

Amber Alert

KPNW Hospital Volunteer Services

Sunnyside Medical Center

Westside Medical Center

Why this Training

Code Amber

It is my intention to cover over a course of time some of the codes that require more in-depth knowledge. These are stored in the Resource page of the volunteer website. This quarter I want to share information on Code Amber or child abduction. While we hope to never have this happen in our hospitals, knowing what to do in the moment can go a long way to being prepared. It takes far less than a minute to get a baby out of the hospital based on training drills completed at both KPNW Hospitals. Please look at this training through the lens of your volunteer role and try to visualize where you would be, what the training tells you and your response should be.

Carolyn

What is an Amber Alert?

- Amber alerts are issued for a missing or abducted infant or child.
- It originated in the United States in 1996. **AMBER** is a backronym for America's Missing: Broadcast Emergency Response. The alert was named after Amber Hagerman, a nine-year-old girl abducted and murdered in Arlington, Texas in 1996.



How Often do Children go Missing?

“Their laughter, their playfulness, their innocence. It’s unthinkable, but that can all be stolen when children become victims of crimes like ... kidnapping. A child goes missing every 40 seconds in America. That comes to 765,000 children a year.”

Mollie Halpern

While kidnappings at hospitals do not happen as often you will feel better knowing what to do during an amber alert.

Source: “FBI and the National Center for Missing & Exploited Children.” *FBI*, FBI, 12 July 2011, www.fbi.gov/audio-repository/news-podcasts-inside-inside_071211.mp3/view.

Let's Talk About Statics on Infant Abduction...

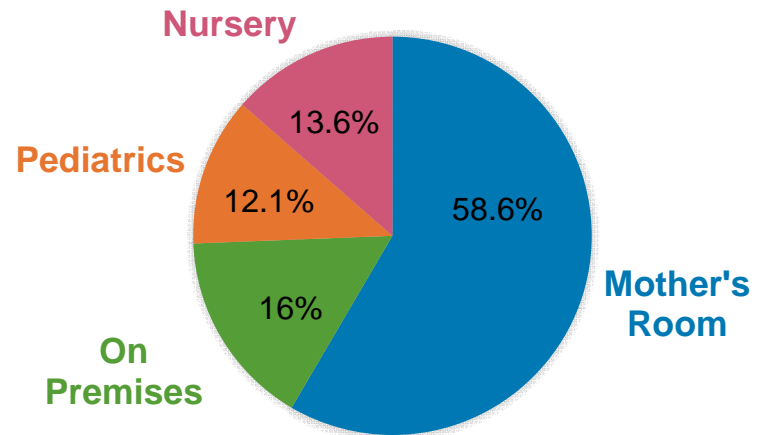
The [National Center for Missing and Exploited Children](#) adduction statistic for infants from birth to six months for the years 1983 to June 2018.

Total abductions: 325
From Healthcare facilities: 140

- Still missing: 5

Of these abductions, here are the areas in the hospital where these infants were taken from:

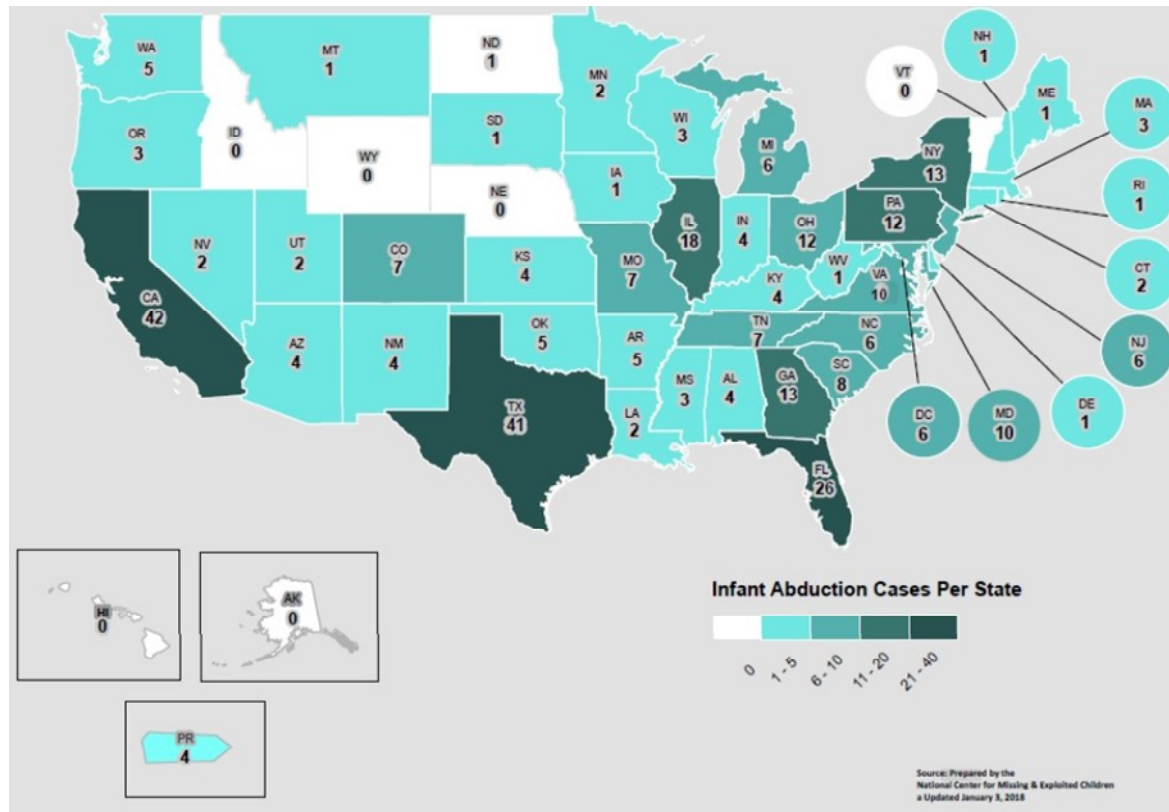
Mother's room: 82 (58.6%)
Newborn Nursery: 19 (13.6%)
Pediatrics: 17 (12.1%)
"On Premises": 22 (15.7%)



