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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Security of the Newborn Procedure

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Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

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1. Introduction and reason for written Policy

As health care professionals, our aim is to make our patients and their babies' safety within hospital paramount. This policy is to enhance and compliment the care we provide, to reduce the risk of accidental injuries, abduction and the distress caused to families, Staff and Health board due to these incidents.

2. Statement of policy

This Policy is to ensure that Cwm Taf Morgannwg health Board (CTMHB) provides clear written instruction with regard to reducing risk of abduction of Babies from our units, promoting safe handling practices of babies by parents, and actions to take in the event of a suspected incident.

It also recognizes that this policy needs to be tested, and provides guidance of how this should be achieved.

This policy is aimed at all professionals working within maternity and Neonatal areas; it sets out responsibilities of midwives, Neonatal nurses and Nursery Nurses and it is essential that all employees follow this policy to reduce risk of Harm to infants in our care.

3. Aim of policy

3.1 To correctly identify the newborn following birth and attach correct details in the presence of at least one of the parents.

3.2 To minimize separation between mother and infant.

3.3 To ensure that all staff members who have any contact with the infant wear staff ID badges and clearly state to parents who they are.

3.4 Staff to challenge any person who are unidentified within the Maternity/Neonatal areas and encourage parents to do the same if has contact with their baby.

3.5 To ensure correct identification of infant both before and after transport to another area/unit/hospital or for treatment of any kind.

3.6 To reduce avoidable harm to infants to encourage safe handling practices by mothers/guardians.

3.7 To provide clear guidance to staff of actions needed in the event of a suspected baby abduction, or unauthorized removal of an infant.

4. Identification of newborn baby following birth

4.1 The midwife in charge of the case is responsible for the correct identification of the baby/babies within delivery rooms and before leaving the theatre or on admission to hospital from Community.

If multiple births use cord clamps to identify:

Twin/Triplet 1- one cord clamp

Twin/Triplet 2- two cord clamps

Triplet 3- 3 cord clamps

The infant/s should never leave the same room as the mother

4.2 If the infant/s are required to be separated from the mother before electronic bands are available- temporary hand written bands should be applied to the ankles of the infant and a corresponding band placed on the mother's wrist.

Details to include are:-

Boy/girl or infant (if sex unsure) of full mothers name

Baby hospital number

Date and time of birth

Also include twin/triplet number if applicable.

The identification number on both baby bands and mothers band should match and be documented (on the green identification sheet in POW and on MITS paperwork in PCH and RGH) and signed with mother/parent- if unable to be checked with mother/parent then two members of qualified staff can sign (midwife/neonatal nurse/paediatrician) but this needs to be checked with the parents and signed at a later point when practicable.

4.3 Hand written (in PCH/RGH) or Electronic armbands (in POW) should be generated as soon as possible following birth and checked with the parents to confirm all details are correct, then signing of the green identification sheet or MITS paperwork should be done by the mother/partner and midwife before being applied to babies ankles and mothers wrist.

The mother must be completely satisfied that the details are correct before signing the sheet and bands being applied. It is the responsibility of the Midwife to ensure this is performed and correct.

4.4 If bands are being replaced/changed, these should be changed on front of the mother/partner and the removed bands stapled to the green identification sheet or MITS paperwork as well as re-signed by midwife and Parent at the same time to provide evidence that the new bands have been checked and seen applied to baby and that the information is correct.

4.5 Ideally the mother should sign to confirm infant Identification; however the father/partner can sign on her behalf if they have been present from birth. In the event of a General Anaesthetic the mother

and baby should remain in theatre until transfer to a recovery room together. As mentioned previously in the event that the baby needs to be transferred and neither parent are able to sign to confirm identity then two qualified staff members can sign to confirm identity and application of bands.

4.6 Pre-printed green identification sheet (appendix 1). This confirms mothers' details and infant details. Explanation of Bartec system or tagging system (ERRIRS if applicable to unit). Provides signatures of midwife and parent to confirm correct identity of infant and correct details on baby bands. Within PCH/RGH the MITS paperwork has a designated sheet for this purpose which should be completed and signed.

5. Transfer of baby to Postnatal ward or Neonatal Unit

5.1 The transferring Midwife/Neonatal nurse is responsible for the correct identification of the infant. On arrival to the postnatal ward/Neonatal unit the baby bands should be checked with the transferring staff member and the receiving staff member and the mother if she is present. This should also be checked against any corresponding patient records and the neonatal notes signed to confirm correct identification.

