



Abduction or Suspected Abduction of an Infant/Child Policy

This procedural document supersedes: PAT/PS v.2 Abduction or Suspected Abduction of an Infant/Child Policy



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Kirsty Edmondson-Jones – Director of Estates & Facilities
Author/reviewer: (this version)	Kerry Williams
Date written/revised:	June 2021
Approved by:	Trust Health and Safety Committee
Date of approval:	June 2021
Date issued:	March 2022
Next review date:	June 2025
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	March 2022	<ul style="list-style-type: none"> • Minor changes throughout. • Switchboard to call 999 and transfer caller to report to Police. 	Kerry Williams Andrea Bliss
Version 2	19 February 2018	<ul style="list-style-type: none"> • Put into new format • Minimal changes to titles and document references 	Kerry Williams
Version 1	27 April 2015	New procedural document - PLEASE READ IN FULL.	Kerry Williams Andrea Bliss Kaye Bulliman

Contents

	Page No.
1 INTRODUCTION	4
2 PURPOSE	4
3 DUTIES AND RESPONSIBILITIES.....	4
4 PROCEDURE	5
4.1 Raising the alarm – Time is Critical	5
4.2 Post Incident	6
5 TRAINING/SUPPORT	6
6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	7
7 DEFINITIONS	7
8 EQUALITY IMPACT ASSESSMENT.....	7
9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS.....	7
10 DATA PROTECTION	8
11 REFERENCES	8
APPENDIX 1 – ACTION CARD 1 NURSING/MIDWIFERY/DEPARTMENT STAFF IDENTIFYING INCIDENT.....	9
APPENDIX 2 - ACTION CARD 2 NURSE/MIDWIFE IN CHARGE	10
APPENDIX 3 - ACTION CARD 3 SWITCHBOARD	11
APPENDIX 4 - SENIOR MANAGER/CLINICAL SITE MANAGER	12
APPENDIX 5 - ACTION CARD 5 SECURITY & HOTEL SERVICE STAFF	13
APPENDIX 6 - LOG SHEET	14
APPENDIX 7 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING	15

1 INTRODUCTION

This policy instructs staff on how to respond in the event of an infant or child abduction/suspected abduction. The definition of abduction is the criminal act of taking someone away by force or deception. For the purpose of this policy the words infant/child will be used to encompass all infants, children and young people up to their 16th birthday on all Trust premises.

The policy sets out actions which must be followed on discovering that an infant or child may have been abducted.

2 PURPOSE

Infant and child abductions are rare, however, the trauma and publicity surrounding such events highlights the importance of ensuring that, should an incident occur, the Trust has a comprehensive easy to follow response plan to:

- Ensure that staff are aware of how to raise the alarm quickly as time is critical.
- Ensure that staff are fully aware of their roles and responsibilities.
- Ensure that staff are deployed effectively to conduct a search of the area.
- Ensure effective communication and co-operation between Trust staff, the police and security services.
- Ensure effective communication with other agencies including Social Care and Clinical Commissioning Group.

Implementation of the above will aim to:

- Facilitate the speedy return of the infant/child to a place of safety.
- Ensure that the parents/carers of an abducted infant/child are kept fully informed of the situation and are appropriately supported.
- In the event of suspicion that one or more parents/carers may be the perpetrator of the abduction ensure effective communication between agencies.

3 DUTIES AND RESPONSIBILITIES

Staff identified in the action cards have a responsibility to undertake the appropriate action promptly. Where safeguarding concerns are identified then staff have a responsibility to contact Social Care/Safeguarding Team and follow the Trust Safeguarding Policy.

Following the incident the Senior Managers within the clinical area where the infant/child was removed from have a responsibility to ensure effective debrief with staff. Senior Manager must also undertake a serious incident investigation including review of action taken against the policy.

