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East Adams Rural
Healthcare

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Owner Deborah
Deboard: Chief
Clinical Officer
Department ER

Safe Haven

DISTRIBUTION:

Nursing and Emergency Room

PURPOSE:

To ensure the safety of newborn children left by a parent with a "qualified person" at East Adams Rural Hospital, pursuant to the Newborn Safety Act (the Act), RCW 13,34.360. Policy and procedures will provide a guide for East Adams Rural Hospital personnel (employees, volunteers and medical staff) in addressing the needs of newborns and parents when they present at East Adams Rural Hospital

POLICY:

East Adams Rural Hospital, in conjunction with the State of Washington, recognizes that prenatal and post-delivery health care for newborns and their mothers is especially critical to their survival and well being. Therefore, Hospital, as an "appropriate location" under Washington law regarding receiving and providing care for newborns less than 72 hours old, based on caretaker report of age or reasonable appearance of that age (See /References below), will offer confidential, protective shelter and, if necessary, medical care to the newborn and offer and encourage the mother to seek medical assessment and treatment. The parent who transfers the newborn (less than 72 hours old and not appearing to have been intentionally harmed - see below) to a qualified person at East Adams Rural Hospital is not subject to criminal liability. The qualified person who receives the newborn shall attempt to protect the anonymity of the parent who transfers the newborn, while providing the parent an opportunity to render family medical history of parents and newborn. The qualified person shall provide aftercare services, domestic violence, and legal rights to the parent seeking to transfer the newborn. East Adams Rural Hospital and its employees, volunteers, and medical staff are immune from any criminal or civil liability for accepting or receiving a newborn under these conditions (See References below).

Emergency Department (ED) assumes responsibility for the initial medical examination. ED staff will

ensure that a report is made to Child Protective Services (CPS) as soon as possible and no later than 24 hours after receipt of the newborn.

Nothing in this policy is to be construed as inconsistent with East Adams Rural Hospital overall policy to provide needed care for an infant, child of other patient, of any age. East Adams Rural Hospital primary concern is the safety of any infant, child or other patient. Staff will be encouraged to "accept the child; support the parent."

REFERENCES:

RCW 9A.42.060, 9A.42.070, 13.34, 26.20.030, AND 26.20.035. (A parent of a newborn who transfers the newborn to a qualified person at an appropriate location is not subject to criminal liability for abandonment or similar crimes).

DEFINITIONS:

Appropriate Location:

The emergency department of a hospital licensed by the state of Washington, including Hospital and clinic

A fire station during its hours of operation and while fire personnel are present.

Newborn:

A live human being less than seventy-two hours old. Washington law provides immunity for health care providers who accept newborns under the procedures set forth in this policy. Hospital personnel accept the newborn that the parent asserts is under 72 hours old, and/or that reasonably appears to be that age.

Qualified Person at East Adams Rural Hospital

Preferably a RN but may be any person that the parent transferring the newborn reasonably believes is a bona fide employee, volunteer, or medical staff member of the hospital and who represents to the parent that he or she can and will summon appropriate resources to meet the newborn's immediate needs.

PROCEDURE:

1. If a parent wishing to leave a newborn at East Adams Rural Hospital approaches any East Adams Rural Hospital personnel, this staff person will immediately bring the newborn, with the parent if possible, to the Emergency Department or will contact the ED to request that an ED Registered Nurse (RN) come to the location of the caller. Assure the parent that their anonymity will be protected and that the goal of intervention is to ensure that the parent and newborn are medically stable.
2. Infant accepted by ED Staff RN/provider.
3. Band newborn with standard hospital ID band. Give matching band to parent. Information on band will include Hospital name, date of transfer and name "Baby boy Doe" or Baby girl Doe".
4. Call provider, if indicated, for age assessment (chronological and gestational), assistance in assigning triage category, and other assistance.

Assign appropriate triage category for medical care, depending on infant and mother's needs (if mother is the parent leaving the infant).

