

INFANT/CHILD ABDUCTION (PREVENTION OF) POLICY

Version:	1
Ratified by:	Senior Management Team
Date ratified:	February 2017
Title of originator/author:	Head of Corporate Business
Title of responsible committee/group:	Health, Safety, Security Management and Estates Group
Date issued:	February 2017
Review date:	February 2020
Relevant Staff Group/s:	All Trust staff

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DOCUMENT CONTROL

Reference AS/Feb17/ICAP	Version V1	Status FINAL	Author Head of Corporate Business
Amendments: New document.			
Document objectives: Provide all staff with an understanding of the Trust's responsibilities in the event of a possible infant/child abduction			
Intended recipients: All Trust staff			
Committee/Group Consulted: Health, Safety and Security Management Group			
Monitoring arrangements and indicators: Health, Safety and Security Management Group, SIRI Group and Divisional meetings.			
Training/resource implications: No specific training required. Testing of local plans could form part of local tabletop exercises.			
Approving body	Health, Safety, Security Management and Estates Group		Date: February 2017
Formal Impact Assessment	Impact Part 1		Date: February 2017
Ratification body	Senior Management Team		Date: February 2017
Date of issue	February 2017		
Review date	February 2020		
Contact for review	Head of Corporate Business		
Lead Director	Director of Strategy and Corporate Affairs		

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SUMMARY

This policy provides information on response in the event of an infant or child abduction; or where a child or infant is reported as missing from Trust premises or premises where Trust clinics are being operated.

Infant and child abductions are rare; however the trauma to the child and family surrounding such events highlights the importance of having a comprehensive response plan in place. The Trust recognises such incidents are also traumatic for all staff members who are involved.

It must be noted when visiting a hospital or clinic the responsibility for the safety and security of an infant/child remains that of the parent, family or carer. However the Trust has a responsibility to provide safe and secure environments and will take steps to ensure every action to try and prevent an infant/child from being abducted from our premises and provide support to aid their swift return.

The Trust hosts a number of midwifery-led birthing units run by other providers in its community hospitals. The responsibility for the safety and security of these units' patients remains the responsibility of those providers who must share their abduction plans with the Trust. The Trust, however, recognises its responsibility for the overall security of its buildings and for cooperating with these other agencies.

Service plans must be approved and reviewed a minimum of three yearly unless there is a change in service location or provision which needs to be reflected in a plan.

1. INTRODUCTION

- 1.1 This policy provides information on response in the event of an infant or child abduction; or where a child or infant is reported as missing from Trust premises or premises where Trust clinics are being operated. It should be read in conjunction with Trust Safeguarding Children and Protection of Children and Lockdown policies.
- 1.2 This policy sets out actions which must be followed on discovering an infant or child is missing from any area within Trust sites and services. This policy provides the over-arching Trust wide position to a child/infant abduction. However each service or department must consider the potential risk of an abduction and develop a local plan where appropriate which meets the needs of any Trust service and, where relevant, have a current approved plan for working with other services and other service providers. The need for a local abduction plan should be risk assessed by each service.
- 1.3 Service plans must be approved by the Corporate Safeguarding Team and reviewed a minimum of three yearly unless there is a change in service location or provision that needs to be reflected in a plan. The table below sets out a level of requirements for each service area:

Service Type	Local Procedure
Premises with in-patient birthing unit (operated by others).	Fully documented local procedure aligned to incident plans and business continuity plans with input led by the provider.
Premises with paediatric clinic or clinics for young persons under the age of 18 (operated by Trust teams).	Documented local procedures as part of incident plans and business continuity plans with input, where appropriate led by landlord or provider where this is not the Trust.
Premises with paediatric/young person/Health Visiting clinics operated by Trust staff on premises operated by others.	Input from Trust teams to local procedures including Incident Plans and business continuity plans; understanding of local procedures and documented service procedures
Premises where there are no paediatric/health visiting clinics and where infant and child visits are rare	No specific requirement other than Incident Plan, and business continuity plans and general awareness. E.g. Outpatients clinics where a patient or carer may be accompanied by a child.
Village hall or similar site used for clinics.	General awareness – no specific procedure required other than immediate call to the police using 999.

