STANDARD OPERATING PROCEDURES

CODE PINK:

SUSPECTED INFANT/CHILD ABDUCTION PROCEDURE

PROJECT MANAGEMENT UNIT
Primary & Secondary Healthcare Department

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Please note that this is a first draft, and may be subject to revisions. All information and content in this Material is provided in good faith by Project Management Unit, Primary & Secondary Healthcare Department and is based on sources believed to be reliable and accurate at the time of development.

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1 ABBREVIATIONS

AS	Apgar Score
BP	Blood Pressure
CBC	Complete Blood Count
CCTV	Closed Circuit Television
CNIC	Computerized National Identification Card
CQI	Continuous Quality Improvement
CS	Caesarian Section
CTG	Computerized Tomography
DHQ	District Head Quarter
DM	Diabetes Mellitus
DMS	Deputy Medical Superintendent
DOB	Date of Birth
ER	Emergency Room
GDM	Gestational Diabetes Mellitus
HC	Head Circumference
HR	Heart Rate
ID Band	Identification Band
LMP	Last Menstrual Period
MR No.	Medical Record Number
NICU	Neonatal Intensive Care Unit
PICU	Pediatric Intensive Care Unit
PIH	Pregnancy Induced Hypertension
PMDC	Pakistan Medical and Dental Council
PROM	Premature rupture of membranes
R.R	Respiratory Rate
RBS	Random Blood Sugar
SOPs	Standard Operating Procedures
SVD	Simple Vaginal Delivery
VD	Vaginal Delivery

2 PURPOSE

To provide guidelines for action and notification in the event of a suspected infant/child abduction.

3 DEFINITIONS

Neonate: A child less than four weeks of age

Infant: A child between the ages of one month and one year of age

Pediatric patients: Patients between the ages of 1 year and 12 years

Child Abduction: Any illegal, unlawful, or coercive taking away of child against the consent of his/her parents and legal guardian

4 RESPONSIBILITY

It is the responsibility of all staff members to always be alert for persons in all areas who exhibit unusual behavior and to be aware of patients who may be at risk due to family situations. Unusual behavior can be described as: loitering at the Nursery extensively, inappropriate questions about a baby or babies, following of nurses as babies are taken to their mothers, or asking questions about staff procedures or security measures.

During a CODE PINK, it is the responsibility of the hospital staff to stop and question anyone with children, bulky packages, suitcases, baby in their arms, wearing a heavy coat or jacket, or anyone who may appear suspicious.

5 POLICY

1. Code Pink Committee must be organized; its members and staff working in Labor room, Nursery, NICU, PICU and the Peads Ward shall be properly oriented on their roles and responsibilities including the things to be asked to the visitors in the area.
2. All personnel in the area are responsible to be familiar with the hospital **Child Abduction Response Plan** as it applies to their area.
3. Any employee suspecting of child abduction or missing shall immediately notify admin officer, Security guard of the unit and Security Supervisor of contracted Security Agency.
4. The telephone Operator upon receiving call for **"CODE PINK"** shall announce in the public address system for the Code Pink to be activated, in which all the Code Pink Team shall response without delay.
5. All exits shall be closed to prevent the culprit escape.
6. In service training and annual drill for "CODE PINK" shall be required for all persons even newly hired to be included in the orientation program.
7. Follow strictly for Staff ID Card policy.
8. Follow strictly for Patient identification policy
9. There should be CCTV Control of Labor room, Gynae wards, Nursery, NICU, PICU, Pediatric wards specially including other areas and hospital exit points.

