

## Infant and Pediatric Abductions: Prevent the Unimaginable Tragedy



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### Speaker



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### Objectives

- 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.
- Describe what information should be communicated to the mother to minimize the risk of abduction.
- Discuss issues that affect healthcare protocols and practices.

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# Introduction




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## Who Would Steal a Baby?

Who would steal a baby, and why?

By Madison Park, CNN  
January 26, 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.

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## How Safe Is Your Baby?



*Though it may seem like a story from a bad movie script, infant abductions from the hospital make headlines almost every day. So just what protocols are in place to protect your newborn?*

### 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 my 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 vetted hands 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

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## Things That Will Be Covered

- 5 steps to preventing infant abductions
- NCMEC Guidelines on Prevention and Response to Infant Abductions and self assessment
- CMS standards
- TJC standards
- TJC Sentinel event on infant abductions
- Root Cause Analysis (RCA) and FMEA
- Liability issues
- Education, mock drills, and more!

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## The Most Recent Infant Abductions for US Hospitals

Many Infant Abduction in Other Countries from Hospitals



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## Infant Abductions

- Hospitals have made great progress in the last 25 years in protecting babies from abduction
- The last infant abduction was April 23, 2016
  - 306 infant abductions from 1983 to August 2016
- In 2015, there were at least 2 newborns improperly taken from a hospital by a family member
- Have had unsuccessful attempts in hospitals in 2015
- 6 abductions in 2014
- Our thanks to John Rabun and the National Center for Missing and Exploited Children

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## Infant Abduction in 2016

- Only 1 infant abduction in 2016 from a US hospital
  - Occurred at St. Francis Medical Center in Monroe LA
- 24 YO black female, Anquinisha Cummings, went to mother's room and said mutual friend sent her with a baby bag
- The two talked for a little while and mom went to the bathroom and when came back baby was gone
  - Cummings has just been treated at the hospital
- Went to her mother's house where someone returned the child and then returned to the mom

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## Kidnapping suspect surrenders to N

Staff report, news@thenewsstar.com

10:23 a.m. CDT April 26, 2016



(Photo: OCC)

[f 24](#) [TWEET](#) [LINKEDIN](#) [COMMENT](#) [EMAIL](#) [MORE](#)

Monroe Police investigators were called to St. Francis Hospital around 10 p.m. Saturday in reference to the kidnapping of an infant child. Police say around 7 p.m., a black female identified as 24-year old Anquinisha Cummings, entered a hospital room occupied by a mom and her three-day-old infant.

Police say Cummings told the mother a mutual friend sent her there with a baby bag, the two talked for a while, and when the mother went to use the bathroom, she returned to find the baby gone. The hospital was immediately locked down, hospital staff, security, and police were notified, and began investigating.

Monroe Police say a hospital employee recalled dealing with a patient earlier in the day, talking about pregnancy issues. Police would later connect Cummings to that conversation, after finding out she had been treated in the hospital several hours prior to receiving the initial kidnapping call.

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## Hospital Rethinking Security

Courtesy: Monroe PD

Suspect accused of stealing baby turns herself in



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## Infant Abductions Hospitals 2015

- First one was September 2015 from San Antonio Texas Hospital
  - Mother suspected of using illegal drugs and child had a medical condition that needed treatment for potential seizures
  - Child Protective Services (CPS) was involved
  - Two women (mom and sister) smuggled baby out of hospital
- Second one was in early 2015 from Glendale Arizona hospital (Banner Thunderbird Medical Center)
  - Infant born with drugs detected and CPS was coming to take custody of child and 3 staff people never stop father
  - Father put baby in bag and alarm went off but staff person did not question him and he even went through alarmed doors

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## Infant Abducted from Arizona Hospital

GLENDALE, Ariz. — New video shows how a Valley father made it out of a Glendale hospital before child welfare workers could take his baby.

Glendale police said the infant was born with drugs in her system, including methamphetamine and marijuana.

Police said when Jason Bristol heard state workers were coming to the hospital to get the child, he made a plan.

Police said the father put his 2-day-old child in a bag, covered her in blankets and tried to sneak her out of Banner Thunderbird Medical Center in January.

Surveillance video shows how he managed to get the baby past staff and alarmed doors.

When Bristol enters the scene he's carrying a bag and looking for an exit. At the time, hospital staff didn't know there was a baby in the bag. Bristol heads for the door but it's locked.

The surveillance video does not include audio, but police said at one point an alarm is going off inside the hospital triggered by a device on the baby's arm. The place is in lockdown.

That's when you see a hospital staff member walking down the hall toward Bristol. The employee takes out a key card and swipes it.

Source: KFOR News at <http://kfor.com/2015/03/12/father-allegedly-tries-to-smuggle-newborn-from-hospital-in-plastic-bag>

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## 2015 Attempt from Oregon Hospital

- 39 women Celeste Patton enters hospital pretending to be from the Department of Human Services
- Hospital staff would not let her inside the baby area
- She left before Medford police arrived
- Police made the connection with who she was at recent disorderly conduct investigation
- She was charged with criminal impersonation and attempted kidnapping

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## 2015 Attempt from Oregon Hospital

### Police: Woman tried to kidnap baby from hospital birthing center

Posted Mar 08, 2015 10:55 PM EDT  
Updated Mar 08, 2015 11:02 PM EDT

By Connor Jepson | CONNECT

MEDFORD, OR (KPTV) - A Southern Oregon woman charged with criminal impersonation and attempted kidnapping pleaded not guilty Monday at her arraignment at the Jackson County Courthouse.

