



Safety of New Borns in Hospitals

DR. MAMTA JAJOO

PROFESSOR PEDIATRICS, HEAD OF OFFICE

CHACHA NEHRU BAL CHIKITSALAYA, DELHI

INFANT ABDUCTION

Newborn abduction is considered a “**Sentinel Event**” (J CAHO, 1999), defined as “an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof” (J CAHO, 2001a).

ABDUCTION IN CHILDREN

- HUGE PROBLEM : More than **43,000 children went missing** in India last year, according to the Ministry of Women and Child Development. In Gujarat, official data says about 3,500 children disappear every year. Ref. BBC NEWS
- Exact Data for Newborn is not available in India

PLACES OF ABDUCTION

- Mostly from the hospitals from their mother's room. 15% each are taken from the new born nursery, other paediatric wards, or from other parts of the hospital grounds.

Newborn girl abducted from Ludhiana hospital

Police have filed an FIR against unidentified persons and started probe after mother of the newborn alleged that a woman, who had befriended her on Monday, took away the baby when she had gone to the washroom.

By: [Express News Service](#) | Ludhiana |
February 12, 2020 2:58:02 am



Home > States > Kerala

Kottayam infant kidnapping: Accused wanted to save her relation with lover

It was on Thursday afternoon that two-days-old baby of Aswathi, a native of Vandiperiyar, was stolen by Neethu from the maternity ward at the Government MCH, Kottayam.



Published: 07th January 2022 02:24 PM | Last Updated: 07th January 2022 02:24 PM



Image for representational purpose only. (Express Illustration)

Gujarat: The Indian baby who was abducted twice

15 July 2021



Meena's two-month-old baby was kidnapped twice

Meena's two-month-old baby was kidnapped twice

A two-day old baby born to daily wage workers in India's western state of Gujarat was kidnapped not once but twice. BBC Gujarati's Bhargava Parikh finds out why.

"I don't let my son out of my sight anymore," said Meena Wadi, a poor labourer who lives in Gandhinagar city in Gujarat.

The 25-year-old mother is still reeling from her child being taken from her twice in two months.

Meena's ordeal began the day after she returned home from the hospital with the baby - 1 April.

She said a woman, claiming to be a nurse at the hospital where she had given birth, visited her home and told her the baby needed to be vaccinated. So, Meena, along with her son, accompanied the woman to the hospital. The woman took the baby and asked Meena to wait while he was being photographed.

ABDUCTION OF NB

Newborn kidnapped from Kerala hospital, police traces baby within 2 hours

The woman who kidnapped the infant told the police that she kidnapped the child to blackmail the man she was in a relationship with, into marrying her.



HOW TO PREVENT

- According to J CAHO, the Federal Bureau of Investigation (FBI), the International Association for Healthcare Security and Safety (IAHSS) and the National Center for Missing and Exploited Children (NCMEC)
- Infant abductions from health care are **PREVENTABLE IN LARGE PART BY “HARDENING THE TARGET” (RABUN, 2003, P. 11).**

Important is to develop practice that can be considered in developing a security plan to be implemented in health care settings.

PREVENTION OF INFANT ABDUCTION

Develop and implement a proactive infant abduction prevention plan-

Comprehensive approach which includes –

- Policies and procedures to put in place
- Critical incident response plans
- Education and teamwork with nursing, staff, security,
- Education of parents
- Risk management
- Use and coordination of physical and electronic security.
- Self assessment for health care facilities
- Six root causes of infant abduction
- Mock drills

Best-practice guidelines for preventing infant abduction in the hospital

INFANT SECURITY SYSTEM

- Security Camera Systems CCTVs are used for monitoring and surveillance in the hospital.

BEST PRACTICES IDENTIFICATION OF NB



Attach secure identically numbered bands to the infant (wrist and ankle bands), mother, and father or significant other immediately after birth. Nurse, who will allot the identification bands to mother and baby, will write the id no. of that band on the patient file and in HIMS system. Educate mother about ID bands.

