



**Aneurin Bevan University Health Board**

# **Prevention of Infant Abduction**

## **Maternity Units**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.*

Contents		
1.	Executive Summary	3
1.1	Scope of policy	3
1.2	Essential Implementation Criteria	3
2.	Aims	3
3.	Responsibilities	4
4.	Principles of Good Practice in Ensuring Safety of Mother and Infants	4
5.	Action in the event of an Infant Abduction – Action Cards	7,8,9,10,11,12
6.	Training	13
7.	References	13

## **1 Executive Summary**

Aneurin Bevan University Health Board is committed to meeting its statutory and legal responsibilities to provide a safe and secure working environment (Government 2019). This policy outlines the responsibility that employees have in the promotion of a secure environment for themselves and others.

Infant safety and the prevention of abduction is a priority within the Family and Therapies Division. All employees of Aneurin Bevan University Health Board, in partnership with women and their families, will comply with all organisational and local safety and security measures in existence. This will involve education of staff, mothers and visitors, the distribution of visiting guidance and adherence to individual unit precautions and security systems, i.e. identification bands, electronic tagging and 'access control key card' systems.

### **1.1 Scope of policy**

Aneurin Bevan University Health Board has birth sites in three local hospitals; these include –The Grange University Hospital, The Birth Centre at Ysbyty Ystrad Fawr and the Birth Room at Ysbyty Aneurin Bevan. Although local arrangements in terms of security systems may be tailored to each site, the principles and policy on the prevention of infant abduction will be utilised by all.

### **1.2 Essential Implementation Criteria**

The following policy will allow employees of Aneurin Bevan University Health Board and its service users to:

- Understand their responsibilities in the maintenance of infant security
- Understand the action that will take place in the event of an infant abduction

## **2 Aims**

- To prevent the abduction of infants from the hospital environment during the immediate postnatal period
- To keep mothers and infants together, ensuring early infant attachment and wellbeing

### **3 Responsibilities**

- Service users must respect and adhere to visiting hours and their allied restrictions outlined in the guidance
- All staff must uphold the principles of good practice outlined in the guidance and act swiftly in the event of a suspected infant abduction.
- In addition, Senior/Lead Midwives must ensure that the effectiveness of the guidance is monitored through its inclusion in mandatory training and the facilitation of practice drills annually

### **4. Principles of Good Practice in Ensuring Safety of Infants**

#### **Mother and Infant**

- 4.1 Infants will be correctly identified using ID bands immediately after birth. Infants admitted with mothers in the postnatal period must be fitted with ID bands as soon as possible.
- 4.2 Electronic tagging will take place as per local procedures.
- 4.3 Mothers are reminded to always be vigilant, to ask to see staff ID badges and to accompany their infants for tests and procedures when appropriate

#### **Area**

- 4.4 An annual risk assessment will be undertaken on ward entrances and exits and after any changes to access
- 4.5 Rooming in will be practised.
- 4.6 Maternity beds will not be used for non-pregnant women thereby reducing the risk of strangers within the ward environment.

#### **Staff**

- 4.7 Maternity staff will be educated about the risk of infant abduction. Training will be carried out locally in the form of practice drills, undertaken to ensure staff are familiar with the relevant action to be taken in the event of infant abduction.
- 4.8 Awareness of this policy will be part of the mandatory training for midwives and support staff.

4.9 All staff entering the maternity units must wear identity badges with photograph and name clearly displayed.

### **Visitors**

4.10 All staff will identify visitors encountered on the ward and promptly inform security if their behaviour appears suspicious or threatening.

4.11 Staff, women and their families will be encouraged to challenge any individual who attempts to remove an infant regardless of the reasons given.

4.12 During visiting times there will be increased vigilance by staff, especially where there are known child protection issues. There is increased opportunity at this time for infants to be removed from the ward in bags containing women's belongings.

### **Current Infant Security Systems in Use for Hospital Births**

4.13 Plastic bracelets with identical numbers and details on mother and infant bands supplemented with electronic tags.

The infant will have two identification bands placed one on each ankle and the mother one band placed on her wrist.

The midwife will check the bands with the mother or her birth partner following birth, prior to placing them on the infant. Details recorded on the band will include

- mother's full name, hospital unit number
- infant's sex
- date and time of birth

The identification bands will be checked daily whilst in hospital.