Police say 39-year-old Celeste Patton walked into the birthing center at Providence Hospital in Medford on March 4, pretending to be from the Department of Human Services, and tried to kidnap a newborn baby.

Officers say hospital staff wouldn't let her inside the baby area and Patton left before security arrived.

The incident was reported to Medford Police, but Patton's identity was unknown at the time.

On Sunday, police say they made contact with Patton during an unrelated report of disorderly conduct.

An officer made the connection between Patton and the March 4 incident at Providence Hospital and called it in, according to police.

Police sent a detective to take over the investigation.

Officers say they were able to establish probable cause and arrested Patton, booking her into Jackson County Jail.

Patton's preliminary hearing is set for March 16 at 4 p.m.

Her bail is set at \$10,000, and a judge has ordered Patton not to have contact with any children other than her own. Especially toddlers and babies.



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## Infant Abductions and the FBI Report



## FBI Report Violent Trends in Infant Abductions

- FBI issues report on Violent Trends Emerges in Infant Abductions
- Kidnappers getting more creative and more violent
  - Women have been killed and baby cut out
- 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



[www.fbi.gov/news/stories/2012/september/infant-abductions-a-violent-trend-emerges](http://www.fbi.gov/news/stories/2012/september/infant-abductions-a-violent-trend-emerges)

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## 2015 Woman Killed for Her Baby

The New York Times

### Woman Charged in Grisly Death of Pregnant Mother Left a Cryptic Trail

By BENJAMIN MULLER and EMILY FALMER NOV. 21, 2015

A woman charged with fatally stabbing an expectant mother and cutting a baby from her womb in the Bronx on Friday had been telling people for months that she herself was pregnant, according to interviews on Saturday.

Police officials, however, said they did not believe the suspect, Ashleigh Wade, was pregnant, and neighbors said they had not seen signs that she was.

Ms. Wade, 29, was charged on Saturday with murder, criminal possession of a weapon and committing an "abortion act" that caused a woman's death in connection with the stabbing of Angelique Sutton, the police said. Ms. Sutton, 22, who was nearly nine months pregnant, was strangled and stabbed several times in the neck and torso inside Ms. Wade's apartment in the Wakefield section of the Bronx.

Investigators believe Ms. Wade cut a baby out from her womb. The pic

[www.nytimes.com/2015/11/22/nyregion/woman-held-in-grisly-death-of-expectant-mother-spoke-of-being-due-to-give-birth.html](http://www.nytimes.com/2015/11/22/nyregion/woman-held-in-grisly-death-of-expectant-mother-spoke-of-being-due-to-give-birth.html)

The house on Monticello Avenue in the Bronx where Angelique Sutton was killed on Friday. (Gregory Heiser for The New York Times)

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## 2015 Infant Abducted from Home and Mom Killed

### Woman, 36, who had faked a pregnancy 'posed as a social worker to kidnap and murder new mom - then stole orphaned daughter and said it was her own'

- Samantha Fleming, 23, and newborn daughter, Serenity, were last seen at their home in Anderson, Indiana, on April 5
- Police believe a woman claiming to be a Child Protective Services employee convinced Fleming she had to attend a court hearing and kidnapped the two
- The three-week-old infant was discovered unharmed in the woman's Gary Indiana, home, along with a body on Friday
- On Saturday the body was identified as Fleming
- The alleged kidnapper was not at the home, but found at a hospital in Texas
- Charges are pending and she has not been identified
- Police believe she faked a pregnancy and planned to keep the child

By JOEL CHRISTIE FOR DAILYMAIL.COM

PUBLISHED: 01:09 EST, 19 April 2015 | UPDATED: 12:30 EST, 19 April 2015

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## Cases of Infants Abducted from Hospitals



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### 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

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### August 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 suspect 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 Zetner, 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.

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## January 2012 Attempted Abduction



- 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

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## January 2012 Georgia Hospital

### Woman arrested in hospital baby snatching

COMMENT (3) SHARE FAVORITE VOTE (0)



Naquelle Ballard.

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.



Southern Regional Hospital

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 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

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## April 17, 2012 Abduction in Parking Lot

### 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.

msnbc.com US News on Facebook  
Like 4,812  
Follow @msnbc\_us 27.8k followers

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 Verma 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



Recommended for You

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## 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

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## Birmingham Hospital July 2011

### Newborn baby in attempted abduction from Birmingham hospital

by Alison Dayari, Birmingham Mail  
Jul 6 2011



A Birmingham 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.