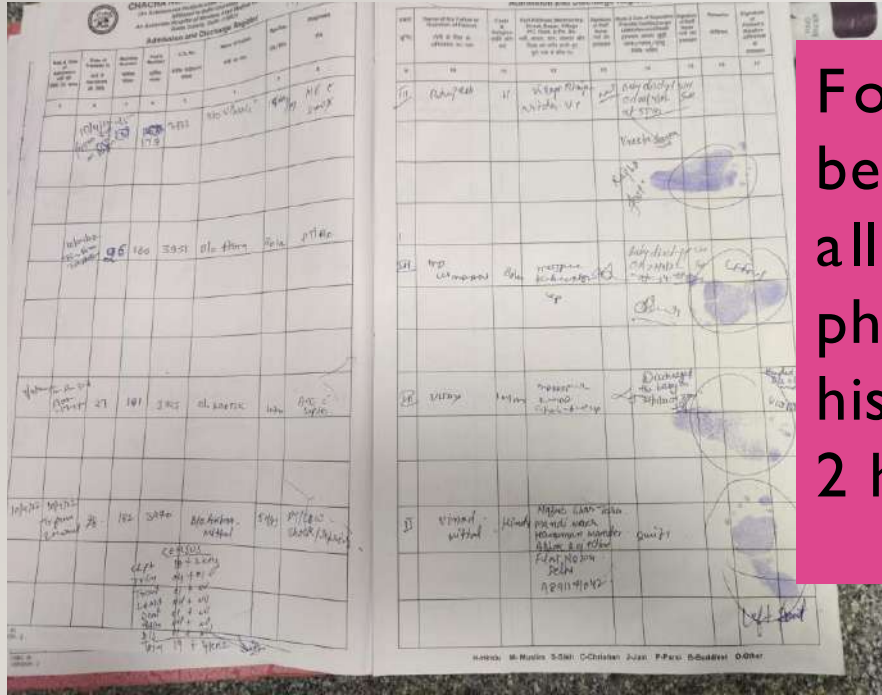


INFANT PROTECTION SYSTEM: THE RADIO FREQUENCY IDENTIFICATION (RFID) TECHNOLOGY

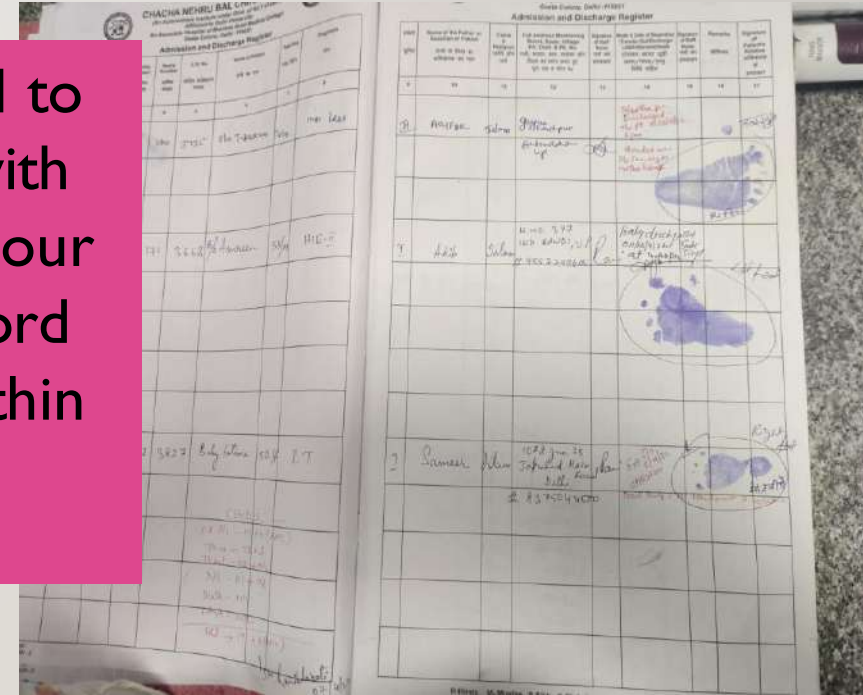
- An infant security tag triggers an alarm, locks doors, and freezes elevators if the infant comes within 4 feet of an exit or elevator.
- All the information of infants, and mothers is on the background infant protection system.
- This identifies through exit monitors and records infant locations in real time.
- Mothers can use a mobile app to confirm infant identities
- When approach to exit monitors at entrances/exits, alarm devices are triggered, preventing infant abductions.



