

THE CITY OF OAKLAND

W. Moore
City Attorney

RESOLUTION No. 79153 C.M.S.

FILED
OFFICE OF THE CITY CLERK
OAKLAND

A RESOLUTION DESIGNATING OAKLAND FIRE STATIONS AS "SAFE HAVENS" FOR THE PURPOSES OF THE STATE'S SAFE HAVEN FOR NEWBORNS LAW AND AUTHORIZING THE CITY ADMINISTRATOR TO UNDERTAKE ACTIONS NECESSARY TO EFFECTUATE THE DESIGNATION

2005 MAR 31 PM 1:35

WHEREAS, the State Legislature has enacted Health and Safety Code 1255.7 which allows any person having lawful custody of a minor child 72 hours old or younger to surrender physical custody of the child to an employee at a location designated by the City Council; and

WHEREAS, the City of Oakland Fire Department is desirous of having its Fire Stations so designated and such designation is for the benefit of children and the community because it will provide a safe haven to newborns who are 72 hours old or younger rather than abandonment; and

WHEREAS, the City Council may designate the Oakland Fire Stations in the City of Oakland as locations, which may accept newborns who are 72 hours old or younger from a person who has lawful custody of the child; now, therefore, be it

RESOLVED: The City Council hereby designates Oakland Fire Stations as Safe Havens for the purposes of the Safe Haven for Newborns Law, so that the Oakland Fire Department may accept newborns that are 72 hours old or younger from a person who has lawful custody of the child; and, be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to execute any documents necessary to effectuate said designation or carry out the purposes of this Resolution; and, be it

FURTHER RESOLVED: That the City Clerk shall certify to the passage and adoption of this resolution, shall cause the same to be entered among the original resolutions of the City and shall make a minute record of the passage and adoption thereof in the records of the proceedings of the City Council in the minutes of this meeting at which this Resolution was passed and adopted.

APR 19 2005

IN COUNCIL, OAKLAND, CALIFORNIA, _____, 20____

PASSED BY THE FOLLOWING VOTE:

BROOKS, BRUNNER, CHANG, NADEL, REID, QUAN and PRESIDENT DE LA FUENTE - 7

AYES- 0
NOES- 0
ABSENT- 0
ABSTENTION- 0

ATTEST: *LaTonda Simmons*
LaTonda Simmons
Interim City Clerk and Clerk of the Council
of the City of Oakland, California

ALAMEDA COUNTY FIRE CHIEFS ASSOCIATION

PROCEDURES FOR ACCEPTING A NEWBORN UNDER THE CALIFORNIA SAFE HAVEN LAW

The Alameda County Fire Chiefs Association in an effort to provide a standardized approach to receiving a newborn has developed these guidelines for Departments within the County.

PROCEDURES:

1. Welcome the parent or person surrendering the infant. Do not be judgmental (this is an emotional and difficult time for the person).
2. Contact dispatch to place the Company on a medical at the station, communicate the nature of the call, and request a code 2 Transport ambulance response.
3. Attempt to ascertain if the infant is 3 days old (**72 hours**) or younger. Accept the infant (***even if it appears older than 72 hours***) and begin to assess for any medical needs, filling out a County Patient Care Report. If there is evidence of abuse, request the appropriate law enforcement agency response.
4. Locate and open the Newborn Safe Surrender Kit. Hand the surrendering person the inner business reply mail envelope containing the **voluntary** Safe Haven medical questionnaire, an information sheet and a copy of the coded, confidential bracelet.
5. Place the smaller, coded, confidential ankle bracelet on the infant and record the code on the County Patient Care Report.
6. Once on scene, the Transport paramedics shall assume custody of the infant, initiate base hospital contact, and continue to assess and provide for any medical needs of the infant.
7. The infant will then be transported to the nearest receiving hospital where custody and pertinent paperwork will be given to the hospital.
8. After the newborn has been transported the Station can go back in service and complete and submit the County Patient Care Report through the Departments normal channels to the County.

