



## CLINICAL POLICY

### Infant Abduction

**A. EFFECTIVE DATE:**

April 13, 2023

**B. PURPOSE:**

To outline the procedure to be followed in the event of an abduction of a child from John Dempsey Hospital (JDH) UConn Health or the Connecticut Children's Health Center NICU at UConn Health. Based on its analysis of child abduction cases, the National Center for Missing and Exploited Children has listed the following characteristics of the "typical" abductor:

1. Female of "childbearing" age (range 12 to 50), often overweight.
2. Most likely compulsive, most often relies on manipulation, lying and deception.
3. Frequently indicates that she has lost a baby or is incapable of having one.
4. Often married or cohabitating; companion's desire for a child or the abductor's desire to provide her companion with "his" child may be the motivation for the abduction.
5. Usually lives in the community where the abduction takes place.
6. Frequently visits the nursery and the maternity units at more than one healthcare facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire stairwell for her escape and may also try to abduct from the home setting.
7. Usually plans the abduction but does not necessarily target a specific child frequently seizes any opportunity present.
8. Frequently impersonates a nurse or other allied healthcare personnel – may obtain hospital scrubs or equipment.
9. Often becomes familiar with healthcare staff, staff work routines, and the victim's parents.
10. Demonstrates the capability to provide good care to the baby once the abduction occurs.

The maternal/newborn units at JDH have implemented a number of security measures in order to protect hospitalized infants. Refer to the procedure "Identification and Security of Newborns" in the Obstetrics-Gynecology (OB-GYN) Unit Manual and Newborn Nursery Unit Practice Manuals and the procedure "Electronic Infant Security Use and Maintenance" in the Connecticut Children's NICU at UConn Health Manual. **However, it is recognized that a**

**vigilant and well-trained work force and families that are educated about child security are the best defense against child abduction.**

**C. POLICY:**

1. "Infant Abduction" designates an infant or child abduction.
2. All JDH employees are responsible for the safety and security of infants or children in our care.
3. All JDH employees are educated about their responsibilities in the event that an Infant Abduction is called.
4. Infant Abduction drills will be conducted on a regular basis.
5. The UConn Police Department will be informed immediately about a suspected or confirmed infant or child abduction by calling 911.
6. The UConn Police Department should be informed of circumstances that may increase the potential likelihood of abduction, for example when there is an existing restraining order involving a hospitalized patient or when an infant or child is being placed in the custody of the Department of Children and Families (DCF).
7. All calls from the media related to an Infant Abduction are to be referred to Clinical Operations Administration who will collaborate with the UConn Police Department and the Office of Communications regarding the release of information in order to avoid jeopardizing the investigation. Other JDH and UConn Health employees are not to talk to the media.

**D. SCOPE:**

All UConn Health employees and staff.

**E. DEFINITIONS:**

None

**F. MATERIALS NEEDED:**

None

**G. PROCEDURE:**

1. Responsibilities of **Maternal-Child (Perinatal) Unit Staff:** If a unit-wide/portal alarm sounds and the electronic security tag and the infant are not immediately identified:
  - a. Perform a head count of all infants and compare to the unit census. Each RN will account for all assigned patients and report to the charge nurse/designee.
    - i. Infants in family rooms are to be returned to their designated bed spaces.
    - ii. All other infants will remain in their existing locations until the area is secured and the "all clear" is announced.
2. Well newborns with their mothers will remain in their mothers' rooms.
3. NICU patients and their accompanying staff who are off the unit for testing will be readmitted without delay upon their return.
  - a. If all infants are accounted for and there are no security concerns, the charge nurse will report this to the on-scene UConn Police Department personnel. Once it has been determined that an "all clear" can be announced, the charge nurse will notify

unit staff.

