HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Facility Management Safety		
Document:	Administrative Policy and Procedure		
Title:	Code Pink (Child Abduction Plan)		
Applies To:	All MCH Staff		
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1. PURPOSE:

1.1 This policy provides information on the response in the event of suspected or reported a newborn, infant or child exchanged or abduction; or even missing from any place within the hospital or hospital ground.
1.2 This document may be used as an outline for other institutions, policies and procedures; modifications are permissible as long as they do not contradict any of the general principles.
1.3 To ensure a rapid, orderly and comprehensive response to Code Pink.
1.4 To outline the responsibilities of hospital staff when neonate/ infant or child abduction/exchange or loss has occurred or suspected.
1.5 Develop a plan or a mechanism to protect neonate/ infant/ children and to monitor suspicious movements and actions to prevent the abduction.
1.6 To train the hospital staff and family in the preventive measures to be taken in a possible case of neonate/ infant or child abduction/ exchange or loss.

2. SCOPE:

2.1 Obstetrics and gynecology/pediatric with their intensive care units as physicians, nurses, and midwives.
2.2 Hospital employees especially related departments as administrations, operational control, and safety/security department, etc.
2.3 Families.

3. DEFINITIONS:

3.1 **Code Pink:** is the code used for notifying actual or possible missing and/or abducted Infant/ child or suspected exchange of newborn/ infant.
3.2 **Neonate:** a newborn baby, specifically a baby in the first twenty-eight (28) days after birth inclusive (first four weeks of birth).
3.3 **An infant** is a child aging above 28 days up to 2 years.
3.4 **A child** refers to a person who has not yet attained the age of 15 years (for this document above to 2 years until the age of 14 inclusive).
3.5 **Newborn, infant or child abduction:** anytime the newborn, infant or child is noted missing from any place within the hospital or hospital ground.
3.6 **Newborn exchange:** any time there is newborn either by error or malice, are interchanged with each other at birth or very soon thereafter within the hospital or hospital ground.
3.7 **MOH:** Ministry of Health.
3.8 **NICU:** Neonatal Intensive Care Unit.
3.9 **L&D:** Labor and Delivery.
3.10 **HDU:** High Dependency Unit
3.11 **Infant protection system** refers to the newborn/ infant protection system that provides comprehensive newborn and infant security system with the use of wearable identification tag technology/ system to uniquely and efficiently identify newborn, infant and child and includes tamper alarms, exit alarms, and

out-or-unit alert (trigger an alarm, locks doors and freezes elevators)that allow staff to act quickly if there is an exchange or abduction event. This system has to establish a tracking record documenting where the newborn, infant and child is at all times. And conducted into abducted Infant/ child or suspected exchange of newborn/ infant reporting tool with all recorded evidence base such as picture, video, tag cut, etc.

3.12 **Access control policies:** outline the controls access to a place or other resources, for example, controlled access placed on both physical access to the computer system (that is, having locked access to where the system is stored) and to the software to limit access to computer networks and data. There are two types of access control: physical and logical. Physical access control limits access to campuses, buildings, rooms, and physical IT assets. Logical access control limits connections to computer networks, system files, and data.

3.13 **The physical description** should include as much as possible information about the abductor as:

- 3.13.1 Age
- 3.13.2 Gender
- 3.13.3 Race
- 3.13.4 Height
- 3.13.5 Weight
- 3.13.6 Body build
- 3.13.7 Any other specific description (clothes, hair, color, body mark)
- 3.13.8 Location building number, section, unit, floor, etc)
- 3.13.9 Carrier equipment used for transporting newborn/ infant/ child.

