University Hospitals of Leicester NHS
NHS Trust

ABDUCTION OR ATTEMPTED/SUSPECTED ABDUCTION OF A BABY FROM THE MATERNITY UNIT UNIVERSITY HOSPITALS OF LEICESTER

Approved By:	UHL Women's Quality & Safety Board
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Trust Lead:	L Cunningham - Matron
Board Director Lead:	L Wilde – Head of Midwifery
Date of Latest Approval	December 2024
Next Review Date:	**December 2027**

Contents

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- TITLE CHANGED (Previously known as MISSING BABY GUIDELINE)
- CHANGED FROM GUIDELINE TO POLICY
- ALL SECTIONS UPDATED
- ADDED BABY ABDUCTION SCRIBE SHEET

Key Words;

Safeguarding, Police, Missing baby, Lock down

Summary;

This policy outlines the process which must be **immediately implemented** in the event of managing the abduction, attempted or suspected abduction of a baby from the maternity unit within University Hospitals of Leicester NHS Trust

This policy must be read in conjunction with Missing Patients UHL Policy.pdf Trust ref: B15/2005

1. INTRODUCTION

University Hospitals of Leicester (UHL) NHS Trust is committed to provide a secure environment for all babies and children whilst in hospital or on the hospital site.
The aim of this Policy is to outline the process, which must be immediately implemented in the event of abduction, attempted or suspected abduction of a baby from the maternity unit, to ensure a robust procedure is in place should this incident occur.

2. PURPOSE

The purpose of this Policy is to ensure an effective and co-ordinated response in the event of a baby abduction, or suspected abduction, from the maternity unit within UHL with the following plan:

- To ensure staff are fully aware of their roles and responsibilities in summoning help by immediately alerting key personnel that there is a suspicion of, attempt or has been an actual abduction of a baby.
- To ensure that staff are deployed effectively to conduct a search of the area
- To invoke a major incident procedure
- To ensure effective communication between agencies to gain help and assistance from security, the police, social care and other agencies
- To ensure the police take the lead in the investigation as soon as possible
- To record the date and incident in real time
- To fully inform and provide support to parent(s) of the abducted baby and other in-patients
- To initiate a debriefing service for all staff
- To manage media interest
- Following the retrieval of the baby, the incident will be reviewed as part of the Trust's risk management procedure.

Implementation of the above will aim to:

- Endeavour to facilitate the prompt and safe return of the baby.
- Ensure that the parents/carers are kept fully informed, at all times, of the situation and are appropriately supported.
- Ensure effective communication between agencies

This policy must be read in conjunction with Missing Patients UHL Policy.pdf Trust ref: B15/2005

Supporting policies

- Safeguarding Children UHL Policy.pdf Trust ref: B1/2012
- Safeguarding in Maternity UHL Obstetric Guideline.pdf Trust ref: C53/2019
- Safeguarding Adults Policy.pdf Trust ref: B26/2011
- Preventing and Managing Violence and Aggression UHL Policy.pdf Trust ref: B11/2005
- Emergency Preparedness Resilience and Response (EPRR) UHL Policy.pdf Trust ref: B25/2018

3. SCOPE

This policy outlines best practice in managing abduction, attempted abduction and suspected abduction and the process to follow. The policy applies to all infants under the care of UHL maternity services whilst they are on Trust premises.
This policy does not apply for Adults or Children who are abducted and considered at risk of harm in these circumstances please refer to safeguarding policies Adult Safeguarding B26/2011 and Child Safeguarding B1/2012.

4. COMPLIANCE STATEMENTS

Equality & Diversity

The Trust recognises the diversity of the staff and local community it serves. Our aim therefore is to provide a safe environment free from discrimination, harassment and victimisation and treat all individuals fairly with dignity and respect and, as far as is reasonably possible, according to their needs.

As part of its development, an Equality Analysis on this policy have been undertaken and its impact on equality have been reviewed and no detriment was identified.

Person Identifiable/Confidential Data and Privacy Rights
In line with the General Data Protection Regulation (2016) and the Data Protection Act 2018 the Trust is obliged to treat all information in a secure, professional and ethical manner, whilst keeping all person identifiable and personal confidential data confidential. In addition the Trust will not share employee information with a third party, unless there is a legal basis for disclosure, for example for the detection and prevention of crime, or if it is in the legitimate interest of the Trust.

As part of the Information Governance policies of the Trust and data protection legislation, if the Trust is required to share any reports/information/data relating to the processes and procedures of any of our policies, the data, where possible, will be anonymised to remove person identifiable/confidential data unless there is a justifiable reason not to.