Source: The National Center for Missing and Exploited <https://www.missingkids.org/>

Let’s Talk About Statics on Child Abduction From Hospitals...

Here are the statics as compiled by the National Center for Missing and Exploited Children for infants from birth to six months for the years 1983 to September 15, 2018. These abductions are from healthcare facilities (by nonfamily members) by state.



Source: The National Center for Missing and Exploited <https://www.missingkids.org/>

Preventive Measures

The most common way to gain entry to a restricted area is following someone with badge access.

If you have badge access to Labor and Delivery:

- It is your responsibility to ensure anyone following behind you has a need on the unit. If they cannot verbalize a need, please escort them to the nurse's station.
- If you have access and don't need it, request it to be disabled.
- Do NOT use Labor and Delivery, Postpartum, or NICU units as a pass-through.

What to Do if you Hear an Amber Alert

- Ask patients and visitors to stay until the code is clear, but do not physically block them from leaving. Do not prevent anyone from entering.
- Explain to anyone attempting to leave
“We have a Code Amber, and everyone is asked to be checked out before leaving until the Amber alert is resolved”.

Only attempt to delay
person verbally

- Watch for suspicious person: with a bulky coat, large bag nervous/agitated. Ask “Are you able to show me the contents or would you wish to wait for security?”
- Be observant and report any unusual person or activity.

What to do if you witness a Child or Infant Abduction

In the unlikely instance that you witness a Child/Infant being abducted:

- If you feel safe attempt to stop the abduction by calling out “STOP” to the abductor.
- Report the abduction by calling **KWMC 24-2222 or KSMC 31-2222** or using your Vocera and calling security. If you are outside of the building, call 911.
- Carefully observe specifics about abductor such as:
 - Height
 - Weight
 - Gender
 - Age
 - Clothing
 - Hair color/style
 - Distinguishing characteristics
 - Direction last seen traveling
 - Age of the child

Source: Kaiser Permanente Policy Statement

What to Do if you witness a Child or Infant Abduction (continued)

- If not possible or safe to stop abductor, note the exiting direction the abductor has taken.
- If you notice someone suspicious getting into a car, note its make, model, color, and license plate number. Please be aware of your surroundings, ask the necessary questions and if they can't answer your questions, then report.
 - Recently a parent and their new baby checking out of the hospital were not treated as we would have wished them to be. Assumptions were made, hurt feelings happened and the situation became potentially dangerous. Be aware of your surroundings but don't automatically jump to conclusions.

Source: Kaiser Permanente Policy Statement

Classic Adductor Profile

- Female (98%)
- Childbearing age (89%)
- Frequently overweight
- Low self-esteem
- Frequently indicates she has lost a baby or incapable of having one
- May announce “phantom” pregnancy
- Often married or cohabitating
- Appears normal, but emotionally immature or compulsive
- Frequently impersonates a nurse or other allied healthcare member (75%)
- Frequently visits maternity units at more than one healthcare facility. Asks detailed questions about procedures, stairwells, fire-exits, and maternity floor layout.

Source: Kaiser Permanente KPLearn

Infant Profile

- Usually, 7 days or younger
- Perceived by abductor as their newborn
- Same race as the abductor or the abductor's companion
- May not target a particular infant, but take the most available infant

“Be aware that abductions can include pediatric patients and visitors”