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T102

BABY, CHILD AND YOUNG PERSON ABDUCTION POLICY

WARNING

If the 'Child Abduction Emergency Procedure' is in operation and you have not read this policy before, do not do so now - time is essential, find the relevant action page and follow the procedure.

If Child Abduction has taken place go to page 12.

Introduction and Aims

Babies, children, young people's safety and the prevention of abduction are a priority within Cardiff and Vale University Health Board. Health Board staff in partnership with parents and their families will comply with the safety and security measures in place.

Abduction from hospital can still happen although it is a rare event. It is a situation that may result in intense media and public attention. It is therefore essential that prompt action is taken to ensure that any baby, child or young person is found and reunited with their parent as quickly as possible in the event of an abduction, and to restore public confidence in the Health Board

The aim of this policy is to ensure that staff have the appropriate training and knowledge to enable them to ensure the safety of babies and children at all times and to prevent abduction. It will also ensure that there are procedures to be followed in the event of an abduction.

Objectives

- This policy outlines best practice in preventing abduction and the process to follow if abduction is suspected or has taken place
- To ensure that staff have the appropriate training and knowledge to enable them to ensure the safety of babies and children at all times and to prevent abduction
- To provide a rational and practical framework to work within, in order to prevent a child abduction or in the event of an abduction taking place to ensure an efficient and effective response to the situation if it occurs and to provide knowledge and insight in the prevention of such an episode

<p>Scope</p> <p>This policy applies to all healthcare professionals in all locations including those with honorary or temporary contracts in all locations. The policy covers babies, children and young people from birth until under 18 years of age who are being cared for in all in-patient areas of the Health Board.</p> <p>Any financial costs associated with the implementation of this policy will be met by individual directorates where there are specific security issues.</p>	
<p>Equality Health Impact Assessment</p>	<p>An Equality Impact Assessment was undertaken for Version 2 of this policy. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.</p> <p>The assessment found that there was little impact to the equality groups mentioned. Where appropriate we have taken, or will make plans for, the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation.</p>
<p>Documents to read alongside this Procedure</p>	<p>Identification of the newborn guidelines in maternity UHB Emergency procedure CAMHS Policy and Procedures for missing persons Safeguarding Policies (previous Child Protection)</p>
<p>Approved by</p>	<p>Maternity Professional Forum QSE Children and Women Clinical Board Quality and Safety Committee</p>
<p>Accountable Executive or Clinical Board Director</p>	<p>Ruth Walker, Executive Nurse Director</p>
<p>Author(s)</p>	<p>Suzanne Hardacre, Head of Midwifery/Lead Directorate Nurse Alice Fairman, Safeguarding Midwife Mary Glover, Lead Nurse Acute Child Health</p>
<p style="text-align: center;"><u>Disclaimer</u></p> <p style="text-align: center;">If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <u>Governance Directorate</u>.</p>	

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Dec 2009	Feb 2010	
2	21/02/2012	05/03/2012	
3	17/6/2020	23/06/2020	Policy updated by C&W Clinical Board (amendments via version control) Use of CCTV - removed where relevant as not available In and Out Patient Areas within C&V Updated Indicators of Concern added

Contents

	Page
1. Introduction	4
2. Policy Statement	5
3. Responsibilities	5
4. Prevention	6
5. Arrangements in various departments	7
6. Security Systems	9
7. Suspicion	10
8. Indicators of Concern	11
9. Resources	11
10. Training	12
11. Implementation	12
12. Audit	12
13. Distribution	12
14. Monitoring and Review	12
References and Further Information	
1. Appendix 1: Flowchart of Immediate Actions	14
2. Appendix 2: Child Abduction Emergency Procedure Information Sheet	15
3. Appendix 3: Action Cards:	
i Switchboard	18
ii Nurse/Midwife Caring for the baby/child/young person	19
iii Nurse/Midwife in Charge/Senior Person on the Unit	20
iv Security Services	21
v In and Out of Hours Action for Lead Nurse/Senior Midwife/SMOC/Site Practitioner	22