6 PREVENTION

1. ENSURE THE PROPER IDENTIFICATION OF THE CHILD

a) All Nursing Staff members assisting deliveries in the delivery room must apply pink ID Band (Baby Girl) and blue ID band (Baby Boy) on right wrist with corresponding name of the mother, gender of baby, date of birth before handing over to mother/ transferring to the newborn unit(Sample ID band attached at ***Annex-01).***

b) Both sets of Foot print must be printed in the baby's record to be attached in the patient file (Template attached at ***Annex-02).***

c) Baby Handing over to neonatal department must be documented in Obstetrics-Neonatology Endorsement form (attached at ***Annex-03***)

d) In-patient infant and pediatrics patients will be made to wear an identification band (attached at ***Annex-04***), with the father's name and his contact number on it. On discharge from hospital, ID band is verified and removed by the nurse.

e) When two or more patients have the same or similar last names, charts and infant crib/bed card shall be labelled **NAME ALERT** and mother's first name will be included on the chart and crib card. (Template attached at ***Annex-05***)

2. THE AREA AROUND THE NEONATAL INTENSIVE CARE UNIT, THE NURSERY (IF PRESENT), AND THE AREA OF PAEDIATRIC WARDs WILL BE CONSIDERED SECURE AREAS

a) The Hospital authorized staff to enter such areas must display **Hospital Staff Identification Card**.

i. The identification card must be visibly displayed.

ii. Security must check for the presence of the identification card, as well as match the displayed picture to the individual's face.

iii. In case where there is a mismatch between the identification card and the face of the personnel carrying it, both individuals are to be referred to the hospital's Medical Superintendent, who will initiate a case comprising of legal and/or disciplinary action against both parties.

iv. Individuals lacking this card will not be permitted to enter into these secure areas.

b) Hospital staff with duty in these secure areas who have misplaced or forgotten their card must inform the head Nurse and Hospital administration.

c) Children will NEVER be removed from the secure area unless discharged by the competent authority.

i. The mothers may visit the breastfeeding area after identification for breast feeding.

ii. A specified Nurse should be in charge of the breast feeding area.

d) Only parents/ legal guardians are allowed to accompany the child during his/her hospital stay.
e) Security Guards should be present regularly on the duty.
f) Visiting hours must be observed strictly.
g) No attendants are allowed to stay overnight with the patient except the parents/ legal guardian.

3. THE CHILD'S PARENTS WILL NOMINATE NO MORE THAN TWO (2) INDIVIDUALS AUTHORISED TO VISIT THE CHILD; AND THEY WILL BE PROVIDED WITH A SPECIAL PATIENT ATTENDANT CARD AUTHORISING THEM TO ENTER PEADS WARD/PICU.

a) The Parents will provide the details of the individuals authorized to visit the child. These details will include the following:
   i. Name
   ii. Relationship with the child.
   iii. National ID card may be deposited against the attendant card to be provided.
   iv. Telephone number
b) Such individuals will be provided with patient attendant card (attached at ***Annex-7***).
c) The individuals will only be allowed to visit during the visiting hours.

4. PATIENTS AT RISK OF BEING ABDUCTED WILL BE PLACED CLOSE TO THE NURSES STATION IN THE LINE OF SIGHT OF THE NURSES

These patients are to be subjectively assessed, and include, but are not only limited to, the following:

a) Custody is being disputed.
b) Infants left alone in ward for extended periods of time.
c) Domestic disputes/abuse.
d) Threats to leave against medical advice by non-custodial parent.
e) In the events where custody isn't clear.
f) For divorced mother.

5. STAFF MUST ALWAYS BE VIGILANT AND AWARE OF; AND NOTIFY SECURITY OF; ANY UNIDENTIFIED / UNKNOWN PERSONS

Such individuals may include the following:

a) Unnecessarily follow staff of a secured area.

b) Asking detailed questions about the layout.
c) Impersonating a nurse or other allied health professional.

6. NEONATE/ MOTHER CONTACT

a) Assure the neonate taken from nursery is released only to mother after positive Id check by comparing the mother ID band with neonates.
b) MR of the mother must match with neonate‘s number on the identity band before the neonate can be released.
c) Assure that the neonate is only removed from mother’s care (ward/room) by authorized personnel.
d) Mothers will be instructed to release the baby to authorized personnel wearing appropriate identification. Initially it should be discussed with the patient during the ante-natal visits and admission for delivery and post-delivery.

7. ALL NEONATES MUST BE TRANSPORTED IN HOSPITAL BASSINETS,(Baby Cart)

a) Neonates will only be transferred to the mother via a baby cart.
b) Nobody involved in neonatal care is allowed to transport the child in any other way (like being held in the arms), including the parents and/or authorized visitors.
c) The parents may pick up the child, but MUST NOT go out of the secure area with the child.
d) Anyone found carrying a baby in the hallway will be questioned by the security guard or newborn/ ward nurse where the mother is admitted.

