

## **Newborn Guideline 8**

# **NEWBORN HOSPITAL SECURITY**

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## **INTRODUCTION**

This guideline is adapted from the National Center for Missing & Exploited Children's "For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions", 1996.

While abduction of newborns from healthcare facilities or home by non-family members is a rare occurrence, it is, nonetheless, a situation of drastic proportions for parents and hospital staff alike. A hospital abduction may pose a potential liability to the hospital as well.

## **INCIDENCE**

In Canada since 1990 there have been three newborn abductions from hospitals. All infants were recovered, unharmed.

Anecdotal evidence suggests that although unsuccessful, there may be attempts at, or plans for abduction.

The National Centre for Missing & Exploited Children (Washington) states, "to date there has been no use of violence against the mothers or healthcare staff within the hospitals; however, there is clear evidence of increasing violence by abductors when the abductions move out of the healthcare setting."

## **The "Typical Offender" Profile**

1. Female, age 14-45, often overweight.
2. Most likely compulsive; most often relies on manipulation, lying and deception.
3. Often married or cohabiting; companion's desire for a child may be the motivation for the abduction.
4. Usually lives in the community where the abduction takes place.
5. Frequently visits nursery and maternity units prior to the abduction; asks detailed questions about hospital procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape.
6. Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes on any opportunity present.
7. Frequently impersonates a nurse or other hospital personnel.
8. Often becomes familiar with hospital personnel and even with the victim's parents.
9. Demonstrates a capability to provide "good" care to the baby once the abduction occurs.

## **ABDUCTION PROTOCOL**

As part of contingency planning, every facility should develop a written protocol plan for infant abduction.

This protocol must be communicated to, and training signed off on, by all staff members within the maternal-child care unit. All departments including communications/switchboard, plant, accounting, and public relations should be aware of the protocol.

When formulating a protocol, facilities need to consider several items. For instance, the layout or schematics and traffic patterns differ among facilities. Review factors such as:

- openness
- entrance/exist doors
- alarm systems
- staffing patterns including number of staff members who are visible on the unit

The plan must include a provision to designate a staff person (usually the security director) to act as the liaison with law enforcement.

## **MEDIA**

A media or crisis communication plan should be developed to brief the media on the incident (with the approval of law enforcement), enlist their aid in publicizing the abduction, ensure accuracy of the description of the infant and abductor, coordinate photo dissemination, and provide “updates” with hospital public relations as needed.

## **NURSING GUIDELINES FOR ABDUCTION RESPONSE**

Immediately call facility security and/or other designated authority per your facility’s protocol.

Immediately search the entire unit. Time is critical. (Do a head count of all infants.)

Question the mother of the infant suspected to be missing as to other possible locations of the child within the facility.

Where a facility has no security staff, immediately call the local police department and make a report.

**Protect the crime scene (area where the abduction occurred) in order to preserve the subsequent collection of any forensic evidence by law enforcement officials.** This duty should be relinquished to security upon their arrival, and subsequently to law enforcement upon their arrival.

In addition:

- move the parents of the abducted child (but not their belongings) to a private room off the maternity floor.
- detail the nurse assigned to the mother and infant to accompany them at all times, protecting them from stressful contact with the media and other interference.
- offer counselling or pastoral assistance.
- secure all records/charts of the mother and infant.
- notify lab and place STAT hold on infant’s cord blood for follow-up testing.
- consider designating a room for other family members to wait in that gives them easy access to any updates in the case while offering the parents some privacy.

The nurse manager/supervisor should brief all staff and mothers of the unit. Mothers should never hear this news first from the media or law enforcement.

**Nurse managers/supervisors should be sensitive to the fact that the nursing staff may suffer post traumatic stress disorder (PTSD) as a result of the abduction and make arrangements to hold a group discussion session as soon as possible in which all personnel affected by the abduction are required to attend.**

Such a session will allow healthcare facility personnel a forum for expressing their emotions and help them deal with the stress resulting from the abduction. Certain staff members may require further assistance to psychologically integrate this incident and return to their duties on the unit. Facilities should make every effort to assist these staff members with this process.

Consider inviting the investigators of the law enforcement agencies handling the case.

## **SECURITY DEPARTMENT GUIDELINES FOR ABDUCTION RESPONSE**

- **call 911 or the local police department or RCMP detachment and make a report.**
- **immediately and simultaneously activate the search plan of the entire healthcare facility, interior and exterior. Time is critical.**
- **assume control of crime scene (area where the abduction occurred) until law enforcement arrives.**
- **establish a security perimeter around the facility and assist the nursing staff in establishing and maintaining security with the unit (i.e. access control to the unit).**
- **close all parking lots.**

Ask the police to dispatch an officer to the scene using only the standard crime code number over the police radio without describing the incident. This will help ensure that media and citizens listening to police scanners will not be alerted of the incident before appropriate law enforcement procedures are initiated.

**In order to safeguard against “panicking” the abductor into abandoning or harming the infant, follow the facility’s media plan, which should mandate that all information about the abduction is cleared by facility *and* law enforcement authorities involved before released to staff members and the media.**

Most often infants are recovered as a direct result of the leads generated by media coverage of the abduction when the abductor is not portrayed in the media as a “hardened criminal”.

Limit official spokespersons to **one** hospital staff, and **one** law enforcement representative, and these persons should always be on call throughout the crisis. Staff should be advised to not discuss the incident with others or amongst themselves unless authorized.

