

I. General Considerations

- A. In 2006, the Vermont Legislature passed legislation known as the Baby Safe Haven Law. This legislation provides a mechanism for parents to surrender infants up to 30 days old at locations and facilities that are capable of safeguarding the child and avoiding abandonment of extremely vulnerable infants. In that the language of the statute specifies 9-1-1 emergency responders at a location where the responder and the person have agreed to transfer the child as a Safe Haven location, it is possible that EMS personnel and organizations may receive infants. If another organization receives the infant, EMS may play a role in transporting the child to an emergency department for any necessary medical care and transition to custody of the Department for Children and Families staff. The text of the legislation reads:

SHORT TITLE- This act shall be known as the “Baby Safe Haven Law.”

LEGISLATIVE INTENT-It is the intent of the general assembly that this act provide a procedure which ensures the safety and well-being of newborns and infants. The general assembly recognizes that it is preferable for a wide array of services to be available to all expectant mothers and to newborn infants and their mothers. The procedure established in this act should be considered a safeguard that will be followed only in extraordinary circumstances.

Sec. 3. 13 V.S.A. § 1303 is amended to read:

Sec 3. 13 V.S.A. § 1303. ABANDONMENT OR EXPOSURE OF BABY

- (a) A person who abandons or exposes a child under the age of two years, whereby the life or health of such child is endangered, shall be imprisoned not more than ten years or fined not more than \$10,000.00, or both.
- (b) (1) It is not a violation of this section if a person voluntarily delivers a child not more than 30 days of age to:
 - (A) An employee, staff member, or volunteer at a health care facility.
 - (B) An employee, staff member, or volunteer at a fire station, police station, place of worship, or an entity that is licensed or authorized in this state to place minors for adoption.
 - (C) A 9-1-1 emergency responder at a location where the responder and the person have agreed to transfer the child.
- (2) A person voluntarily delivering a child under this subsection shall not be required to reveal any personally identifiable information, but may be offered the opportunity to provide information concerning the child’s or family’s medical history.
- (3) A person or facility to whom a child is delivered pursuant to this subsection shall be immune from civil or criminal liability for any action taken pursuant to this subsection.
- (4) A person or facility to whom a child is delivered pursuant to this subsection shall:
 - (A) Take temporary custody of the child and ensure that he or she receives any necessary medical care.
 - (B) Provide notice that he, she, or it has taken temporary custody of the child to a law enforcement agency.
 - (C) Provide notice that he, she, or it has taken temporary custody of the child to the department for children and family services, which shall take custody of the child as soon as practicable.
- (5) The Department for Children and Family Services shall develop and implement a public information program to increase public awareness about the provisions of the Baby Safe Haven Law, and shall report on the elements and status of the program by January 15, 2007, to the chairs of

the Senate Committee on Health and Welfare and the House Committee on Human Services.

- B. While the statute does not specifically mention EMS personnel or organizations, EMS may become involved as a 9-1-1 emergency responder. It is also likely that EMS will be involved when an infant is delivered to any other Safe Haven. Delivery of an infant to a Safe Haven location will be an infrequent but very stressful event. Infants being delivered to the Safe Haven are at considerable risk and every possible step to safeguard the health and welfare of the infant should be taken.
- C. A person delivering an infant under the provisions of the Baby Safe Haven law may not make the subtle distinctions between EMS facilities and other Safe Haven locations specifically mentioned in the law. EMS personnel and organizations should be prepared to play an appropriate role in the receipt of infants delivered under the provisions of the Baby Safe Haven law.
- D. EMS may be summoned by a Safe Haven that receives an infant (fire, police, place of worship, adoption agency, or health care facility). Guidance being provided by the Department for Children and Families for Safe Havens suggests that when an infant is received, the Safe Haven should call an ambulance to provide treatment and transportation. The primary roles of EMS in a Baby Safe Haven encounter are as with any other patient: assess, provide treatment as indicated, transport to a hospital.
- E. EMS organizations with stations that could be unoccupied may wish to consider signage on entryways indicating that persons wishing to deliver an infant under the provisions of the Baby Safe Haven law should call 9-1-1 to make arrangements if the station is not staffed and should not leave an infant unattended.
- F. EMS organizations may wish to reach out to Safe Haven locations in their primary service area to coordinate procedures and develop local plans for handling Safe Haven encounters.
- G. To order additional copies of Safe Haven posters and brochures, call 802-241-2251. To find out about training opportunities from the Department for Children and Families, call 802-241-2148 or go to babysafehaven.vermont.gov