8. PARENTS SHOULD BE ADVISED NOT TO ALLOW THEIR CHILD TO BE TAKEN FROM THE WARD BY A WORKER UNLESS PERMITTED BY THE CONCERNED DUTY STAFF.

9. ACCESS CONTROL:

a) Entry and exit into the post-natal ward and nursery will be constantly monitored by electronic surveillance and by the nurse assigned to the patient.
b) All personnel and visitors will enter and exit the ward via the designated main entrance.
c) Emergency exits will not be used by visitors except during an emergency.

10. CODE PINK COMMITTEE MEMBERS shall compose of the following:

a) Medical Superintendent
b) Deputy Medical Superintendent on duty
c) Security Officer and contracting security agency security guards
d) Head Nurse/ Charge Nurse on duty
e) Department Head
f) Doctor on duty
g) Nursing Supervisor

(***Annex 8)***

7 CHILD ABDUCTION RESPONSE PLAN

1. MISSING CHILD

a) A staff member should stay with the person who has reported the child missing or send another employee with that person (if the family member chooses to look for the missing child).
b) The person reporting the missing child should not be allowed to leave the premises unaccompanied.
c) All witnesses and/or involved personnel should remain at the location until they are released by the DMS. If the event occurs at shift change, no employees should be allowed to leave the hospital.

2. SUSPECTED ABDUCTION / COMMUNICATION

Check desk to see if patient has been checked out, if not, call the Public Address system to initiate Code Pink.

"Code Pink – 0/1/5" - Location – aleph/bay – laal/neela

- 0 Infant < 1 year
- 1 Child 1-5 years
- 5 Child > 5 years
- Location ward name
- aleph Culprit Known
- bay Culprit Unknown
- laal Culprit is female
- neela Culprit is male

NOTE: Contact Security via telephone exchange. Give his/her name, MR no, location / floor (i.e., NICU, 2nd Floor, etc.)

3. DEPARTMENTAL RESPONSIBILITIES / STAFF ROLES

1. Nursing Unit

a) **Recheck all wards/rooms**
b) **Secure the area where the abduction occurred.**
   i. To preserve any forensic evidence.
c) **Counsel the parents.**
d) **Protect parent(s) from stressful contact with the media or other interference**
e) **Notify Admitting Consultant**

2. **Nursing Administration (Head Nurse)**
   a) **Ask Operator to contact:**
      i. Nursing Director
      ii. DMS on duty
      iii. Hospital Medical Superintendent
      iv. Hospital Security In charge
   b) **Hold all hospital Staff.**
      i. All employees should remain in department or report back to department until cleared to go home.

3. **Code pink members**
   They should respond immediately and execute their designated roles and responsibilities as outlined in the child abduction response plan during the rescue.

4. **All Staff**
   a. **Secure all hospital exits.**
   b. **Notify Single entrance and exit point for in and out. Let the family member of missing child to accompany the security guard there for recognition purpose.**
   c. **The staff will question individuals**
      i. Inform people before asking any questions that a child is missing.
      ii. If they have a child:
         i. Ask the person "Is this your child?"
         ii. Check the child and/or adult for hospital ID bands. (Parents/legal guardians of inpatient children are given an ID band to identify them with their child). Outpatients will be identified by OPD slip issued at the time of registration and their CNIC.
      iii. Ask person to open any large bags or purses (if missing child is an infant).
      iv. If the person has a child with them that is a toddler or older, ask the child, "Who is the person with you?"
      v. If the person has a child with them that is a toddler or older, ask the child, "What is your name?"
      vi. Ask the person where they have been in the hospital.
      vii. Notify security in issues of
         i. Non-compliance

ii. Changes in story over the course of discussion
iii. Suspicion of lack of truth

d. If an employee identifies the abductor, the employee should ask them to come with them to an area with a phone and call Security.