4.14 A midwife will remove the electronic tag when the baby is transferred home from the ward by cutting through the plastic.

The system will be function checked, and the system check documented daily by the ward staff.

The alarms will trigger an alert if they pass near to the entrance/exit of ward areas unless the alarm is bypassed, e.g. on transfer from one ward to another.

## **Swipe Card Access to Ward Areas**

- 4.15 All relevant staff will have swipe card access to maternity ward areas in line with organisational policy for swipe card access to areas within the Family and Therapies division. When staff leave the organisation for employment elsewhere, the ID swipe card must be returned to their manager who will without delay (whether they have the ID card or not) notify the ID issuing centre to have the card deactivated, this can be done in advance of the leaving date.

**NB In the event of a staff member losing his/her ID swipe card, they must ensure the old card is deactivated and a new card obtained.**

## **CCTV**

- 4.16 Sited at entrance to ward areas and maternity buildings. Regular review of the system should be undertaken to ensure it is recording accurately.

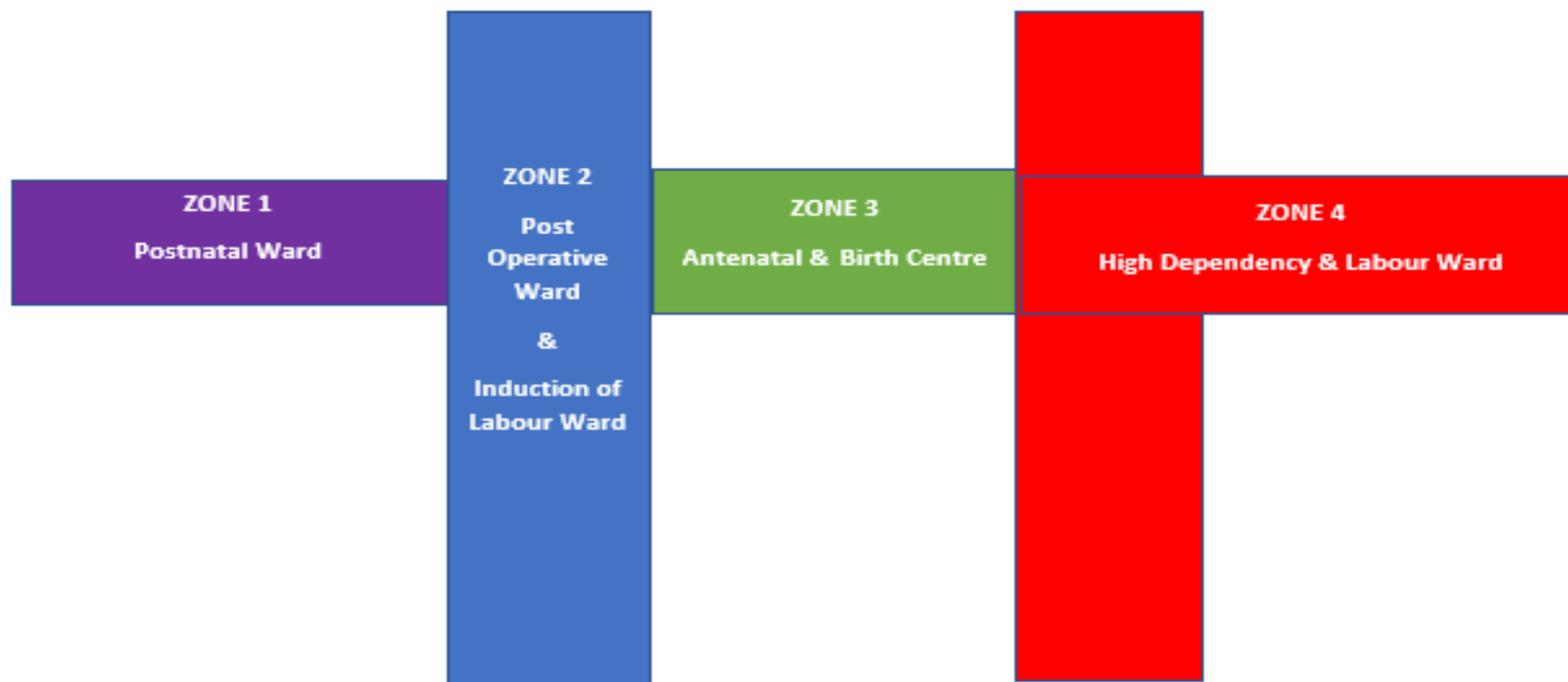
### Action in the Event of an Infant Abduction – follow Action Cards