5.2 The mother/parents should be encouraged to challenge any person who is removing their infant for any reason if they do not have a staff ID badge regardless of reason to take their infant. At least one Parent should be allowed to accompany their child for any test/investigation where this is reasonable.

5.2 All mothers should have their infants with them at all times on the postnatal ward unless medically indicated.

5.3 If an infant needs to be taken from the mother for any reason, name bands should be checked with the mother/partner on return, to ensure correct identification of infant.

5.4 All staff should challenge any unidentified person on the unit without acceptance.

6. Transfer of baby from Community/Birth Centre to hospital

6.1 The transferring midwife is responsible for correct identification of the newborn. Handwritten bands should be applied to infants' ankles. There should be one on each ankle and one on mothers wrist on admission and checked with the receiving midwife. The receiving

midwife is responsible for changing these bands to local hospital bands if required and signing the green identification sheet MITS Paperwork as mentioned in 4.3,4.4 .

7. Transfer of a baby to another hospital or department

7.1 In the event that a baby need to be transferred to another hospital or department, all bands should be checked prior to transfer with the mother and midwife/neonatal Nurse and documented in the neonatal notes, and then on arrival at the other unit they should be checked again with the receiving staff member and documented in-line with their policy.

8. Daily Identification of Baby Ankle Bands

8.1 All infants' bands should be checked at least once on each shift and documented in baby records. This is the responsibility of all staff- Midwives, Neonatal Nurses, and Nursery nurses.

8.2 If there are any bands that have become illegible or have fallen off, then a replacement should be obtained and checked with the mother/parent before reapplying, and the green identification sheet or MITS paperwork should be signed again with the removed band stapled to the relevant sheet. The lost band should be looked for and if found stapled to the identification sheet.

8.3 If both bands are not in place, the midwife in-charge needs to be informed and all other babies on the ward need to be checked to ensure all mothers and babies are correctly identified. When the Midwife in-charge is satisfied that there is no mistake in identity of the un-banded baby, new bands should be obtained for the un-banded baby and checked with the mother/parent and green sheet or MITS sheet completed as before. An incident Datix should be completed at this time and the Matron informed. If the midwife in-charge cannot positively confirm identify of the un-banded infant then the Matron should inform the Director of Midwifery or their Deputy.

8.4 Mothers should be informed to let staff know if any bands fall off the baby, so they can be replaced.

8.5 Identification of the infant needs to be confirmed before any medication or invasive treatment is administered.

8.6 Monthly name band Audits should be completed by Ward Manager to ensure standards are kept to high level, and any failings/challenges can be addressed promptly.

9. Discharge of baby to Community/Home Environment

9.1 When discharging a baby from the Postnatal Ward, positive identification of all three bands should be made by the discharging midwife and the mother/parent and **one** of the infant bands removed. The removed band should be stapled to the Green identification sheet and the discharge information signed by the midwife and mother/parent. All other bands should be advised to be left in place until the community midwife has seen the baby at home.

9.2 Discharge from NNU:-

If the mother is still under the care of the Midwife, then the same procedure as 9.1 should be followed and a community midwife visit arranged for the day after discharge.

If the Mother is no longer under the care of the midwife then all bands should be checked with the parents and removed in their presence, one band and the medication band should be placed in the infant records and the parents given the other.

10. Use of the Bartec System

The Bartec system is a battery operated box, attached to the cot which connects to a pressure sensitive mattress. The system is activated with a specific key for that cot. The parents turn the key and remove it when the infant is in the cot and when the infant is lifted out of the cot, an alarm will sound alerting the staff to the removal of the baby.

10.1 Each mother should be shown how to use the Bartec system on labour ward or arrival on the postnatal ward and the corresponding part of the Green identification sheet signed by midwife to evidence this. Parents should be encouraged to inform staff if they need to leave the baby alone for any length of time.

10.2 Staff have an override key on the Medication keys that can be used to disable the cot if the infant needs any attention whilst the mother is away from the infant. Staff must activate the cot again when the baby is put back in the cot.

10.3 As the mattress is activated from pressure being applied to it, parents should be informed that toys etc. should not be placed in the cot as it could stop activation in an abduction situation and delay action being taken.

