OLIVE VIEW-UCLA MEDICAL CENTER POLICY & PROCEDURE

NUMBER: 324 VERSION: 3

SUBJECT/TITLE: CHILD/ADOLESCENT ABDUCTION POLICY (CODE PURPLE)

POLICY: Appropriate notification and actions of all Olive View – UCLA Medical Center

(OVMC) personnel and outside agencies will be initiated when a child/adolescent has been abducted, to expedite locating and reuniting the child/adolescent with the

family.

PURPOSE: To ensure all hospital personnel and outside agencies are immediately and

appropriately notified, identify the person attempting to abduct the

child/adolescent from OVMC, locate and reunite the child/adolescent with the

family as quickly as possible.

DEPARTMENTS: All

DEFINITIONS: Child/Adolescent Abduction: (child from 1 to 18 years of age) the unlawful

seizure of an child/adolescent, whose health care and safety has been entrusted to

the personnel of Olive View – UCLA Medical Center.

My Child Infant Protection System: An electronic security system, which, in

conjunction with staff diligence, creates a secure perimeter to deter

child/adolescent abductions

PROCEDURE: If there is suspicion of a child/adolescent abduction, the following actions will

occur simultaneously:

I. RESPONDING TO A SUSPECTED ABDUCTION

A. If a workforce member suspects a child/adolescent abduction within Olive View-UCLA Medical Center, he/she will immediately call x111 and instruct the Operator to call a "Code Purple". Inform the Operator of the location of the abduction, the sex and age of the child/adolescent, and any other identifying features (e.g., general weight, clothing) that may help locate the abducted child/adolescent. The Operator will immediately notify Sheriff Dispatch and announce overhead "Code Purple", the location, and description of the child

three (3) times.

Sheriff will notify outside law enforcement if abduction is confirmed.

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The Operator will also notify Hospital Administration and the Administrative Nursing Office.

B. When Code Purple is announced, the following departments are to respond to their assigned exits for proper coverage: Security/Sheriff, Department of Emergency Medicine, Dietary, Information Systems, Medical Records, Nuclear Medicine, Nursing, Nursing Administration/Bed Control, Pathology and Psychiatric Emergency Room.

See Attachment I, "Traffic Control and Exit Coverage" for specific assignments.

C. All non-identified departments are to assist the identified departments by responding to the nearest exit doors, stairwell doors, and elevator doors in their area. (Refer to General Staff Procedure)

II. AFFECTED UNIT RESPONSE PROCEDURES

- A. If an abduction occurs on your unit, immediately and simultaneously:
 - 1. **CALL and CONTAIN** by dialing x111, and immediately respond to all exists and stairwells.
 - 2. **SEARCH** the unit and the area indicated on the MyChild monitor. Account for each infant or child on your unit.
 - 3. **DENY** entry. Do not allow visitors in or out of the unit.

Note: If there is a failure within the security system, immediately report the problem to BioMed at x4900. After hours, contact the Nurse Manager.

- B. If the abduction occurs in the Inpatient Pediatric unit, a designated staff member will click the "LOCATOR" icon on the My Child Infant Protection System to determine location of all tagged children and adolescents.
- C. Once the abduction has been confirmed, the Nurse Manager of the unit and the attending physician will notify the parents.
- D. The nurse assigned to the child/adolescent will continue to accompany the parents at all times. The parents will be moved to a private room off the Pediatric floor. The child/adolescent's belongings should be left as is, since they are part of the crime scene and must be protected throughout the investigation.

