

## BABY OR CHILD ABDUCTION POLICY

Approved by: **Trust Executive Committee**

On: **25 January 2017**

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Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non Clinical**

Department Responsible  
for Review: **Health & Safety**

Distribution:

- Essential Reading  
for: **All Maternity Staff**
- Information for: **All Staff**

Policy Number: **50**

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Signature:   
**Chief Executive**

Date:

# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

|                                      |   |
|--------------------------------------|---|
| <b>Title:</b>                        | Baby or Child Abduction Policy  |
| <b>Original Issue Date:</b>          | May 2006  |
| <b>Date of Last Review:</b>          | January 2017  |
| <b>Reason for amendment:</b>         | Changes to Trust Structures   |
| <b>Responsibility:</b>               | Surgery   |
| <b>Stored:</b>                       | Trust Intranet  |
| <b>Linked Trust Policies:</b>        | Health and Safety Policy<br>Safe and Secure Environment Policy<br>Major Incident Policy<br>Patient Identification Policy<br>Operational Procedure for the Identification and Labelling of Newborns<br>SUI Policy<br>Adverse Incident Reporting Policy<br>Safeguarding Children Policy<br>Operational Procedure for the Missing, Absconded or Abducted Child or Young Person from Paediatric Wards |
| <b>E &amp; D Impact Assessed:</b>    | EIA 206   |
| <b>Responsible Committee / Group</b> | Health & Safety Group   |
| <b>Consulted:</b>                    | Executive Management Team<br>Senior Managers<br>Maternity Matrons<br>Community Midwife Manager<br>Telephonist Supervisor<br>Local Security Management Specialist<br>Emergency Preparedness Manager<br>Staff Side<br>Safeguarding Children Matron  |

## REVIEW AND AMENDMENT LOG

| Version | Type of change   | Date       | Description of Change  |
|---------|--|------------|--|
| 4       | Trust Structures   | 15.03.2012 | Alteration on how the reporting of incidents is reported   |
| 4       | Change in Maternity procedures   | 15.03.2012 | Changes to the cascading procedure   |
| 5       | Minor changes  | 16/06/2015 | Minor changes to Associate Director/ Head of Midwifery, References and Links, and footer.  |
| 6       | Amendments to Action Cards to reflect changes in trust structure<br>Amendment to incorporate Queens and Samuel Johnson Hospital policies | 12/12/2016 | Escalation and reporting procedures amended.<br><br>Escalation and reporting procedures for SJH<br>Addition of lock-down and LSMS role and minor changes – old links updated as current policies not accessed. |
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|         |  |            |  |

# BABY OR CHILD ABDUCTION POLICY

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# Burton Hospitals NHS Foundation Trust

## BABY OR CHILD ABDUCTION POLICY

### 1. BACKGROUND

Fortunately, baby or child abduction, or the unauthorised removal of a baby or child from a hospital, is rare. However, it is a major concern and fear for parents, relatives and staff alike; the intense distress has been well documented in the mass media i.e. Abbey Humphries' Case. There is an expectation from consumers of hospital care that at all times provision for the security of children and babies will have been addressed.

For the Trust as an organisation, the negative media attention of a child or baby abduction will cause severe harm in terms of reputation, with the further potential for financial loss as a result of litigation.

### 2. STATEMENT OF INTENT

The Trust is committed to fulfilling its statutory duties under the Health and Safety legislation, in relation to ensuring the safety of persons whilst on Trust premises. This includes taking measures to ensure the security and prevention of baby/child abduction, as defined under the Child Abduction Act 1984. This Policy covers both Queen's main hospital and Samuel Johnson Community Hospital.

