

7. Self-Assessment for Healthcare Facilities

Self-assessment guides are helpful tools for recommendable/advisable policies and/or protocols. Consider using a multidisciplinary task force to complete this self-assessment tool on an annual basis. Use the complete assessment to document areas of compliance, to develop new protocols, and as an outline to revise/write policies and procedures based on these national guidelines. Remember a reorganization of staff members or staff assignments or remodeling of a facility will require immediate reassessment of these policies and protocols to help ensure all measures are still adequate.

GUIDELINE	STATUS (Essential/ Recommended)	FACILITY COMPLIES (Yes/No)	COMMENTS
3-1 General 3-1-1 Immediately report to the nurse manager/supervisor, security, and administration persons exhibiting behaviors of potential abductor. Positively identify suspect. Interview suspect.	Essential Essential Essential		
3-1-2 Preserve report and interview records about incident, many suggest from a minimum of seven years up to the child reaching adulthood.	Essential		
3-1-3 Alert other birthing facilities in the area of attempted abductions/when person identified who demonstrates behaviors of potential abductor.	Essential		
3-1-4 For all attempted abductions Notify law enforcement. Notify NCMEC.	Essential Essential		

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3-2 Proactive Measures 3-2-1 Develop, annually test, and annually critique written proactive-prevention plan.	Essential		
3-2-2 Immediately after birth of infant, attach identically numbered ID bands to infant, mother, father/ significant other. The infant's band needs to be examined and verified with the mother's band when taking the infant for care as well as upon delivery of the infant to the mother after care has been rendered. No matter what form of attachment bands or clamps are used with the electronic tagging of infants, assure <i>no delay</i> in activation of alarm function upon separation of the tag from the infant. Frequent, ongoing testing of the system is needed. Staff members should be trained to immediately respond so there is no delay between detection of the alarm condition and generation of the alarm notification. Staff members should never consider an alarm to be a "false alarm."	Essential Essential Essential Essential Essential		

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<p>3-2-3 Prior to removal of newborn from birthing room or <i>within a maximum of two hours of the birth</i></p> <p>Footprint infant.</p> <p>Take color photograph/video/digital image of infant.</p> <p>Perform and record full, physical assessment and description of infant.</p> <p>Note all these items in infant's medical chart.</p> <p>Store sample of infant's cord blood and any other blood specimens until at least day after infant's discharge.</p> <p>Place electronic security tag, if used by facility.</p>	<p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Recommended</p>		
<p>3-2-4 Require all healthcare personnel to wear, above-the-waist, up-to-date, conspicuous, color-photo ID badges.</p>	<p>Essential</p>		
<p>3-2-5 Personnel allowed to <i>transport</i> infants should wear a unique identification such as a <i>distinctive</i> and prominent color or marking to designate personnel authorized to transport infants that is clearly different than the general healthcare ID badge.</p>	<p>Essential</p>		

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<p>3-2-6 While infants are transported within the healthcare facility, see that</p> <p>Only authorized staff members and the mother/father/significant other with identically numbered ID band to that of the infant's are allowed to transport that infant.</p> <p>Educate mother/father/significant other about the importance of this precaution.</p> <p>An infant is never left without direct, line-of-sight supervision.</p> <p>Infants are taken to mothers one at a time.</p> <p>Infants are always pushed in a bassinet and never carried in anyone's arms.</p> <p>Require family members transporting the infant outside of the mother's room, including mother, father, significant other, to wear an ID wristband matching that of the infant's ID wristband.</p>	<p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p>		
<p>3-2-7 Distribute guidelines, for parents in preventing infant abductions, during prenatal visits, in childbirth classes, on pre-admissions tours, upon admission, at postpartum instruction, and upon discharge.</p>	<p>Essential</p>		

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Upon admission consider having the patient sign a document noting receipt of these guidelines with the patient retaining the guidelines and a copy of the signed document.	Recommended		
3-2-8 Train staff members, at all levels, on protecting infants from abduction.	Essential		
3-2-9 Always place infants in direct, line-of-sight supervision.	Essential		
3-2-10 Do not post mother's or infant's full name where it will be visible to visitors especially on items such as bassinet cards or white boards.	Essential		
3-2-11 Establish an access-control policy for the nursing unit, nursery, maternity, neonatal-intensive care, and pediatrics. At the front lobby or entrance to those units, instruct healthcare-facility personnel to ask visitors which mother they are visiting.	Essential Recommended		
3-2-12 Require a show of the ID wristband for the person taking the infant home from the	Essential		

