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Key Amendments

Date	Amendments	Approved by

The newborn infant in hospital should be cared for in a secure environment to which access is restricted and a robust and reliable baby security system enforced. 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 issues for the most vulnerable of all patient groups.

Please refer to related Pathways
Maternity Department Escalation Pathway
Policy to Identify All Patients

RESTRICTED ACCESS

Staff identification cards are not issued until employees or prospective employees have been officially checked and authorised via the **Disclosure and Barring Service (DBS)**. A swipe card, which is part of staff identification, is required to enter the following areas where newborn infants are cared for.

Restricted areas include:

- Delivery Suite
- Antenatal Ward
- Postnatal Ward – incorporating the Transitional Care Unit
- The neonatal corridor (linking Neonatal Intensive Care Unit to Delivery Suite)
- Neonatal Intensive Care Unit NICU
- Meadow Birth Centre

EFFECTIVE SECURITY SYSTEM

There are effective security and monitoring systems which are managed by security personnel. These include:

- 24 hour CCTV at all entrance and exit points
- 24 hour on-call security personnel
- Newborn infant identification and alarm tagging system—Clear communication and training to prevent ‘tailgating’ onto ward areas where newborn infants are cared for.

IDENTIFICATION PROCEDURE FOR NEWBORN INFANTS

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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The following procedure is undertaken to ensure the timely and correct identification of the newborn infant whilst in hospital care:

- Following birth, each newborn infant has a unique hospital and NHS number generated via the K2 Guardian system. These numbers are clearly recorded on a minimum of two neonatal ankle-bands, which are applied to the newborn infant's ankles, after confirming that the newborn's surname corresponds with his/her mother's. All labelled ankle-bands also record the date and time of birth.
- For additional security, the numbers on the newborn's ankle-bands are checked against those recorded on postpartum (purple) notes and neonatal record (white) to ensure they are correct. The numbers should be checked by staff involved in the transfer of care from Delivery Suite / Meadow Birth Centre to either Postnatal Ward, TCU or NICU.
- All checking of newborn infant identification should occur in the presence of the baby's parent(s)
- Simultaneously, an alarm tag should be allocated to the newborn infant via the electronic tag register..Babies born within the Meadow Birth Centre are exempt from this process as they are expected to have an early discharge home. If for any reason a baby is transferred to NICU or postnatal ward then an electronic tag will be required for the duration of the baby's admission.
- Newborn infants should not be taken away from the place of birth (ordinarily the delivery room / Meadow Birth Centre or obstetric theatre) before the correct identification process has occurred and the labels and alarm tag are applied to the newborn infant.

PROCESS FOR CHECKING THE CORRECT LABELLING OF NEWBORN INFANTS

Newborn Infants' identification labels must be checked on a regular basis, including:

- On transfer from the place of delivery to another ward, such as from Delivery Suite / Meadow Birth Centre to the Postnatal Ward / TCU and NICU . The check must be conducted in the presence of the parent(s) and details must correspond with those recorded in the notes.
- Labels should be checked during the daily baby check by midwives, neonatal nurses and healthcare assistants and recorded in the postnatal (purple) notes or the neonatal notes if the baby is on NICU.
- If an ankle-band has fallen off the newborn infant it may only be reapplied once the information has been checked against the notes and verified by the baby's mother with a midwife.
- In the event that both identification labels are missing from a newborn, all babies within the ward / NICU area must be checked to ensure they have the correct number of labels. The parents must confirm that the baby has not left the ward area.
- See below for procedures for resolving any discrepancies in newborn infant identification.

USING THE SECURITY TAG SYSTEM

Registering the baby on the system and assigning a baby tag

- a. Collect the tag from the Baby Tag box located on the Midwives' desk on Delivery Suite and register the newborn infant on the system.
- b. Refer to the Launch pad Screen on PC (please do not close screens).

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- c. If the screen is closed and or system failed: at first log on as **User ID:** Maternity **Password:** Babytag

1: Login:

UserID:

Password:

These are unique to each individual and will be allocated after training received

2. Adding on a baby:

Click – New baby

Complete the boxes (always use Mother's Surname)

Slowly put in the ends of the strap into the tag until you get a red flash on the tag, then

Click 'Scan for Tag' (this will identify the recent tag activated)

Check code on inside of tag matches computer

3. Choose relevant tag number to register to your baby, click OK

At this stage write in the baby notes the tag number and when it was applied to baby.