### 3. SCOPE

The Policy will address the following items:-

- Vigilance
- Patient Identification and Labelling of Babies and Children
- Visitors To Inpatient Areas
- Exit and Entrance points
- Staff Training
- Consumer Awareness
- Management of a Suspected Child or Baby Abduction

The Policy does not cover:

- the hospital grounds once a baby/child has been discharged and has left the department where treatment or care has been received, i.e. paediatric ward, maternity wards or ED /
- or a baby or child on hospital grounds that is not under any clinical care and is the responsibility of the parents or guardian
- or a baby at home but still under the care of the community midwifery services
- or a baby or child attending a clinical appointment who remains under the responsibility of the parents or guardian.

#### **4. AIM**

The aim of this Policy is to minimise the risk of unauthorised removal of a baby/child from Trust premises whilst the baby/child is receiving care or treatment.

#### **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**

Baby/child abduction is defined as whereby a person without lawful authority or reason, takes or detains a child under the age of sixteen, so as to remove him/her from the lawful control of any person having lawful control of the child; or so as to keep him out of the lawful control of any person entitled to lawful control of the child.

**Lockdown Level 1 (A full lockdown)** is the process of controlled freedom of entry to and exit from either the entire Trust or from a specific building.

#### **7. DUTIES**

##### **7.1 Chief Executive (CEO)**

As the Accountable Officer, the Chief Executive (CEO) will ensure that the Trust complies with the Health and Safety at Work Act 1974 and associated regulations and ensure that there is an appropriate structure for the monitoring and review of health and safety performance in line with Trust Policy and health and safety legislation

##### **Director of Governance/Security Management Director (SMD)**

The Director of Governance has overall responsibility for Health & Safety within the Trust and supporting the CEO ensures that the Trust complies with the Health and Safety at Work Act 1974 and associated regulations and ensure that there is an appropriate structure for the monitoring and review of health and safety performance in line with Trust Policy and health and safety legislation

The Director of Governance is to ensure that all the necessary facilities are made available for the effectiveness of this Policy.

##### **7.2 Chief Nurse; Chief Operating Officer; On-Call Director**

In the event of an abduction incident, the Chief Nurse; Chief Operating Officer and On-Call Director will be responsible for establishing communications between

Queen's Hospital, Burton and any external health authorities and media agencies (see Action Card 4 and 5).

### **7.3 Associate Directors and Head of Midwifery**

The Associate Directors and the Head of Midwifery 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 Head 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 also that manage the rare event of baby/child abduction.

Also 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.

### **7.4 Local Security Management Specialist (LSMS)**

To deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients, to protect staff and property.

### **7.5 All Managers and Departmental Heads**

Managers and Departmental heads 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.

Where they identify that such arrangements cannot be met because of resource, environmental or logistical reasons, they will immediately inform the Head of Midwifery for Maternity or the Head Nurse for Paediatrics, who will inform the LSMS.

Further Managers and Departmental Heads 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.

On-Call Managers are to ensure that the Chief Nurse; Chief Operating Officer; and On-Call Director are notified of an abduction incident.

All Managers are to ensure the scene of any abduction incidents are preserved for possible Forensic Evidence.

### **7.6 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 call the Police and inform switchboard action (see Action Card 1).

## 7.7 All Staff Employees

The Trust has a duty of care to all service users; therefore all Trust staff should know where patients are, from the time of admission to a ward, or arrival in department, until their discharge or departure.

All Trust staff will be expected to assist in circumstances when a child goes missing.

## 7.8 Manager in Charge of Incident –

The Manager in Charge of the Incident can be the Senior Midwife/Nurse in Charge / Chief Nurse/ Chief Operating officer / CSP or On Call Manager/Director - they will be responsible for overseeing and the incident (see Action Card 4 and 5).

The Manager in Charge of Incident will also initiate STAND DOWN (see card 6).

## 7.9 Duty Telephonist

Switchboard staff to follow actions in Action Card 2: complete Form A, notify all relevant staff.

## 7.10 Porters and Security

On receipt of a call/ radio from switchboard, Porter and Security staff to follow actions in Action Card 3 and 4, work together to cover all exit points.