<b>Action Card<sup>1</sup></b>		<b>Senior Midwifery Manager</b>	<b>Activity/Function</b>	<b>Departmental/Site lockdown – Baby Abduction</b>		
<b>Department/Service</b>		<b>Maternity Services</b>	<b>Produced by</b>	<b>Kerry Jeffries/Cath Norman</b>		
		<b>Name<sup>2</sup></b>	<b>Date</b>	<b>Time</b>	<b>Signature</b>	
					<b>Completed by Incident Co-ordinator</b>	
<b>Action No</b>	<b>Actions</b>				<b>Yes</b>	<b>No</b>
1.	Woman/birthing person or member of staff identifies cot empty and baby missing, baby alarm sounding (continuous noise - means tag off) (pulsing noise - means loitering at door)					
2.	Women/birthing person or staff member alerts by calling for help via emergency bell.					
3.	<p>Incident Co-ordinator to notify switch and raise the alert. Upon lockdown activation request, contact switchboard on ext 2222 and state CODE GREY – Option 2 Maternity C3 or B3 activation, also provide area and room number where incident has occurred.</p> <p>Incident Co-ordinator to assign a staff member to gather perpetrator details including (sex, hair colour, height, clothing, and vehicle and where the person may go if known). Contact Switchboard on 2222 and ask to be put through to 999</p>					

Action No	Actions	Yes	No
	<p>Option 1 – ED &amp; CAU  <b>Option 2 - Maternity C3 &amp; B3</b>            Option 3 – Main Reception            Option 4 – Discharge Lounge            Option 5 – Facilities Goods In            Option 6 – Full Hospital Lockdown</p> <p><b>Incident Co-ordinator allocates staff members to each zone to check rooms, toilets, stores rooms, stock rooms, and any other area on ward.</b>  <b>Incident Co-ordinator allocates staff members to all exit areas</b></p> <p><b>ZONE ONE – Postnatal ward</b>  <b>ZONE TWO – Post op support ward and IOL ward</b>  <b>ZONE THREE – Antenatal and Birth Centre</b>  <b>ZONE FOUR – HDU and Labour Ward</b></p>		
4.	<p>If the baby is located on the ward stand down operation.</p> <p>Not found - Option 6 – full hospital lockdown</p> <p><b>Option 6 – Full Hospital Lockdown – turn radio to channel 4 for major incident – the radio is located on the reception desk on B3</b></p>		
5.	<p>Move the woman/birthing person of the abducted infant to a private area for comfort and support and a team member to remain with her throughout.</p>		
6.	<p>Ensure staff do not handle or remove any of the infants clothing, blankets, equipment &amp; cot.</p>		

Action No	Actions	Yes	No
7.	Incident Co-ordinator to liaise with facilities security supervisor and Senior Midwifery Manager.  Security Supervisor – 3383 Security Team 3384 & 3385, security will attend.		
8.	Incident Co-ordinator to contact on-call Silver Manager for the hospital - via switch on Ex 2222 also inform the Head of Midwifery/Assistant Head of Midwifery.		
9.	Incident Co-ordinator to complete Infant Abduction Logbook.		
10.	In the event the incident escalates, contact switchboard with the option to be cascaded across the site.		
11.	End Lockdown when instructed by security.		
12.	A Datix will be completed in conjunction with ABUHB risk management policy.		
13.	A multidisciplinary case review will take place within 24 hours of the event occurring and findings reported accordingly.		
14.	Security camera's will be checked and reviewed at the first available opportunity.		