4. ACCOUNTABILITY:

4.1 Hospital management and medical director
4.2 Head of the obstetrics and gynecology/pediatrics/intensive care, nursing, and midwifery units.
4.3 Head of safety and security department
4.4 Head of switchboard
4.5 Social worker
4.6 Public relation officer
4.7 Telephone communication office in the hospital
4.8 Quality and patient safety
4.9 Abduction prevention team
4.10 Code Pink task force

5. POLICY:

5.1 As a general rule, hospitals that provide maternity and child care should guarantee the optimum security of each patient, especially in the newborn and pediatric units.
5.2 Hospitals that provide maternity and child care should have a Code Pink task force (multidisciplinary response team).
5.3 In the event of Code Pink, hospital staff must follow procedural guidelines to respond and locate the exchanged or lost or abducted neonate/ infant or child.
5.4 All employees must receive appropriate education and training with competency assessment relative to their response roles. Code Pink drill should be conducted in every department triannual to maintain the competency of the health providers and employees.
5.5 The enlisted Code Pink team should be trained to carry out their assigned responsibilities during the Code.
5.6 Each hospital department should develop individual protocols that support the organizaiton's overall Code Pink response.
5.7 Every hospital department should develop a written, critical-incident response plan in the event of a suspected or confirmed newborn, infant, child exchange or abduction.

6. PROCEDURES:

6.1 **The hospitals that provide maternity and child care should:**

6.1.1 Have a prevention policy on prevention of newborn, infant and children abduction.

6.1.2 Establish an access control policy for the maternal child health wards/units.

6.1.3 Have an abduction prevention team with a role to develop, implement, and evaluate all the quality improvement strategies, including education on newborn, infant and child exchange and abduction prevention policy and procedures.

6.1.3.1 The abduction prevention team should have an assessment tool of all risk potentials for newborn, infant and child abduction and update annually as needed.

6.1.4 Build a Code Pink task force and their members may include personnel from maternal-child health staff (physicians, nurses, and midwives), safety and security, quality and patient safety, etc.

6.1.4.1 Task force team leader shall be the assigned staff nurse or midwife or designated charge nurse or midwife of the department where the alarm is occurring or ranking security staff.

6.1.4.1.1 Team leader obtains all pertinent information regarding the description of the alleged kidnapper and newborn/ infant/ child, and the situation in the ward/ unit at the time of the kidnapping and report it to Code Pink team task force and personnel responsible for running the Code Pink.

6.1.4.2 Code Pink task force should review the hospital Code Pink policy and procedures and drills with auditing it with the abduction prevention team and update them annually accordingly especially for the responsibility of the hospital staff employees during the Code Pink.

6.1.4.3 Code Pink task force is responsible for ensuring auditing and appropriate compliance by the quality and patient safety department and will be reporting to the cluster or hospital director (according to the organization chart).

6.1.4.4 Code Pink task force alarm response initial incident action plan are:

6.1.4.4.1 Establish a security perimeter around the alarm area.

6.1.4.4.2 Create a checklist.

6.1.4.4.3 Carry regularly risk assessment.

6.1.4.4.4 Determine if the abduction has occurred.

6.1.4.4.5 Identify the infant and abductor physical description.

6.1.4.4.6 Recover the newborn, infant or child, if applicable.

6.1.4.4.7 Communicate the situation to staff/ patients, as necessary.

6.1.4.4.8 Investigate and document incident details.

6.1.5 Assign a specific safety and security office phone number or extension for immediate reporting of Code Pink

6.1.6 Develop an infant abduction form that should include the following documentation: a description of the newborn/ infant/ child, the kidnapper, and any person(s) with the kidnapper. It should also document all information from witnesses regarding the occurrences.

6.1.7 Assign one staff person to be the single liaison (e.g. social service or patient relation, etc.) between the parents and the facility during the code blue and after their discharge from the hospital.

6.1.8 Educate all hospital employees and family about :

6.1.8.1 Their responsibilities during a Code Pink.

6.1.8.2 Code Pink drills.

6.1.8.3 Abductor profile.

6.2.8.4 Orientation to all new staff, trainees as a student and interns or residents.

6.1.8.5 Checklist auditing.

6.1.9 Ensure proactive interaction with the mother (and/or the infant's legal guardian) to determine if any threats (domestic situations, etc.) exist that could create a security problem for the infant/ child.