# 8. LOCAL TRUST PROCEDURES AND GUIDANCE

## 8.1 Vigilance

**This is a fundamental component of the Policy.**

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
- Ensure any baby taken outside the maternity or paediatric wards, or any area where a child or baby is receiving treatment or care, is accompanied by a relative and/or a member of the midwifery/nursing/therapies staff.

- If concerns with safeguarding where mother or baby/ child at risk – staff maintain clear visual sight for observation and assistance to mother and baby. Safeguarding referral to Children’s services and concerns identified on V6, accessible to all relevant staff.
- 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 (this can be done by contacting switchboard and verbally informing staff in area).
- Report to an appropriate authority any member of staff (medical, nursing or non nursing) who is not wearing a photo security badge
- Staff will challenge assertively throughout the Trust (in a quiet, confident and non aggressive manner) any person/persons behaving suspiciously (if perceived to be a safe option) or urgently summon security via 5678 if they are available at the time the challenge is made. If deemed necessary staff should dial **999** to summon police urgently (see also Trust Safe and Secure Environment Policy). Staff at SJH should call switchboard on 5678 who can inform portering staff and call the police directly.

## 8.2 Identification and Labelling of In Patient Babies and Children

The operational procedure for the identification and labelling of newborns highlights all scenarios on identification.

The operational procedure for Identification and Labelling of the Newborn can be found on the link -

<http://bhftintranet.burtonft.nhs.uk/Policies/Newborn%20ID%20Finalv3%2005%2016%20.pdf>

### Identification of Paediatric Patients

All of the Trust Patient Identification Policy requirements apply to children; however, all infants under the age of 1 year will, when possible; have 2 identical wristbands (one on leg).

## 8.3 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 (see section 8.1).

Where 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.

## 8.4 Exit and Entrance Points (see Appendix 2)

#### 8.4.1 Security of Departments

Areas of high child or baby activity will be kept locked at all times, including all maternity inpatient wards, delivery suite and all paediatric inpatient wards.

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.

See Trust Safe and Secure Environment Policy –

<http://bhftintranet.burtonft.nhs.uk/Policies/safe-and-secure-environment.htm>

No authorised person is to allow access to another who does not have authorisation, unless the latter is accompanied by the former.

Where possible, all departments should be secured when not in use. Only authorised personnel, who must complete the key register and sign their entry, should remove keys. Records should be auditable in cases where an investigation is subsequently required.

#### 8.4.2 Closed Circuit Camera System (CCTV)

A closed circuit security camera system forms 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 media.

The CCTV System covers the main areas of Trust property, including access points.

The Trust's CCTV system records on 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.

CCTV for the whole trust is under review and an exercise is to be conducted to identify cameras in use/ out of use, ascertain recording capacity, coverage etc. and this is to be measured against the new regulations for Surveillance cameras.

#### 8.5 Staff Training

Each Departmental Manager for each area of the Trust is responsible for ensuring that all new staff to the Trust receive, as part of their departmental induction programme, relevant guidance on child or baby abduction.

In areas of high child or baby inpatient activity i.e. Maternity, Paediatrics, ED and Theatres, all new staff will receive the following Trust Policy documents:

- Baby or Child Abduction Policy
- Safe and Secure Environment
- Patient Identification Policy
- Operational Procedure for the Identification and Labelling of Newborns
- **Safeguarding Children Policy**
- **Operational Procedure for the Missing, Absconded or Abducted Child or Young Person from Paediatric Wards**

## 8.6 Service User Awareness

Service users of maternity and paediatric care will receive information both verbally and written on the various aspects of child and baby security such as:

- vigilance
- patient identification
- visiting arrangements

## 9. 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:

<http://bhftintranet.burtonft.nhs.uk/Departments/Health-and-Safety/risk-assessments.htm>

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.