# ZONE AREAS



## **ACTION CARD – Zone 1 – POSTNATAL WARD**

- **All rooms, bathrooms, kitchens, store cupboards in your zone checked**
- **Report back to the “incident commander” following completion of the sweep and inform them if the baby has been found or not**

## **ACTION CARD – Zone 2 – POSTNATAL OP WARD**

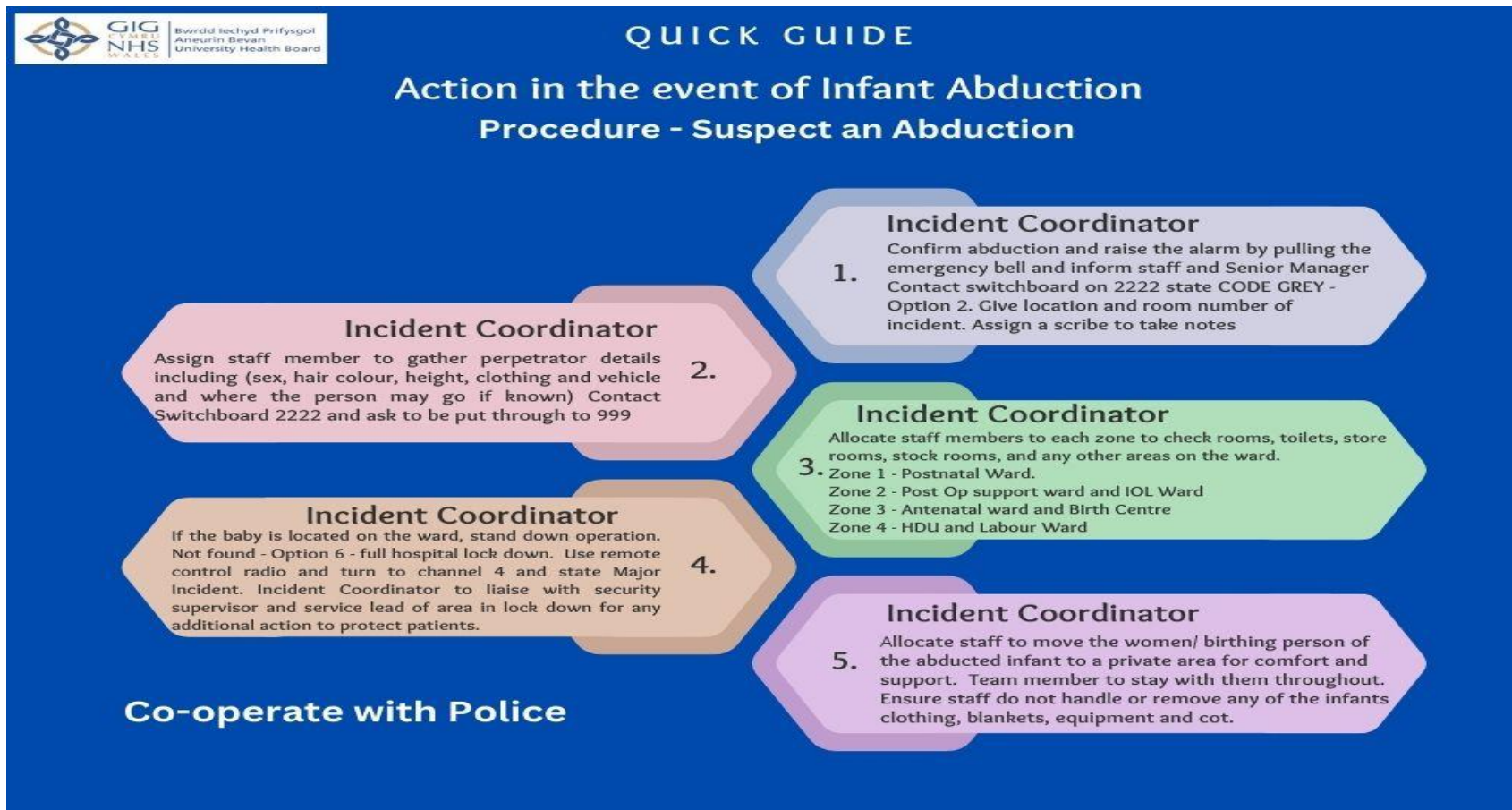
- **All rooms, bathrooms, kitchens, store cupboards in your zone checked**
- **Report back to the “incident commander” following completion of the sweep and inform them if the baby has been found or not**