11 Use of the baby Tagging System ERIRS

11.1 Each baby on the maternity unit and Neonatal units will wear a security tag. This should be applied and activated as soon as possible following birth /admission; mother signs Green Identification Sheet with midwife to confirm application of tag (appendix 1).

11.2 Mothers are informed of the need to ensure the tag remains in place during their stay in hospital and to inform staff immediately if the tag becomes detached.

11.3 If the security system is found to be faulty, this should be highlighted to the midwife in Charge and the Matron/Manager on call and staff and parents should be made aware of failure. It should be addressed immediately, if it cannot be repaired within a short period, all parents will be informed and asked to be extra vigilant until the failure is corrected and the need to limit visitors during this time.

11.4 If there is a failure of the system, a member of staff **must** be allocated at the door to monitor activity until system is working.

11.5 If the door override system is used to open the electronic doors in an emergency, then a staff member **must** be allocated to monitor activity in to and out of the ward area whilst this system is in use.

12 Babies don't Bounce

Babies don't bounce is a safety initiative adopted by CTM, from another Health Boards in Wales where this has helped to improve baby handling, safety awareness and management of incidents.

12.1 All parents should be made aware of Parent information leaflet after birth of their newborn.

12.2 Further Parent information should be clearly available to parents on the ward-around the cot area identifying the parent responsibilities to reducing the risk of handling accidents.

12.3 A daily risk assessment of the mother should be performed daily and documented on the relevant risk assessment sheet. Extra vigilance and increased surveillance is needed in Mothers who score high risk for accidental falls of infants.

12.4 If staff become aware of and dangerous practices by Parents- e.g changing babies on beds, Parents should be advised regarding the safer handling option (nappy changes to be undertaken in the cot) and this **clearly documented** in the baby notes.

12.5 If a baby comes to harm from a handling error, the first priority is to ensure medical expertise is called immediately and any injuries dealt with.

Keep the parents informed as much as possible and comfort where able.

An incident Datix must be completed stating what happened, and any other factors of note.

13 Visiting

13.1 Mothers must stay with infants unless there are medical/social implications for them to be separated, in which case a nominated person is allocated to look after the infant. This is usually in extreme circumstances- mother in intensive care, going to court etc. Staff must be made aware of who is allocated to look after infant and in child protection cases ensure child services are in agreement. If there is no-one to take responsibility for the infant then a member of staff is allocated and responsible- if using the Bartec system then that member of staff will keep the key on their person.

13.2 The Mothers nominated Partner is allowed to visit as per local arrangements within the relevant hospital.

13.3 There are only 4 people allowed by a bedside- this includes the mothers' nominated partner.

13.4 No children under the age of 16 are allowed in the ward areas- except siblings of the newborn baby.

13.5 Visiting times for each unit should be clearly signposted before entering each ward and written versions should be available on request. Parents should be informed of visiting schedules for each ward on arrival.

14 Abduction of a baby from Maternity/Neonatal Unit

The trigger for all incidents will be the discovery or suspected discovery of a missing infant. The abduction procedure action cards should be instigated immediately upon the suspected abduction and/or disappearance of an infant from HB premises.

14.1 Upon Hearing an alarm- bartec/tagging alarm, or verbalisation of a baby missing by a Parent- confirm that infant is not on ward.

14.2 Contact switch via **3333 stating "baby abduction Ward....."**
request all hospital exits to be sealed and implement the abduction protocol

Switchboard will then contact porters/security/car park attendants/police/hospital bed manager/labour ward coordinator

14.2 A staff member should be put on each entrance/exit door to the ward and all people stopped from entering or leaving. Ask any visitor to return to bedside of person visiting. Where the ERIRS tagging system has secured the access doors- **DO NOT OVERRIDE UNTIL POLICE ARE PRESENT**

14.3 A head count and maternal and baby armband checks of all remaining babies on the ward should take place- confirming identity of each baby via name bands.

14.4 Other ward staff to conduct search of ward area, including baggage/suitcases/handbags/lockers. Inform patients and visitors for reasons for this and close the doors to each bay to minimise disruption and reduce movement of people. Look in all nearby Offices/toilets/conference rooms.

14.5 Child Services/EDT should be contacted if baby is subject to Safeguarding concerns.

14.6 Car park security to stop all non-emergency traffic entering and stop all non-emergency vehicles leaving hospital grounds.