## 10. EFFECTIVE MONITORING

10.1 The effectiveness of this Policy will be monitored annually by the Trust Local Security Management Specialist (LSMS) who will:

- Review the control measures to mitigate the risk of occurrence
- Review risk assessment compliance by spot checks and risk assessment signature records

- Undertake additional monitoring - will be conducted by the Local Security Management Specialist as part of the annual health and safety audit process and crime reduction surveys
- 10.2 The Head of Midwifery also monitor the Newborn Identification System and the process of correct labelling as per the Operational Procedure for the Identification and Labelling of Newborns.
- 10.3 Any shortfalls or additional actions required following any monitoring process will be reported to the Governance, Risk and Assurance Committee (a committee of the board) and the Risk and Compliance Group via the LSMS. The LSMS will oversee all actions to ensure compliance.
- 10.4 All incidents of abduction will be reported as a Serious Untoward Incident (SUIs). Each will be investigated and any actions required monitored by Board or designated group according to the Trust RIDDOR/SUI Policy/Procedures.
- 10.5 All incidents of abduction will also be reported as a Dangerous Occurrence to the Health and Safety Executive (HSE) as a Reporting of Injury Diseases Dangerous Occurrence Regulations (RIDDOR) 2013 and each will be investigated and any actions required monitored by the Risk and Compliance Group according to the Trust LSMS Work Plan.
- 10.6 This Policy will be reviewed by the LSMS every 3 years, after an incident has occurred, following any changes to legislation, or changes to procedures, whichever is sooner.
- 10.7 All completed Form A's are to be retained and secured by the Telephonist Supervisor to assist in the effectiveness of this Policy.
- 10.8 The Policy should be tested by an Abduction Exercise a minimum of once every 3 years.

## **11. EQUALITY AND DIVERSITY**

There will be no discrimination against any member of staff.

## **12. 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.

### 13. REFERENCES AND LINKS

Health and Safety Policy -

[http://queensintranet/corporate/docs/nonClinical/HealthSafetyPolicy\\_45.pdf](http://queensintranet/corporate/docs/nonClinical/HealthSafetyPolicy_45.pdf)

Trust Major Incident Policy –

<http://bhftintranet.burtonft.nhs.uk/Policies/major-incident-policy.htm>

Safe and Secure Environment Policy -

<http://bhftintranet.burtonft.nhs.uk/Policies/safe-and-secure-environment.htm>

Child Abduction Act 1984 –

<http://www.legislation.gov.uk/ukpga/1984/37>

Operational Procedure for the Identification and Labelling of Newborns

<http://bhftintranet.burtonft.nhs.uk/Policies/Newborn%20ID%20Finalv3%2005%2016%20.pdf>

Serious Incidents Policy (SUI) Policy –

[http://queensintranet/corporate/docs/nonClinical/SUI\\_118.pdf](http://queensintranet/corporate/docs/nonClinical/SUI_118.pdf)

Adverse Incident Reporting Policy -

[http://queensintranet/corporate/docs/nonClinical/IncidentReporting\\_33.pdf](http://queensintranet/corporate/docs/nonClinical/IncidentReporting_33.pdf)

Safeguarding Children Policy

<http://bhftintranet.burtonft.nhs.uk/Policies/safeguarding-children.htm>

**Safeguarding Children Policy and Operational Procedure for the Missing, Absconded or Abducted Child or Young Person from Paediatric Wards**

<http://bhftintranet.burtonft.nhs.uk/Departments/paediatrics/Documents/Missing%20or%20Absconded%20Child%20Final%20V2%2011.pdf>

National Patient Safety Agency, (2005). *Safer Practice Notice:*

*Wristbands for hospital inpatients improves safety.* NPSA Available at:

[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

National Patient Safety Agency, (2009). *Guidance on the Standard for*

*Patient Identifiers for Identity Bands.* NPSA at [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

## Appendix 1

### Operational Instructions

The following instructions have been prepared to describe the responsibilities and actions of staff in the event of an **ABDUCTION INCIDENT** being activated because of the abduction of **ANY BABY OR CHILD PATIENT** from Queen's Hospital, Burton and Samuel Johnson Hospital, Lichfield.

The instructions cannot be completely comprehensive and key personnel will be expected to interpret them as circumstances dictate. Any additional detailed instructions issued by key personnel to staff should be based on this principle.

