Infant Abductions “Code Pink”

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With a vast healthcare knowledge garnered from more than 30 years in clinical practice, hospital administration, and consulting, Sharon provides comprehensive services to healthcare systems, hospitals, clinics, healthcare providers, and physicians. Her expertise includes consulting with clients about improving patient safety and quality/performance, identifying and evaluating potential liability exposure, developing and implementing risk management programs, and devising solutions to reduce or eliminate loss severity.

Sharon served as the assistant vice president of risk management for a professional liability insurance carrier. Sharon also has provided risk management consulting to large integrated health systems and physician groups, and she has developed customized risk service plans/proposals.

Sharon earned a bachelor’s degree in nursing from Otterbein University and a master’s degree in hospital administration from Central Michigan University. She is a long-term member of the American Society for Healthcare Risk Management (ASHRM) and various state chapters, as well as a faculty member for ASHRM’s advanced module of the HRM Certificate Program. Sharon’s professional designations include certified professional in healthcare risk management (CPHRM), certified professional in patient safety (CPPS), associate in risk management (ARM), and distinguished fellow of ASHRM (DFASHRM). Sharon also is a frequent national speaker on patient safety.
This program is not meant to replace the formal training offered by other professional organizations or educational institutions, but rather to supplement those resources. The content contained within the program includes definitions, descriptions, and relevant applications based on experiences from the program authors. In addition, web links are available throughout the modules to aid in learning enhancement.
Objective:

- Identify common traits and behaviors of infant/child abductors
- Discuss strategies to prevent infant abduction
- Describe an incident response plan related to infant abduction
Infant Bryce
Who Would Steal a Baby?
The Typical Abductor

Abductor Profile:

Typically female, overweight and of childbearing age; she may indicate having lost a baby.

Usually lives in the community where the abduction takes place.

Often married or cohabitating with a partner.

Often becomes familiar with health care staff, their work routines and parents of infants.

http://www.missingkids.com/theissues/infantabductions
Common Themes

The Day of the Abduction

Abductor Profile:

- Frequently impersonates a nurse or health care staff person.
- Asks health care staff detailed questions about procedures and maternity floor layout.
- Frequently uses the fire exit for escape.
- Does not always target a particular infant, but instead will seize available opportunities.

http://www.missingkids.com/theissues/infantabductions
Kidnapping Suspect Surrenders to Police

Monroe Police investigators were called to St. Francis Hospital around 10 p.m. Saturday in reference to the kidnapping of an infant child. Police say around 7 p.m., a black female identified as 24-year-old Anquinisha Cummings, entered a hospital room occupied by a mom and her three-day-old infant.

Police say Cummings told the mother a mutual friend sent her there with a baby bag, the two talked for a while, and when the mother went to use the bathroom, she returned to find the baby gone. The hospital was immediately locked down, hospital staff, security, and police were notified, and began investigating.

Monroe Police say a hospital employee recalled dealing with a patient earlier in the day, talking about pregnancy issues. Police would later connect Cummings to that conversation, after finding out she had been treated in the hospital several hours prior to receiving the initial kidnapping call.
Kidnapped in 1998 and found in 2017

Gloria Williams, 51, kidnapped a baby who was 8 hours old from a hospital in 1998 in Jacksonville, Florida

Williams had miscarried her own baby and drove 4 hours to Jacksonville to abduct the infant
### Current Statistics as of January 2018

<table>
<thead>
<tr>
<th>Location of Abduction</th>
<th>Total 1965-Dec 2017</th>
<th>Still Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Health Care Facilities</td>
<td>140 (43.08%)</td>
<td>5</td>
</tr>
<tr>
<td>From Home</td>
<td>138 (42.46%)</td>
<td>8</td>
</tr>
<tr>
<td>From Other Locations</td>
<td>47 (14.46%)</td>
<td>3</td>
</tr>
<tr>
<td>Total Infant Abduction Incidents</td>
<td>325</td>
<td>16</td>
</tr>
</tbody>
</table>
## Location of Abduction