14.7 Hospital Security to stop all individuals entering and leaving hospital- via entrance/exits and search of all baggage.

14.8 Bed Manager to Contact all other ward areas to stop movement of people and to contain areas until search of the hospital is complete and Police have allowed movement to return to normal.

14.9 Senior Management to be informed:-

In office Hours- Matron, Deputy Head of Midwifery/Director of Midwifery (Neonatology if incident is in neonatal unit)

Out of Hours- Maternity/Neonatal Manager on Call and the Executive on Call.

If abduction of an infant is confirmed, then the health board **Major Incident Procedure** should be initiated. The bed/hospital manager should meet the attending Police Officers and with Head of Security -maps of Hospital should be provided, and all staff are to co-operate with police investigation of incident.

If the Infant is located- The senior Midwife/Nurse should Contact Switch board and stand down all Staff.

15 System Testing

15.1 Weekly testing on the effectiveness of the baby tagging system will be carried out by the Estates department at the Royal Glamorgan Hospital, and the Head of Security / Deputy at Prince Charles Hospital. A record of the test will be recorded on the system computer.

15.2 Daily testing of the Emergency Baby abduction Call on the Cisco Phones are performed and recorded by switchboard in Princess of Wales Hospital. This call is sent to all allocated personnel needed in the event of an infant abduction.

15.3 Bartec alarms are serviced twice yearly to change batteries on the cot units by the providing company.

15.4 The security system will be checked on a regular basis by the Operational Ward Mangers, Matrons and Deputy Head of Midwifery.

15.5 The Maternity and Neonatal services will be responsible for initiating and evaluating a security abduction test at least on an annual basis. This will also involve a written evaluation and action plan if appropriate.

15.7 The Ward Manager will be responsible for undertaking monthly spot check audits of security identification policy compliance for babies and children as mentioned in 8.6.

16 Roles and Responsibilities

16.1 All staff must wear identification badges when on duty, these should be visible for inspection. Lost or mislaid swipe cards should be reported immediately to the Line Manager and security/General Office/Estates Dept in their Hospital as applicable to them.

16.2 To ensure the safety of all infants, staff should always challenge members of the public and visitors within the department. Entrance to the department should be via the intercom system and staff should request details of the patient being visited prior to releasing the doors. Women may wish to restrict their visitors and this must be respected.

16.3 Staff with authorised access should not allow other staff or members of the public into the department without checking their identity and with relevant ward staff.

16.4 Security doors should at no time be held or wedged open, if during an emergency when doors are opened or failure of the locking mechanism- a member of staff must be allocated to stand and monitor/challenge all individuals entering/leaving.

16.5 All staff have a responsibility to ensure they are fully trained in the use of the security system.

16.6 Staff have a responsibility to optimise the security and safety of all patients.

16.7 Staff should report faults of the security systems immediately to the Estates Department (if tagging system or door locks) or Manufacturer (if Bartec system) and the person in charge. All failures should be reported via the HB's incident Datix reporting procedure.

16.8 Parents are advised to challenge all professionals and check identification badges of all staff that provide care, and are actively encouraged to accompany their baby or child for all investigations, and/or treatment. As many tests as possible are carried out on the ward by the mothers bedside or in the treatment room.

16.9 Parents are advised to limit visiting by family and friends to the designated visiting hours in order to minimise security risks, and follow guidance from written documents and staff regarding safe handling of infant.

17 Incident Reporting

17.1 All activations of this policy should be reported via the datix incident reporting procedure, including abduction or accidental infant injury.

17.2 Any security failures should be reported via the Datix incident reporting procedure, including any limitations/failures highlighted during child abduction drills- this is to report and improve the current system in place.

18 Unauthorised removal from Neonatal/Maternity Unit

18.1 Removal of a baby from a neonatal unit is not usually considered to be an 'abduction' unless there is a risk issue; if there is then the abduction procedure must be activated.

Examples are: -

- 1) Against medical advice when a baby is not well enough for discharge.
- 2) Baby is considered to be at risk under the Safeguarding Policy.

When the above does not apply, the situation should be regarded as unauthorised removal.

18.2 Procedure:-

Upon discovery that an infant has been removed by parents/carers without authorisation i.e. they have not been medically discharged or signed discharge against medical advice.

