



HEALTH HOLDING COMPANY
HAFAER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN
HOSPITAL

Department:	Facility Management Safety		
Document:	Administrative Policy and Procedure		
Title:	Prevention of Newborn, Infant and Child Exchange or Abduction		
Applies To:	All MCH Employee		
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1. PURPOSE:

- 1.1 To give the best advice and to ensure all the employees, staff and families are aware of the prevention and management of newborn, infant and child exchange or abduction.

2. DEFINITIONS:

- 2.1 Neonate: a newborn baby, specifically a baby in the first twenty-eight (28) days after birth inclusive (first four weeks of birth).
- 2.2 The infant is a child aging above 28 days up to 2 years.
- 2.3 A child refers to a person who has not yet attained the age of 15 years (for this document above to 2 years until the age of 14 inclusive).
- 2.4 Newborn, infant or child abduction: anytime the newborn, infant or child is noted missing from any place within the hospital or hospital ground.
- 2.5 Newborn exchange: any time there is newborn either by error or malice, are interchanged with each other at birth or very soon thereafter within the hospital or hospital ground.
- 2.6 Infant protection system refers to the newborn/ infant protection system that provides comprehensive newborn and infant security system with the use of wearable identification tag technology/ system to uniquely and efficiently identify newborn, infant and child and includes tamper alarms, exit alarms, and out-or- unit alert (trigger an alarm, locks doors and freezes elevators)that allow staff to act quickly if there is an exchange or abduction event. This system has to establish a tracking record documenting where the newborn, infant and child is at all times
- 2.7 Access control policies: outline the controls access to a place or other resources, for example, controlled access placed on both physical access to the computer system (that is, having locked access to where the system is stored) and to the software to limit access to computer networks and data. There are two types of access control: physical and logical. Physical access control limits access to campuses, buildings, rooms, and physical IT assets. Logical access control limits connections to computer networks, system files, and data.
- 2.8 Concerned area refers to any areas where newborns /children are managed or admitted with or without their mother.
- 2.9 The primary nurse or midwife refers to the nurse or midwife accountable for a specific newborn/ infant or a childcare.
- 2.10 Transferring nurse or midwife: nurse or midwife responsible for transporting a newborn or a child from one area to another.

3. POLICY:

- 3.1 The hospitals that provide maternity and childcare should guarantee the optimum security of each patient, especially in the newborn and pediatric units.
- 3.2 Each hospital's department should develop individual protocols that support the organization's overall prevention of newborn, infant, child exchange or abduction policy and procedures.

- 3.3 The hospitals that provide maternity and childcare should have an abduction prevention team with a role to develop, implement, and evaluate all the quality improvement strategies, including education on newborn, infant and child exchange and abduction system and policies.
 - 3.3.1 The education program must be provided by nursing and midwifery services with a corporation with the patient education department for all employees, staff, and parents.
 - 3.3.2 All women in obstetrics and neonatal/children area including obstetrics clinics must receive education on risk reduction strategies including infant protection systems and newborn security.
- 3.4 The supervisors of the nurses and midwives in the concerned area are responsible for:
 - 3.4.1 Implementation of this policy and auditing of health care staff that has direct care with newborn/ infant/ children (physicians, midwives, nurses, and patient educators, etc) with regards to the compliance to the provision stipulated herein.
 - 3.4.2 Reporting all issues and concerns matters regarding the implementation of this policy to the head of the relevant department and hospital administration.
- 3.5 The hospitals that provide maternity and children care should stipulate a safe environment through:
 - 3.5.1 Develop and enforce visiting policies that increase unit security.
 - 3.5.2 Control access to the strategic locations of the maternity, nursery and children units like the stairwells, doorways, and the hallways; for instance, keep all unit exit doors locked and make sure they are monitored by video surveillance cameras with a date/time stamp to monitor the incoming and outgoing activity and connected with the fire alarm system
 - 3.5.3 The electronic key-card system in the newborn areas for staff (NICU, L&D) and to other areas like obstetrics and gynecology ward and pediatric medical ward and sensitive areas.
 - 3.5.4 Nursery and maternity wards should locate away from lobbies with street access.
 - 3.5.5 There should be two (2) nurses all the time in the nursery area, even if there is one newborn or infant.
 - 3.5.6 The hospital personnel is involved and vigilant in implementing effective security measures in preventing newborn/ infant and child exchange or abduction and in aiding recovery before an abduction occurs.
 - 3.5.7 Establish a tracking system to document where the newborn, infant and child is at all times (manually or electronically).
 - 3.5.8 The hospitals that provide maternity and childcare should establish a specific guideline for staff to follow in the event of newborn/infant or child in the event of infant or child exchange/abduction.
- 3.6 All hospital staff must receive orientation and education about the environment of care and that they possess the knowledge and skill required to perform their responsibilities.
- 3.7 All hospital staff must participate in the periodic drills (quarterly) and review of safety measures to enhance security.
 - 3.7.1 All nursing and midwifery staff, medical staff and hospital employees in clinical areas must be educated about the current protection system, the prevention, companion policy in obstetrics and gynecology department, code pink policies for the newborn/ infant/child and the contingencies plans at the commencement of their employment with a competency assessment tool done during the training and another time on a yearly base.
 - 3.7.2 Department's heads/head nurses in the concerned area must ensure that regular testing and maintenance of the infant protection system are undertaken to minimize the risk of system failure and false reports of newborn, infant or child mismatches or abduction with its related contingencies plans.
- 3.8 Paternal education is the best line of defense in newborn, infant and children security, families should be instructed concerning newborn, infant or child abduction prevention. This has to be started during antenatal care and continue throughout hospitalizations and postpartum care.