<table>
<thead>
<tr>
<th>Specific Location of Abduction Within Health Care Facilities</th>
<th>Total 1965 - Dec 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Room</td>
<td>82 (58.57%)</td>
</tr>
<tr>
<td>“On Premises”</td>
<td>22 (15.71%)</td>
</tr>
<tr>
<td>Nursery</td>
<td>19 (13.57%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>17 (12.14%)</td>
</tr>
<tr>
<td>Total Incidents</td>
<td>140</td>
</tr>
</tbody>
</table>
Immediate Jeopardy Guidelines

Triggers

B. Failure to Prevent Neglect
   • Lack of security to prevent abduction of infants

G. Failure to correctly identify individuals
   • Discharge of an infant to the wrong individual

State Operations Manual – Appendix A.

Tag A-0144, The patient has the right to receive care in a safe setting.
Sentinel Event Alert, Issue 9, Infant Abductions; Preventing Future Occurrences, has been retired.

Infant abduction is considered an sentinel event

Hospitals are referred to guidelines by NCMEC

Does not require drills
Root Causes Identified in 6 Areas

- Security equipment
- Physical environmental factors
- Inadequate patient education
- Staff related factors
- Information related factors
- Hospital cultural factors
Strategies to Prevent Infant Abduction
3 Key Strategies to Preventing Abductions

Educate
Educate
Educate
Strategies

- Identify and analyze vulnerabilities
- Develop an incident response plan
- Partner with local law enforcement
- Drills
- Educate
Prevention Plan Includes:

- Unique Photo ID – worn above the waist
- Access into Unit is controlled
- Use of color video cameras
- Delayed egress devices on all stairwells
- Testing of electronic tagging system
- Electronic tags removed just prior to discharge
- Visitor policy
Infant Identification

- ID bands prior to leaving the L&D
- Footprint the baby
- Photo of baby within 2 hours of birth
- Physical assessment
- Cord blood
While in the Hospital

Infant Security

What every parent should know about preventing infant abduction

The birth of a new baby is a joyous occasion, and we share your excitement in this great celebration. However, it is our responsibility to tell you about the unfortunate risk of infant abduction (kidnapping) from
Parents Need to Know

- Never leave your infant out of your direct, line-of-sight.
- Unit’s security measures
- Do not give your infant to anyone without properly verified identification
- Know who your nurse is for the shift
- Question unfamiliar persons
- Post discharge follow-up care
- Infants only transported in a crib
- Birth announcements and social media
# Infant Abduction Sample FMEAs

## Failure Modes and Effects Analysis (FMEA) Tool

### Infant Abduction 3A

United States
Professional/Medical School

**Aim:** Reduce the Risk Priority Number (RPN) for potential infant abduction in the hospital.

### Process Data

Date: 08/15/2016

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Educate parents on infant security system (HUGS)</td>
</tr>
</tbody>
</table>

### Failure Mode

<table>
<thead>
<tr>
<th>Cause</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff fail to provide proper education to parents</td>
<td>Nurse too busy and has other patients to care for so does not take the time to properly educate</td>
</tr>
</tbody>
</table>

### Occurrence (Occ), Severity (Det), and RPN Actions

- Staff fail to provide proper education to parents
  - Occ: 5
  - Det: 8
  - RPN: 40
  - Action: Develop tool where parent signs that education was provided on infant security and make a permanent part of the record

### Step 2

Application of security band to activate security system on newborn

### Failure Mode

<table>
<thead>
<tr>
<th>Cause</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse does not apply the HUGS tag</td>
<td>Nurse forgets to apply the band initially nurse not prepared for admission, intends to come back to apply the band but forgets No HUGS tags available, out of supply</td>
</tr>
<tr>
<td>Security device falls off in infant</td>
<td>HUGS tag is loose; 45 seconds before system is aware and alarms</td>
</tr>
<tr>
<td>Security device cut off in infant</td>
<td>Planned infant kidnapping</td>
</tr>
</tbody>
</table>

### Occurrence (Occ), Severity (Det), and RPN Actions

<table>
<thead>
<tr>
<th>Occ</th>
<th>Det</th>
<th>RPN</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>5</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>2</td>
<td>48</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>2</td>
<td>32</td>
</tr>
</tbody>
</table>
**Tips: Prevent Infant Abductions**

The National Center for Missing & Exploited Children® has put together a list of recommendations for hospitals and health care facilities to prevent infant abductions before they happen.

