

INFANT

SECURITY

**SELF-STUDY
GUIDE**

Infant Security

INTRODUCTION

The National Center of Missing & Exploited Children reports that there are 12-18 infant abductions each year. An infant abduction is a tragedy for everyone – the infant, parents, staff and medical center. In order to prevent such an occurrence, security measures must be in place and staff must be ever vigilant.

GOAL

Our goal is to provide a secure environment for our newborn infants and pediatric patients through the use of security safeguards and staff education.

OBJECTIVES

1. Identify safeguards that discourage infant abduction
2. List characteristics of a suspicious individual (see page 3)
3. Identify appropriate actions in response to a “Code Pink”

REFERENCES

Infant Security and Abduction Response Plan (GPM:B 66.05)

Infant Security (NSY/ICN:B-13.01)

“Safeguard Their Tomorrows: What Healthcare Professionals Need to Know”, Mead Johnson & Co., AWHONN, National Center for Missing and Exploited Children. 1998.

RESOURCES

- Mother-Baby Director, Clinical Coordinators and Clinical Nurse Specialists
- House Supervisors
- MCH Policies and Procedures
- Security Personnel

Infant Security

What You Should Know To Prevent An Infant Abduction!

What safety measures are currently used to prevent an infant abduction?

- Additional Badges for Mother-Baby Staff
- Security codes on doors
- Name badges for staff, physicians, volunteers and contract workers
- “Code Pink” and Infant Security Plan
- Staff vigilance and prompt action
- Newborn foot-prints and photographs
- Electronic Infant Security Tags

How are infants transported in the Hospital?

- Infants are **only** transported in bassinets – never hand carried
- Infants are **always** discharged accompanied by a volunteer or a staff member

What are your responsibilities in maintaining Infant Security?

- Wear your name badge at all times when on duty
- Keep door security codes confidential
Security codes are given only to staff with regular business in the Mother-Baby Unit
- Make sure others do not enter with you as you open a secure door
- Be alert to unusual behavior
- Report ANY suspicious* individuals to security
- Stop and question any Suspicious* individuals carrying an infant bag, package, backpack, etc....
“May I help you?” is the most effective means of stopping and later identifying a potential abductor
- Call for “Code Pink” immediately if you are unable to stop and question a suspicious* person. Dial “0” operator
- Keep a suspicious* individual in sight while assuring your own safety

*See page 3, “What does a suspicious person look like?”

What does a suspicious person look like?

It is someone who may exhibit one or more of the following characteristics.

- Makes repeated visits “just to see” the babies
- Takes uniforms, scrubs, or other means of hospital identification as well as stethoscopes, pagers, etc...
- Loiters on the second floor or around doors
- Asks questions about the floor plans, location of nursery, procedures, etc.
For example – “Where do the stairwells lead?”
“Do Babies stay with mother at all times?”
- Carries a large package from the Mother-Baby Unit (e.g. gym bag), particularly if the person is “cradling” or “talking” to the bag
- Carries an infant in a corridor instead of a bassinet
- Walks out of the hospital with an infant rather than riding in a wheelchair with a staff member or volunteer escort.

Be aware that a disturbance such as a fire may occur in another area of the hospital to create a diversion that will facilitate an infant abduction.

Profile from the National Center for Missing & Exploited Children for:

“The Infant Abductor”

- Female
- Age 12 – 50
- Typically overweight
- She may desire to replace a loss such as a miscarriage
- She may need the infant to cement a relationship
- She may already have other children
- She may periodically visit the Mother-Baby Unit
- She may wear scrubs
- She may tell the mother of an infant that she needs to weigh or do tests on the infant
- The typical hospital abduction case involves an “unknown” abductor impersonating a nurse, hospital employee, volunteer, or relative

Remember that this is only a profile! An infant abductor can be of any sex, age, or description including...a hospital employee.

What should you do when you see a suspicious* person?

1. A suspicious* person with an infant:

- Stop the individual
- Inform them that infants are usually discharged from the hospital in a wheelchair

If they are cooperative:

- Explain that as a safety measure you need clearance from the Mother-Baby Clinical Coordinator/House Supervisor before they leave
- Call the Clinical Coordinator/House Supervisor
- Wait with the individual until the Clinical Coordinator/House Supervisor arrives
- Thank the individual for their cooperation

If they are uncooperative and attempting to leave the hospital:

- Call “0” for a “Code Pink” or tell someone else to call a “Code Pink”
- Observe the individual while assuring your safety
- Observe physical characteristics, age, height, weight, gender, clothing, vehicle description and license #.

2. A suspicious* person without an infant:

For example, someone loitering around the Labor & Delivery or Mother-Baby Unit doors, asking questions such as how to get into the Unit, the layout of the floor plan, etc.

- Call Security, Dial “0”
- Observe the individual while assuring your safety
- Observe physical characteristics, age, height, weight, gender, clothing, vehicle description and license #

What is a “Code Pink”?

A “Code Pink” is a hospital-wide emergency response to a possible or actual infant abduction. All available staff members should guard exits, elevators, stairwells and hallways and detain anyone leaving the hospital. Call Security if you see a suspicious* person and follow them while assuring your safety.

When should you call a “Code Pink”

- When you are unable to detain an uncooperative person carrying an infant from the hospital
- When you are unable to locate an infant
- When you see a person that you suspect has abducted an infant

How do you call “Code Pink”

- Dial “0” (Identify location: Maternity, Labor & Delivery, Emergency)
- Tell the Operator “Call a Code Pink”: if after hours dial “333” announce/speak into overhead page

What is your role during a “Code Pink”?

