


TRUST POLICY FOR BABY OR CHILD ABDUCTION

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<p>Version / Amendment History</p>	<p>Version</p>	<p>Date</p>	<p>Author</p>	<p>Reason</p>
	<p>V6</p>	<p>Jan 2017</p>	<p>Surgery department QHB</p>	<p>Archived as needed to be merged guidance</p>
	<p>V1</p>	<p>August 2023</p>	<p>Gillian Campbell - Head of Paediatric Nursing</p>	<p>New UHDB merged policy (To replace QHB Baby or child abduction policy - no POL-CL/2636-050/2018:, RDH was previously just using Missing patients' policy- CL-RM/ 2014/ 019)</p>
<p>Intended Recipients: All UHDB staff</p>				
<p>Training and Dissemination: Communication to be sent to all staff on multiple platforms, posters to be placed in staff areas. To be added to trust screen savers.</p>				
<p>To be read in conjunction with:</p> <p>Trust policy for maintaining the security of trust staff, patients, visitors, and trust premises.</p> <p>National Clinical Guidelines for Major Incidents and Mass Casualty Events</p> <p>Patient ID Policy - UHDB Trust Policy and Procedure</p> <p>Safeguarding Children - UHDB Trust Safeguarding Policy and Procedure</p> <p>Missing Patients - Trust Policy and Procedure</p>				
<p>In consultation:</p> <p>Maternity matrons</p> <p>Security team</p> <p>Safeguarding team</p> <p>Neonatal team</p> <p>ISS</p> <p>Switchboard</p>				

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Contact for Review	Head of Paediatric Nursing
Executive Lead Signature	 Garry Marsh, Executive Chief Nurse

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1.0 Summary of Key Points

This Policy provides the over-arching University Hospital Derby and Burton NHS Foundation Trust (UHDB) wide position in relation to prevention and management of baby or child abduction. It describes the roles and responsibilities in response to the suspected abduction or removal of a baby or child and aims to provide staff with a clear process by setting out the actions that must be followed on discovering that a baby or child may have been removed without staff knowledge or abducted from either the Burton or Derby Hospital site only.

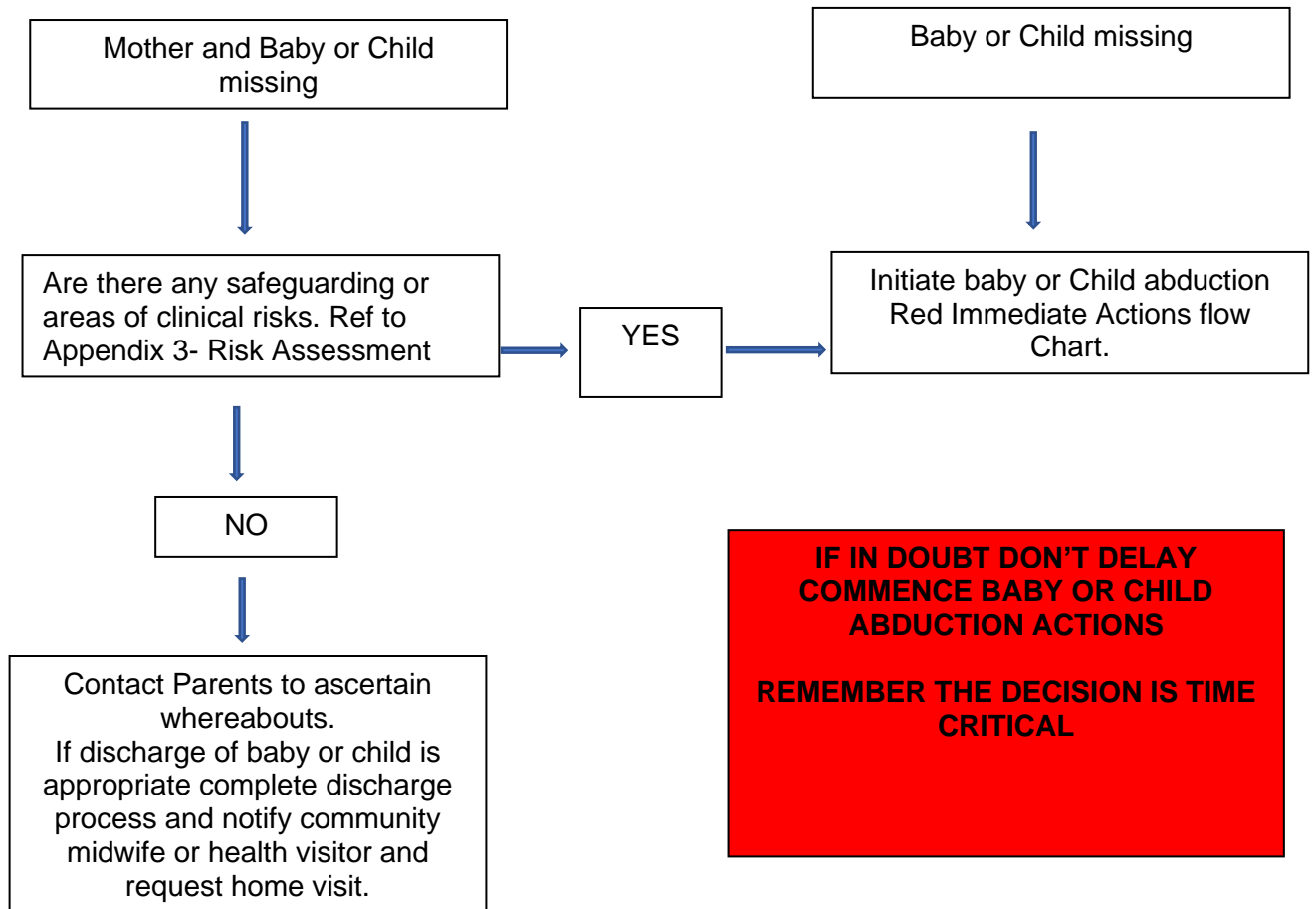
This Policy should be used in conjunction with the following Policies and Guidelines:

