Infant and Pediatric Abductions:
Prevent the Unimaginable Tragedy

Wednesday, April 9th, 2014
Speaker

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1. Discuss the important components of a good infant and pediatric abduction program including policies and procedures, training of staff and parents, controlling access, and development of a critical incident response plan.

2. Describe what information should be communicated to the mother to minimize the risk of abduction.
Who would steal a baby, and why?

By Madison Park, CNN

January 25, 2011 12:43 p.m. EST

Such cases of baby abductions are extremely rare — 271 cases in the U.S. have been reported since 1983.
How Safe Is Your Baby?

HOW SAFE IS YOUR BABY?

“Can I just see your right index finger for a minute?”

The new mother-to-be looks at me quizzically before she extends her hand for me to stamp her fingerprint on our hospital’s paperwork.

I smile at her. “Thank you. It’s just part of our standard protocol for newborn safety here,” I explain. “We keep a record of your fingerprint and the baby’s footprints when she is born.”

The risk of abduction

We’ve all heard horror stories about newborn abductions from hospitals or watched the Lifetime movies when a woman dresses up in scrubs and steals a baby in broad daylight.

But the truth is, the security for newborn safety is high in most hospitals and birth centers. Many hospitals operate with strict newborn safety protocols, including locked units, constant video surveillance and wristbands that will set off an alarm if the baby is taken off of the labor and delivery unit. For instance, at our local hospital there is no direct access out of the unit—every person is screened before they are let out of the unit through a locked elevator.
FBI Report Violent Trends in Infant Abductions

- FBI issues report Sept 7, 2012 on Violent Trends Emerges in Infant Abductions
- Kidnappers getting more creative and more violent
- Trends of women abductors using more violence
- Using social media to target their victims like Facebook
  - 32 YO mother develops friendship with younger new mother who lied about having baby and claimed her child was in hospital and invited to stay overnight and stole baby
- Woman usually 17-33 and unable to have a child
FBI Infant Abductions Violent Trend Emerges

Aug 24, 2012 Infant Abducted Pittsburg Hospital

Infant abducted at Pittsburgh hospital found; suspect arrested

By the CNN Wire Staff
updated 9:27 AM EDT, Fri August 24, 2012

STORY HIGHLIGHTS

- NEW: The suspect will be charged with one count of kidnapping, police say
- NEW: Uniform store employee says woman bought scrubs using a fake name
- Hospital plans to review security procedures
- Hospital official: Abduction occurred as family was preparing for infant's discharge

(CNN) -- A 3-day-old baby abducted from a Pittsburgh hospital has been reunited with his mother, and a suspect is in custody, authorities said.

Pittsburgh police recovered the baby hours after a female suspect in black scrubs and pink shoes was caught on surveillance Thursday afternoon at Magee-Womens Hospital of University of Pittsburgh Medical Center.

The family was preparing to be discharged when the abduction happened, said Wendy Zellner, a hospital spokeswoman.

A few hours later, Breona Moore, 19, was arrested. She will be charged with one count of kidnapping, Pittsburgh police said in a statement.

Woman who kidnapped baby 25 years ago sentenced to 12 years in prison

Police took Moore into custody after her relative tipped them off to a Facebook post where she claimed she had a baby Monday. The anonymous tip led police to a downtown building, where they arrested her and found the baby.
August 24, 2012 Infant Abducted Pittsburg Hospital

- 3 day year old infant, Bryce Coleman, abducted from a Pittsburg Hospital Magee-Womens Hospital
- Recovered hours later when suspect caught on surveillance cameras
- Family tipped off police after she posted on Facebook that she had a baby on Monday
- 19 YO Breona Moore arrested
- She had bought scrubs earlier that day at a uniform store
- She had cut off the baby’s security bracelet
Police: Woman in baby kidnap case seen at other hospital

Detectives believe Grisel Ramirez, 48, held in a Garden Grove attempted child abduction, was the woman who approached an expectant mother in Anaheim last week.

By DENISE SALAZAR and SEAN EMERY / THE ORANGE COUNTY REGISTER

GARDEN GROVE – A mother suspected of trying to kidnap a newborn while posing as a hospital employee is also suspected of approaching expectant mothers at a hospital in Anaheim last week, police said.

Grisel Ramirez, 48, of Garden Grove was arrested Monday morning on suspicion of kidnapping. She is accused of posing as an employee of Garden Grove Medical Center and entering a room where a mother and her newborn baby girl were lying in bed, Garden Grove police Lt. Jeff Nightengale said.

Police say Ramirez, who was wearing hospital scrubs and a visitor pass, distracted the mother and then placed the baby in a large tote bag.

“She came into the room and told the mother that the doctor wanted to see her, so why doesn’t she take a shower,” Nightengale said.

While the mother was in the shower, police say the woman walked out of the hospital room on the fifth floor with the newborn in the bag.

An electronic monitor on the infant’s right ankle alerted staff, Nightengale said. Staff questioned Ramirez as she tried to leave and discovered the baby girl inside the bag, he said, adding that they returned the baby to her mother.

Nightengale said there is no relationship between Ramirez and the mother.

Ramirez, a waitress, is being held at the Orange County Jail without bail, jail records show. She is expected to be arraigned.

COURTESY OF THE GARDEN GROVE POLICE DEPARTMENT
A 48 year old women walks into the hospital in Garden Grove, California in scrubs with a visitor’s pass.

She went to the maternity unit where she was questioned by a nurse so she left.

She went to 5th floor where there are babies and moms and walked into a room.

She suggested to mom she take a shower and that the physician would be in to visit.

She then puts baby in large tote bag.

Alarm goes off, doors lock and nurse stopped her and recovered the baby girl and gave her back to her mom.

Had visited the other hospital the week before.
Ca Hospital Fined in 2011 After Abduction

Calif. Hospital Faces $50,000 Fine After Infant Abduction

December 18, 2011  No Comments

KEYWORDS hospital security / infant kidnapping / physical security

The Santa Barbara Cottage Hospital is facing a $50,000 fine after a state oversight agency reviewed the circumstances surrounding an infant kidnapping from the hospital's Mother Infant Unit in 2009.

Police arrested Leanna Patricia Arzate in February 2009 after she took an infant from the mother's room while dressed as a nurse. The baby boy was unharmed and returned to his family several hours after being taken from the hospital, says a Noozhawk.com report.

At the time of the kidnapping, there were no dedicated security guards on the floor, and nurses were responsible for screening and monitoring visitors to the unit, the report says. Since then, a security greeter was permanently posted to the hospital's Mother Infant Unit, and the hospital has implemented a badge process for individuals entering the MIU, the report said.

Access to the hospital was also limited to visitors with two entrances, and security greeters were placed in the front lobby to identify each visitor and find out the reason for his or her visit.

Both mother and child had been wearing a security bracelet that would sound if the baby left the MIU, the report said, but the child's bracelet had been removed from his ankle and not triggered, leaving Arzate able to smuggle the baby out in a large purse.

After the incident, Cottage Hospital implemented a series of security...
Naquelle Ballard, 19 years old, walked into Southern Regional Women’s Center in Georgia.

Dressed in scrubs, she tried to abduct a newborn baby girl after putting the baby in her pocketbook.

The alarm went off and two employees confronted her.

She drove off but without the baby.

She was later arrested by the police.

Hospital has just spent 180,000. dollars to upgrade their security device.
January 2012  Georgia Hospital

Woman arrested in hospital baby snatching

CLAYTON COUNTY, Ga. — Clayton County police made an arrest after someone tried to take a baby from a Riverdale hospital.

Channel 2’s Tom Jones went to Southern Regional Hospital, where the attempted abduction occurred. A police helicopter was flying in the area Wednesday morning in the search before the arrest. Officers also questioned several people.

Naquelle Ballard.

Police said Naquelle Ballard, 19, walked into the Southern Regional Women’s Life Center around 9:20 a.m. Wednesday and tried to take a newborn girl. But the alarm went off and two employees confronted the her, police said. She drove off without the baby, but officers had enough information to follow up on leads, police said.

“We took those leads and also, people observed her leaving the
Nurse charged with murder after Texas mom killed in apparent baby-snatch plot

By Jason White, msnbc.com

Updated at 1 p.m. ET: A Texas woman was charged with capital murder Wednesday after allegedly shooting a mother and snatching her 3-day-old baby in the parking lot of a pediatric clinic, reports say. The newborn was later found safe with the suspect's sister.

The mother, Kala Marie Golden, 28, of Spring, Texas, had taken her son, Keegan Schuchardt, to a clinic for a checkup on Tuesday, when she was confronted by Verna McClain, a 30-year-old vocational nurse, authorities said.

An argument broke out, according to witnesses. "I did see the lady get out, and they were struggling," said Tia Collins.

McClain then shot Golden up to seven times and
Newborn baby in attempted abduction from Birmingham hospital

by Alison Dayani, Birmingham Mail
Jul 6 2011

A NEWBORN baby was snatched from a Birmingham maternity unit in an elaborate abduction plot.

A tag on the baby boy's leg sounded off alarms as he was swept out of Heartlands Hospital, but a series of doors that should have slammed shut and locked were blocked by men involved in the scheme.

Hospital workers described how a security guard ran to stop a group of men...
Alabama Infant Abduction

- Newborn baby was snatched in June 27, 2011 from a Birmingham maternity unit in an elaborate abduction plan
  - A tag on the baby boy’s leg sounded off an alarm
  - A series of doors slammed shut and locked
- A security guard ran to stop a group of men who were bundling the baby in the back of a car
- The guard was struck over the head with a metal bar but he remembered the license plate number...
Alabama Infant Abduction

- Child is recovered within 30 minutes although some insiders reported it was two hours
- The abductors were relatives who were afraid that social services would be taking the child away
- Heartland Hospital alerted the police immediately that the child was taken by a family member
- Police contacted the family and returned the infant to the hospital
- Discussed their baby tagging technology known as XTAG
Stolen As Baby In 1987, Woman Reunited With Family

Categories: human interest, National News

by MARK MEMMOTT

REUNITED AFTER 23 YEARS
BABY KIDNAPPED FROM HOSPITAL BACK WITH FAMILY

TODAY
Baby Stolen in 1987 Reunited with Mother

- A baby stolen from a New York hospital (Harlem Hospital) in 1987 is reunited in 2011 with her mother and father

- Carlina White (Nejdra Nance), now 23, was living in Atlanta after growing up in Bridgeport, Connecticut

- She found a photo of a baby on a website for missing children that looked like her

- DNA testing proved the child to be her so solved her own infant abduction case

- Stolen by Amy Pettway who dressed in a white nurses uniform
Kidnapped 23 Years Ago
How Do We Keep Them Safe?
June 28, 2010 Attempted Infant Abduction

Suspicious woman at MPMC later attempts kidnapping

June 28, 2010

http://www.strategiesfornursemangers.com/ce_detail/251422.cfm

nursemanger.com

 Threat identified before incident occurred

There are plenty of locations hospital security personnel have to worry about in their hospital and around campus, least of all the ED. But one area that has lots of visitors—and lots of risk—is the maternity unit.

Although most hospitals have protocols and drills in place to prevent infant abduction, it remains a constant threat—a point made clear by recent events in two North Carolina hospitals.

When Tanisha Weaver, 28, allegedly tried to take an infant from Duke University Hospital in Durham, NC, (which could not be reached for comment) April 19, she was caught by security and later charged with attempted kidnapping.