The Trust has a duty of care to all service users; therefore all departments should be able to account for their respective patients from the time of admission to a ward, or arrival in department, until their discharge or departure.

Trust staff would be expected to assist in circumstances when a baby or child goes missing.

This procedure, along with the above Policy, will be reviewed after every incident, or three yearly, whichever is the sooner by the review panel as defined within the Policy document.

## 1. Main Principle

Staff on wards and clinical departments must take responsibility for knowing the location of their patients at all times. There should be a shared responsibility with the person with parental responsibility of the whereabouts of the child.

## 2. Implementation of Procedure

- The **Maternity/ Paediatric staff/Senior Midwife/Nurse in Charge** and/ or **Staff with most Information** of the ward where the incident has occurred will initiate:

**An incident alert**

**Please follow instructions in Action Card 1**

- Telephonist in switchboard will take information from Senior Midwife/ Nurse in Charge or Staff with most Information and will initiate:

**An incident alert**

**Please follow instructions in Action Card 2**

- **Portering staff** and **Security staff** will receive information from Duty Telephonist in switchboard and will initiate:

**Action**

**Please follow instructions in Action Card 3 (in office hours) and 4 (out of office hours)**

- The Manager in Charge of the Incident – this could be the Senior Midwife/ Nurse in Charge or CSP or On Call Manager will initiate:

**Investigation**

**Please follow instructions in Action Card 5 (office hours) and 6 (out of office hours)**

- The Manager in Charge of the Incident – this could be the Senior Midwife/ Nurse in Charge or CSP or On Call Manager will initiate:

**STAND DOWN**

**Please follow instructions in Action Card 7**

# ACTION CARD 1

## Maternity/ Paediatric Staff member

Nurse/ Midwife in Charge or Staff in Area with the most information inform Switchboard and the Police of Baby/ Child Abduction – Points to consider:

|   |   | Consider (C)/<br>Essential (E) |
|---|---|--------------------------------|
| 1 | Establish <u>reason</u> for concern – <b>Baby/child abduction</b>   | E                              |
| 2 | Nurse/ Midwife in Charge/ Staff with most Information to <b>ring switchboard</b> with all relevant information – to communicate to relevant staff via radio and bleeps<br><br>(Switchboard will go through Form A – ensure you have as much detail as possible)   |                                |
| 3 | Conduct search of ward/ area toilets, rooms etc.<br><br>However if mother (or stranger) and baby/child seen leave the building – follow step 4 immediately  |                                |
| 4 | Report to the police on the <b>999</b> system:<br><br><b>A baby/child has been abducted – by mother/stranger</b> <ul style="list-style-type: none"> <li>• Concern for <u>well-being</u> of mother, baby/child</li> <li>• Possible <u>risk to life</u></li> </ul> Give police detail on: <ul style="list-style-type: none"> <li>• Description of the abductor and baby/child</li> <li>• Safeguarding concerns</li> <li>• Specific medical needs for mother or baby/child</li> <li>•</li> </ul> |                                |
| 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. Make arrangements 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 should be contacted.  |                                |
| 8 | Nurse/Midwife in charge of Department will make arrangements 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 e.g. at SJH, 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> <p>SJH lower risk as tight controls for visitors and patient asked if they want visitor to see them, also only a few patients in at a time.</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 style="text-align: center;"><b>Report feedback to the Nurse/Midwife in Charge</b></p> |  |
| 11 | <p>The Nurse/ Midwife in Charge and/ or the staff with the most information shall liaise with:</p> <p style="text-align: center;">Divisional Director or Chief Operating officer (office hours)<br/><b>OR</b><br/>On Call Manager/ Director and CSP (out of office hours)</p>   |  |
| 12 | <p>The Nurse/ Midwife in Charge and/ or the staff with the most information shall complete <b>Form A</b></p>  |  |
| 13 | <p>If the child or baby is found or child returns at this stage, instigate “<b>STAND DOWN</b>” 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 an Adverse Incident Report Form. Report as a <u>Serious Untoward Incident</u>.</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><u>Notify</u> the on call Supervisor of Midwives (SOM) to provide support and assistance to staff and family members.</p>  |  |

|    |  |  |
|----|--|--|
| 18 | <u>Submit a Child Protection referral to the relevant local authority (following Safeguarding Children Policy)</u> |  |
| 19 | <u>Complete incident form on Datix</u>   |  |