4. PROCEDURE:

- 4.1 Measures that will assist in newborn, infant and child exchange or abduction prevention and enhance recovery.
 - 4.1.1 For hospital staff:

- 4.1.1.1 Screening tool during antenatal care visits, admission to hospital and postpartum care period to aid in identifying risk factors or social issues that can lead to the exchange or kidnapping of newborn/infant/ child should be implemented and audited.
- 4.1.1.2 Screening tool during pediatric clinic visits, admission to hospital to aid in identifying risk factors or social issues that can lead to the exchange of kidnapping of newborn/infant/ child should be implemented and audited.
- 4.1.1.3 All staff will be required to wear a proper hospital identification badge (preferable conspicuous, color-photograph ID badges) at all times and require staff in direct contact with infants to wear a second form of unique ID, such as a badge with a pink background.
- 4.1.1.4 All nursing and midwifery staff will ensure that newborns, infants or children are always in the direct line of sight supervision by parents or hospital staff.
- 4.1.1.5 Only hospital staff members can transport a newborn, infant/child while in the health care facility because the sight of someone carrying a baby or wheeling a child would be considered as an unusual or a suspicious occurrence.
- 4.1.1.6 Hospital staff will transport the newborn, infant and child within the healthcare facility via wheeled bassinet, incubator or cart or wheelchair according to age, height, and weight.
- 4.1.1.7 Always there are two (2) hospital staff that will accompany newborn, infant and child transport, one of them is either a nurse or a midwife and the other one according to the hospital policy and procedure either porter or security or assigned personnel for that job, etc.
- 4.1.1.8 Parents or staff members are NOT allowed to carry the newborn, infant outside of the mothers' room or within the facility at any time.
- 4.1.1.9 All babies of post-cesarean mothers who are still under the effect of anesthesia (or mothers admitted to adult ICU or HDU) and there is no responsible adult person with her, the assigned nurse or midwife is responsible until the mother is fully awake with the presence of a responsible adult as a companion
- 4.1.1.10 Employees will not give out information regarding infant/ child to a designated caregiver and or the mother/father, which must provide the family ID card before releasing information.
- 4.1.1.11 Nursing and midwifery staff will NOT post parent's name, addresses, telephone numbers where they will be visible to visitors. This includes a bassinet, cards, room, and board.
- 4.1.1.12 The nurses and midwives will follow the sixth mandatory security measurements provided by the hospital/cluster to avoid exchange and kidnapping of a newborn or the five mandatory security measurement for the infant/ child admission (except 4.1.1.12.1):
 - 4.1.1.12.1 Initial security measure: educating nurses, staff, and parents, and practicing what you've learned, in most cases, you can help prevent any newborn, infant and child abduction before it happens.
 - 4.1.1.12.1.1 Nursing and midwifery staff will be responsible for the education and orientation of mothers regarding safety procedures including the infant protection system on their admission.
 - 4.1.1.12.2 The second measure ensures the triple maternal ID is secured in place (admission tag, infant tag, infant protection system tag) immediately after birth/ admission in the hospital, and instruct the
 - 4.1.1.12.3 Third security measure: ensure the infant protection system devices/ tags are placed immediately after the fetal birth or infant/ child admission and activated as per protocol. This has to be done in L&D or the operating room immediately (in case of cesarean birth).
 - 4.1.1.12.4 Fourth security measure: footprint identification of the newborn and index mother fingerprint after the fetal birth are taken in the file. The

