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PURPOSE:

To provide an appropriate response in the event an infant is abducted from the facility.

SCOPE:


Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Hospital Safety Officer, Security Department, Maintenance and Engineering Department Staff, Respiratory and Nursing Staff

GENERAL GUIDELINES:


1. Reasonable measures are to be taken to prevent the abduction of an infant from the hospital.
2. Employees receive appropriate education and training relative to their response roles.
3. It is the responsibility of all staff members to always be alert for persons in all areas who exhibit unusual behavior and to be aware of patients who may be at risk due to family situations. Unusual behavior can be described as: loitering at the NICU, PICU and Pediatric Wards extensively, inappropriate questions about a baby or babies, following of nurses as babies are taken to their mothers, or asking questions about staff procedures or security measures.
4. During a **CODE PINK**, it is the responsibility of the hospital staff to stop and question anyone with children, bulky packages, suitcases, baby in their arms, wearing a heavy coat or jacket, or anyone who may appear suspicious.
5. Code Pink Committee shall be organized; its members and staff working in labor room/DR room, NICU, PICU, and Pedia ward shall be properly oriented on their roles and responsibilities including the things to be asked to the visitors in the area.

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6. All personnel in the area are responsible and to be familiar with the hospital CODE PINK Response Plan as it applies to their area.
7. Any employee suspecting of child abduction or missing shall immediately notify the Security guard and CRO of the unit.
8. The telephone operator and the information booth upon receiving the "CODE PINK" shall announce in the paging system "3" times to be activated, in which all the CODE PINK team shall response without delay.
9. The DR, MBFC, and NICU facility entrance and exit door shall always be closed and equipped with security auto locking system.
10. In service training and annual drill for "CODE PINK" shall be required for all persons even newly hired to be included in the orientation program.
11. Strictly implement wearing of watchers identification card and employees badge.
12. There shall be a CCTV camera in the DR incubation room/treating room where neonatal is kept after mothers labor, Gyn wards, NICU, PICU, Pedia wards and hospital exit points.

PROCEDURE:


1. Ensure the proper identification of the child.
 - 1.1. All Nursing Staff members assisting deliveries in the delivery room must apply pink ID Band (Baby Girl) and blue ID band (Baby Boy) on right wrist with corresponding name of the mother, gender of baby, date of birth before handing over to mother/ transferring to the newborn unit.
 - 1.2. Baby handling over to neonatal department shall be properly documented before endorsing the child to the mother.
 - 1.3. Inpatient infant and pediatrics patients shall wear the identification band with the mothers name and his contract number on it. On discharge from the hospital, ID band is verified and removed by the nurse.
 - 1.4. When two or more patients have similar names, charts, and infant crib/bed card shall be labeled NAME ALERT and the mother's first name will be included on the chart crib card.

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2. The area around the Neonatal Intensive Care Unit, the Pediatric Intensive Care Unit, Mother and Baby Friendly Complex and Pediatric Ward will be considered secure areas.

2.1. The Hospital authorized staff to enter such areas must display Hospital Staff Identification Card.


- a) The identification card must be visibly displayed.
- b) CRO must check for the presence of the identification card, as well as match the displayed picture to the individual's face.
- c) In case where there is a mismatch between the identification card and the face of the personnel carrying it, both individuals are to be referred to the hospital's Security Department and Human Resource Office, who will initiate a case comprising of legal and/or disciplinary action against both parties.
- d) Individuals/Employee lacking this identification card will not be permitted to enter into these secure areas.
- e) Hospital staff with duty in these secure areas who have misplaced or forgotten their identification card must inform the Head Nurse/Nurse Supervisor.
- f) Children will NEVER be removed from the secure area unless discharged by the competent authority
 - The mothers may visit the breastfeeding area after identification for breast feeding.
 - A specified Nurse should be in charge of the breast feeding area.
- g) Only parents/ legal guardians are allowed to accompany the child during his/her hospital stay.
- h) CRO shall be alert and vigilant all the times during Delivery/Labor operation inside the room.
- i) Visiting hours shall be strictly implemented.
- j) No attendants are allowed to stay overnight with the patient except the parents/ legal guardian.