4. Once back on Main screen you will note Hospital Number, Baby Name, Status – if on ward or 'allowed out', where tag last located baby and the Tag Status

5. Tag Status:

Battery symbol indicates battery life of tag

Dongle symbol grey = good fixation of strapping, Red = strap off.

RF Aerial – Signal Strength. If system loses signal for 1 minute, it will prompt to check all babies.

6. Time Out of Ward:

1. Choose baby to 'allow out'

2. Click 'Set Allow Out'

3. Update date and time, duration and notes where baby is going.

If baby comes back to the ward before this time, choose baby and choose 'Cancel Allow Out'

4. If baby does not come back during its allowed time out, an alert message will appear and the alarms will be set off automatically.

You can adjust the time allowed out by following the same process if the baby has been delayed at its appointment

Missing Baby:

If there were to be a Missing Baby, choose this Icon at the top of the screen, this will set off every alarm and the 2222 bleep will activate.

To stop alarms you need to put in UserID and Password (Super users only)

The Alarms Icon shows a rolling list of alarms.

Discharging Baby:

Choose 'Remove Baby' icon, you will be prompted for UserID and Password

THEN, tag can be cut off.

Please document in notes when tag removed and time of removal.

Dispose of the band, clean the tag with Clinell wipes and return to Delivery suite.

Documentation

Please ensure that all tag numbers are documented in purple notes on application and removal and dated and signed

a) Exemptions for tagging

Meadow Birth Centre

Babies born within the Meadow Birth Centre are exempt from electronic tags as they are expected to have an early discharge home. If for any reason a baby is transferred to NICU or postnatal ward then an electronic tag will be required for the durations of the baby's admission.

Babies within NICU have additional security with double swipe access and robust entry and exit monitoring via video-cam and intercom.

The following babies **do not** require routine tagging:

- Extreme premature infants
- Babies requiring intensive care
- Babies nursed in an incubator
- Babies transferred to NICU for resuscitation

When a baby is transferred to either postnatal or TCU an electronic tag **MUST** be attached before transfer from NICU. The correct checking procedure will take place on transfer from NICU staff to the ward staff. Any babies found not to have an electronic tag must be tagged as soon as possible.

Inclusion for tagging on NICU

- Babies for transfer to postnatal ward / TCU
- Babies with complex safeguarding / social services concerns

PROCEDURES FOR MANAGING BREACHES IN SECURITY

Discrepancies and/or failure in correct identification

In the event of the newborn infant's identity band showing incorrect patient details the following action must be taken:

- Remove the incorrect ankle-band and retain for investigation
- Identify the newborn following the steps in the 'Identification of the Newborn Infant' section and apply a correct and verified identity band
- Check the newborn has not received incorrect drug/treatment

Complete a DatixWeb incident form and retain incorrect identity band (each patient misidentification must be investigated to determine the cause and reasonable action taken to reduce the likelihood of reoccurrence).

It is imperative to correctly identify the newborn infant at each step in the care process.

When an infant is found **not** to be wearing an identity band (on admission to the Postnatal Ward from Delivery Suite, for example), best practice identification is to use two elements:

- Last name – Ask the parent(s) and cross reference with relevant clinical records
- Date of birth – Ask the parent(s) and cross reference with relevant clinical records

The Midwife should then follow the processes outlined in the 'Identification of the Newborn Infant' and 'Using the Security TagSystem' section to correctly apply an identity band and security tag. The incident should be reported via DatixWeb.

Baby alarm activation

If a newborn infant is taken outside of the restricted areas whilst wearing a security tag, an alarm will activate.

Staff on Delivery Suite and the Postnatal Ward **must** take the following actions:

Delivery Suite responsibilities:

- The Delivery Suite Co-ordinator or nominated person must immediately check the monitor/screen on the Baby Alarm PC (located at the rear of the midwives' station) to ascertain the following information:
 - Location of the alarm
 - Tag number
 - Baby's details assigned to the alarmed tag