electronic scanner of the footprint and the mother fingerprints that are connected with the mother I.D (electronic medical record) is the preferred method and advised to be provided by the hospital. However, the hospital has an electronic medical record, footprint identifications of the newborn and index mother fingerprint must be electronic too.

- 4.1.1.12.5 Fifth security measure: is following the current prevention policy/ procedures and strict adherent to the discharge policy/ procedures for the mother, newborn/ infant, and child.
- 4.1.1.12.6 Sixth security measure: is having storage (if paper environment) and or archive (if electronic environment) for tracking data of newborns, infants, children, and mothers during their hospital stay. This data must be stored for a minimum of 1 year.
- 4.1.1.12.7 Strict document in the nursing and midwifery notes, the actions implemented, to provide for the safety, security of newborns/child and their mothers and prevent exchange or abduction.
- 4.1.1.13 The nurses and midwives will prevent non-authorized access to the L&D room, NICU and postpartum areas.
 - 4.1.1.13.1 The nursing call system is working, and the patient is aware and educated about its use and this should be documented in her chart.
 - 4.1.1.13.2 Visitors to the neonatal area and the postpartum area must be provided with identification badges issued by the hospital, no person will be allowed to go inside without proper identification.
 - 4.1.1.13.3 Nursing and midwifery staff will require everyone entering the nursery and obstetric wards to identify themselves and reason for the visit.
 - 4.1.1.13.4 Escort visitors/relatives to the correct patient and identify the relatives with the mother and the primary care nurse or midwife.
 - 4.1.1.13.5 Hospital scrubs and lab coats will be kept in an access-controlled area and are not to be loaned to unauthorized persons.
- 4.1.2 The hospital staff and family should be educated about the possible abductor profile:
 - 4.1.2.1 Usually an average of thirty (30) years old.
 - 4.1.2.2 Normally, no prior criminal record.
 - 4.1.2.3 Appearing normal but emotionally immature or compulsive.
 - 4.1.2.4 Low self-esteem.
 - 4.1.2.5 Wants to replace an infant or unable to conceive.
 - 4.1.2.6 Announce "phantom pregnancy "and prepared for a waiting birth as an expectant mother would.
 - 4.1.2.7 Will make themselves known and familiar with the hospital personnel and even with the infant parents.
 - 4.1.2.8 Usually, visit the nursery before the abduction asking detailed questions about the hospital procedures and layout
 - 4.1.2.9 Might pretend to be a health care employee.
 - 4.1.2.10 Hospital personnel should be alert to any unusual behavior they encounter from the individual such as:
 - 4.1.2.10.1 Repeated visiting "Just to see" or hold the infant
 - 4.1.2.10.2 Questioning about hospital procedures and floor layouts such as "where is the feeding room? Or where the stairs are located?"
 - 4.1.2.10.3 Anyone carrying an infant in her arms (rather than in a bassinet) or carrying large bags or packages should raise a red flag.
- 4.1.3 Parental education about preventing infant or child abduction:
 - 4.1.3.1 The hospital provides educational materials (pamphlet) which are given to the mother during the antenatal period and upon admission to the hospital. The pamphlet topics include:
 - 4.1.3.1.1 The psychological profile of the abductor
 - 4.1.3.1.2 Never leave a baby/child alone at any time.

- 4.1.3.1.3 How the hospital will keep your baby/ child safe.
- 4.1.3.1.4 Hospital security measures.
- 4.1.3.1.5 Hospital ID procedures.
- 4.1.3.1.6 The correct way to transport a baby/ child in the hospital.
- 4.1.3.1.7 How to protect personal information.
- 4.1.3.1.8 The Mother to check and confirm the identification of the health care provider, attending to, or transferring her baby/ child out of the room.
- 4.1.3.1.9 How to protect mother and baby/ child after leaving the hospital.
- 4.1.3.1.10 Risks of birth announcements and sharing information with loved ones and family members.
- 4.1.3.1.11 Advise the health professional or social workers during antenatal care visits or admission about risk factors or worries about her or the newborn/neonatal/child safety.
- 4.1.3.2 For the parents (while in the hospital):
 - 4.1.3.2.1 Become familiar with your nurse or midwife and other hospital staff who will be taking care of you and your newborn/child.
 - 4.1.3.2.2 Question unfamiliar people entering the room or asking about the baby even if they are wearing hospital clothing. If this happens, tell a member of the nursing and midwifery staff immediately
 - 4.1.3.2.3 Never give your baby to anyone who does not have official hospital identification, and question anyone who tries to carry your baby/ child out of your room.
 - 4.1.3.2.4 Never leave the baby/ child alone in the room.
 - 4.1.3.2.5 If your baby/child needs to have any tests, find out who approved the test, where your baby/child will be taken and how long it will take. You or your companion may go with the baby/ child
 - 4.1.3.2.6 If you take the baby/child out of the room for any reason, keep the baby in the crib with wheels. Don't carry the baby in your arms when outside the room.
 - 4.1.3.2.7 When the baby is inside the room, keep the bassinet or crib beside you, on the side furthest from the door.
 - 4.1.3.2.8 Be sure to ask the staff about any security questions you may have.
 - 4.1.3.2.9 Make family members and friends about infant security issues and systems.
 - 4.1.3.2.10 Safety recommendations for parents (once leaving the hospital):
 - 4.1.3.2.10.1 Don't replace the announcement in the newspaper or social media
 - 4.1.3.2.10.2 Don't give your address, telephone number to strangers.
 - 4.1.3.2.10.3 Don't put a sign in announcing your baby's birth in front of your gates.
 - 4.1.3.2.10.4 Never leave your baby/ child unattended.
 - 4.1.3.2.10.5 Don't let people you don't know well into your home.
- 4.2 Parents and infant identification measures include:
 - 4.2.1 Immediately after birth or after infant or child admission, the mother and the infant/ child will be banded with identically numbered bracelets
 - 4.2.2 In the event of multiple gestations, the mother will be banded with a numbered identification with each newborn.
 - 4.2.3 The health care professionals will ensure that the three (3) ID bands will contain the following:
 - 4.2.3.1 ID band number, which will be documented in the nursing and midwifery notes and the electronic clinical records (if available).
 - 4.2.3.2 Newborn's (infant or the child) medical record, date/time of birth and correct gender, which will be documented accordingly.
 - 4.2.3.3 Mother's name (full name printed) and medical record number.