## **ACTION CARD – Zone 3 – ANTENATAL WARD AND BIRTH CENTRE**

- **All rooms, bathrooms, kitchens store cupboards in your zone checked**
- **Report back to the “incident commander” following completion of the sweep and inform them if the baby has been found or not**

## **ACTION CARD – Zone 4 – HIGH DEPENDENCY UNIT AND LABOUR WARD**

- **All rooms, bathrooms, kitchens, store cupboards in your zone checked**
- **Report back to the “incident commander” following completion of the sweep and inform them if the baby has been found or not**



**Action Card - Zone 1 Postnatal Ward**

All rooms, bathrooms, kitchens, store cupboards in your zone is checked

Report back to the Incident Coordinator following completion if the sweep and inform them if the baby has been found or not

**Action Card - Zone 2 Post op Ward and IOL Ward**

All rooms, bathrooms, kitchens, store cupboards in your zone checked

Report back to the Incident Coordinator following completion if the sweep and inform them if the baby has been found or not

**Action Card - Zone 3 Antenatal Ward and Birth Centre**

All rooms, bathrooms, kitchens, store cupboards in your zone checked

Report back to the Incident Coordinator following completion if the sweep and inform them if the baby has been found or not

**Action Card - Zone 3 High Dependency Unit and Labour Ward**

All rooms, bathrooms, kitchens, store cupboards in your zone checked

Report back to the Incident Coordinator following completion if the sweep and inform them if the baby has been found or not

## 6. Training

- Maternity staff will be educated about the risk of infant abduction. Training will be carried out locally in the form of practice drills, undertaken to ensure staff are familiar with the relevant action to be taken in the event of abduction.
- Awareness of this policy will be part of mandatory training for midwives and support staff.

## 7. References

**ABUHB Security Policy – this is currently being revamped**

Welsh Government 2019

Health and Care Quality Standards 2023

# Infant Abduction Logbook

Incident Logbook Number:

The Logbook has been designed to support Operational, Tactical or Strategic Health Board staff. It will provide guidance in completing a log during a Business Continuity Incident, the log provides a definitive record of events and the rationale for decisions made when responding to the incident. It could be used as evidence to justify the actions of individuals later. On the conclusion of the incident, this log will be retrieved and placed in a secure location with any other logbooks relating to the incident for up to 25 years.

The logbook is to be commenced and maintained throughout the Business Continuity Incident response and until the service is brought back to business as usual. It is essential that all actions and decisions are recorded in the correct area on the narrative tables.

Information recorded should include as much detail as possible, with all times recorded accurately and a signature or legible initials applied to the entry.

*The contents of this book may be subject to disclosure under the Freedom of Information Act or data protection legislation, though exemptions from disclosure may apply in certain limited circumstances. The contents will also very likely be subject to disclosure if they might be relevant to any inquest, lawsuit or other investigation or judicial process and so come into the public domain.*

### Owner of the Log

Document Classification on Completion	
Senior person in charge	
Person completing the log	
Division/Directorate/Department	
Date of Incident	
Start Time of Incident Log	
Incident Location	
Type of Incident (Brief description)	

All individuals involved in the entries in this log must be entered into the table below.

Print Name in Full	Signature	Initials

## Things to Remember

- Use permanent black pen.
- The log must be Clear, Intelligible and Accurate (CIA).
- Ensure that all sections are completed where necessary.
- Record all questions asked and answers given.
- If non-verbal communication is used record it, ask the individual what it means.
- All entries must be in a chronological order and time dated.
- Ensure that you record all the reasons for all actions taken with their decisions along with the actions and decisions themselves.
- NO ELBOW
  - Erasures
  - Leaves torn out of the log
  - Blank spaces
  - Overwriting
  - Writing above and below lined area
- Ensure that all gaps at the end of written sentences are marked with a line to the end of the page or if areas are left blank mark with a "Z" from top to bottom of the unused part of the page.
- If referring to other materials like maps, flip charts etc. refer to them in the log, using identifiable references or exhibits.
- Always write the date in full.
- Use a single time source to record all times using British summer time in the 24-hour format.
- Government Security Classification must be entered on new blank pages and completed in red ink.



### Incident Log

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials