

Reference Number: UHB003 Version Number: 4 Approved by: Maternity Professional Forum	Date of publication: 30th May 2024 Date of next review: 30th May 2027
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Child Abduction Policy

Introduction and Aim
The security of all children within the hospital is a high priority with provision of on-site security guards and security card entry systems to all clinical areas. Although it is an extremely rare event, abduction of a child from hospital can still happen. It is a situation that is likely to result in intense media and public attention.

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.

It is essential that prompt action is taken to ensure the child is found and re-united with its parents/s as quickly as possible in the event of an abduction, and to restore confidence in our health board.

- 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.

Scope
This policy applies to all healthcare professionals including those with honorary contracts in all locations. 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.
Any financial costs associated with the implementation of this policy will be met by individual directorates where there are specific security issues.

Equality Health Impact Assessment	<i>An Equality Impact Assessment was undertaken for version 5 of the policy. This was completed to establish 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. The assessment found that there was little impact to the equality groups mentioned.</i>
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Documents to read alongside this Procedure	Identification of the newborn guidelines in maternity UHB Emergency procedure CAMHS Policy & Procedures for missing persons Safeguarding Policies (previous Child Protection)
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Approved by	<i>Maternity Professional Forum</i>
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Accountable Executive or Clinical Board Director	<i>Jason Roberts , Executive Nurse Director</i>
	<i>Alice Fairman, Safeguarding midwife</i>

Disclaimer

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 [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	<i>Dec 2009</i>	<i>Feb 2010</i>	
2	21/02/2012	05/03/2012	
3	April 2020		
4	November 2023		Reviewed and updated by Alice Fairman
5	May 2024		Reviewed and updated by Chloe Laws

**CHILD 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, GO TO PAGE 7 and follow the procedure.

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TRAINING

Individual Clinical Boards and departments 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' (template page 24) must 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.

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

Annual 'Abduction Drills' must take place in all Departments where children and babies are cared for. Action plans will be developed and implemented based on the outcome of the drills. A suggested template (Appendix 2 page 15) for running an Abduction Drill is available. The actions plan will be monitored via the Quality & Safety groups within Clinical Boards.

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 identity badges with photograph and name clearly displayed. 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.

CCTV is fitted in the majority of main stairwells and on the outside of the building next to main exits. CCTV acts as a deterrent to discourage attempted child abduction. In

the possible event of a child being successfully removed from any of the units the CCTV system will also assist in the detection of the perpetrator of this crime.

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Both the maternity unit and Paediatric unit's entrances are locked, and key card access is required for entering and leaving. These entrances are repeatedly checked throughout the night by security.

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.

ARRANGEMENTS FOR PREVENTION IN VARIOUS DEPARTMENTS:

Child and Adolescent Mental Health Services (CAMHS)

The young people who attend Community outpatients 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. This policy will be cross referenced with the CAMHS Policy and Procedure for Missing Persons.

Maternity

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

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'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 for prolonged periods.

A tagging system is in place in the MLU 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 this will need to 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.

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

Children's Hospital (Noah's Ark) and neonatal unit

There is no tagging system in these inpatient areas. 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.

Children's Assessment Unit, outpatient department, Children's Centre and Clinics

Babies and children attending these areas are not inpatients therefore do not require a tag, but they should be accompanied by a responsible adult. The general principles of security will still be adhered to.

Children under the age of 18 cared for on adult areas.

A 16 or 17 year-old cared for on an adult area can still be the victim of an abduction but this is more likely to be for more complex reasons such as child sexual exploitation, domestic abuse or trafficking. There is no tagging system in these inpatient areas. The Risk Assessment tool for Children and Young People cared for on Adult Areas within Cardiff and Vale UHB (available on safeguarding intranet page) must be completed 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.

SUSPICION

It is encouraged that if an individual/s is observed displaying suspicious behaviour in the immediate or surrounding area of the Maternity Unit or Children's Hospital this.

should be reported immediately to the unit's staff, and if appropriate the security department or police.

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If abduction is suspected staff should try to contain the individual/s in the immediate area, by closing doors, if possible, not by direct physical contact, 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 suspected 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.

Behaviour to 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' (page 7) 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 (pages 8to 11)

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Flowchart for UHB Child Abduction Emergency Procedure

Suspected that a baby/child is missing



Check all babies/children and establish if the missing child is in another bed space. Ask next of kin if in immediate area.



Baby/child **identified** as missing . Not found upon initial search..
 Dial 3333 and inform switchboard of 'Child security alert'
 Call handler will notify the security department on 48043, senior site manager and police via 999



Inform senior person in clinical area. Staff and parents to be instructed not to contaminate a possible crime scene.
 Area to be closed to admissions and discharges until plan of **action** agreed

Security staff
 Attend department to obtain relevant information. Any available CCTV to be reviewed .
 If CCTV fails to locate missing baby/child Senior Security Person along with HOP have responsibility to work in partnership with police

Maternity
 Inform appropriate member of Senior management team and MUM co-ordinating on delivery suite. If out of hours contact Senior Manager on call.