2. SCOPE

- 2.1 This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses Trust services or premises for any purpose. It will also apply to bank, temporary staff, volunteers, young workers, staff working from home and contractors working on Trust business.
- 2.2 Where a child is detained under the Mental Health Act and does not return from planned leave, the guidance set out in the Trust Detained Patient Absent Without Leave (AWOL) Policy should be followed.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** is responsible for ensuring this policy is implemented and reviewed, providing visible and active commitment to the compliance with all relevant legislation and best practice.
- 3.2 The **Director of Strategy and Corporate Affairs** has delegated executive responsibility for security management in particular for ensuring plans are in place to respond to and manage any incident;;
- 3.3 The **Head of Corporate Business** is responsible the security management, emergency planning and business continuity and for promoting and maintaining the Child Abduction Policy and day-to-day management of security management.
- 3.4 **Executive Directors** and **Heads of Division** are responsible for: promoting the policy within their areas of responsibility and for ensuring adequate protective security measures are in place to minimise risks in their areas of responsibility.
- 3.5 The **Local Security Management Specialist (LSMS)** is accountable to the Director of Strategy and Corporate Affairs and responsible to the Head of Corporate Business for implementing this policy by:
- analysing incidents to identify trends, draw conclusions and make recommendations;
 - regular review of the risk registers to ensure local risks are effectively managed;
 - applying sanctions by civil, criminal, disciplinary and procedural measures which may include seeking redress through criminal and civil justice systems against those whose actions lead to harm to patients and others;
 - creating proactive security awareness and promoting the deterrence and prevention of breaches of security;
 - delivering formal and informal security awareness training through inductions, briefings, updates and 'bespoke' sessions to ensure all staff are aware of the risks;
 - ensuring victims of crime are supported;
 - liaising with external agencies as appropriate, e.g. Security Management Service, police, HM Courts Service;

- providing expert security advice to protect people, property and assets;
- undertaking security risk assessments either as part of a rolling programme or at the request of managers.

3.6 **All Managers** have a specific duty to promote security by implementing this policy and for conducting a local risk assessment on the likelihood of child abduction in their areas of responsibility. Where indicated, this will lead to the development of local child abduction procedures which must be adequately tested to identify any gaps or weaknesses which require review. These must be relevant to the service to ensure a swift response to any incident. Consideration must also be given to sites which are multi-occupancy and where premises are not owned or managed by the Trust, for example GP Practices. Where the Trust is not the lead service provider or property owner the responsibility for developing the local plan will sit with the lead provider or owner. However; Trust teams must liaise with other occupants to ensure a robust response to an incident.

3.7 **All Trust staff** are responsible for ensuring:

- they are familiar with local plans and any actions they may be required to carry out which may include taking part in a lockdown and restricting entrance/exit from an area/site;
- ensuring they maintain confidentiality and do not disclose any information to the public or the media;
- when working in premises or locations that are not owned or managed by the Trust, being aware of any processes or procedures they may need to follow in response to any missing infant/child relevant to those

4. DEFINITIONS

4.1 **Abduction:** the criminal act of taking someone away by force or deception.

4.2 For the purpose of this policy **infant/child** will be used, however the term includes all infants, children and young people up to their 18th birthday who are on Trust premises, or on premises where Trust business is being operated.

4.3 **Lockdown** is the process of controlling the movement, access and egress of people around NHS property in response to an identified risk, threat or hazard that might impact on the safety and security of people and assets or, in deed the capacity of that facility to continue to operate. Lockdown can be partial, progressive or full depending on the situation and identified risk, threat or hazard.

5. PROCEDURES

5.1 The content for each local plan, where the need for one is indicated, will depend on the location and the type of service; some services will have a greater likelihood of infants/children being present than others and will have a specific plan relevant to their areas.

5.2 The local plans must include the following steps as a minimum, some of

which may run concurrently:

Raising the alarm

- 5.3 Time is critical. Any member of staff who becomes aware of the unexplained absence of an infant/child must report this to the person in charge immediately. A thorough search of the entire ward/department/area must be conducted immediately, being careful not to remove or disturb anything which may be of future evidential value or to alarm other patients/parents/carers.
- 5.4 Escalating concerns to other teams and departments to extend the search may prevent the infant/child from being taken off site. The Senior Nurse/Team Leader must make arrangements to call 999 and advise of a possible abduction and seek immediate attendance. Where there is no reception team this task must be delegated to a nurse/clinician. Details of the missing infant/child must be provided as well as last known sighting. A group call to other wards/services to advise of potential abduction, must be made and logged as a record. The Trust Safeguarding Service should be notified via the single point of contact number 0300 323 0035 to enable informed communication with partner agencies. The Communications Team must be advised to ensure an appropriate response is made to any enquiries and the incident is escalated to the Executive Team for information.

