

# Child Abduction

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# Overview

- 1. What – Child abduction**
- 2. Why-Intent/purpose**
- 3. Where – Incident happens**
- 4. How to respond**
  - \* Code**
  - \* Policies**
  - \* Procedures**
- 5. Preventive measures**
- 6. Whom to suspect (Typical abductor)**
- 7. Guidelines for health care professionals**

## **What – Child abduction**

- **The event an infant/child is abducted from the facility is called Child abduction.**
- **0-13 years of child abduction is called as Code Pink.**

# WHY

- To provide an appropriate response in the event an infant is abducted from the facility.
- Emergency codes are used in hospitals world wide to alert staff to various emergencies.
- The use of codes intended to convey essential information to the staff to respond quickly without disturbing the services and visitors & prevent panic between visitors to hospital.

# Where – Incident happens

## Abduction from Health care Facilities



# HOW TO RESPOND

# Codes in SVIMS

- **Code Blue** - Cardiac Arrest
- **Code red** - Fire
- **Code Pink** - Infant/Child Abduction
- **Code Yellow** - Natural disaster

# Code Pink

## Infant / Child Abduction:

- Code **Pink** is used by many organizations to inform employees regarding an abduction attempt (infant/child).



# Code Pink

- **Code Pink** is used to denote abduction of child within age group 0-14 yrs.

# POLICY

All reasonable measures will be taken to **prevent the abduction** of a child from the hospital.

- All **employees** must receive **appropriate education and training** relative to their response roles.

Each department must develop **individual protocols** that support the organization's overall Code Purple response.

# PROCEDURES

A

- **Safe Guarding Infants**

B

- **Response**

C

- **Training & Education**

# A

## Safe Guarding Infants

Contd

- **I General Responsibilities**
- **II Infant Identification**
- **III Patient Education**
- **IV Staff Procedures & Education**
- **V Physical Security/Infant Security System.**

# A

## Safe Guarding Infants

Contd

- **I General responsibilities**
- Customized , develop and augment proactive prevention plans
- Develop written assessment of risk potential
- Annually review the prevention and response plan'
- Written, critical- incident response plan should be developed.
- Ensure proactive interaction with mother.
- Train staff and protecting infants from abduction.
- Insist on supervised parental visits
- Establish access – control policy for paediatric units.

# A

## Safe Guarding Infants

Contd

- **II INFANT IDENTIFICATION**
- a. Establish A process to Identify infants and parents FOR EG: tag or band with UHID number
- b. Take a foot print of the baby , colour photograph of the baby , ensure cord blood is kept in lab for two weeks, perform and record full physical assessment of the baby.
- c. Ensure all health care personnel wear ID badges

# A

## Safe Guarding Infants

Contd

- **III PATIENT EDUCATION**
- a. Patient should be oriented about child abduction in the health care facility, home and community
- b. Methods to respond and report immediately.

# A

## Safe Guarding Infants

Contd

- **IV STAFF PROCEDURES & EDUCATION**
- a. Only authorized staff member should be allowed to transport the infant within the facility.
- b. Infant should be always pushed in a bassinet never should be carried
- c. Caution should be taken to prevent the identification of sex of the infant to the visitors.
- An additional health care provider should be available in case of transport when mother is in shower or attending personal works.



# A

## Safe Guarding Infants Contd

- **V PHYSICAL SECURITY/INFANT SECURITY SYSTEM**
- a. Alarms on stairwells, exit doors of the wards needs to be fixed.
- b. All doors should have self closing hardware and remain locked
- c. Installation of security camera system with recording of at least 30 days with maintenance good quality and reliability.

# B

## Response

- 1. **CODE PINK ALARM**
- 2. **CODE PINK ALARM RESPONSE-**  
Code pink task force. Maternal child health, patient care staff, security staff, All personnel
- 3. **ACTUAL INFANT ABDUCTION-**  
Incident commander, maternal child health staff, security
- 4. **DEMOBILIZATION & RECOVERY**

# Response

## B

- 1. **CODE PINK ALARM**
- a. After confirmation of child abduction the concerned nurse will notify facility operator.
- b. The facility operator will announce “code pink”, provide responding personnel with appropriate information ( age of infant, location of abduction)

# B

## Response

- **II. CODE PINK ALARM RESPONSE**
- a. Code pink task force receives code pink alarm notification via overhead page.
- Task force team leader assigns specific functions for each and every member of the task force (members include nurse, security, engineer, environmental service personnel)

# B

## Response

- **. II. CODE PINK ALARM RESPONSE**
- **B Role of Maternal child care patient health staff- the staff are assigned to search each and every corner of the ward like staff locker room, examination and equipment rooms, staff and public rest rooms , waiting and report rooms.**
- **Communication between nursing staff, security and others via hand held radio facilitates transmission of information and coordination of response**

# B

## Response

- **II. CODE PINK ALARM RESPONSE**
- c. Role of Security staff:
- Immediately and simultaneously activates search of entire facility both interior and exterior.
- All gates in and around the ward will be closed,
- Assist nursing staff in establishing and maintaining security in the unit
- Contact local law enforcement.

