



INFANT PROTECTION

It's every hospital Administrators worst nightmare. At 3:00 AM, the phone rings. A quick glance at caller ID shows a very familiar number. It's the security director. Numerous thoughts are racing through your mind as you reach for the receiver, i.e., terrorism, fire, natural disaster, to name only a few. Then you pick up the phone and listen as your midnight supervisor announces there has been an infant abducted from the hospital. Your heart stops for a few seconds. As you begin to recover, you start asking the normal questions:

*Have you sealed off the perimeter of the hospital?
Have you notified the police?
Have you called a Code Pink? and so on!*

This hospital Security Director thought he was prepared. He conducted annual security vulnerability assessments of the Birthing Center. Access to the Birthing Center was controlled via card readers, and egress was monitored by closed circuit television. He even installed an infant protection system. Still, the abduction occurred. So, what does it take to prevent an infant abduction?

There is no simple answer. The fact is, it takes a combination of several factors to prevent this terrible nightmare. Primarily, it takes training. Training should include ALL staff at the hospital, as well as physicians, patients, and family members.

Hospital staff, outside of the Birthing Center, should be trained on abduction prevention policies regularly, including the Code used to announce a potential abduction occurrence. They should know the profile of an infant abductor, as published by the National Center for Missing and Exploited Children. Each hospital staff member should know and be drilled upon their role during abduction. Additionally, all hospital staff should be trained to protect their uniforms and ID badges, to avoid the potential for an abductor to "look like she belongs".

Hospital staff in the Birthing Center should be trained on all of the items listed above. Furthermore, they should be trained on infant abduction protection measures specific to the unit, i.e., alarm systems, CCTV, tagging systems, infant and staff identification, infant transporting, discharge procedures, etc. Physicians need to be trained to wear proper identification and follow hospital procedures for handling and transporting infants.

One of the most often overlooked training, and the second leading cause of infant abductions, according to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Sentinel Event Statistics, is that of the new mother and family members. The mother and family members' require training on who they should and should not give their baby to. The best example of this came from a very large hospital in the south suburbs of a major Midwest city. Nursing staff at the hospital, who were authorized to handle infants, wore a large purple striped card behind their normal hospital ID. Staff was diligent about training new moms and other family members about checking for the large purple striped card before handing their baby to a staff member. One day, during this training, one of the new moms had a four-year-old son there with her. He seemed interested, but somewhat distant during the training, as you would expect a four-year-old boy to be. Later that day, a nurse went into the mom's room to retrieve the baby for a scheduled test. Mom started to hand the baby to the nurse, when the little boy hollered, "Stop. She doesn't have the purple card." The nurse explained that she left her card in the locker room, but the mom, and her little boy, refused to hand the baby over. The nurse promptly called her supervisor and everything turned out okay. In the end, the nurse was authorized to handle the baby, and had indeed forgotten her card. However, had this been an actual abduction attempt, it could have been thwarted by a four year old boy. Training, done properly and diligently, can prevent an abduction from occurring.

Mothers and family members also need to know they should never leave their baby unattended, even if only for a moment. They need to know they have the right and the responsibility to question anyone who enters their room, with or without hospital attire. Another area of training should include safety of their newborn once they are discharged from the hospital.

Security staff should be the most highly trained on infant protection measures. Their training should include, at a minimum:

- Frequency of infant abduction - especially in their area
- Profile of an infant abductor
- Prevention measures, including;
 - Sensitive Area Assessment
 - Access Control
 - Alarm Systems
 - CCTV
 - Tagging Systems
 - Patrol Techniques
 - Infant Identification
 - Infant Transport Procedures
 - Discharge Procedures

- Perimeter protection
- Search procedures
- Notification procedures in the event of an abduction
 - Police
 - FBI
 - National Center for Missing and Exploited Children
 - Hospital Administration and other key personnel
- Police response
- Media response

Additional prevention measures include technology. Technology is not a replacement for adequate written programs, proper assessments, training, and drilling. The best defense against infant abduction is the proper complement of people, programs, training, and technology. Technology alone cannot solve the problem. Technology should be thought of as another tool in the aid to prevention, not the cure.