CHILD ABDUCTION POLICY

WARNING

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1. INTRODUCTION

Baby and Child Abduction and the threat are harsh realities in today's world. Children and babies in hospitals have been shown to be the most vulnerable. Cardiff and Vale University Health Board (UHB) premises are therefore exposed to the threat of baby and child abduction. Baby and child safety and the prevention of abduction are a priority within the UHB. UHB staff in partnership with parents and their families will comply with the safety and security measures in place. The National Association of Health Authorities and Trusts (NAHAT) recommendations for 'Security in Maternity Units' will be taken into consideration.

This policy outlines best practice in preventing abduction and the process to follow if abduction is suspected or has taken place. The policy covers babies, children and young people from birth to under 18 years of age who are being cared for in all inpatient areas of the UHB.

A security tagging system is in place within the maternity wards and neonatal unit. The Obstetric Delivery Unit and T2 Obstetric Theatres and Recovery areas are accessed via a secure TDSI swipe card entrance and exit system.

Within the Children's Hospital for Wales, there is a swipe card lock down system which only permits admittance via door release that is controlled by UHB staff.

It is acknowledged that not all children and young people are cared for within designated baby, children and young people's areas e.g. gynaecology, medicine, surgery, These areas will not have controlled access systems but must take responsibility for ensuring the safety of children in their care to ensure consistency with initiating the Safeguarding Children (2011) in the case of abduction/attempted abduction.

2. POLICY STATEMENT

Cardiff and Vale University Health Board is committed to protecting and maintaining the safety of all babies and children admitted under our care. Cardiff and Vale University Health Board recognises children are vulnerable individuals and that it has a clear responsibility, in accordance with Working Together to Safeguard Children

(2011) to ensure any child or young person admitted to Cardiff and Vale University Health Board premises as a patient are safeguarded from harm.

3. RESPONSIBILITIES

The UHB has a responsibility to ensure that staff have access to and are aware of the Child Abduction Policy and its applications in the clinical areas.

Each directorate that provides care for babies/children as in-patients are responsible for the safety of babies and children in their care.

Staff providing care to babies and children are responsible for being aware of the Child Abduction policy, updating and taking part in annual Child abduction Drills in their area. Audit and learning from abduction drills is monitored via directorate quality and safety committees and mandatory training for staff.

4. PREVENTION

Identification of unusual or suspicious behaviour and the conviction to question the individual is the best preventative security measure available to staff. The experience of staff is invaluable in early identification and detection of the first impression that 'something is not quite right'.

The importance of reporting any observed suggestion of dubious activities cannot be overstated and could prevent the occurrence of a more serious incident. Included in this is the immediate notification to the department manager and security department.

- UHB staff who provide care to babies and mothers will receive training on the use of the policy through induction programmes and annual Abduction Drills.
- In line with the UHB Identification Badge Policy all staff entering the unit/ward/clinical area must wear Cardiff and Vale University Health Board identity badges with photograph and name clearly displayed.
- Should someone attempt to enter a secure area wearing a UHB uniform but have no ID badge - Individuals must be challenged and possibly refused entry. An individual in uniform may not necessarily be a UHB member of staff. Staff are required to wear identification badges at all time and suspicious behaviour should be reported to the Departmental Manager/Site practitioner and the Security Department.

- Staff may be aware of marital/relationship difficulties between the baby / child's parents and other family members which could lead to the requirement to monitor visitor requests.
- An individual's inquisitiveness about hospital procedures may be in all innocence, however, criminal activity is often based on apparently innocent conversations.
- Staff should be mindful that a disturbance created in another area of the ward/unit may be a diversion to assist in abduction.
- During visiting times there may be a need for increased vigilance in order to reduce the risk of abduction. Reception desks should be manned at core times.
- Individuals bringing large sports / shopping bags etc. onto the ward/unit may require close monitoring whilst visiting.
- It is customary in some areas for UHB staff to use mobile transportation whilst transporting babies /children around the hospital therefore an individual in UHB uniform physically carrying a baby / child may be deemed as suspicious.
- Staff are required to be extra vigilant during doctor's changeover in February/March and August/September when there will be "visiting" healthcare professionals that are not known to staff. All visiting healthcare staff must provide appropriate ID and if they are not known to ward staff they should be accompanied by a midwife/nurse when in the clinical area.