5. DEFINITIONS

Abduction	When a baby is removed from the ward area/ hospital grounds without the knowledge of the parents/carers and/or staff working within that area.
Attempted abduction	When an individual attempts, but it not successful in removing the baby from the ward area / hospital grounds without the agreement of the parents/carers and/or staff working within that area.
Suspected Abduction	When it is believed that a baby has been removed from the ward area / hospital grounds without the knowledge of the parents/carers and/or staff working within that area
Abductor	Person(s) who unlawfully removes a baby, child or young person
Incident Co-ordinator	Responsible for co-ordinating the incident and ensuring policy and procedure is followed
Lockdown	No one is allowed to leave the ward area/department once lock down is initiated. Except where emergency clinical care is needed. A log will be kept of all people present when the incident occurs and of all people entering/exiting the ward area once lock down is in place.
Stand Down	Decision to stop search by Police/Trust staff

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	The Chief Executive and the Trust Board have ultimate accountability for actions and inactions in relation to this policy.
Director of Nursing and Midwifery	The Director of Nursing and Midwifery is the executive lead for safeguarding and must ensure the implementation of the policy
Divisional and Directorate Management Teams	All members of the Divisional Teams are responsible for ensuring that the principles outlined within this policy are applied within their area of responsibility.

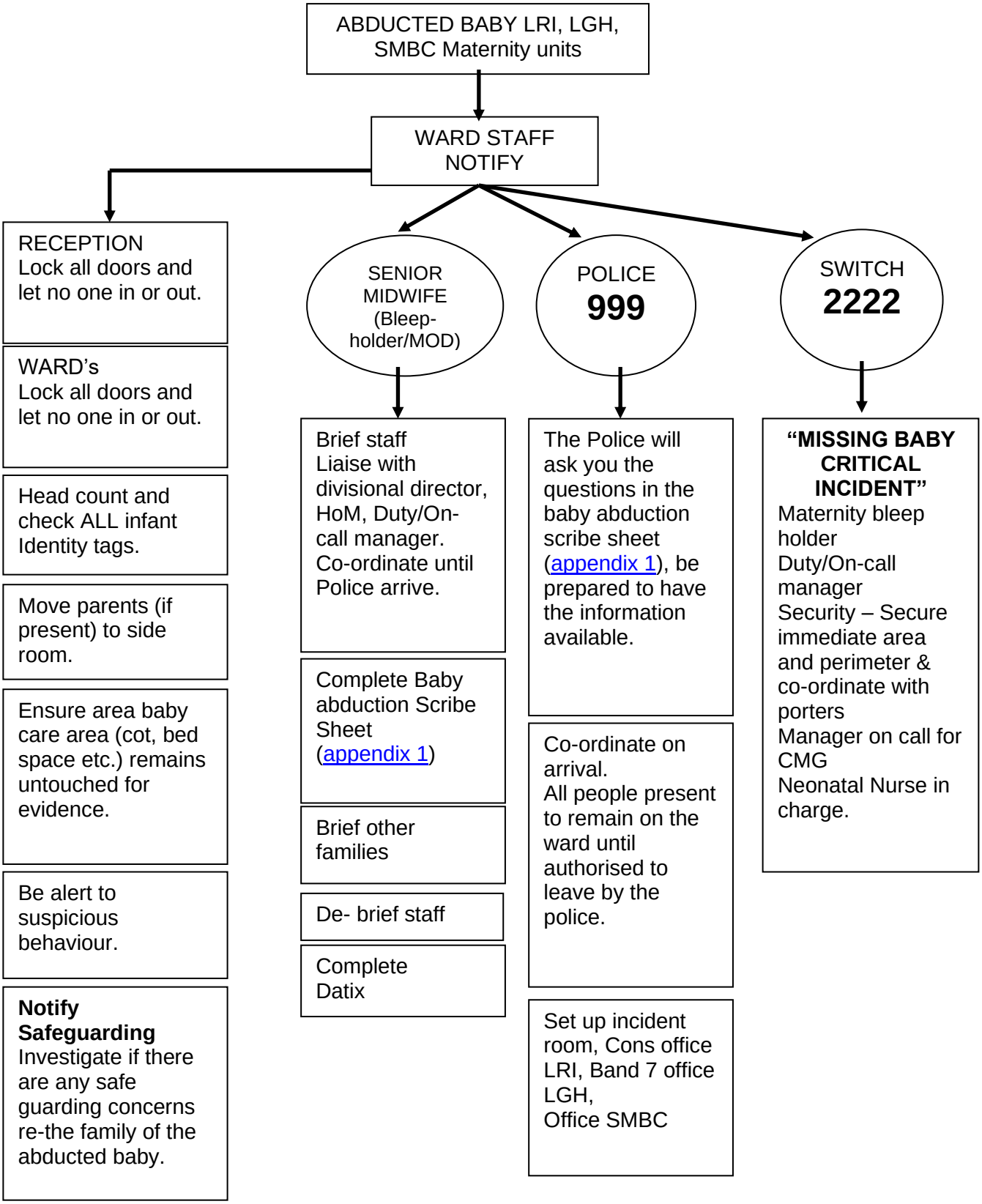
Hospital Duty Manager	Go to the site of the missing baby. Set up an incident room for the police and a separate room for family and relatives. Notify the Executive Director on-call via Switchboard and the on-call Executive to inform the Chief Executive Notify relevant Heads of Department (Matrons in hours): • Head of Midwifery • Neonatal Notify the Divisional General Manger for Women & Children Notify the Communications Department via Switchboard. They will need to prepare a press room to deal with the media. Notify NHS Security Management Service Inform local Maternity units to increase vigilance Inform maternity units to increase vigilance Closely liaise and support the Incident Co-ordinator On Call Manager /bleep holder to attend local area of abduction and continue to search with the aid of available staff and security on-call. Site Manager to proceed to t**he Consultant's office LRI Delivery Suite (ext 17726)/Band 7 office delivery suite LGH (14849), midwives office SMBC (01664 854854) will be used as incident rooms** and will take the role of the Designated Incident Co-ordinator until the Executive on-call or the Police are present and assume responsibility for the management of the incident.
Person notifying critical incident	Emergency bell activation The person recognising when a baby is missing is to notify switchboard of 'Missing Baby Critical Incident' The midwife/nurse to call **999** to notify the police to report the possible abduction. Include the name, age, last siting of the baby and a description of individual who is suspected to have abducted the baby (if known).
Lead nurse/midwife	A registered professional (Nurse or Midwife) to take lead on the situation until more senior management arrive on the scene. Lead nurse/midwife to designate a staff member to document accurately and take responsibility for the Abducted Baby form. Lead nurse/midwife to check that the baby has not been taken to another department for care/treatment. Delegate staff to undertake immediate search of areas, particularly concealed areas (toilets, under beds, play areas and bedside lockers) Allocate staff (where possible) to all ward exits and secure them until Security arrive. Consider the LADDER approach- Look, Act, Deploy, Dial, Evidence and Restrict The clinical area to be placed in lockdown. Ensuring that staff and patients are only able to arrive and leave the clinical area for emergency purposes. The nurse/midwife taking lead is to delegate a staff