1. **Authorized Staff Badges**
   - Ensure all staff authorized to transport your infant will be wearing unique badges (with different colored backgrounds or special symbols) letting you know they are authorized to take your baby to and from your room. If you don’t see the specialized ID badge — do not hand your baby over and call the nurse’s station.

2. **Matching ID Bracelets**
   - The parent(s) and baby will receive matching ID bracelets. You and the nursing staff should check and recheck those bracelets every time your infant is brought to you or taken from you.

3. **Transport within Hospital**
   - Babies are always transported in basinscapes within the hospital. They are NEVER alone.

4. **Direct Line of Sight**
   - Do not leave your baby out of your direct line of sight even when you go to the restroom or take a nap. If you need to step away, alert the nurses to take your baby back to the nursery or have a trusted family member watch your baby.

5. **Baby Photos**
   - Have at least one color photograph of your baby (taken within 2 hours of birth) with a full, front-face view, for your records to take home.

6. **Footprints**
   - Since it is recommended that healthcare facilities footprint newborns, ask for a set to take home. And compile a complete written description of your baby including hair and eye colors, height, weight, date of birth and specific physical characteristics.

7. **Authorized Staff Only**
   - Be sure to ask all of the hospital if anyone will or will not be leaving any follow-up visits to your home. Do not allow anyone into your home who says he or she is affiliated with the hospital, health care facility or local health department etc., without proper verified identification.

8. **Birth Announcements**
   - Get creative with your birth announcements while keeping your child safe both online and off, by using minimal information. Specifically do not include the mother’s first name or home location when posting the announcement, and remember that information already posted in your online profile may provide them details.

See all the recommendations by visiting: www.missingkids.com/InfantAbduction
Incident Response Plan

Upon hearing the Code Pink or Code Pink Jack / Code Pink Jill page, all available employees will:

a. **Immediately** move to all First Floor exits and stairwells to block all outgoing traffic. (See assignment table below).

b. Request that all persons attempting to leave the facility remain in the building. If anyone insists on leaving during the Code Pink, the staff member will advise the individual that the police will be notified and given a description of the individual leaving during the Code Pink. Alert security (ext. 6261) for any person refusing to remain in the building after a request to do so. **Under no circumstances are SMCHH staff obligated to physically detain a suspect or place themselves in harm’s way to prevent a dangerous person from exiting the building.**

c. Be alert for person carrying duffle bags, diaper bags, infants or children, and alert security of their presence.

d. All patients and accompanying persons who enter the Emergency Room after the Code Pink alert is activated will be advised that they will not be allowed to leave the premises until the Code Pink alert has been cleared. The double doors between the ED Lobby and the Main Lobby will be locked and monitored to prevent persons from exiting the ED lobby.
Incident Response Plan

- Confirm that an abduction has taken place
- Secure mother
- Activate the Infant Abduction Response Plan
- Assign staff to conduct search
- Collaborate with law enforcement
- Call the NCMEC 1-800-THE-LOST
- Establish a media staging area.
- Notify security at other local hospitals
- Secure the facility and search any person exiting the facility
- Provide mental health support
Drills – Code Pink

- Should involve entire hospital
- Unannounced at least once a year
- Invite law enforcement
- Critique the drill
National Center for Missing & Exploited Children

- John Rabun, Director, Infant Response
- 1-800-THE-LOST
- http://www.missingkids.com/home
For health care professionals:
Guidelines on prevention of and response to infant abductions

10th edition
2014

Resources

- National Center for Missing and Exploited Children. www.ncmec.org
- Association of Women's Health, Obstetric and Neonatal Nurses. www.awhonn.org
- Hospital Incident Command System, California Emergency Medical Services
Questions?

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