5. ARRANGEMENTS IN VARIOUS DEPARTMENTS:-

5.1 Child and Adolescent Mental Health Services (CAMHS) within Cardiff & Vale University Health Board

The young people who attend Community out patients within the Child and Adolescent Mental Health Services will not be tagged and the general principles of security outlined in this policy must be adhered to at all times.

5.2 Maternity - Consultant Led Unit (CLU), Alongside Midwifery Led Unit (MLU)

In line with best practice babies must be correctly identified at the time of birth, as per the Guideline for the Identification of Babies in the Consultant Led Unit and Midwifery Led Unit (Sept 2019).

All babies should have secure identification bands on admission to ward areas in accordance with local guidance as above

A security tagging system is in place in the Alongside Midwifery Unit and the First Floor Maternity Ward. In cases where parents/carers object to the tagging of their baby the midwife in charge will explain to them the reasons for tagging and the potential increased risk to their baby. If they still do not agree to the baby being tagged they will be asked to sign a Disclaimer and this action will be fully documented in the baby's notes. If there are any suspicions that the parent/carer may abduct the baby the staff will be extra vigilant and place the mother and baby in an area of the ward furthest from the exits and where staff can monitor them more closely.

'Rooming-in' where mother and babies remain together should be practised and mothers reminded to be vigilant at all times and not to leave baby unattended.

Maternity beds must only be used for obstetric patients thereby reducing the risk of strangers within the ward environment.

There is no CCTV within the Maternity Unit.

5.3 Neonatal Unit (UHW)

The Neonatal Unit UHW has a full tagging system and all babies in the High Dependency Unit and Special Care will be tagged. Those babies in Intensive Care cots will not be tagged due to their clinical interventions. Access to and from all areas within the Neonatal Unit is restricted via TDSI security systems.

5.4 Children's Hospital for Wales

The wards in the Children's Hospital for Wales are:

- Ocean floor - Seahorse Ward (Children's Emergency Assessment Ward)
- Paediatric outpatients - (Starfish, Penguin and Dolphin), Octopus (Children's x-ray)
- Land Floor - Pelican Ward, Island Ward, Jungle Ward – Medical
- Sky Floor - Gwdihw Ward (Surgery), Rainbow ward (oncology)
- Space Floor - Children's Theatres, Rocket (oncology outpatients)
- Seren Floor - PCCU, Psychology

The in-patient children's wards do not have full tagging systems. All in patient children's areas have secure access via TDSI control. All babies and children are risk assessed on admission by the admitting nurse. Full consideration is given to child protection issues in line with current UHB Safeguarding of Children Policies and Procedures 2011.

In cases where parents/carers object to the tagging of their baby/child the nurse/midwife in charge will explain to them the reasons for tagging and the potential increased risk to their child. If they still do not agree to the baby/child being tagged

they will be asked to sign a Disclaimer and this action will be fully documented in the patient's notes. In cases where parents/carers object to the tagging of their child, the nurse in charge will explain to them the reasons for tagging and the potential increased risk to their baby. If they still do not agree to the baby being tagged they will be asked to sign a Disclaimer and this action will be fully documented in the child's notes. If there are any suspicions that the parent/carer may abduct the child the staff will be extra vigilant and place the child in an area of the ward furthest from the exits and where staff can monitor them more closely.

5.5 Other Children's Services within Child Health and the UHB

All babies and children are risk assessed on admission by the admitting nurse. Where a potential risk of abduction has been identified an action plan is agreed and implemented by staff to ensure the safety of the child. These areas are accessed by TDSI Access only.