	member to inform any adjoining wards/departments. If the family members/ carers are present, they should be taken to a side room or private area and a member of staff to be assigned to them, to always remain with them.
Delivery suite co-ordinators and Ward Sisters	Registered Senior staff are responsible for; To take lead on the situation until more senior management arrive on the scene. Designate a staff member to document accurately and take responsibility for the Abducted Baby form. To check that the baby has not been taken to another department for care/treatment. Commences/complete the scribe sheet **(Appendix One)** which identifies and establishes the clinical risk. Present the scribe sheet to the incident controller and ensure there is effective communication and support to the family. Ensure maternity staff remain on duty until instructed they can leave by the police. Allocate a member of staff to sit and support the legal guardian (if present), while gathering further information. Question the legal guardian regarding the possible location of the baby where appropriate. Ensure the screens are pulled down around the bed area until the police area to preserve evidence. Take charge of the incident until the Incident Co-ordinator arrives, then handover information and the incident. To support staff and parents/carers and act as lead until senior management arrive (for maternity). Brief the Incident Co-ordinator on arrival to the ward and take direction. Ensuring that the appropriate education and training is provided for all staff and that the policy is cascaded to the appropriate staff groups.
Maternity Operational Manager (Bleep Holder) Matron of the day Incident co-ordinator	Nominated senior manager during the abduction and responsible for co-ordinating the incident and ensuring policy and procedure is followed. When the call is identified, the co-ordinator should go to the site where the baby was reported missing. The co-ordinator should receive handover from the person in charge of the area. The co-ordinator must commence the baby abduction scribe sheet. The co-ordinator should liaise and work closely with Security until the Police arrive. The co-ordinator should organise to expand the search; staff can be delegated to search further in the area where the baby went missing. The Co-ordinator should secure all material equipment relating to the baby. Do not touch the area, it should be preserved as a crime scene until the Police arrive. **Nothing**

