

DOCUMENT INFORMATION

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| Policy Title: | Code Amber – Infant/Child Safety from Abduction |
| Department/Manual: | UH Administrative Policies |
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| Supersedes: | None |
| Approved By: | Lynda Arnold, Director Family Health Services Roy Bordamonte, Director Allied Universal Services |
| Final Approval: | Maria Brennan, Chief Nursing Officer |
| Attachments: | None |

PURPOSE:

To provide security for newborn and pediatric patients and visitors throughout University Hospital.

DEFINITION:

Infant/Pediatric Abduction is defined as the unauthorized removal of an infant/child from any location on University Hospital premises.

The following are unauthorized removals:

- 1.) Removal by a parent, when assessed risk to the child, rising to the level of the Division of Child Protection and Permanency (DCPP) involvement and/or custody even though the parent can sign for a procedure and/or visit the child.
- 2.) When the child’s physical condition warrants immediate or continued medical care and treatment.
- 3.) The unacknowledged or unauthorized separation between a child and their parent or legal guardian while on the premises of University Hospital. This includes pediatric elopements.

Infants and Pediatric patients and visitors, unless otherwise determined by identified exceptions are classified by an age-group from Birth until the last day of their 17th year.

- 1.) Infants or Pediatric out-patients and children visiting University Hospital with parents or guardians shall be treated as patients in regard to this policy.

“Lockdown”, as it appears in this policy is the control of selected entrance/exit doors that can effectively be manned during the activation of a **CODE AMBER** alert. It is not intended to mislead staff or law enforcement agencies that every point of entry/exit has or will be secured.

“Non-In-Patient Care Areas” is designated for all areas that comprise University Hospital occupied space that does not perform treatment to “In-Patients” outside of the hospital building. This is inclusive of ACC, DOC, Cancer Center, and all remote locations where University Hospital maintains prime or tenant occupancy.

POLICY:

UH Department Staff Responsibilities for Initiation of Code Amber:

- 1) Initiate **CODE AMBER** by calling “111” immediately. The following information to be provided to “111” Hospital Operator. Hospital Operator to dispatch Allied Universal Security, notifying of information below:
 - a. Reason for the **CODE AMBER**
 - b. Description of suspect(s), (sex, race, height, weight, clothing and any other distinguishing marks);
 - c. Description of the infant, (sex, race, name, clothing/blankets, age, size, height, weight if appropriate);
 - d. Last time infant/child was seen and the location of where the abduction took place.
 - e. Location and time of discovery.
- 2) The room/area where the child was abducted should not be disturbed in an effort to preserve anything in the area that might be used as evidence or to aid in the investigation.
- 3) The department leader and/or designee will assure all the remaining patients are safe and accounted for and assigned staff to the exits and advise all staff and visitors that no one is allowed leave without package inspection or child verification until the all clear is announced.
- 4) The department leader, or designee will work in conjunction with Allied Universal Security to ensure that family notification, if applicable, will be done as soon as possible.

UH Department Staff Responsibilities for Response to Code Amber:

- 1) If you hear Code Amber announced overhead or receive an Everbridge alert, you should:
 - a. Initiate search in your department and surrounding area, and any area assigned to your unit.
 - b. Call 1-1-1 to report suspicious activity or sightings of the infant/child.
 - c. Maintain the security of your unit and do not allow movement into or out of the unit, as noted in your department Emergency Operation Plan, except in cases of an emergency until the all clear is announced.

Allied Universal Security Responsibilities:

- a. Upon notification of a **CODE AMBER** announcement, Allied Universal Security will initiate a hospital-wide lockdown process to the extent possible with available staff.
- b. In the Out-Patient areas, external to the hospital property, a security guard is stationed at the Lobby-Level reception desk so that visitors to the building can be visualized.
- c. Identify and document all infant and pediatric visitors attempting to exit the facility.
- d. Recall all elevators
- e. The gate between the Emergency Department and main hospital should be closed.
- f. Once abduction is confirmed, notify all applicable law enforcement agencies.
- g. Initiate internal search of building where abduction occurred.
- h. Once the infant/child is found or if Allied Universal Security, in agreement with Hospital Management, have determined that there is no longer a need to keep the hospital in a lock down situation, UH Security will instruct the Hospital Operators to announce **“CODE AMBER – ALL CLEAR”**.

UH Hospital Maintenance:

- 1) Hospital Maintenance will respond immediately and perform overall function checks on all other infant/child secured areas and take any necessary corrective action. Hospital Maintenance will immediately call contracted service provider for emergency service to test and/or correct any and all aspects of system operation.

Infant/Child Abduction System:

- 2) The Infant/Child Abduction security system is operated by the Nursing Department, supported by Access Control, and maintained by a third-party vendor. Nursing is to assure that the doors remain locked at all times. Functional operation of the doors should be monitored by physical plant and security. This system will be tested annually.
- 3) An electronic security system locks the main entrance doors of identified areas within Family Health Services. During fire alarm activation, all secured egress doors will automatically unlock. This includes all double corridor doors leaving F-Green and G-Green. These doors need to be covered in the event of a Code Amber or fire alarm activation.

REFERENCE:

NJAC Title 8 Chapter 43E subchapter 10
The Joint Commission CAMH