Gathering facts

- 5.5 Document the location, age and last sighting of the child. A detailed description of the infant/child must include what they are wearing. The senior nurse/team leader must discuss with the infant/child's parents/family/carers the last known whereabouts and these areas must be re-visited. An action log sheet, must be created, capturing all actions taken, including who has entered or exited the area, from start to finish of the incident. There may be a requirement for more than one action log to be commenced, for example where staff are allocated multiple tasks; initiating and logging calls to Police; Communications Teams or Executive Team.

Securing entrances and exits

- 5.6 Lockdown the site using the local lockdown plan and where possible review CCTV to identify any information which may assist in locating the infant/child. Information must be escalated to response staff and to the Police immediately.

Supporting the parents/family/carers of the child

- 5.7 If they are present they should be taken to a side room or private area and an appropriate member of staff allocated to remain with them at all times. If the infant/child is a patient, their bed must be left untouched, as should the area in which the infant/child was last seen for examination by the police and to avoid contamination of a potential crime scene and the potential forensic evidence that will be available.

Liaison with the police

- 5.8 If the infant/child's parents/family/carers are not on site at the time of the disappearance, then it must be agreed with the Police the most appropriate method of communicating the incident with them – keeping in mind they

may be implicated in the infant/child's disappearance. The Police will advise on this.

Staff briefing

- 5.9 The Senior Nurse/Team leader must delegate responsibility for briefing all staff within the ward/department/service. Staff must be reminded this is a confidential issue and the incident must not be disclosed other than to those who have a need to know.

6. RESPONSE

- 6.1 Proven infant/child abduction is a criminal offence and the police will have overall authority and will assume responsibility for the investigation and management of the incident and recovery of the missing child as part of a criminal investigation. On arrival on the scene the senior Police Officer will assume the role of Incident Co-ordinator and direction must be taken from them.
- 6.2 An incident control room may be established - a suitable room which has telephone[s] and network/Wi-Fi connectivity to ensure the response can be coordinated. Ideally the room will be situated away from areas where any other patients or members of the public, who may be on site as a result of the lockdown, can observe activity and/or use a mobile telephone to make any recordings which may then be uploaded to social media.
- 6.3 The area and immediate surroundings will immediately become a 'scene of crime' and must be treated as such in order to assist police with investigating – nothing must be touched or moved.
- 6.4 No member of staff, patient or visitor will be allowed to leave or enter the ward/clinic/area except on authorisation of the incident co-ordinator and/or police. Exception will be made for staff needing to leave or enter to undertake urgent patient care - a member of staff from the affected area must be delegated to keep a log of persons leaving or entering the area, including names, contact details and reason for movement, and times. Keep in mind if a person insists on leaving the premises, they cannot be prevented from leaving by Trust staff, but staff should take and note contact details and a description of the person, including make, model and registration of any car they have. This information may be required by the police as part of their investigations. Staff should not put themselves or others at harm by attempting to prevent a person's departure.
- 6.5 Confidentiality is paramount; no media reports will be made to the press without liaison with the police. The Trust Communications Team must be made aware of the incident and all media requests for information must be directed through this team only, staff must not provide any comment or information.
- 6.6 No information will be released to the press by any member of staff, in accordance with Trust policies. Staff must also seek Trust identification from all staff members and to be wary of members of press who may pose as staff, patients or members of the public in order to obtain information.

- 6.7 No representatives of the media will be allowed into the area. A room must be identified for the media which is away from the place of the incident and the control room.
- 6.8 Should the infant/child be found during the search, the senior nurse/team leader or On-call Manager must inform any response team made up of members of staff allocated to assist with the search are advised the “missing infant/child has been found – stand down” and all affected departments advised.
- 6.9 The infant/child when found, must be reviewed by a Paediatrician and may require to be examined by a Paediatric Consultant. Where there are safeguarding concerns a referral should be made as per the Safeguarding and Protection of Children Policy.
- 6.10 A full debrief must be conducted following any incident and lessons learned disseminated across the Trust. This will form part of the Serious Incident Report Investigation (SIRI) process. Such incidents will be distressing for all staff involved and they should be offered support and advice.