Heartlands workers described how a security breach led to the abduction of the

**Related Tags:**  
▪ baby abduction  
▪ Birmingham  
▪ Birmingham Hospital  
▪ Birmingham News  
▪ Birmingham Skyline  
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## 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

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## March 14, 2011 Stolen As a Baby in 1987

### Stolen As Baby In 1987, Woman Reunited With Family

Categories: human interest, National News

by MARK MEMMOTT



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## 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

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## Kidnapped 23 Years Ago



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## 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

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## June 28, 2010 Attempted Infant Abduction

Suspicious woman at MPMC later attempts kidnapping

June 28, 2010

[http://www.strategiesfornursemanagers.com/ce\\_detail/251422.cfm](http://www.strategiesfornursemanagers.com/ce_detail/251422.cfm)

[E-mail Story](#)  
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nursemanager.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

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## 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.

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## How Do We Keep Them Safe?



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## Issues Covered in this Webinar



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## 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

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## Infant Abduction, Sentinel Events and What Can We Learn from These?



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### 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

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### 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?

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### 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)

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### 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,

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### 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,



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## 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,

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## CMS Hospital CoPs



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## 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
- Manual found at website at [www.cms.hhs.gov/manuals/downloads/som107\\_Appendicestoc.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf)

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## The Revised Final CoPs



- Final interpretive guidelines are updated more frequently now
- Every hospital should have a copy of the CoPs,
- [http://cms.hhs.gov/manuals/Downloads/som107ap\\_a\\_hospitals.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf)
- Tag A-0144,
- CMS says patients have a right to receive care in a safe setting,

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## Location of CMS Hospital CoP Manual

### Medicare State Operations Manual Appendix

Questions to [hospitalscg@cms.hhs.gov](mailto:hospitalscg@cms.hhs.gov)

- 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.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers

New website

[www.cms.hhs.gov/manuals/downloads/som107\\_Appendixtoc.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf)

App. No.	Description	PDF File
A	Hospitals	2,185 KB
AA	Psychiatric Hospitals	606 KB

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K	Comprehensive Outpatient Rehabilitation Facilities	202 KB
L	Ambulatory Surgical Services Interpretive Guidelines and Survey Procedures	263 KB
M	Hospice	720 KB
N	Pharmaceutical Service Requirements in Long-Term Care Facilities	Deleted
P	Survey Protocol for Long-Term Care Facilities	929 KB
PP	Interpretive Guidelines for Long-Term Care Facilities	1,440 KB
Q	<a href="#">Determining Immediate Jeopardy</a>	326 KB
R	Resident Assessment Instrument for Long-Term Care Facilities	38 KB
S	Mammography Suppliers	Deleted
T	Swing-Beds	363 KB
U	Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions	452 KB

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## CMS Hospital CoPs 144

- 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?

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## CMS Hospital CoP 144

- 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?

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A-0144

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§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 hospital.
- 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 these 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?

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### CMS Immediate Jeopardy Guidelines

- 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,

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### 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,

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### 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,

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## 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.)

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## TJC Standards

Standards, Drills, FMEA and More



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## Joint Commission Standard

- **Sentinel events alerts** at available off TJC's website at [www.jointcommission.org/sentinel\\_event.aspx](http://www.jointcommission.org/sentinel_event.aspx)
- Issue Number 9, April 9, 1999, was on Infant Abductions; Preventing Future Occurrences,
- In 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,

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## TJC SEA on Infant Abductions

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## TJC SEA on Infant Abductions

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## TJC Retires this SEA

- Infant abduction is a sentinel event defined by the TJC's sentinel event policy
- This means that a RCA or systematic analysis must be done
- TJC has retired this sentinel event alert so information presented for historical reasons and to look at the RCA findings
- TJC now refers readers to the National Center for Missing and Exploited Children guidelines (NCMEC)
  - These will be discussed in detail since the most important document for hospitals

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## Infant Abduction & Child Abduction is SE

### Definition of Sentinel Event

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death [www.jointcommission.org/assets/1/6/CAMH\\_24\\_SE\\_all\\_CURRENT.pdf](http://www.jointcommission.org/assets/1/6/CAMH_24_SE_all_CURRENT.pdf)
- Permanent harm
- Severe temporary harm

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services

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## 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,

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## 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

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## RCA 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
- Hospital cultural factors such as reluctance to confront unidentified visitors/providers

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## 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).

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## 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.
  - Include ball and heel of foot and document in chart
  - Use color photo or digital image of the baby
  - Electronic or live scan technology can help



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## Strategies for Reducing Risk

- Require staff to wear up-to-date, conspicuous, color photograph identification badges with big enough picture to see and no pins or stickers on badge
- 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.

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## 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

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## 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

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## 78 Page FMEA Infant Abduction

why?, etc.

### Items Included in the Action Plan:

- Policy Update: All normal newborns will be banded ASAP, do not wait for bathing to be completed
- Policy Update: L&D Nurse will obtain the HUGS Band and Patient ID Bands simultaneously
- Policy Update: Transferring & Receiving Nurse will confirm patient ID & HUGS bands, documenting on the Post Partum flow sheet
- Policy Update: L&D Nurse will be responsible for activating the HUGS tag and ensuring that the info is entered correctly into the computer system (personally inputting or contacting the Clinical Secretary.)
- Training: HUGS computer system entry training will be provided to the Clinical Secretaries
- Checklists: Create infant security & safety sheet to be shared with mom in L&D, and signed by mom (in Spanish also? Include pictures for universal understanding?) Obtain approval by Forms Committee and Risk Management
- Checklists: Create checklist/script for education of patient & SO (significant other) by staff re: doors, sensors, band tightness, band tampering, etc.
- Alarms: Isolate Women's Pavilion from "testing alarms" in other areas. "Strobes only." Install badge reader & Mag Lock on back stairwell and exterior exit door. Remove auto sensor from WP → Telemetry door, and install badge reader, "Authorized Personnel Only" sign. Add badge & mag lock at stairwell.
- Policy Update: Update Code Pink Policy (Infant Abduction). Require monitoring of all egress points during Code Pink by hospital personnel & provide staff education