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3. The child's parents shall not allow more than two (2) watchers authorized to visit the child; and they will be provided one (1) Nurse Attendant to accompany them going to the Pediatric Wards, PICU and NICU.
 - 3.1. The Parents will provide the details of the individuals authorized to visit the child. These details will include the following:
 - a) Name
 - b) Relationship with the child
 - c) Valid identification card shall be deposited to the admitting before issuance of watchers pass.
 - d) Telephone number
4. Patients at risk of being abducted will be placed close to the Nurse Station in the line of sight of the nurses.
 - 4.1. These are patients are to be subjectively assessed, and include, but are not only limited to, the following:
 - a) Custody is being dispute
 - b) Infants left alone in ward for extended period of time.
 - c) Domestic dispute/abuse.
 - d) Threats to leave against medical advice by non-custodial parent.
 - e) In the events where custody isn't clear.
 - f) In the process of annulment or annulled mother.
5. Staff must always be vigilant and aware of; and notify security of any unidentified/unknown persons.
 - 5.1. Such individuals may include the following:
 - a) Unnecessarily follow staff in a secured area.
 - b) Asking detailed questions about the layout of the facility.
 - c) Impersonating a nurse or other allied health professional.
 - 5.2. Neonate/Mother Contact
 - a) Neonates shall only be transferring to the mother via mother after positive ID check by comparing the mother ID and neonates.
 - b) Assure that the neonate is only removed from the mothers care (ward/room) by the authorized personnel.

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- c) Mothers will be instructed to release the baby to authorized personnel wearing appropriate identification and authorized by the mother.
- 5.3. All Neonates Shall Be Transported In Hospital Bassinets (Baby Cart)
 - a) Neonates will only be transferred to the mother via a baby cart.
 - b) Nobody involved in neonatal care is allowed to transport the child in any other way (like being held in the arms), including the parents and/or authorized visitors.
 - c) The parents may pick up the child, but SHALL NOT go out of the secure area with the child.
 - d) Anyone found carrying a baby in the hallway will be questioned by the CRO/Security Guards or newborn/ward nurse where the mother is admitted.
6. Parents Shall Be Advised Not To Allow Their Child To Be Taken From The Ward By A Worker Unless Permitted By The Concerned Duty Staff.
7. Access Control:
 - 7.1. Entry and exit of the DR Station, NICU and MBFC Station, shall be constantly monitored by electronic surveillance camera/CCTV and by the nurse assigned to the patient.
 - a) All personnel and visitors shall enter and exit the ward or station via designated main entrance.
 - b) Emergency exits will not be used by visitors except during an emergency.
8. Code Pink Committee Members shall compose of the following:
 - 8.1. Medical Director
 - 8.2. Nursing Director
 - 8.3. Chief Nurse
 - 8.4. Doctor on duty
 - 8.5. Security Department
 - 8.6. Nursing Supervisor
 - 8.7. Head Nurse/Nurse In – Charge

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8.8. Department Heads

9. Response Plan:

Objectives:

Initial Incident Objectives	
<input type="checkbox"/>	Establish a security perimeter around the alarm area.
<input type="checkbox"/>	Determine if abduction has actually occurred.
<input type="checkbox"/>	Identify the infant and abductor, if applicable.
<input type="checkbox"/>	Recover the infant, if applicable.
<input type="checkbox"/>	Communicate situation to staff/patients as necessary.
<input type="checkbox"/>	Investigate and document incident details.

10. Missing Child


- 10.1. A staff member shall stay with the person who has reported the child missing or send another employee with that person (if the family chooses to look for the missing child).
- 10.2. The person reporting the missing child shall not be allowed to leave the premises unaccompanied.
- 10.3. All witnesses and/or involved personnel shall remain at the location until they are released by the NSO and Medical Service.