- Trust policy for maintaining the security of trust staff, patients, visitors, and trust premises.
- National Clinical Guidelines for Major Incidents and Mass Casualty Events.
- Patient ID Policy - UHDB Trust Policy and Procedure.
- Safeguarding Children - UHDB Trust Safeguarding Policy and Procedure.
- Missing Patients - Trust Policy and Procedure.

The purpose of this Policy is to ensure that procedures are in place to:

- Identify when a baby or a child is missing, quick search of immediate area.
- Raise the alarm quickly as **'Time is Critical.'**
- Security to access all exit sites as quickly as possible, consider lockdown level 1 of hospital premises.
- Initiate an effective coordinated search of all wards and departments.
- Escalate and communicate with the SMOC/SNOC, Clinical Site Practitioners (QHB) patient flow team (RDH).
- Escalate and communicate with the Police (Code Blue).

Immediate Decision making on discovering that a baby or child is missing.



Baby or child abduction Immediate Actions flow chart.

In the event of a staff member suspects a baby or a child has been abducted, missing or unaccounted for they will immediately.

Form

- Escalate to Midwife in charge and or Ward Nurse in Charge- Complete Form A (Appendix 1)
- Dial 3333 and state "Missing Baby or child" - Ward Name-
- On receipt of alert from switchboard Security will work together to attend all exit doors and consider lockdown level 1 of hospital premises.
- Switchboard (RDH) will action Code Blue- providing details as above.
- QHB Site- inform police via 999-providing details as above.
- Initiate an immediate search of the Ward or department exits. (10 minutes)
- Escalate to SMOC/SNOC/ CSP (QHB) and patient flow team (RDH) in office hours and the SMOC on call, CSP (QHB) and patient flow team (RDH) out of hours.

Within 5 minutes - SMOC/SNOC, CSP and patient flow team on call will :

- Contact and or attend ward, confirm facts and actions taken to date.
- Confirm Name, age, gender, ethnicity, clothing of baby or child and last sighting information.
- Request security to visually scope corridor/ stairwell etc for baby or child.
- Request security to monitor CCTV at all entrances/exits.

Within 10 minutes - SMOC/SNOC, CSP or patient flow team will :

- Escalate to the Director of Nursing/ Director of Midwifery and the executive on call to declare a Major Incident.

2. INTRODUCTION

Baby and child abductions are rare, however, the trauma and publicity surrounding such events highlights the importance of ensuring that, should an incidence occur, the Trust has a robust response plan. Every year University Hospital Derby and Burton NHS Foundation Trust (UHDB) must respond to a small number of incidents where a baby or a child is reported missing from the hospital's wards or departments.

At UHDB on the Burton and Derby site the likelihood is that a baby or a child could be abducted, which has occurred in other Trust's around the country. A baby or a child who is maliciously and unlawfully removed or abducted from the hospital is in immediate danger. This policy is designed to protect the safety of all babies during their stay at University Hospital Derby & Burton on the Burton (Queens) and Derby Site (Royal).

All staff on the UHDB site must be made aware that escalating correctly and immediately is the most critical factor in locating the baby or Child.

3. STATEMENT OF INTENT

This policy sets out the University Hospital Derby and Burton NHS Foundation Trust (UHDB) position in preventing and managing any incident in relation to a missing baby or child by suspected abduction or removal without staff knowledge. UHDB is committed to

safeguarding all babies in our care therefore this policy sets out the Trust’s overarching infrastructure for reducing the risk of a baby or child being abducted from the Burton or Derby site and sets out the actions that must be followed on discovering a baby or child is missing from any area of UHDB.