BEST PRACTICESIDENTIFICATION OF NB



Footprints of the infant need to be imprinted on a register with all patient details, take a colour photograph of him, and record his physical examination within 2 hours of birth.



BEST PRACTICES IDENTIFICATION OF NB

- Cord blood taken at the time of Birth
- Antibody Profiling “Biological Barcode”
- High Quality closeup photo of baby
- Physical assessment – Tags , moles

BEST PRACTICES PATIENT TRANSPORT:

Transport infants only in bassinets; don't allow them to be carried or left in the hallway without direct supervision.

only an authorized staff member (or person with an authorized ID band for that baby) is allowed to transport the child.

A baby is never left in the hallway without direct supervision.

BEST PRACTICESSTAFF RELATED

To wear up-to-date conspicuous, color-photograph ID badges

Staff in direct contact with infants to wear a unique ID, such as a badge with a pink background.

Control access to the maternity unit; keep all unit exit doors locked and make sure they're monitored by video surveillance cameras with a date/time stamp.

BEST PRACTICES

- The infants should be kept in direct, line-of-site supervision at all times by a authorized staff member or the mother/ designated family member throughout hospital stay.
- The security guard at the exit of ward and at all other gates ensure that no child leaves the premises with an identification band on wrist.
- Other hospitals in the area are alerted of any suspicious person as a preventive proactive measure.
- The parents are explained and advised to supervise their children at all times in waiting rooms and outpatient clinics

BEST PRACTICES

- Do not post the mother's or infant's full name where it will be visible to visitors.
- Do not leave charts, patient index cards, or any other medical information visible to anyone other than medical personnel.
- Do not leave any identifying information in the bassinet such as ID cards with the infant's photograph and the family's name, address, and/or telephone number.

AROUSING SUSPICION: A TYPICAL ABDUCTOR:

- unknown” abductor **impersonate** a nurse, healthcare employee, volunteer, or relative to gain access to an infant.
- Often visits the maternity unit and nursery for several days before the abduction.
- Repeatedly asks detailed questions about procedures.
- Familiarizes themselves with the layout of the maternity unit.
- Some abductors are former employees, former patients, or have a friend or relative who was a patient at the facility where the crime was committed.
- May not target a specific infant/child. “Snatches” the infant/child when an opportunity arises and makes a quick exit, often via a fire-exit stairwell.

STAFF EDUCATION

Staff Education : about how to protect infants, information on the offender profile and unusual behaviour, prevention procedures, and critical incident response plan.

- Code pink- Mock drills,
- Frequent mock drills and trainings should be repeated as many times as needed.
- How to recognize suspicious individuals.
- Provide written instructions about how to activate the alarm system and call security.
- To teach the policy and procedure for informing the infant's family about a possible abduction

CODE PINK

- **AIM:**To provide a safe and secure environment for the infants & children and their caretakers to prevent infant / child abduction in the hospital.
- **Team** to develop and implement the Abduction Prevention Plan. The team's responsibilities should include assess and identify vulnerabilities, recommending/ implementing physical security requirements, work practices, and healthcare worker training programs; developing emergency response plans

CODE PINK MOCK DRILLS

- Drills with real-life situations should be conducted regularly at different times of day
- To assess the competence of nursing and security staff in their response to a critical incident.
- Scenarios like : A person unknown to staff dress in scrubs or a lab coat and carry a doll wrapped in a blanket or a large duffel bag out of the unit.
- Assessment of mock drills mock incident should include the initial staff response to the abduction, the time to secure exits, and the time to apprehend the “abductor.”
- Repeat the mock abduction within a few months and utilizing a variation of the incident, managers and educators can assess improvement in response.

