

Children's National
CODE PINK
Infant/Child
Abduction/AWOL Plan

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Abduction/AWOL Plan**

Table of Contents

I.	Purpose	3
II.	Scope	3
III.	Authority	3
IV.	Initiation of Code Pink	3
V.	At the Scene of the Abduction	4
VI.	Security Responsibilities	4
VII.	Communications Responsibilities	5
VIII.	House-wide Staff Responsibilities	5
IX.	Nursing Administration, Safety Director	5
X.	Interaction with Media and Event Management	6
	A. Media Interaction	6
	B. Disclosure to family/legal guardian	6
	C. Event Management	6
XI.	Resolution - Canceling the CODE PINK	6
XII.	Reporting Obligations	7
	A. Internal Reporting of Events	7
	B. External Reporting of Events/Recovery	7
XIII.	Prevention and Mitigation Strategies	7
XIV.	Evaluation / Appraisal of the Plan	8

Children's National Code Pink Plan

I. Purpose

The purpose of this plan is to ensure the safety and security of infants and children at Children's National Medical Center through effective response to a suspected or actual infant/child abduction and through measures to prevent opportunities for potential abductions.

II. Scope

This document is intended to provide a response plan for Children's National Medical Center and its affiliated sites. *All campuses providing services should require a parent or guardian present at all times who is responsible for the welfare of the child. If a child is reported missing clinic staff will respond, block exits and conduct an immediate search. If the child is not promptly located, notify 911 immediately.*

Non-campus locations notify security at 202-476-2065 for follow up / documentation purposes. Protect the scene and provide for other patients as outlined in section V of this plan, see also sections X.A, XII and XIII. Sheikh Zayed Campus locations should notify security at 202-476-2065. All other locations notify 911 immediately then notify Hospital Security at 202-476-2065.

III. Authority

- A. The nurse/patient care provider who suspects that an infant/child has been abducted has the authority to call communications to announce a Code Pink. Note: for adolescent patients suspected of being AWOL (absent without leave), reference nursing policy on AWOL patients, see CHPC:AD:16.
- B. Upon notification of a Code Pink, the Senior Security Officer on duty is in charge of the Code Pink. If the child/infant is not found within 10 minutes Security will contact the Metropolitan Police immediately.
- C. The Charge Nurse/Department Manager/designee at the scene of the abduction is responsible for coordination of activities specific to the scene as listed in V. below.
- D. The Senior Security Officer on duty, in cooperation with the Metropolitan Police officer in charge, will authorize the All Clear.
- E. Notification of the National Center for Missing & Exploited Children (NCMEC) , when indicated based on the information available, will be done by the AOC/designee (i.e., true abduction vs AMA , AWOL or parent/guardian failure to follow formal discharge event).

IV. Initiation of Code Pink

An immediate and swift response is essential to recovery of the infant/child. Once a nurse or patient care provider suspects an abduction has occurred, they must **immediately call extension 2222** with the following to initiate a Code Pink response:

- State their name and location of the abduction
- Give a description of the abductor (if known) and child/infant
- Request the Operator initiate a CODE PINK

The person reporting the abduction/suspected abduction must then immediately notify their unit/department charge person of the situation.

V. At the Scene of the Abduction

The Charge Nurse/Department Manager/designee on duty must ensure the following steps are immediately taken on their unit:

- A. All available staff immediately secure all exits from the department. All persons, including staff and visitors, will be asked to remain in the department until the All Clear is given.
- B. Dispatch nurses to determine the location of assigned patients in their area/unit and report results to the charge nurse/manager/designee.
- C. Immediately assign a staff member to preserve/secure the crime scene.
- D. Assign a staff member to obtain/write down details of the incident, including a full description of the infant/child and their clothing.
- E. Ensure that FULL descriptions of the potential abductor(s) and infant/child have been provided to Communications.
- F. Provide a private room for the family of the infant/child and assign a staff member to remain with them until relieved.
- G. Ensure continuity of care and services for other patients on the unit, including assuring other patients/family on the unit that they are safe.