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healthcare facility and be sure to match the number on the infant's band, as worn on the wrist and ankle, with number on the band worn by the mother/ father/significant other.			
3-2-13 No home address or other unique information should be divulged to the public in birth announcements that would put the infant and family at risk <i>after discharge</i> .	Essential		
3-2-14 When providing home visitation services, personnel entering patients' homes need to wear an authorized and unique form of identification strictly controlled by the issuing organization and explained to parents at the time of discharge. Consider providing this information in the discharge instruction sheet the patient signs and takes home.	Essential Recommended		
3-3 Physical-Security Safeguards			
3-3-1 Develop written assessment of risk potential for infant abduction.	Essential		

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<p>Conduct written assessment on a yearly basis or more often as targets, risks, and methods change such as new construction.</p>	<p>Essential</p>		
<p>3-3-2 Install alarms on all stairwell and exit doors on the perimeter of the maternity, nursery, neonatal-intensive-care, and pediatrics units.</p> <p>Respond to all alarms and instruct responsible staff members to silence and reset an activated alarm only after direct observation of the stairwell or exit and person using it.</p> <p>When an alarm is activated properly document it, submit documentation to proper facility authority, and generate monthly reports to be reviewed with security and nursing.</p>	<p>Essential</p> <p>Essential</p> <p>Recommended</p>		
<p>3-3-3 All doors to all nurseries must have self-closing hardware, remain locked at all times, and a staff member should be present at all times when the nursery is in use.</p>	<p>Essential</p>		
<p>3-3-4 All doors to lounges, locker rooms, and storage areas where staff members change/leave clothing or scrub suits must be under</p>	<p>Essential</p>		

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strict access control at all times.			
<p>3-3-5 <i>Conduct and document</i> a needs assessment for an electronic-article-surveillance (EAS) detection system using an EAS infant-bracelet tag that is always activated and tied to video recording of the incident/ alarm activation and integrated with electronic locking devices to prevent exiting when a tagged infant is in close proximity to the exit.</p>	Essential		
<p>When using an electronic tagging system, document all legitimate activations.</p>	Essential		
<p>When using an electronic tagging system, test it weekly, in each individually protected area/at each door, by way of using a randomly selected tag (not a test tag).</p>	Recommended		
<p>Monthly testing and documentation of these monthly tests is essential.</p>	Essential		
<p>Report test results to nurse manager, security</p>	Recommended		

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<p>manager, and proper authority within facility.</p> <p>When using the system in pediatric units with patients who are permitted to leave the unit, allow for alarm activation after a specified period of time.</p>	Recommended		
3-3-6 Install and properly maintain a security-camera system.	Essential		
3-3-7 Position camera so it will fully capture the face of all persons using any public entrances, including elevators, to the infant/pediatrics units.	Essential		
3-3-8 Install signage in the maternal-child-care unit; lobbies; obstetric, emergency room, and day-surgery waiting areas instructing visitors not to leave their children out of their line-of-sight.	Recommended		
3-3-9 Consider electronic surveillance and access-control equipment that includes color cameras with video/digital recording, alarms on all stairwell and exit doors on the perimeter of the unit, testing and maintenance of that equipment per manufacturer's recommendations,	Recommended		

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and retention of tapes/ digital recordings for at least seven days.			
3-4 Critical-Incident-Response Plan General 3-4-1 Develop written, critical-incident-response plan in the event of an infant abduction. Conduct full-house response drill at least annually. Conduct quarterly unit-specific drills, "tabletop" exercises, or audit-type exercises.	Essential Essential Recommended		
3-4-2 Call NCMEC at 1-800-THE-LOST® (1-800-843-5678) for advice and technical assistance.	Essential		
Nursing 3-4-3 <i>Immediately</i> search the entire unit.	Essential		
3-4-4 <i>Immediately and simultaneously</i> call facility security and/or other designated authority.	Essential		
3-4-5 Secure and protect the crime scene, and allow no entrance until law enforcement releases it.	Essential		

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3-4-6 Move the parents of the abducted infant, but <i>not</i> their belongings, to a private room off the maternity floor.	Recommended		
Have the nurse assigned to the mother and infant continue to accompany the parents at all times.	Recommended		
Coordinate services to meet the emotional, social, and spiritual needs of the family.	Recommended		
Provide regular, ongoing, information updates to the family in collaboration with other entities such as law enforcement.	Recommended		
Secure all records/charts of the mother and infant.	Recommended		
Notify lab and place STAT hold on infant's cord blood and any other blood specimens.	Recommended		
Designate a room for other family members to wait in giving them easy access to any updates in the case while offering the parents some privacy.	Recommended		
Designate a room for media and another one for law enforcement.	Recommended		

