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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:

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

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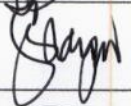

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Preventing and Responding to Infant Abductions, 1996; Emergency Care Research Institute (ECRI).

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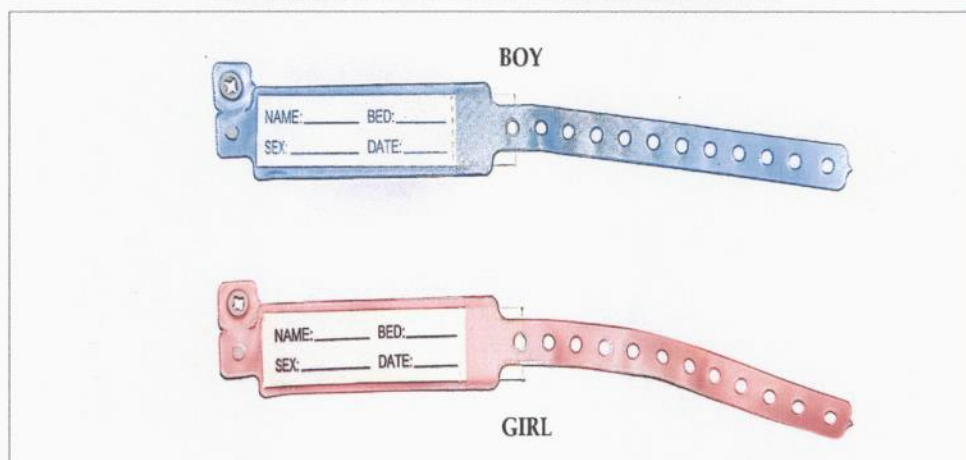
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ANNEX A:

SAMPLE IDENTIFICATION BADGE



CRIB NAME: FOR BOYS

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	<p>I AM A DPOTMH</p>		
BACOLOD CITY			
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

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	I AM A DPOTMH		
BACOLOD CITY			
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 _____			