It outlines staff roles and responsibilities following the discovery or suspicion that a baby or child has been abducted (either maliciously or unlawfully).

To ensure that babies and a child are kept safe during their admission to UHDB by ensuring all staff are aware of the expected levels of vigilance and supervision in the clinical areas, and the actions that should be taken in the event of a ‘missing baby or child’ incident.

4. SCOPE

This policy applies to all staff, wards, and departments at University Hospital Derby and Burton (UHDB) site. If a baby, child, or young person is missing from the UHDB Hospital site please follow the ‘TRUST POLICY FOR MISSING PATIENTS’.

5. COMMUNICATION OF POLICY

The Policy and associated procedures will be made available to all staff on the Trust’s Intranet site in addition to Maternity and Paediatric Services.

6. DEFINITIONS USED WITHIN THE POLICY

Removed baby or child	is a baby or child that has been removed from the ward (or suspected to have been removed) by the baby or child's parents or guardians, but without staff agreement or knowledge.
Baby or child Abduction	is the criminal act of taking a baby away by force, deception, or covert exiting
Lockdown	is the process of controlling the movement, access, and egress of people around NHS property in response to an identified risk, threat or hazard that might impact on the safety and security of people and assets or, indeed the capacity of that facility to continue to operate. Lockdown can be partial, progressive, or full depending on the situation and identified risk, threat, or hazard.
Interim Care Order (ICO)	is obtained by the local authority or children’s social care via the courts giving them the power to remove a baby or child from its parent’s care where there are child protection concerns. If an interim care order (ICO) has been obtained via the courts and the parents take the baby or child without the agreement of the local authority, then this is classified as abduction.
Child Protection Plan	is made at a child protection conference and stipulates what decisions have been made to keep a child safe. If a baby or child is taken from the hospital where the child protection plan states that the baby or child must not be removed without the agreement of the local authority this should be classed as an abduction.

7.0 DUTIES AND RESPONSIBILITIES

7.1 Chief Executive (CEO)

As the Accountable Officer, the Chief Executive (CEO) is accountable for ensuring that the Trust's security and safeguarding systems and processes meet the required standards, and that staff are aware of their obligations in relation to those standards.

7.2 Director of Quality, Clinical Governance, Risk and Compliance

The Director of Quality, Clinical Governance Risk and Compliance as chair of the QAC will be accountable for the safety of babies and children in the Trust. The Director of Quality, Clinical Governance Risk and Compliance is to ensure that all the necessary facilities are made available for the effectiveness of this Policy.

7.3 Chief Nursing Officer.

The Chief Nursing Officer is accountable for ensuring the Trust's Safeguarding processes meet the required standards and that staff are aware of their obligations in relation to those standards.

7.4 Chief Operating Officer

The Chief Operating Officer is accountable for ensuring the Trust's security management is maintained 24/7 including provision of security officers, close circuit television (CCTV) and procedures to manage the site access.

7.5 Director of Nursing/Midwifery and Divisional Nurse Directors

The Director of Nursing/Midwifery and Divisional Nurse Directors are responsible for ensuring that all staff caring for a baby or child are aware of all policies/guidelines and procedures and understand their requirement to implement these in practice in preventing an abduction situation.

The Director of Midwifery is responsible for ensuring the regular review and appropriate update of the Policy and associated procedures that detail the systems and processes to minimise the risk of baby/child abduction and that manage the rare event of baby/child abduction.

7.6 Security Management

The security manager and Team Leaders is responsible for ensuring a pro-active culture of patient safety is embedded into the Trust's security management programme. The security manager or Security Team Leaders will support Ward managers in assessing clinical area security to reduce the risk of an 'abducted or removed baby/child' incident.

7.7 The Trust Safeguarding Group (TSG)

The TSG will receive notification of all 'abduction or removal of baby/child' incidents – which will be reported to the Chief Nursing Officer and the Director of Quality, Clinical Governance, Risk and Compliance and Quality Assurance Committee (QAC).

7.8 Senior Sister/Charge Nurse, Senior Midwives and Matrons

Senior Sister/Charge Nurse Senior midwives and matrons are responsible for ensuring the arrangements required by the Policy and its associated documents are logistically able to be implemented within their individual areas of responsibility.

Senior Sister/Charge Nurse . Senior Midwives and Matrons are responsible for ensuring that policies and procedures specific and relevant to their areas in respect of child and baby security form part of the local staff departmental induction programme.

Senior Sister/Charge Nurse, Senior Midwives and Matrons accountable for implementing and monitoring the effectiveness of this policy, and for investigating all 'abduction or removal of baby/child' incidents.