Brief the healthcare facility spokesperson who can inform and involve local media by requesting their assistance in accurately reporting the facts of the case and soliciting the support of the public. Be as forthright as possible without invading the privacy of the family.

The family should be apprised of the media plan and their cooperation sought in working through the official spokespersons.

**Newborn nurseries, paediatric units, emergency rooms, and outpatient clinics for postpartum/paediatric care at other healthcare facilities should be notified about the incident and provided a full description of the baby and the suspected or alleged abductor.**

As part of her plan the abductor may take the infant to another facility, a private physician, or a community health unit in an attempt to have the baby “checked out”, obtain a birth certificate for “my child who was delivered at home”, or secure social assistance.

## **PUBLIC RELATIONS GUIDELINES FOR ABDUCTION RESPONSE**

As soon as possible after the abduction contact the local media and request that they come to a designated media room at the healthcare facility to receive information about the abduction. The media should be provided with the facts as accurately as possible, asked to request the assistance of the public in recovering the infant, and asked to respect the privacy of the family. Public relations professionals should be forthright with the media, but make certain to release only information approved by the law enforcement authority in charge of the investigation. **Most often infants are recovered as a direct result of the leads generated by media coverage of the abduction.**

Be sure to designate a separate area where friends and family of the parents can gather to receive regular updates on the abduction in order to keep them informed about the case and shielded from the press.

Prepare the switchboard with a written response they may use for outside callers, including anxious parents who are planning to have their babies delivered at that facility.

Activate the crisis communication plan. It should list steps to be taken, people to be notified, resources available such as photo duplication and dissemination, etc.

## **RECOMMENDATIONS PERTAINING TO HOSPITAL CENTRED PREVENTATIVE MEASURES**

### **Personnel Identification Procedures**

#### **Recommendations:**

A policy should exist that contains sufficient clarity and an enforcement process to support the mandatory wearing of identification badges by all hospital and medical staff, and other designated provider groups. Photo ID is preferable.

Where staff is dedicated in Obstetrics (and Paediatrics) further identification can be achieved with a specific indicator incorporated into the identification badge (e.g. logo, colour border, infant or child focused emblem).

Employees assigned to the area on a temporary basis (e.g. Housekeeping, Candy Strippers or Volunteers) should be issued with specific identification badges that are distinctive in design. These should be safeguarded when stored on the unit, and signed "in and out" from the nurses' station.

### **Mother/Partner/Baby Identification Procedures**

#### **Recommendations:**

A four-part system should be utilized for identification of the baby, mother, (and, if so desired, the significant other), and should be in place before the baby leaves the birthing area.

A policy should be in place stating what procedures will be followed if a band is removed, intentionally or unintentionally, or if the mother is discharged prior to the baby. There should be reference to the procedure to be followed in the event that the mother will not be the person ultimately receiving the baby on discharge. Discharge procedures should include guidelines concerning the timing of removal of the bands (e.g. in hospital and retained with the health record, or after exiting the hospital).

### **Transporting of Infants During Hospitalization and Upon Discharge**

#### **Recommendations:**

Infants should be transported in their bassinets/cribs **at all times** during hospitalization. If this policy is enforced, the sighting of someone carrying a baby would be recognized as an unusual or suspicious occurrence.

If identification bracelets are left in place following discharge, this would facilitate the identifying of the mother and infant during their egress from the hospital.

### **Visiting Regulations**

#### **Recommendations:**

A survey addressing the appropriateness of current regulations may be helpful in achieving community compliance. The survey could include current obstetrical patients, postnatal patients, and pre-natal patients.

Solicit support from families by ensuring they are aware of visiting regulations prior to hospitalization (via pre-natal classes, doctor's offices, media blitzes). Posting regulations in a prominent area in patient rooms may also increase awareness, as will periodic paging system announcements.

Identification of visitors can be achieved through use of colour-coded, dated, tags which denote the patient's name (or code, if this is confidential information) and location. A sign-in log should also be utilized, either at the main entrance or the Obstetrical area, to further control access.

### **Unit Specific Uniforms (where a separate OB Unit exists)**

#### **Recommendations:**

Staff assigned to the Obstetrical Unit should wear colour distinctive uniforms, stamped with an obvious facility logo. These uniforms should be kept in a secured area, both in laundry, and when stored on the Unit, to ensure they are not accessible to other staff, or to the public.

Mothers and families are made aware of the specific design/colour of the Obstetrical staff uniforms, and are instructed to notify an authorized person on staff if they are unsure of the validity of someone's "uniform".

### **Increase Security Patrols**

#### **Recommendations:**

In-house Security Personnel, if not present full-time in the Obstetrical area, should maintain a high profile throughout the area by making periodic rounds.

Security "rounds" of the Unit should occur at the end of visiting hours, to ensure that all visitors have exited.

### **Monthly Audits**

#### **Recommendations:**

Under the auspices of the Risk Management Committee, or comparable group within the organization, audits should be conducted monthly to ensure compliance with established policies/procedures pertaining to Infant Security.

Audits should address:

- Newborn/Maternal/Family Identification
- Staff Identification
- Visitor Identification
- Staff Education/Inservicing
- Mother/Family Education/Awareness
- Community Awareness
- Code Yellow Response Team Preparedness (refer to CHA Guidelines)

## **REFERENCES & SUGGESTED READING**

1. National Center for Missing & Exploited Children, "For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions", 1996, Washington, D.C.
2. Report of the Review Committee on Newborn Security, B.C. Ministry of Health, 1997.

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