WHEN TO ACTIVATE CODE PINK

- Code pink must be activated when a neonate, infant or a child (up-to the age of 15 years) is missing and could not be tracked in and around the area where he/she should have been.
- Any staff of the hospital who first gets the information about the missing child must do a quick search in the nearby areas and take help of other staff/people around to find the missing child/baby.
- If not found, code pink should be activated by the staff immediately.

HOW TO ACTIVATE CODE PINK?

- By calling designated intercom no. line for code pink (Usually 2222)
- A telephone operator must be sitting there 24/7
- Staff will give complete details including patient's name, age, sex ,location, appearance and color and type of dress worn, id band number, and last time where and when seen and by whom. She will say code pink and repeat the message
- Operator will immediately make announcements atleast 3 times with a gap of 3-4 minutes.
- **In-charge of OPD and Emergency – As OPD and emergency has an entry/exit points, the in-charge must assign some staff from there department to monitor the gates and also the outside areas of the hospital.**

WORK ALLOCATION DURING ACTIVATED CODE PINK

- Role of In charge : Communication and coordination, gather all the informations related to missing child. For example, when and wherever was the child/baby last seen, who all came to visit the area, any suspected event that took place.
- In-charge should also arrange for someone to look after the parents of the missing child/baby. They should be kept informed about the search process and its development. Parents should be encouraged to help as much as possible by providing all necessary information and maintaining their patience
- In-charges of all wards and patient areas – Understand the description and start a search of the missing child/baby within and around there ward. She should seek help of other nurses and staff for the search, however critical patient care work should not be stopped.

SECURITY

- In charge Immediately position sufficient guards on all entry/exit points within the hospital building.
- SI to visit the department/site along with guards and they have to search the child inside the department and blind areas.
- Security shall close all the exits leaving one gate opened,(Casualty gate) fully manned, and shall do a stringent checking of everyone including their luggage and vehicles.
- Anyone exiting from the hospital, must be frisked and inspected or any one with unnatural behaviour must be suspected In case of doubt the person should not be allowed to exit.

SECURITY

- Few security guards must be sent across the hospitals, including exteriors, terrace, basements to do a thorough search of the hospital for the missing baby.
- All security guards must listen to the announcement and understand the description. In case of doubt the In-charge of the area from where the child/baby is missing should be contacted.
- All employees on contract or outsourced manpower must also be restricted from any movement outside the hospital. They shall be checked if suspected.
- The personnel manning the CCTV camera must closely examine all areas through CCTV. An additional person should be deployed for careful scrutiny
- Security In-charge / Safety officer, must coordinate the work of security during Code Pink event

HOSPITAL ADMINISTRATOR

- Immediate visit to area
- quickly ascertain the appropriateness of code pink action plan.
- Meet the parents and assure them of all possible efforts on part of hospital.
- Inform the police.
- code pink action plan can be modified or take any other decisions that may be required at that time

COMMON INSTRUCTIONS FOR ALL STAFF WHEN CODE PINK IS ANNOUNCED

- All staff must be aware of 'code pink'
- Take care that any unnecessary panic be avoided by patients and visitors.
- Must be aware of their role during code pink
- Information pertaining to the missing child/baby or any suspicious person, must be communicated to either the security/safety in-charge or to the in-charge of the area from where child/baby is missing.
- All decision during code pink, will be taken by hospital's administrator or in his/her absence by the safety/security in-charge.

WHEN SHOULD THE CODE PINK BE CALLED OFF?

- Code pink shall remain activated till the time any one of the following outcome materialize
- The child/baby is found
- If the child is not found up-to one hour after code pink activation, a decision to stop code pink can be taken by hospital administrator. The time could be extended or reduced as per the situational analysis.
- In case child is not found, police should be informed before calling off the code pink. Instruction from police department must be adhered to

HOW TO CALL OFF CODE PINK?

