TITLE: PREVENTION OF AND RESPONSE TO INFANT/CHILD ABDUCTIONS
“CODE ADAM - INFANT or CHILD”

FACILITY: St. Vincent’s East
FUNCTION: Safety/Protective Services
ORIGINATING DEPT: Safety/Protective Services

HOSPITAL SHARED POLICY? _X Yes __ No

EFFECTIVE DATE: 5/15/00

DOCUMENT NUMBER: 302

LAST REVIEW DATE: 11/26/2007

ORIGINATION DATE: 5/15/00

LAST REVISION DATE: 11/26/2007

APPROVAL DATE: RETIREMENT DATE:

SCOPE:

PURPOSE: To prevent Infant/Child Abductions at St. Vincent’s East

DEFINITIONS:

Infant - baby: a very young child (birth to 1 year) who has not yet begun to walk or talk
Child – a person aged 18 or under

POLICY: This policy is to provide instruction to associates for the prevention of and response to the incident of an infant or child missing from their parent/guardian or caregiver while on the St. Vincent’s East campus. All patients leaving an inpatient unit should notify a nurse prior to doing so.

PROCEDURE:

I. GENERAL
   A. Immediately report to nurse manager/supervisor and Protective Services any person exhibiting behaviors of potential abductor (i.e. individuals repeatedly visiting “just to see”, or “hold” the infants or children; individuals asking specific questions; custodial disputes; physical layout questions; a female visiting and has the pretense of being pregnant; or any other odd behavior.)

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Observe and report behavior and physical description. If possible, interview suspect. Violent Incident Report is to be completed by Protective Services once reported.

B. Immediately report missing infant/child to manager/supervisor and Protective Services (3911) giving complete description. Violent Incident Report is completed by Protective Services once situation permits.

C. Risk Management Department will preserve report and interview records on incident.

D. The Protective Services Department will alert other birthing facilities in the area of attempted abduction or when someone is identified who demonstrates behavior of potential abductor but who has not yet made an attempt to abduct an infant or child.

E. For all attempted/actual abductions, Protective Services Department will notify police and National Center for Missing and Exploited Children (NCMEC): 1-800-THE-LOST (1-800-843-5678).

II. PROACTIVE MEASURES -LDRP

A. Immediately after the birth of the infant, attach identically numbered ID bands to the infant (2 bands), mother (1 band), and father/significant other (1 band).

B. During infant admission process: footprint the infant, take a color photograph of the baby, perform and record a full physical assessment of the infant, place infant security identification band. The footprints, photograph, physical assessment and documentation of the placement of ID and security bands, including the numbers must be noted in the baby’s medical record. Notify Protective Services department of security device number.

C. Distribute guidelines to parents regarding prevention of hospital abductions in childbirth class tours and at admission. Distribute prevention guidelines to all associates who work with newborns and pediatric patients.

D. All associates will be trained upon hire in Orientation regarding protecting infants from abduction, and receive instructions on how to initiate a Code Adam – Infant/Child alert.

E. While infants are transported within the facility, ensure that only authorized associates are allowed to transport; an infant is never left unattended in the hallway; infants are taken to mothers one at a time; infants are never carried, but always pushed in a bassinet.

F. Ensure that infants are always in direct sight supervision either by a responsible associate, mother, or significant other.

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G. Do not post mothers or infant’s full name where it will be visible to visitors. Infant crib cards will be identified with mother’s last name and first initial only.

H. Require a show of ID bracelet for person taking infant home from St. Vincent’s East, matching the infant bands with those of mother and father/significant other.

I. “Babies on the Web” will be posted after discharge with first name and last initial only after written consent is received from family.

J. All children under the age of twelve (12) years will be admitted to 4 East. Immediately after admission, attach identically numbered ID bands to the child (1 band), mother/father or significant other (1 band).

K. All children under the age of twelve (12) years must be escorted by an associate, parent or designated adult eighteen (18) years or older when leaving the patient care unit.

L. Parents and children will be instructed on admission to the unit to notify a nurse when leaving the unit.

M. Notify Protective Services of any evident custodial disputes or issues affecting the wellbeing of the infant or child.

N. All healthcare personnel will wear identification badges. Personnel in direct contact with infants and children will wear photo ID’s.

III. INCIDENT RESPONSE - In the event an infant/child is missing from their parent/guardian or caregiver the following response is to be initiated. Departmental responses take into account hours of operation.

DEPARTMENT SPECIFIC RESPONSE

See 302-a - “Code Adam-Infant/Child Incident or Drill Department Specific Response” Chart posted in each department.