**FORM A**

## CRITICAL SECURITY INCIDENT PROCEDURE NEWBORN BABY/CHILD MISSING

(Completed by the duty Telephonist for Queens and SJH)

DATE: ..... TIME: .....

**Caller details:**

|             |  |                    |  |
|-------------|--|--------------------|--|
| <b>Name</b> |  | <b>Contact tel</b> |  |
| <b>Area</b> |  |                    |  |

**Location:**

|  |  |
|--|--|
| <b>Place of critical security incident</b>               |  |
| <b>Time of critical security incident</b>                |  |
| <b>Last location mother/stranger and baby/child seen</b> |  |

**Details of Missing mother/ stranger and baby/ child:**

**Baby/ Child**

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

**Person/s witnessed leaving potentially with baby/child**

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

**Safeguarding or Medical Needs – please specify**

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

|              |  |              |
|--------------|--|--------------|
| <b>Name:</b> |  | <b>Time:</b> |
| <b>Role:</b> |  |              |

## ACTION CARD 2

### Duty Telephonist - Switchboard

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

|   |   | Consider (C)/<br>Essential (E) |
|---|---|--------------------------------|
| 1 | On receipt of call from Nurse/ Midwife in Charge or Staff in area with most Information – complete <b>FORM A</b>  | E                              |
| 2 | Alert all relevant staff by sending out a voice bleep or message on the radio: <b>Baby/Child Abduction – followed by description of baby/child and mother/ stranger abducting (details in FORM A)</b><br><br>(see Call Groups Contacts below) |                                |
| 3 | On receipt of <b>STAND DOWN</b> call from Nurse/ Midwife in Charge – complete end of FORM A and contact all Call Groups in Contacts below and: <b>Baby/Child located → STAND DOWN</b>   |                                |
| 4 |   |                                |
| 5 |   |                                |

| Office Hours 08:30 – 17:00 |                      | Bleep |
|----------------------------|----------------------|-------|
| Porters                    | Radio                |       |
| In-house Security          | Radio                |       |
| Estates on Call Manager    | Radio                |       |
| Head of Midwifery          | 4246 or mobile #6471 |       |
| Communication Department   | 5944                 |       |

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

# ACTION CARD 3

## Porters and Security

(in office hours – in-house security staff – Queens Hospital)

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

|   |   | Consider (C)/<br>Essential (E) |
|---|---|--------------------------------|
| 1 | On receipt of alert from switchboard Porters and Security will work together to attend <b><u>all exit doors (see plan of Queens site Appendix 2)</u></b> .  | E                              |
| 2 | The Portering Supervisor to <b><u>relay communication</u></b> to switchboard all doors that are covered   |                                |
| 3 | <p>Portering and Security staff to <b><u>challenge</u></b> every person with a child matching the description who attempts to exit through the external doors.</p> <p><b>“A baby/child is missing, please could you wait here for a few minutes until we can verify the child’s identity”</b></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 to review CCTV if requested by the Manager in Charge of the Incident   |                                |
| 5 | <p>On receipt of <b>STAND DOWN</b> 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

## Porters and Security

(out of office hours – contracted security staff – Queens Hospital)