6.1.10 Train all hospital staff and family on protecting newborns, infants, and children from abduction (see the MOH prevention of exchange and abduction policy and procedures).

6.1.11 Announce Code Pink drill quarterly a year and biannual unannounced should be conducted to evaluate the staff awareness and ability to follow the protocol and procedures.

6.2 Hospital staff employees and parents should notify the security and safety department or the nursing station about any person who exhibits abnormal behavior.

6.3 During the Code Pink, all personnel will remain at their assigned post until "all clear" is paged three times.

6.4 **In the case of infant protection systems is available:** below are potential physical and electronic security safeguards that facilities may consider as part of their plan for the prevention of infant abductions. A documented infant security assessment should be completed.

6.4.1 Alarms on stairwells and exit doors on the perimeter of the maternity, nursery, neonatal intensive care, and pediatric units.

6.4.2 Whenever an alarm is sounded, an immediate investigation to determine the cause of the alarm should be conducted, and, if it is verified that no infant was taken, then a charge nurse or midwife or one of the security personnel (or as per facility policy) may silence and reset the alarm system.

6.4.3 Ensure all maternity, nursery, and pediatrics and all its related intensive care units' doors have self-closing hardware and remain locked at all times.

6.4.4 All doors to lounges or locker rooms where staff members change/ leave clothing must have self-closing hardware and be under strict access control.

6.4.5 Consider the installation of a security camera system that continuously records all activities.

6.4.6 If you have cameras, position them so that they will capture the faces of all persons entering the maternal child care units/wards.

6.4.7 Camera video recordings should be archived for a minimum of 30 days before being re-used or purged.

6.4.8 Establish protocols for system maintenance of quality and reliability.

6.4.9 The access control system should be connected to the fire alarm system.

6.5 **In the event of upon receipt of an infant abduction alarm or suspected or known neonate exchanged or infant/ child missing or abducted, the following actions shall be taken:**

6.5.1 Immediate action by ward/unit staff:

6.5.1.1 The person discovering the exchanged neonate or abduction or missing infant/ child will immediately notify the area charge nurse or midwife with the physical description of the neonate/ infant/ child missing or abducted person (if known).

6.5.1.2 The head nurse or midwife/charge nurse or midwife will immediately notify the switchboard operator to 2222:

6.5.1.2.1 Inform the operator to activate "code pink" in English, give the location of the patient care unit, (building, floor department), bed number, description of the missing infant/child, age of neonate/infant/child and the place and time when the infant/child was last seen will be announced through the overhead 3 times for example: "Code Pink", main building, second floor, NICU, infant (announce 3 times).

6.5.1.2.2 The head nurse/ midwife is responsible for informing the (MRP) Most Responsible Physician, Resident-on-call and nurse/ midwife Supervisor about the CODE PINK during regular working hours. After regular working hours and on weekends the charge nurse/ midwife is responsible to inform the nurse or midwife Supervisor.

6.5.1.2.3 Perform a visual check of the unit and do the count of all newborn, infants/ children by doing a room to room inventory.

6.5.1.2.4 Immediately search the stairways, unit areas, bathrooms, staff locker room, examination, and equipment rooms, waiting area, and empty rooms for the missing newborn/ infant/ child and to ensure that abductor is not hiding (team leader for infant abduction task force).

6.5.1.3 Parents/ visitors will be informed of what has occurred in a calm non alarming manner and instructed to remain in their room with their infant/child until "all clear" or "stand down" is given.

6.5.1.4 Liaise with other wards and units regarding the search for the missing or abducted newborn, infant or child or any person with a suspicious behavior or matching abduction profile.

6.5.2 Responsibility of the nursing or midwifery supervisor:

6.5.2.1 After hearing the announcement, attend immediately to the area where the Code Pink is announced.

6.5.2.2 Immediately notify the following departments/individuals in charge:

6.5.2.1.1 Administration

6.5.2.1.2 Security

6.5.2.1.3 Nursing and midwifery administration

6.5.2.3 The head nurse or midwife will implement planned manning of the floor's exit and elevators to help secure the ward/unit.