[www.iienet.org/uploadedFiles/SHS/Resource\\_Library/details/10\\_reichert.pdf](http://www.iienet.org/uploadedFiles/SHS/Resource_Library/details/10_reichert.pdf)

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## TJC EC.02.01.01

- 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

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## TJC Standards

- EP 7 Hospital identifies individuals entering its facilities
- EP 8 The hospital controls access to and from areas it identifies as security sensitive,
- EP9 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?
- EP10 When a security incident does occur, the hospital needs to follow its policies and procedures

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## Drills Recommended

- Guidelines on Prevention and Response to Infant Abductions recommends that hospital do unannounced drill **once a year** (pg. 40),
- 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,

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## Drills

- Law enforcement should be informed it is a drill only and use code work **Code Pink** (pg 39)
- Observers should provide real time instruction during the drill if needed and do training class before
- 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

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## Drill Critique Form 2 Pages

Drill critique form						
	Date	Time	Yes	No	N/A	Descriptors
What time was the discovery made?						
What time was the nurse manager notified?						
What time was security called?						
What time was law enforcement notified?						
What time was administration notified?						
Who notified administration?						
What time was the facility operator notified to call a Code Pink drill?						
Does PA system reach all areas of the health care facility?						<a href="http://www.missingkids.com/en_US/documents/DrillCritiqueForm.pdf">www.missingkids.com/en_US/documents/DrillCritiqueForm.pdf</a>
Are some areas too noisy to hear PA announcements?						
Who was assigned to stay with the nurse who discovered the missing infant?						
Who was assigned to stay with the mother of the missing infant?						
Were patients alerted a drill was in progress?						
What parts of the infant abduction prevention plan were affected?						
<ul style="list-style-type: none"> <li>▪ Did someone manage to breach the security entrance?</li> <li>▪ Was someone permitted an infant in his or her arms?</li> </ul>						

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## 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,
  - Previously the matrix had 7 areas but removed in July 2015 changes but still important
- Updated July, 2016 to include TJC reports 28 cases of abductions of 12,561 or >0.5% of all SE,
- 2 in 2013 and none in 2014 and 3 in 2015

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

Note: Updates are highlighted as 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.

	Suicide (Self-harm)	Med. Error	Procedure Complication	Wrong site/surgery	Treatment delay	Restraint (seizure)	Equipment (seizure)	Anaesthetic/airway/ventilator	Transfusion (seizure)	Patient Abduction	Unanticipated outcome from initial treatment	Unintended retention of foreign body	Fail related
Behavioral assessment process (1)	X					X	X	X					
Physical assessment process (2)	X	X	X	X	X	X	X				X		X
Patient identification process	X	X	X		X	X	X	X	X		X		X
Patient observation procedures	X				X	X	X				X		X
Care planning process	X	X	X		X	X	X				X		X
Continuum of care	X	X	X		X	X	X				X		X
Staffing levels	X	X	X	X	X	X	X	X	X	X	X	X	X
Orientation & training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff (3)	X	X	X	X	X	X	X	X	X	X	X	X	X
Communication with patient/family	X	X	X	X	X	X	X	X	X	X	X	X	X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X	X	X	X	X	X	X	X	X
Adequacy of technological support		X	X		X	X					X		X
Equipment maintenance management		X	X		X	X					X		X
Physical environment (4)	X	X	X	X	X	X	X	X	X	X	X	X	X
Security systems and processes	X					X	X	X	X	X	X	X	X
Medication Management (5)		X	X		X				X		X		X

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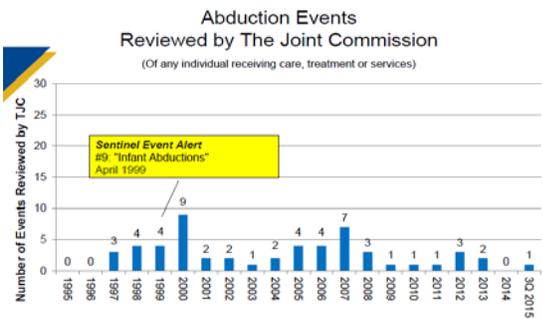
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## TJC Infant Abductions




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# TJC RCA for Infant Abductions

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

(Any individual receiving care, treatment or services)

2004 through 3Q 2015 (N=29)	
The majority of events have multiple root causes	
Communication	49
Physical Environment	37
Leadership	30
Human Factors	20
Assessment	14
Information Management	10
Continuum of Care	5
Care Planning	4
Performance Improvement	3
Patient Education	1

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# Hospital Liability and Hazard Vulnerability Analysis




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# Child Abducted from Hospital

**Non Family Abduction**



**Kurniyah Mobley**

DOB: 07/08/1995 Race: Black  
Height: 4'10" Weight: 110 lbs  
Hair: Brown Eyes: Brown Sex: Female  
Address: Jacksonville, FL  
Age: 19



**Suspect Composite**

DOB: Race: Black  
Sex: Female  
Hair: Brown Eyes: Brown

**ANYONE HAVING INFORMATION SHOULD CONTACT**  
**The National Center for Missing and Exploited Children**  
 1-800-422-4674 (1-800-THE-LOST) OR  
 Jacksonville Office (Florida) - 1-904-636-7531  
 FBI Jacksonville, Florida - 1-904-728-1233 or New York 1-800-342-2682

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## 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.