THINGS YOU HAVE THE RIGHT TO KNOW ABOUT SAFELY SURRENDERING A BABY

- 1. You can help us make sure that the baby has a healthy future by providing some important medical information. This information can be very useful in caring for the child.**

When people need medical care, it can help the doctor to know about the family's medical background and what diseases or disabilities other people in the family may have or have had in the past. This is called a "medical history".

All you have to do is answer the questions on the enclosed form as best as you can and mail it in the self-addressed, pre-stamped envelope. If you'd like, you can fill it out now and leave it with the Fire Department personnel helping you.

You don't need to give your name or address or any other contact information. The label on the medical form is only to make sure the medical history can be matched to the right baby. **Please fill out the form and send it in. By completing this form, the baby will have a medical history.**

- 2. Do you need help ?**

We want to make sure that you are getting the help you need. Here is a number you can call to get it: **1 - 88 - TOCUDDLE** or (1 - 888 - 628 - 3353). **PROJECT CUDDLE** will provide you with information on where to get medical treatment and supportive services, as well as, other support you may need.

- 3. If you change your mind and want the baby back, here is what you can do:**

- **Call The ALAMEDA COUNTY DEPARTMENT OF CHILDREN and FAMILY SERVICES at 1 - 510 - 780 - 8600 within 14 days from today.** (You still may be able to get your baby back after 14 days, but it becomes much more difficult).
- **Please keep the plastic bracelet we gave you.** You will need the bracelet if you change your mind and want the baby back. By having the bracelet you can prove that you are the person who surrendered the baby.

DERECHO A INFORMACION SOBRE LA ENTREGA DE SU BEBE

- 1. Con su ayuda puede asegurar un futuro saludable para su bebe dandonos informacion medica. Esta informacion sera usada para el cuidado de su bebe.**

Cuando alguien necesita atencion medica, es preferable que el doctor conozca la historia medica de la familia, que enfermedades o discapacidades corren en la familia. Esto se llama historia medica.

Lo unico necesario es contestar las preguntas en el formulario y enviarlo en el sobre proveido. Si usted gusta, puede llenar el formulario aqui mismo y entregarlo a personal de el Departamento de Bomberos.

- 2. Necesita Ayuda ?**

Queremos asegurar que reciba la ayuda necesaria:

Puede llamar a este numero para informacion: **1 – 88 – VIVEBEBE** o (888) – 483 – 2323. Este numero es el de "Safely Surrendered Baby Hotline", alli se le dara informacion sobre asistencia medica, o cualquier otra ayuda que.

- 3. Si usted decide cambiar de opinion y quiere quedarse con su bebe, puede hacer lo siguiente:**

- Llame al Alameda County Department of Children and Family Services a **1-510 - 780 - 8600** durante los primeros 14 dias. (Es posible que le regresen su bebe despues de 14 dias, pero es mas dificil.)
- Por favor guarde la pulsera que le dimos. Si usted decide quedarse con su bebe, se le pedira esta pulsera pues es evidencia que usted es la persona que entrego a su bebe.

NEWBORN FAMILY MEDICAL HISTORY QUESTIONNAIRE

Notice: *The baby you have brought in today may have serious medical needs in the future that we don't know about today. Some illnesses, including cancer, are best treated when we know about family medical histories. In addition, sometimes relatives are needed for life-saving treatments. To make sure this baby will have a healthy future, your assistance in completing this questionnaire fully is essential. Thank you.*

Please answer these questions as well as you can. If you need help answering the questions, please ask.

If you would prefer to take this form with you, an envelope is provided for you to mail the completed form to the Health Department.

Circle One

1. When the baby was born, was the mother 35 years of age or older? No Yes Not Sure

Where the baby's ancestors came from may sometimes give us important information about the baby's health.