6.5.2.4 Secure the area where the newborn, infant or child was last known to be located and detain all individuals until security arrives.

6.5.2.5 In the event, the newborn, infant or the child may be missing or abducted in a different area from its admission then the medical staff shall detain all individuals in that area until security arrives.

6.5.2.6 Secure medical records for investigation purposes.

6.5.2.7 Escort the parents of the missing or abducted newborn/ infant /child to a private area with a staff member to accompany them at all times and offer emotional and spiritual support to the family.

6.5.2.8 Provide the security supervisors with the physical description of the missing or abducted newborn/ infant/ child and the abductor.

6.5.3 The Security department: Supervisor will immediately:

6.5.3.1 Communicate with the team leader who will be liaising with all about the search information. See (6.1.4).

6.5.3.2 Direct guards all exit. The Security Shift Supervisor will assume control of the event, notifying all guards who will proceed to lock down the building and the hospital compound.

6.5.3.3 Security personnel will be immediately dispatched on the location of the incident and a search of the entire hospital, both interior, and exterior will be initiated. They should be alert and suspicious of anyone who:

6.5.3.3.1 Match a general kidnapping profile.

6.5.3.3.2 Newborn/ infant/ child not accompanied by two (2) hospital staff or in transport hospital equipment, for example, a person carrying an infant in the corridors without bassinet/cot.

6.5.3.3.3 Carrying a large package, bags, and bundles of clothes and linen.

6.5.3.3.4 Appears emotional or nervous.

6.5.3.4 Obtain as much information as possible from the reporting unit (description of the abducted infant/child and suspect's information.

6.5.3.5 Notify nurseries, postpartum, pediatric units, emergency rooms, and outpatient clinics or other health care facilities about the incident, and provide a full description of the missed or abducted newborn/ infant/ child and abductor (if known).

6.5.3.6 Institute a search of the entire hospital premises.

6.5.3.7 Assist nursing and midwifery staff in establishing and maintaining security in the ward/ unit.

6.5.3.8 Keep all staff and visitors in the unit/ building until the discretion allows.

6.5.3.9 Searches for all people carrying items that can hide an infant including, but not limited to a suitcase, boxes, blankets, bulky coats.

6.5.3.10 Instruct visitors/ patients leaving the hospital to identified exit doors only. The only authorized personnel will be allowed to access the hospital compound after searching them

6.5.3.11 Visitors that match the description of the abductor should not be allowed to leave.

6.5.3.12 Close exits parking lots, if possible, (e.g. gate arms, doors) and record the license plate numbers of any vehicles leaving the premises.

6.5.3.13 The security guards are responsible to stop individuals and cars that want to get out of the hospital and subject them to a thorough inspection, search and questioning. Female security will do body search of females and male security will do body search of males. Security search includes any suspicious containers, bags, and cars.

6.5.3.14 The elevators are temporarily not allowed for use by the security until maintenance technicians arrive to shut off the mechanical power of the elevator to ensure that the elevator is not used by the newborn, infant or child abductor. Unless the hospital has an infant protection system and automatically will be closed.

6.5.3.15 If the team leader authorized an entrance or exit for certain persons, the staff should document by writing the name, time and designations of those persons and search them as per protocol.

6.5.4 Once the abduction has been confirmed:

6.5.4.1 The nursing or midwifery supervisor will notify the following:

6.5.4.1.1 Nursing Director or designee on call

6.5.4.1.2 Hospital administrator on duty/ on-call

6.5.4.1.3 Security department

6.5.4.1.4 A resident on call (pediatric and obstetrics department)

6.5.4.1.5 Social Worker

6.5.4.2 The resident will notify the involved attending pediatric and obstetrician consultants who will notify the head of the department or unit.