5. Security

The security staff will mobilize and organize, with at least one individual by the telephone to receive telephone calls from the staff, and the rest engaged in the following:

a) **Lockdown the Hospital.**
   i. Everyone must enter or exit through the designated single entry and exit gate.
b) **Search the facility and hospital grounds.**
c) **Obtain information from child's nurse, parents and others that may have been around infant/child:**
   i. sex of infant/child
   ii. age of infant/child
   iii. name of infant/child
   iv. Pictorial evidence of child
   v. description of infant/child clothing
   vi. Description of suspected abductor
d) **Assume control of the crime scene from the nursing staff.**
e) **Liaise with the police**
f) **Take suspects into custody**

6. Medical Superintendent

a) Notify Police Department
b) If necessary, respond to media; document.
c) Document this as a sentinel event, with surrounding and mitigating circumstances described in detail, and to be brought up in the Continuous Quality Improvement (CQI) Meetings

8 AFTER RECOVERY

1. Security will authorize a Code Clear and return access control to normal.
2. All staff will return to their work area.
3. Staff stress debriefing by Medical Superintendent, if requested.

9 SUPPORTIVE DATA

1. **Personnel Assigned to Delivery room, Newborn and Pediatric Ward** will receive the following training during their orientation period and annually thereafter
    a) Infant/ Child vulnerability
    b) Infant/ Child Abduction policy
    c) Suspicious Activity response
    d) Access control
    e) Employee Identification Card
    f) Visitor Identification
    g) Instructions to Mothers
    h) Newborn Identification Bands
    i) Footprint Requirements for Newborn
    j) Responding to abduction attempts
2. **Delivery Room, Newborn, and Pediatric Wards** will be on lookout for the following:
    a) Repeat visitors to the units with extreme interest in babies and children
    b) Theft of personnel identification or uniform
    c) Extensive questioning, regarding the units protocol or the babies and children
    d) Anyone carrying an infant instead of using a baby cart or carrying huge bags, large packages or loosely wrapped bundles from the delivery room or newborn unit
3. **Incidents will be reviewed through the sentinel event in CQIs for possible improvements**.

Primary and Secondary Healthcare Department

Employee Suspects child has been abducted

Call Operator
*Code Pink"

J

STAFF NURSE:

1. Recheck wards and rooms.
2. Secure the area.
3. Intimate Hospital Administration
4. Notify Incharge Security
5. Counsel the parents
6. Notify Primary Physician.

SECURITY:

1. Lockdown Hospital
2. Obtain information from Infant's/Child's nurse and parents
3. Search the facility.

OTHER STAFF:

1. Secure all exits.

I

NURSING ADMINISTRATION (Head Nurse):

1. Intimate Nursing Director.
2. Intimate Hospital Administration.
3. Intimate Hospital Security Supervisor.
4. Intimate DMS on duty and MS

HOSPITAL ADMINISTRATION:

1. Notify Police
2. Handle media Calls
3. Stress debriefing

10 FAQs

10.1 What is code Pink?

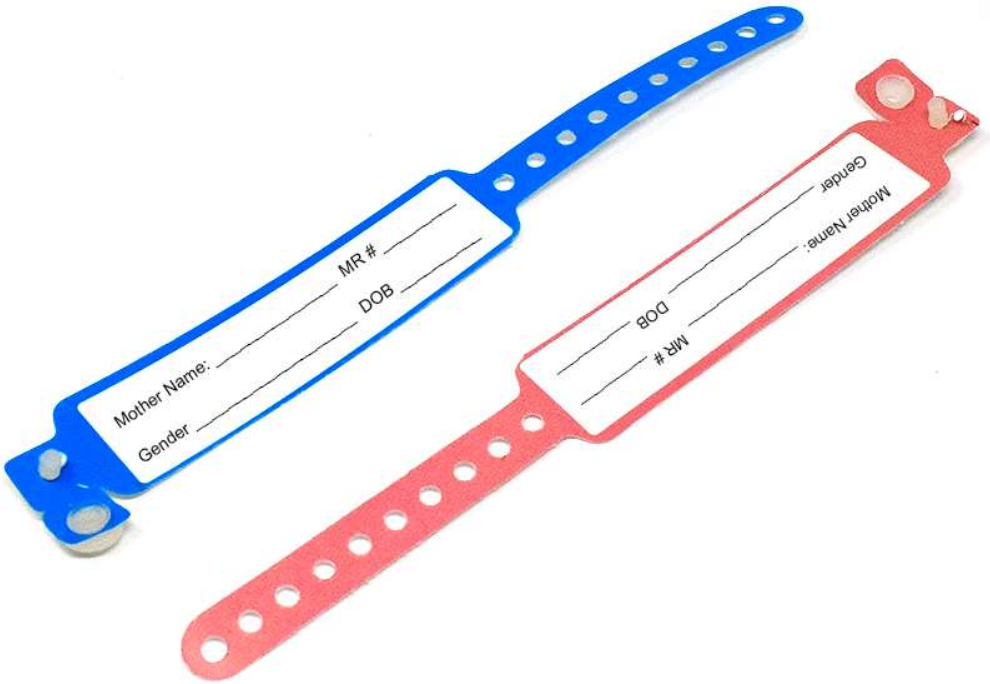
Code Pink is when a neonate, infant or child admitted in hospital is suspected or confirmed as missing.