A week earlier, the woman had shown up at Maria Parham Medical Center (MPMC) in Henderson, NC, acting suspicious and was eventually escorted out of the hospital. In both cases, because of security measures, no infants were harmed or abducted.

Confronting suspicious visitors
Hospital Infant Abduction Prevented

- Tanisha Weaver, 28, attempted to take an infant from Duke University Hospital in Durham, NC
- She was caught by security and later charged with attempted kidnapping
- A week earlier, she showed up at Parham Medical Center in Henderson, NC
- She was acting suspiciously and was escorted out of the building by security
- She had showed up in scrubs pretending to be a curious nursing student
Women Posed as Immigration Officer

Woman pleads guilty in kidnapping of migrant workers' baby

Staff file photo by JASON BEHNKEN

Amalia Tabata Pereira pleaded guilty on Wednesday, July 21, 2010, to charges of kidnapping, interference with child custody and impersonating a public officer.
Christmas Eve 2008  9:30 am

- Attempted baby abduction raises awareness about hospital security
  
  Metro General Hospital in Nashville,

- Woman, Adriene Johnson, age 24, dressed in scrubs and a badge (different color), tries to abduct baby Maia Renea Warmack, said to take her temperature,

- Removed from bassinet (not protocol),

- Everything goes on lock down,

- Code Pink called,

- Woman hands infant to a doctor,
Issues Covered

- Key physical and security measures to take
- Policies and procedures to put in place
- Critical incident response plans
- Liability issues
- Self assessment for health care facilities
- TJC or The Joint Commission (sentinel events definition and standards) and CMS Hospital CoP requirements
- TJC FAQ on infant abduction, TJC SE Alert,
- Six root causes of infant abduction
- Mock drills
- Parent handouts
Infant Abduction: Sentinel Event #1

- At approximately 1:30 A.M. on a Saturday morning, a woman entered a hospital through a busy emergency department.

- She put on a lab coat and stethoscope and identified herself to the hospital staff as a physician from a nearby hospital.

- Subsequently, she entered a patient’s room, took the patient's newborn baby, placed the baby in a bassinet, pushed the bassinet down a 50-foot hallway, and escaped through an exit.

- The security cameras were not working
Infant Abduction: A Sentinel Event

- As a result of a media blitz, a store employee identified the woman when she attempted to steal baby clothes and notified the authorities.
- Nineteen hours later the baby was found in a cardboard box behind a grocery store.
- The woman was charged with second-degree kidnapping, burglary, and criminal mistreatment.
- The hospital was sued and settled out of court for an undisclosed amount. (1997)
- What could have been done differently and have we learned from past abductions?
Infant Abduction: A Sentinel Event

- The nurse replied she was pretty new also,

- The abductor then picked up the baby and left (no checking of IDs),

- It was later discovered when a nurse went to the mother’s room to retrieve the baby,

- She was found two weeks later in Butler, Missouri, 225 miles away.

- Baby's parents filed a 20 million dollar lawsuit against the hospital and that was in 1991,
Infant Abduction: Sentinel Event #2

- A woman wearing stolen scrubs abducts a baby from the newborn nursery of Deaconess Hospital in Oklahoma City (room with scrubs unlocked),

- The woman, who had no ID, told the RN on duty in the nursery that she was taking the baby girl to the mother's room for feeding,

- The nurse said there was a rule against taking bassinets out of the nursery, the abductor said that she was "new" at the hospital. (access to nursery not controlled)
March 15, 2007 Infant abducted SE #3

- Infant abducted from Lubbock, TX Covenant Lakeside hospital from mother’s room,
- Baby had a monitoring band on her ankle, carried in her purse pass un-staffed information desk,
- Baby found 100 miles from the hospital in Clovis New Mexico,
- Taken Saturday morning and returned Sunday night,
- Women in scrubs put baby in purse and walked out of the hospital,
- Caisha LaShae Darthard holds her baby Mychael Darthard-Dawodu,
March 15, 2007 Infant Abducted

- Abductor from the Lubbock hospital underwent psychiatric and psychological examination,
- Parsons, 21, was indicted for the kidnapping,
- Hospital would not say how system had been beat, but band was reported to be on,
- She had posed as a nurse,
- She had been to another hospital but left after seeing the umbilical clip,
- She had tried several times to have a child and had a miscarriage shortly before the abduction,
The CMS Hospital CoPs

These are two separate CoPs that hospital must follow,

Located in the hospital state operational manual at CMS,

- Hospital CoP
- Guidelines for Immediate Jeopardy

The Revised Final CoPs

- Final interpretive guidelines were published February 14, 2014
- Every hospital should have a copy of the CoPs,
- Tag A-0144,
- CMS says patients have a right to receive care in a safe setting,
Medicare State Operations Manual
Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.

- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.

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• Patients receive care in an environment that a reasonable person would consider safe,

• Hospital should follow standards of care for safety and security,

• Hospitals must protect vulnerable patients like newborns and children,

• Surveyor is instructed to observe and interview staff units where infants and children are inpatients,

• Are there appropriate security protections such as alarms, arm banding systems, etc. and are they functioning?
Surveyor is instructed to:

- Access the hospital’s security efforts to protect vulnerable patients including newborns and children.

- Is the hospital providing appropriate security to protect patients?

- Are appropriate security mechanisms in place and being followed to protect patients?
§482.13(c)(2) - The patient has the right to receive care in a safe setting.

Interpretive Guidelines §482.13(c)(2)

The intention of this requirement is to specify that each patient receives care in an environment that a reasonable person would consider to be safe. For example, hospital staff should follow current standards of practice for patient environmental safety, infection control, and security. The hospital must protect vulnerable patients, including newborns and children. Additionally, this standard is intended to provide protection for the patient’s emotional health and safety as well as his/her physical safety. Respect, dignity and comfort would be components of an emotionally safe environment.

Survey Procedures §482.13(c)(2)

- Review and analyze patient and staff incident and accident reports to identify any incidents or patterns of incidents concerning a safe environment. Expand your review if you suspect a problem with safe environment in the hospitals.

- Review QAPI, safety, infection control and security (or the committee that deals with security issues) committee minutes and reports to determine if the hospital is identifying problems, evaluating those problems and taking steps to ensure a safe patient environment.

- Observe the environment where care and treatment are provided.

- Observe and interview staff at units where infants and children are inpatients. Are appropriate security protections (such as alarms, arm banding systems, etc.) in place? Are they functioning?
Lack of security to prevent the abduction of infants can subject hospital to immediate jeopardy guidelines,

Fast track to losing your reimbursement status for Medicare/Medicaid patients,

Considered under section B, Failure to Prevent Neglect (pg 5),

So is discharge of the infant to the wrong individual,
CMS Response to Infant Abduction

- Infant was abducted from Illinois hospital,
- Resulted in infant’s death.
- CMS came in and if did not upgrade its security system the hospital would be excluded from getting paid for Medicare/Medicare patients,
- Failure of security system to close and lock nursery doors by sensor worn by infant had been broken for several months,
CMS Response to Infant Abduction

- Staff waited over an hour to notify police,
- Staff had grown so accustomed to ignoring its many false alarms,
- Hospital had 23 days to do plan of correction,
- Included plan to do frequent tests of security system,
- Increased number of security to provide round the clock coverage,
CMS Response to Infant Abduction

- More stringent access controls for nursery visitors,
- And a requirement to notify the police immediately if infant is missing,
- Source: Risk Management Reporter, April 2002, ECRI,
- Goodwin AB. Striving for a secure environment: a closer look at hospital security issues following the infant abduction at Loyola University Medical Center. *Ann Health Law* 2001;10:245-87.}
Joint Commission Standard

- **Sentinel events alerts** at available off TJC’s website at
  http://www.jointcommission.org/sentinel_event.aspx

- Issue Number 9, April 9, 1999, was on Infant Abductions; Preventing Future Occurrences,

- In past 3 years, Joint Commission reviewed 8 cases related to infant abductions,
  - 33 total in 2014

- 5 from mother’s room, two from newborn nursery, and one from NICU,
TJC Sentinel Event Alerts or SEA

www.jointcommission.org/sentinel_event.aspx

Sentinel Event Alert

In support of its mission to improve the quality of health care provided to the public, The Joint Commission includes the review of organizations’ activities in response to sentinel events in its accreditation process, including all full accreditation surveys and random unannounced surveys.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need for immediate investigation and response. For more information see Sentinel Event Policy and Procedures.

FAQs

Radiation Overdose

The parameters that specify when these events are

Retained Foreign Object After Surgery

Sometimes a needle or screw

Podcasts

Sentinel Event Alert, Issue 41: Preventing errors relating to commonly used anticoagulants

By Joint Commission

Sentinel Event Alert, Issue 40: Behaviors that undermine a culture of safety

By Joint Commission

Forms and Tools

Affirmation Statement

Evaluated by Quality, Critical Care
Sentinel Event Alert

Issue 9 - April 9, 1999

Infant Abductions: Preventing Future Occurrences

Since the Joint Commission began tracking sentinel events three years ago, the Accreditation Committee of the Joint Commission’s Board of Commissioners has reviewed eight cases related to infant abductions. For each of the events reviewed, a root cause analysis was completed.

All of the abductions took place in hospitals with more than 400 beds. Five of the events occurred in the mother’s room, while two were in the newborn nursery and one was in the neonatal intensive care unit. Seven of the infants were recovered unharmed, most within a few hours, and there was no evidence of violence to the mother or child. One of the infants is still missing.

All of the abductors were female. In three of the cases, a woman impersonated a nurse or aide. In the other cases, a woman pretended to be a volunteer, physician or the infant’s mother. In one of the cases, the birth mother abducted a child that was in the state’s custody from a neonatal intensive care unit. Despite these different circumstances, the root causes identified below provide advice that could reduce risk in any infant abduction situation.

Infants were abducted when taken for testing, during return to the nursery, when left unattended in the nursery, or while a mother was napping or undergoing treatment. Each infant was then taken to another area of the facility and kept away from the mother.

The National Center for Missing & Exploited Children in Arlington, VA, reports that there have been 104 infant abduction cases in health care facilities from 1983 to 1998. Ninety-eight of the infants were located, while six are still missing. In the 13 cases reported from 1996 to 1998, one of the infants is still missing. Between 1991 and 1998, there was a 55 percent reduction in infant abductions from health care facilities.
TJC Sentinel Event Alert

- TJC SEA found the following:
  - All abductors were women,
  - Abductor impersonated nurse or physician (4), volunteer, or the infant’s mother,
  - TJC said root causes provide advice that could reduce risk in any infant abduction setting,
Root Causes Identified 6 Areas

- Security equipment factors such as security equipment not being available, operational or used as intended.
- Physical environmental factors such as no line-of-sight to entry points as well as unmonitored elevator or stairwell access.
- Inadequate patient education.
Root Causes Identified 6 Areas

- Staff-related factors such as insufficient orientation/training, competency/credentialing issues and insufficient staffing levels.

- Information-related factors such as birth information published in local newspapers, delay in notifying security when an abduction was suspected, improper communication of relevant information among caregivers, and improper communication between hospital units.

- Organization cultural factors such as reluctance to confront unidentified visitors/providers.
Strategies for Reducing Risk

- The Joint Commission suggests that hospitals consider the following actions:
  - Develop and implement a proactive infant abduction prevention plan.
  - Include information on visitor/provider identification as well as identification of potential abductors/abduction situations (during staff orientation and in-service curriculum programs).
Strategies for Reducing Risk

- Enhance parent education concerning abduction risks and parent responsibility for reducing risk and then assess the parents' level of understanding.