5.6 Theatres

Those Babies/Children who have a security tag in place and go to Theatre must have the tag removed and replaced by the transferring nurse and replaced on return to ward from theatre.

5.7 Children's Assessment Unit, Paediatric Emergency, Children's Centre and Clinics

Babies and children attending these areas are accompanied by a responsible adult. However, the general principles of security will be adhered to.

6. SECURITY SYSTEMS

6.1 General

In the event of abduction/attempted abduction all access to and egress from the relevant area will be restricted to authorised personnel only. This will be controlled by a designated member of the ward staff.

6.2 University Hospital of Wales

At the University Hospital of Wales (UHW), card access systems are in place throughout the Maternity Unit, Children's Hospital, paediatric wards, and the Neonatal Unit.

7. SUSPICION

It is encouraged that if an individual/s is observed displaying suspicious behaviour in the immediate or surrounding area of the Maternity Unit, Children's Hospital and Mother and Baby Unit then this is reported immediately to the unit's staff and if appropriate the security department or police.

If abduction is suspected staff should try to contain the individual/s in the immediate area, or try to convince, in a helpful and friendly manner, the need to return to the unit, for example:

- The baby/child requires an important pre-discharge test, which a new junior member of staff failed to perform.
- A new junior member of staff failed to complete a pre-discharge form.

Suggested questions to a suspect abductor:

- When was your baby born?
- What room were you in on the ward?
- Where do you live?
- Who was your consultant?
- What was your child in hospital for?
- How are you getting home?

Should the individual(s) continue to leave the area or unit following staff requests to remain or return, the emergency procedure should be activated **immediately**. If possible, the abductor should be followed from a safe distance. The health and safety of staff and other patients needs to be considered when making the decision to follow the abductor.

Be aware of:

- Repeated visiting 'just to see' or 'hold' the baby /child
- Close questioning about ward procedures and layout of the area such as 'Where are the emergency exits', 'How late are visitors allowed on the wards'.
- Individuals carrying large packages /bags off the wards / units.

If a child is believed to have been abducted or reported missing all staff are aware that it is essential that the incident be treated as a genuine occurrence until the child is returned. The UHB Child Abduction 'Emergency Procedure' (Appendix 1) detailing, identifying and clarifying the roles, responsibilities, and expectations of all staff in the event of a child abduction, attempted child abduction, and a missing child will be implemented

Although impossible for any procedure to predict every eventuality, senior personnel will interpret and implement the Child Abduction 'Emergency Procedure' as the circumstances dictate, and will issue instructions based upon these procedures. Follow the action cards (Appendix 3)

8. INDICATORS OF CONCERN

- Staff may be aware of marital/relationship difficulties between the baby / child's parents and other family members which could lead to the requirement to monitor visitor requests.
- An individual's inquisitiveness about hospital procedures may be in all innocence, however, criminal activity is often based on apparently innocent conversations.
- Staff should be mindful that a disturbance created in another area of the ward/unit may be a diversion to assist in abduction.
- During visiting times there may be a need for increased vigilance in order to reduce the risk of abduction. Reception desks should be manned at core times.
- Individuals bringing large sports bags etc. onto the ward/unit may require close monitoring whilst visiting.
- It is customary in some areas for UHB staff to use mobile transportation whilst transporting babies /children around the hospital therefore an individual in UHB uniform physically carrying a baby / child may be deemed as suspicious.
- Staff are required to be extra vigilant during doctor's changeover in February/March and August/September when there will be "visiting" healthcare professionals that are not known to staff. All visiting healthcare staff must provide appropriate ID and if they are not known to ward staff they should be accompanied by a midwife/nurse when in the clinical area.

9. RESOURCES

Any financial costs associated with the implementation of this policy will be met by individual directorates where there are specific security issues.

