

# Beaumont®

Subject	No.	Page
<b>Infant Safe Sleep, Less than 1 year of age</b>	<b>6068</b>	<b>1</b>
Content Expert / Coordinating Department(s)	Prior Issue Date	Issue Date
<b>Family Birth Center (FBC), Natural Birth Center (NBC), Mother Baby Care(MBC), NICU, Pediatrics, PICU</b>	<b>8/28/2012</b>	<b>3-10-15</b>

## Purpose:

To ensure infant safe sleep practices of infants less than 1 year of age during hospitalization

## Considerations:

Infant safe sleep practices are to be modeled and maintained while in the hospital for

- All infants  $\geq 32$  weeks and with stable respiratory status and
- All infants less than one year of age

For infants  $< 32$  weeks gestation, positioning will be guided by medical condition and developmental considerations.

## Equipment:

- A. crib or incubator or warmer
- B. fitted crib sheet (if available for the type of bed in use)

## Process:

1. Place all infants in supine position for every sleep.
2. Sleep surfaces will be flat at all times unless otherwise ordered by a physician.
3. Bulb suction will be placed at the head of the sleep surface.
4. Infants are to sleep alone without additional linen or toys.
5. MBC, NBC, and NICU will use sleep sacks with an undershirt as the preferred method to provide warmth for an infant.
6. Hats will be removed before placing an infant to sleep (unless required for thermoregulation).
7. Hair accessories must be removed before placing an infant to sleep.
8. A sleeping infant may be held in arms of an awake caregiver only. Infants must be in appropriate sleep surface while caregiver is sleeping. Infant should NEVER sleep in caregiver sleep space. Infants in arms of sleeping adult will be removed and returned to their crib.
9. Supervised tummy time while patient is awake should be incorporated into the patient plan of care daily during hospitalization as tolerated by the infant.
10. Infant should not sleep in a car seat, swing, glider, or bouncy seat. If infant is in one of these devices and falls to sleep in it, the care provider is to return infant to its sleep surface.

## Corporate – Maternal Child Health

Disclaimer : User must ensure that any printed copies of this policy/procedure are current by checking the policy/procedure web page before use.

*FREE*

*5/19/15*

*P.H.*

# Beaumont<sup>®</sup> Internet Procurement

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Description **Please create a P.O. only, to be able to participate in Halo Innovations, Free In-Hospital Program, to receive free Infant Sleep Sacks, 1-888-999-4256**

Created By **Aiello, Sharon Lee**

Creation Date **19-May-2015 09:48:49**

Deliver-To **4W 468 Cadieux Grosse Pointe, Michigan, MI, 48230**

Justification

Status Approved

Change History **No**

Urgent Requisition **No**

Attachment **None**

Note to Buyer **Please see item description, thank you!**

## Details

Line	Description	Need-By	Deliver-To	Unit	Quantity	Price	Amount (USD)	Details	Order
1	Please create a P.O. only, to be able to participate in Halo Innovations, Free In-Hospital Program, to receive free Infant Sleep Sacks, 1-888-999-4256	20-May-2015 09:49:04	0103-73202-00	EA	10	USD 0.00	0.00		
Total							0.00		

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*P.O. 476-3446627*

**RECEIVED**  
*6/1/15*

*4 BKS of 12 EACH  
TOTAL 48 EA*

*Buyer: Cindy Johnston  
1-586-753-9081*

*Category: Patient Aids*

3/1/16

Free S.S.P

Halo No charge po

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↶ REPLY ALL

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...



Brunson, Tauresa

Tue 3/1/2016 11:32 AM

Mark as unread

To: ☐ Aiello, Sharon Lee;

Cc: ☐ Lefty, Celia; ☐ Hessen, Terri;

You forwarded this message on 3/2/2016 5:00 AM.

Action Items

+ Get more apps

Please reference PO 475-3720897 for no charge purchase order promotional In-Hospital Program through Halo Innovations.

Thanks,

*Tauresa Brunson*

Corporate Purchasing, Assistant Buyer

Beaumont Health

586-753-9075 desk

586-753-9151 fax

[tauresa.brunson@beaumont.org](mailto:tauresa.brunson@beaumont.org)

**Beaumont**







## In-Hospital, *Safer Way to Sleep*® Worksheet for Birth Centers

Births Per Year	A	900	
Swaddles/Year/Birth	B	0.18	(National average)
Total Swaddles/Year*	C	162	Multiply A x B
Total Start-Up Inventory (units)	D	40.5	Multiply C by 0.25
Cases of Inventory	E	4	Divide D by 12 and round up to whole number.

