USACHPPM
Readiness thru Health

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Just the Facts... Hospital Safety and Security Infant Abduction

The Problem. Infant abduction is a growing concern in hospitals. Between 1983-1997, 171 infants (birth to age 6 months) were abducted in the U.S. Seventeen of the abductions took place in locations such as malls, offices, and parking lots; 57 took place in the home; and 97 took place in hospitals. Of the 97 hospital abductions, 55 infants were taken from their mother's rooms, 14 from the nursery, 16 from pediatrics, and 12 from the hospital grounds. At present, 5 of the 97 victims are still missing.

The Offender. As a rule, individuals who abduct infants from hospitals are non-family members having the following physical appearance and traits:

- female of "childbearing" age (12-50), overweight
- compulsive, relies on manipulation, lying, and deception
- married or living with a significant other
- indicates that she has lost a baby or is incapable of having one
- impersonates a nurse or other healthcare personnel, such as lab technicians; social workers; Women, Infant, and Children (WIC) Program staffers; photographers; etc. to gain access to the infants
- becomes familiar with healthcare personnel and even with her victim's parents
- initially visits the nursery and maternity units at more than one hospital before the abduction
- asks staff detailed questions about procedures and the layout of the maternity unit
- uses a fire exit stairwell as her escape
- plans the abduction, but does not necessarily target a specific infant, relies on opportunity
- demonstrates ability to provide good care to the baby once the abduction occurs
- lives in the community where the abduction took place
- has no prior criminal record

Since every offender will not fit this profile, staff should always watch out for and report other unusual behaviors, such as:

- visiting repeatedly to see or hold the infants
- asking detailed questions about procedures and the building layout
- taking hospital uniforms or other means of hospital identification
- leaving the hospital on foot with an infant instead of in a wheelchair
- removing large packages from the maternity ward, particularly if cradling or talking to it
- transporting an infant in arms instead of in a bassinet

Abduction Prevention Plan. Hospital Commanders should implement a written prevention plan for infant abductions. Comprehensive Abduction Prevention Plans consist of six strategies:

Designating an Abduction Prevention Team. Commanders should designate a multidisciplinary team to develop and implement the Abduction Prevention Plan. The team's responsibilities should include assessing the healthcare facility to identify vulnerabilities, recommending/implementing physical security requirements, work practices, and employee training programs; developing emergency response plans; and auditing the program for effectiveness. At a minimum, the team should include representation from obstetric, nursery, and pediatric nurses; physicians; and security and risk management personnel.

Physical Security Assessment and Use. Physical security safeguards for abduction prevention include:

- security camera systems
- nursery and staff lounge/locker room doors equipped with self-closing, locking hardware
- alarms with time-delay locks installed on stairwell and exit doors
- electronic-asset-surveillance (EAS) detection systems

All physical security safeguards used within the healthcare facility must be constantly operational.

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Establishing Work Practices for Safeguarding Infants and Children. Important work practices for safeguarding infants and children from abduction include:

- attaching matching identification bands to the infant, mother, and father or the mother's significant other (unused bands should be accounted for)
- taking footprints, color photographs, and a full physical assessment of the infant within 2 hours after birth or admission and entering the information in the infant's medical records
- using distinctive photo identification badges and uniforms in maternity, nursery, neonatal intensive care units and pediatric wards
- keeping infants in direct, line-of-site supervision at all times by a authorized staff member, the mother, or other family member designated by the mother
- transporting infants by authorized staff in a bassinet only
- verifying that the persons leaving the hospital with an infant are wearing matching identification bands
- reporting persons exhibiting behaviors of a potential abductor
- alerting other hospitals in the area of attempted abductions and of suspicious persons
- requiring parents to supervise their children at all times when in waiting rooms and outpatient clinics
- establishing an access control policy for maternity, nursery, neonatal intensive care units and pediatric wards
- keeping the mother's and infant's full names, address, and telephone number confidential

Education and Training. All staff should receive training on the Abduction Prevention Program. Key training topics that should be addressed include information on the offender profile and unusual behavior, work practices for safeguarding infants and children, and incident response and reporting. Staff working in maternity, nursery, neonatal intensive care units and pediatric wards should receive additional training on the risks, the physical security safeguards, and work practices unique to their work area(s). Staff training should be documented and the documentation should be kept for three years.

Parents should receive information on safeguarding their infant while in the healthcare facility. The National Center for Missing and Exploited Children Guidelines includes parenting techniques that should be discussed with parents upon admission and discharge and postpartum instruction.

Incident Response and Reporting. Incident response plans should include procedures for:

- using a code word, such as Code Pink or Code Stork to alert hospital personnel
- notifying security/law enforcement
- securing the facility
- searching the unit
- protecting the crime scene
- notifying other local healthcare facilities
- holding the shift in the event the incident occurs during shift changes
- dealing with the media
- caring for the parents
- caring for staff suffering from post-traumatic stress disorder

Healthcare facilities must follow the Joint Commission on Accreditation of Healthcare Facilities' Sentinel Event Policy and Procedures for reporting infant abductions.

Periodic Review and Update. The Abduction Prevention Team should assess the program for effectiveness as often as needed, but at least annually. The assessment results should be documented in the Safety Committee minutes.

References.

National Center for Missing and Exploited Children. For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions, 5th Edition. [Online] Available: http://www.missingkids.com/download/infantabductions.doc, June 1998.

Joint Commission on Accreditation of Healthcare Organizations. Sentinel Event Policy and Procedures. [Online] Available: http://wwwa.jcaho.org/sentinel/se_poly.htm, July 18, 1998.

Wal-Mart Stores, Inc. Code Adam Operating Procedures. [Online] Available: http://www.wal-mart.com/community/codea_op.shtml, 30 December 1998.