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### **PURPOSE:**

To provide an appropriate response in the event of the abduction of a child (> 1 year old) from the hospital.

### **SCOPE:**

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

### **PERSON RESPONSIBLE:**

Safety Officer, Security Specialist, Security Department Staff, Nursing Staff


### **GENERAL GUIDELINES:**

1. All reasonable measures should be taken to prevent the abduction of a child from the hospital.
2. In the event of a missing child or child abduction, the following Code Purple response procedures are implemented.
3. All employees shall receive appropriate education and training relative to their response roles.
4. Ensure proactive interaction with the child's parents or legal guardian to determine if there are any threats (domestic situations, etc.) that exist which could create a security problem for the child.
5. Staffs shall be trained to protect children from abduction.
6. All healthcare facility personnel shall be instructed to ask visitors which child they are visiting.

### **PROCEDURE:**

#### **1. Conduct patient education.**

- 1.1. Distribute guidelines for parents on preventing healthcare facility abductions.

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- 1.2. Information should cover relevant healthcare facility identification procedures, visitation policies, and the importance of never leaving the child unattended without notifying staff.
- 1.3. Hospital discharge parent education includes guidelines for prevention of child abduction in the home and community.
- 1.4. Parent(s)/guardian(s) are encouraged to ask questions when their children are taken from them while in the healthcare facility.

## **2. Conduct Code Purple drills**

- 2.1. Facility-wide and in the pediatric units to ensure staff preparedness in cases of actual abduction.


## **3. Install alarms and security camera system**

- 3.1. Install alarms on all stairwell and exit doors on the perimeter of the pediatric unit.
- 3.2. Whenever an alarm is sounded, an immediate investigation should be done to determine the cause of the alarm. If it can be verified that no child was taken, then a charge nurse or one of the security personnel can silence and reset/rearm the system and call an "All Clear".
- 3.3. Install security camera system that continuously records all activities.
- 3.4. If there are cameras in the units, position them so they will capture the faces of all persons utilizing all entrances and exits of the pediatric unit.
- 3.5. Camera video recordings should be archived according to hospital policy.

## **4. Calling for Code Purple**

- 4.1. Upon receipt of a child abduction alarm or the confirmation of a missing child, the nurse will notify the operator and state the location of the patient care unit, the description of the missing child, and the place and time the child was last seen.
  - a) The operator will announce a "Code Purple" for the missing child via the overhead paging system.
  - b) The operator provides the responding personnel with the relevant supporting information (i.e., the child's description, the abductor's



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description, the location of unit where the child was last seen, etc.) as it becomes available.


## 5. Activation of the Code Purple Task Force

- 5.1. The pre-designated, multi-disciplinary response team (Code Purple task force) receives a Code Purple alarm notification (via overhead page).
- 5.2. The Hospital Incident Command System (HICS) is used as the incident's management team structure.
- 5.3. Task force members may include personnel from pediatrics, maternal-child health, security, engineering, environmental services, respiratory and nursing.
- 5.4. The Task Force team leader is the assigned patient care nurse or designated charge nurse of the department where the alarm is occurring. If no patients are involved (i.e., the child is a visitor), the team leader is the ranking security representative.
- 5.5. Each Task Force member performs specific functions supporting the incident objectives and assigned by the team leader.
- 5.6. The initial Incident Action Plan (IAP) objectives may include:

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

### 5.7. Roles:

- a) Pediatric Staff

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- Immediately search the entire unit.
- Staff members are assigned to search staff locker room, examination and equipment rooms, staff restrooms, public restrooms, waiting rooms, empty rooms on unit, and report back with search results to the Code Purple Task Force team leader.
- Communication between nursing staff, security and others via hand-held radios facilitates transmission of information and coordination of the response effort.

b) Security Staff

- Immediately and simultaneously activate a search of the entire healthcare facility, interior and exterior.
- If possible, close exits to parking lots (i.e., gate arms, doors) and record the license number of any vehicles leaving the premises.
- Assist nursing staff in establishing and maintaining security in the unit.
- Establish a security perimeter around the facility until the possible abduction can be confirmed.
- Notify local law enforcement.


c) All personnel

- Upon hearing that a Code Purple has been called, all healthcare facility personnel are to immediately stop all non-critical work.
- Cover all interior stairwell doors, elevator areas and doors that exit anywhere near their area.
- Staff members who are outside their own departments are to go to the nearest exit way.
- When a second person reaches an exterior door, one of them is to exit the facility to watch for suspects leaving the facility grounds or entering a car.

## 6. Actual Child Abduction

- 6.1. Upon the discovery of a missing child, the team leader contacts the administrator in-charge and reports the actual abduction of the child. The following procedures are implemented in order to provide a systematic response to child abduction.



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a) Incident Commander


- The administrator-in-charge, by policy, assumes the role of incident commander or delegates the responsibility to the most qualified individual.
- The incident commander activates the Hospital Command Center (HCC), as appropriate.

b) The Corporate Communications Officer ensures all information about the abduction is cleared by the incident commander and law enforcement authorities before being released to staff members, family, friends and the media.

- Protect the crime scene.

c) Pediatric Staff

- Team leader obtains all pertinent information regarding the description of the alleged kidnapper and child, and the situation in the unit at the time of the kidnapping and reports it to the incident commander and include them in the documentation.
- The parents of the abducted child are moved to a private room off the pediatric unit (but not their belongings, as they are part of the crime scene and must be protected throughout the investigation).
- Notify the involved pediatrician.
- The nurse assigned to the child accompanies the parents at all times.
- All records/charts of the child are secured.
- Designate a room where other family members can wait and have easy access to any updates in the case, while offering the parents some privacy.
- Nurse manager/supervisor briefs all staff on the unit and reinforces confidentiality of the incident.
- Nurses should then explain the situation to all of the other parents/guardians on the unit, preferably while the parent/guardian and child are together.

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- Assign one staff person to be the single liaison (i.e. social services, risk management or nursing) between the parents/guardian and the healthcare facility.
- Hold a group debriefing/discussion session(s) as soon as possible, requiring all personnel affected by the abduction to attend.

d) Security


- Immediately call local law enforcement. Consider calling the local FBI office requesting the Crimes against Children (CAC) coordinator.
- Assume control and protect the crime scene until law enforcement arrives.
- Notify pediatric units, emergency rooms, and outpatient clinics, and other local healthcare facilities about the incident, and provide a full description of the child and the suspected abductor (if known).

## 7. Demobilization & Recovery

- 7.1. When the Code Purple incident has been resolved, the incident commander shall issue an "all clear" notification to staff to terminate the response operations.
- 7.2. To do so, the operator shall announce, "Code Purple, all clear" three (3) times via the overhead paging system.
- 7.3. All employees are to return to normal operations.
- 7.4. Management will conduct a root cause analysis or similar review of the incident to identify areas for improvement and then implement those improvements

## 8. Training and Education


- 8.1. Staff members who deliver care to infants/children are educated regarding infant/child security issues upon their initial orientation to the unit and on a regular basis.
- 8.2. Members of the Code Purple Task Force receive the appropriate training and conduct periodic response exercises to ensure a coordinated response.

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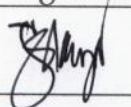
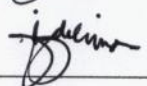

### REFERENCE:

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>



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