- Immediately go to an exit, elevator, stairwell or hallway and detain those entering and leaving
- Stay vigilant until “Code Pink” is secured and Code Clear is announced
- Notify Security of anyone that seems suspicious*
- Stop anyone carrying a package that could hold an infant and ask to see contents of package
- If they are uncooperative, keep them in sight while assuring your safety and ask another staff member to call Security
- Labor & Delivery/Mother-Baby Unit staff will conduct a count of all mothers and infants

How do you stop and question a suspicious* person?

- Politely inform the individual about the “Code Pink”
- Ask if you can see the contents of their bag, backpack, etc.
- Thank them for their cooperation
- If they are uncooperative, ask another staff member to call Security
- Observe the individual while assuring your safety
- Ask them to leave through the main lobby door and check with Security

Name _____
Dept. _____
Date _____

Infant Security Post Test

Circle the correct answer or answers for each question

1. To call a "Code Pink" you should dial:
 - A. "0" operator
 - B. "66"
 - C. "333" overhead page (for after hours)
 - D. "911"

2. If a "Code Pink" has been paged and a suspicious person will not stop for you. You should:
 - A. Call the operator
 - B. Tell someone to call the operator for Security and observe the individual while assuring your safety
 - C. Tell your supervisor
 - D. Call the Lobby Desk

3. What three safety measures are used to prevent an infant abduction?
 - A. Staff vigilance and prompt action
 - B. Security codes on Labor & Delivery and Mother-Baby Unit doors
 - C. Volunteers stationed outside the Labor & Delivery and Mother-Baby doors
 - D. Name badges on all employees, physicians, volunteers and contract personnel

4. Which of the following behaviors should you consider suspicious?
 - A. Someone carrying an infant in a hospital blanket on the second floor
 - B. Someone quickly exiting Labor & Delivery or Mother-Baby Unit with a large canvas bag
 - C. Someone standing near the Labor & Delivery or Mother-Baby Unit doors asking questions about L& D or Mother-Baby access into the units, floor plans, infant security systems, etc.
 - D. Someone without an I.D. badge impersonating a nurse or doctor
 - E. Someone using a non-MCH badge to appear as an employee, volunteer or doctor

5. When a "Code Pink" is paged you should:
 - A. Go to an exit, elevator, stairwell or hallway and detain anyone entering or leaving
 - B. Stop anyone carrying an infant, large bag or package
 - C. Notify Security of anyone that seems suspicious (call operator)
 - D. Follow a suspicious person and ask a staff member to call the operator for Security

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Post Test Answers

1. To call a "Code Pink" you should dial:
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 - C. "333" overhead page (for after hours)

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 - B. Tell someone to call the operator for Security and observe the individual while assuring your safety

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MADERA COMMUNITY HOSPITAL

Policy / Procedure

SUBJECT:

Newborn Abandonment Care

(SB 1368)

DATE: 01/08/00

REVISED: 7/16/01

REVIEWED:

MASTER

DEPARTMENT:

Hospital Wide, including ER, Nursing, Medical Staff,
Volunteers; Family Health Services, Case Management,
Health Information

INDEX #:

DEPT. # Admin.

Submitted By:

Mary Farrell, VP Patient Care Services

PURPOSE: To outline the procedure for accepting custody of any newborn patient who may be voluntarily surrendered to MCH by a parent, or other person with lawful custody, for the purpose of care and temporary placement.

AREAS AFFECTED: All MCH Employees, Volunteers, Medical Staff.

REFERENCES: Newborn Abandonment Law (SB 1368 - Brulte), ¹, California Healthcare Association²

POLICY:

1. MCH shall abide by all California regulations in the acceptance and care of any newborn infant who is brought to MCH for the purpose of care and placement (abandonment).
2. Any newborn found on the premises, or any newborn brought to MCH to be surrendered for care and placement shall be immediately taken to the ER to be seen by a registered nurse and receive a medical screening exam by the ER physician on duty. A consent for the exam from the parent or legal guardian is not required. The medical screening exam shall be performed in accordance with MCH EMTALA policy. The newborn may be admitted to MCH, transferred for a higher level of care or discharged to CPS.
3. Upon arrival in the ER, the newborn shall immediately be issued a MCH confidential newborn identification and medical record number and corresponding confidential wrist/ankle bracelet. A copy of the bracelet should be given to the person surrendering the newborn to use as a match if they reclaim the newborn later. Footprints shall be made and other MCH newborn identification procedures shall be followed.
4. If a parent or other legal guardian is present, efforts will be made to obtain the medical history using the California Hospital Association (CHA) *Newborn Family Medical History Questionnaire*. This is available in English and Spanish and should be completed with the parent or legal guardian. If they refuse, the questionnaire can be sent with them to be completed and returned at a later date. The form must include the confidential newborn identification number along with a return addressed envelope that can be used to mail the questionnaire back to MCH medical records at a later time.
5. The ER nurse on duty is responsible for notifying Child Protective Services (CPS) and Administration. CPS shall assume immediate temporary custody of the newborn and is responsible for the case investigation, petitioning the courts for custody and notifying the Department of Health Services.
6. Newborns abandoned are eligible for state Medi-cal benefits and a TAR will be generated.
7. If the parent or legal guardian requests to reclaim the newborn, CPS must be immediately notified. If CPS has filed the dependency petition in the courts, the person surrendering the newborn may with proper identification and CPS approval, reclaim the newborn within 14 days.
8. MCH "abandoned newborn packets" including the newborn ID bracelets and family history questionnaire will be available in the ER and from the Nursing Supervisor.

¹ Senate Bill 1368, Chapter 824 (attached).

² California Hospital Association Newborn Family Medical History Questionnaire (attached). CHA contact: Lois Richardson at (916).552.7611 or lrichardson@calhealth.org.