- Attach secure identically numbered bands to the baby (wrist and ankle bands), mother, and father or significant other immediately after birth.

- Footprint the baby, take a color photograph of the baby and record the baby's physical examination within two hours of birth.
Strategies for Reducing Risk

- Require staff to wear up-to-date, conspicuous, color photograph identification badges.
- Discontinue publication of birth notices in local newspapers.
- Consider options for controlling access to nursery/postpartum unit such as swipe-card locks, keypad locks, entry point alarms or video surveillance (any locking systems must comply with fire codes).
- Consider implementing an infant security tag or abduction alarm system.
3 Key Steps to Preventing Abductions

- Educate staff,
  - Nurses need to be aware of visitors who are frequently visiting nursery or postpartum area,
  - Nurses must be assertive to visitors in corridors,

- Educate mothers,
  - Staff should have special photo ID badge

- Access control
  - Look at access doors for visitors and staff
  - Restrict entry to all entry points
  - Closed circuit camera with videotape record

- *Currently there are five steps which will be discussed later
The Joint Commission Standard

- TJC has standards related to prevention of abduction,
- Infant/pediatric security is a security sensitive area,
- Need access control plan,
- Security training in orientation and periodically during skills lab for staff working in those areas,
- Surveyors will often asked detailed questions during survey on infant security,
  - Develop your own tracer on infant abduction prevention
Rationale for EC.02.01.01

Safety and security risks are present in most health care environments. These risks affect all individuals in the organization – patients, visitors, and those who work in the organization. It is important to identify these risks in advance so that the organization can prevent or effectively respond to incidents. In some organizations, safety and security are treated as a single function, while in others they are treated as separate functions.

Safety risks may arise from the structure of the physical environment, from the performance of everyday tasks, or they are related to situations beyond the organization’s control, such as the weather. Safety incidents are most often accidental.

On the other hand, security incidents are often intentional. Security protects individuals and property against harm or loss. Examples of security risks include workplace violence, theft, infant abduction, and unrestricted access to medications. Security incidents are caused by individuals either from outside or inside the organization.

Elements of Performance for EC.02.01.01

1. The hospital identifies safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14 and LD.04.04.05, EPs 7, 8, 10)

3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

5. The hospital maintains all grounds and equipment.

7. The hospital identifies individuals entering its facilities.
   Note: The hospital determines which of those individuals require identification and how to do so.

8. The hospital controls access to and from areas it identifies as security sensitive.

9. The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.

10. When a security incident occurs, the hospital follows its identified procedures.

11. The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1-4)
TJC Standard EC.02.01.01

- Standard: The hospital manages safety and security risks

- There are 11 elements of performance,
  - EP 2, 4, and 6 do not apply to hospitals so total of 8

- EP1 Hospital identifies safety and security risks with the EOC that could affect patients or staff coming to the hospital
  - Use sources to determine what this risk is like RCA, FMEA results, annual proactive risk assessment or SE Alerts
  - Have you done a FMEA on preventing infant abductions? (see FMEAs at www.ihi.org)
### Many Sample FMEAs on Infant Abduction

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
<th>Effects</th>
<th>Occ</th>
<th>Det</th>
<th>Sev</th>
<th>RPN</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID bands not taken to OR for C-section birth</td>
<td>Emergency procedure Somebody forgot</td>
<td>Infant transported to the nursery without ID band</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>24</td>
<td>Continue to educate staff on proper procedure. Keep a set of ID bands in the OB OR.</td>
</tr>
<tr>
<td>Fourth Band not placed on Mother’s choice in the delivery room.</td>
<td>Not present for delivery</td>
<td>Individual may present to nursery requesting band. Wrong individual may be given band.</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>80</td>
<td>If unable to band in delivery room, only band in mother’s with mother present.</td>
</tr>
<tr>
<td>Incorrect ID placed on infant.</td>
<td>Multiple births</td>
<td>Infant given to wrong mother.</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>Bands checked by two nurses. Delivery room nurse and Nursery nurse.</td>
</tr>
<tr>
<td>Mother and infant with different indentification.</td>
<td>Adoption</td>
<td>Potential of giving baby to wrong mother</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>32</td>
<td>Band adoptive mother with the birth mother’s name - in order to match bands.</td>
</tr>
<tr>
<td>Sets of bands for infant and mother are torn apart and do not match.</td>
<td>ID bands received on a roll. Roll is separated in the wrong area.</td>
<td>Bands will not match. Infant given to wrong mother.</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>32</td>
<td>Bands checked by two staff members. Delivery Room and Nursery nurse.</td>
</tr>
</tbody>
</table>

### Step Description

3 Security Device

<table>
<thead>
<tr>
<th>Failure Mode</th>
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<th>RPN</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Device not applied.</td>
<td>Emergent Situation. Security device not available. Staff forgot to apply the device.</td>
<td>Security system unable to monitor the infant’s location. Alarms will not notify staff if the infant is removed from the unit.</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>24</td>
<td>Staff education.</td>
</tr>
<tr>
<td>Overflow patients placed in the ICU - security system does not cover the ICU.</td>
<td>Unit is full.</td>
<td>Potential for abduction.</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>60</td>
<td>Adding sensor device to ICU with switch to expand security area. Staff education for ICU and OB nursing staff.</td>
</tr>
<tr>
<td>Security device falls off of infant</td>
<td>Band is loose. Forty five seconds before system is aware and alarms.</td>
<td>Potential for abduction.</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>
## Failure Modes and Effects Analysis (FMEA) Tool

### Baby safe #2

Upland Hills Health  
Dodgeville, Wisconsin, United States  
Hospital-Community

**Aim:** Decrease risk for infant abduction.

### Process Data

Date: 12/01/2008

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baby born</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
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<th>Sev</th>
<th>RPN</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>no bands available in OR</td>
<td>carts no restocked</td>
<td>baby not identified</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>continue staff education and cqi project, restock carts on regular basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Baby Identification band placed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
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<th>Det</th>
<th>Sev</th>
<th>RPN</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID band not taken to OR for C-section birth</td>
<td>emergency procedure and someone forgot</td>
<td>baby could be transported to unit without appropriate ID</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>have bands in OR cart. RN to apply bands prior to leaving OR.</td>
</tr>
<tr>
<td>wrong ID placed on infant</td>
<td>multiple births, bands fall off</td>
<td>infant given to wrong mother</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>Keep infant in room/or until ID band placed and replace fallen id bands</td>
</tr>
<tr>
<td>write wrong information down</td>
<td>different last name than mother. Infant being adopted out. multiple pt with same last name.</td>
<td>potential giving baby to wrong mother</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>24</td>
<td>verify name and spelling with mother prior to delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Mom gets matching ID band with baby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
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<th>Occ</th>
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<th>Sev</th>
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<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dad (sig other) does not get ID band, but can take baby from nursery without ID band</td>
<td>band set comes with 3 bands, 2 for infant and 1 for mother</td>
<td>nursing staff havig to be familiar with fathers</td>
<td>10</td>
<td>1</td>
<td>4</td>
<td>40</td>
<td>allow only Id banded parents to take infant from nursery. Four band sets ordered and will start using when available.</td>
</tr>
</tbody>
</table>
### Step 4: ID number is recorded in logbook and on computer assessment

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
<th>Effects</th>
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<th>Sev</th>
<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>wrong information is recorded</td>
<td>different last names, busy unit</td>
<td>baby switching, staff having to edit charting</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>created a new delivery worksheet (not part of permanent chart) with id info</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 5: Unit has doorbell alarm to alert staff whenever anyone enters unit

<table>
<thead>
<tr>
<th>Failure Mode</th>
<th>Causes</th>
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<th>Sev</th>
<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>not a locked unit</td>
<td>fire safety</td>
<td>frequent interruptions during patient care, unaware of people entering/leaving unit. Door left open</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>125</td>
</tr>
<tr>
<td>staff may not hear alarm when entering/existing unit</td>
<td>busy unit, in a delivery</td>
<td>unaware of others on the unit, potential for abduction</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>125</td>
</tr>
<tr>
<td>No security system on baby so that if baby leaves unit alarm goes off</td>
<td>financial barriers</td>
<td>potential for abduction</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>staff member to stay at nursing station during delivery (not likely)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 6: Baby stays with mom in LDRP room unless an issue with the baby

<table>
<thead>
<tr>
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<th>Det</th>
<th>Sev</th>
<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom and baby overflow to Med/surg unit that does not use same process for baby safety</td>
<td>different unit processes</td>
<td>confusion for parents</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>mom leaves baby unattended</td>
<td>having to use bathroom, walks in hallway, leave room, falling asleep with infant near doorway</td>
<td>baby abductions, switching, infant choking</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>educate patients about leaving baby unattended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Baby to only be taken from room by nursing staff with proper ID-specific button</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
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<th>Det</th>
<th>Sev</th>
<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother forgets rule and lets other staff/people take baby from room</td>
<td>over tired mother, staff not following rules, students/job shadows not given buttons, doctors taking babies for procedures</td>
<td>potential abduction</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>45 re-educate staff, students, and physicians. Reinforce to patients to only allow staff with buttons to remove baby from room.</td>
</tr>
<tr>
<td>Visitor in room to watch baby when mother in BR does not know rule and lets someone else take baby</td>
<td>knowledge deficit</td>
<td>potential for abduction</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8 educate staff to educate visitors as needed</td>
</tr>
<tr>
<td>MD's don't follow rules</td>
<td>busy unit, nursing staff not available at the present time, lack of communication to staff</td>
<td>potential for abduction</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>20 re-educate MD's on policy</td>
</tr>
<tr>
<td>Someone could make up a button and be able to enter unit and take a baby</td>
<td>deceitful visitors or staff</td>
<td>potential for abduction</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>20 educate families on specific buttons</td>
</tr>
<tr>
<td>Staff loses pin and still able to get baby, mother doesn't follow rule</td>
<td>forgetting to pass button on to next shift, button left at desk instead of being handed off to staff</td>
<td>potential for abduction</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>45 re-education of staff and families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Baby to be transported in bassinet only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
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<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff transport baby in arms, rule not followed and mother confused about plan for baby safety</td>
<td>staff needing re-education</td>
<td>potential for injury to infant</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>24 re-educate staff during staff meetings and educate families as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Baby in nursery requires staff to be in direct view at all times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Mode</th>
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<th>Sev</th>
<th>RPN Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby left unattended</td>
<td>emergency on unit, moscommunication of infant location</td>
<td>possibility for abduction</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>16 educate staff with mock code pink, evaluate process (done 11/26/08)</td>
</tr>
<tr>
<td>Step</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>-----------------------------------------------------------------------------</td>
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<td></td>
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</tr>
</tbody>
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**Failure Mode** | **Causes** | **Effects** | **Occ** | **Det** | **Sev** | **RPN** | **Actions** |
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</tr>
</thead>
<tbody>
<tr>
<td>staff transport baby in arms, staff needing re-education</td>
<td>rule not followed and mother confused about plan for baby safety</td>
<td>potential for injury to infant</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>24</td>
<td>re-educate staff during staff meetings and educate families as needed</td>
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<tr>
<th>Step</th>
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**Failure Mode** | **Causes** | **Effects** | **Occ** | **Det** | **Sev** | **RPN** | **Actions** |
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<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>baby left unattended</td>
<td>emergency on unit, moscommunication of infant location</td>
<td>possibility for abduction</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>16</td>
<td>educate staff with mock code pink, evaluate process (done 11/26/08)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>At discharge ID bands compared</td>
</tr>
</tbody>
</table>

**Failure Mode** | **Causes** | **Effects** | **Occ** | **Det** | **Sev** | **RPN** | **Actions** |
<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>verification process not followed</td>
<td>policy not followed</td>
<td>potential for leaving with wrong baby</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>9</td>
<td>re-educate staff, review policies</td>
</tr>
</tbody>
</table>

**Calculated Totals**

Total Risk Priority Number for the process: 680

Occ: Likelihood of Occurrence (1-10)
Det: Likelihood of Detection (1-10)
Sev: Severity (1-10)
RPN: Risk Priority Number (Occ × Det × Sev)
EP 3 The hospital needs to take action to minimize or eliminate the safety and security risks that have been identified in the physical environment

- So what does your facility to minimize or eliminate the risks to prevent infant and child abduction
- Banding of mother and infant, security cameras
- Infant security devices, doors with time delay locks on stairwell and exit doors, education staff and mother
- Scrubs locked and staff lounges locked, fire door with special alarms, all visitors sign in and show identification
- Special second identification badge with employee picture
TJC Standards

- **EP 8** The hospital controls access to and from areas it identifies as security sensitive,

- **EP 9** Hospital has written procedures to follow in case of a security incident such as an infant abduction or pediatric abduction,
  - So what’s in your hospital P&P?

