Infant Abduction:
Code Pink

Corporate Security & Corporate Safety
CHS Emergency Management

From 1983 - 2011, there have been 278 reported newborn/infant (birth to 6 months) abductions by non-family members (not parent or legal guardians). 128 or 46% of these have occurred from healthcare facilities. This self-directed learning module contains information you are expected to know on preventing abductions and actions to take when a Code Pink is called to protect yourself, our patients, and our guests.

Target Audience: All Employees

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Instructions:

The material in this module is an introduction to important general information and procedures for preventing infant abduction. After completing this module, contact your supervisor to obtain additional information specific to your department.

- Read this module.
- If you have any questions about the material, ask your supervisor.
- Complete the online posttest for this module. Once you pass the posttest, print it or a copy of your transcript and give it to your manager.
- The Job Aid on page 6 should be customized to fit your department’s policies and procedures and then used as a quick reference guide.

Learning Objectives:

When you finish this module, you will be able to:

- Identify the quantity of hospital abductions in the southeast
- List three characteristics of a typical abductor.
- Identify three actions employees may take to prevent infant abduction.
- Know what area most babies are abducted from
- Discuss staff responsibilities when a “Code Pink” is in progress.
Awareness is the most important point of this module!

Healthcare providers must understand the dynamics of hospital abductions to help prevent them.

Incidence

From 1983 - 2011, there have been 278 reported newborn/infant (birth to 6 months) abductions by non-family members (not parent or legal guardians). 128 or 46% of these have occurred from healthcare facilities, 112 or 40% occurred from homes, and 38 or 14% occurred from other places. Of the 278 abductions, 5 occurred in North Carolina with 3 of these from healthcare facilities.

Of the 128 that occurred from a healthcare facility:
- 74 were taking from the Mother's room (10 involved violence to the Mother/care-giver)
- 17 were taking from the Nursery (2 involved violence to RNs)
- 17 were taking from Pediatrics (0 involved violence)
- 20 were taking “On premises” (8 involved violence)

The September 2011 Report shows an introduction to violence against Mother/care-givers as the January 2009 Report showed no use of violence (or attempts) against mothers within healthcare facilities. However, there had been several cases where assault and battery had occurred against nursing staff members during abduction attempts and abductions. In addition there is clear evidence of increasing violence by abductors when the abductions move outside of the healthcare setting.

Abductor Profile

This “typical abductor” profile, while considered accurate by many Law Enforcement agencies, should not be considered the only profile of a potential abductor. Anyone, including persons not fitting this general profile, could be involved in an infant abduction. Use the proper precautions when dealing with all visitors, patients, and staff members in an infant or pediatric healthcare setting.

Most abductors fit this profile (developed from an analysis of 278 cases occurring 1983 – 2011):

1. Female of “childbearing” age (range now 12 to 53), often overweight.
2. Most likely compulsive; most often relies on manipulation, lying, and deception.
3. Frequently indicates she has lost a baby or is incapable of having one.
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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 initially visits nursery and 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-exit 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 infant; frequently seizes any opportunity present.
8. Frequently impersonates a nurse or other allied healthcare personnel.
9. Often becomes familiar with healthcare staff members, staff members work routines, and victim parents.
10. Demonstrates a capability to provide “good” care to the baby once the abduction occurs.

In addition an abductor who abducts from the home setting

11. Is more likely to be single while claiming to have a partner.
12. Often targets a mother whom she may find by visiting healthcare facilities and tries to meet the target family.
13. Often both plans the abduction and brings a weapon, although the weapon may not be used.
14. Often impersonates a healthcare or social-services professional when visiting the home.

Common Methods of Abduction

An individual who abducts a newborn may:

• pretend to be a healthcare or social worker, enter the mother’s room, and give a medical reason for taking the baby to the nursery, (approximately 58% are taken from Mother’s room) or
• take the baby from the nursery when nursery staff is not in the immediate area.

Code Pink

Carolinas HealthCare System uses the term “Code Pink” to announce that a suspected infant abduction has occurred. To initiate a Code Pink, employees should call the emergency operator and report the abduction. Employees must give their name and unit.
Staff Responsibilities

Although CHS newborn areas are protected by technology safeguards (baby tags also known as the Hugs system), staff members are the most critical component to prevention and response.

If an infant abduction occurs, **RAPID RESPONSE IS CRITICAL**.