- 4.2.3.4 The three (3) ID bands also have the matching numbers imprinted on them as additional identification (provided by the infant protection system).
- 4.2.3.5 The following identification documents can be considered if available: National Healthcare ID, footprint identification of the newborn and/or the index fingerprint of the mother.
- 4.2.4 All-time during the placement or removal of the ID bands/tags or any procedures or treatment or transfer or any type of contact with mother and her infant/ child the identification bands has to be checked by two(2)health care professional and documents
- 4.2.5 The identification bracelet of the newborn/ infant or child will be secured at all times.
- 4.2.6 The parents will be instructed that the identification bracelet must always be worn until the newborn/ infant or child is discharged.
- 4.2.7 The mother and the newborn/ infant/ child will remain together during the entire hospitalization, unless, one of them is transferred to a critical care/HDU.
 - 4.2.7.1 A nurse or midwife will always be present until the newborn is transferred from the L&D room to the post-partum care.
 - 4.2.7.2 The newborn will be transported from the L&D unit in a cot/ bassinet or incubator and a nurse's or midwife's handover and baby identification will be performed with the receiving unit.
 - 4.2.7.3 The infant and child will be transported in a cot/bassinet/ incubator /wheeled bed or wheelchair and a nurse's or midwife's handover and infant/child identification will be performed with the receiving unit.
 - 4.2.7.4 All newborn/ infant/ child leaving/ entering a ward or neonatal area will have their ID bands checked by two (2) nurses or midwives and the infant protection system tag on the system will be changed to transport mode.
 - 4.2.7.5 The newborn/ infant/ child is handed over to the operation room or diagnostic procedures nurse in another department in and out.
 - 4.2.7.5.1 At least one (1) nurse or midwife of the transferring health professional will attend any planned procedure with the newborn/ infant/ child while the other nurse will perform the necessary communication and paperwork in the receiving area.
 - 4.2.7.5.2 The newborn/ infant/ child will never be left unattended by the transferring nursing or midwifery team.
 - 4.2.7.5.3 The attendance and departure of the newborn/ infant/ child in a new area will be registered and document on the clinical (medical) record (papers or electronically, if present, as per hospital protocol and this policy.
 - 4.2.7.6 Other employees are not permitted to remove newborn/ infant/ child from clinical settings such as the ward or neonatal areas, without the primary or transport nurse or midwife.
 - 4.2.7.7 Nurses or Midwives will always accompany a newborn/ infant/ child during inter-hospital transfer.
 - 4.2.7.8 When parents visiting their baby/child in the special care unit (SCBU) or any equivalent, or intermediate care nursery or NICU, their ID will be checked and matched with the ID band by the health professional or unit assistance or clerk before entering the unit. Visiting grandparents will be accompanied by the newborn's/ infant/child parents.
- 4.2.8 For a newborn/ infant/ child transfer from other hospitals, the unit assistance or clerks will check with and compare any of the parents' face id and their photo identification (matching the information with family card) and place the ID hard copy in the newborn/ infant/ child's clinical record.
 - 4.2.8.1 The mother's national ID card must be checked and confirmed as the mother.
 - 4.2.8.2 The father's national ID card must be checked and confirmed as the father.
- 4.3 Newborn/ infant/ child discharge:
 - 4.3.1 The physician will write the discharge order.

- 4.3.2 Always there are two(2) hospital staffs that will discharge the mother, newborn, infant and child, one of them is either a nurse or a midwife and the other one according to the hospital policy and procedure either ward clerk or security or assigned person for that job, etc. One of them has to speak the Arabic language.
- 4.3.3 If the baby/child is not roaming-in, the mother will be called to receive the newborn.
- 4.3.4 When the newborn remains in the hospital for care after the mother is discharged, the mother will bring the newborn ID band given to her after birth as evidence to discharge the baby.
- 4.3.4.1 The infant protection system (mother tag) will be discharged from the software without discharging the baby.
- 4.3.5 The newborn will be only discharged to the mother.
- 4.3.5.1 If the mother is unwell and unable to come to the hospital, the father will be required to give twenty-four (24) hours of advanced notification to the neonatal area.
- 4.3.5.2 The father will bring his photo identification papers/ Saudi ID/ Recognized ID by Saudi law (non-Saudi) and the newborn/ infant's ID band to collect the baby/infant.
- 4.3.6 Discharge of the newborn/ infant/ child to anyone other than parents is not allowed.
- 4.3.6.1 If any person other than mother intends to discharge the newborn/ infant, the most responsible physician/ consultant neonatologist, nurse or midwife manager/shift coordinator or ward clerk, social services and patient relation will all be contacted to consent and arrange a time for discharge.
- 4.3.6.2 The discharged paper and plan will be handed to the discharging person.
- 4.3.6.3 All of the above must be documented.
- 4.3.7 Two (2) either nurses or midwives will check the ID bands of every newborn (special attention when discharging multiple births/checking twins/triplets).
- 4.3.8 The nurse or midwife will remove the mother's ID band and one (1) of the baby/child's ID band before the mother is escorted out of the ward/concerned area in a wheelchair with her baby/child. It is better and advised to place the baby/infant in the car seat (provided by the parents).
- 4.3.9 The baby/child ID band will be given to the attending nurse or midwife to be filed in the baby/ infant/ child's medical records manually and electronically if available.
- 4.3.10 The nurse or midwife will always assist with the discharge of the baby/ infant/ child together with the parent(s) until they exited the hospital premises.
- 4.3.11 The infant protection system is deactivated and removed from the baby/ infant/ child's body before discharging from the ward.
- 4.3.12 You will follow the discharge policy and procedures of the hospital especially for identification of parents and matching that with the newborn/ infant/ child and preparing discharge documents and filling them manually or electronically.
- 4.4 Hospital safety and security department:
- 4.4.1 Proper selection of the safety and security personnel with strict criteria of personality matching job level of vigilance and ensures their proper level of education and special training in security and technology and the infant protection system with all related contingency plans. This is in addition to point 4.5.3.
- 4.4.1.1 Competency assessment of all the above during the training and after that twice a year.
- 4.4.1.2 Drill quarterly announced and twice a year unannounced for all the above points
- 4.4.2 Guard all points of access to the concerned areas twenty-four (24) hours a day, seven (7) days a week.
- 4.4.3 Develop, enforce visiting policies that increase unit /wards security and assess the enforceability of visiting policies, including the number of visitors each patient is allowed, for example,
- require visitors to sign in and identify themselves
 - units/wards can restrict visitors to two at a time per patient to limit the unit traffic.
- 4.4.4 Hospital security personnel will screen all visitors going to L&D room, nursery, NICU postnatal, and pediatric wards. The visitors must identify themselves and reason for a visit