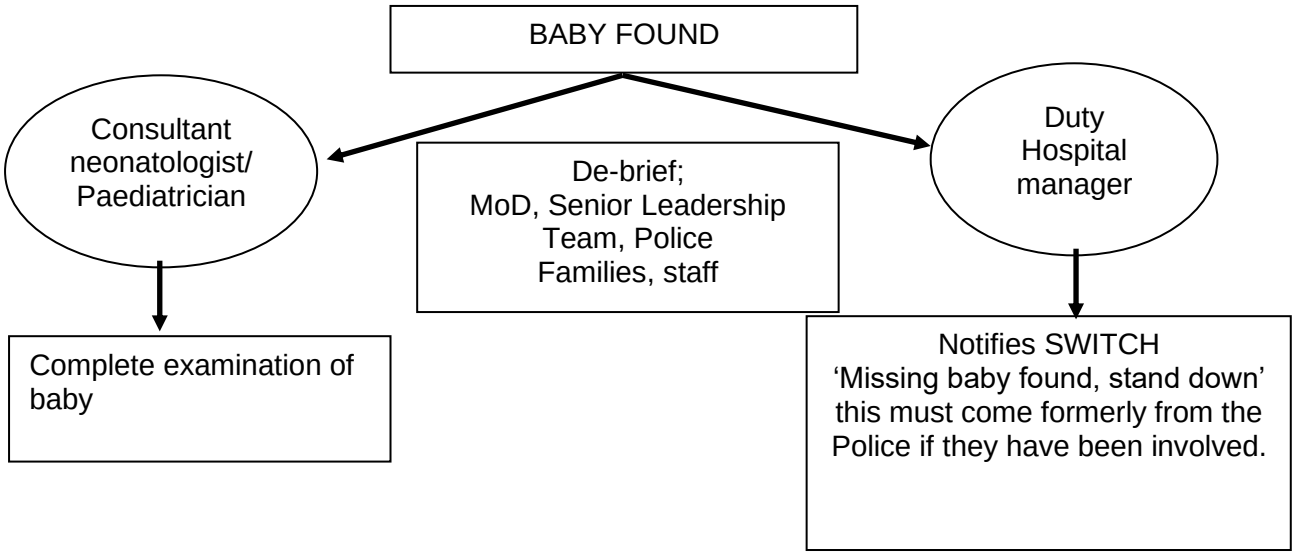
	should be touched or removed by a member of hospital staff or the family. If there are any other patients or visitors present within the bay, they must remain in the room as part of the scene as they may hold vital information. The Co-ordinator should meet with the legal guardian if present in a quiet area allocated to them. Ensure they are kept fully informed of the incident. If the legal guardians are not present, contact them to inform them that the baby has been reported as missing. The Co-ordinator should recap relevant details of the baby at the time of being reported missing, including information about the abductor. Collate details of the baby: Age • Sex • Ethnicity • Skin colour • Clothes worn • Last time seen and by whom The Co-ordinator should secure all clinical case notes relating to the baby, including the maternity case records and family supplementary records. The Co-ordinator should ensure all relevant information is shared with staff conducting the search via Switchboard The Incident Co-ordinator should brief staff and parents to maintain vigilance of other babies and children. It is the responsibility of the Incident Co-ordinator to notify Switchboard and all staff involved in the incident of the 'Stand Down'. Complete a Trust Incident form and notify the Risk Department at the earliest opportunity and ensure all documentation relating to the incident is complete The Co-ordinator should contact other agencies (e.g. Social Services) to obtain relevant information (e.g. safeguarding issues).
Consultant if the baby is an inpatient or known to the hospital	If the baby is an inpatient or has a known clinical condition a risk assessment is completed and conveyed to the Designated Incident Controller.
Head of Safeguarding and Named Nurse/Midwife for Safeguarding Children/Midwifery / Maternity/Nursing Safeguarding Team	The Head of Safeguarding and Named Nurse/Midwife for Safeguarding Children/Midwifery will support the implementation of this policy and ensure it is embedded within safeguarding training.
The Police	The police upon arrival will assume control of the incident; the co-ordinator should assist where possible and share all relevant information obtained. The 'Stand Down' will be undertaken in conjunction with the Police.