11. SUSPECTED ABDUCTION/COMMUNICATION

Check to the station to see if the patient is discharge, if not, call a Public Address system to initiate Code Pink.

"Code Pink - 0/1/5" - Location - 10 - 80/86, 10- 67/87, 10 - 04 - 26/10 - 74 - 26"

- 0 0 < 1 years old
- 1 1 < 5 years old
- 5 5 > years

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- **Location ward/station name**
- **10 - 80 Kidnapped, Hostage**
- **10 - 86 Missing Person**
- **10 - 67 Male**
- **10 - 87 Female**
- **10 - 04 - 26 Identified Subject/Culprit**
- **10 - 74 - 26 Unidentified Subject/Culprit**

Note: Contact the Security Team via telephone exchange: Give the patient name, and location/floor.

12. DEPARTMENT RESPONSIBILITIES

12.1. Nursing station


- a) Recheck all wards/rooms
- b) Secure the area where the abduction occurred.
 - To preserve forensic evidence.
- c) Counsel the parents.
- d) Protect parents from stressful contact with the media or other interference.

12.2. Nursing administration (NICU/DR Head Nurse)

- a) Contact the following:
 - Chief Nurse
 - Doctor on duty
 - Nursing Director and Medical Director
 - Hospital Security/CRO/Specialist
- b) Hold all hospital Staff.
 - All employees shall remain in department or report back to department until cleared to go home.


13. Code Pink members

- 13.1. They shall respond immediately and execute their designated roles and responsibilities as outlined in the abduction response plan during the rescue.
- 13.2. All staff

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- a) Secure all hospital exits.
 - b) Notify every single entrance and exit point. Let the family member of missing child to accompany the security guard/CRO for recognition purposes.
 - c) The staff will question individuals
 - Inform people before asking any questions that a child is missing.
 - If they have a child:
 - As the person "Is this you child?"
 - Check the Child and/or adult for hospital I.D bands. (Parents/legal guardians of inpatient children are given an I.D band to identify them with their child). Outpatients will be identified by marking stamp at the ER Triage and assessment form from the laboratory/admitting department prior to entry at the hospital.
 - Ask person to open any large bags or purses (If missing child is an infant.)
 - If the person has a child with them that is a toddler or older, ask the child "What is your name?"
 - Ask the person where are they have been in the hospital.
 - Notify security in issues of
 - d) Non- compliance/Uncooperative
 - e) Changes in story over the course of discussion.
 - f) Suspicion of lack of truth
 - g) If an employee identifies the abductor, the employee shall ask them to come with them to an area with a phone and call the security team.
- 13.3. Security
- a) The security/CRO shall mobilize and organize, with at least one individual by the telephone to receive telephone calls from the staff, and the rest engaged in the following:
 - b) Lock down the Hospital.
 - Everyone must enter or exit through the designated single entry and exit gate.
 - Search the facility and hospital grounds.

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c) Obtain information from the child's nurse, parents, and others that may have around the infant/child.

- Gender of infant/child
- Age of infant/child
- Birthmarks
- Name of infant/child
- Pictorial evidence of the infant/child
- Description of clothing
- Description of the abductor

d) Assume control of the crime scene from the nursing staff.

e) Liaise with the law enforcement.

f) Apprehend and take suspect/s to custody.


13.4. Delivery Room, Newborn, and Pediatric Wards will be look out for the following:

- a) Repeat visitors to the units with extreme interest in babies and children.
- b) Theft of personnel identification or uniform
- c) Extensive questioning, regarding the units protocol or the babies and children.
- d) Anyone carrying an infant instead of using a baby cart or carrying huge bags, large packages, or loosely wrapped bundles from the delivery room or newborn unit.