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- E. The child/adolescent's records/charts will be secured.
- F. The nursing staff on the affected unit will be told of the occurrence. All staff on duty where the abduction occurred will remain in the unit until the authorities complete proper questioning.
- G. Immediately search the entire unit and perform a head count on all children/adolescents. NO unauthorized person will be permitted to enter the affected ward during a Code Purple.
- H. If a suspicious person is seen during a Code Purple and the situation appears to be non-threatening, stop and attempt to delay the individual and explain that a child/adolescent is missing. If the individual is accompanied by a child/adolescent, ask permission to speak to the child/adolescent. Employees shall not take any action that jeopardizes the safety and/or well-being of themselves or others.
- I. If the person refuses or runs, staff should NOT attempt to apprehend them. Observe and note their physical description: clothing worn, any distinguishing characteristics, whether alone or with someone, (if with someone, note all the able information for the other person(s)). Take note of their exit route and how they left the grounds. If possible, note the make and color of the car and get a license plate number and immediately notify County Sheriff by calling x3409.
- J. Immediately report any information to Sheriff Dispatch by calling x3409.
- K. Staff should refrain from discussing the incident with anyone other than the authorities. Refer all questions by the media or any stranger to the Public Information Officer or Administrative Nursing Office (ANO).
- L. Only Sheriff may clear a "Code Purple". If the child is found, staff are to immediately notify Sheriff and Sheriff will contact the Operator to clear the Code Purple. Once the "Code Purple" is cleared, all staff are to return to their normal work duties, unless otherwise directed. When the code is cleared, the Hospital Operator will announce "All clear Code Purple" three (3) times.
- M. All information shall be documented on the Progress Notes (OV 518).
- N. A debriefing will occur after the event.

III. GENERAL STAFF PROCEDURE:

A. The flow of traffic from all exits of the hospital is to be monitored via

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a systematic fan out, using all available employees. See Attachment I for primary responsibilities for covering exit doors at Olive View-UCLA Medical Center.

- B. ALL personnel are to IMMEDIATELY STOP ALL NON-CRITICAL WORK and cover <u>all</u> interior stairwell doors, elevator areas, and doors that exit the area they are in. Staff who are not in their own area are to go to the nearest exit.
- C. Staff should stop all individuals entering or exiting the area they are monitoring, inform them of the abduction and ask to check any bags, packages, or carts they may have with them. Once checked, the individual may leave the area.
- D. If a suspicious person is seen during a Code Purple, stop the individual and explain that a child/adolescent is missing. If the individual is accompanied by a child/adolescent, ask permission to speak to the child/adolescent. Employees shall not take any action that jeopardizes the safety and/or well-being of themselves or others.
- E. If the person refuses or runs, staff should NOT attempt to apprehend them. Observe and note their physical description: clothing worn, any distinguishing characteristics, whether alone or with someone, (if with someone, note all the able information for the other person(s)). Take note of their exit route and how they left the grounds. If possible, note the make and color of the car and get a license plate number.
- F. Immediately call Sheriff Dispatch at x3409 to report information.
- G. Sheriff will notify outside law enforcement of the abduction.
- H. Staff should refrain from discussing this incident with anyone other than the authorities. Refer all questions by media or any stranger to the Administrative Nursing Office.
- I. When Code Purple is cleared, all staff are to return to their normal work duties, unless otherwise directed. The Hospital Operator will announce "All clear Code Purple" three (3) times. Only Sheriff may clear a "Code Purple". If the child is found, staff are to immediately notify County Sheriff, and County Sheriff will contact the Operator to clear the Code Purple.

IV. ADMINISTRATIVE NURSING OFFICE PROCEDURE:

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- A. At the onset of the Code Purple, the Nurse Administrator will contact the Nurse Manager, Clinical Nursing Director, Chief Nursing Officer, Administrator on Duty, and the Risk Manager.
- B. The Nurse Administrator will immediately call the Operator and Admitting Office to initiate a NO Information (NI) status for the patient and complete the Infant/Child/Adolescent Abduction Form (Attachment II).
- C. The Collaborative Administrative group will develop a departmental plan to meet the needs of each situation. This plan will include the following:
 - a. Informing the other patients/parents.
 - b. Ensuring additional nursing staff, Sheriff, and Social Services.

V. ADMINISTRATIVE COVERAGE DURING CRISIS

- A. Assess needs of the parents of the abducted child/adolescent and clarify their specific requests (e.g., visitors, medical care, and assistance with contacting other family members).
- B. Information during the early stages will be on a need-to-know basis only. OVMC Administration, law enforcement, and public relations will determine and handle all public statements and contact with the media.

References:	
California Code of Regulations, Title 22 70543(b), 70717(g)(h), 70737(d), 70738, and 70743(b)	
Emergency Care Research Institute (ECRI): <u>Preventing and Responding to Infant Abductions</u> 1996.	
The Joint Commission Environment of Care Standards	
Nation Center For Missing and Exploited Children. For Healthcare Professional: Guidelines on	
Prevention of Response to Infant Abduction. Fifth Edition. June 1998 and Sixth Edition June 2000.	
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