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## 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

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## Hazard Vulnerability Analysis

- EM.03.01.01 The hospital must evaluate the effectiveness of its emergency management planning activities
  - EP 1: 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

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## 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

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## Hazard Vulnerability Assessment Tool

EVENT	PRIORITY	SEVERITY = (MAGNITUDE - MITIGATION)				INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
		HUMAN IMPACT	FREQUENCY	DISRUPTION	MITIGATION			
DEGREE	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Mass Casualty Incident (Struck)	5	5	5	5	5	5	5	5
Mass Casualty Incident (Medical/Biological)	5	5	5	5	5	5	5	5
Terrorism/Biological	5	5	5	5	5	5	5	5
VIP Situation	5	5	5	5	5	5	5	5
Infant Abduction	5	5	5	5	5	5	5	5
Hostage Situation	5	5	5	5	5	5	5	5

[www.calhospitalprepare.org/hazard-vulnerability-analysis](http://www.calhospitalprepare.org/hazard-vulnerability-analysis)

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## HVA To Include Infant Abduction

AltaMed's Emergency Events	Upon analysis, these events were determined to be not applicable to AltaMed's survey.
<p>These are the events that AltaMed analyzed at all 17 sites. If the event average score is above a (5), AltaMed schedules drills.</p> <p><b>Human Events:</b></p> <ol style="list-style-type: none"> <li>1. Mass Casualty (5) (Trauma/Medical/HAZMAT)</li> <li>2. Terrorism/Chemical/Biological (8)</li> <li>3. VIP Situation (3)</li> <li>4. <del>Infant Abduction (5)</del></li> <li>5. Hostage Situation (6)</li> <li>6. Civil Disturbance (6)</li> <li>7. Bomb Threat (8)</li> </ol> <p><b>Natural Events:</b></p> <ol style="list-style-type: none"> <li>1. Earth Quake (10)</li> <li>2. Drought (3)</li> <li>3. Landslide (0)</li> <li>4. Epidemic (6)</li> </ol> <p><b>Technological Events:</b></p> <ol style="list-style-type: none"> <li>1. Electrical/Generator Failure (5)</li> <li>2. Transportation Failure (1)</li> <li>3. Water Failure (5)</li> <li>4. Sewer Failure (5)</li> <li>5. Fire Alarm Failure (5)</li> <li>6. Communication Failure (3)</li> <li>7. HVAC Failure (4)</li> <li>8. Information Systems Failure (3)</li> <li>9. Fire Internal (7)</li> <li>10. Flood Internal (3)</li> <li>11. HazMat Exposure (4)</li> </ol>	<ol style="list-style-type: none"> <li>1. Labor Action</li> <li>2. Forensic Admission</li> </ol> <p><b>Natural Events:</b></p> <ol style="list-style-type: none"> <li>1. Hurricane</li> <li>2. Tornado</li> <li>3. Severe Thunderstorm</li> <li>4. Snowfall</li> <li>5. Blizzard</li> <li>6. Ice Storm</li> <li>7. Tidal Wave</li> <li>8. Temperature Extremes</li> <li>9. Wild Fire</li> <li>10. Volcano</li> </ol> <p><b>Technological Events:</b></p> <ol style="list-style-type: none"> <li>1. Fuel Shortage</li> <li>2. Natural Gas Failure</li> <li>3. Steam Failure</li> <li>4. Medical Gas Failure</li> <li>5. Unavailability of Supplies</li> </ol>

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## HVA The Risk Matrix Infant Abduction

The Risk Matrix

PROBABILITY	SEVERITY			
	CATASTROPHIC (2.6 - 3.0)	CRITICAL (1.6 - 2.5)	MARGINAL (.6 - 1.5)	NEGLECTIBLE (0 - .5)
FREQUENT (2.6 - 3.0)		Landslide	Extreme Temperature	
PROBABLE (1.6 - 2.5)	Infectious Disease Outbreak	Earthquake Radiological Terrorist Attack	Communications Failure Fuel Shortage	HVAC Failure
OCCASIONAL (.6 - 1.5)	Chemical Exposure - External	Fire Alarm Failure Hostage Situation	Infant Abduction Chemical Exposure - Internal	Medical Vacuum Failure
REMOTE (0 - .5)	etc....	Generator Failure	VIP Situation	Ice Storm Hurricane

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## Other Liability Concerns

- Have video/digital recording integrated into alarm system and policy should include placement in a way to limit liability (pg 35)
- Document and keep records on testing procedures and preventative maintenance on electric security tag system which is tied to video/digital recording (pg 35)
- Make sure ob and pediatric physicians have a photo ID including on-call physicians