14. Training and Education

Staff members who deliver care to infants are educated regarding infant security issues upon their initial orientation to the unit and on a quarterly basis. This can be achieved through a number of different methods, including but not limited to:

- 14.1. Infant/ Child vulnerability
- 14.2. Infant/ Child Abduction policy
- 14.3. Suspicious Activity response
- 14.4. Access control
- 14.5. Employee Identification Card
- 14.6. Visitor Identification
- 14.7. Instructions to Mothers

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14.8. Newborn Identification Bands

14.9. Responding to abduction attempts

REFERENCE:

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California. <https://www.hasc.org/resource/hospital-emergency-codes>

An Analysis of Infant Abductions, July 2003; National Center for Missing and Exploited Children.

California Code of Regulations, Title 22, § 70547(b)(21), § 70717(g)(h), § 70737(d), § 70738, §70743(b).


California Health and Safety Code, Section 1276, § 208(a), §1275.

For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions. Eighth Edition, 2005; National Center for Missing and Exploited Children.

The Hospital Incident Command System (HICS) Guidebook, www.emsa.ca.gov/HICS.

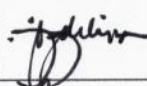
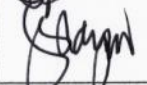



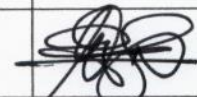
The Joint Commission, www.jcrinc.com/Joint-Commission-Requirements.

Preventing and Responding to Infant Abductions, 1996; Emergency Care Research Institute (ECRI).

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	Name/Title	Signature	Date
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		8/21/22



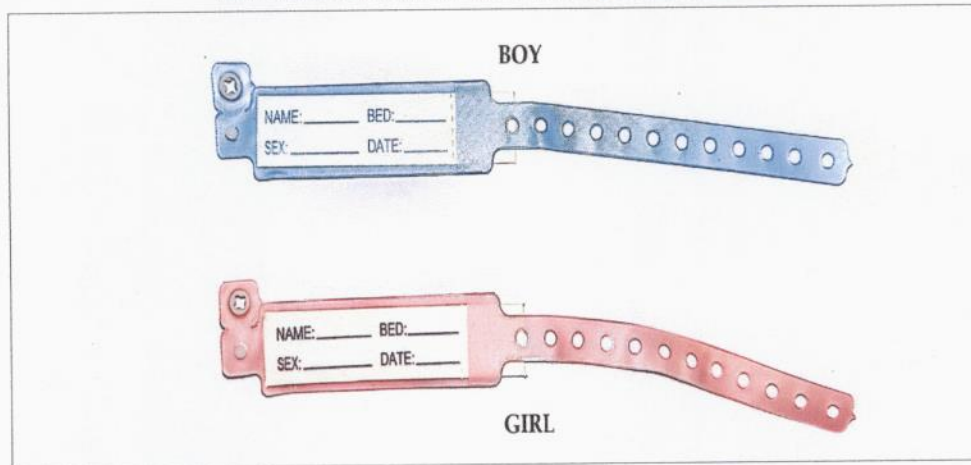
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ANNEX A:

SAMPLE IDENTIFICATION BADGE










CRIB NAME: FOR BOYS

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NAME _____		
DATE OF BIRTH _____ TIME _____ BED NO./ROOM NO. _____		
WEIGHT _____ HEAD CIRCUMFERENCE _____ ARM CIRCUMFERENCE _____		
LENGTH _____ CHEST CIRCUMFERENCE _____ ABDOMINAL GIRTH _____		
TYPE OF DELIVERY _____		
OBSTETRICIAN _____		
PEDIATRICIAN _____		
MOTHER'S NAME _____		
MOTHER'S BLOOD TYPE _____ BABY'S BLOOD TYPE _____		
NURSE ON DUTY _____		
		

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CRIB NAME: FOR GIRLS

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	<p>BACOLOD CITY</p>			
<p>NAME _____</p>				
<p>DATE OF BIRTH _____ TIME _____ BED NO./ROOM NO. _____</p>				
<p>WEIGHT _____ HEAD CIRCUMFERENCE _____ ARM CIRCUMFERENCE _____</p>				
<p>LENGTH _____ CHEST CIRCUMFERENCE _____ ABDOMINAL GIRTH _____</p>				
<p>TYPE OF DELIVERY _____</p>				
<p>OBSTETRICIAN _____</p>				
<p>PEDIATRICIAN _____</p>				
<p>MOTHER'S NAME _____</p>				
<p>MOTHER'S BLOOD TYPE _____ BABY'S BLOOD TYPE _____</p>				
<p>NURSE ON DUTY _____</p>				
<p>    </p>				

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PURPOSE:

To provide an appropriate response in the event of a suspected or actual smoke condition or fire in order to protect life, property and vital services.