10. TRAINING

Individual directorates where children/babies are cared for must ensure that their staff are aware of the Abduction Policy and how it is implemented. Where children/babies are inpatients annual 'child abduction drills' take place as part of ongoing training for staff. Staff will also be educated to challenge any individual who attempts to remove a baby/child from the unit/ward/clinical area.

11. IMPLEMENTATION

Individual directorates who care for children and babies will be expected to ensure implementation of, and compliance with the policy. Action cards are included within this policy for staff to follow.

12. AUDIT

Annual 'Abduction Drills' must take place in all Directorates where children and babies are cared for. Action plans will be developed and implemented based on the outcome of the drills. A suggested template for managing an Abduction drill is available in the appendices. The action plans will be monitored via the Quality & Safety groups within Directorates and the Children and Women's Clinical Board.

13. DISTRIBUTION

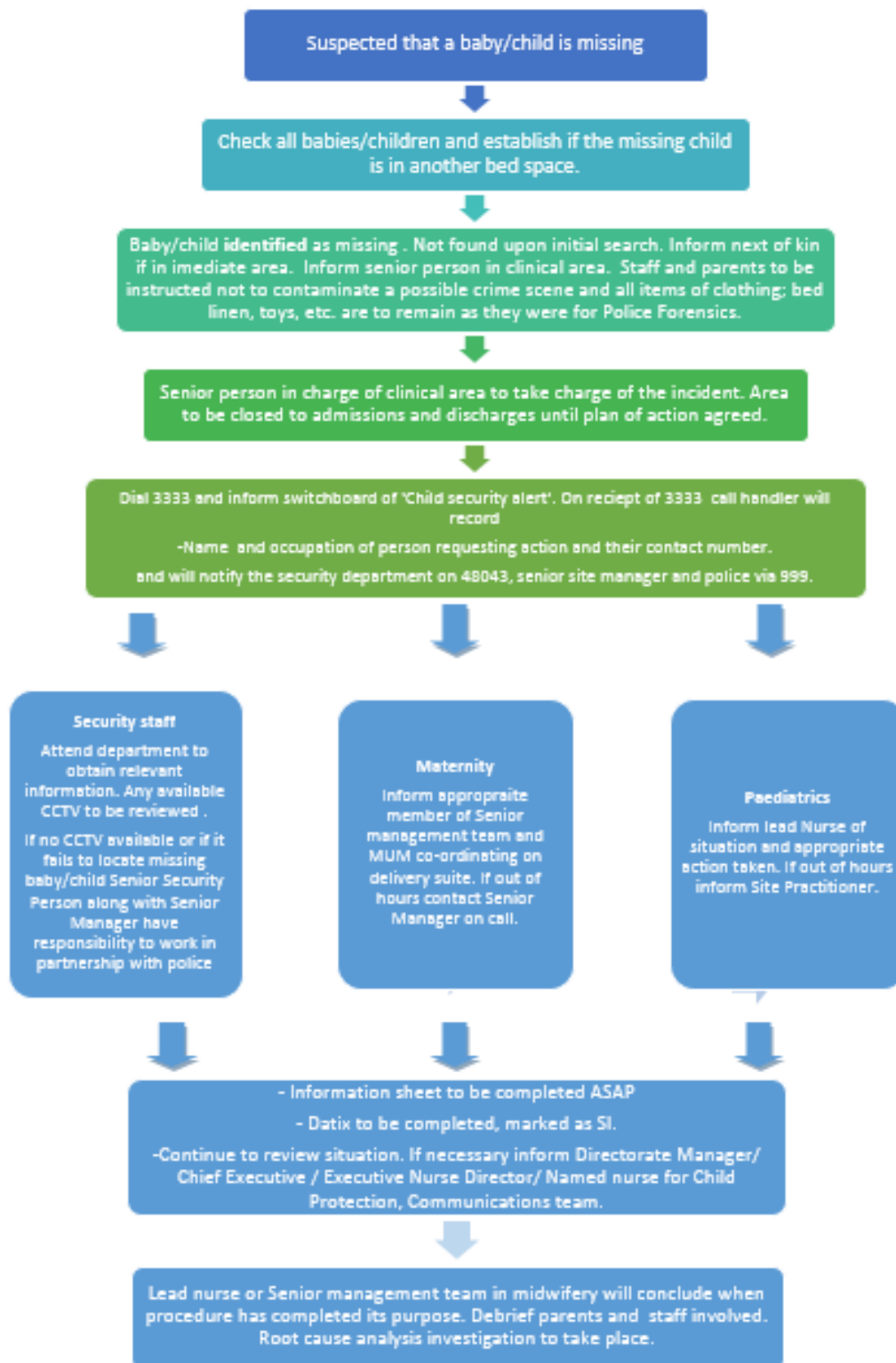
The full policy will be available on the UHB intranet. Reference will also be made to the document title and Equality Impact Assessment on the UHB internet site. The policy content will be restricted as it contains information that could result in a threat to the security of babies and children.