- **EP 10** When a security incident does occur, the hospital needs to follow its policies and procedures,
POLICY: Prevention of infant abduction/Code Pink Disaster Plan

OBJECTIVE

The goal of these guidelines is to prevent the abduction of infants in the OB Units. This goal will be achieved by:

- The entire staff of X Hospital participating in the periodic drills and review of safety measures implemented to enhance security.

- The development of a multidisciplinary plan of action implemented for all suspected or actual infant abductions occurring within the hospital.

POSITION STATEMENTS

1. We at the X Memorial Hospital believe that the security of each patient, especially newborns, is integral to the mission of the Medical Center.

2. We are committed to optimizing security for infants as recommended by the Joint Commission.

3. We believe that staff involvement and vigilance is the most effective security measure in preventing infant abduction and in aiding recovery should an abduction occur.

PROCEDURE

Measures that will Assist in Infant Abduction Prevention and Enhance Recovery

1. All staff will be required to wear proper hospital identification at all times.
2. Hospital scrubs and lab coats will be kept in an access-controlled area and are not to be loaned to unauthorized personnel.
3. Staff will ensure that infants are always in the direct line-of-sight of parents or hospital staff.
4. Parents will be informed of security measures at earliest opportunity after the birth of the infant.
5. Parents will be instructed to tell family members to use the Visitors Elevators, not the Staff Elevators or stairs.
6. Nursing staff will document the review of University of Illinois Medical Center at
### Environment of Care

**Standard EC.01.01.01** The critical access hospital plans activities to minimize risks in the environment of care.

1. Leaders identify an individual(s) to manage risk and coordinate risk reduction activities in the physical environment.

   - **X**

2. Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.

   - **X**

   - Deleted standards reference to LD.04.04.05, EP 5.

The critical access hospital has a written plan for managing the following (EPs 3-8):

3. The environmental safety of patients and everyone else who enters the critical access hospital’s facilities. *(See also EC.04.01.01, EP 15)*

   - **X**

4. The security of everyone who enters the critical access hospital’s facilities. *(See also EC.04.01.01, EP 15)*

   - **X**

5. Hazardous materials and waste. *(See also EC.04.01.01, EP 15)*

   - **X**

6. Fire safety. *(See also EC.04.01.01, EP 15)*

   - **X**

7. Medical equipment. *(See also EC.04.01.01, EP 15)*

   - **X**

8. Utility systems. *(See also EC.04.01.01, EP 15)*

   - **X**

**Standard EC.02.01.01** The critical access hospital manages safety and security risks. The rationale has been revised.

1. The critical access hospital identifies safety and security risks associated with the environment of care. **Note:** Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. *(See also EC.04.01.01, EP 14)*

   - **X**

2. The critical access hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

   - **X**

   - **X**

3. For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains all grounds and equipment.

   - **X**

   - **X**

4. The critical access hospital identifies individuals entering its facilities.

   - **X**

5. The critical access hospital controls access to and from areas it identifies as security sensitive.

   - **X**

6. The critical access hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.

   - **X**

   - **X**

**Legend:**

- **A** = AEP
- **C** = CEP
- **D** = Documentation Required
- **M** = Measure of Success Required
- **⚠** = 2 = Situational decision rules apply
TJC Infant Abduction FAQ

- TJC issued a FAQ on January 13, 2009 on whether the hospital needs to do infant abduction drills a year and still in effect
  - TJC does NOT require infant or child abduction drills,
  - TJC does require identification and implementation of security procedures that address handling a pediatric abduction
  - An infant abduction drill is one way to test your system and responsiveness
Environment of Care (CAMH / Hospitals)

Infant or Pediatric Abduction Drills

Q. Does the current standard for Infant/Child Abduction drills still require a minimum of 2 drills per year?

A. The Joint Commission standards do not require infant/child abduction drills. The standards do require that the organization identifies and implements security procedures that address handling of an infant or pediatric abduction, as applicable. An exercise is one method to evaluate the effectiveness of the procedures regarding this issue. It is up to the organization to determine the appropriate actions to ensure successful implementation of the security procedures. Conduct a risk assessment through a multi-disciplinary group that includes OB, NICU, Pediatrics and other staff, such as Safety Officer, Security Officer, Emergency Room staff, foster care personnel, direct child care staff, and possibly the Risk Manager with each providing input in their area of expertise to address actual and potential risk.
Environment of Care (CAMH / Hospitals)

Infant or Pediatric Abduction Drills

Q. Does the current standard for Infant/Child Abduction drills still require a minimum of 2 drills per year?

A. The Joint Commission standards do not require infant/child abduction drills. The standards do require that the organization identifies and implements security procedures that address handling of an infant or pediatric abduction, as applicable. An exercise is one method to evaluate the effectiveness of the procedures regarding this issue. It is up to the organization to determine the appropriate actions to ensure successful implementation of the security procedures. Conduct a risk assessment through a multidisciplinary group that includes OB, NICU, Pediatrics and other staff, such as Safety Officer, Security Officer, Emergency Room staff, foster care personnel, direct child care staff, and possibly the Risk Manager with each providing input in their area of expertise to address actual and potential risk.
Guidelines on Prevention and Response to Infant Abductions recommends that hospital do a drill once a year,

Should involve entire hospital and not just OB,

You need trained observers,

Observer training should include review of security features in place, critical incident response plan and planned scenario of abduction,

There should be a standardized report,

Has a drill critique form,
Drills

- Law enforcement should be informed it is a drill only
- Observers should provide real time instruction during the drill if needed
- The drill evaluation should be forwarded to the director of security
- During the evaluation process, after the drill, observers and staff involved in the drill, review step by step and identify areas of improvement
  - Do a final report and if needed plan of action for improvement
<table>
<thead>
<tr>
<th>Question</th>
<th>Date</th>
<th>Time</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Descriptors</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>What time was the discovery made?</td>
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<td>What time was the Nurse Manager notified?</td>
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<td>What time was Security called?</td>
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<td>What time was Law Enforcement notified?</td>
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<td>What time was Administration notified?</td>
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<tr>
<td>Who notified Administration?</td>
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<td>What time was the facility Operator notified to call a Code Pink Drill?</td>
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<td>Does PA system reach all areas of the healthcare facility?</td>
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<td>Are some areas too noisy to hear PA announcements?</td>
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<td>Who was assigned to stay with the nurse who discovered the missing infant?</td>
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<td>Who was assigned to stay with the mother of the missing infant?</td>
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<td>Were patients alerted a drill was in progress?</td>
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<tr>
<td>What parts of the prevention-of-infant-abduction plan were affected?</td>
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<td>Did someone manage to breach the security entrance?</td>
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<td>Was someone carrying a baby in his or her arms?</td>
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<tr>
<td>Were OB staff members wearing visible ID badges?</td>
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<tr>
<td>Did abductor have a “visitor” badge?</td>
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<tr>
<td>Were all egresses, as identified in prevention plan, monitored?</td>
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<td>Was search of entire OB unit accomplished?</td>
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<tr>
<td>Were the rest of the infants accounted for?</td>
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<td>Were trash cans searched?</td>
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<td>Were suspicious persons approached/followed?</td>
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<tr>
<td>Suspect description</td>
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<td>Age</td>
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<td>Race</td>
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<td>Eye color</td>
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<td>Weight</td>
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<td>Height</td>
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</tbody>
</table>
TJC Publication

- TJC publishes
  - EOC Risk Assessment (2008)
Abduction as Reviewable SE

- Reviewable sentinel events include infant abductions (abduction of any patient receiving care and treatment),

- Must do a thorough and credible RCA before 45 days,
  - Must include 7 areas to be covered in your RCA
  - Do you know what the 7 areas of the matrix are?

- Updated August 20, 2013 to include TJC reports 33 cases of abductions of 9981 or >0.5% of all SE,

- 3 in 2012 and 1 in 2013 infant abductions
TJC Infant Abductions

Abduction Events
Reviewed by The Joint Commission
(Of any individual receiving care, treatment or services)

Sentinel Event Alert
#9: "Infant Abductions"
April 1999
TJC RCA for Infant Abductions

Root Cause Information for Infant Abduction Events Reviewed by The Joint Commission

(Any individual receiving care, treatment or services)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>2004 through Jun 2013 (N=27)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The majority of events have multiple root causes</strong></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>22</td>
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<tr>
<td>Communication</td>
<td>21</td>
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<tr>
<td>Physical Environment</td>
<td>21</td>
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<tr>
<td>Human Factors</td>
<td>13</td>
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<tr>
<td>Assessment</td>
<td>12</td>
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<tr>
<td>Information Management</td>
<td>9</td>
</tr>
<tr>
<td>Care Planning</td>
<td>4</td>
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<tr>
<td>Continuum of Care</td>
<td>4</td>
</tr>
<tr>
<td>Performance Improvement</td>
<td>3</td>
</tr>
<tr>
<td>Patient Education</td>
<td>1</td>
</tr>
</tbody>
</table>
## Root Cause Analysis Matrix

**Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events – October 2005**

Note: Updates are highlighted in **RED**

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Suicide (24 hr care)</th>
<th>Med Error</th>
<th>Procedural Complication</th>
<th>Wrong Site Surgery</th>
<th>Treatment Delay</th>
<th>Restraint Death</th>
<th>Elongation Death</th>
<th>Assault/rape/ homicide</th>
<th>Transfusion Death</th>
<th>Patient Abduction</th>
<th>Unanticipated death of full-term infant</th>
<th>Unintended Retention of foreign body</th>
<th>Fall related</th>
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<tr>
<td>Behavioral assessment process (1)</td>
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<td>Physical assessment process (2)</td>
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<td>Continuum of care</td>
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<td>Staffing levels</td>
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<tr>
<td>Orientation &amp; training of staff</td>
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<tr>
<td>Competency assessment/credentialing</td>
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<td>Supervision of staff (2)</td>
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<tr>
<td>Communication with patient/family</td>
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<tr>
<td>Communication among staff members</td>
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<td>Availability of information</td>
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<td>Adequacy of technological support</td>
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<tr>
<td>Equipment maintenance/management</td>
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<td>Physical environment (4)</td>
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<td>Security systems and processes</td>
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<tr>
<td>Medication Management (5)</td>
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</tbody>
</table>