By now, every health care facility should be conducting security vulnerability assessments in security sensitive areas at least annually. The assessment should include all birthing center entry and exit points. For the system to work, each entrance and exit point must be monitored. There are a variety of ways to monitor these points, and each facility is different. Some facilities lock and alarm each exit and have security officers at the visitor entrance. Others facilities use a combination of alarms and CCTV on perimeter doors. Still others have completely open access, and only alarm if someone attempts to remove an infant from the Birthing Center unit. A good assessment includes not only the physical factors, but also the culture of the organization. The challenge is to find the right complement of people, programs, training, and technology to meet your facility's needs.

The use of technology as an aid to prevent infant abduction is quickly becoming the standard in health care facilities. Rapid advancements in technology continue to change the way we think about the protection of infants and children. Used correctly, technology is an invaluable tool in helping to prevent abduction. Yet, with all the changing technology, how do you choose the system that best suits your needs? How do you know the system you choose won't become obsolete in the next year or two? There are several factors to consider when deciding on an infant protection system:

The Manufacturer

- Where is the system manufactured?
- How long has the system been on the market?
- How many systems are currently in place?
- What quality standards does the manufacturer meet?
- Can the manufacturer provide a list of references?
- Does the manufacturer provide dealer support?
- Does the manufacturer provide end user support?

The Installer (Dealer)

- How long has the dealer been in business?
- Do they install the systems they sell, or do they contract that part out?
- How long have they been installing Infant Protection Systems?
- Are their installers factory certified?
- Do they provide training, including:
 - End User System Training
 - Security Training
 - IT Training
 - Troubleshooting
- What is their response time for service?
 - Via Phone
 - On Site
- Can they provide a list of references?

The System

- Is the system computerized?
- Is it compatible with industry standards?
- Does the system easily integrate with:
 - Access Control Systems
 - Alarm Systems
 - CCTV Systems
 - Door Locking Hardware
 - Elevator Controls
 - Paging Systems
 - Strobe Lights/Sounders
- Is the system fully supervised?
- Is the system designed to prevent piggybacking and tailgating?

- Is the system easy to use?
 - How many steps does it take to admit a patient into the system?
 - Are special tools or keys required?
 - Do you have to test batteries?
 - Do you have to enroll tags?
 - Are straps easily adjusted?
- Is the system password protected for various user levels?
- Is the system tamper proof?
- Is the tag reusable?
- Are the tags and straps waterproof?
- Will the system alarm even if the tag is shielded?
- What is the nuisance alarm rate of the system?
- Can you track the location of the infant on the system?

Once you have selected the manufacturer and the dealer, it is wise to review the quote carefully. Sit down with your dealer and go over every aspect of what they are going to provide. Many hospitals use the term “turnkey” to explain to the dealer that they want everything included. Unfortunately, what “turnkey” means to the buyer may not mean the same as it does to the dealer. “Turnkey” to some dealers does not include cable, conduit, elevator interface, fire alarm system interface, training, and sometimes even the installation of the system. One hospital security administrator reported receiving a quote that stated, “System to be installed by local contractor.” He was happy that he was helping the local economy by using local workers. Later, he was embarrassed when he found out the price of the installation was not included in the quote. In fact, the system sat in boxes for nearly two years because there was no money left in the budget to install the system. Perform your due diligence. Make sure you know what you purchased, what is included, and what is not.

Lastly, don’t ever make a decision to purchase an infant protection system without verifying everything the salesperson tells you. Check references. Talk to other customers. Ask the dealer to take you to a site and show you all the features and benefits he/she wants to sell you. Ask questions about the system, the installation, and the service. Ask about nuisance alarms, training, and drills. Utilize consultants or other industry experts who can provide you with an unbiased assessment of the system you are considering, and how it compares against others on the market. And remember, the only bad question is the one you don’t ask.

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