7.9 Senior Midwife/ Nurse in Charge or Staff in Area with most Information

In the event of an abduction incident, the Senior Midwife/ Nurse in Charge or Staff in Area with most Information will complete (Action Card1) call the Police and inform switchboard.

7.10 All UHDB Staff.

All UHDB staff have a responsibility to safeguard the babies or child in their care by monitoring the patients and visitors within their ward or department and ensuring access to the ward is vigilantly managed.

7.10.1 At all times staff, parents of children and babies, and visitors must be encouraged to execute the following:

- New mothers are not to leave their baby unattended and must report to maternity staff if they intend to leave the baby unattended or leave the ward.
- All babies or children must have two identified band tagged at the earliest opportunity following birth on labour ward or the Birth Centre excluding premature babies requiring an incubator on NICU and admission to CED and in-patient wards, either on the wrist or ankle.
- Babies being escorted from one department to another e.g., for antibiotic administration, a scan or transfer to the neonatal intensive care unit (NICU/NNU) should be accompanied by a member of the department that they are resident in. If there is not a staff member available the baby can be escorted by their parents or guardians, however, this must be risk assessed and agreed to by the Midwife or Nurse in charge considering any child protection plan on the record and risks posed by the parents. The time that the baby leaves and returns to the department should be documented.

- If, for example there are concerns with safeguarding where mother or baby/ child at risk or there is a local authority plan to go to court to remove the baby from the parent/s – staff must maintain clear visual sight for observation and assistance to mother and baby.
- Report any suspicious behaviour throughout the Trust of any individual that is not known to be staff (particularly if carrying a newborn baby or accompanying a child) to staff immediately.
- Report to an appropriate authority any member of staff (medical, nursing, or non-nursing) who is not wearing a photo security badge.
- All External Contract Staff and External Visitors on official business must always wear official Trust identification on Trust premises. Departments hosting external visitors or contractors are responsible for ensuring the appropriate worn identification and chaperoning is provided. The times they will be arriving and leaving the ward area should be known to the Midwife or Nurse in Charge.

7.10.2 Visitors to Inpatient Areas

- Local visiting arrangements must be complied with.
- Any person entering the unit to visit someone without permission must be challenged in an assertive manner and refused admission.
- When the visitor is bringing in items, then the person with the responsibility for the child or baby (if fit) should be called to the entrance area to meet the visitor, but not the child or baby. Otherwise, staff should offer to take items to the person/s responsible on behalf of the visitor.

7.10.3 Security of Departments

- Areas of high child or baby activity will be kept always locked, including all maternity inpatient wards, labour ward and all paediatric inpatient wards, babies may be accompanied by a staff member to visit mum if nursed in ICU and security systems available, if mother admitted to an area outside of the security of these departments and staff cannot be present, baby may not visit.
- Swipe card access (Trust personal ID card) exists to these areas, which operates 24 hours a day. These will be worn and clearly displayed by all Trust staff. ID cards MUST NOT be given to anyone else allowing them access through security doors, as this action is a security breach and may have disciplinary consequences.
- No authorised person is to be allowed access to another who does not have authorisation unless the latter is accompanied by the former.

7.10.4 Closed Circuit Camera System (CCTV)

- A closed-circuit security camera system is part of the Trust security. This system consists of closed-circuit television (CCTV) cameras linked to a central location where events are constantly recorded onto the media.
- The CCTV System covers the main areas of Trust property, including access points.
- The Trust's CCTV system records a 24-hour cycle which is retained/stored from 14 -

28 days.

- The system will only be accessed by a fully trained and authorised CCTV operator.
- This system should support the Trust and Police in the event of a suspected abduction of a child or baby. However, the existing CTCV system is limited to type and cover provision due to the age of the system and some cameras record multiple areas and may not capture a specific incident as the camera is moving around.

8.0 Process and Procedure

8.1 Inpatients Wards or NICU/NNU

Nursing and Midwifery staff have a responsibility to:

- 8.1.1 Ensure that all babies or children have two identified bands that are fitted correctly and registered to the correct baby or child.
- 8.1.2 Ensure that when a baby or child arrives in a new area, they check the identified bands are correct and registered to the correct baby or child.
- 8.1.3 Regularly undertake a head count of the mother and babies or child in their ward area to ensure that all are present.
- 8.1.4 Regularly complete a visual check of their ward area to see if property has been taken from the bed space.
- 8.1.5 The room/area from where the baby or child was abducted should be locked down and left untouched, as it may provide forensic evidence.
- 8.1.6 If mother and baby or child are both missing and there are no safeguarding concerns, immediate contact should be made with the parents to ascertain their whereabouts. If discharge of baby is appropriate and there are no clinical or safeguarding concerns identified, then discharge paperwork should be completed, and agreement made to collect from hospital. Inform Community Midwife and request home visit.