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## Historical Perspective




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## 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

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## Historical Perspective

- After this, there were 306 infant abductions and only 12 are still missing
- Nationally distributed educational material sponsored by the Association of Women's Health, Obstetric, and
- Neonatal Nurses (AWHONN) and the
- International Association of Healthcare Security & Safety played a major role reducing hospital abductions,
  - Safeguard Their Tomorrows

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## 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,

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www.awhonn.org/awhonn/binary.c... Lifelines Patient Page  
 tent.do?name=Resources/Document  
 s/pdf/2H2b\_InfantAbduction

## 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**

	Yes	No	Notes
• Do you know what infant abduction is?			
• Do you know why infant security is important?			
• Do you know about your birthing facility's infant security personnel?			
• Do you know what you can do to protect your baby in this facility?			
• Do you know the rules about visitor access while you are in this facility?			

**Where can I get more information on infant safety?**  
 Talk to your nurses and doctors at the facility where you plan to give birth—they understand how important the safety of your infant is and will be happy to talk with you about baby.

**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.

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**Where can I get more information on infant safety?**  
 Talk to your nurses and doctors at the facility where you plan to give birth—they understand how important the safety of your infant is and will be happy to tell you about baby protection. You can also gain information from the National Center for Missing and Exploited Children at (800) 843-5678 or visit them online at www.missingkids.com.

**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.

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## 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 documents are recognized as being the standard of care for prevention of infant abductions from hospitals and other healthcare facilities,
- These are available at no cost off the internet,

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# Preventing Infant Abductions NCMEC




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## How Do You Prevent Infant Abductions?

### Tips: Prevent Infant Abductions

The National Center for Missing & Exploited Children® has put together a list of recommendations for hospitals and health-care facilities to prevent infant abductions before they happen.

**1** **Autonomous Staff Badges**

Require all autonomous staff members to wear an identification badge at all times. The badge should include the staff member's name, title, and photo. The badge should be visible at all times.

**2** **Banking ID Badges**

Require all banking ID badge holders to wear their badge at all times. The badge should include the staff member's name, title, and photo. The badge should be visible at all times.

**3** **Transport Vehicle Alarms**

Require all transport vehicles to have an alarm system that will alert staff members if the vehicle is moved without their permission.

**4** **Direct Line of Sight**

Require all staff members to maintain a direct line of sight to the infant at all times. This includes staff members who are in the room with the infant, as well as staff members who are in the hallway or other areas of the room.

**5** **Baby Phones**

Require all staff members to use baby phones to communicate with the infant at all times. This includes staff members who are in the room with the infant, as well as staff members who are in the hallway or other areas of the room.

**6** **Footprints**

Require all staff members to leave footprints in the infant's crib at all times. This includes staff members who are in the room with the infant, as well as staff members who are in the hallway or other areas of the room.

**7** **Autonomous Staff Keys**

Require all autonomous staff members to wear keys at all times. The keys should include a keychain with the staff member's name, title, and photo. The keychain should be visible at all times.

**8** **Birth Announcements**

Require all staff members to post birth announcements in the infant's crib at all times. This includes staff members who are in the room with the infant, as well as staff members who are in the hallway or other areas of the room.

See all the recommendations by visiting [www.missingkids.com/infantabduction](http://www.missingkids.com/infantabduction)

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## Center for Missing & Exploited Children

www.missingkids.com/home

AMBER ALERTS    CREDITS/LOGS    SEARCH MISSING    HOME

**Important Message from John Walsh**  
Play Now

**Report It**  
**24-Hour HOTLINE**  
1-800-THE-LOST (1-800-843-5878)  
If you think you have seen a missing child, contact the National Center for Missing & Exploited Children 24 hours a day, 7 days a week.

**Report Child Sexual Exploitation**  
Use the Confidentiality-Protected Report Form to report child sexual exploitation.

**MISSING HELP BRING ME HOME**  
Select state:   
Johnathan Kufusian  
Missing From: Birmingham, AL  
Missing Since: May 4, 2015  
Report a sighting

Give the gift of hope.    Did you know?

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## Center for Missing & Exploited Children

- For Healthcare Professionals; Guidelines on Prevention of and Response to Infant Abductions, 10<sup>th</sup> edition, 2014,
  - Replaced 9<sup>th</sup> edition from 2009
- Self assessment form and revised August 2014
  - Things in red are essential and in black recommended
  - Must print form and then fill in
- 1-800-THE-LOST
- AWHONN, Academy of Neonatal Nursing, etc.
  - [www.missingkids.com/missingkids/servlet/ResourceServlet?LanguageCountry=en\\_US&PageId=468](http://www.missingkids.com/missingkids/servlet/ResourceServlet?LanguageCountry=en_US&PageId=468)

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**For health care professionals:**  
**Guidelines on prevention of and response to infant abductions**

10<sup>th</sup> edition 2014 [www.missingkids.com/publications/NC05](http://www.missingkids.com/publications/NC05)

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## Self Assessment

- NCMEC has an excellent self assessment tool that every hospital should consider using
- It is available at no charge
- It is 34 pages long
- It summarizes the information in the Guidelines
- Guidelines shown in red are considered to be essential
- Ones in black are recommended
- You have to print the form and write on it