10.2 What is the role of Parents to prevent child abduction?

Parents should be alert to any unusual behavior/ loitering and report suspicious behavior to on duty Nurse and Security Officer. They must be oriented to never give baby to any unknown person or unauthorized hospital staff.

11 ANNEXTURES

11.1 ANNEX-01 (NEWBORN ID BAND)



11.2 ANNEX-02 (BABY FOOT PRINT)

New Born Identification			
Name of Mother		Gender of Baby	
Mother MR #		Date & Time of Birth _____/_____/_____ ___ : ___ AM/PM	
Mothers Right Index Fingerprint	Infants Left Footprint	Infants Right Footprint	
Nurse Name *(Taking Print & Applying ID Band)* & Sign:	Hospital ID	Date: _____ /____ /_____	Time ___:___ AM/PM

11.3 ANNEX-03 (OBSTETRICS – NEONATOLOGY ENDORSEMENT FORM)

OBSTETRICS - NEONATOLOGY ENDORSEMENT			
Mother Name:	MR#	Age	Date of Admission ...... / ..... /........

Received From:		**Admitted Through:**
☐ Emergency	☐ Clinic	______________________________
☐ Ward	☐ Other	______________________________
		______________________________

OBs/GYNAE HISTORY		
Gravida	Para	Abortion
LMP:	Gestation Age: Weeks	
Pre-Eclampsia	☐ Yes	☐ No
Antepartum Bleeding	☐ Yes	☐ No
DM / GDM	☐ Yes	☐ No
Dexamethasone cover	☐ Yes	☐ No
PROM_____________ Hours	☐ Yes	☐ No
Hypertension/PIH	☐ Yes	☐ No
CTG Findings:		
Fetal Hart sound (At the time of delivery) ----------------------------		

MODE OF DELIVERY		
Vaginal	☐ SVD	☐ Assisted VD
Caesarean Section:	☐ Elective	☐ Emergency
Indication of CS:		
Previous CS:	☐ No	☐ Yes No..............

LABORATORY
CBC:
RBS:
Viral Markers:
Blood Typing and Grouping:
Others:

Mother Vital Signs at the time of delivery	
HR:	Temp.
R.R:	B/P:

BABY		
Birth Date & Time: .... / .... / .... :		
Sex	A/S ..../10	Weight........kg
General Examination: ☐ Pink ☐ cyanosed		
☐ Normal Spontaneous breathing		
☐ Delayed Cry		
☐ Any complain : -		
- -		
- -		
- -		

HANDING OVER FROM OBS & GYNAE DEPARTMENT		
Doctor Name ID & Sign	Nurse Name ID & Sign	Data & Time
		.... / .... / .... : ..... AM/PM

TAKING OVER TO NEONATAL DEPARTMENT		
Receiving Doctor Name ID & Sign	Nurse Name ID & Sign	Data & Time
		.... / .... / .... : ..... AM/PM