SCOPE:


Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Code Red Task Force, Hospital Safety Officer, Security Department Staff, Maintenance and Engineering Department Staff, Respiratory and Nursing Staff

GENERAL GUIDELINES:

1. Due to the potentially devastating effects of a fire and the non-ambulatory nature of many patients, all employees have a responsibility to respond quickly to a suspected or actual fire.
2. Code Red should be immediately initiated whenever any one of the following indications are observed:
 - Seeing smoke, sparks or a fire.
 - Smelling smoke or other burning material.
 - Feeling unusual heat on the wall, door or other surface.
 - In response to any fire/life safety system alarm.
3. The Code Red Task Force shall perform only basic fire response operations for beginning stage fires that can be controlled or extinguished by portable fire extinguishers without the need for protective clothing or self-contained breathing apparatus.
4. All employees must complete an annual safety training that includes appropriate fire/life safety procedures. The Code Red Task Force shall also receive appropriate annual training in accordance with their duties.

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PROCEDURE:

A. Upon discovery of smoke condition or fire (suspected or actual)

1. At origin:

1.1. R.A.C.E.

Remove patients, visitors and personnel from the immediately affected area. Consider removing patients and staff from the adjoining rooms/floors. Disconnect exposed oxygen lines from wall outlets.

Activate the fire alarm and notify others in the affected area to obtain assistance. (See policy DPOTMH-HW-P13 for assistance on how to Initiate an emergency code)

Contain the fire and smoke by closing all doors

Extinguish the fire if it is safe to do so. (see P.A.S.S.)

1.2. S.A.F.E.

Safety of life

Activate the alarm

Fight fire (if it is safe to do so) to perform by trained individual

Evacuate (as necessary or instructed)

1.3. P.A.S.S. – Proper use of the fire extinguisher:

Pull the pin

Aim the nozzle of the extinguisher at the base of the fire


Squeeze the trigger

Sweep the extinguisher's contents from side to side

2. Away from origin:

2.1. Listen to overhead paging system.

2.2. Prepare to implement Code Red response plan for every department or location, as needed. Do not automatically evacuate unless there is an immediate threat to life. Wait for instructions.

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2.3. Nursing personnel return to their assigned units if safe to do so.


B. Code Red Task Force

1. The pre-designated, multi-disciplinary fire response team (a.k.a.: Code Red Task Force) receives a fire alarm notification (either via overhead page or directly from the fire system).

- 1.1. The Hospital Incident Command System (HICS) will be used as the incident's management team structure.
- 1.2. Task Force members may include security, engineering, environmental services, respiratory and nursing.
- 1.3. The most qualified member of the Task Force assumes the role of the team leader and, if possible, coordinates with a senior member of the department where the alarm is occurring.
- 1.4. Each Task Force member performs specific functions as assigned by the team leader in support of the incident objectives.
- 1.5. The incident action plan objectives may include:

Initial Incident Objectives
<input type="checkbox"/> Determine if fire is an actual fire or a false alarm.
<input type="checkbox"/> Rescue and protect patients and staff.
<input type="checkbox"/> Confine the fire/reduce the spread of the fire.
<input type="checkbox"/> <i>Implement partial/full evacuation.</i>
<input type="checkbox"/> Communicate situation to staff, patients, and the public.
<input type="checkbox"/> Investigate and document incident details.

2. The Code Red Task Force responds to the fire alarm location.

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3. The Task Force coordinates with a senior member of the department where the alarm is occurring and conducts an assessment of the alarm to determine whether an *actual fire has occurred or is occurring*.