Switchboard	A baby missing call will come from a Midwife, Nurse or Nursery Nurse in the clinical area by calling '2222'. The telephonist will then inform the following personnel and state 'Missing Baby, Critical Incident' and give details ; • Maternity bleep holder • Duty/On-call manager • Security • Manager on call for CMG Neonatal Nurse in charge
Security Team	The security team will record as much accurate and relevant information as possible from the reporting source and despatch security officer(s) throughout the site as required It is essential that one member of the security team is deployed to the hospital CCTV room, to continuously observe, note and track any usual, suspicious behaviour or locate the missing child and commence a CCTV search. Proceed to the site of the reported missing baby. Report to the Incident Co-ordinator and assist with the search as directed. Utilise all available porters and security officers to widen the search. Observe for suspicious behaviour (especially signs of a concealed baby). Ensure any person acting suspiciously or with a baby fitting the description waits for arrival of the Police. If they refuse to wait, take notes of the details and notify the Police via Switchboard as soon as possible. Ensure all car park barriers are down; no one is to leave the hospital site until stand down. Ensure the Security Manager is called. Porters from Maternity and the main hospital should be called to help Security where possible. The team will liaise with the police as required.
All Staff	Have a responsibility to : support the Trust to achieve its vision; act at all times in accordance with the Trust values and follow duties and responsibilities as detailed in the NHS constitution – staff responsibilities

Process flowchart; Abducted Baby LRI, LGH, SMBC Maternity units



Process flowchart; Baby found



7. Policy implementation and Associated Documents

7.1 General Preventative Measures

a) All babies on the maternity unit to have Electronic Tags (X Tagg) applied to their ankle prior to leaving Delivery Suite, and transfer to the wards. Baby tag screen at the midwife desk is to be regularly monitored for any system warnings or alarms.

- Tags are not to be placed over the patient band
- Tags are not to be too tight (compression risk)
- Tags are not to be too loose – this can set the alarms off
- Do not leave excess length (can mark and irritate)

b) Identification of unusual or suspicious behaviour and the conviction to question and respectfully challenge an individual is the best preventative security measure available to staff. The experience of staff is invaluable in the early identification and detection of the first impression that 'something is not quite right'. An individual's inquisitiveness about hospital procedures may be in all innocence, however, criminal activity is often based on innocent conversations.

c) Staff may be aware of relationship difficulties between the child's parents and therefore there may be the requirement to monitor visitor requests. During visiting times there may be a need for increased vigilance in order to reduce the risk of abduction.

d) There may be a child protection plan in place or significant safeguarding concerns known and additionally, social care may be in the process of seeking legal advice and/or obtaining an Interim Care Order (ICO). This can result in emotive and potentially threatening behaviour by the parents, and staff should remain vigilant in these situations. If an interim care order (ICO), Emergency Protection order (EPO) or Police Protection order (PPO) is in place and the parents take the baby then this is classified as abduction.

e) If birth mother/parent and baby are both missing and there are no known safeguarding concerns, immediate contact should be made with the birth mother/parent to ascertain their

whereabouts. If discharge of baby is appropriate and no clinical concerns have been identified, then discharge paperwork should be completed and agreement made to collect from the hospital.

f) In line with the Trust Policy all staff must wear identity badges with photograph and name clearly displayed. Staff and parents should be encouraged to challenge any individual they do not know and who cannot produce a Trust ID, or, any person acting suspiciously who may intend to remove a baby or child, regardless of reasons given.

g) In line with best practice resident babies and children must be correctly identified by a name band as per the Trust Identification Policy.

h) All parents must be given an addressograph sticker by the discharging midwife which they must hand over to the receptionist at the front entrance to gain exit.

7.2 Senior management response

Flowchart is situated page in appendix 4 for senior management staff to follow.
The primary incident room is the designated command and control room, as identified in each department's major incident plan, for the area of abduction. A Designated Incident Coordinator will be appointed (a senior manager preferably from the abduction area) who will meet key personnel in the Consultant's office LRI Delivery Suite (ext 17726)/Band 7 office delivery suite LGH (14849), SMBC midwives office (01664 854854).
The response team summoned will attend the incident room, the most senior team member will take over the role of the Designated Incident Co-ordinator until the Police are present and assume responsibility for the management of the incident.

Staff will attend the Incident Room as directed by the Designated Incident Co-ordinator; this will include but is not limited to:

- **Named Nurse/Midwife for Safeguarding Children/Midwifery**
- **Named Doctor for Safeguarding Children**
- **Duty Manager**
- **On-call manager**
- **Matron of the Day**
- **On Call Consultant (out of hours) from relevant area o**
- **Matron or shift coordinator from relevant clinical area o**
- **Ward Sister/ Shift Co-coordinator** (clinical area of potential baby abduction)
- **Security Team Leader (**to attend incident room and delegate security staff to lockdown car parks, and entrances). Review CCTV footage and main exits to the hospital.

