



## Infant Safe Sleep Hospital Participation Agreement

Purpose: To clearly identify the collaborative relationship and define the individual roles and responsibilities of the Oklahoma State Department of Health (OSDH) and

\_\_\_\_\_ (Hospital)

in facilitating the distribution of infant sleep sacks and safe sleep education in your hospital.

### The Terms of this Agreement are as follows:

#### *The OSDH agrees to:*

1. Work with the hospital to receive current training materials for the hospital/organization's nurses/educators to ensure that new staff members and existing staff members are prepared to provide parent education. The training materials include free online training with nurse talking points (statements to use when presenting safe sleep information to parents of new infants as well as answers to common questions).
2. Provide consultation, technical assistance, and support to resolve issues, as needed.
3. Provide infant sleep sacks for distribution to new parents, along with links to parent education materials. Sleep Sack supply is estimated to be sufficient for one year, based on 2011-2012 birth data.
4. Assure that shipments of sleep sacks are sent to the hospital on a quarterly basis.

#### *The Hospital agrees to:*

1. Assign a specific contact person within the hospital that will be responsible for providing oversight of sleep sack distribution.
2. Assure participating staff have completed training consistent with current American Academy of Pediatrics (AAP) guidelines, before educating mothers and/or family members.
3. Provide one sleep sack for each infant born at your facility (while supplies last).
4. Provide parent/caregiver safe sleep education prior to discharge.
5. Submit copy of current hospital policy/policies (that address infant sleep safety, staff training, and parent education) with this agreement.

The person designated as the point of contact is \_\_\_\_\_.

He/She can be reached at \_\_\_\_\_.

\_\_\_\_\_  
Hospital Administrator/Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSDH Maternal and Child Health Service Director

\_\_\_\_\_  
Date

E-mail or fax signed agreement and policies to: OSDH Maternal & Child Health, Attn: Peggy Byerly, FAX (405) 271-9202, Email: [PeggyCB@health.ok.gov](mailto:PeggyCB@health.ok.gov). You may also call (405) 271-4471 with any questions or concerns.