(1) Includes the process for assessing patient’s risk to self (and to others, in cases of assault, rape, or homicide where a patient is the assailant).
(2) Includes search for contraband.
(3) Includes supervision of physicians-in-training.
(4) Includes furnishings; hardware (e.g., bars, hooks, robs); lighting; distractions.
(5) Includes selection & procurement, storage, ordering & transcribing, preparing & dispensing, administration, and monitoring.
Child abducted from Hospital

Non Family Abduction

Suspect Composite

Kaniyah Mobley

Suspect

Birth: Male
Race: Black
Height: 5'9"
Weight: 150 lbs
Sex: Female

Anyone having information should contact The National Center for Missing and Exploited Children: 1-800-843-5573 (1-800-THE-LOST) or Jacksonville Sheriff Office (Florida) - 1-904-630-0510 or FBI (Jacksonville, Florida) - 1-904-720-1211 or your local FBI.
Hospital Liability

- TRAGIC event for family,

- Devastating for the hospital as well,

- Healthcare facility has a legal duty to prevent foreseeable harm to infant and to third parties like the parents,
  - Need to look at legal hold, guardianship and adoptions

- About 95% of infant abductions result in lawsuit being filed,

- Most claims settled for amounts arranging from $2,500 to $850,000.
Hospital Liability

- Can result in loss of faith and patients may stop using the facility
- Guidelines to Prevent Infant Abductions has a section on liability
- Discusses hospital responsibility to make sure all physicians have picture identification
- Hospital needs to weigh the cost of improving security and facility readiness in order to reduce risk of infant abduction
- Hospitals should include this in their HVA
EM.03.01.01 The hospital must evaluate the effectiveness of its emergency management planning activities

- The hospital conducts an annual review of its risk, hazards, and potential emergencies as defined in the hazard vulnerability analysis

- HVA is a process for identifying potential emergencies and the direct and indirect effects these emergencies may have on the organization's operations and the demand for its services
Hazard Vulnerability Analysis

- EM.01.01.01 Hospital engages in planning activities prior to developing its written emergency operations plan or EOP
  - EP2 Hospital conducts HVA to identify potential emergencies that could affect the demand or services or ability to provide those services, and likelihood it could occur and consequences

- An emergency is an unexpected or sudden event that significantly disrupts the hospital’s ability to provide care

- Can be human made like an infant abduction
HVA To Include Infant Abduction

<table>
<thead>
<tr>
<th>AltaMed’s Emergency Events</th>
<th>Human Events:</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the events that AltaMed analyzed at all 17 sites. If the event average score is above a (5), AltaMed schedules drills.</td>
<td>Upon analysis, these events were determined to be not applicable to AltaMed’s survey.</td>
</tr>
<tr>
<td>Human Events:</td>
<td></td>
</tr>
<tr>
<td>1. Mass Casualty (5)</td>
<td>1. Labor Action</td>
</tr>
<tr>
<td>(Trauma/Medical/HAZMAT)</td>
<td>2. Forensic Admission</td>
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<tr>
<td>2. Terrorism/Chemical/Biological (8)</td>
<td></td>
</tr>
<tr>
<td>3. VIP Situation (3)</td>
<td></td>
</tr>
<tr>
<td>4. Infant Abduction (3)</td>
<td></td>
</tr>
<tr>
<td>5. Hostage Situation (6)</td>
<td></td>
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<tr>
<td>6. Civil Disturbance (6)</td>
<td></td>
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<tr>
<td>7. Bomb Threat (8)</td>
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<tr>
<td>Natural Events:</td>
<td>Natural Events:</td>
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<tr>
<td>1. Earth Quake (10)</td>
<td>1. Hurricane</td>
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<tr>
<td>2. Drought (3)</td>
<td>2. Tornado</td>
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<tr>
<td>3. Landslide (0)</td>
<td>3. Severe Thunderstorm</td>
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<tr>
<td>4. Epidemic (6)</td>
<td>4. Snowfall</td>
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<tr>
<td>Technological Events:</td>
<td>5. Blizzard</td>
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<tr>
<td>1. Electrical/Generator Failure (5)</td>
<td>6. Ice Storm</td>
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<tr>
<td>2. Transportation Failure (1)</td>
<td>7. Tidal Wave</td>
</tr>
<tr>
<td>3. Water Failure (5)</td>
<td>8. Temperature Extremes</td>
</tr>
<tr>
<td>4. Sewer Failure (5)</td>
<td>9. Wild Fire</td>
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<tr>
<td>5. Fire Alarm Failure (5)</td>
<td>10. Volcano</td>
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<tr>
<td>6. Communication Failure (3)</td>
<td>11. Technological Events:</td>
</tr>
<tr>
<td>7. HVAC Failure (4)</td>
<td>1. Fuel Shortage</td>
</tr>
<tr>
<td>8. Information Systems Failure (3)</td>
<td>2. Natural Gas Failure</td>
</tr>
<tr>
<td>9. Fire Internal (7)</td>
<td>3. Steam Failure</td>
</tr>
<tr>
<td>10. Flood Internal (3)</td>
<td>4. Medical Gas Failure</td>
</tr>
<tr>
<td>11. HazMat Exposure (4)</td>
<td>5. Unavailability of Supplies</td>
</tr>
</tbody>
</table>
### The Risk Matrix

<table>
<thead>
<tr>
<th>Probability</th>
<th>Severity: Catastrophic (2.6 - 3.0)</th>
<th>Severity: Critical (1.6 - 2.5)</th>
<th>Severity: Marginal (0.6 - 1.5)</th>
<th>Severity: Negligible (0 - 0.5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent: (2.6 - 3.0)</td>
<td>Landslide</td>
<td>Extreme Temperature</td>
<td></td>
<td>HVAC Failure</td>
</tr>
<tr>
<td>Probable: (1.6 - 2.5)</td>
<td>Infectious Disease Outbreak</td>
<td>Earthquake Radiological Terrorist Attack</td>
<td>Communications Failure Fuel Shortage</td>
<td>HVAC Failure</td>
</tr>
<tr>
<td>Occasional: (0.6 - 1.5)</td>
<td>Chemical Exposure - External</td>
<td>Fire Alarm Failure Hostage Situation</td>
<td>Infant Abduction Chemical Exposure - Internal</td>
<td>Medical Vacuum Failure</td>
</tr>
<tr>
<td>Remote: (0 - 0.5)</td>
<td>etc....</td>
<td>Generator Failure</td>
<td>VIP Situation</td>
<td>Ice Storm Hurricane</td>
</tr>
</tbody>
</table>
Historical Perspective

- The catalyst was the 1988 infant abduction of Jason McClure from a hospital in High Point, North Carolina,

- Woman in nurse’s uniform told mother she was taking infant for tests and to have him weighed,

- Mother handed child over and within minutes woman out of hospital,

- Police recovery infant two days later unharmed,

- National Quality Forum (NQF) has 29 never events which includes abduction of a patient at any age including infant abduction
Historical Perspective

- After this, there were 286 infant abductions over the 26 year period,
- Nationally distributed educational material sponsored by the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) and the
- Neonatal Nurses (AWHONN) and the
- International Association of Healthcare Security & Safety played a major role reducing hospital abductions,
  - Safeguard Their Tomorrows
### Historical Perspective

- Infants have been abducted from their homes,
- Alarming is 40% chance the mother and family will be exposed to violence or homicide during home abduction,
- Responsibility to provide awareness education to protect them after they leave,
- May increase risk to have baby signs in yards or reports of birth announcements on the radio station or in the newspaper,
Preventing Infant Abduction: A Parent’s Guide

As a pregnant woman, you have many things on your mind: the excitement of birth, learning to care for your newborn, even actions to keep your baby safe. Birthing facilities also work to keep your baby safe during your stay. It's important to learn about these security procedures and what you can do to prevent infant abduction.

**Assessing Your Knowledge**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know what infant abduction is?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know why infant security is important?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know about your birthing facility’s infant security procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know what you can do to protect your baby in this facility?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know the rules about visitor access while you are in this facility?</td>
<td></td>
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</tr>
</tbody>
</table>

**What is infant abduction?**

Infant abduction occurs when a baby is taken without the parents’ consent. It’s the same as kidnapping. Abduction from a birthing facility is a rare event and in almost all cases, the abductor is a woman. Abduction creates an immediate crisis for all concerned.

**How will my baby and family be protected?**

Birthing facilities have procedures and equipment to prevent abduction. Ask your nurse what...
What is infant abduction?

Infant abduction occurs when a baby is taken without the parents' consent. It's the same as kidnapping. Abduction from a birthing facility is a rare event and in almost all cases, the abductor is a woman. Abduction creates an immediate crisis for all concerned.

How will my baby and family be protected?

Birthing facilities have procedures and equipment to prevent abduction. Ask your nurse what specific security steps your facility uses to protect infants. For example, at birth, an ID band will be attached to your baby. As the mother, you'll also receive a band with the exact same numbers. These bands should be checked every time someone cares for your baby, particularly if your baby ever needs to be away from you for care. Your band will also be matched to your baby's band before you can go home.

Shortly after birth, a footprint and photo of your baby may be taken. A full exam will be done to record your baby's health and features. Blood samples may also be taken. All of these steps provide ways to positively identify your baby.

Many facilities have electronic infant protection systems to prevent infant abduction. With electronic protection, a small tag is attached to your infant's ankle at birth. The tag allows the facility to protect your baby at all times. If your baby is taken from the maternity area, an alarm sounds and staff immediately knows which exit was used by the abductor. Some systems also sound an alarm if the tag is cut or removed.

Who can provide care for my baby?

Only certain staff members are allowed to provide care for your baby. Ask your nurse how to identify those staff members. You'll likely be asked to check for a particular badge color or style. Always check identification before allowing anyone to provide care for your baby. Know that you have the right to have your partner or a relative accompany your baby to any place in the facility where medical care may be delivered.

You will be free to move about the facility with your baby; however, you may be asked to show your ID bands. Don't be offended—this is to protect you and your baby. Visitors are typically welcome in the maternity area, but ask your nurse what special steps your visitors should take to identify themselves.
Historical Perspective

- The National Center for Missing & Exploited Children in Alexandria, VA also played a prominent role in the decrease in hospital abductions (NCMEC),

- They now produce two documents to prevent infant abductions that every hospital should have,

- These are available at no cost off the internet,
Alert! Have you seen these children?

AARON LARSEN
Missing since: Feb 25, 2010
SPOKANE WA

DAVID LARSEN
Missing since: Feb 25, 2010
SPOKANE WA

FAITH LARSEN
Missing since: Feb 25, 2010
SPOKANE WA

Quick Search for Missing Children

Select a State (USA only)

Missing within ___ Year(s) >>

More search options

Donate Today!
Help Prevent Child Abduction and Sexual Exploitation

The CyberTipline
Report Child Pornography or Suspected Child Sexual Exploitation to the CyberTipline
Center for Missing & Exploited Children

- 1-800-THE-LOST

- For Healthcare Professionals; Guidelines on Prevention of and Response to Infant Abductions Recommended actions to be taken to help prevent infant abductions from healthcare facilities and homes, 9th edition, 2009,

- Self assessment form also,

- AWHONN, Academy of Neonatal Nursing, etc.

For Healthcare Professionals:
Guidelines on Prevention of and Response to Infant Abductions

Ninth Edition
2009
# Self Assessment

## 7. Self-Assessment for Healthcare Facilities

Self-assessment guides are helpful tools for recommendable/advisable policies and/or protocols. Consider using a multidisciplinary task force to complete this self-assessment tool on an annual basis. Use the complete assessment to document areas of compliance, to develop new protocols, and as an outline to revise/write policies and procedures based on these national guidelines. Remember a reorganization of staff members or staff assignments or remodeling of a facility will require immediate reassessment of these policies and protocols to help ensure all measures are still adequate.

<table>
<thead>
<tr>
<th>GUIDELINE</th>
<th>STATUS (Essential/Recommended)</th>
<th>FACILITY COMPLIES (Yes/No)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1 General</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3-1-1 Immediately report to the nurse manager/supervisor, security, and administration persons exhibiting behaviors of potential abductor.  
Positively identify suspect.  
Interview suspect. | Essential | | |
| 3-1-2 Preserve report and interview records about incident, many suggest from a minimum of seven years up to the child reaching adulthood. | Essential | | |
| 3-1-3 Alert other birthing facilities in the area of attempted abductions/when person identified who demonstrates behaviors of potential abductor. | Essential | | |
| 3-1-4 For all attempted abductions | | | |
Self Assessment

- ID bands applied to baby and mom immediately after birth,
- Bands verified when taking infant to mom.
- No matter what form of attachment bands, assure no delay in activation of alarm function
- Staff trained to respond without delay to an alarm and never consider it to be a false alarm
- Staff must wear above the waist, up to date, conspicuous color photo ID badges (17 pages long)
NCMEC Resources


An Analysis of Infant Abductions
FROM: John B. Rabun, Jr., ACSW, Director, Infant Abduction Response
Cathy Nahirny, Senior Analyst, Infant Abduction Cases

RE: Newborn/Infant Abductions

The following list includes all USA cases documented by NCMEC, IAHSS and FBI-NCAVC concerning the Abductions by Non-Family Members from healthcare facilities, homes, and "other places" of Newborns/Infants (birth to 6 months). Definition: Non-Family members = not parents nor legal guardians. Comparison data: approximately 4 million births in USA yearly at more than 3,500 birthing facilities.

<table>
<thead>
<tr>
<th>Year</th>
<th>CASE STATUS</th>
<th>TOTAL - Abductions of Infants from 1983-2014:</th>
<th>TOTAL - Still Missing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td>291</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abductions from:</th>
<th>1983-2013:</th>
<th>Case Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHCARE FACILITIES:</td>
<td>132 (45.4%)</td>
<td>Located = 127</td>
</tr>
<tr>
<td>From Mother's room:</td>
<td>77 (58%)</td>
<td>-</td>
</tr>
<tr>
<td>From Nursery:</td>
<td>17 (13%)</td>
<td>-</td>
</tr>
<tr>
<td>From Pediatrics:</td>
<td>17 (13%)</td>
<td>-</td>
</tr>
<tr>
<td>From &quot;On premises&quot;:</td>
<td>21 (16%)</td>
<td>-</td>
</tr>
<tr>
<td>With violence to Mother/care-giver:</td>
<td>11 (8%)</td>
<td>(9 &quot;On premises&quot;; 2 at Nursery to RN)</td>
</tr>
</tbody>
</table>

| HOMES: | 118 (40.6%) | Located = 114 |
|        |             | Missing = 4 |
|        | With violence to Mother: | 35 (30%) | (1 baby deceased) |
2013 = 2 abductions and both recovered

With violence to Mother/care-giver: 11 (8%)
(9 "On premises", 2 at Nursery to RN)

HOMES: 118 (40.6%)
Located = 114
Missing = 4

With violence to Mother: 35 (30%)
(1 baby deceased)

"OTHER PLACES": 41 (14%)
Located = 38
Missing = 3

With violence to Mother: 11 (27%)

Notes:
1991 = 17 abductions (all recovered unharmed).
(11 from Healthcare facilities) [baseline]
1995 = 8 abductions (all recovered unharmed).
(2 from Healthcare facilities - 82% reduction)
1999 = 3 abductions (all recovered unharmed)
(ZERO from Healthcare facilities, period for 17 months - 100% reduction)
2000 = 13 abductions (12 recovered unharmed, 1 deceased).
(5 from Healthcare facilities; 4 recovered unharmed, 1 deceased)
2001 = 13 abductions (12 recovered unharmed, 1 missing).
(2 from Healthcare facilities, both recovered unharmed)
2002 = ZERO from Healthcare facilities, period for 17 months.
2003 = 6 abductions (5 recovered unharmed, 1 deceased)
(1 from Healthcare facility, recovered unharmed)
2004 = 6 abductions (all recovered unharmed).
(2 from Healthcare facility, recovered unharmed)
2005 = 5 abductions (all recovered unharmed)
(ZERO from Healthcare facilities, period for 20 months)
2006 = 12 abductions (11 recovered unharmed, 1 missing).
(4 from Healthcare facilities: 3 recovered unharmed, 1 missing)
2009 = 11 abductions (all recovered unharmed).
(3 from Healthcare facilities: recovered unharmed)
2010 = 4 abductions (all recovered unharmed).
(1 from Healthcare facilities: recovered unharmed)
2011 = 8 abductions (all recovered unharmed).
(ZERO from Healthcare facilities, period for 20 months.)
2012 = 8 abductions (all recovered unharmed).
Typical Abductor

- From 291 cases between 1983-January 30, 2014 12 are still missing,
  - There were 4 in 2010 and 1 from a hospital! All recovered in 2010 unharmed. Eight abductions in 2011 and 2012 with all recovered and four from healthcare facilities in 2012 and 2 in 2013.

- Female of childbearing age (12-53 with average age of 30) and overweight,
  - Compulsive, relies on manipulation and lying and deception,
  - Frequency she indicates she has lost a baby or incapable of having one,

- Usually lives in community where infant abducted,
Typical Abductor

- Often married or cohabitating and companion’s desire for a child,
- Asks detailed questions about procedures and maternity floor layout,
- Frequently impersonates a nurse or AHP,
- Often becomes familiar with staff and victim parents,
- Skin tone of infant almost always matches that of abductor,
- Has low self esteem, manipulative, and compulsive,
Typical Abductor

- Announces her phantom pregnancy, buys baby clothes as get positive attention from others,
- Then need to produce a baby at the expected time of arrival,
- Does provide good care to baby once abducted,
- May focus on mother rooms closest to stairwells,
- They have a plan but generally look for opportunities to grab an infant (seizes the moment),
- May visit hospital more than once to assess security measures and explore infant population
Profile of an Infant

- Usually seven days old or younger
- Perceived by the abductor as their newborn
- Same race as the abductor or the abductor’s companion
- Most hospitals put in the typical profiles in their policies
Where abducted in hospital

- Mother’s room 58%,
- Nursery 13%,
- Pediatric unit 13%,
- Elsewhere on premises 16%

291 infants abducted from 1983-January 30, 2014 from healthcare facilities,

- 118 from homes (with violence to mother 8%)
- 41 from other places,
- 12 are still missing!

- 118 abductors were black, 83 Caucasian, 70 Hispanic, and 3 Asia, 2 American Indian and 6 Biracial

- [www.missingkids.com](http://www.missingkids.com)
Total Infant Abductions in the United States
from 1983 - 2008
N = 256

Source: National Center for Missing & Exploited Children
Environmental Systems Research Institute (ESRI), Inc. Redlands, CA
Mapping software donated to NCMEC by ESRI
January 4, 2009
## Data by States

### INFANT ABDUCTION BY STATE, FROM 1983 TO 2012

**AS OF 08/07/2012**

<table>
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<th>STATE</th>
<th># CASES</th>
<th>HOSP</th>
<th>HOME</th>
<th>OTHER</th>
<th>STATE</th>
<th># CASES</th>
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<td>WI</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

[rg: Total Abducted Newborns: 72-Hispanic, 119-Black, 84-White, 3-Asian, 2-American Indian, 6-Biracial]

[rg: Total Newborns Still Missing: 5-Hispanic, 6-Black, 1-White]
How Infants Were Identified

February 15, 2013

MEMORANDUM

FROM Cathy Nahimy, Senior Analyst, Infant Abduction Cases

SUBJ: METHODS USED TO IDENTIFY INFANTS ABDUCTED FROM HOSPITALS – UPON RECOVERY – 1983 to present

SINGLE METHOD OF IDENTIFICATION USED: 67

<table>
<thead>
<tr>
<th>Method</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual I.D. (includes by mother, parents, hospital staff)</td>
<td>24</td>
</tr>
<tr>
<td>Footprints</td>
<td>17</td>
</tr>
<tr>
<td>Blood Tests</td>
<td>7</td>
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<tr>
<td>Hospital I.D. Bracelet</td>
<td>6</td>
</tr>
<tr>
<td>Confession from Abductor</td>
<td>4</td>
</tr>
<tr>
<td>Abductor I.D. By Witnesses</td>
<td>2</td>
</tr>
<tr>
<td>DNA</td>
<td>5</td>
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<tr>
<td>Birthmark</td>
<td>1</td>
</tr>
<tr>
<td>Photographs</td>
<td>1</td>
</tr>
</tbody>
</table>

MULTIPLE METHODS OF IDENTIFICATION USED: 41
Personnel in healthcare facilities should remind parents, in a warm and comforting way, of the measures they should take to provide maximum child protection. The guidelines listed below provide good, sound parenting techniques that can also help prevent abduction of infants while in the healthcare facility where the baby was born and once the parents take the baby home. They should be shared with expectant parents at prenatal visits, during the tour of the facility pre-delivery, and during the parents’ stay at the time of birth.

Please note that in many cases of infant abduction, the abductor was bilingual while the victim mother was not. Healthcare facilities need to provide multilingual-educational-information to these parents because infants’ risk levels of abduction are substantially elevated when parents are not properly educated in their native language about the safety issues involved. The Spanish-language version of these prevention tips is also available, and healthcare facilities should consider translating these tips into any other languages used by patients in their service area.

**FACILITY 1.**

At some point before the birth of your baby, investigate security procedures at the facility where you plan to give birth to your baby and request a copy of the facility’s written guidelines on procedures for “special care” and security procedures in the maternity ward. Know all of the facility’s procedures in place to safeguard your infant while staying in that facility.
Educational Material for Moms

- Infant abduction prevention pamphlet on how parents can help
  - at www.saione.com/ispletter.htm
- Called Preventing Infant Abductions: How Parents Can Help,
- Educate new moms on psychological profile and modus operandi of typical abductor,
- Education material in written form and signed by the mother,
"WHAT PARENTS NEED TO KNOW"

**BADGE**
Employees authorized to touch your baby wear pink badges with current photo and current year. No exceptions.

**ATTENDANCE**
Always be in attendance with your baby. Direct line of sight, even when showering or toileting. Your baby can be returned to the nursery anytime you're not able to directly observe your baby. No exceptions!

**BASSINETTE**
Bassinets are always used when transporting your baby to and from your room. No exceptions!

**YOU**
You hold your baby and call your nurse immediately if anyone attempts to remove your baby from your room without the appropriate badge and/or without the bassinet.

Unfortunately, there are people who want a baby so badly that they may resort to abduction. We, Northwest Medical Center - Bentonville, are committed to keeping your new baby safe. Please join us by adhering to the above.

"LO QUE LOS PADRES NECESITAN SABER"

**INSIGNIA**
Los empleados autorizados a tocar a su bebé utilizan insignias color rosa con fotografía reciente y el año en cuento! Sin excepciones!