14. MONITORING AND REVIEW

The policy will be monitored in line with the recommendations set out in the relevant Welsh Risk Management Standards and is subject to 3 yearly review via the consultation process of the UHB.

References/Further information

- Guideline for the Identification of Babies in the Obstetric Led Unit and Alongside Midwifery Unit. Cardiff and Vale UHB.
- Safeguarding Children. Cardiff and Vale UHB.
- NAHAT. 1995, 'Safe and Sound'. Security in NHS Maternity Units. Birmingham,



Child Abduction Emergency Procedure Information Sheet

Staff and parents are instructed not to contaminate a possible crime scene and all items of clothing; bed linen, toys, etc. are to remain as they were for Police Forensics.

Baby/Child Details

Addressograph

Sex:	<i>Please circle</i> White Asian Chinese Black Mixed Race Any Other ethnic group <i>Please state</i>	Child Tag Yes / No
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Distinguishing marks, birthmark, scars, etc

What was the baby or child wearing or wrapped in (if known)	Any known illness or medical condition
Photograph Y/N	Type of feeding

Details of Parent(s)/Guardian

Name

Address

Any other relevant information:

Were Social Services Involved With Family (Y/N)

Details of Suspect Abductor

Is the identity of the abductor known? (If so, give full details - name, address, etc)		
Name:		Address:
Approximate age:	<i>Please circle:</i> White Asian Chinese Black Mixed Race Any other ethnic group <i>Please state</i>	Male/Female
Build:	Hair colour, length - hat - glasses?	Height
Any speech traits:		
Distinguishing marks: tattoos, scars, etc		
Was the individual or individuals wearing hospital issue or ordinary clothes?		
Dress/skirt: Colour, style, length	Jacket: Colour, style, length	Trousers: Colour, style
Any other distinguishing features:		

Details of Incident

Reported by: Name: UHB Staff/Patient/Visitor/Other	
Date Incident Reported:	Time Incident Reported:

Form completed by:	
Name: (PRINT)	 (SIGNATURE)
Department:	Occupation:

ACTION CARDS

Action Card 1: Switchboard

Responsibilities

To contact security, police and site manager for area.

Immediate Action:

- On receipt of '3333' initiating the 'Child Abduction Emergency Policy' the telephonist will record the call and obtain the following information:
 - 🕒 the name of the caller
 - 🕒 their job title
 - 🕒 the area where the alleged abduction has taken place
 - 🕒 the telephone/extension number they are calling from
- Clear down and ring back to confirm the message and connect the caller to the police on **'999'**
- The telephonist will then notify:
 - 🕒 Emergency bleep security - **Bleep 5129**
 - 🕒 Inform security supervisor - Ext 48043
 - 🕒 All areas - out of hours - Bleep 5555
 - 🕒 Out of hours - Inform:
 - Maternity - Senior Midwifery Manager on Call via Rota Watch and Senior Manager on call
 - Child Health – Site Practitioner on call via Switchboard
 - 🕒 In hours - Inform:
 - Head of Midwifery ext 45091
 - Lead Nurse Acute Child Health ext 46653
 - Children and Women Clinical Board Director of Nursing ext 44787

Action Card 2: Nurse/Midwife caring for the baby/child. In the Mother and baby unit the Nurse in Charge will be the nurse caring for the child.