8.2 Safeguarding

- 8.2.1 If an interim care order (ICO) has been obtained via the courts and the parents take the baby or child without the agreement of the local authority then this is classified as abduction and this policy must be followed.
- 8.2.2 Staff should be aware of any safeguarding concerns and ensure that where there are concerns, the mother and baby or child are allocated a bed space near to the nurses station or midwives' station on the ward to increase visibility.
- 8.2.3 If there are significant safeguarding concerns that have been escalated and/or the baby or child is subject to a child protection plan where children's social care is in the process of applying for an Interim care order and the baby is taken from ward or

department by the parents the baby or child must be reported missing, and this policy must be applied.

8.2.4 Social Care must be informed and the police contacted via 999.

8.3 Raising the Alarm

Action in the event of a baby or child found to be missing, abducted, or removed.

- 8.3.1 If a member of staff becomes aware of the unexplained absence of a baby or a child and/or mother, it must be reported to the Midwife or Nurse in charge immediately.
- 8.3.2 The staff member must dial 3333 immediately and state 'Missing Baby or child. – Name of Ward'
- 8.3.3 On receipt of alert from switchboard Security will work together to attend all exit doors and consider lockdown level 1 of hospital premises.
- 8.3.4 Initiate an immediate search of the Ward or department (10 minutes) exits and obtain a full description of the baby from their allocated Midwife or Nurse when baby/child last seen. This should include:
gestational age, physical appearance, ethnicity, clothing, distinguishing features, medical equipment such as cannulas/ nasogastric tubes/central lines etc.
- 8.3.5 Switchboard (RDH) will action Code Blue once immediate search of the Ward or department has been completed within 10 minutes - providing details as above. On the OHB site- inform police via 999- providing details as above.
- 8.3.6 Escalate to SMOC/SNOC and patient flow team in office hours and the SMOC on call and patient flow team out of hours.
- 8.3.7 The Senior Manager on Call will check 'Action Cards 1-7' are being followed by the appropriate named staff on the action cards. During out-of-hours times the Senior Manager on-call manager is expected to attend on site at UHDB when a baby or child is reported to be abducted or removed. This is to provide a senior managerial oversight and assurance that all necessary actions are being followed correctly.
- 8.3.8 If the baby is not found in <10mins from first report of being abducted or Removed SMOC/SNOC and patient flow team will escalate to the Director of Nursing, Director of Midwifery, and the Executive on call to declare a 'Major Incident'. The Director of Nursing /Director of Midwifery and the Executive on call will act as the Tactical Incident Commanders.
- 8.3.9 The Consultant on-call (during hours and out-of-hours) should be informed that the baby or child has been abducted or removed, what actions are being taken, and the

findings of the clinical risk assessment.

8.3.10 The Derby/ Derbyshire or Staffordshire Advice and Support Service (CASS) or Emergency Duty Team out of hours must be informed where there are any safeguarding concerns.

8.3.11 The UHDB Safeguarding and Vulnerable Peoples Team (outside normal working hours) uhdb.safeguarding@nhs.net or in normal working hours via 01332 787547 or the Duty phone 07471140537hours

8.3.12 All communication, actions and timing must be recorded and documented on the appropriate action cards.

9.0 Appeals to the Media

In some circumstances of an abducted or removed baby or child it may be appropriate for the Trust to release an Appeal via the media.

The reason for this could be to try to encourage the parents to either:

- 1) contact the hospital
- 2) return to the hospital
- 3) seek medical assistance elsewhere

This should be done if it is thought to be in the best interests of the baby or child and would aid maintenance of the relationship between the clinical team, baby or child and parents. The decision to make a 'Media Appeal' should be made by the Executive on call, and only after discussion and agreement between the attending team, the police (and the family where appropriate).

10.0 'Stand Down' Orders

'Stand down' will be only authorised by the Director of Nursing / Chief Operating Officer or Executive on Call before being issued by the Patient flow team or SMOC Operational Manager on call.

Only the patient flow or the SMOC may issue a 'stand down' – which will be made either when the baby or child is found and is safe or returned to the Trust with no further actions required, OR because the Trust has received authorisation from the police that no further actions on the Trust site (UHDB) are required for locating the baby or child. The SMOC will instruct the Trust Switchboard to communicate the 'stand down' via the pager system.

11.0 Education and Training

All departmental managers must ensure that local staff induction includes familiarisation with the core principles of this policy, and that staff are aware of the actions that they must take in the event of an abducted or removed baby or child incident.

12.0 Risk Assessments

Each department that treats children or babies is to ensure that an abduction risk assessment has been completed and communicated between all appropriate staff. (Risk assessment template can be found on:

<https://neti.uhdb.nhs.uk/search?term=risk+assessment+template&search=Search&searchType=all>

All risk assessments must be signed off by the appropriate head of department and signed off by all appropriate members of staff.