11.4 ANNEX-04 (PEADTRIC PATIENT ID BAND)

11.5 ANNEX-05 (CRIB CARD)

Neonate Crib/ Bed Card

It's a Boy!			
Baby boy of _____ *(Mothers Name)*		MR #	Bed #
Birth Date _____ Time ____ : _____ AM/PM		Admission Date _____ Time ____ : _____ AM/PM	
Birth	Weight _____ kg	Length: _____cm	HC _____cm
Admission Diagnosis:		☐ Brest Feeding ☐ Bottle Feeding	
Obstetrician Name:		Pediatrician Name:	

It's a Girl!			
Baby girl of _____ *(Mothers Name)*		MR #	Bed #
Birth Date _____ Time ____ : _____ AM/PM		Admission Date _____ Time ____ : _____ AM/PM	
Birth	Weight _____ kg	Length: _____cm	HC _____cm
Admission Diagnosis:		☐ Brest Feeding ☐ Bottle Feeding	
Obstetrician Name:		Pediatrician Name:	

Pediatric In Patient Crib / Bed Card

PATIENT CRIB / BED CARD		
Name of Baby:	MR #	Bed #
Father Name: _____	Admission Date _____ Time ____ : _____ AM/PM	
Gender ☐ Boy ☐ Girl	Weight _____ kg	
Admission Diagnosis:	☐ Brest Feeding ☐ Bottle Feeding	
Pediatrician Name:		

NAME ALERT in case of Patients with similar Name

It's a Boy!

Baby boy of _____ *(Mothers Name)*	MR #	Bed #
Birth Date _____ Time ____ : ____ AM/PM	Admission Date _____ Time ____ : ____ AM/PM	
Birth Weight _____ kg	Length: _____cm	HC _____cm
Admission Diagnosis:	☐ Brest Feeding ☐ Bottle Feeding	
Obstetrician Name:	Pediatrician Name:	

Name Alert

It's a Girl!

Baby girl of _____ *(Mothers Name)*	MR #	Bed #
Birth Date _____ Time ____ : ____ AM/PM	Admission Date _____ Time ____ : ____ AM/PM	
Birth Weight _____ kg	Length: _____cm	HC _____cm
Admission Diagnosis:	☐ Brest Feeding ☐ Bottle Feeding	
Obstetrician Name:	Pediatrician Name:	

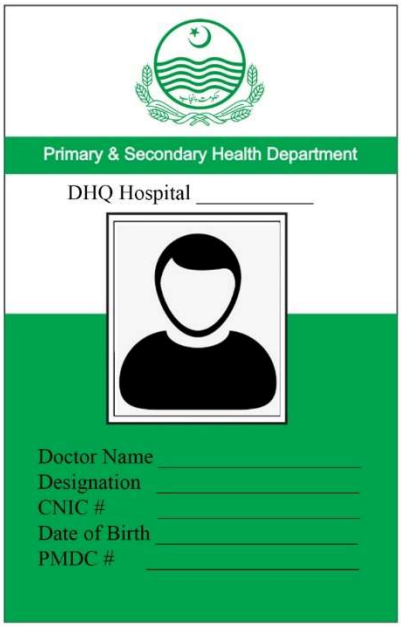
Name Alert

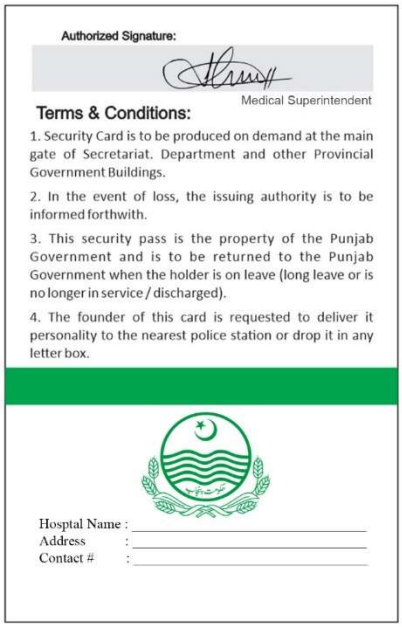
PATIENT CRIB / BED CARD

Name of Baby:	MR #	Bed #
Father Name: _____	Admission Date _____ Time ____ : ____ AM/PM	
Gender ☐ Boy ☐ Girl	Weight _____ kg	
Admission Diagnosis:	☐ Brest Feeding ☐ Bottle Feeding	
Pediatrician Name:		