Responsibilities:

- To identify if a baby/child is missing and escalate concern immediately

Immediate Action

- Verify if the baby/child is missing
- Inform Nurse/Midwife in charge of the ward
- Support the parent/carer (unless baby/child abducted by the parent/carer)
- If the audible child tag system alarm has been activated, silence it as soon as possible after the alarm has been raised in order to avoid distress to other patients and carers
- No item of the baby/child/young person's clothing, bedding or belongings are to be touched as they may be required as part of a police investigation

Priorities:

- Complete relevant documentation.
- Reassure other parents in the area and secure the area as a possible scene of crime.

Debrief:

- Action care holder will attend the incident debrief.

Action Card 3: Nurse/Midwife in Charge/Senior Person in Unit

Responsibilities:

- The senior unit person will take charge of the incident and notify the appropriate Head of Profession and line manager of the situation. It is vital to remain composed and provide clear and precise instruction and information.

Immediate Action:

- Identify the suspected missing baby/child and seek information on the possible location of the baby/child from a parent or guardian.
- Staff familiar with the missing baby/child should undertake a systematic search of the adjacent areas immediately, checking all other babies/children are accounted for, although mindful that the unit will still require to be staffed. If additional staff are needed help from other areas will be deployed.
- The next of kin (where relevant) is to be contacted to attend the hospital as soon as possible.
- Dial the UHB emergency number '3333' and notify the telephonist of a 'Child Security Alert on, (name of appropriate unit or location)' Switchboard will ring back to confirm and connect Nurse in charge to the police who will ask for details of the child
- If the audible child tag alarm has been activated, silence it as soon as possible after the alarm has been raised in order to avoid any distress to other patients.
- No item of the baby/child/young person's clothing, bedding etc are to be touched as it may be required as part of a police investigation.

Priorities:

Complete relevant documentation:-

1. The Information Sheet (Appendix 2) will need to be completed as soon as is practical following the activation of the 'Child Abduction Policy', and if available a recent photograph of the baby/child should be attached.
2. A **DATIX** Incident Form must be completed as soon as is practical.
3. The ward area/delivery suite will be closed to admissions and discharges until the plan of action has been agreed.

Debrief:

- Action card holder will attend the incident debrief.

Action Card 4: Security Services

Responsibilities:

- To assist in the coordination and location of the abducted baby/child/young person.

Immediate action:

- On notification of the implementation of the 'Child Abduction Policy', security personnel will report immediately to the unit to obtain all relevant details.
- All details of the abductor to be passed to security personnel by supervisors.
- Security staff will be deployed to the immediate areas around the abduction point.
- Supervisors will pass on relevant details to Security Management.
- Security will work in partnership with the Head of Profession and the Police.
- Security personnel will inform portering services of the situation and any relevant details to assist in the location / detection of the baby / child

Security/Portering Management:

- The security / portering management will report to the security office on arrival and will liaise with the person in charge and directly with the Police if required.
- A room in the unit where the abduction has taken place will be made available for the Police until their mobile incident room arrives on site.

Priorities:

- Complete relevant documentation.
- Work in partnership with other staff.