II. Procedure

- A. Although EMS organizations and personnel are not specifically mentioned in the Baby Safe Haven statute, as 9-1-1 emergency responders, EMS needs to be familiar with the provisions of the law and work to facilitate the protection of infants being received.
- B. When involved in a Baby Safe Haven encounter, upon receiving physical custody of the baby, whether you receive an infant from the parent, a Safe Haven, or another third party, examine the baby and provide any treatment necessary according to the appropriate clinical protocol(s).
- C. If possible, offer the person delivering the infant the Safe Haven brochure published by the Agency of Human Services if the infant is **not** picked up at a Safe Haven.
- D. If it has not already been done, attempt to advise the person delivering the infant into a Safe Haven that while she/he is not required to reveal any identifying information, she/he can provide information about the child's medical history using the voluntary medical form that is attached to the DCF Safe Haven brochure. Encourage the person to complete the form and leave it with you. If the form is left with you, complete the information at the bottom of it with the date you received the baby and your location. This information should be delivered to the DCF Family Services staff person. Document this information on your EMS patient care report form as well.

- E. Document on your EMS patient care report any additional information about the child, the birthparents, and/or the situation that is observed or offered voluntarily, including any names the person is *willing* to provide.
- F. Transport the infant to the hospital once appropriate EMS treatment has begun. If you receive an infant from a parent or other person, at the earliest possible opportunity, call the police of jurisdiction where you received the child and the local DCF, Family Services District Office or DCF Emergency Services contact to report what has happened (see list attached). The EMS personnel involved may have information about the parent, the circumstances of receiving the child, etc. that will be important to law enforcement and the DCF Family Services personnel, so it is important for the EMS personnel involved to make this contact. If you receive an infant from another Safe Haven, assure that the original receiver(s) have made the police and DCF contacts.
- G. **Note:** Once you have physical custody of the infant, always transport the child to a hospital. If the person who delivered the infant or another person comes back to you requesting the return of the baby, **do not** give the baby back. Instead, instruct the person to contact the local Family Services District Office of DCF.

DCF Family Services District Offices and Statewide Emergency Services Program

BARRE – 802-479-4260

255 North Main Street, Suite 7
Barre, VT 05641-4189

BENNINGTON – 802-442-8138

200 Veterans Memorial Drive, Suite
14
Bennington, VT 05201-1956

BRATTLEBORO – 802-257-2888

232 Main Street, 2nd Floor
Brattleboro, VT 05301-2879

BURLINGTON – 802-863-7370

1193 North Avenue
Burlington, VT 05408-2749

HARTFORD – 802-295-8840

226 Holiday Drive, Suite 32
White River Junction, VT 05001-
2024

MIDDLEBURY – 802-388-4660

700 Exchange Street, Suite 105
Middlebury, VT 05753-1529

MORRISVILLE – 802-888-4576

63 Professional Drive, Suite 3
Morrisville, VT 05661-8522

NEWPORT – 802-334-6723

100 Main Street, Suite 230
Newport, VT 05855-4898

RUTLAND – 802-786-5817

220 Asa Bloomer Bldg
88 Merchants Row
Rutland, VT 05701-3449

ST. ALBANS – 802-527-7741

20 Houghton Street, Suite 211
St. Albans, VT 05478-2247

ST. JOHNSBURY – 802-748-8374

67 Eastern Avenue, Suite 4
St. Johnsbury, VT 05819-5603

SPRINGFIELD – 802-885-8900

100 Mineral Street, Suite 101
Springfield, VT 05156-3166

**STATEWIDE DCF Family Service's
Emergency Services Program-**

For after hours, weekends and
holidays
800-649-5285