VI. Security Responsibilities

Upon notification of a Code Pink, the Security Supervisor on duty will immediately:

- A. Dispatch an officer to the scene to conduct the following:
 - Obtain/confirm the full description of the abductor(s) and infant/child including age, race, gender, location last seen and clothing.
 - Seal off the location where the patient/parent(s) were last seen.
 - Obtain full names of infant/child and parent(s) or guardian(s).
 - Obtain contact information of parent(s) or guardian(s)
 - Interview all persons present when the infant/child was last seen.
 - Obtain patient's room number if applicable, and time last seen.
- B. Place the hospital in Lockdown mode, posting security at exits and notifying parking of the need to promptly close garage gates.
- C. Order security search of all areas, including parking garage and perimeter. Officers will respond to requests for assistance from hospital personnel reporting any suspicious individuals.
- D. Contact Environmental Services to assist in searching closets, storage areas, public bathrooms, and lounges for baby clothes, blankets, hospital uniforms, or items of possible evidence as appropriate.
- E. Provide hospital operator with status report every 5 minutes. Operator will forward reports via alpha pagers to Public Relations, Legal, Safety, Family Services, Nurse Administrator On Call (NAOC), Administrator-on-call (AOC) and Administrative (nursing) Manager (AM).
- F. If infant/child is **not recovered within 10 minutes, contact the Metropolitan police department immediately.**
- G. If the infant/child is located, or the police determine that the infant/child is no longer within the facility, the Senior Security Officer on duty in conjunction with the police will authorize the All Clear.
- H. Prepare a full report following the incident, with input from personnel involved. Submit the report to Administration, Safety and Legal.

VII. **Communications Responsibilities**

Upon notification of a CODE PINK situation at Sheikh Zayed Communications will:

- A. Immediately notify all hospital personnel by announcing the CODE PINK and LOCATION overhead, and by sending the CODE PINK and LOCATION over the security and emergency code pagers.
NOTE: Operators will be prepared for receipt of a code pink by means other than 2222, should a parent dial "0", etc.
- B. Provide full description of abductor and infant/child to security and emergency code pagers, announce description overhead. NOTE: If description is not provided, communications will contact the unit/charge person for the descriptions.
- C. Relay situation updates as received from the Senior Security Officer on duty to Public Relations, Legal, Safety, NAOC, AOC, AM and Family Services via alpha pagers.
- D. Communications will maintain a cellular phone for emergency use in the event outside communication lines are disabled.
- E. When instructed to do so by the Senior Security Officer announce "ALL CLEAR for CODE PINK" overhead and via alpha pagers.

Upon notification of a CODE PINK situation at Extended Campus Location(s)

- A. Call the local police via 911 and provide them with relevant facts regarding the abduction.
- B. Inform Children's National Security at 202-476-2065 **after** you have notified local police.
- C. Provide full description of abductor and infant/child to police/security and emergency code pagers, announce description overhead. NOTE: If description is not provided, communication will contact the unit/charge person for descriptions.
- D. Relay situation updates as received from the Security Supervisor on duty to Public Relations, Legal Safety, NAOC, AOC, AM and Family Services via alpha pagers.
- E. When instructed to do so by the Security Supervisor announce "All Clear for CODE PINK" overhead and via alpha pagers.

VIII. **House-wide Staff Responsibilities**

Upon notification of a CODE PINK all available staff will:

- A. Immediately proceed to the exit nearest them, requesting all personnel, visitors, volunteers and patients remain in the department until cleared by security. If an individual resists do not try to restrain them, but immediately call security (x2065) and provide a full description and their direction upon exit.
- B. All personnel should observe their area for person(s) fitting the description and report any suspicious situations immediately to security (x2065), including the following:
 - Direction of travel and exit used.
 - Description of person(s).
 - Baggage carried, if any.
 - Car license plate, make and model, if available.
- C. Refer media and all other inquiries to Public Relations.

IX. **Nursing Administration, Director of Safety & Emergency Management**

Upon notification of a CODE PINK, the Nurse Director/AM or NAOC will respond to the unit and is responsible for notifying the parents (if not present), the attending physician and contacting the Serious and Sentinel Event Committee (SSEC)/ designee. The Executive Director of Safety & Emergency Management will provide support as appropriate.

X. Interaction with Media and Event Management

A. Media Interaction

The Public Relations department will make accommodations for the media as appropriate to the situation. Public Relations will provide PR support as appropriate to the situation, including talking points, determination of a spokesperson, scheduling of press conference and issuing a statement. A security officer will be assigned to the media area to prevent the media from entering patient care areas. Media will not be allowed in the patient care areas.

All hospital employees are prohibited from discussing the Code Pink details with the media. In the event that the media approaches an employee, the employee will direct the media to Public Relations immediately.

B. Disclosure to family/legal guardian

Family/legal guardian of the abducted child will be promptly informed by the Nursing Director (or after hours by the Administrative Manager of nursing).

C. Event Management

Family Services will provide crisis intervention and supportive counseling for all family members. Along with the Legal Department, Family Services will maintain contact with the family/legal guardian. Legal will convene the members of the Serious and Sentinel Event Committee as appropriate.