2. Is the baby's family:

a) From Southeast Asia, Taiwan, China or the Philippines? No Yes Not Sure

b) From Italy, Greece or the Middle East? No Yes Not Sure

c) African American (Black)? No Yes Not Sure

d) Latino/Hispanic/Puerto Rican? No Yes Not Sure

3. Is your family, or your baby's father's family, European (Ashkenazi) Jewish? No Yes Not Sure

The following questions are about the baby's blood relatives. By "blood relative", we mean the baby's mother, father, sister, brother, grandparent, aunt, uncle, niece, nephew, or cousin.

4. Is any blood relative in the baby's family mentally retarded? No Yes Not Sure

5. Does the baby have any blood relatives who had an unborn baby or child who had Down syndrome? No Yes Not Sure

6. Do any of the baby's blood relatives have any other chromosome problem? No Yes Not Sure

7. Were any of the baby's blood relatives born with:

a) A heart defect? No Yes Not Sure

b) A cleft lip and/or cleft palate? No Yes Not Sure

c) Any other birth defect? No Yes Not Sure

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Circle One

8. Do any of the baby's blood relatives have:

a) Cystic fibrosis? No Yes Not Sure

Circle One

8. Do any of the baby's blood relatives have:
- | | | | |
|---|----|-----|----------|
| a) Cystic fibrosis? | No | Yes | Not Sure |
| b) Muscular dystrophy? | No | Yes | Not Sure |
| c) Hemophilia or other bleeding disorder? | No | Yes | Not Sure |
| d) Huntington's disease | No | Yes | Not Sure |
9. Do any of the baby's blood relatives have any of the following diseases or health problems?
- | | | | |
|--|----|-----|----------|
| a) HIV | No | Yes | Not Sure |
| b) High blood pressure | No | Yes | Not Sure |
| c) Diabetes | No | Yes | Not Sure |
| d) Cancer | No | Yes | Not Sure |
| e) Lung disease or breathing problems | No | Yes | Not Sure |
| f) Heart disease or problems | No | Yes | Not Sure |
| g) Nerve or nervous disorders | No | Yes | Not Sure |
| h) Schizophrenia | No | Yes | Not Sure |
| i) Depression or other mental problems | No | Yes | Not Sure |
| j) Glaucoma or other eye problems | No | Yes | Not Sure |
| k) Hearing difficulty | No | Yes | Not Sure |

The following questions are about medical conditions that the baby's mother may have.

10. Does she have diabetes? No Yes Not Sure
11. During this pregnancy, has the mother taken:
- | | | | |
|--|----|-----|----------|
| a) Medications for seizures? (examples are Dilantin, valproic acid, Depakene, Tegretol, Alretol, Mysoline, Tridione) | No | Yes | Not Sure |
| b) Lithium for depression? (examples are Eskalith, Lithobid, Lithonate) | No | Yes | Not Sure |
| c) Pills (Accutane, isotretinoin) for acne? | No | Yes | Not Sure |
12. Did she have any other problems or complications during her pregnancy? No Yes Not Sure

Baby's Identification Number (armband): _____

Date of Birth: ____/____/____

Date Form Completed: ____/____/____

Name (optional): _____

Phone Number (optional): _____

CUESTIONARIO SOBRE ANTECEDENTES MÉDICOS DE LA FAMILIA DEL RÉCIÉN NACIDO

Aviso: El bebé que usted ha traído how puede tener serias necesidades médicas en el futuro que aún no conocemos. Algunas enfermedades, inclusive el cáncer, se pueden tratar mejor si tenemos información sobre los antecedentes médicos de la familia. Además, a veces se debe contar con familiares para tratamientos necesarios para salvarle la vida a una persona. Para asegurarnos de que este bebé tendrá un futuro saludable, es fundamental que colabore con nosotros completando este cuestionario en su totalidad. *Gracias.*

Por favor responda a estas preguntas lo mejor que pueda. Si necesita ayuda para responder, por favor pídale.

Si prefiere llevarse este formulario con usted, le entregamos un sobre para que envíe el formulario completo por correo al hospital.

Marque una respuesta

1. Cuando nació el bebé, ¿la madre tenía 35 años de edad o más? No Sí No estoy seguro

El lugar de origen de los ancestros del bebé a veces puede darnos información importante sobre la salud del bebé.