**CUIDADOS**
Siempre esté al cuidado de su bebé. Manténgalo(a) a la vista en línea directa. Aún mientras se baña o baña, puede regresar a su bebé a la guardería en cualquier momento que usted no pueda observarlo(a) directamente.

**MOISÉS**
Siempre se utiliza un moises cuando se transporta a su bebé fuera o desde su habitación. ¡Sin excepciones!

**USTED**
Sostenga a su bebé y llame a su enfermera inmediatamente si alguien intenta retirar a su bebé de su habitación sin la insignia adecuada y/o sin el moises.

Desafortunadamente, hay personas que desean tanto un bebé que recurren al secuestro. Nosotros, Northwest Medical Center - Bentonville, estamos comprometidos a mantener seguro a su nuevo bebé.
History & Author’s Comments

During the past 15 years there have been over 200 infant abductions documented from hospitals and other locations. The data has taught us that this phenomenon is not unique to hospitals; abductions are also occurring when the mother arrives home from the hospital.

High Point Regional Hospital, located in High Point, North Carolina, became the catalyst for infant security in hospitals nationwide when Jason McClure was abducted from his mother’s room on “Father’s Day,” October 1988. This was my first experience working with a hospital to prevent future infant abductions. Over the next 16 years I have had the opportunity to assist over 600 hospitals and birthing centers throughout the U.S. and overseas, helping to prevent infant abductions from these facilities.

We have learned over the years that the majority of infants abducted from hospitals are taken from the mother’s rooms. The mothers willingly give her baby to someone pretending to be an authorized caregiver. By default the mother is the first line of defense. Awareness and preparedness activities should provide potential caregivers with detailed information regarding the identification of hospital staff, as well as proper protocols for visiting and medication administration, among other things.
Instructions to the Mother Include:

- Be suspicious of casual acquaintances or strangers that attempt to befriend you,
- Learn hospital procedures for care after discharge (make sure they know if nurse visiting for well baby check up),
- Demand positive I.D. before allowing persons in your home that seem official,
- Be aware of strangers that come to your door to see your baby,
Instructions to the Mother Include:

- Do not give out information about you and your baby over the phone or to strangers.

- Educate family members and friends that baby-sit your baby on infant security.

- Call police anytime you are suspicious or concerned about your baby’s safety.

- Keep doors locked and windows secured when returning home with baby.

- Internet information should never include address or names (S and R Dill or Sue and Ralph) if not password protected.
Instructions to the Mother Include:

- Under no circumstances should you give your baby to a stranger (recent case),
- Do not allow casual acquaintances or strangers to baby-sit your baby,
- Never leave your baby alone at home,
- Do not place birth announcements in the newspaper,
- Don’t put signs in your yard,
Birth Announcements

- Consider the risk you may be taking when permitting your infant's birth announcement to be published in the newspaper or online.

- Birth announcements should never include the family's home address and be limited to the parents' surname(s).
  
  - In general, birth announcements in newspapers are not endorsed by most experts."
  
  - Investigations by law enforcement in the following cases of infants abducted from homes indicated that birth announcements were used by the abductors to target the victim families.
Birth Announcements

- April Henson, abducted 5/12/89 from Spartanburg, SC,
- Julie Parker, abducted 3/29/90 from Ft. Myers, FL,
- Kimberly Bouck, abducted 9/4/91 from Alcester, SD,
- Jessica Guzman, abducted 7/26/93 from Salem, OR,
- July 7, 2010 woman searches birth announces in the local Indiana paper and zeroing in on infant born to Michael and Ashley Speers,
- Asks to use their phone and stabs mother in back and arm to attempt to steal the baby,
'She Just Didn't Want to Disappoint Him'
Police Say Would-Be Baby Snatcher Went to Great Lengths to Cover Her Tracks

By CHRIS BURY and SARAH HODD
July 7, 2010

After Stephanie Foster, 34, suffered her third miscarriage, the desire to have another child was so strong she would do anything to get one, police say.

Foster faked a pregnancy for nine months and then attempted to kidnap a child by attacking a young mother in her home, stabbing the woman in the back and arm, investigators say. The young mother, Ashley Speer, and her husband, Michael, were able to subdue Foster until police arrived.

Although Foster's alleged actions may seem strikingly bizarre, Dr. Michael Welner, a forensic psychiatrist, said Foster's behavior is in line with women who are desperate to save a troubled relationship.
5 Steps to Managing the Risks

5 steps to managing the risks;

- Policies and procedures,
- Controlling access,
- Educating staff,
- Educating parents,
- Developing a critical incident response plan,
1. Policies and Procedures

- Need to have P&P to prevent infant abductions,
- Joint Commission facilities must have management plan to address security and protect patients,
- Review your policy and update as needed,
- Need a process and electronic security measures,
- Minimum requirements in policy should address the following;
Policy should address

- Personnel identification procedure (photo ID, badges with logo, photo must be visible, worn above waist, secondary badge that says “BABY” or button only known to parents, wearing of hospital scrubs with hospital logo or unique uniforms),

- Photos need to be up to date, no pins to hide face,

- ID badges need to be tamper resistant,

- Badges to HR upon termination of employment,

- Report missing badges immediately,

- Parent/infant banning or identification (ID bracelets that match up),
Infant ID

- Footprints of infant at birth (for complete impression to capture ridge detail on ball of foot, see article on how to do or live scan technology available, train staff in foot printing),

- Mother’s index right finger print in delivery room when footprint of baby taken,

- High quality color close up picture of baby (Digital),

- Infant/mother band number,

- Full assessment of infant (note any moles, skin tags, or birthmarks),
Infant ID

- Description of infant (wt, ht, eye color, DOB, and identifying marks),

- Signatures and date and time of completion,

- Cord blood drawn at time of delivery and stored until infant discharged (cord blood is an excellent identifier DNA fingerprinting),

- If use cord blood need contract with lab specifying cover 365 days a week with 4-6 hour turn around time for infant ID tests,
So What’s In Your Policy?

General Hospital

POLICY: Prevention of infant abduction/Code Pink Disaster Plan

OBJECTIVE

The goal of these guidelines is to prevent the abduction of infants in the OB Units. This goal will be achieved by:

• The entire staff of General Hospital participating in the periodic drills and review of safety measures implemented to enhance security.

• The development of a multidisciplinary plan of action implemented for all suspected or actual infant abductions occurring within the hospital.

POSITION STATEMENTS

1. We at the General Hospital believe that the security of each patient, especially newborns, is integral to the mission of the Medical Center.

2. We are committed to optimizing security for infants as recommended by the Joint Commission.
3. We believe that staff involvement and vigilance is the most effective security measure in preventing infant abduction and in aiding recovery should an abduction occur.

PROCEDURE
Measures that will Assist in Infant Abduction Prevention and Enhance Recovery

1. All staff will be required to wear proper hospital identification at all times.
2. Hospital scrubs and lab coats will be kept in an access-controlled area and are not to be loaned to unauthorized personnel.
3. Staff will ensure that infants are always in the direct line-of-sight of parents or hospital staff.
4. Parents will be informed of security measures at earliest opportunity after the birth of the infant.
5. Parents will be instructed to tell family members to use the Visitors Elevators, not the Staff Elevators or stairs.
6. Nursing staff will document the review of General Hospital at security measures with the mother and other appropriate significant others in the patient education notes.
7. Only hospital staff members are allowed to transport an infant while in the healthcare facility.
8. Parents or staff members are NOT allowed to carry the infant outside of the mother’s room or within the facility at any time.
9. Hospital staff will transport the infant within the healthcare facility via wheeled bassinet, incubator or cart.
10. Hospital staff will escort the family to the first floor lobby door at the time of discharge.
11. Staff will immediately report any unidentified individuals, suspicious activity or behavior or unfamiliar persons to the charge nurse. The Charge Nurse will in turn contact Police at 911.
12. Staff will require everyone entering the Women’s Units to identify themselves and reason for their visit. Visitors without guest passes will be directed to hospital information desk.
13. Video surveillance monitors traffic flow on the 4th floor hallways (including the elevators) and stairwells (including stairwell #4).
14. Access and egress electronic alarms sound when a door is breached.
15. If home visitation services are required after discharge, the Discharge Coordinator will instruct the families on the specific arrangements, i.e., and name of the person or company entering the home and the nature of the visit.
Policy Should Address the Following

- Procedures from releasing from the nursery,
- Procedures for transferring to and from the nursery,
- Need to include restrictions in policy to comply with federal law and CMS hospital CoP interpretive guidelines on visitation
- Need to provide restrictions to patient and include copy on chart
Visitor Policies

- Review your visitor policies,
- Are too many visitors causing a commotion on the maternity floor,
- Do you require a pass for the maternity floor? If so do you put expiration date and time on it,
- Do you restrict visitation to mother’s room?
- Do you require an ID for vendors? (expiration date and time also),
- Do you ask visitor who they are visiting before pass given or check an ID,
- Do you have a sign in log for visitors?
Policy

Purpose: To protect and prevent the removal of infants by unauthorized persons,

Policy: all medical staff, volunteers, and outside agency staff will follow the P&P,

Procedure: To maintain security, doors into the nursery will remained locked, etc. ...............
2. Controlling ACCESS

- Identify areas of uncontrolled access and impaired surveillance,

- Risk assessment should be repeated every 3 months,

- Access restraints- do your doors require a code to unlock or a access card to swipe?

- Is the scrub room secured also?

- Emergency egresses equipped with time delay lock and alarm,
Controlling ACCESS

- Security checkpoints - position nurses station so visualize all visitors,
- Consider visitor log ins and auditory cue that beeps when nursery door is unlocked,
- Video cameras/closed circuit TV and make sure they work - need to have one that captures the faces, back up recording device,
- Make sure someone maintains the equipment (test them and keep a log),
Controlling ACCESS

- Infant security systems are a must!
- If you do a needs assessment be sure to include nurses in process,
- Check them daily to make sure they work,
- All different kinds of infant identification tags are available from umbilical clamps or wrist bands with radio transmitters which sends information to control center, baby beepers,
- Make sure infant tag can not be shielded,
- Cut band technology means alarm sounds if it is cut off,
Controlling ACCESS

- Can trigger access control mechanisms such as magnetic door locks or elevator locks,
- Alarm system should never be disabled on stairwell and exit doors from maternity or nursery or NICU or pediatric unit,
- Establish a policy of responding to all alarms and only reset alarm after direct observation of the area,
Infant Abduction System

- One manufacturer system has a radio frequency tracking system;
- Doors lock automatically,
- Parking lot gate control,
- Elevator control buttons are disabled,
- Alarm sound locally and at nurses station,
- Camera record event at the location,
- Pagers alert staff,
- Graphic display shows baby’s location,

Source: http://www.primenetworks.com/services/security/infant.asp
3. Educating Staff

- Do during orientation of new staff,
- Do annual in-service education,
- Some experts even recommend quarterly updates,
- Staff should know characteristics of typical abductor,
- Staff should be alerted to unusual behavior such as missing scrubs, carrying large packages especially if person is cradling it, physically carrying an infant instead of using the bassinet to transport, too many questions about the hospital procedure,
Educating Staff

- Notify security and the police of suspicious activity,
- Designate someone to alert the other birthing centers in the areas,
- Educate staff not to post the full name of the mothers and babies where they can be seen by visitors-use surnames only,
- Do not put full name on bassinets, rooms or status boards,
Educating Staff

- If mother is asleep when infant delivered awaken her,
- Require show of the ID bracelet (banding) for the person taking the infant home,
- Be sure to immediately search the entire unit,
Educating Staff

- Instruct nurses to take only one baby at a time,
- Infants should not be grouped together in hallways unsupervised,
- Staff be briefed on all P&P on protecting the infant and how to respond to an abduction attempt,
- Have mock drills and staff in other departments know their role in an abduction attempt,
4. Education of Parents

- Half of all infants have been taken from the mother’s room,
- So parental instructions are important,
- Handouts in prenatal class, in admission packet, upon discharge are important,
- Staff members should reinforce those instructions,
Education of Parents

- Mom is first line of defense to prevent infant abductions,
- Distribute copy of “What Parents Need to Know,” pamphlet,
- Consider the use of the DVD titled Safeguard Their Tomorrows provided by Mead Johnson Nutritionals,
  - http://www.youtube.com/watch?v=8BeRcpj8ONQ&
Safeguard Their Tomorrows
Safeguard Their Tomorrow's

A resource to help prevent infant abductions

Hospital personnel should remind parents, in a warm and comforting way, of the measures they should take to provide maximum child protection. The guidelines listed below provide good, sound parenting techniques that can also help prevent abduction of infants while in the healthcare facility where the child is born and once the parents take the child home.