\*Estimated number of FREE HALO® SleepSack® Swaddles or HALO® SleepSack® wearable blankets per year. If your Birth Center Requires more than the annual free allotment, additional HALO wearable blankets will be invoiced at prevailing In-Hospital rates. **This product is for In-Hospital use only**, not for Take-Home use (see separate pricing for all Take-Home programs).

**Product Selection:** See attached Order Form. Include Free Educational Materials

Our Institution Agrees To:

- Provide Safe Sleep training for nursery/NICU nursing staff
- Provide Safe Sleep education to parents before discharge
- Launder product according to laundering guidelines
- Use product only in the Birth Center/NICU and not for Take-Home use
- Re-order SleepSacks, as needed
- Pay for all shipping charges (Swaddles or SleepSack® orders only)\*\*

Institution Beaumont Hospital - Grosse Pointe

Authorizing Individual (Print) \_\_\_\_\_

Signature\* \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

\*By Signing this Worksheet I certify that this information is accurate

\*\*Please send worksheet and purchase order (for shipping expense) by fax to 952-278-1000 or email to- [orders@halosleep.com](mailto:orders@halosleep.com)

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Please complete ALL fields to ensure prompt processing of your order!

Please fax order to: **952-278-1000**If you have not received confirmation within 48 hours please call **888-999-HALO (4256), option 2.**

## BUYER INFORMATION (person filling out form)

Full Name: PAT HEITZDepartment: FAMILY BIRTH CENTERPhone: 3-13-473-1705Fax: 313-473-1383Email: PATRICIA.HEITZ@BEAUMONT.EDU

## BILL TO:

Purchase Order#: 475-3265721Date: 11/11/14Company: BEAUMONT HEALTH SYSTEMS

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

New Customers Only- Tax ID# \_\_\_\_\_

Sales Tax Exempt# \_\_\_\_\_

If tax exempt, please attach Exemption Certificate.

## SHIP TO:

Company: BEAUMONT GROSSE POINTE HOSPITALAttention: PAT HEITZ R.N.Address 1: 468 CADIEUX ROAD

Address 2: \_\_\_\_\_

City: GROSSE POINTEState: MICHIGANZip: 48230

## TERMS &amp; CONDITIONS:

Standard payment terms are (please indicate terms you are applying for): **Net 30 days\*** \_\_\_\_\_ **Credit Card with order** \_\_\_\_\_

If your company fails to make payment on any order, Halo Innovations, Inc. reserves the right to defer further shipments and will require pre-payment on any order. Further, Customer shall pay all costs and expenses including reasonable attorney's fees incurred to collect the amounts overdue.

\*Requires Purchase Order

Signature: \_\_\_\_\_

Print Name: PAT HEITZ

Optional: Please Choose-

Preferred Carrier: \_\_\_\_\_

Acct. #: \_\_\_\_\_

3rd Party Billing ☐Bill Recipient ☐

Please fully complete ALL SECTIONS and fax (952-278-1000) or email ([order@halosleep.com](mailto:order@halosleep.com)) entire order form. If this is a **Credit Card Order** please fax or email form **first** then call **888-999-HALO (4256), option 2** with your credit card information. If you have not received confirmation with **48 hours** please call 888-999-HALO (4256), option 2.



HALO Innovations, Inc.  
111 Cheshire Lane, Suite 700  
Minnetonka, MN 55305



Phone: 888-999-HALO (4256)

Phone: 952.259.1500

Fax: 952.278.1000

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Company Name

Beaumont  
Grosse Pointe

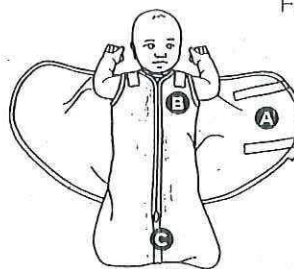
## Order Form

### Birthing Center/NICU

### "In-Hospital" Program

Effective May, 2014

(Confidential)



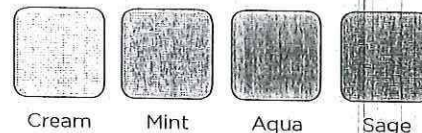
### Hospital SleepSack® Swaddle

Sizes Available:

Preemie: 14"-19"/Birth - 5lbs. • Newborn: 19"-23"/6-12lbs.

**MICRO-FLEECE - 12 PER CASE (EACH SIZE)** Our Most Popular Fabric!

~~\$5.65/unit~~ **FREE** (shipping charges only) For Quantities see worksheet



Description	Size	SKU	A Swaddle Wrap	B Shoulder Openings	C SleepSack Closure	Total Cases
CREAM	NEWBORN	Q1468	VELCRO	NO	ZIPPER	___ x FREE
MINT	PREEMIE	1510	VELCRO	YES-VELCRO	ZIPPER	___ x FREE
MINT	PREEMIE	423	NO VELCRO	YES-VELCRO	ZIPPER	___ x FREE
AQUA	NEWBORN	252	NO VELCRO	NO	ZIPPER	___ x FREE
CREAM	NEWBORN	1670	VELCRO	YES-VELCRO	ZIPPER	___ x FREE
CREAM	NEWBORN	Q422	NO VELCRO	NO	ZIPPER	___ x FREE
MINT	PREEMIE	Q3290	NO VELCRO	YES-SNAPS	SNAPS NEW	___ x FREE
MINT	PREEMIE	Q3292	VELCRO	YES-SNAPS	SNAPS NEW	___ x FREE
CREAM	NEWBORN	Q3461	NO VELCRO	NO	SNAPS NEW	4 x FREE
CREAM	NEWBORN	Q3463	VELCRO	NO	SNAPS NEW	___ x FREE

### 100% COTTON - 12 PER CASE (EACH SIZE)

~~\$6.15/unit~~ **FREE** (shipping charges only) For Quantities see worksheet

Description	Size	SKU	A Swaddle Wrap	B Shoulder Openings	C SleepSack Closure	Total Cases
CREAM	NEWBORN	466	VELCRO	NO	ZIPPER	___ x FREE
MINT	PREEMIE	1041	VELCRO	YES-VELCRO	ZIPPER	___ x FREE
SAGE	PREEMIE	1814	NO VELCRO	YES-VELCRO	ZIPPER	___ x FREE
CREAM	NEWBORN	Q467	NO VELCRO	NO	ZIPPER	___ x FREE
SAGE	PREEMIE	Q3291	NO VELCRO	YES-SNAPS	SNAPS NEW	___ x FREE
MINT	PREEMIE	Q3293	VELCRO	YES-SNAPS	SNAPS NEW	___ x FREE
CREAM	NEWBORN	Q3462	NO VELCRO	NO	SNAPS NEW	___ x FREE
CREAM	NEWBORN	Q3464	VELCRO	NO	SNAPS NEW	___ x FREE
SUBTOTAL						4

BILLING & PAYMENT INFORMATION IS ON PAGE 3

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**Hospital SleepSack® wearable blanket \*NO SWADDLE WRAP\***

Sizes Available: Preemie: 14"-19"/Birth - 5lbs • Newborn: 19"-23"/6-12lbs. Small: 23"-26"/10-18lbs. • Medium: 26"-30"/16-24lbs.

**MICRO-FLEECE - 12 PER CASE \$5.65/unit FREE** (shipping charges only)



Mint



Cream

Description	Size	SKU	SleepSack Closure	Total Cases
MINT	PREEMIE	224	ZIPPER	___ x FREE
CREAM	NEWBORN	085	ZIPPER	___ x FREE



Mint



Cream



Sage

**100% COTTON - 12 PER CASE \$6.15/unit FREE** (shipping charges only)

Description	Size	SKU	SleepSack Closure	Total Cases
MINT	PREEMIE	2652	ZIPPER	___ x FREE
CREAM	NEWBORN	3007	ZIPPER	___ x FREE
SAGE	SMALL	3008	ZIPPER	___ x FREE
MINT	MEDIUM	3009	ZIPPER	___ x FREE

**Education Materials - FREE!**

**FREE Shipping** (shipped separately)

Description	Item#	Quantity
FIRST CANDLE SAFE SLEEP BROCHURES	1016	<u>4</u> BUNDLES OF 50 x FREE
FIRST CANDLE SAFE SLEEP DOOR HANGERS	1017	<u>4</u> BUNDLES OF 50 x FREE

Shipping Method \_\_\_\_\_ MINIMUM ORDER = 1 CASE **SUBTOTAL**

**BILLING & PAYMENT INFORMATION IS ON PAGE 3**