5. No matter what triage category is assigned, interview the parent immediately to obtain as much birth/pregnancy/medical history as possible, and to provide him/her with the parent information packet, in case the parent leaves the facility before the infant is medically examined. If the parent is not in the ED and is preparing to leave the hospital, other clinical staff who is with the parent should attempt to interview the parent for medical history and, at a minimum, try to provide the parent with a packet of materials. Do not coerce the parent to stay against his/her will, but use therapeutic attempts to reassure them and, if possible, obtain medical history information.
6. Contact the Charge Nurse/Manager/Administrative Supervisor or other designated administrators per Hospital's standard protocol.
7. Attempt to obtain medical history from parent, and complete FORM A. (Note that Form A is written in lay language to assist Hospital personnel in scripting the questions; this may help expedite obtaining a complete history) If the parent is unwilling to provide a complete history by interview, encourage the parent to complete and return the history.
8. Offer or recommend treatment to mother as indicated.
9. Offer resource information to parent. (See "Parent information Packet")
10. Inform Emergency Department physician who provides assessment of newborn and mother (if mother is the parent leaving the infant), consistent with assigned triage category.
11. Inform Emergency Room Intervention Team (Social Worker) of newborn and parent. This Person contacts the Administrator on Duty, communications director, and security, as applicable according to Hospital's Protocols.
12. ED physician records primary assessment of newborn and mother (if mother is the parent leaving the infant).
13. ED RN transfers newborn to Hospital Nursing Staff for observation/treatment or to await Child Protective Services (CPS). If the hospital has no delivery/newborn services, the infant should be placed in an area that permits continuous observation by hospital staff.
14. Emergency Room Intervention Team (Social Worker) contacts CPS as soon as possible, but no later than 24 hours after newborn transfer occurs.
15. All clinicians need to document in the medical record.

RESPONSIBILITIES:

Emergency Department Registered Nurse:

Assesses and initiates intake in medical record. Places ID band on infant and records number in the medical record.

Last Name: DOE

First Name: BABY BOY or BABY GIRL

Note: Information must be in this format for state centralized long-term tracking purposes (Same Name format provided for birth certificate).

Emergency Department Provider:

Assess and provide/order treatment as needed.

Emergency Room Intervention Team (Social Services if available)

Assists parent with interventional and informational resources, contacts Child Protective Services as soon as possible, but no later than 24 hours. Ensures that communication and collaboration among health care team members and other involved agencies and individuals are continuous.

Emergency Department RN/provider

Contacts Administrator.

Anyone calling about newborn should not be given information except as provided by law.

SPECIAL INSTRUCTIONS:

Emergency Department personnel will complete Form A as fully as possible, and will ask the parent to complete the parental message to the newborn. If the parent wishes to leave without providing any information, or before providing complete information, any hospital employee or person accepting the newborn from the parent should offer a parent information packet that includes a medical/social history, so that the parent may provide the information at a later time.

CARE OF THE NEWBORN:

If the newborn appears to have been intentionally harmed or is older than 72 hours, the ED staff notifies security, Child Protective Services (CPS) and the police as soon as possible, but no later than 24 hours. However, staff should not attempt to physically detain the parent. The primary concern is the safety of the newborn.

If the newborn is medically unstable (birth injury, hypothermia, hypoglycemia, respiratory distress, etc.), the infant is treated in the emergency department and/or admitted to the hospital until stabilized or transported and until CPS arrives to take custody, or is transported as indicated. Social worker will notify CPS if the newborn is admitted.

If the newborn is stable, she/he can be admitted to the hospital until CPS arrives to take custody, or held in the emergency department (if CPS will arrive within a suitable time frame).

Originals of the Parent Information Form A and parental message should be placed in the medical record. Copies should go with infant to CPS.

CARE OF PARENT:

If the parent leaving the newborn is/appears to be the newborn's mother, offer/encourage a medical screening examination and any indicated treatment to ensure that she is stable following the birth. The

mother's anonymity will be protected during this examination and treatment (i.e., entered in system as a "Jane Doe" patient)

Social Worker will also offer services to the parent (father or mother) if Social Services is available, or Social Services Designee if available

The parent will always be encourage to take the Parent Information Packet before leaving. Encourage the parent to complete and return the packet, including any medical/social history information that was not obtained during the interview.

FOLLOW UP:

Detailed information about the infant's medical condition and status may be disclosed only to a caller who provides the correct ID band number. Such calls should be directed to a licensed health care provider at RN level or above. Otherwise, only general information may be disclosed as provided under RCW Chapter 70.02.

If a person returns completed Parent Information forms to Hospital, the forms should be mailed to:

"Newborn Safety"

Adoptions Program Manager Children's
Administration Headquarters Department of Social and Health Services
Post Office Box 45710 Olympia,
WA 98504-5710

Copies of completed form should be placed in the medical record.

All Revision Dates

01/2017, 08/2013, 03/2013, 12/2012

Attachments

- 📎 Attachment A - Parent Information Form A
- 📎 Attachment B-Descriptions and Characteristics of Birth Family
- 📎 Attachment C- birth parent info
- 📎 Attachment D-Help Information
- 📎 Attachment E-Legal Process For the Child
- 📎 Attachment F-The Legal Process
- 📎 Attachment G-Safety of Newborn Children

📎 Attachment H-baby family tree

📎 Attachment I

📎 Attachment J

Approval Signatures

Step Description	Approver	Date
Chief of Medicine	Lexie Zuver: Medical Director	10/2025
Director of Emergency Services	Elizabeth Hatz: DO	07/2025
Owner	Deborah Deboard: Nurse Manager	07/2025

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