- At some point before the birth of your baby, investigate security procedures at the facility where you plan to give birth to your baby and request a copy of the facility's written guidelines on procedures for "special care" and security procedures in the maternity ward. Make sure that you know all of the facility's procedures that are in place to safeguard your infant while staying in that facility.
- While it is normal for new parents to be anxious, being deliberately watchful over the newborn infant is of paramount importance.
- Never leave your infant out of your direct, line-of-sight even when you go to the bathroom or take a nap. If you leave the room or plan to go to sleep, alert the nurses to take the infant back to the nursery or have a family member watch the baby.
- After admission to the facility, ask about hospital protocols concerning the routine nursery procedures, feeding and visitation hours, and security measures.
- Do not give your infant to anyone without properly verified hospital identification. Find out what additional or special identification is being worn to further identify those hospital personnel who have authority to handle the infant.
- Become familiar with the hospital staff who work in the maternity unit. During short stays in the hospital, be sure you know the nurse assigned to you and your infant.
- Question unfamiliar persons entering your room or inquiring about your infant - even if they are in hospital attire or seem to have a reason for being there. Alert the nurses' station immediately.
- Determine where your infant will be when taken for tests, and how long the tests will take. Find out who has authorized the tests. If you are uncomfortable with anyone who requests to take your baby or unable to clarify what testing is being done or why your baby is being taken from your room, it is appropriate to go with your baby to observe.
Congratulations on the birth of your baby,

The nursing staff at X hospital want your stay here to be a safe and pleasurable experience,

We have developed the following policy to protect the safety of our infants,

Your signature on the bottom assures us of your agreement to work with us to maintain the safety of your baby,
Sample Text for Parent Handout

- Typical procedure for your facility- mothers are encouraged to bond with their newborns and mothers can keep babies with them as much as possible from 8 am-10 pm (or if you allow with them all night),

- Baby is taken to nursery during visiting hours from 7-8pm,

- If you are nursing, babies will be brought to you at 1 am and 5 am unless your request differently,
Sample Text for Parent Handout

- Only staff who will be taking your baby from your room are employees with the following identification (explain),

- Do not give your baby to anyone without a proper id,

- Never leave your baby unsupervised,

- Question any unrecognized person who enters your room and inquires about your baby,
Sample Text for Parent Handout

- When your nurse brings your baby to you she will scan your and the baby’s bracelet or she will ask you to read name and number printed on the ID bracelet to make sure they match,

- Your baby will be transported to and from the nursery in a bassinet,

- No one should be carrying your baby out of the room in their arms,
Sample Text for Parent Handout

- Continue to safeguard your infant when you go home,
- Keep a complete written description of your infant and keep current photograph,
- Consider the risks of publishing your infant birth announcement in the paper,
- Do not place decorations outside your home announcing baby’s arrival-can make you a target,
- Be careful about letting any acquaintances in that you meet in the hospital in your home,
Incident Response Plan

- When an infant is abducted, time is of the essence!
- Quick actions can prevent the abductor from leaving the hospital,
- Have a written well develop incident response plan to assist in recovery,
- All staff need to be familiar with the plan,
- Address responsibility for notification,
Incident Response Plan

- Immediately search the entire unit and do head count on all infants
- Question the mother of the infant suspected to be missing as to other locations of the infant
- Immediately and simultaneously call security and any one else designed in the response plan
- Immediately notify local law enforcement
Incident Response Plan

- Conduct periodic infant abduction drills to test your abduction response plan,

- At least one announced and unannounced one,

- Use predetermined code announcement like Code Pink (AHA tried to standardize, Guidelines page 37),

- Avoid Code Adam or Amber Alert (these are use by law enforcement),

- When notifying police ask dispatcher to use standard crime code number over police radio without describing the incident,
Incident Response Plan

- Notify local FBI office to report to the squad handling crimes against children,
- If incident occurs at shift time- hold staff until excused by security and law enforcement,
- Nurse manager should brief all on unit,
- Media needs to be provided with facts as accurately and quickly as possible,
- Notify all area hospitals,
- Notify other moms and family members,
Incident Response Plan

- Establish a hotline,
- Report and interview records on incident should be preserved,
- Secure and protect the crime scene - we have all seen CSI,
- Move parent of the abducted infant, but not their belongings, to a private room off the unit,
- Have a nurse assigned to stay with the parents at all time,
- Debrief and critique,
Incident Response Plan

- Security should secure videotapes and digital recording for seven days prior to the incident,
- Security should request tapes from other healthcare facilities in the area,
- Make sure law enforcement know where in the facility they need to go,
- Follow the hospital’s media plan,
- All information about the abductor must be cleared by the facility and law enforcement
Sample Notification Form

TO: AREA BIRTHING FACILITIES
RE: Unusual/Suspicious Activity
FROM:

Following is a description of an unusual/suspicious incident that occurred at our facility. Please inform us if you experience any incidents of this nature.

Occurrence Date(s) Time(s)

Description of Subject
- Name/Alias(es)
- Sex
- Approximate Age
- Race
- Height
- Weight
- Hair
- Eyes
- Clothing
- Unusual Characteristics

Synopsis of Incident

For additional information contact at ( )

List facilities notified including specific contacts made and date and time of contact.

National Center for Missing & Exploited Children notified? Y N
If not, please contact at 1-800-THE-LOST® (1-800-843-5678).
While in the Hospital

Infant Security

What every parent should know about preventing infant abduction

The birth of a new baby is a joyous occasion, and we share your excitement in this great celebration. However, it is our responsibility to tell you about the unfortunate risk of infant abduction (kidnapping) from hospitals, birthing centers or even your home. We share with you the responsibility of protecting your baby during your stay in one of our medical centers. We also know that an educated and watchful parent is the best line of defense in infant security.

The guidelines below will help you protect your baby from being abducted while in the hospital or after you go home. Please review these guidelines before coming to the hospital.

- Become familiar with your nurse and other hospital staff who will be taking care of you and your newborn.
- Question unfamiliar people entering your room or asking about your baby, even if they are wearing hospital clothing. If this happens, tell a member of the nursing staff immediately.
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- NEVER give your baby to anyone who doesn't have official hospital identification, and question anyone who tries to carry your baby out of your room.

- If your baby needs to have any tests, find out who approved the tests, where your baby will be taken and how long it will take. You or your partner may go with the baby.

- If you take your baby out of your room for any reason, keep your baby in a crib on wheels. Do not carry your baby in your arms when outside your room.

- NEVER leave your baby alone in your room.

- When your baby is in your room, keep the bassinet beside your bed, on the side furthest from the door.

- Be sure to ask the staff about any security questions you may have.

- Please help us by telling your family and friends about infant security issues.

Many parents prefer to keep their babies in their rooms while in the hospital. Many mothers tell us that they rest and sleep better when their babies are close by them. If you have trouble calming your baby, your nurse will be happy to help you. Her/his suggestions will also be very helpful once you take your baby home. If, at any time, you would like the

Helpful hints will be available for you and your nurse. If you have trouble calming your baby, your nurse will be happy to help you. Her/his suggestions will also be very helpful once you take your baby home. If, at any time, you would like the nurses to care for your infant in the nursery, please let your nurse know.

As soon as possible, find out what the policies are regarding family and friends visiting while you are in labor and during the rest of your stay. Please understand that these policies are not meant to inconvenience your family or friends in any way. They are part of infant security, so please follow the facility’s visitors’ policy.

**Safety recommendations once you leave the hospital**

- Do not place a birth announcement in the newspaper.
- Do not give your address or telephone number to strangers.
- Do not put a sign announcing your baby’s birth on the front lawn.
- Never leave your baby unattended.
- Do not let people you do not know well into your home.

For more information, contact the National Bureau of Missing and Exploited Children at 1-800-The Lost (1-800-843-5678) or visit [www.ncmec.org](http://www.ncmec.org).
In Summary

- Have a good policy and procedure on infant abductions,
- Make sure staff are aware of P&P,
- Review P&P every year and update as needed,
- Have infant security devices,
- Review the literature for new devices,
- Test security systems (daily) and document results,
In Summary

- Encourage and empower staff to confront and question unidentified visitors and providers,
- Develop educational material for parents and have them sign,
- Redesign nurseries so limited access to unmonitored stairwells, elevators, and monitor all elevators and stairwells,
- Have a good critical incident response system,
In Summary

- Review your written assessment of the potential for an infant abduction by a qualified person,
- Remember the electronic security measures are your back up system,
- Use a self assessment tool,
- Notify NCMEC at 1-800-THE-LOST,
- They can help,
Now Can We Do That?

- July 15, 2005, infant protection system, Hugs, prevented an infant abduction from Presbyterian Hospital in Charlotte,

- In less than a minute, four day old baby was snatched from a 7th floor nursery and placed in a duffel bag, Code pink called,

- Pat Campbell jumped out of her chair,

- She knew there was no drill and this must be the real thing,

- As she ran down the steps she say saw staff guarding exit doors,

- She and the newborn nursery nurse spotted a woman in the circular drive where patients are dropped off,
Now Can We Do That?

- She talked to the mom and security came up and they got the baby,
- Quick response by alert staff with well rehearsed plan recovered the infant, staff tracked abductors,
- Police located the father several blocks away,
- Social services has taken all children into custody from parents who tried to abduct child,
- NFPA 2000 life safety code allows exits from OB and peds unit to have time delayed lock and alarm system for several seconds,
The End!  Questions???

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Resources

  http://www.iahss.org/

  http://www.saione.com/Newsletters/ISN/ISN06.doc
Resources

- Mead Johnson Nutritionals 812) 429-6399  
  http://www.meadjohnson.com,

- National Center for Missing and Exploited Children at www.missingkids.com, 9th edition published April 2009, Has detailed bib list,


- ECRI Preventing Infant Abductions, HRC, Sept 2000,
Resources


National Center for Missing & Exploited Children
Charles B. Wang International Children's Building
699 Prince Street
Alexandria, Virginia 22314-3175
The United States of America
Phone: 703-274-3900
Fax: 703-274-2200
24-hour Hotline: 1-800-THE-LOST (1-800-843-5678)
Resources

- Parent education, in Infant Security News, at http://www.saione.com/Newsletters/ISN/ISN03.doc,

- TJC Case study 151 preventing infant abduction at http://www.jcrinc.com/2587/
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Thank you for attending!

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