A “Code Adam – Infant” or “Code Adam – Child” will be paged overhead by Protective Services. Informants should contact Protective Services at 3911 with specific information about area, infant/child and suspect. Once the situation has been resolved a “Code Adam Clear” will be paged overhead.

POSITION SPECIFIC RESPONSIBILITIES

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NURSING RESPONSE (4 East/ 4 West)
- Immediately search entire unit, do a head count of all infants/children.
- Immediately notify Protective Services Department - ext. 3911 and house supervisor (who will notify administrator on call).
- Protect the crime scene in order to preserve the subsequent collection of any forensic evidence by law-enforcement officials. Do not move/remove anything in the area. Secure the area from further traffic.
- Have the nurse assigned to the mother continue to act as a liaison with family.

NURSING RESPONSE (ALL OTHER UNITS)
- Conduct a unit search.
- Notify the patient’s attending physician.
- If a child under the age of twelve (12) is missing, notify the parent or guardian to verify that the child’s location is not known.
- Immediately notify Protective Services Department - ext. 3911 and house supervisor (who will notify administrator on call).
- Protect the crime scene in order to preserve the subsequent collection of any forensic evidence by law-enforcement officials. Do not move/remove anything in the area. Secure the area from further traffic.

PROTECTIVE SERVICES RESPONSE
- Once notified of missing infant or child, Protective Services dispatcher will page CODE ADAM (specifying INFANT or CHILD as reported) notifying all available Protective Services officers and associates. NOTE- will be drilled as CODE ADAM DRILL – INFANT or CHILD.
- Protective Services dispatcher will dispatch available officers to ground floors as appropriate. Give description of missing infant/child to all officers over Protective Services radio.
- Protect the crime scene in order to preserve the subsequent collection of any forensic evidence by law-enforcement officials. Do not move/remove anything in the area. Secure the area from further traffic.
- Protective Services staff will follow the Violence Response Plan.
- Protective Services Department will notify police and National Center for Missing and Exploited Children (NCMEC): 1-800-THE-LOST 1-800-843-5678.
- Protective Services will complete appropriate incident response form in conjunction with the Unit or Area of the Abduction.
- Protective Services Officers will remain in monitoring mode until notified by Protective Services Department Manager to stand down.
- Upon notification of Code Adam, ED Protective Services officer will advise Protective Services dispatch to assume control of the ED monitors until notified otherwise.

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ADMINISTRATION/ADMINISTRATOR ON CALL
• Assist Protective Services efforts to protect the crime scene in order to preserve the subsequent collection of any forensic evidence by law-enforcement officials.
• Notify family as appropriate. Inform them that a media statement is being prepared and obtain their agreement to release the statement.
• Notify Marketing & Public Relations @ 939-7075.
  • Provide facts
  • Designate area for media

MARKETING
• Provide facts to media
• Direct media to designated area
• Provide written statements (i.e., for telecommunications operator, information desk, LDRP) to address caller’s concerns regarding incident.
• Media plan will mandate that all information about the incident be cleared by the facility and law enforcement authorities involved before being released to associates and the media.

EMERGENCY DEPARTMENT CHARGE NURSE
• Assign Triage Nurse to monitor E stairwell egress and Ambulance entrance.
• Assign Staff to monitor Emergency Department entrance allowing ED Protective Services to monitor Bldg. 52 Entrance/Crosswalk area.
• Assign Plant Operations staff to area needed, if incident occurs during that department’s hours of operation.

PLANT OPERATIONS
• During hours of operation, plant operations staff will report to Emergency Department Charge Nurse and Protective Services for assignments of area to monitor.

UPON LOCATING THE INFANT or CHILD:
Notify Protective Services Dispatch.

Protective Services Dispatch
• Dispatch Protective Services Officer to location of found infant/child to verify missing/abducted is in appropriate care.
• Notify Charge Nurse/House Supervisor that the infant/child has been located and describe the infant/child’s status.
• Page overhead and by Protective Services radio “CODE ADAM CLEAR.”

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**UPON RETURN TO THE UNIT:**
The unit nursing staff will:
- Assess and document status of the patient.
- Complete the Quality Assurance report.
- Notify the attending physician that the patient has returned to the unit.
The physician will assess the patient and document the assessment in the medical record.

**REFERENCES:**

**ATTACHMENTS:**

**APPROVAL ROUTING:**
Security Manager → Safety Officer → VP Operations

**REVIEW HISTORY:**

**REVISION HISTORY:** Reviewed 11/26/07 by Jonathan Daniel, Safety and Operations Manager.

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