# B

## Response

- **II. CODE PINK ALARM RESPONSE**
- d. Role of all personnel's:
- With code pink activation all personnel immediately stops non critical works, covers all interior stairwell doors, elevator areas and doors that exit any where near there area.
- Watches suspected visitors leaving or entering the facility.

# Response

## B

- **III ACTUAL INFANT ABDUCTION-**
- a. The incident commander will activate hospital command centre as appropriate , calls NCMES and public information officer.
- b. Role of nursing staff: The parents of abducted infant are moved to a private room , notifies involved paediatrician and obstetrician .
- Extra nurse is assigned to take care of mother.
- Secure all records and charts of mother and infant.



# B

## Response

- **III ACTUAL INFANT ABDUCTION**
- Hold the infants cord blood or blood sample results.
- Designate a room for the other family members to wait .
- Contacts social services personnel to help in need.
- The situation should be explained to all mothers in the unit.
- A liaison officer(MSW,PRO) is assigned to liaison the issue between the parents and facility.
- Hold a group discussion session with all the personnel affected by the abduction.
- Infant abduction form should be documented with details of description of infant, kidnapper or any other persons with kidnapper.

# B

## Response

- **III ACTUAL INFANT ABDUCTION**
- **Role of security: immediately calls the local police department to enforce law**
- **Notifies new born nurseries, post partum , paediatric unit, outpatient clinics and emergency rooms with description of baby and suspected abductor.**

# B

## Response

- **4. DEMOBILIZATION & RECOVERY**
- When code pink incident had been resolved, the facility operator announces “Code pink, all clear” three times.
- Employees are instructed to return to their work.

# C

## Training & Education

- **Staff members & Members of code pink task force**
- **Should be educated with**
  - **1. Infant security videos**
  - **2. Review of all policies and procedures**
  - **3. Review of regulatory standards.**
  - **4. Review of case studies**
  - **5. Verbal or written test.**
  - **6. Periodic mock drills should be conducted.**

# PREVENTIVE MEASURES

- Separate security check in and check out measures to be done for males and females
- Security grill doors to be installed if the staircase is present next to the ward.

# Whom to suspect (Typical abductor)

## **The offender:**

- Is almost always a female.
- Appears, in overweight general, to suggest pregnancy.
- Ranges in age from 12 to 55 but, in general, is in her early 20s; usually has no prior criminal record.
- Although the crime may be precipitated by impulse and opportunity, the abductor usually have careful plans for finding another person's infant to take and call her own.

# Suspicious Behaviors:

- Be aware of any suspicious behavior!
  - A person taking a gym bag
  - Movement from within a bag that someone is carrying
  - Anyone running or trying to sneak out a back exit.



## Suspicious Behaviors contd...

- If you see any of the following, please alert security and the nursing staff immediately:
  - Repeated visiting, just to see an infant or child
  - Questions about hospital routines, procedures, floor layout, such as, “ When is feeding time?” or “ Where are the stairs?’

## Suspicious Behaviors contd...

- Babies who are being physically carried on the unit
- Persons who carry large packages, duffel bags, off patient care areas
- Abductors are known to search out targeted rooms: Mothers room, rooms that are out of view from the nurse's station, playrooms, and those close to stairwells, fire exits & elevators.

## Suspicious Behaviors Contd...

- Please be aware of these areas on the unit where you are working.
- Abductors have also been known to create a diversion in another area of the hospital to facilitate an infant/child abduction.
- When there are times of high activity or confusion, that is the time to be most observant in the monitoring of infants and children.
- **Most abductors carry the infants out in their arms!**

# Guidelines for health care professionals

- **Be alert to unusual behavior:**

Health care security, nursing and risk management administrators should remind all personnel the protection of infants is a proactive responsibility for everyone in the facility, not just for security.

- **Our Communication to potential abductor is to use phrases such as:**

“May I help you?”

“Whom are you here to visit?”

- Make eye contact.
- Observe the person's behaviour.
- Note a physical description.
- Notify security resources, if necessary.
- Follow-up as is appropriate for the situation

- In this process facilities should consider having in place protocols to Teach staff how to effectively approach a suspected abductor.
- Limit visitors to those who are able to provide the mother's full name.
- Photograph all maternity unit visitors.

- Teach staff how to ask each mother, not the visitor, about her visitors to avoid staff incorrectly assuming a visitor is someone well-known to that mother.
- Be aware disturbances, such as a fire in a closet near the nursery or loud threatening argument in the waiting area, may be used to create a diversion to facilitate an infant abduction.

- It is our responsibility, our duty, to take reasonable care of our smallest patients/visitors and prevent any harm.
- Everyone working in these secure areas must be cautious and alert at all times.
- By knowing a few basic principles we can help keep our hospital safe and secure.



# **CHILD ABDUCTION ALERT NUMBER**

**SVIMS -2302**

# STORK

S : **Search** the unit for Infant/child secure the scene

T : **Telephone** notification calling the emergency number allotted, and give the important information

O : **Obtain** pertinent information and protect the potential crime scene until safety and security manager arrives

R : **Report** and Re assign the mother/family to a different room for security purposes

K : **Keep** all staff and visitors on the unit until police arrives

\* Police authorities will release staff and visitors at their discretion.

**Thank you**