Debrief:

- Action care holder will attend the incident debrief

Action Card 5:

In Hours: **Lead Nurse/Head of Midwifery/Head of Children's Nursing/ Lead Nurse Mental Health**
Out of hours: **Senior Manager on Call/Senior Midwifery Manager on call/ Site Practitioner**

Responsibilities:

- To review the situation and if necessary inform Divisional Manager/ Chief Executive/ Nurse Director / Named Nurse / Doctor for Child Protection / Communications team

Immediate Action:

- The Lead Nurse will be informed (deputy in her absence) by the senior person of the current circumstances.
- Following a full assessment of the situation and in consultation with the personnel concerned, a decision to notify the Directorate Manager/ Chief Executive / Nurse Director / Named Nurse/Doctor for Child Protection and Communications team will be made
- Support staff during this stressful situation.
- Identify a private room to be used for the immediate investigation until Police set up their own mobile incident room.
- **Priorities:**
 - Until the child is found the alert should be treated as genuine, an incident room will be based within the Obstetrics and Gynaecology Directorate offices for Maternity and within the Child Health Directorate Offices for Paediatrics
 - Ensure staff have completed all relevant documentation.

Debrief:

- Action care holder will attend the incident debrief.

Media Interest

Media enquiries will be managed by the Corporate Communications Department. In the event of this happening out of hours this route is via the Senior Manager on Call who will alert the Executive Director on call.

Stand Down

Following full consultation with all the relevant persons concerned, the Senior Manager / senior person will conclude when the UHB's 'Child Abduction Emergency Procedure' has completed its purpose.

A full debrief will take place with the staff involved, parents and next of Kin. Any external response to an Abduction will be agreed with the Chief Executive / Executive Nurse Director.

It may be necessary to report the incident to the Welsh Government in accordance with their Serious Incident Reporting guidance (2010). This decision will be made by an appropriate member of the Executive team. The reporting process will be coordinated via the Patient Safety Team. A Serious Incident investigation will need to be coordinated and it is suggested that this is undertaken following discussion with the relevant Executive Director, Patient Safety and Directorate management team.

Templates, eg Maternity Unit Abduction Drill template

Abduction Drill

Area

Hospital

On:

(insert date)

⌚ Drill to take place at approximately:

on

⌚ Drill will take place in the:

at

hospital

⌚ Dummy abductor will attempt to gain access to the

⌚ 'Baby' will be picked up from ward area in car seat

⌚ Security tag will be left on

⌚ Dummy abductor will attempt to leave ward area via ward main entrance

The Sequence

Timings	PROCEDURE	Yes/No	Comments
	1. Was Dummy abductor challenged prior to gaining access		
	2. Was the Dummy abductor challenged on leaving the ward		
	3. Did members of staff react quickly to alarms set off by security tag (if applicable) <i>Should a baby be abducted from the ward - continue drill</i>		
	4. Did staff Inform senior midwife/or manager		

	<p>5. Did staff contact local security systems?</p> <ul style="list-style-type: none"> ⊙ Security ⊙ Porters ⊙ Police 		
	<p>6. Did Senior midwife inform each unit to use local protocol eg,</p> <ul style="list-style-type: none"> ⊙ Head of Midwifery ⊙ Clinical Director/Divisional Nurse ⊙ Midwifery Unit Manager ⊙ Head of Security 		
	<p>7. Did staff secure entrance and exits to ward area and not allow any unauthorised persons entrance</p>		
	<p>8.</p> <ul style="list-style-type: none"> 🕒 Did staff check all other babies/children in the ward area 🕒 Did staff in charge of ward coordinate all information 		
	<p>9. Did staff ensure that the cot was not removed or touched</p>		
	<p>10. Were staff delegated to:</p> <ul style="list-style-type: none"> ⊙ Move mother of abducted baby to a private area and stay with her ⊙ Pursue abductor if identified ⊙ Check remaining ward areas ⊙ Check other babies ID bands ⊙ Comfort and support other women 		
	<p>11. Did staff inform everyone when situation returned to normal via telephone or verbally</p>		
	<p>12. Did staff complete adverse incident form</p>		
	<p>13. If police involved in drill did staff fully co-operate</p>		

NAME OF STAFF INVOLVED IN DRILL	OCCUPATION

Action Plan/ Issue	Action	Lead	By When	Date Signed Off