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## 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)

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## NCMEC Resources

- Analysis of Infant Abductions, 68 pages, Second Edition, 2003,
  - [www.missingkids.com/missingkids/servlet/ResourceServlet?LanguageCountry=en\\_US&PageId=466](http://www.missingkids.com/missingkids/servlet/ResourceServlet?LanguageCountry=en_US&PageId=466),
- Infant abduction statistics, Guidelines on Prevention of and Response to Infant Abductions for Healthcare Professionals, Profile of Typical Abductor, Safety Tips for Expectant Parents
  - Recommends annual training and in orientation
  - [www.missingkids.com/InfantAbduction](http://www.missingkids.com/InfantAbduction)

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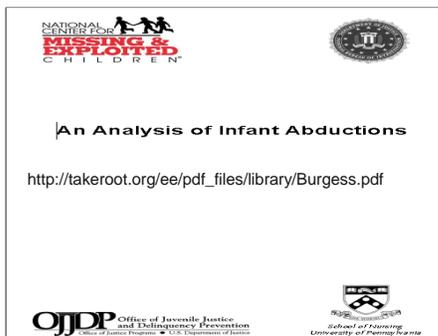
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## Data Per Year for Infant Abductions

1995 = 8 abductions (all recovered unharmed).  
(2 from Healthcare facilities - 92% 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)  
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 = 9 abductions (8 recovered unharmed, 1 deceased).  
(ZERO from Healthcare facilities, period for 20 months.)  
2012 = 8 abductions (all recovered unharmed).  
(4 from Healthcare facilities: recovered unharmed)  
2013 = 2 abductions (all recovered unharmed).  
2014 = 6 abductions (all recovered unharmed).  
(ZERO from Healthcare facilities for a 36 month period to date.)

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## Typical Abductor

- From 305 cases between 1983-June 2016 and 12 are still missing,
- Female of childbearing age (12-55) who appears 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,

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## 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,

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# Profile of an Infant Abduction

## Profiles: Infant Abductor

Knowing how a "typical" infant abductor looks and behaves can prevent these crimes before they take place.

### Planning the Abduction

#### Abductor Profile:

[www.missingkids.com/ProfileInfantAbductor](http://www.missingkids.com/ProfileInfantAbductor)



Typically female, overweight and of childbearing ages; she may indicate having lost a baby.



Usually lives in the community where the abduction takes place.



Often married or cohabitating with a partner.



Often becomes familiar with health care staff, their work routines and parents of infants.

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### The Day of the Abduction

#### Abductor Profile:



Frequently impersonates a nurse or health care staff person.



Asks health care staff detailed questions about procedures and maternity floor layout.



Frequently uses the fire exit for escape.



Does not always target a particular infant, but instead will seize available opportunities.

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## 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

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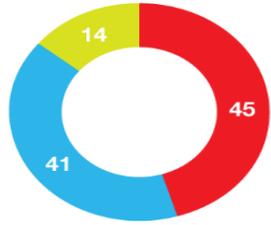




## Where Abductions Take Place

Where are these Abductions Taking Place?

45% are from hospitals and health care facilities.



Other places Homes Health care facilities

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## Data by States NCMEC

INFANT ABDUCTION BY STATE, FROM 1983 TO 2015 AS OF 09/07/2015

[www.missingkids.com/InfantAbduction](http://www.missingkids.com/InfantAbduction)

STATE	# CASES	HOSP	HOME	OTHER	STATE	# CASES	HOSP	HOME	OTHER
AL	4	1	1	2	MT	1	-	1	-
AR	5	2	3	-	NV	2	1	1	-
AZ	4	1	2	1	NH	1	1	-	-
CA	40	16	17	7	NJ	6	3	2	1
CO	6	2	3	1	NM	4	2	2	-
CT	2	2	-	-	NY	11	7	3	1
DC	6	1	4	1	NC	6	3	2	1
DE	1	-	1	-	OH	10	4	6	-
FL	23	10	12	1	OK	4	2	1	1
GA	11	9	1	1	OR	3	-	1	2
IL	18	9	8	1	PA	11	4	4	3
IN	4	1	3	-	PR	4	2	1	1
IA	1	-	-	1	RI	1	1	-	-
KS	3	2	1	-	SC	8	-	5	3
KY	4	2	2	-	SD	1	-	1	-
LA	1	-	-	1	TN	6	5	1	-
ME	1	1	-	-	TX	28	16	16	6
MD	10	4	4	2	UT	2	1	-	1
MA	3	-	2	1	VA	8	4	4	-
MI	6	4	2	-	WA	4	2	1	1
MN	2	-	1	1	WV	1	1	-	-
MS	3	2	1	-	WI	3	1	1	1

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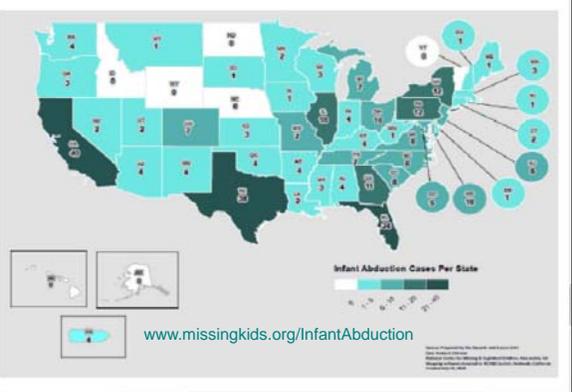
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Infant Abduction Cases per State