7.3 Police

Once the police attend the scene they will assume responsibility for the investigation and management of the abduction and recovery of the baby.

Police officers will be able to contact the Designated Incident Coordinator by proceeding to main reception. Switchboard will contact the Divisional Director / Site Manager via radio and/or phone informing him/her that the Police have arrived, enabling contact between the two and to arrange to escort to the incident room.
Once the Police Officer arrives they will take over the overall coordination of the incident and the team will take instruction from them
A copy of this policy, floor plans, operational procedures and scribe sheets are held in the incident room.

There are at least two offences that the police would expect to investigate under such circumstances:

- Take away a child in care without lawful authority contrary to section 49(1) and (3(of the Child Act 1989.
- Take a child so as to keep him/her from a person having lawful control contrary to sections 2(1)(b) and 4 of the Child Abduction Act 1984.

7.4 Confidentiality

Confidentiality is paramount. All communication will be directed via the Designated Incident Co-ordinator who will liaise with the communication team as per Trust policy.

7.5 Stand Down

This must come formerly from the Police Officer to the Designated Incident Coordinator who will note the time of the message and then inform the hospital switchboard who will in turn inform all bleep holders.
"STAND DOWN OPERATION BABY /CHILD ABDUCTION THANK YOU"
This will be communicated to ward staff via the incident room office which will include the removal of lockdown.
Should the abducted baby be returned to the Trust they should be met by a senior member of staff for that area or a member of the response team and then be escorted to the Paediatric Assessment area (in and out of hours) where they can be examined. If the baby has sustained an injury they will be taken directly to the Emergency Department.

7.6 Post Incident

All occurrences of an abduction/attempted or suspected abduction of a baby will be reported as an incident via the Datix risk management system; immediate action should be clearly documented on the Events for an Abducted Baby scribe sheet.

The Designated Incident Coordinator will debrief the incident team and be required to confirm the event as a serious incident. This will determine the level of investigation required and will involve communication to other agencies including the Integrated Care Board (ICB).

'Those affected' in the incident must have access to a critical incident debrief following the Patient Safety Incident Response Framework (PSIRF) to allow the opportunity to discuss the incident and their involvement. This would include staff and families; to whom the incident occurred, can also include their family and close relations. Family and close relations may include parents, partners, siblings, children, guardians, carers, and others who have a direct and close relationship with the individual to whom the incident occurred.

Families and staff may need to be signposted to support at any point, counselling and other support services will be offered to parents/carers/staff members. The Head of Safeguarding will evoke and coordinate safeguarding procedures if required.

8. IMPLEMENTATION & TRAINING

All Divisional Managers/Clinical Directors/Lead Associate Director of Nursing/Midwifery, Matrons and Sisters and the Named Nurse Safeguarding Children are responsible for ensuring that the principles outlined within this policy are appropriately plied in their area of responsibility, and that all staff are aware of the policy and the actions to take respective of their role should the situation occur.

Regular Tabletops will be undertaken within Wards/Departments to increase awareness of policy and management of a suspected abduction.

Unannounced drills will take place annually and will be coordinated by the Clinical Quality and Safety Midwife and Security for maternity services and the Directorate Manager and Matron for paediatrics. The findings will be fed back to both the Divisional Risk Group and Clinical Effectiveness Group. Any actions to be escalated and implemented accordingly.

Where possible, a collaborate drill should aim to be completed alongside Leicestershire Police to ensure a co-ordinated approach by key stakeholders.

A database will be managed by the corporate safeguarding team, which will specify when drills have taken place and include any actions required.

9. MONITORING & REVIEW

Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
- Live Drills - Table Top **Exercise's** Maternity	Maternity Risk Group/Maternity Clinical Effectiveness Group	Annually	Maternity Governance Group	Maternity Risk Group/Maternity Clinical Effectiveness Group	Maternity Risk Group/Maternity Clinical Effectiveness Group
- Live Drills - Table Top Exercises Neonates	Directorate Manager and Matrons	Annually	Neonatal governance and Risk Group	Paediatric Governance and Risk Group	Paediatric Governance and Risk Group

10. REFERENCES & ASSOCIATED DOCUMENTATION

1. Department of Health (2015) The NHS Constitution for England: the NHS belongs to us all. [online] London. DH. Available from: https://www.gov.uk/government/publications/the-nhs-constitution-for-england[Accessed 24th July 2017]