All risk assessments are to be reviewed and monitored in accordance with the Trust's Health and Safety Risk Assessment Procedures.

13.0 Review, Monitoring, and Revision Arrangements Monitoring

All Trust policies / guidelines will be monitored for compliance in one of three ways:

- Review is normally proactive and designed to evaluate the effectiveness of systems and processes.
- Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria.
- Continuous Audits are repeated audit cycles to ensure new controls can be identified and tested as they arise.

If a baby or child is abducted or removed without staff knowledge an incident must be reported via the trust incident reporting system Datix. This must be completed by the Midwife or Nurse in Charge or SMOC.

Compliance with the provisions of this policy will be evaluated by the Divisional Management Teams after any incident and reported to QAC.

The Practice Development Team or Neonatal Education Team will be responsible to facilitating departmental practical simulation training to identify gaps and improve staff response.

The Divisional management teams will be responsible for reviewing the effectiveness of this policy.

14.0 STAFF SUPPORT

Staff who feel traumatized by an abduction incident which may have affected them can obtain support from local management.

Additional support will be offered by the Occupational Health Department.

At UHDB staff have access to wellbeing resources on Net-I [Support, your support, Trim, React, mental health, men's mental health | z UHDB Intranet](#)

To access any of these support services, or for more information please contact the team.

[Email: uhdb.support@nhs.net](mailto:uhdb.support@nhs.net)

15.0 REFERENCES AND LINKS

Trust policy for maintaining the security of trust staff, patients, visitors, and trust premises.

National Clinical Guidelines for Major Incidents and Mass Casualty Events

Patient ID Policy - UHDB Trust Policy and Procedure

Safeguarding Children - UHDB Trust Safeguarding Policy and Procedure

Missing Patients - Trust Policy and Procedure

Appendix 1

ACTION CARD 1 Maternity/ Paediatric Staff member		
Nurse/ Midwife in Charge or Staff in Area with the most information will complete (Action Card 1) inform switchboard (RDH) , who will action CODE BLUE. (QHB) inform the police via 999 Switchboard and the Police of Baby/ Child Abduction – Points to consider:		
		Consider (C)/ Essential (E)
1	Establish <u>reason</u> for concern – Baby/child abduction	E
2	Nurse/ Midwife in Charge/ Staff with most Information to ring switchboard on 3333 with all relevant information – to communicate to relevant staff via radio and bleeps. (Switchboard will go through Form A – ensure you have as much detail as possible)	
3	Conduct search of ward/ area toilets, rooms etc. However, if mother (or stranger) and baby/child seen leave the building – follow step 4 immediately	
4	Switchboard (RDH) will action CODE BLUE on the 999 system: QHB- Inform the police via 999. A baby/child has been abducted – by mother/stranger. <ul style="list-style-type: none"> • Concern for <u>well-being</u> of mother, baby/child • Possible <u>risk to life</u> Give police detail on: <ul style="list-style-type: none"> • Description of the abductor and baby/child • Safeguarding concerns • Specific medical needs for mother or baby/child 	
5	Arrange support for parents if present.	
6	If necessary, liaise with Police to contact the mother or baby/child’s parents/family at home. Plan for the parents or relatives to be met on arrival at the hospital.	
7	When Parental responsibility of the baby/ child is shared or held by the children’s social care, they must be contacted. There may be a serious risk to baby in care of parents if they have been abducted.	
8	Nurse/Midwife in charge of Department will decide for	

	<p>other staff to initiate a local search within their own and neighbouring wards but remain themselves in their own department as a central area to co-ordinate the search.</p> <p>If this is not feasible, the police will be informed, and they can initiate a local search.</p>	
9	<p>Encourage visitors not to leave the department. Ask for name and address of those that insist on leaving. Request to search bags/holdalls, but if refused await presence of the Police.</p>	
10	<p>Staff will instigate a search of the ward, cupboards, bathrooms, play areas, clinical areas. Areas in the vicinity i.e. restaurant, shop, will be searched. A record must be kept of all areas searched, including the time and actions taken.</p> <p>Enlist extra staff from other ward areas or departments as appropriate to assist in the search.</p> <p>Report feedback to the Nurse/Midwife in Charge</p>	
11	<p>The Nurse/ Midwife in Charge and/ or the staff with the most information shall liaise with:</p> <p>SMOC/SNOC and patient flow team (office hours) OR Senior Manager on call (SMOC) and patient flow team (out of office hours)</p>	
12	<p>The Nurse/ Midwife in Charge and/ or the staff with the most information shall complete Form A</p>	
13	<p>If the child or baby is found or child returns at this stage, instigate “STAND DOWN” procedure.</p>	
14	<p>Remind the person with parental responsibility of the child that if they/he/she leaves the ward for any reason, they/he/she <u>must</u> tell a member of staff caring for them.</p>	
15	<p>Enter details of incident on the patient’s notes and complete Datix.</p>	
16	<p>The Nurse/Midwife in charge should be informed and steps taken to prevent reoccurrence by completion of a risk assessment.</p>	
17	<p>Submit a Child Protection referral to the relevant local authority (following Safeguarding Children Policy).</p>	