- b. If all infants cannot be accounted for and an “all clear” is not received:
  - i. Dial 911 immediately and report an Infant Abduction
  - ii. Unit staff will immediately search the entire unit including storage areas, closets, and call rooms
  - iii. The area will be secured and protected until the unit staff are relieved by members of the UConn Police Department. The area will be treated as a crime scene and a potential source of forensic evidence.
  - iv. The charge nurse will assign staff to monitor all relevant exit doors including the doors from labor and delivery and OB units, the connecting door between the OB unit and the nursery areas and all NICU doors. Clinical and administrative staff in neonatology can monitor door #7.
  - v. Staff monitoring exit doors will:
    1. Restrict entry to the area to necessary personnel and law enforcement personnel. Entrance by family members must be approved by the department manager/ director or the on scene UConn Police Officer.
    2. Keep a list of names and phone numbers of all persons who are permitted access to the area.
    3. Keep staff, patients, and visitors from leaving the area until their identity is known and they are excused by the UConn Police Department.
    4. Request that persons with large bags or backpacks open these so that they may be searched by UConn Police Department/security personnel prior to departure.
    5. Do not permit the entry to or departure of any carts from the area without approval of the Police Department.
  - vi. The unit charge nurse is responsible for communication with the on scene UConn Police Officer about the actions taken and unit status. The charge nurse will assume a primary role as “communication officer” unless relieved by the unit manager/director.
  - vii. The charge nurse will notify the nursing manager/director/supervisor of events that are known. The nursing manager/director/ supervisor will notify hospital administration (or the administrator on call during off shifts and weekends).
  - viii. The nursing manager/director/supervisor or designee will:
    1. Escort the parents/family of the abducted infant to a private area and assign a staff member to remain with the family at all times.
    2. Offer emotional and spiritual support to the family – contact social work department, pastoral services, and/or the psychiatric liaison service. Contact supportive family members and provide an area for these individuals.
    3. Arrange transfer of an in-patient mother to a private room off the perinatal units. Leave her belongings in the room on the perinatal units until cleared by the UConn Police Department. Nursing staff from the perinatal units should continue to care for the mother.
    4. Secure all medical records of the mother and infant as applicable
    5. Notify the laboratory and place a hold on any available blood specimens, including cord blood that was obtained at birth.

- 6. Brief all staff about the events that occurred and the actions that were taken.
  - ix. If the Infant Abduction occurred in the NICU, the charge nurse or designee will contact the Connecticut Children's Health Center administrator on call by calling the Connecticut Children's Resource Center at 860-545-9000.
  - x. Nursing and medical staff in the perinatal units will communicate with all patients and families about the incident and actions that are being taken. NICU/SCN RNs or medical staff will contact the families of their assigned patients. The goal is that families will not hear about an Infant Abduction from the media.
  - xi. The UConn Police Department in conjunction with the charge nurse/nursing manager/director and/or supervisor will determine when the "all clear" is announced. At that time a staff member will be directed to contact the operator to cancel the Infant Abduction.
  - xii. The nursing manager/director/ and/or supervisor will communicate with clinical operations administration at JDH and with Connecticut Children's Health Center as applicable.
  - xiii. The charge nurse will ensure that the appropriate documentation is completed.
4. Responsibilities of **Unit/Department Staff (non-perinatal units)** in the event of a suspected or identified infant or child abduction. This is mostly to occur from verbal report of the missing infant/child.
- a. Immediately dial 911 and report an Infant Abduction.
  - b. Immediately and simultaneously search the entire unit including storage areas, closets, call rooms, etc.
  - c. Notify the immediate supervisor of events that are known. The immediate supervisor will contact hospital administration. In the off shifts, the supervisor will notify the administrator on call.
  - d. The manager/supervisor will identify one person who will responsible for communicating with the UConn Police Department.
  - e. Secure and protect the area until relieved by members of the UConn Police Department. The area will be treated as a crime scene and a potential source of forensic evidence.
  - f. Limit entry to the area to necessary personnel and law enforcement personnel. A written record will need to be made of all persons allowed entry to the area after the incident occurred.
  - g. Do not permit staff, patients, or visitors to leave the area until their identity is known and they are excused by the police department.
  - h. The manager or supervisor will identify a staff member to escort the parents of the abducted infant or child to a private area and remain with the family at all times.
  - i. Offer emotional and spiritual support to the family – contact social work, pastoral services, or the psychiatric liaison service. Contact supportive family members and provide an area for these individuals.
  - j. The manager/supervisor or designee will provide regular, ongoing, information updates to the family in collaboration with the UConn Police Department.