2. NHS Protect (2017) Standards for providers 2017-18: fraud, bribery and corruption online] s.l. NHS Protect. Available from: https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Fraud_Standards_for_providers_2017-18.pdf [Accessed 24th July 2017]
3. Missing adult policy UHL (UHL Security Policy)
4. The prevention and management of a missing baby UHL Obstetric Guideline (UHL Policy (2013 – Updated May 2021)

5. Missing Patients Policy – Adults, Children and Infants (excluding maternity services) UHL Policy (May 2005 – updated February 2024)

6. Standard Operating Procedure: Management of High-Risk Safeguarding cases in Maternity Services. UHL Policy (November 2023)
7. Standard Operating Procedure: Managing discharges for families with known safeguarding concerns within the maternity setting. UHL Policy (January 2024)
8. Maternity Records Documentation. UHL Policy (January 2022)
9. Standard Operating Procedure: Out of hours maternity emergency cover at Leicester General Hospital. UHL Policy. (June 2023)
10. Safeguarding in Maternity UHL Obstetric Guideline. UHL Polcy. (December 2022)
11. Safeguarding Children Policy. UHL Policy. (January 2024)
12. Standard Operating Procedure: Unaccompanied babies in the maternity unit. UHL Policy (December 2023)
13. Security Policy. UHL Policy. (December 2021)
14. Patient Identification Band Policy. UHL Policy (January 2022)

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) L Cunningham – Maternity Safeguarding Matron			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
October 2024	**4**	**L Cunningham**	Title changed from ‘missing baby guideline’ Changed from guideline to policy All sections updated

Appendix 1 Baby abduction Scribe Sheet

Record of Events for an Abducted Baby

Name & Designation of Scriber:

Addressograph of missing baby:

Date:
Location of Emergency (Circle): LRI LGH SMBC
DELIVERY SUITE WARD 5 WARD 6 WARD 30 MAU NNU BIRTH CENTER SMBC WARD
Time baby discovered missing:
Time Emergency Buzzer Pulled:
Time reported to Nurse/ Midwife in charge:

CHECK THAT THE BABY HAS NOT BEEN TAKEN TO ANOTHER DEPARTMENT FOR CARE/TREATMENT

CHECK THE IMMEDIATE AREA WITH STAFF

- Toilets
- Offices
- Cupboards
- Patient spaces
- Any other treatment rooms.

Time Completed:

STAFF ALLOCATED TO CALL

Call 2222 'State Baby Abduction Critical Incident and state clinical area'

Time Call Made:

This will notify;

- Maternity bleep holder
- Duty/On-call manager
- Security
- Manager on call for CMG
- Neonatal Nurse in charge

Switch calls/texts to be made to; Associate director of Nursing and Midwifery, Maternity matron on call, Associate Director for Safeguarding, Named Midwife and Named Nurse for Safeguarding Maternity, Clinical Director

Police to be called by staff via 999
Time Call Made:
Crime number:

It is expected that you will provide a description of the child and abductor (if known) at this stage. Use description of baby and abductor/'s below.

Patients to remain within their bed space and ensure that the scene is preserved.

LOCK DOWN CLINICAL AREA- Access only to staff/patients required for emergencies.

Time Ward/Unit locked down:

Person's present on clinical lockdown

Number of patients:

Number of staff members:

Number of visitors:

Person's who need to leave/ enter the ward for emergency reasons

Person leaving/arriving: Time of entry/exit:

Person leaving/arriving: Time of entry/exit:

Person leaving/arriving: Time of entry/exit:

Person leaving/arriving: Time of entry/exit:

Person leaving/arriving: Time of entry/exit:

Person leaving/arriving: Time of entry/exit:

STAFF MEMBERS TO BE SITUATED ON ALL ENTRY AND EXITS POINTS.
Once Security arrives, they will take over manning the entry point to the wards, and other exit points where possible.

All Patients and children's wristbands to be checked for verification
Time completed:

Use the visitors log to account for those visiting the ward
Time completed:

Staff head count and ID to be checked
Time completed:

Other Wards informed (such as connecting wards) Yes No
Time completed:
List wards notified:

Arrival of professionals

ONCE POLICE ARRIVE ON THE SCENE, THEY WILL TAKE LEAD OF THE SITUATION

Time police arrive:

Senior Midwife/Nurse	Time Arrived:
Midwife/Nurse In charge	Time Arrived:
Safeguarding	Time Arrived:
Security Called	Time Arrived:
Operational bleep holder for clinical area called	Time Arrived:
Head of Midwifery/Nursing	Time Arrived:
Director on call switchboard	Time Arrived:
Clinical Director	Time Arrived:
General Manager	Time Arrived:

DESCRIPTION OF BABY AND ABDUCTOR/'S

Baby Details and description:

Description of abductor if known:

EXAMPLES FOR DESCRIBING A PHYSICAL APPEARANCE
Start with envisaging the top of the person and work your way down.