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## Educational Material for Moms

- Infant abduction prevention pamphlet on how parents can help
  - at [www.saione.com/ispletter.htm](http://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,

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## Education for Parents




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### Infant Abduction Prevention Pamphlet – Professional Edition

Preventing Infant Abductions: "How Parents Can Help"©

[Request Form - "How Parents Can Help"](#)

#### 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

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**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,

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**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

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**Instructions to the Mother Include:**

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

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## NCMEC Also Had Educational Information



### What Parents Need to Know

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.

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## Birth Announcements



**WINO** - Andrew and Matthew are excited to finally have a baby sister. Our Mommy (Liz) and Daddy (Dustin), are *really* more excited! Christine Lisa arrived on Thursday, October 4, 2007 at 12:45 pm. Christine is the sixth grandchild for Grandma (Eleanor) and Grandpa (Mike) Rowland, the seventh grandchild for Nanna (Martha) and Pappa (Steve) Wino, and the *seventeenth* great grandchild for Nanny (Mama) Wingo. Christine will also be loved for her six Aunties, her Uncle and seven Cousins. May God Bless the birth of Reagan Maloney, Phil, Carrie and Lindsay for their dedicated care.



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## 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.

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## 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,

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## Birth Announcements

- Most now just provide parents information on how they can personally do this but explain risks
  - Must get informed consent to do this
- Hospitals that still do should never provide address
- Never provide full names
- Best to have parents send individual notices to family and friends
- Advise parents yard signs can put them at risk

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## Stabs Mother in Neck at Home

FIFTH THIRD BANK You could win a \$10,000 scholarship.

### '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

Print RSS FONT SIZE: A A A SHARE: Email Twitter Facebook LinkedIn YouTube [+]

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 Weiner, a forensic psychiatrist, said Foster's behavior is in line with women who are desperate to save a troubled relationship.

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## 5 Steps to Prevent Infant Abductions



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## 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,

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## 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;

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## 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),

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## 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),

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## 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,

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# 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 4<sup>th</sup> 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.

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## 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
- Should discuss banding such as one to mom, baby, and father or significant other and if 4<sup>th</sup> band not used document and attach to chart

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## 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 and does it include picture of visitor?
- 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?

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## 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.....

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## 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,

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## 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,
- High quality recording such as Video surveillance or 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),

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## 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

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## 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,

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## 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>

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## 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,

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## 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,
- Ensure staff are trained to not delay activation if hospital uses electronic tagging system

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## Educating Staff

- Staff trained if they see something they need to say something
  - Who are you here to visit
  - Note the physical description of the person
  - Escort them to their final destination
- 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,



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## 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,

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## 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,

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## 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&amp>

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## Safeguard Their Tomorrows



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**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.

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**Sample Text for Parent Handout**

- 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,

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**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,

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### 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,

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### Sample Text for Parent Handout

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- 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,

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### 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,

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## 5. 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,
  - Test at least once a year
- All staff need to be familiar with the plan,
- Address responsibility for notification,
- Notify NCMEC at 1-800-THE -LOST

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## 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

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## 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 39),
- 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,

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### 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 especially if attempted infant abduction or suspicious behavior
- Notify other moms and family members,

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### 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,

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### 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

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## Sample Notification Form

Biography" on page 78.

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(s)
- 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® (1-800-643-5678).



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## 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,

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## 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,

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## 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,
- Mount cameras in plain site and include sign

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## The End! Questions???



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- sdill1@columbus.rr.com

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## Resources



- Infant /Pediatric Security in IAHSS Security Basic Guidelines; International Assoc for Healthcare Security and Safety <http://www.iahss.org/>
- How to select an infant abduction system, Infant Security News, Vol. II, No. 3, at <http://www.saione.com/Newsletters/ISN/ISN06.doc>

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## Resources

- Mead Johnson Nutritionals 812) 429-6399  
<http://www.meadjohnson.com>,
- National Center for Missing and Exploited Children at [www.missingkids.com](http://www.missingkids.com), 9<sup>th</sup> edition published April 2009, Has detailed bib list,
- Hospital sued for over \$20 million in infant kidnapping incident. Hosp Secur Saf Manage 1991 Mar; 11(11):1-3.
- ECRI Preventing Infant Abductions, HRC, Sept 2000,

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## Resources

- Nahirny, Cathy, "Trends in infant abduction" In Journal of Healthcare Protection Management, Vol 18, No 2, Summer 2002, pg 30-34,
- Burgess, Ann, et al, "Newborn Kidnapping by C-Section" In Journal of Forensic Sciences, Vol 47, No. 4, July 2002, pp. 827-830,
- Baker, Tim, et. al, "Abduction Violence in Nonfamily Infant Kidnappings," In Journal of Interpersonal Violence, Vol 17, Nov 2002, pp. 1218-1233,

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## National Center



- 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)

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## 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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## Thanks for attending!



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