- A head count and confirmation of identity will be carried out for the remaining babies on the ward.
- Inform Primary Health Care Team
- Health Visitor
- General Practitioner
- Contact the home to confirm whereabouts of child
- Inform the Named Midwife for Safeguarding
- Contact Social Services
- Staff will immediately review the ward video Surveillance tape and contact car park attendants to review video inside and outside the hospital.
- Stand down only when infant has been safely located.
- If parents and baby cannot be contacted within 2 hours, then a multidisciplinary risk assessment should be undertaken to assess whether the abduction policy should be activated and Police Called.
- If during the activation of this policy, it is confirmed that a false alarm has been initiated, staff will be told to 'stand down' by the senior manager on duty, following liaison with the department involved. Reversal of the policy will then be undertaken by the senior manager. However, the police will not be informed of this until they arrive on site.
- Co-ordination/Communication Officer for any hospital search should be the hospital Site Manager or Deputy during normal working hours. The Senior Sister acting up for the hospital will carry out this role outside normal working hours

19 Security Policy

This policy is in addition to CTMHB Security Policies, and to Compliment and not replace current Security policies.

20 Debrief of Staff

20.1 It is good practice to debrief staff following a major event such as abduction of an infant or serious accidental injury. The Senior person present should lead the debrief, and congratulate staff of any noted good practice/team work and also make note of where improvement within the working team could be made- involving all staff and noting their input. At no point should any blame be apportioned to any member of staff.

20.2 Any serious incident can effect staff emotionally and it is important that staff are aware of internal support services- occupational Health/line Managers/Matron, where they can approach for ongoing support following the event.

MATERNITY DEPARTMENT
MOTHER/BABY POSITIVE IDENTIFICATION FORM
(This form is to be filed in baby's hospital records)

Baby's Hospital Number:
.....
Baby's Date of Birth:
.....
Sex of Baby:
.....
Mother's First Name & Surname:
.....
Baby Band Number
.....
Explanation of BARTEC Security given: Yes / No
Tag applied to baby: Yes / No **Tag Number**.....
Mother's Signature confirming above is correct:
.....
Midwife's signature:
.....
.....

If Baby's change of band is required, please complete again:

Baby's Hospital Number:
.....
Baby's Date of Birth:
.....
Sex of Baby:
.....
Mother's First Name & Surname:
.....
Mother's Signature confirming above is correct:
.....
Midwife's /nurses signature:
.....

Discharge process

Date of mother's discharge:

Baby discharged with mum: Yes / No

Confirm positive identification of 3 bands:
.....

(NB: Remove one band from baby and attach to this sheet for filing in Infant notes)

Mother's Signature confirming above is correct:
.....

Discharging Midwife's Signature:
.....

Midwife/Nurse responsibly when activating Abduction policy:

Dial 3333 state "baby Abduction on ward..... Please activate abduction procedure and secure all exits	
TIME:	<u>SIGN:</u>
Allocate Staff member to ward exit/entrance and stop all movement of people. (if person seen leaving with baby- send another member of staff to follow with description) Do not open air lock between doors until police arrival if in PCH. Send all visitors in ward back to relatives' bed side.	
TIME:	<u>SIGN:</u>
Allocate staff member to confirm Identity of all babies and perform head count.	
TIME:	<u>SIGN:</u>
Allocate other staff members to begin searching ward areas- informing patients and relatives whilst checking all bags/lockers at each bed side and closing doors between bays to limit movement of people.	
TIME:	<u>SIGN:</u>
Allocate other staff members to begin searching ward areas- informing patients and relatives whilst checking all bags/lockers at each bed side and closing doors between bays to limit movement of people.	
TIME:	<u>SIGN:</u>
Check all toilets, office areas on and near ward (if able- otherwise this should be done by staff members outside ward).	
TIME:	<u>SIGN:</u>
Inform Child services/EDT if infant subject to Child protection Plan.	
TIME:	<u>SIGN:</u>

Inform Matron/Manager on call of incident	
TIME:	<u>SIGN:</u>
Move affected family to quiet area- Inform relatives at mothers' request. Do not touch or let family touch cot or belongings of affected family until police have attended.	
TIME:	<u>SIGN:</u>
Wait for police to attend and cooperate fully with investigation.	
TIME:	<u>SIGN:</u>
Datix incident	
TIME:	<u>SIGN:</u>
Staff to Attend Debrief and seek internal support if needed after event.	
TIME:	<u>SIGN:</u>

