



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Safe Haven		EMD-013
MANUAL	EFFECTIVE DATE	REVIEW DATE
Emergency Department		
DEPARTMENT	REFERENCE	
Emergency Department	See below	

SCOPE

This policy applies to all infants 7 days of age or younger that have been voluntarily relinquished to Mangum Regional Medical Center by a parent and the parent did not express intent to return for the child.* A medical services provider or child rescuer may take possession of a child not older than seven days without a court order if the child is voluntarily surrendered to such entity by its parent and the parent did not express intent to return for the child.

*Protection for Relinquishing Parent Citation: Ann. Stat. Tit. 10A, § 1-2-109 A parent shall not be prosecuted for child abandonment or child neglect when the allegations of child abandonment or child neglect are based solely on the relinquishment of a child 7 days of age or younger to a medical services provider or a child rescuer.

PURPOSE

To protect and save newborns who might otherwise be abandoned and left for dead. To ensure a safe disposition of the infant to the appropriate child-care services in a timely manner.

DEFINITIONS

Medical Services Provider-means a person authorized to practice the healing arts, including a physician's assistant or nurse practitioner, a registered nurse, or practical nurse, and a nurse aide.

Child Rescuer-means any employee or other designated person on duty at a police station, fire station, child protective services agency, hospital, or other medical facility.

POLICY

Mangum Regional Medical Center will adhere to the Oklahoma Safe Haven Law. The hospital will assess and evaluate the infant and provide appropriate medical care necessary to protect the physical health and safety of the infant. In addition, the local office of the Department of Human Services will be notified.

PROCEDURE

1. The hospital shall establish from the person that this a voluntary relinquishment of the infant without intent to return for the infant. Two (2) hospital staff shall witness and verify this statement. This statement shall be included in the incident report.
2. The hospital may request, but not demand, any information about the child that the parent is willing to share. The hospital staff is encouraged to ask about, but not demand, the details of any relevant medical history relating to the child or the parents of the child. The hospital shall respect the wish of the parent if the parent desires to remain anonymous;
3. Perform or provide for the performance of any act or medical care necessary to protect the physical health or safety of the child;
4. All infants that present to the hospital with a parent who is requesting “Safe Haven” provision under Oklahoma Law must be seen in the hospital’s Emergency Department.
5. An appropriate medical screening examination (MSE) must be performed by the medical provider or other qualified medical personnel to determine if an “emergency medical condition” exists and if necessary stabilizing treatment is required. If the MSE determines an emergency medical condition exists, the hospital must follow the EMTALA policy and guidelines and provide any necessary stabilizing treatment. The hospital must provide notice to DHS of this circumstance and all actions taken.
6. If the infant requires a higher level of care beyond the capability and capacity of the hospital, the hospital can make arrangements for the transfer of the infant to an accepting medical facility (follow EMTALA policy & guidelines for transfer). The hospital must provide notice to DHS of this circumstance and all actions taken.
7. Release of Infant to DHS: The infant may be released to DHS when the infant is considered stable and ready for discharge when, within reasonable clinical confidence, it is determined that the infant has reached the point where their continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient or that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the infant from the hospital to DHS custody.
8. Provide the parent with printed information relating to the rights of the parents, including both parents, with respect to reunification with the child and sources of counseling for the parents, if desired;
9. Complete the “Statement of Voluntary Relinquishment of Infant (See Attachment). This is requested information only by the hospital and is not obtained by demand per Oklahoma Statute.
10. Encourage the mother (if applicable) to receive medical care;
11. Be supportive, empathetic, and avoid judgmental comments to the person relinquishing the infant;
12. Notify the local office of the Department of Human Services that a parent of a child seven (7) days of age or younger, in the best judgment of the receiving

hospital personnel, has relinquished such child and that the hospital has taken possession of the child. *(The Department of Human Services shall immediately check with law enforcement authorities to determine if a child has been reported missing and whether the missing child could be the relinquished child. The department shall disseminate information about parents' rights with regard to reunification with a child, including, but not limited to, information on how a parent can contact the appropriate entity regarding reunification and information on sources of counseling for relinquishing parents).* Use the number listed below to contact DHS:

**Statewide 24-hour Child Abuse and Neglect Hotline
1-800-522-3511**

13. A medical services provider or child rescuer with responsibility for performing duties pursuant to the provisions of this law shall be immune from any criminal liability that might otherwise result from the actions of the hospital, if acting in good faith in receiving a relinquished child. In addition, such medical provider or child rescuer shall be immune from any civil liability that might otherwise result from merely receiving a relinquished child.
14. An incident report shall be completed by the Charge Nurse or medical provider with a full account of the event and forwarded to the Quality Manager. Include the person's statement of voluntary relinquishment of the infant and the names of the hospital personnel who witnessed the voluntary relinquishment of the child by the parent.
15. The hospital will notify the Administrator as soon as possible, but no later than one day of the event occurrence.
16. The hospital will take measures to ensure the confidentiality and any protected health information of the infant and/or the individual who relinquished the infant are maintained.
17. Any media or other enquiries will be referred to the hospital Administrator.
18. ***Special note***-If you believe or have reasonable suspicion that a child or infant is being abused or neglected, the hospital has a legal responsibility to report it to the **Statewide 24-hour Child Abuse and Neglect Hotline: 1-800-522-3511.**

Education

All staff including medical providers will be educated and trained on the Safe Haven Policy and Procedure upon new hire orientation, annually, and as needed. Education of the staff will be retained in the employee's HR file.

RESOURCES

1. Oklahoma Department of Human Services
2. National Safe Haven Alliance (NSHA) Hotline- 1-888-510-BABY (2229) or text SAFEHAVEN to 313131 or contact@nationalsafealliance.org. National Safe Haven Alliance are subject matter experts and are committed to supporting parents and providers in desperate circumstances including parenting resources, adoption support, and Safe

Haven information. Contact NSHA for questions, resources, education, legislation resources, best practice models, training materials or support from trained Crisis Response Team available 24/7.

REFERENCES

Ok Law Children and Juvenile Code 10A O.S. § 1-2-109 Relinquishment of child 7 days of age or younger to medical services provider or child rescuer
State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases §489.24

ATTACHMENTS

Attachment A: Statement of Voluntary Relinquishment of Infant
Attachment B: FAQs Infant Safe Haven Law
Attachment C: Safe Haven Brochure

REVISIONS/UPDATES

Date	Brief Description of Revision/Change