SUBJECT: INFANT/CHILD ABDUCTION RESPONSE PLAN

I. OBJECTIVE
To ensure that all hospital personnel and outside agencies are notified appropriately, with the goal being to locate and reunite the infant/child and family as quickly as possible. Effective crisis management immediately following a abduction requires close cooperation between doctors, nurses, key managers, security, law enforcement and the media. Given urgent nature of an infant/child abduction and the time critical decisions that must be made, this cooperation becomes vital.

II. POLICY
At no time during the early stages should any person without a valid need to be told that an infant/child is missing. The police and the PIO will make the determination. No hospital employee or volunteer is authorized to make a public statement concerning this incident or to communicate with a member of the media without prior clearance from the PIO or designees.

III. DEFINITION
A. Amber Alert
The page that indicates an infant/child abduction has taken place. This should be followed by an indication of location. Example, "Amber Alert, Pediatrics".

IV. IDENTIFICATION AND AWARENESS
Persons exhibiting the behavior of a possible abductor (see attached profile) should be reported immediately to the manager/supervisor, and security. They should be positively identified, kept under close observation, and interviewed by the nursing supervisor/Risk Manager along with security.

V. STAFF EDUCATION
All staff will receive a Learning Module, Guidelines on Prevention of and Response to Infant/child Abductions, during orientation and then annually. The full post-test will be completed with a passing rate of no less than 80%. Re-testing is required if score is less than 80%.

VI. SECURITY PROCEDURES FOR STAFF
All employees and persons working in the hospital will wear their hospital issued photo ID badges at all times.

VII. SECURITY PROCEDURES FOR FAMILY
Each patient will be asked on admission if there is any person(s) who they think will cause problems for them or risk to the infant/child/child.
YES – Staff will place “NO VISITOR” sign on the door. All phones will be marked with red allergy tape labeled with the patient’s room number; security will be notified of potential risk. For duration of hospital stay all visitors and phone calls will be screened.

NO – No further action required.

VIII. PROCEDURES
A. PEDIATRICS
   1. Any child less than 6 years old will not be removed from the patient room except by an authorized staff member that has been identified by the name badge.
   2. Parents will be asked if there are any person(s) that may cause risk to their infant/child while in the hospital
      YES- Alert security, identify this patient and alert appropriate staffing
      NO – No further action necessary.

   Abduction Response
   a. When the doors alarm, the nursing unit will
   b. Staff will assess all Pediatrics occupied rooms to verify and account for all admitted patients
   c. If unable to account for all admitted pediatric patients, activate the child abduction response by;
      • Dialing 477
      • Tell operator there is a “AMBER ALERT PEDS” in progress
      • Have patient identity available for security, age, name, size, etc
      • Provide staff monitors/observers at each exit hall to include observation of the elevators and stairs
      • Search the entire unit. Time is critical.
   d. Assign someone to comfort the family
   e. Relocate the family to a quiet area designated by the ANS/AOD
   f. Protect and secure the crime scene. Do not let anyone enter the patient room unless authorized by the law enforcement authority in charge.
   g. Insure that no one leave the area/unit without being interviewed by law enforcement.
      If they are not willing to stay, collect their name, address and phone number so the law enforcement may contact them.
   h. Assist law enforcement as needed.

B. TELECOMMUNICATIONS
   After notification:
   1. Page an Amber Alert using the overhead paging system.
   3. Take direction from security to assign securing of the exits.
   4. Contact pediatrics and verify the accuracy of the code.
      a. False Alarm: Alert security to verify code, then have all personnel remain at their posts. After verification, announce “Amber Alert has been cleared” 2 times on the
overhead paging system.

b. Actual Code: Phone 911 and report an infant/child abduction. Request that all radio calls to the police units use their crime codes and not broadcast over the air. Instruct the police to meet security at the emergency department entrance.

c. Alert the ANS/AOD

C. PLANT OPERATIONS
1. Take direction from the security officer in charge and assist as required. Responsibilities would include:
   a. Providing egress control from the building at key locations to prevent an infant/child abductor from leaving the premises. Inspecting packages, containers or other items that could serve as a means to spirit an infant/child from the building.
   b. Assisting with room-to-room search of the facility.
   c. Take no action that might endanger an infant or child when confronting a suspected abductor. Try to engage a suspect into conversation until security arrives.
   d. If unable to detain without endangering the infant/child, obtain an accurate description of the suspect including vehicle.
   e. Pass down all information to security or police,
   f. Do not clear from your post until authorized by security.

D. SECURITY
1. Primary responsibility for control of initial response to an infant or child abduction.
2. Direct the securing of the facility by assigning of other security officer(s) who may be on duty, or Plant services personnel, as the situation requires. Assistance may also be requested of other medical center staff as needed. These requests can be made through the telecommunications attendant.
3. Security will be primarily responsible for the ER/St. E’s Hall egress areas, if at all possible. Timeliness, however, is the critical factor. The 3 main egress points must be placed under control in the shortest possible time. The 3 key control points are:
   a. Outside the ER entrance where the main entrance to St. E’s hall can also be controlled.
   b. Across 10th avenue in a position to catch the egress from the loading dock alleyway and the same day surgery and surgery exits.
   c. Outside the main entrance in a position to also watch the doctor entrance and exit stairs from the patio.
4. Once the building has been secured wait for the arrival of the Yakima Police. At this point control should be turned over to the ranking police officer.
5. After the verification of the abduction:
   a. Coordinate with AOD to
      - Begin search of the facility interior and exterior. Time is critical
      - Call local FBI unit. (509)-453-4859
      - Establish security perimeter around the facility if not already done.
      - Contact National Center for Missing and Exploited Children NCMEC at 1-800-843-5678 to assist in crisis management.
      - Notify newborn nurseries, pediatric units, emergency rooms and outpatient
clinics for postpartum/pediatric care about the incident and give clear description of the baby and the suspected abductor.

- Take no action that might endanger an infant/child or child when confronting a suspected abductor.

E. ADMINISTRATION (AOD/ANS)
Upon notification:
1. Set up Incident Command
2. Begin events log.
3. Coordinate efforts with security.
   a. notify police
   b. notify FBI (509) 453-4859
   c. contact national center for missing and exploited children at 1-800-843-5678 to assist in crisis management
   d. notify newborn nurseries, pediatric units, emergency rooms, and outpatient clinics for postpartum pediatrics care
      - give description of infant/child and abductor
   e. coordinate efforts with PIO for news media release
   f. designate a separate area where friends and relatives can gather and to keep them shielded from press and be given continuous updates
   g. prepare for visit from the State Department of Health

F. PIO
As soon as possible after the abduction;
1. contact local media
2. direct them to the designated media room to receive information
   a. ask them to respect the privacy of the family
   b. provide facts as accurate as possible
   c. request the assistance from the public in recovery of the infant/child
   d. be forthright with the media but release only information approved by the law enforcement authority in charge
3. prepare the switchboard with a written response for outside callers.