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- A staff member must be immediately despatched to the location of the alarm to search for a possible newborn infant / relative or parent leaving ward area with woman's possessions (tags may have fallen into baby clothes / laundry)
- The Co-ordinator and person in charge of the ward / NICU must ensure a 'lock-down' of the following areas, delivery suite reception, NICU corridor and postnatal ward by despatching a member of staff (if available) to observe exits from the restricted access areas. This 'lock down' must be observed until either the newborn infant or electronic tag is located or the activation is confirmed as a false alarm
- Security personnel are automatically alerted to the alarm and will attend the alarm location. They should also liaise with maternity staff in the area of activation
- Staff must ensure the alarm is 'stood down' when it is safe to do so i.e. baby is found or security tag is located. (A common cause of false alarm is for the tag to be taken home in dirty baby clothes)

Postnatal Ward/NICU responsibilities:

- When the alarm activates, you should ensure a 'lock-down' of the ward area and despatch a member of staff (if available) to observe exits of the ward areas.
- On receipt of telephone call from Delivery Suite, ascertain the location of the alarm and the baby's details assigned to the activated security tag
- Immediately check and confirm that baby is present on the ward/TCU/NICU. Check if the baby been taken for investigations to X-Ray or other areas within the hospital.
- If the baby is present, check for the location of the security tag
 - If no tag present, question whether a family member has recently left the ward and it is contained within their possession (i.e., within baby clothes) – **the tag must be located**
- If the baby is not present, has not been taken to X-Ray or other areas within the hospital and has not recently been discharged refer immediately to the 'abducted baby' procedure.

In all cases of an activated baby alarm, staff must make every reasonable attempt to locate the security tag.

If a tag is not located please record this on the corresponding DatixWeb incident form relating to the electronic security alarm.

Remember: there could be a possibility of more than one baby missing. If two babies are taken together, there may only be one alarm.

Following alarm activation a Datix incident **form** should be generated. With the exception of a false alarm, a 'Root Cause Analysis' (RCA) must be undertaken at the time of the event and documented on the investigation part of the incident form by the Delivery Suite co-ordinator.

Abducted newborn infant

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On discovering that a baby may have been abducted, the staff member must immediately inform the midwife / nurse in charge of the ward area from which the infant has been taken. This midwife / nurse should then escalate the information to the Delivery Suite / Ward Co-ordinator, who in turn will notify the Matron / Senior Midwife / Nurse Manager on call.

Ensure 'lock-down' of all ward areas and check all mothers and babies to ensure they are all accounted for.

Inform the following staff:

- Police
- Safeguarding lead
- Divisional Managers
- Communications team to manage media
- Community Midwives
- Child Health Department.

Abandoned newborn infant

On discovery or admission from an external agency of an abandoned baby, the staff member must notify the midwife / nurse in charge of the ward area in which the infant has been found or admitted. The midwife / nurse should then escalate the information to the Delivery Suite Co-ordinator / person in charge of ward, who in turn will notify the Senior Midwife / Matron / Manager on Call / Consultant Paediatrician.

In the event of an unexpected discovery of an abandoned baby ensure 'lock-down' of all ward areas with close liaison and cooperation of the security staff; check all mothers and babies to ensure they are all accounted for. Ensure there are no other cared for babies on the wards or within NICU in the absence of the parent(s), e.g. awaiting adoption/fostering. Check that NICU and the Children's Ward can account for all of their babies. If still unable to locate the parent/carer(s) for the baby, confirm as 'abandoned baby'.

Inform the Matron / Divisional Director of Nursing & Midwifery and Directorate Manager who will escalate to the on call Duty Manager and Executive. The communications team should be informed to handle any prospective media enquiries. The police should be contacted promptly and an incident number obtained.

Other groups/staff members that should be informed include Safeguarding lead, Social Services and community midwifery Team Leaders.

The newborn infant should be cared for in NICU or the children's ward until alternative foster arrangements are made. The infant should be reviewed by a Paediatrician to ensure good health and determine his/her age.

To obtain birth notification

If no parental details are known inform Child Health within office hours 9-5 who will generate an NHS number (Tel 01905 – 681597 or 01562514591). Inform Child health of all known information i.e. DOB sex of baby etc.

Once an NHS number is generated obtain a hospital number for the baby.

In the event the mother is found please inform Child Health to enable the birth details to be updated.

Child Health will inform the following agencies:

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- Senior nursing / midwifery staff
- Health Visitor
- Registrar of Births, Marriages and Deaths
- Childrens Services
- Social Workers
- General Practitioner
- Police

Follow up arrangements for baby i.e. hearing / immunisation programmes will be generated by Child Health.