- Commence specific duties listed in your department’s **Infant Abduction Plan**.
- Staff must go to the nearest elevator(s), and push the button to call the elevator to the floor in order to observe who is in it and to prevent an abductor from using the elevator. **Release the elevator after checking,**
  - Staff should remain at the elevator until the Code Pink is cancelled, or
- Post at perimeter doors to look for possible suspects, or
- Head to a window if that window provides a view of building exit(s), sidewalks or parking areas, and look for possible suspects/vehicles

Abduction Prevention

When entering or leaving security sensitive areas (such as the Maternity Department or Nursery areas), monitor the immediate area as you leave/enter and confront anyone who does not have authorized access and offer assistance.

No one should be transporting a baby unless they have a special, color-coded CHS ID badge (typically either a pink border around the employee’s picture or similar variation to indicate their specialized department status).

If you see an unidentified individual in scrubs, a white lab coat, or an oversized coat, and/or the individual is carrying a large bag, ask to see his or her Carolinas HealthCare System identification badge (including temporary staff and construction workers, etc).

- If he or she refuses, do not try to detain the individual.
- Direct the person to leave through the main lobby or employee entrance.
- Call CHS Security immediately on **704-355-3333**.
- Give a complete description of the person, including the last direction of travel.

*If you do not feel the person should be approached, call Security immediately and give a physical description and last known direction of travel.*
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Remember - Be Alert!

- Infants are to be transported in bassinets only! Infants are never carried.

- If a bassinet is seen anywhere with or without an infant, immediately call Security (704-355-3333). Provide security the alphabet lettering on the shelf of the crib. Stay with the bassinet until staff/security arrives.

- Please note: Young children are also at risk, so be alert in pediatric areas as well.

NOTE: CMC-Lincoln contact information in calling a Code Pink:

51111 and report Code Pink with the location of the abduction and the age of the child;

9-911 and report Code Pink with the Unit location asking for law enforcement to be dispatched; and

21010 to notify operator to ensure that security is aware of the abduction in the event the page was not heard.

Awareness is the most important point of this module!
Carolinas HealthCare System uses the term “Code Pink” to announce that an infant abduction has occurred. If an infant abduction occurs, RAPID RESPONSE IS CRITICAL.

Most abductors fit this profile:

- Female, of child bearing age, often overweight.
- Usually live in the community where the abduction takes place.
- Often tell others they have lost a baby or are not able to have children.
- Often married or in a relationship.
- Frequently visit the facility before the abduction. May ask staff members about hospital procedures and floor layout.
- May be dressed in scrubs, white lab coat, or oversized coat.
- May be carrying a large bag such as a gym bag, shopping bag, or large bundle of linen.

An individual who abducts a newborn tends to use one of two methods. The abductor may:

- pretend to be a healthcare worker/volunteer, enter the mother’s room, and give a medical reason for taking the baby to the nursery, or
- take the baby from the nursery when nursery staff is not in the immediate area.

Be Alert!

- Infants are to be transported in bassinets only! Infants are never carried by employees outside of the nursery area. Most babies are taken from Mother’s room.

If an abduction occurs:

- Staff must go to the nearest elevator(s), and push the button to call the elevator to the floor in order to observe who is in it and to prevent an abductor from using the elevator. Let the elevator go after checking.
- Staff should remain at the elevator until the Code Pink is cancelled.
- Staff should check perimeter doors/look out of windows
- Respond, then, according to the specific duties listed in the Infant Abduction Plan.
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Posttest

Name: _____________________________________________

Date: _____________________________________________

Circle the correct answer.

1. Since the early 1980’s, how many infant abductions have occurred from healthcare facilities.
   a. 128
   b. 112
   c. 137

2. Methods of abduction can include:
   a. Pretending to be a healthcare worker.
   b. Removing the baby from the unit when staff is not in the immediate area.
   c. Both a and b
   d. None of the above

3. Most babies are taken from the:
   a. Mother’s Room
   b. Nursery
   c. Corridor
   d. Cafeteria

4. Infants may be carried in addition to transported by employees in bassinets.
   a. True
   b. False

5. The correct response when you hear a CODE PINK called is to stand-by for specific instructions.
   a. True
   b. False
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6. What do you do if you see a suspicious person during a Code Pink?
   a. Ask to see the person’s identification badge.
   b. Direct the person to exit through the main lobby or employee entrance.
   c. Call Security on 704-355-3333 (51111 if CMC-Lincoln) immediately with a description of the person.
   d. All of the above

7. To initiate a Code Pink, staff should call:
   a. 355-3333 (51111 if CMC-Lincoln)
   b. 911 (9-911 if CMC-Lincoln)
   c. Emergency Operator (21010 if CMC-Lincoln)
   d. Any of the above

8. Staff, with non-specific departmental code pink assignments, should continue to monitor elevators and stairwells until a Code Pink has been cancelled.
   a. True
   b. False

Score: __________

Manager’s Initials: __________

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