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

|   |   | Consider (C)/<br>Essential (E) |
|---|---|--------------------------------|
| 1 | On receipt of alert from switchboard Porters and Security will work together to attend <b><u>all exit doors (see plan of Queens site Appendix 2)</u></b> .  | E                              |
| 2 | A&E Porter and Security Guard to <b><u>relay communication</u></b> to switchboard all doors that are covered (out of office arrangements to be made 22:00 – 06:00 – x3 porters and x1 security guard)<br><br>SJK – to call the police and inform switchboard.   |                                |
| 3 | Portering and Security staff to <b><u>challenge</u></b> every person with a child matching the description who attempts to exit through the external doors.<br><br>“A baby/child is missing, please could you wait here for a few minutes until we can verify the child’s identity”<br><br>The Porter or Security staff should then radio/call switchboard to say they have someone matching the description and state their location.<br><br>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. |                                |
| 4 | Security staff to review CCTV if requested by the Manager in Charge of the Incident. To have CCTV added to computer in Porters lodge rest room. An audit trail of CCTV viewing/ recording must be kept.   |                                |
| 5 | On receipt of <b>STAND DOWN</b> call:<br><br>Porters or Security will not leave their designated area until they are stood down by the A&E Porter or by receiving the stand down message over their bleep.  |                                |

## ACTION CARD 5

### Manager in Charge of Incident (in office hours)

This document is designed to inform the Manager in Charge of a Baby/ Child Abduction  
(Senior midwife/ Nurse in charge/Chief Nurse/ Chief Operating Officer)

|    |  | Consider (C)/<br>Essential (E) |
|----|--|--------------------------------|
| 1  | Establish <u>reason</u> for concern  | E                              |
| 2  | Establish staff member with most knowledge of incident/ mother/<br>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<br>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 <b>999</b> system –<br>Abduction should be an emergency call?<br><br>If so, by whom? |                                |
| 8  | Are there any specific medical needs for mother/baby/child?  |                                |
| 9  | Any safeguarding issues?   |                                |
| 10 | Has the Divisional Director and the COO been informed?   |                                |
| 11 | Have Porters and Generic Security staff been informed and<br>conducted a search?   |                                |
| 12 | Has anyone contacted the mother/baby/child's friends/ family or<br>home address?   |                                |
| 13 | Consider Lock-down policy/procedure (refer to Safe and Secure<br>Environment Policy)   |                                |
| 14 | Consider reviewing CCTV (refer to Safe and Secure Environment<br>Policy)   |                                |
| 15 |  |                                |

## ACTION CARD 6

### Manager in Charge of Incident (out of office hours)

This document is designed to inform the Manager in Charge of a Baby/ Child Abduction  
(Senior midwife/ Nurse in Charge/ CSP/ On Call Manger/Director)

|    |  | Consider (C)/<br>Essential (E) |
|----|--|--------------------------------|
| 1  | Establish <u>reason</u> for concern  | E                              |
| 2  | Establish staff member with most knowledge of incident/ mother/<br>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<br>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 <b>999</b> system –<br>Abduction should be an emergency call?<br><br>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<br>conducted a search?   | E                              |
| 12 | Has anyone contacted the mother/baby/child's friends/ family or<br>home address?   | C                              |
| 13 | Consider Lock-down policy/procedure (refer to Safe and Secure<br>Environment Policy)   | C                              |
| 14 | Consider reviewing CCTV (refer to Safe and Secure Environment<br>Policy)   | C                              |
| 15 |  |                                |

## ACTION CARD 7 – STAND DOWN Manager in Charge of Incident

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

|   |  | Consider (C)/<br>Essential (E) |
|---|--|--------------------------------|
| 1 | If the child or baby is found or child returns at this stage, instigate “ <b>STAND DOWN</b> ” 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 Adverse Incident Report Form completed. Report as a Serious Untoward Incident.                                       |                                |
| 4 | The Nurse/Midwife in charge should be informed and steps taken 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.   |                                |
| 6 |  |                                |
| 7 |  |                                |

# **POLICE**

**It is expected that the Police will respond immediately to the Critical Security Incident and thereafter take FULL CONTROL. This is a criminal action; therefore, the Police will have total jurisdiction, but will be expected to liaise at all times with the Manager in charge of the Incident.**