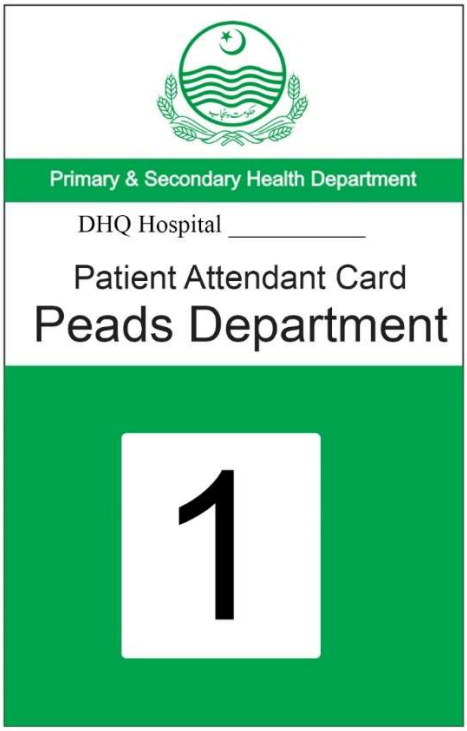
Name Alert

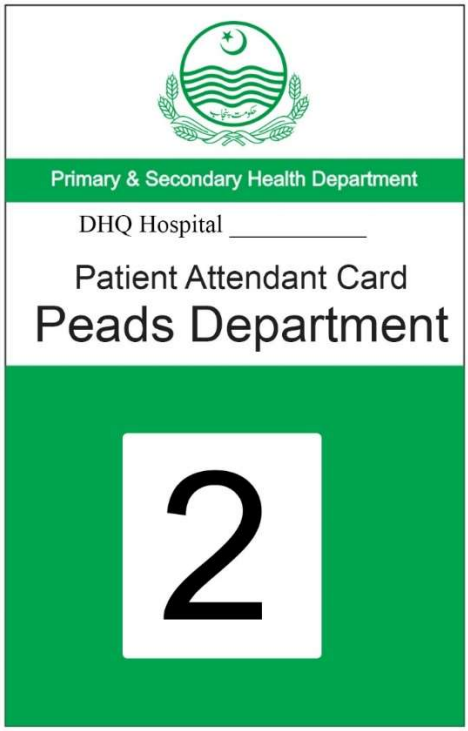
11.6 ANNEX-06 (HOSPITAL STAFF ID CARD)





11.7 ANNEX-07 (VISITATION CARD)





11.8 ANNEX-08 (CODE PINK COMMITTEE)

A committee of following members is hereby constituted vide order No. _____ dated _____ to prevent and rescue infant / child abduction.

1.	Medical Superintendent	Chairman
2.	Deputy Medical Superintendent on duty	Co-Chairman
3.	Security Officer and contracting security agency security guards	Member
4.	Head Nurse / Charge Nurse on duty	Member
5.	Department Head	Member
6.	Doctor on duty	Member
7.	Nursing Supervisor	Member

The committee is responsible for:

a) Code Pink committee members and staff working in labor room, nursery and PEADS ward shall be properly oriented on their roles and responsibilities.

b) The committee is responsible for in-service training and annual drill of all staff on code pink policy.

c) Committee shall ensure the following:

- **i.** Patient identification (Baby)
- **ii.** Visiting hours and visiting rules must be observed strictly.
- **iii.** Security guards on duty shall make regular rounds all over the hospital.
- **iv.** No visitors are allowed to stay overnight with the baby except the parents/legal guardian.

d) The committee members shall meet every three months to check the compliance of Code Pink SOPs.

e) They must coordinate with each other for execution of Child abduction response plan in case of suspected child abduction.

f) The convener shall take over on the operation of code pink until the law enforcement agency arrives to be responsible for the directions of activities during the Code Pink.

g) Incident will be registered as sentinel event and reviewed in CQI meetings for possible improvements.