Code pink can be called off only by hospital administrator or by safety/security in-charge in his absence.

Telephone operator should be informed and announcement done 'Code Pink – All Clear', three times.

With this announcement all staff will resume back to their normal work and active search of the child/baby can be discontinued.

ANALYSIS OF MOCK DRILL

Location: Security Room

Observer: Staff Nurse Jasjeet kaur

<u>S.No.</u>	Observation	Time/Action	Action plans for improvement/comments
1.	security officer/ staff present	They received the information at 11.43 and	
2.	Mr Chauhan was through walkie talkie and On suggesting He came to ward fifth floor	The announcement was made immediately , properly audible Did not properly know details of the child	Education of the security staff regarding coming to respective floor (where incidence occurred) and starting search -Required
3.	The information was disseminated among all security staff by walkie talkie		
4.	Checking of blind areas	done	

RECOMMENDATIONS OF CODE DRILL

- Education and training of security guards.
- Staff should give information about patient identity to security guards.—need retraining
- According to change in policy security supervisor needs to come at the area of code pink and start his search there after talking to ward staff.
- The desired response and outcome can be expected by training and periodic re-training of the hospital staff.

SCORING SHEET

Code Pink mock drill variation analysis sheet:

S.No	Parameters to be observed	Drill score	Total score
1.	Child abducted was wearing identification band	0	10
2.	Code Pink was clearly audible	10	10
3.	Staff at abduction site gave information to security in charge on	10	10

Thank you



If any child / infant is found missing, patient's relatives and sister incharge/staff nurse shall confirm the incident in the respective ward area

Sister Incharge /staff nurse shall immediately inform the security at:

Intercom no: 8 and 240- giving complete details including patient's name, age, sex ,location, appearance and color and type of dress worn, id band number, and last time where and when seen and by whom

Security Officer /security supervisor shall alert CODE PINK in the Hospital on Public Announcement System declaring child's details as given above.

Meanwhile security guards shall immediately close all exits of the ward and hospital temporarily, and all the security guards shall search the child in the premises and shall screen everyone at the exit

Security officer and Security supervisor have to visit the department/site along with Security guards and they have to search the child inside the department and blind

Security officer and Security supervisor have to visit the department/site along with Security guards and they have to search the child inside the department and blind areas.

Security shall close all the exits leaving one gate opened,(Casualty gate) fully manned, and security shall do a stringent checking of everyone including their luggage and vehicles. Meanwhile Security officer will look at CCTV,for the footage of incidence and try to trace it.

