductions: Preventing future occurrences. The Joint Commission Sentinel Event Report, 9, 1-2. Retrieved on October 20, 2011, from http://www.jointcommission.org/assets/1/18/SEA\_9.pdf (classic reference)\*

Rabun, J.B., Jr. (2009). For Healthcare Professionals: Guidelines on prevention of and response to infant abductions (9th ed.). Alexandria, VA: National Center for Missing & Exploited Children.

Talon Medical Ltd.(n.d.). Infant security - Infant switching. Retrieved on October 29, 2011, from http://www.talonmedical.com/infant-security/kidmatch.htm

Vincent, J.L. (2009). Infant hospital abduction: Security measures to aid in prevention. MCN American Journal of Maternal Child Nursing, 34(3), 179-183. doi:10.1097/01.NMC.0000351706.81502.d0 Comprehensive clinical review: Diane Dale, RNC-NIC, C-NPT, MN, January 2012

Revised: March 2012



**POLICY VIOLATION**

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, including termination.

|  |  |
| --- | --- |
| **Approval Body:***(Position/Committee Chairperson that is responsible for approval of policy)* | **Signature/Date:** |
| **Secondary Approval Body:***(If applicable)* | **Signature/Date:** |