- 3.1. If no fire has occurred and it is deemed a "false alarm" – or if a fire has occurred, but has been extinguished – the team leader declares an "all clear" if it is safe to do so and documents as appropriate.
- 3.2. If an active fire is occurring, the team leader initiates an appropriate response, such as notifying the house supervisor or administrator-on-call, or initiating a house-wide "Code Triage: Internal." The Task Force members address the fire situation as per their training and communicates situation to team leader and responding Fire Department personnel.

C. Incident Response

1. The administrator-in-charge (the CEO, or in his absence, the COO, Chief Medical Officer (CMO), or Chief Nursing Officer (CNO) initiates the "Code Red" and assumes the role of the incident commander.
 - 1.1. The incident commander appoints the necessary command and general staff positions.
 - 1.2. The incident commander activates the Hospital Command Center (HCC), as appropriate.
 - a) If the incident commander works out of the Incident Command Post (ICP), there should be an appointed deputy incident commander within the Hospital Command Center (HCC).
 - b) The incident commander will officially coordinate with local enforcement agencies regarding the details, situation and assessment of the affected site.
 - c) The safety task force team will initiate physical counting of vacate individuals at the established evacuation site.
 - d) Evacuation and relocation of staff, patients, and/or visitors is undertaken only at the direction of the incident commander and only when in agreement with the Fire Department's incident commander.

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- e) Horizontal evacuation of patients and staff to surrounding smoke compartments is preferred in most cases. Vertical evacuation of patients and staff is completed if necessary.
- f) Patient records and medications are transferred with the patient upon evacuation or transfer if it is safe to do so. If waiting for patient records or medications will jeopardize patient or staff safety, they should evacuate to safety first. Medical records and medications will follow the patient when it is safe.
 - As oxygen can promote the spread of fire and is found in most patient care areas, shut off medical gases to the affected area(s) after proper coordination with engineering, nursing, anesthesia, and pulmonary/respiratory.
 - Do not use elevators in areas near a Code Red event; use the stairs instead. Elevators can increase the spread of smoke from floor to floor. Utilize evacuation equipment to move non ambulatory patients down stairs.
 - Account for all on-duty staff and recall additional staff as necessary.
 - Ensure accurate tracking of patients and appropriate notification to families and other agencies if needed.

2. Recovery:

- 2.1. Notify all responding agencies and personnel of the termination of the response and demobilize as appropriate
- 2.2. Consider providing mental health support for staff.
- 2.3. Track all related incident costs and claims.

3. All Clear:

- 3.1. The incident commander– after consultation with the fire department, if applicable- issues an “all clear” notification to the operator to indicate the termination of response operations.
- 3.2. The operator shall announce “Code Red, all clear” three (3) times via the overhead paging system.
- 3.3. All employees return to normal operations.

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D. Documentation and Reporting

Documentation containing information about the activation is reviewed and retained. Reporting of the incident may be completed through an event report, security report, fire activation report, or other reporting method.

Management will conduct a root cause analysis or similar review of the incident to identify areas for improvement and then implement those improvements

E. Training and Education

1. All employees are expected to be familiar with the basic Code Red response plan and know the location(s) of the nearest fire alarm pull stations and fire extinguishers. Employees working in areas with specialized extinguishers or extinguishing systems should receive specific training for those devices.
2. The Code Red Task Force receives annual training specific to their response procedures, including additional training for the potential team leaders.

REFERENCE:

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California.

<https://www.hasc.org/resource/hospital-emergency-codes>


California Code of Regulations, Title 22.

The Hospital Incident Command System (HICS) Guidebook, www.emsa.ca.gov/HICS.

National Fire Protection Association (NFPA) 101 and 99, www.NFPA.org.

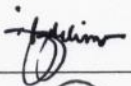



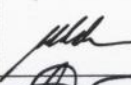
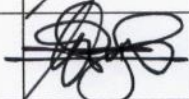
Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, www.jcrinc.com/Joint-Commission-Requirements.

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