6.5.4.3 The attending consultant and head nurse or midwife or nurse or midwife supervisor will notify the parents of the abducted infant/ child once abduction has been confirmed.

6.5.4.4 The head/charge nurse or midwife Nurse Manager/Shift Nurse manager will brief all nursing staff on the unit.

6.5.4.5 Once approved by the security department, the family and/ or mother of an abducted infant/ child will be moved to an empty private room to ensure privacy.

6.5.4.6 The social worker will stay with the mother/ family for moral and emotional support.

6.5.4.7 Responsibility of head of department/ service/ unit:

6.5.4.7.1 Immediately supervise and assign the staff to search and monitor the entire ward/department/ unit, all entrances, and exits including fire exits and nearby department until the "all clear" announcement is made three times. See 2.6.1.5

6.5.4.7.2 Reporting the result of the search to the team leader with liaison with the nursing supervisor and duty manager.

6.5.4.8 Role of director of the hospital/ director on duty:

6.5.4.8.1 Notification of the Police will be the responsibility of the director on duty.

6.5.4.8.2 The director on duty will inform the hospital director/ cluster director (according to the organization chart and designations of the department).

6.5.4.8.3 Director on duty or medical director of the missing or abduction or exchange of the newborn/ infant/ child will inform the director of quality and patient safety, patient experience, social workers, public relation and risk manager.

6.5.4.9 Responsibility of hospital director:

6.5.4.9.1 Upon receiving the alert, contact the police to help in this event or to permit the security supervisor to call them.

6.5.4.9.2 Proceed to the incident location and had a detailed brief about the available information from the nursing or midwifery supervisor.

6.5.4.9.3 Liaise with nursing, midwifery and security supervisors to review the search and security measures taken and all exits are secured.

6.5.4.9.4 Ensure that all personnel are performing their duties and following the Code Pink policy and procedures.

6.5.4.9.5 Assume the position of incident coordinators.

6.5.4.9.6 Liaise with police offices when they arrived at the hospital.

6.5.4.9.7 Liaise with media if out of duty hours.

6.5.4.9.8 Continue searching until "all clear" and the announcement is made by the switchboard.

6.5.4.10 Responsibility of patient experience:

6.5.4.10.1 Upon receiving the alert, proceed to the incident location and liaise with the duty manager and security supervisors regarding the incident details.

6.5.4.10.2 Liaise with media to release the incident report after approval of the hospital director/ cluster director.

6.5.4.11 Responsibility of social workers:

6.5.4.11.1 Upon receiving the alert, proceed to the incident location and liaise with the nursing supervisor and duty manager and parents.

6.5.4.11.2 Support the family emotionally and spiritually.

6.5.4.11.3 Keep the family updated with ongoing investigations and any related information.

6.5.4.12 Responsibilities of telephone operator (switchboard): He/she will announce the initiation and clearance of the Code Pink three (3) times and notify the followings:

6.5.4.12.1 Duty manager

6.5.4.12.2 Chief security

6.5.4.12.3 Nursing or midwifery supervisor

6.5.4.12.4 Risk manager

6.5.4.12.5 Patient experience

6.5.4.12.6 Social worker

6.5.4.13 Responsibilities of duty manager:

6.5.4.13.1 Liaise with the team leader to organize and arrange additional enforcement personnel or agencies as appropriate to help in the Code Pink.

6.5.4.13.2 To initiate an alert broadcast through the police department per protocol.

6.5.5 When the Code Pink is no longer in effect:

6.5.5.1 If the newborn/ infant/ child is found or if it is to be found a false the alarm then the nursing or midwifery staff member immediately notifies security by telephone. The duty head of the security department shall notify the hospital operator to announce three (3) times: "Code Pink" clear!

6.5.5.2 If the newborn/ infant/ child has not been found within two (2) hours of the Code Pink announcement, the security director or senior security officer, instructs the switchboard operator to announce Code Pink down so that staff will resume their duties while the investigation continues.