XI. Resolution - Canceling the CODE PINK

A. Once the infant/child is recovered, or it is determined that the infant/child is no longer in the facility, the acting senior security officer will authorize cancellation of the Code Pink. Immediately prior to the cancellation of the Code Pink, the acting senior security officer will provide a status update to Administration, Safety, Public Relations, Legal, Family Services and the Nursing Director/designee.

B. Security will notify the hospital operator to announce "All Clear for Code Pink."

C. The hospital operator will announce "All Clear for Code Pink" three times.

D. Security Services will provide an immediate consult to the affected unit when an attempted Code Pink occurs, providing additional protective measures and recommendations to prevent a reoccurrence.

E. Security Services will hold a formal critique of the Code Pink within three days of the incident. A critique will be held every time a Code Pink is announced. Attendees should include the actual staff members involved in the incident as well as personnel listed in this policy. A summary of the critique will be forwarded to the Executive Director of Safety & Emergency Management for review by the Safety & Emergency Management Committee.

XII. Reporting Obligations

A. Internal Reporting of Events

Code Pink suspected abductions must be immediately reported to 2222. All Code Pink foiled attempts and/or suspicious behavior must be reported immediately to the security department for investigation and response as appropriate. Security will provide the Executive Director of Safety & Emergency Management with investigation and response reports for review.

B. External Reporting of Events/Recovery

Actual infant/child abductions are mandatory TJC reportable sentinel events, and must be reported through the hospital SSEC process. Reporting to the National Center for Missing and Exploited Children/Amber Alert to aid in recovery of the child will be done as indicated based on the information available as described under "Authority" in this plan. All media requests for information must be referred to Public Relations.

XIII. Prevention and Mitigation Strategies

A. Prevention Strategies

1. Groups of children and risk factors

- a. Child resembling newborn – MO of abductor is typically a 40-something female who may scope out several hospitals (or several units within a pediatric hospital) looking for an opportunity to take an infant. Abductors have been as young as 12 and as old as 60. Potential abductors may peer into multiple rooms looking for infant patients, if you observe this approach the person and ask "May I help you?". Report suspicious behavior to security. In the NICU: watch for tailgating in/out of unit, report missing badge immediately to security. For infants on other units, **see preventive measures***
- b. No longer newborn, up to adolescent – **see preventive measures***
Risk of abduction is generally from a non-custodial parent who sees the hospitalization as an opportunity to take the child; risk of abduction may also occur when a parent/guardian learns that Child Protective Services is planning to take custody of a child away from the parent/guardian.
- c. Adolescents (self liberated, see AWOL policy) – **see preventive measures***.
Risks: addictive issues, boyfriend/girlfriend issues, etc.

*** Preventive measures: place patient in a room in sight of nurse station, do more frequent checks on child, notify security and charge nurse of child potentially at risk. May use sitter program.**

2. Access control devices are installed in sensitive areas. Personnel are issued ID badges and are required to display them at all times. Security maintains the Access Control System contract and routinely checks to ensure all devices are in proper working order. Visitors are requested to sign in upon entry to the facility and are asked to display a visitor badge. Contracted personnel are required to wear contractor ID badges.
3. Personnel are trained on the Code Pink plan during new employee orientation. Personnel working in sensitive areas receive additional department-specific training as appropriate. All personnel are instructed on the need to report missing or lost badges to security immediately for deactivation. Personnel are instructed to report suspicious activities and persons to security for immediate investigation.

B. Mitigation Strategies

Once a child/infant is reported missing the facility is immediately put into lockdown mode. A search of the facility is conducted immediately. All available personnel are instructed to go to all exits, elevators and stairs asking all persons to remain within each department until further notice. The police will be notified within 10 minutes if a child is not found. The NCMEC/Amber Alert will be notified as appropriate per this plan. Provisions for the family of the child/infant will be made to assist them as needed.

XIV. Evaluation / Appraisal of the Plan

The Code Pink plan will be reviewed and evaluated for effectiveness at least every three years by the Director of Safety & Emergency Management and the Safety & Emergency Management Committee. In addition, following any activation of the Code Pink Plan (including drills) the plan will be reviewed and its effectiveness evaluated during critique of the event to ensure that all possible actions are being taken to provide for the safety of our infants and children. **See copy of Evaluation Form attached.**

Approved by: Safety & Emergency Management Committee

Leadership Council

Date

Chief Executive Officer

Date

Review or Revision Date:

Original: 07/09/98
Revised: 07/31/01
08/01/03
10/11/06
03/08/10
06/04/12
07/24/15

References:

National Center for Missing & Exploited Children, *For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions*, 6th Ed, Marc2000.

Cross Reference:

CH:FS:14, Disaster Planning Policy