4 PROCEDURE

In the event of an abduction/suspected abduction, where staff are not familiar with this policy, to reduce delays refer immediately to the Action Cards (at end of policy):

Appendix 1 – Nursing/Midwifery/Department Staff

Appendix 2 – Nurse/Midwife in Charge/Department Lead

Appendix 3 – Switchboard

Appendix 4 – Senior Manager

Appendix 5 – Security/Hotel Services Staff

4.1 Raising the alarm – Time is Critical

- If a member of staff becomes aware of the unexplained absence of an infant/child, they must immediately report to the person in charge. The person in charge must deploy all staff to make a rapid and immediate search of the area (being careful not to remove or disturb anything which may be of future evidence or to alarm other patients, parents/carers).
- Whilst the search is in progress the person in charge must dial 2222 stating “infant/child missing; possible abduction” and request a call to 999. The age and last sighting of the infant/child must be communicated along with their identity and the location.
- Switchboard will dial 999 and transfer the caller to report the possible abduction to the Police, and put out a group call to the Response Team (Table 1 and 2), stating “infant/child missing; possible abduction”.
- The Senior Nurse/Midwife in the clinical area will assume the role of incident coordinator until a member of the Senior Management Team/duty hospital manager arrives and takes over this role. The Senior Manager/duty manager will notify the Chief Executive/Executive Team.
- Once the police attend the scene they will have overall authority/assume responsibility for the investigation and management of the abduction and recovery of the infant/child.
- If the family/carers are present take them to a side room or private area and assign a nurse/midwife/member of staff to be with them at all times. If in a ward area the infant/child’s bed or cot should be left untouched for examination by the police. The area in which the child was last seen is a crime scene and therefore must be secured in order to preserve forensic evidence for a police investigation. Nothing should be touched or removed by a member of Trust staff or the family. If there are other patients/visitors they must remain in the room as part of the scene and may hold vital information.
- If the family/carers are not present on the hospital site at the time of the infant/child’s disappearance discuss with the police how this information should be communicated to them (taking into consideration that the family may be implicated in the abduction).

- No staff/patients/relatives will be allowed to leave or enter the ward/unit except on the authorisation of the incident coordinator and/or the police. The only exception will be members of staff required to leave in order to carry out their duties. A log (**Appendix 6**) should be kept of all persons entering/leaving the area following the alarm being raised. This task should be allocated by the incident coordinator.
- Security officers and service assistants should be located at entrances/exits, lifts and car parks to prevent people entering or leaving the building. Staff appointed to undertake this must not disclose the reason for the 'lockdown' of the building to individuals, stating only 'there is a potential security breach'.
- Confidentiality is paramount. No media responses will be made by the Trust without first liaising with the police. No information will be given to the press by any member of staff. It is the sole responsibility of the police, Chief Executive or appointed deputy.
- Should the child/infant be found during the hospital search the incident coordinator must inform switchboard that the child has been found stating 'missing child found, stand down.' This will then be disseminated through the Response Team (Table 1 and 2).
- Should the abducted child/infant be returned to the Trust they should be met by a senior member of staff/member of the response team and then escorted back to the department.

4.2 Post Incident

- All managers should be sensitive to the fact that staff may potentially suffer from post-traumatic stress as a result of an abduction. Debriefing for all staff involved/affected should take place as soon as possible.
- The response team will meet to debrief the incident and to confirm the event as a serious incident as per CORP/RISK 15. This will determine the level of investigation required.
- Senior Management Team to ensure that Safeguarding Team are aware of the incident (particularly if occurred out of hours).

5 TRAINING/SUPPORT

Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Security Management Director

The Director of Estates and Facilities is the nominated Trust Security Management Director (SMD) and is responsible for the day-to-day function of security matters, a strategic overview and for specific site related matters.

As abduction/suspected abduction is a very rare event compliance with this policy would be monitored as part of the Serious Incident investigation, any concerns would be included within the action plan developed as part of this process.