ACTION CARD 2
Duty Telephonist - Switchboard
(RDH)

This document is designed to inform the Duty Telephonist of a Baby/ Child Abduction –Points to consider:

		Consider (C)/ Essential (E)
1	On receipt of call from Nurse/ Midwife in Charge or Staff in area withmost Information – complete FORM A	E
2	Alert all relevant staff by sending out a voice bleep or message on the radio: Baby/Child Abduction – followed by description of baby/child and mother/ stranger abducting (details in FORM A) (See Call Groups Contacts below)	
3	On receipt of STAND DOWN call from Nurse/ Midwife in Charge – complete end of FORM A and contact all Call Groups in Contacts below and: Baby/Child located ☒ STAND DOWN	

Office Hours 08:30 – 17:00		Bleep
Porters (RDH)	Radio (RDH)	
Security	Voice Page	
Estates on Call Manager	Rotawatch	
Head of Midwifery	4246 or mobile #6471	
Communication Department	Rotawatch	

Out of Office Hours 17:00 - 08:30		Bleep
Porters (RDH)	Radio (RDH)	
Contracted Security	Radio	
Estates on Call Manager	Rotawatch	
On Call Manager (Midwifery)	Rotawatch	
On Call Manager (Services)	Rotawatch	
Flow team	Mobile	
Communications Dept	Rotawatch	

**ACTION CARD 2
Duty Telephonist - Switchboard
(QHB)**

This document is designed to inform the Duty Telephonist of a Baby/ Child Abduction –Points to consider:

		Consider (C)/ Essential (E)
1	On receipt of call from Nurse/ Midwife in Charge or Staff in area withmost Information – complete FORM A	E
2	Alert all relevant staff by sending out a voice bleep or message on the radio: Baby/Child Abduction – followed by description of baby/child and mother/ stranger abducting (details in FORM A) (See Call Groups Contacts below)	
3	On receipt of STAND DOWN call from Nurse/ Midwife in Charge – complete end of FORM A and contact all Call Groups in Contacts below and: Baby/Child located ☒ STAND DOWN	

Office Hours 08:30 – 17:00		Bleep
Security	Radio	Alt Blp 360/384
Estates on Call Manager	Rotawatch	
Head of Midwifery	4246 or mobile #6471	
Communication Department	01332 785851	

Out of Office Hours 17:00 - 08:30		Bleep
Contracted Security	Radio	
Estates on Call Manager	Rotawatch	
On Call Manager (Midwifery)	Rotawatch	
On Call Manager (Services)	Rotawatch	
CSP	Bleep	369
Communications Dept	Rotawatch	

**ACTION CARD 3
Porters (QHB SITE ONLY)**

This document is designed to inform the Portering Staff of a Baby/ ChildAbduction:

		Consider (C)/ Essential (E)
1	On receipt of alert from switchboard Porters and Security will work together to attend <u>all exit doors</u>	E
2	The Portering Supervisor to <u>relay communication</u> to switchboard all doors that are covered	
3	<p>Portering and Security staff to <u>challenge</u> every person with a child matching the description who attempts to exit through the external doors.</p> <p>“A baby/child is missing, please could you wait here for a few minutes until we can verify the child’s identity”.</p> <p>The Porter or Security staff should then radio/call switchboard to say they have someone matching the description and state their location.</p> <p>If the person refuses to wait, then the Porter or Security should try to gather as much descriptive information about the person/persons and relay it back to switchboard.</p>	
4	Security staff or Team leaders to review CCTV if requested by the Manager in Charge of the Incident	
5	<p>On receipt of STAND DOWN call:</p> <p>Porters or Security will not leave their designated area until they are stood down by the Portering Supervisor or by receiving the stand down message over their bleep.</p>	

ACTION CARD 4
Security (UHDB)

This document is designed to inform the Portering and Security Staff of a Baby/ Child Abduction:

		Consider (C)/ Essential (E)
1	On receipt of alert from switchboard Security will worktogether to attend <u>all exit doors</u>	E
2	Security officer to <u>relay communication</u> to switchboard all doors that are covered (out of office arrangements tobe made 22:00 – 06:00 – x3 porters and x1 security guard)	
3	Security staff to <u>challenge</u> every person with a child matching the description who attempts to exit through the external doors. “A baby/child is missing, please could you wait here for a few minutes until we can verify the child’s identity”. Security staff should then radio/call switchboard to say they have someone matching the description and state their location. If the person refuses to wait, then the Security should try to gather as much descriptive information about the person/persons and relay it back to switchboard.	
4	Security staff or Team Leaders to review CCTV if requested by the Manager in Charge of the Incident. An audit trail of CCTV viewing/ recording must be kept.	
5	On receipt of STAND DOWN call: Security will not leave their designated area until they are stood down by receiving the stand down message over their bleep.	