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<p>3-4-7 Nurse manager/supervisor brief all staff members of the unit.</p> <p>Nurses should then explain the situation to each obstetric patient/mother while the mother and her infant are together.</p>	<p>Recommended</p> <p>Recommended</p>		
<p>3-4-8 Assign one staff person to be the primary liaison between the parents and facility after the discharge of the mother from the facility.</p>	<p>Recommended</p>		
<p>3-4-9 Hold a group discussion session as soon as possible in which all personnel affected by the abduction are <i>required</i> to attend.</p>	<p>Essential</p>		
<p>Security Personnel 3-4-10 <i>Immediately and simultaneously</i> respond to perimeter points of the grounds to observe persons leaving, and record vehicle license-plate numbers.</p> <p>Call local law enforcement, and make a report.</p> <p>Then call the local FBI office requesting assistance from</p>	<p>Essential</p> <p>Essential</p> <p>Essential</p>		

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<p>the squad handling crimes committed against children.</p> <p>After securing the perimeter, proceed to the location of the incident and activate a search of the entire healthcare facility, interior and exterior.</p> <p>Assume control of the crime scene until law enforcement arrives.</p> <p>Assist nursing staff members in establishing and maintaining security in the unit.</p> <p>Notify public relations.</p> <p>Secure videotapes/ digital recordings for seven days prior to the date of the incident, and request the same from other healthcare facilities in the area and adjacent businesses.</p>	<p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p> <p>Essential</p>		
<p>3-4-11 Facility's media plan should mandate all information about the abduction be cleared by facility <i>and</i> law-enforcement authorities involved before being released to staff members and the media.</p>	<p>Essential</p>		
<p>3-4-12 Brief the healthcare-facility spokesperson who can</p>	<p>Essential</p>		

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inform and involve local media by requesting their assistance in accurately reporting the facts of the case and soliciting the support of the public.			
3-4-13 Call NCMEC at 1-800-THE-LOST (1-800-843-5678) for technical assistance in handling ongoing crisis management.	Essential		
3-4-14 Notify newborn nurseries, pediatric units, emergency rooms, outpatient clinics for postpartum/pediatric care at other local healthcare facilities, and the health department's bureau of vital statistics about the incident, and provide a full description of the infant and suspected or alleged abductor.	Essential		
3-4-15 Document specific review of facility's infant-security and safety program.	Recommended		
Law Enforcement 3-4-16 Enter the infant's name and description in the FBI's National Crime Information Center's Missing Person File (NCIC-MPF).	Essential		
3-4-17 Call NCMEC at 1-800-THE-LOST	Essential		

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(1-800-843-5678) to request technical assistance, network with other agencies and organizations, assist in obtaining media coverage of the abduction, and coordinate dissemination of the infant's photograph.			
3-4-18 Call the local FBI office requesting the assistance of the Crimes Against Children Coordinator with technical and forensic-resource coordination; computerized-case-management support; investigative, interview, and interrogation strategies; and information about behavioral characteristics of unknown offenders.	Essential		
3-4-19 Immediately secure and review any available videotapes/digital recordings from the abduction scene and contact all other birthing facilities in the community and adjacent businesses to request the retrieval and secure storage of the previous seven days' worth of videotapes/digital disks for review.	Essential		
3-4-20 Set up one dedicated local telephone hotline for sightings/leads or	Recommended		

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coordinate this function with a local organization.			
3-4-21 Polygraph infant's parents, female offender, and male companion of offender.	Recommended		
3-4-22 Charge abductor. Make every effort to sustain a conviction.	Essential Essential		
3-4-23 Release of information concerning infant abduction should be well planned and agreed upon by the healthcare-facility and law-enforcement authorities involved. Keep family fully informed.	Essential Essential		
<p>Public Relations</p> <p>3-4-24 Provide facts of case to media and ask for their assistance in releasing information to the public in hopes of generating leads about the infant.</p> <p>Limit information released to that which is approved by law enforcement and healthcare facility, minimizes information about security procedures and technology used within the facility, and refrains from blaming victim families for any aspect of the abduction.</p>	Essential Recommended		

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Place a news release about the abduction on the facility's website.	Recommended		
3-4-25 Provide written statement to address callers' concerns over the abduction, especially for anxious parents who are planning to deliver their infants at that facility, and instructions about how to handle tips or information about the abduction.	Essential		
3-4-26 Activate the crisis communication plan.	Essential		