HAIR- long, short, bald, spiky, fair, straight, darks, blonde, brown, curly, wavy
FACE- round, oval, squared, freckled, long
EYES- big, small, hazel, blue, green, brown, dark, narrow, bright
NOSE- pointed, big, small, flat, large, hooked, straight
LIPS- thin, full, red, pink
SKIN- tanned, pale, light, fair, dark
AGE- young, old, in his/her thirties, teenager, in his/her mid-forties, middle-aged, forty-seven.
HEIGHT- short, tall, medium height, of average height, dwarf.
BUILD- thin, skinny, slim, fat, plump, well-built
SPECIAL FEATURES- tattoos, moustache, beard, injuries

ENSURE YOU DETAIL WHAT CLOTHING THEY WERE LAST SEEN IN.

Any other information of relevance-

Such as conversations overheard, getaway vehicles, accomplices and any unusual events to report

Witnesses to the incident, including staff members, patients and visitors-
Staff member allocated to support family 1:1 (if present)

Staff member present with family:
Family members present:

Specify the room in which the family were moved to:

Time family moved to private room:

If Baby found following the initial parent baby checks on the ward/clinical area

Time Arrived:

Accompanied by:

- Paediatric examination to be completed by paediatric registrar
- Inform switchboard the baby has been found

Further actions required

Safeguarding referrals	Person spoken to:	Date/Time:
Datix to be completed	Datix number:	
Staff Debrief		

Record of Events for an Abducted Baby

Names of Other Staff Involved/Attended:

Signature of Scriber:

Appendix 2: Action Card 1. Nursing/Midwifery Staff identifying incident
Additional resource/ prompt for staff.

LOOK	Look around the immediate area and remain observant throughout.
ACT	Act immediately: Time is crucial
DEPLOY	Deploy staff to the exits and to conduct a rapid search of the area.
DIAL	Dial 2222 State: Baby Missing. Potential abduction Dial 999 State: Baby Missing. Potential abduction. Provide details of the baby's identity, clothing, last location and potential abductor if known.
EVIDENCE	Do not contaminate the potential crime scene evidence.
RESTRICT	Restrict access to the clinical area. Entry & exit to be emergencies only. A log must be commenced.

Appendix 3: Action Card 3; Switchboard

Switchboard response to '2222'

Ascom paging system to send out a 'baby abduction' alert to the following professionals, stating the location of the incident.

The following professionals to be bleeped by the switchboard-

- Maternity bleep holder
- Duty/On-call manager
- Security – Secure immediate area and perimeter & co-ordinate with porters
- Manager on call for CMG
- Neonatal Nurse in charge

Calls/texts to be made to-

- Associate director of Nursing and Midwifery
- Maternity matron on call
- Associate Director for Safeguarding
- Named Midwife and Named Nurse for Safeguarding Maternity
- Clinical Director

Appendix 4: Action Card 4; Senior management response

RESPONSE TO POSSIBLE BABY CHILD ABDUCTION

Immediately go to the Incident Room – (The Consultant's office LRI Delivery Suite (ext 17726)/Band 7 office delivery suite LGH (14849) Midwives office SMBC) will be used as incident rooms and assume the role of Designated Incident Coordinator 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

Ensure support is provided to staff/family/carers

Liaise with Communications Team and identify a room for media

Maintain a real time log of actions which will be crucial to the investigation and a log must be maintained throughout the duration of the incident

Appendix 5: Action Card 5; Security

RESPONSE TO POSSIBLE BABY ABDUCTION

TIME CRITICAL

If required contact duty staff to assist staff on site

Ensure that all on duty security staff are fully equipped with two way radios and are briefed on the circumstances of the incident and their respective duties

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

Liaise with the incident control room on a regular basis keeping security staff appraised of the current situation via two way radios

Prevent members of the public/media entering the department/building by allocating staff to each entrance and exit. Undertake duties as allocated by the Designated Incident Coordinator

Where possible deploy available staff to review CCTV footage of the Ward areas/departments and external cameras for potential abductors

Detailed notes of the actions taken and times will be crucial to the investigation and a log must be maintained throughout the duration of the incident

Liaise closely with Police Officers attending the scene and feedback to senior managers at regular intervals and when there are any updates to report