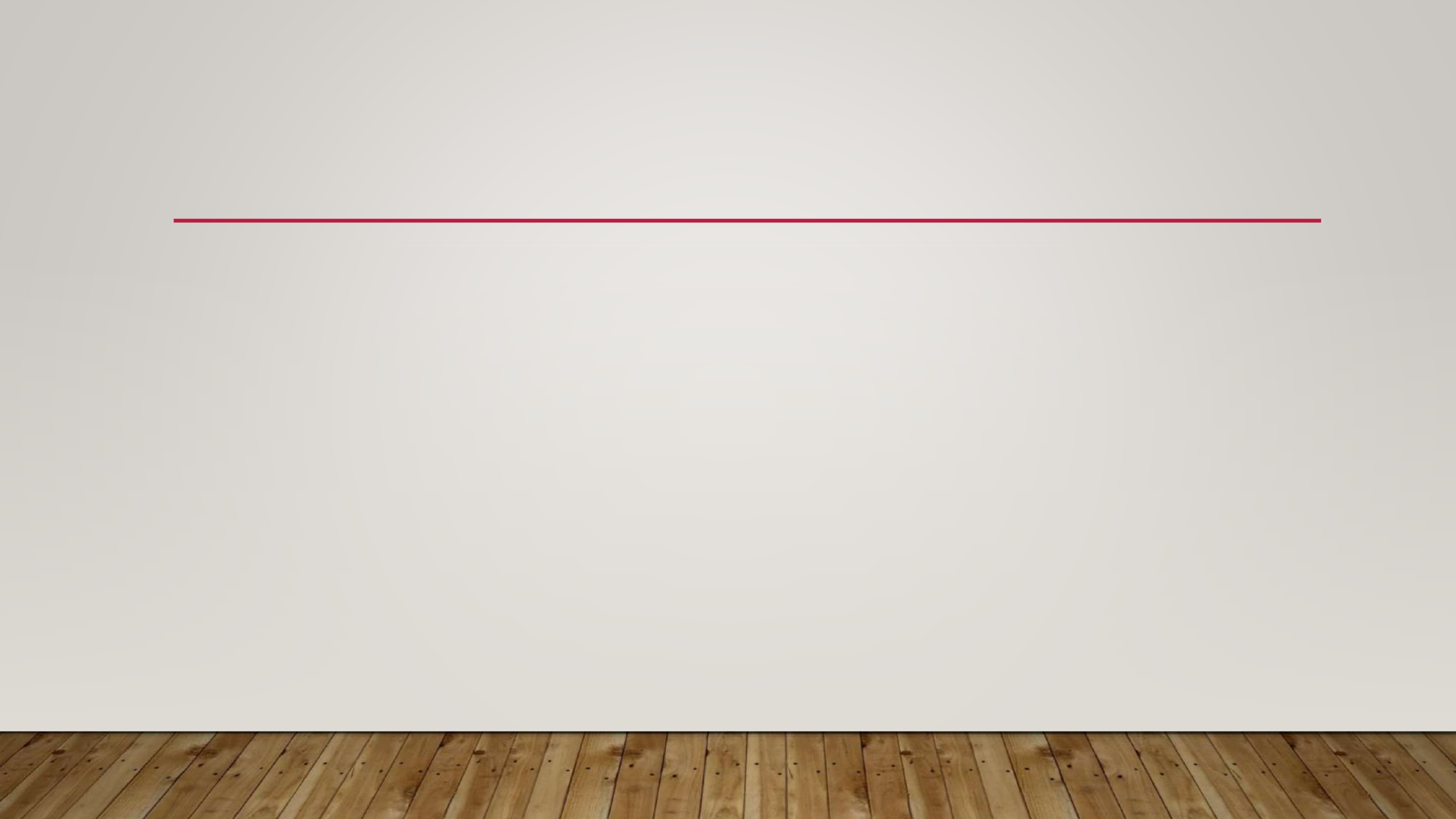
CRITICAL INCIDENT RESPONSE PLAN

- General

- A written critical incident response plan .
- All other staff must be communicated and trained of MCH block.
- Other departments including communications/switchboard, environmental services, accounting, and public relations should also have written action plans to follow in the event of an abduction.
- **Factors to consider:**
- Openness
- Entrance/exit doors
- Alarm systems
- Staffing patterns including number of staff members who are visible on the unit
- Handling of the incident in relation to the time of day in which it occurs.

NURSING GUIDELINES FOR CRITICAL INCIDENT RESPONSE PLANS





PARENTS EDUCATION

- Give the baby only to hospital personnel with proper photo identification.
- Never leave the baby unattended.
- Keep the newborn in direct line of sight of parents or nursing personnel.
- Instruct every mother to never let her baby out of her sight and to call the staff to take the baby when she showers, uses the rest room, or naps.
- Keep the baby on the far side of the room away from the doorway. This makes it more difficult for the abductor to move the baby unnoticed by the mother.
- Question any stranger who enters their room.
- Call the nurse's station immediately to report a stranger or to confirm the identity of anyone who is not properly identified and claims to be a hospital employee.
- Become familiar with physical characteristics specific to their newborn such as birth marks, cerulean (mongolian) spots, or familial characteristics such as scalp hair configurations or Darwin's tubercles on the ears. This information will assist with later identification.