Paediatrics
 Inform lead Nurse of situation and appropriate action taken. If out of hours inform Site Practitioner.

- Information sheet to be completed ASAP
 - Datix to be completed, marked as NRI.
 -Continue to review situation. If necessary inform Divisional Manager/ Chief executive / Nurse Director/ Named nurse for Child Protection, PR and communications team.



Lead nurse or Senior management team in midwifery will conclude when procedure has completed its purpose. Debrief parents and staff involved.
 Root cause analysis investigation to take place.

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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, the name and occupation of person requesting this action and the unit contact number.
- Clear down and ring back to confirm the message and connect the caller to the police on '999'.
- The telephonist will then notify:-
 - Security / Porter Supervisors Tel: 48043
 - Senior Site Manager responsible for the area from where the abduction took place, Bleep - 6429 Senior Nurse 9-5pm Out of hours bleep 5555
 - Police – Tel '999'

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Action Card 2 - Nurse/Midwife caring for the baby/child.

Responsibilities:

To identify if a baby/child is missing.

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 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's/child's clothing, bedding etc is to be touched as it may be required as part of a police investigation.

Priorities

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

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3. Action card - 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 / 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 required then help from other areas will be deployed.
- .
- 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.
- The next of kin is to be contacted to attend the hospital as soon as possible.
- 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's/child's clothing, bedding etc is to be touched as it may be required as part of a police investigation.

Priorities:

- Complete relevant documentation.
- The Information sheet (appendix 1) 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.

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- A UHB Datix will need to be completed as soon as is practical. It may be necessary to report the incident to the Welsh Government Via a national reportable incident.

The ward area/delivery suite will be closed to admissions and discharges until the plan of action has been agreed.

Initiate stand down when appropriate: 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/Nurse Director.

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4. Action Card – Security Services

Responsibilities :

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

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 (if known) to be passed by security personnel to supervisors. Supervisors will then immediately review CCTV of the area and immediate areas around the abduction point.
- 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.

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- **5. Action Card :- Lead Nurse. (Head of Midwifery/ Head of Children's Nursing) Out of hours- Site Practitioner Child Health/ Senior Management team**

Responsibilities:-

- To review the situation and if necessary inform Senior UHB staff.

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 Divisional Manager/ Chief Executive/ Nurse Director/ Head of Safeguarding or Named Doctor for Safeguarding, PR and Communications is made.
- Support staff during this stressful situation.
- Identify a room in the unit which will be used on a short term basis as the South Wales Police have 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.
- Media enquiries will be managed via the Strategic Communications Department. In the event of this happening out of hours this route is via the Home Advisory Manager.

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Appendix 1.

Child Abduction Emergency Procedure Information Sheet

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
	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) or Guardian(s)

Name

Address

Any other relevant information:

Were Social Services Involved with Family (Y/N)

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Details of Suspect Abductor

Is the identity of the abductor known (If so, give full details name, address, etc.)?

Name:	Address:
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Approximate age:	<i>Please circle.</i> White Asian Chinese Black Mixed Race Any Other ethnic group <i>Please state:</i>	Male / Female
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Build	Hair colour, length – hat – glasses?	Height
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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
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Any other distinguishing features:

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Appendix 2.

Maternity Unit Abduction Drill Template

Details of drill

- Drill to take place at approximately on
- Drill will take place in the , atHospital
- 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 / off
- Dummy abductor will attempt to leave ward area via ward main entrance

Assessment

<u>Timings</u>	<u>PROCEDURE</u>	<u>Yes/No</u>	<u>Comments</u>
	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		
	5. Did staff contact local security systems via 3333. <ul style="list-style-type: none"> • Security • Porters • Police 		

	6. Did Senior midwife inform:- <ul style="list-style-type: none"> • Head of Midwifery • Clinical Director/Divisional Nurse • Midwifery Unit Manager • Head of Security 		
	7. Did staff secure entrance and exits to ward area and not allow any unauthorised persons entrance		

	8. Did staff check all other babies/children in the ward area Did staff in charge of ward coordinate all information		
	9. Did staff ensure that the cot was not removed or touched		
	10. Were staff delegated to: <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 		
	11. Did staff inform everyone when situation returned to normal via telephone or verbally		
	12. Did staff complete adverse incident form		
	13. If police involved in drill did staff fully co-operate		

NAME OF STAFF INVOLVED IN DRILL	OCCUPATION

Action Plan Issue	Action	Lead	By When	Date Signed Off