7 DEFINITIONS

All included within document details.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. **(See Appendix 7)**

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Risk Identification, Assessment and Management Policy - CORP/RISK 30
 Reporting and Management of Incidents and Near Misses - CORP/RISK 13
 Information Management and Technology (IM&T) Security Policy - CORP/ICT 2
 Missing Patient Policy - PAT/PS 1
 Serious Incidents (SI) Policy - CORP/RISK 15
 Safeguarding and Promoting the Welfare of Children - PAT/PS 10
 Security Policy - CORP/HSFS 15
 Trust Mental Capacity Act 2005 Policy and Procedure, including the Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
 Privacy and Dignity Policy - PAT/PA 28

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

A Professional Approach to the Management of Security in the NHS

Care Quality Commission (Registration) Regulations 2009

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Health and Safety at Work Act 1974

APPENDIX 1 – ACTION CARD 1 NURSING/MIDWIFERY/DEPARTMENT STAFF IDENTIFYING INCIDENT

(Out of hours follow Action Card 2 as well)

**RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS CRITICAL – RAISE THE ALARM
IMMEDIATELY**

Report to person in charge.



Discuss last known whereabouts of infant/child with parents/carers.



Revisit those areas.



Search entire ward/department (do not disturb potential evidence).



If present, take family/carers to a private area and ensure a nurse/midwife is with them at all times.



Do not touch the infant/child's cot/bed.



Follow instructions from police/on-call manager/head of department.

APPENDIX 2 - ACTION CARD 2 NURSE/MIDWIFE IN CHARGE

RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION

TIME IS CRITICAL – RAISE THE ALARM IMMEDIATELY

Initiate immediate search of area



Dial 2222 stating “infant/child missing; possible abduction”. The age and last sighting of the infant/child must be communicated along with their identity and the location.



Lock down department i.e. no-one is allowed to enter or leave except for emergency treatment.
Assign a member of staff to the exit.



Delegate one person to record all events on log sheet including details of anyone entering or leaving the department with their reason for doing so.



Ensure all staff aware of the incident and undertaking their responsibilities.



Assume the role of incident coordinator until a member of the Senior Management Team/duty hospital manager arrives.



Should the child/infant be found during the hospital search the incident coordinator must inform switchboard that the child has been found stating ‘missing child found, Stand down.

APPENDIX 3 - ACTION CARD 3 SWITCHBOARD

**RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION
TIME IS CRITICAL – RAISE THE ALARM IMMEDIATELY**



Dial 999 transfer the caller to report and request police attendance.



Call the relevant Response Team (see below) stating 'Infant/child missing, possible abduction' with the age and last sighting of the infant/child.



RESPONSE TEAM INFANT/CHILD ABDUCTION Maternity Manager/Neonatal Services/Children's wards or Departments	
1234	Matron W&C Hospital
1202	Women's Duty Manager
1237	Nurse bleep holder Paeds



RESPONSE TEAM INFANT/CHILD ABDUCTION ALL OTHER AREAS OF THE HOSPITAL	
1279/1348	Site Manager
1399/1591	Security
3412	Service Supervisor
3605	Central Team

- **This form must be completed.**

APPENDIX 4 - SENIOR MANAGER/CLINICAL SITE MANAGER

**RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION
TIME IS CRITICAL – RAISE THE ALARM IMMEDIATELY**

Assume the role of incident co-ordinator and gather all information.



Notify the on-call executive/Chief Executive.



Be Single Point of Contact (SPOC) for the police and delegate tasks to Trust staff.



Liaise with Press Office and identify room for media.



Liaise with site co-ordinators.



Provide support to staff/family/carers.

APPENDIX 5 - ACTION CARD 5 SECURITY & HOTEL SERVICE STAFF

**RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION
TIME IS CRITICAL – RAISE THE ALARM IMMEDIATELY**

Attend the affected department/area when called and assist in the lock down process.
No one to enter or leave except for emergency treatment.



Prevent members of the public/media entering the department/building by allocating staff to each entrance and exit. Undertake duties as allocated by the incident co-ordinator.

APPENDIX 6 - LOG SHEET

Name	Date	Time of Entry	Time of Exit	Reason

APPENDIX 7 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Abduction of child/infant Policy	Estates and Facilities/Security	Kerry Williams	Existing Policy	June 2021
1) Who is responsible for this policy? Name of Care Group/Directorate: Estates and Facilities/Security				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? Trust Wide staff to ensure compliance in the event of abduction				
3) Are there any associated objectives? Legislation, targets national expectation, standards: CQC – Care Quality Commission (Registration) Regulations 2009				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] – No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review: June 2025				
Checked by: Sean Tyler		Date: 10 June 2021		