- especially if not during visiting hours. They will not allow visitors, outside the specified visiting hours, except with the written approval of the main treating physician or hospital or medical director.
- 4.4.5 Assigned security personnel in the unit must be vigilant in observing each visitor coming inside the newborn unit. They will stop anyone leaving the hospital/concerned area with a newborn/infant/ child unattended by a nurse or midwife to clarify their identity, the newborn/ infant/ child's identity and confirm if the baby/child was handed to them by the medical, nursing and midwifery staff after discharge.
 - 4.4.6 Assigned security personnel in the unit must clarify the identity of any non- medical person entering or leaving the concerned areas out of visiting hours and requested justification of their presence.
 - 4.4.7 The hospital will assign a specific safety and security office phone number or extension for immediate reporting of any unidentified individuals, suspicious activity or behavior or unfamiliar persons to family or the head of the department, head nurse, charge nurse or midwife. This phone number will be posted visibly to all hospital staff and visitors and included in the policy and procedures
 - 4.4.7.1 They must respond promptly within ten (10) minutes or less, to any call from medical/nursing/ midwifery staff and patients if any issues related to security is reported through phone or infant protection system or observed through the surveillance camera.
 - 4.4.7.2 Information posters should be available in the clinics/ postpartum/pediatric units/ wards highlighted what parents need to know to increase their awareness of abduction and or exchange of the baby.
 - 4.4.8 The hospital security and safety department provides video surveillance with assigned personnel to monitor traffic flow within the hospital premises and keep the recorded data for at least one month.
 - 4.4.9 In case if the electronic medical record or camera, or infant protection system is not functioning or there is no supply of its accessory or tags, the established contingency plan in the hospital and the region will be implemented accordingly
 - 4.4.10 All electronic systems (i.e. information technology solutions), medical and non-medical, in the hospital should meet the Saudi national cybersecurity regulations and MOH cyber-security regulations. These regulations are available in the IT department.
 - 4.4.11 Securing Hospital Exits:
 - 4.4.11.1 Examine and evaluate hospital exits and high traffic areas and plan its security especially during visiting hours.
 - 4.4.11.2 All exterior doors to the newborn/ infant units and children are staying must be under strict access control/ locked.
 - 4.4.11.3 The security supervisor will limit hospital exits after official hours.
 - 4.4.11.4 The security supervisor will limit the hospital exits after visiting hours.
 - 4.4.11.5 A list of discharged newborn/ infant/ children should be given to the safety and security department to monitor their discharges from one exit point in the hospital.
 - 4.4.11.6 Security cameras will function twenty-four hours (24) hours a day and be able to follow any individual when required.
 - 4.4.11.7 Access control system connected with the fire alarm system.
 - 4.4.11.8 Intelligent functioning cameras will be kept on all times with a central monitoring station to allow the monitoring of any moving object in the concerned area.
 - 4.5 Education, training, and auditing of hospital personnel on newborn/ infant/ child exchange or abduction prevention includes the following but is not limited to:
 - 4.5.1 Preparation of booklet/ brochures and educational material and signs.
 - 4.5.2 Six (6) months checklist review with quarterly drill and audit of the prevention policy and procedures, pink code and the infant protection system for newborn, infant and child exchange or abduction prevention.
 - 4.5.3 Yearly mandatory education sessions will be conducted for all healthcare workers with competency assessment in area caring for women, newborn/ infant/ children, containing information on:

