

CHILD ABDUCTION SOP

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General Introduction

Child abduction is the unauthorized removal of a minor (a child under the age of legal adulthood) from the custody of the child's natural parents or legally appointed guardians.

Code Pink Policy:

A missing child/baby from the place where he/she should have been should be taken as an emergency situation. Code Pink should be activated when a neonate, infant or a child is missing and could not be tracked in and around the area where he/she should have been, irrespective of whether or not they are the patient of the hospital(i.e. missing child could be admitted in **hospital** or a visitor). This policy is not restricted to paediatric and neonatal areas, but is applicable across the hospital wherever incidence of missing child/baby happens.

OBJECTIVES & PROCEDURE

Objectives:

- 1.To prevent child abduction and abuse in the hospital.
2. To create awareness regarding about what to do incase of child abduction(corrective action) & to monitor/evaluate such event post occurrence to decide further preventive action
- 3.To conduct the mock drill in the area twice a year &variation to be share with team.

Procedure:

Step-1:CHILD LOST/MISSING

- If a child is reported lost /missing to you immediately notify your supervisor
- In-charge of the area from where the child is missing should function as communication point
- In-charge of the area should then obtain a detailed description of the child (gender, age, hair color, height weight and the clothing wearing when last seen and disseminate the information to all through public address system and also to the security personnel.
- Do not allow the person to leave who has given the first information

PROCEDURE

Step-2:Announcing Code PINK

- The operator will announce CODE PINK AND ALSO TO SPECIFY LOCATION OF INCIDENT over the Public Address System (PA)of the hospital
- For example: “CODE PINK, A-2 WARD”
- The announcement shall be made 3 (THREE) times at a time after every 30 seconds, at least thrice

Step 3: ACTION PLAN

- In-charges of all wards and patient areas should 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 for this.
- 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.
- All exit to be locked and reinforced with security staff.
- The main gates to be closed.
- Do not allow any person to move from the respective areas
- Every person to be frisked carrying bag and baggage’s
- Vehicle boots/decky will be checked.
- DONOT allow the person reported the incident to depart the area
- As soon as the hospital’s administrator come to know about the incident he/she should visit the area from where the child/baby is missing and take information about the situation. He/she will quickly ascertain if code pink action plan is being implemented appropriately. Hospital administrator should also meet the parents and assure them of all possible efforts on part of hospital.

PROCEDURE

Step 4: CHILD FOUND

- If you locate a missing child or identify a lost child, immediately notify your supervisor.
- **DONOT** touch the child. Attempt to obtain as much information as possible from the child (name, parents name, age, event attending, etc.)
- Tell telephone operator to announce “**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.



CHILD NOT FOUND

- Inform the police & follow the law.

IMPORTANT POINTS-TO BE FOLLOWED AFTER CODE PINK IS CALLED OFF

After code pink is called off, the staff will resume back to their normal work. Hospital administrator, security in-charge and the in-charge of the department from where the child/baby was missing should complete following process after calling off code pink :

- If the child/baby is found alright a quick physical examination of the child/baby should be to ensure that child/baby is in normal condition. He/she should then be handed over to the parent
- If the child/baby is found with minor injuries, first aid / treatment should be given
- If the child/baby is found with severe injuries or in dead condition, or in any condition which indicates a manhandling/abuse/crime, police shall immediately be informed and a medico-legal case must be documented
- If a suspect is found eloping the child, the description of the suspect should be noted and police should be informed as soon as possible
- If child is not found within sufficient time, police should be informed
- The safety/security officer should prepare a detailed report on the code pink incident. The report must contain description of child, time of code pink activation, details of search operations, decisions taken and outcome of code pink.
- Hospital administrator must analyse the code pink system and take corrective action to make it more robust

NOTE:By ensuring that CCTV camera is installed in each area of the hospital,in case of such incidents, missing child search can be easily carried out or atleast suspect/child thief can be easily identified & suitable action can be taken further

CHECKLIST FOR Mock drill- Child Abduction

S.No	Event	Yes/No	Remarks
	Mock Drill start time		
	Code PINK reported by first res-ponder at		
	Code PINK announced by PA system at		
	Code PINK initiated at		
	Child identity notification		
	Time of arrival of security guard		
	Time of arrival of 2nd res-ponder/		
	Time of arrival of 3rd res-ponder		
	Security officer cordons off the area		
	Closing of gate time		
	Child identify time		
	Child with their guardian/place		
	Code PINK called off at		

1.Detail of discrepancies observed : -----

Sign of Observer:.....

Date & Time:-----

Sign of Head Quality Manager:.....

Date & Time:-----

Sign of MS/CSO :.....

Date & Time:-----

EMERGENCY CODE REPORTING FORM-

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Qual/ QF/ 50/ 00/ 01-02-15

EMERGENCY CODE REPORTING FORM

Code Name: _____ Date: _____ Time of Announcement: _____

Code Alert raised by: _____ Location: _____

Type of Announcement: Actual Mock Code Alert Called Off at: _____

Emergency Code Attended By:

S.No.	Name	Designation/ Department	Time of arrival at event site
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Description of Event: (including details of person(s) affected during event, if any)

EMERGENCY CODE REPORTING FORM-

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Any variation(s) observed: Yes No

Corrective & Preventive Action(s) Taken:

Patient Care Executive/ Administrator on Duty

Sign of Safety Officer

Sign of Chairperson, Safety & Disaster Committee

- Reference: Health Adam solution

THANK YOU