2. ¿La familia del bebé es:
- a) del sudeste asiático, Taiwán, China o las Filipines? No Sí No estoy seguro
- b) de Italia, Grecia o Medio Oriente? No Sí No estoy seguro
- c) afroamericana (negro)? No Sí No estoy seguro
- d) latina/hispana/portorriqueña? No Sí No estoy seguro
3. ¿Su familia, o la familia del padre de su bebé, es de origen judío europeo (ashkenazi)? No Sí No estoy seguro

Las siguientes preguntas se refieren a los familiares consanguíneos del bebé. Por "familiar consanguíneo" nos referimos a la madre, padre, hermana, hermano, abuelo, abuela, tía, tío, sobrina, sobrino, prima o primo del bebé.

4. ¿Algún familiar consanguíneo de la familia del bebé es retrasado mental? No Sí No estoy seguro
5. ¿El bebé tiene algún familiar consanguíneo que haya tenido un bebé nonato, o un hijo con síndrome de Down? No Sí No estoy seguro
6. ¿Alguno de los familiares consanguíneos del bebé tiene algún otro problema cromosomático? No Sí No estoy seguro
7. ¿Alguno de los familiares consanguíneos del bebé nació con
- a) un defecto cardíaco? No Sí No estoy seguro
- b) labio leporino y/o el paladar abierto? No Sí No estoy seguro
- c) algún otro defecto de nacimiento? No Sí No estoy seguro

(de vuelta la hoja)

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8. ¿Alguno de los familiares consanguíneos del bebé tiene:
- | | | | | |
|----|--|----|----|-----------------|
| a) | cistofibrosis? | No | Sí | No estoy seguro |
| b) | distrofia muscular? | No | Sí | No estoy seguro |
| c) | hemofilia u otra afección hemorrágica? | No | Sí | No estoy seguro |
| d) | la enfermedad de Huntington? | No | Sí | No estoy seguro |
9. ¿Alguno de los familiares consanguíneos del bebé tiene una de las siguientes enfermedades o problemas de salud?
- | | | | | |
|----|--|----|----|-----------------|
| a) | presión arterial alta | No | Sí | No estoy seguro |
| b) | deabetes | No | Sí | No estoy seguro |
| c) | cáncer | No | Sí | No estoy seguro |
| d) | una enfermedad pulmonary o problemas para respirar | No | Si | No estoy seguro |
| e) | una enfermedad o problemas cardíacos | No | Sí | No estoy seguro |
| f) | desórdenes nerviosos o de los nervios | No | Sí | No estoy seguro |
| g) | esquizofrenia | No | Sí | No estoy seguro |
| h) | depresión u otros problemas mentales | No | Sí | No estoy seguro |
| i) | glaucoma u otros problemas de la vista | No | Sí | No estoy seguro |
| j) | problemas auditivos | No | Sí | No estoy seguro |

Las siguientes preguntas se refieren a problemas médicos que podría tener la madre del bebé.

10. ¿Ella tiene deabetes? No Sí No estoy seguro
11. Durante este embarazo, la madre ha tomado:
- | | | | | |
|----|---|----|----|-----------------|
| a) | medicinas para prevenir ataques? (por ejemplo Dilantin, ácido valproico, Depakene, Tegretol, Atretol, Mysoline, Tridione) | No | Sí | No estoy seguro |
| b) | litio para la depresión? (por ejemplo Eskalith, Lithobid, Lithonate) | No | Sí | No estoy seguro |
| c) | píldoras (Accutane, isotretinoína) para el acné? | No | Sí | No estoy seguro |
12. ¿Ella tuvo algún otro problema o complicación durante su embarazo? No Sí No estoy seguro

Número de identificación del bebé: _____ Fecha de nacimiento: ____/____/____

Fecha en que se completó el formulario: ____/____/____

Nombre (opcional): _____

Número de teléfono (opcional): _____