Switchboard Responsibility when Activation Child abduction Policy:

- Activate Child Abduction procedure:
Inform:

Security		Porters	
Car park Security		Site/Hospital Manager	
Midwife in charge of unit		Neonatal Nurse in charge of unit	
Police via 999			

Carpark Attendant Responsibility when Activation Child abduction Policy

- Stop all traffic entering and leaving HB premises, except emergency vehicles.
- Monitor suspicious Behaviour and report to Police on their arrival
- Assist Police in any search of motor vehicles/investigation.
- Attend debrief following incident

Security Responsibility when Activation Child abduction Policy

- Stop all people entering and leaving Hospital
- Secure all exits/entrances
- Assist police in investigation- CCTV recording, searching of bags etc
- Attend affected Ward if enough staff
- Liaise with Porter staff to ensure all exits are monitored by staff member and all people stopped from leaving/entering
- Attend debrief following incident

Porters Responsibility when Activation Child abduction Policy:

- Liaise with Security and Carpark Attendants to ensure that all entrances/exits of hospital are closed and people stopped from entering/leaving hospital on foot or by vehicle.
- Observe any suspicious activity and report to police.
- Assist police in any investigation
- Attend debrief following incident

**Site/Hospital Managers Responsibility when Activation
Child abduction Policy**

- Contact **All other** wards to stop patients/Visitors Leaving and contain traffic of people in hospital
- Liaise with Security, Porters, Carpark attendants to confirm hospital exit/entrances are closed
- Meet with Police Officers and provide them with maps etc to aid investigation and show them to affected Ward.
- Help with Police investigation.
- Assist Maternity/Neonatal Staff where able.
- Liaise with senior Maternity/Neonatal Managers.
- Activate Serious incident Protocol if confirmed abduction
- Attend debrief following incident

**Midwife/Nurse in Charge of Unit Responsibility when
Activation Child abduction Policy**

- Attend the effected Ward and ensure policy is activated appropriately-audit Form
- Liaise with Senior Management- Matron/Manager on Call/assistant Head of Midwifery/Director of midwifery (or Neonatology)/Executive of Hospital on call
- Support Staff appropriately
- Support affected Family
- Aid with allocation of staff to ensure searching of ward is completed as quickly as possible
- Work with police to aid effective investigation.
- Ensure Datix is completed.
- Lead Debrief if more Senior Staff not available
- Be available to Calm and reassure other families as far as possible
- Stand down all staff when appropriate
- Advise all staff to refer media enquiries to Hospital media dept.
- Attend debrief following incident

AUDIT OF ACTION TAKEN FOLLOWING AN INFANT / CHILD ABDUCTION FROM MATERNITY / THE NEONATAL UNIT

ACTION REQUIRED BY THE PERSON IN CHARGE OF THE WARD

Ring 3333 and inform the switchboard that there has been a baby abduction and tell them the location of the incident.	
TIME:	<u>SIGN:</u>
Secure the unit, close doors, provide re-assurance to visitors.	
TIME:	<u>SIGN:</u>
Allocate Staff to confirm all babies and mothers on the ward	
TIME:	<u>SIGN:</u>
Inform the Senior Midwife / Nurse in charge of the Neonatal Unit.	
TIME:	<u>SIGN:</u>
Provide appropriate support for mother and/or family, and move to a quiet area of the ward. Contact relatives as instructed by the mother.	
TIME:	<u>SIGN:</u>
Prevent the removal or handling of any of the child / infant's clothing, equipment, and in particular, the empty cot or bed.	
TIME:	<u>SIGN:</u>
Ensure all staff cooperate with the Police by giving any information requested.	
TIME:	<u>SIGN:</u>

ACTION REQUIRED BY THE SENIOR MIDWIFE/NURSE IN CHARGE OF THE NEONATAL UNIT

Inform the Matron or if out of hours, refer to rota and contact the Manager on call.	
TIME:	<u>SIGN:</u>
Refer all media enquiries to the Directorate Manager or Deputy in the first instance or Hospital Media Team	
TIME:	<u>SIGN:</u>
Await instructions to stand down from the Directorate Manager / Deputy	
TIME:	<u>SIGN:</u>
Inform all personnel when the situation returns to normal.	
TIME:	<u>SIGN:</u>
Provide support to all staff in the abduction area.	
TIME:	<u>SIGN:</u>