ACTION CARD 5
Senior Manager on Call
(in office hours)

This document is designed to inform the Senior manager on call of a Baby/ Child Abduction
(Senior midwife/ Nurse in charge/Directory of Nursing/Director of Midwifery/ Chief
Nurse/ Chief Operating Officer)

		Consider (C)/ Essential (E)
1	Establish <u>reason</u> for concern	E
2	Establish staff member with most knowledge of incident/ mother/baby/child	
3	Establish who the last member of staff to see mother and baby/child	
4	Has switchboard been informed, and message communicated via radio and bleeps	
5	Has any member of staff witnessed the abduction	
6	Has a search been conducted of the ward, toilets, other rooms etc.	
7	Has the matter been reported to the police on the 999 system –Abduction should be an emergency call? If so, by whom?	
8	Are there any specific medical needs for mother/baby/child?	
9	Any safeguarding issues?	
10	Has the Director of Nursing and the COO been informed?	
11	Have Porters and Generic Security staff been informed and conducted a search?	
12	Has anyone contacted the mother/baby/child’s friends/ family or home address?	
13	Consider level 1 Lock-down	
14	Consider reviewing CCTV	
15		

ACTION CARD 6
Senior Manager on call
(out of office hours)

This document is designed to inform the Senior manager on call Manager of a Baby/ Child Abduction(Senior midwife/ Nurse in Charge/ Patient Flow team/ SNOC)

		Consider (C)/ Essential (E)
1	Establish <u>reason</u> for concern	E
2	Establish staff member with most knowledge of incident/ mother/baby/child	E
3	Establish who the last member of staff to see mother and baby/child	E
4	Has switchboard been informed, and message communicated via radio and bleeps	E
5	Has any member of staff witnessed the abduction	E
6	Has a search been conducted of the ward, toilets, other rooms etc.	E
7	Has the matter been reported to the police on the 999 system –Abduction should be an emergency call? If so, by whom?	E
8	Are there any specific medical needs for mother/baby/child?	C
9	Any safeguarding issues?	E
10	Has the On-call Manager/ Director and CSP been informed?	E
11	Have Porters and Generic Security staff been informed and conducted a search?	E
12	Has anyone contacted the mother/baby/child’s friends/ family or home address?	C
13	Consider Lock-down policy/procedure	C
14	Consider reviewing CCTV	C
15		

ACTION CARD 7 – STAND DOWN
Senior Manager on call in Charge of Incident

Manager in Charge of Incident to initiate Stand Down
 – Points to consider:

		Consider (C)/ Essential (E)
1	If the child or baby is found or child returns at this stage, instigate “ STAND DOWN ” procedure.	
2	Remind the person with parental responsibility of the child that if they/he/she leaves the ward for any reason, they/he/she should tell a member of staff caring for them.	
3	An entry should be made in the patient’s notes and an Datix completed.	
4	The Nurse/Midwife in charge should be informed and stepstaken to prevent reoccurrence by completion of a risk assessment.	
5	The on-call Supervisor of Midwives (SOM) should be notified to provide support and assistance to staff and family members.	

**CRITICAL SECURITY INCIDENT PROCEDURE
BABY/CHILD ABDUCTION**

(Completed by the duty Telephonist for UHDB)

DATE: TIME:

Caller details:

Name		Contact Tel	
Area			

Location:

Place of critical security incident	
Time of critical security incident	
Last location mother/ stranger and baby/child seen	

Details of Missing mother/ stranger and baby/ child:

Ethnic origin	White	Asian	Black	Mixed Race
(please ✓)				
Sex	Male		Female	
Approximate age i.e. baby or in years				
Any distinctive features to note				

Person/s witnessed leaving potentially with baby/child.

Ethnic origin	White	Asian	Black	Mixed Race
(please ✓)				
Sex	Male		Female	
Build	Heavy	Medium	Slight	Other
(please ✓)				
Approximate Age				
Approximate Height				
Clothing (distinctive marking)				

Safeguarding or Medical Needs – please specify.

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On receipt of Stand-down take details of person instructing:

Name:		Time:
Role:		

APPENDIX 3

General area/department health and safety risk assessment.

Whilst it is difficult to create a generic risk assessment for new and expectant mothers, given that every individual job role is different, there are several key areas a manager can consider and assess when undertaking a risk assessment, use the link for up-to-date risk assessment template on NET-I .

Download risk assessment template [doc] 127KB (uhdb.nhs.uk)