6.5.5.3 Return of an abducted Infant/Child:

6.5.5.3.1 The Head of security will inform quality and patient safety and hospital administrator who will notify the police and the key personnel as below.

6.5.5.3.2 The charge nurse/social worker notifies the newborn/infant/child's physician to immediately evaluate physical status.

6.5.5.3.3 The charge nurse/social worker immediately notifies the parents and the Code Pink task force.

6.5.5.3.4 The Code Pink task force immediately will notify all security officers, duty manager, and all related personnel staff.

6.5.5.3.5 The duty head of the security department shall notify the hospital operator to announce three (3) times: "Code Pink" clear!

6.5.5.3.6 Infant/ child identification/evaluation:

6.5.5.3.6.1 The pediatrician will evaluate the infant/ child physical status.

6.5.5.3.6.2 If admission is required, the newborn, infant/ child will be admitted to an appropriate unit (PICU or NICU).

6.5.5.3.6.3 The unit admitting the infant will obtain blood specimens and footprints if infant till 1 year.

6.5.5.3.7 Social services will arrange a private room for the family to identify and reunite with the newborn/ infant/ child.

6.5.5.3.8 After each Code Pink situation, the head nurse or midwife or designee of the ward/ unit or clinic involved should complete an occurrence report(incident report) form and submit the complete for to the quality and patient safety department.

6.5.5.3.9 Patient experience will liaise with the media to release the incident report after the approval of the hospital director/ cluster director.

6.5.5.3.10 All employees are to return to their normal work duties.

6.5.5.3.11 Hold a group discussion session(s) as soon as possible, requiring all personnel affected by the abduction to attend. This is a debriefing and group discussion to help all staff deal with the stress resulting from the event. All staff affected by the event must attend the debriefing.

6.5.6 During and after a Code Pink event, all the staff shall abide by the patient confidentiality policy. Staff shall not provide information about the event to anyone who does not have a valid reason to know.

6.5.7 The abduction event would be evaluated by the Code Pink task force and abduction prevention team for process improvement opportunities.

7. TRAINING AND EDUCATION:

7.1 Staff members who deliver care to newborn/ infants/ children need to be educated regarding infant security issues upon their initial orientation to the unit, and quarterly.

7.2 The training and education can be achieved through several different methods, with a competency assessment tool done during the training and after that yearly,such as:

7.2.1 Infant security videos.

7.2.2 Review of all policies and procedures.

7.2.3 Review of regulatory standards.

7.2.4 Review of case studies and any possible attempts.

7.2.5 Verbal or written or electronic or simulation test.

7.3 Ancillary staff members should be in-serviced upon initial orientation and as needed. It is recommended that the following departments be included: security, housekeeping, laboratory, radiology, and auxiliary staff.

7.4 Members of the Code Pink task force should receive the appropriate training and should conduct periodic drills to ensure a coordinated response.

8. DOCUMENTATION:

8.1 All the accountability personnel in point 3.0 should document all the incident details with the date/time/ names of personnel and their designations and working ward/ unit from the beginning of the incident until all the investigations are cleared out. This file will be used for auditing by the Code Pink and abduction prevention team for gap analysis and recommendation to improve the safety and security of maternal and child ward/ unit. Provide a complete report about the last event if:

8.1.1 The electronic infant protection system is available, (location, video, picture, tag, etc.) covering all possible area, demographics and all relevant information mentioned in point 8.

8.1.2 the electronic infant protection system is unavailable, an incident reporting form should be adopted containing (location, video, picture, tag, etc.) covering all possible area, demographics and all relevant information mentioned in point 8, collected and stored in one file.

9. REFERENCES:

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9.4 Rabun, J. B. (2009) for healthcare professionals: Guidelines on prevention of and response to infant abductions. National Center for Missing and Exploited Children.

9.5 Head of Corporate Business (NHS) (2017) Infant/child abduction (prevention of) policy.

9.6 Hospital Association of Southern California (2007) Health care emergency codes a guide for code standardization.

10. APPROVAL:

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