

SECTION 11.4

CODE PINK: INFANT ABDUCTION

PROCEDURES TO BE FOLLOWED IN THE EVENT AN INFANT ABDUCTION OCCURS AT LOMA LINDA UNIVERSITY HEALTH

RESPONSE

Hospital wide response to “Code Pink”. In the event of a suspected or actual abduction, “Code Pink” would be announced house-wide for an infant less than 12 months of age. As more information is given to Security, up-dated announcements will be made.

Actual Infant Abduction

- Unit/Department**
1. When an infant is suspected or confirmed to be missing the employee notifies Security Control Center by calling 911.
 - The employee provides as much information or details as requested by security.
 2. This does not delay the response time.
 3. The employee makes a rapid assessment of the situation, observing events and people in the area.
 4. The employee alerts all staff of the Code Pink.
 5. The department head or designee ensures that staff cover all exits and stairwells on the units and assists with unit search
 6. The department head or designee ensures that staff cover all exits and stairwells checking stairwells and observing the events and people in the area.
 7. The Charge/Shift Coordinator assigns someone to search the patient rooms, closets, bathrooms, utility rooms, etc.
 8. The Department head or designee accounts for all infants on unit.
 9. The Department head or designee provides a private room for family of missing infant.
 - Items in room are not to be moved in order to preserve evidence.
 - Roommate shall be moved to another room if available in order to provide privacy for the family of the missing infant.
 10. The Department head or designee notifies the manager/supervisor/director.
- Responders on A-Level and Lobby Level**
1. Immediately upon hearing “Code Pink” designated responders go to assigned exit areas and check outside exits.
 - Check inside of stairwells.
 2. Remains in exit location until relieved by another staff; security personnel or Code Pink clear is announced.
 - The responder may leave the assigned area after 15 minutes has gone by.

3. The responder to the exit should tell people that this is an emergency situation and it will be necessary to wait a moment while every adult with an infant is cleared.
4. The responder will ask the adult with the infant to wait momentarily until the Code Pink is over or the adult is cleared by security.
5. The responder will ask any adult with a large enough bag to hold an infant to open the bag in order to inspect the contents.
6. If an individual exists in the facility with an infant or has a large bag and refuses to stop or allow bags to be inspected, the responder should note the physical description of the suspicious individual and immediately report any observations to security control at 911.

Security Control Center

1. Immediately notifies security officers to conduct search
2. Announces Code Pink and the floor from which the infant is missing (i.e. Code Pink, Third Floor)
3. Sends out group page to children’s hospital administrators/managers
4. Notifies San Bernardino Sheriff’s Department if missing infant is confirmed.
5. Initiates group page to administrators and managers
6. Dispatches Security Department representative to unit to meet with reporting employee when infant is confirmed missing
7. Completes written report
8. Establishes command post.

Administrative Supervisor/Nurse Manager/Designee

Notifies parents/guardian, attending physician, blood bank and clinical lab to retain specimens for DNA identification, if needed when infant is confirmed missing.

Other Hospital Staff and University Staff/Students

- Inform parents/visitors that an infant abduction is in effect and they should stay with their infant until the “Code Pink” – all clear is announced.
- Reports persons exhibiting suspicious behavior to security department at extension 911.

Public and Media Relations

Activates emergency media proceedings.

- Arranges media briefing at regular intervals.

PREPARATION

Education and Training

1. Staff are educated to the LLUH “Code Pink”: Infant Abduction (an infant less than 12 months of age is missing) by the following:
 - General Orientation for new employees
 - Annual BLUE (Basic Learning Units for Employees) Book
 - Department/unit orientation
 - 10 minute (educational posted in-service)
 - Staff Development competency series on Infant & Child Security

Policies

2. The following policies provide for education and training:
 - LLUH Security Operating Policy S-6 “Infant and Pediatric Security
 - LLUH Security Operating Policy S-8 “Patient Identification”
 - LLUH Security Operating Policy I-24 “Employee Identification”

MITIGATION

Prevention Considerations

1. Quarterly infant drills are conducted to practice and assess response, process and procedures in the event of an actual infant abduction in the health care settings. The assigned observer critiques these drills.
 - Security and the infant and pediatric security committee evaluate the findings from these drills.
 - Opportunities for improvement are identified and implemented.
2. According to the LLUH Security Operating Policy S-8, each admitted patient shall be identified by use of an identification band.
3. According to LLUH Security Operating Policy S-6, the physical security of an infant shall be protected by the following:
 - House-wide staff response to “Code Pink”
 - Vigilant and trained Medical Center staff
 - LLU faculty and staff should have an awareness of the protocol in the event they are in the vicinity when the notification occurs
4. According to LLUH Security Operating Policy S-6, the physical security of newborn infants shall be protected by at least one of the following systems:
 - Electronic monitoring of newborn infant via transmitter/sensor attached to ankle and sensors at each exit.
 - Continuous surveillance of exits/entrances on unit to which newborn infants are admitted.
 - Newborns and infant patients shall be discharged to a parent or guardian only after identification is verified with photo identification or the photo in the chart.
 - An employee, parent or guardian shall accompany a newborn or an infant when transported off the unit.
 - o A bassinet, crib, isolette, gurney or wheelchair shall be used to transport the newborn or infant off the unit.
 - o Newborns may be hand carried by an RN or parent accompanied by an RN when going from Labor and Delivery to Newborn Nursery.
5. According to LLUH TMS Operating Policy I-24, all employees on duty in the medical center shall wear an identification badge issued by TMS.

RECOVERY

Process upon Recovery

1. According to LLUH Security Operating Policy S-6, when an infant is located/returned the following events occur:

- The charge nurse/social worker notifies the infant's physician to immediately evaluate physical status.
 - The charge nurse/social worker immediately notifies the parent/guardian and the security control center.
 - The security control center immediately notifies all the security officers, group page to administrators and managers, announces Code Pink all clear.
2. The administrative supervisor/Executive Director/Department Head Nurse/Nurse Manager immediately notifies Blood Bank and Clinical Lab.
 3. The Physician writes order to admit infant to appropriate unit for care.
 4. The Nurse Manager/Spiritual Care Clinicians provide an opportunity for debriefing within 24 to 48 hours post incident for staff members.
 5. Abduction event would be evaluated by Security and the infant and pediatric security committee for process improvement opportunities.