7. TRAINING REQUIREMENTS

- 7.1 There are no specific training requirements; however within each service the response should be tested to ensure it is effective and to identify gaps and possible adaptations and this may identify possible training needs. This must constitute a key component of the Trust’s emergency preparedness work. This policy will be added to the list of policies referred to in levels 1-3 of the Safeguarding Children Training in order to raise awareness.
- 7.2 The scenario could form part of a table-top exercise for lockdown planning as part of the Trust Emergency Preparedness Resilience and Response training and requirements to test local plans.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

- 8.1 The Health, Safety, Security Management and Estates Group will monitor the compliance and effectiveness of this document. This will be achieved by quarterly untoward event reports to the Group
- quarterly report of health and safety inspections
 - annual report to Joint Management and Staff Side Committee (JMSSC) on health and safety inspection process
- 8.2 The Trust SIRI Group will commission and review SIRI reports following any incident.
- 8.3 Divisional Operational meetings will review and request any changes to local plans following any incident.

9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

9.1 References

Data Protection Act 1998

Data Protection Commissioner Codes of Practice

Home Office Crime Prevention Manual, Section 6.

Human Rights Act 1998

Information Commissioner's Codes of Practice

Mental Health Act Code of Practice

Secretary of State for Health Directions on NHS Security Management Measures dated 24 March 2004, under Sections 16d, 17 and 126(4) of the National Health Service Act 1977.

Security Management Service: A Professional Approach to Managing Security in the NHS.

SMS Security Manual.

9.2 Cross reference to other procedural documents:

CCTV Policy

Detained Patient Absent Without Leave (AWOL) Policy

Lockdown Policy

Locked Door and Door Control Policy

Prevention and Management of Violence and Aggression (PMVA) Policy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Safeguarding and Protection of Children Policy

Serious Incidents Requiring Investigation Policy

Untoward Event Reporting Policy and Procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

10. APPENDICES

10.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A: Example Action Card 1 Department Staff

Appendix B: Example Action Card 2: Department Lead

Appendix C: Example Action Card 3: Reception Team

Appendix D: Example Action Card 4: Senior Manager/On-Call Manager

EXAMPLE ACTION CARD 1
DEPARTMENT STAFF
RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS
CRITICAL- RAISE THE ALARM IMMEDIATELY

Report to person in charge



Discuss last known whereabouts of the infant/child with
parents/family/carers – obtain full description



Revisit area where infant/child was last seen



Search entire ward/department/area – do not disturb potential evidence



If present, take parents/family/carers to a private area and ensure that an
appropriate member of staff is with them at all times.



Do not touch the infant/child's bed [if applicable]



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



Do not share any information other than to those who need to know



Check identity if all persons to ensure they are authorised to be within the
area.

EXAMPLE ACTION CARD 2
DEPARTMENT LEAD

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

Initiate immediate search of the area – commence action log



If infant/child not found raise alarm “infant/child missing; possible abduction”. Give your name and location and provide age and description of infant/child and details of last known sighting



Lockdown department – request no-one enter or leave, except for emergency treatment



Set up incident room if required to manage response coordination



Take a headcount of all infants/children in the area



Delegate a member of staff to complete a record of events on a log sheet, including details of anyone entering or leaving the department and their reason for doing so



Ensure all staff are aware of the incident and are undertaking their responsibilities – remind all staff not to share any information other than to those who need to know and to prevent where possible any recordings being made on mobile technology which may be leaked to social media



Check identity if all persons to ensure they are authorised to be within the area.

EXAMPLE ACTION CARD 3
RECEPTION TEAM
RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS
CRITICAL- RAISE THE ALARM IMMEDIATELY

Dial 999 and request immediate police attendance – “possible infant/child abduction”



Raise alarm of infant/child missing; possible abduction to response teams and porters



Advise other departments/areas to search areas and report any sightings to On Call Manager/Department Manager



Remind staff of confidentiality and not to share any information other than to those who need to know



When Police arrive ensure they are directed to the appropriate area and advise On Call Manager/Department Manager – ensure appropriate identification is provided

EXAMPLE ACTION CARD 4
SENIOR MANAGER/ON-CALL MANAGER
RESPONSE TO POSSIBLE INFANT/CHILD ABDUCTION TIME IS
CRITICAL- RAISE THE ALARM IMMEDIATELY

Provide support to Team Leader/ Manager of affected area



Notify the On Call Director



Be Single Point of Contact [SPOC] for the Police and delegate tasks to Trust staff



Liaise with Trust Communications Team and identify a suitable room for the media



Liaise with site co-ordinators