- 4.5.3.1 Policy and procedures of prevention of exchange/ kidnapping newborn/ infant and children.
- 4.5.3.2 Pink code policy and procedures.
- 4.5.3.3 Identifying behavioral characteristics of a potential abductor.
- 4.5.3.4 Questions to ask regarding unusual characters and behaviors and where to report.
- 4.5.3.5 Infant protection system
- 4.5.3.6 Contingency plan in case if the electronic medical record, camera or infant protection system is not functioning or there is no supply of its tags or accessory.
- 4.5.3.7 Information on the offender profile and unusual behavior.
- 4.5.4 Work Practices for safeguarding newborn/ infants and vulnerable children.
- 4.5.5 Incident and reporting.
- 4.5.6 Worker's training should be documented and kept for five-year years and attached to the personnel file of the employee.
- 4.5.7 Twice yearly unannounced pink code drill will be held to test and evaluate the staff awareness and ability to follow the protocol and procedures.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

6. RESPONSIBILITIES:

- 6.1 Nursing and midwifery services and all departments involved in the care of a newborn, infant, children will be responsible for ensuring implementation of the adherence to the provisions of this prevention policy and procedures and related one as code pink and MOH companion's policy in obstetrics and gynecology department.
- 6.2 The quality and patient safety department in each hospital is responsible for monitoring compliance with all the provisions stipulated here and meet quarterly with the abduction prevention team for reporting, auditing and working on the implementation of the recommendation to grant the safety of the mother and her baby/child.
- 6.3 The abduction prevention team is responsible for ensuring auditing and appropriate compliance by the quality and patient safety department and will be reporting to the cluster or hospital director (according to the organization chart).
- 6.4 Quarterly yearly meeting by abduction prevention team with Code Pink task force and all related departments for auditing of all the main points:
 - 6.4.1 Educations, training and competency assessment for all hospital staff.
 - 6.4.2 Implementation of the prevention of newborn, infant, and child exchange or abduction, code pink, and MOH companion's policy in the obstetrics and gynecology department.
 - 6.4.3 All related drills to the prevention of newborn, infant, and child exchange or abduction, code pink, and contingency plans.
 - 6.4.4 Review and update the education material, posters for all employees/families, assessment tools, screening, and patient experience questions, brochures, all related forms for the prevention of newborn, infant, child exchange and abduction, code pink and MOH companion's policy in obstetrics and gynecology department.
 - 6.4.5 Reports of family educations and awareness and its assessment tool has randomly done for at least 30 percent of birth incorporation with the patient experience department.
 - 6.4.6 Reports of camera surveillance and the infant protection system and its regular testing and maintenance.
 - 6.4.7 Develop a written assessment of the risk potential for infant abduction, and update annually as needed.
 - 6.4.8 Annually review the prevention and response plan.
 - 6.4.9 Preparation of all the above reports, recommendations, and follow up of the implementation of the recommendations after the approval of the cluster or hospital director (according to the organization chart).






7. APPENDICES:

- 7.1 Checklist to verify the implementation of standard care for the prevention of new-borns, infants and children from exchange and abduction.

8. REFERENCES:

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- 8.5 Rabun, J. B. (2009) For healthcare professionals: Guidelines on prevention of and response to infant abductions. National Center for Missing and Exploited Children.
- 8.6 Head of Corporate Business (NHS) (2017) Infant/child abduction (prevention of) policy
- 8.7 Hospital Association of Southern California (2007) Health care emergency codes a guide for code standardization.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Maha Almutrafy	QM&PS Deputy Director		June 17, 2024
Reviewed by:	Mr. Mohammad Alsubaie	Head of Safety and Security Department		June 26, 2024
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		June 26, 2024
Reviewed by:	Mr. Tamer Nasser Alanizi	Assistant for Administrative and Operating Services		June 26, 2024
Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		July 2, 2024