- k. The UConn Police Department in conjunction with the unit/department manager or supervisor will determine when the “All Clear” is announced. At that time a staff member will be directed to contact the operator to cancel the Infant Abduction.
  - l. The unit/department manager/supervisor will ensure that all necessary documentation is completed.
5. Responsibilities of **all JDH staff** on hearing an Infant Abduction called:
- a. Look for suspicious persons walking through or exiting the hospital. Be aware of persons in the laboratory building or other non-public areas without UConn Health ID badges.
  - b. Pay close attention to exits.
  - c. Watch for persons that are hand-carrying an infant or accompanying a child. Abductors may carry infants in plain view or in large containers such as gym bags or tote bags.
  - d. If you observe a suspicious person, attempt to engage in conversation to slow her/him down while having a co-worker call the police. Do not get into a physical confrontation. Please note that physical violence has not generally been used in abductions from health care facilities but violence is common in abductions from the home. If it is possible and safe to do so, follow the person and note her/his direction of travel.
  - e. If the suspect has already left the building get a good physical description, direction of flight and other information such as vehicle make and registration and contact UConn Police Department immediately.
  - f. Remain vigilant until the “all Clear” is transmitted.
6. Responsibilities of **Managers/Department Heads**:
- a. Keep staff informed about the events and the course and progress of the investigation
  - b. Act as a liaison between unit staff and hospital administration
  - c. Act as a liaison between the UConn Police Department and unit staff
  - d. Assign a single liaison between the parents and the facility after discharge of the mother.
  - e. Arrange for debriefing sessions for staff with qualified professional staff to discuss the event and the impact on the staff. These sessions should be held as soon as possible and all staff directly involved should be required to attend. It is possible that staff may experience post-traumatic stress disorder after an infant or child abduction. The National Center for Missing and Exploited Children also provides support services to staff.
  - f. Notify other area hospitals whenever abductions are attempted or when persons are identified who demonstrate behaviors of potential abductors
7. Responsibilities of the **UConn Police Department**:
- a. Upon notification of an Infant Abduction, the UConn Police Department Officer-in-Charge will immediately dispatch an Officer to the scene
    - i. This Officer is responsible for obtaining all initial information available and for security of the scene and evidence. This includes questioning the infant or child’s parent(s) about their interactions with staff and others and about other possible locations of the child within the facility.

- ii. This Officer will implement lockdown of the perinatal areas (if applicable) so that all non-staff access would be restricted through the use of the intercom.
- iii. No one will be allowed to leave the scene without their being identified.
- b. If applicable and upon authorization of the UConn Chief of Police or his designee would activate the Amber Alert Plan.
- c. If applicable and as soon as practical, all videotapes from any monitoring cameras shall be secured as evidence.
- d. At some point, contact the National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (1-800-843-5678). The NCMEC may also be helpful in recovery efforts and for staff support.

**H. ATTACHMENTS:**

None

**I. REFERENCES:**

None

**J. SEARCH WORDS:**

None

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, and other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS:**

On file

**M. COMMITTEE APPROVALS:**

None

**N. FINAL APPROVAL:**

- |   |                           |
|---|---------------------------|
| 1. <u>Bruce Liang, MD (Signed)</u><br>Bruce T. Liang, MD<br><b>Interim Chief Executive Officer &amp; EVP for Health Affairs<br/>Dean, School of Medicine</b>    | <u>04/20/2023</u><br>Date |
| 2. <u>Anne Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>   | <u>04/13/2023</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>  | <u>04/14/2023</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>Chief Operating Officer, JDH<br/>VP Quality and Patient Services &amp; Chief Nursing Officer</b> | <u>04/14/2023</u><br>Date |

**POLICY HISTORY:**

**Date Issued:** 7/09

**Date Revised:** 9/09, 10/13, 10/15, 12/19, 4/21, 4/23

**Date Reviewed:**