

FACILITY Standard Operating Procedure	
Title: Code Pink – Missing Infant/ Child or Abduction	Policy Number: 06-14-V1
Facility Name: Stanton Territorial Hospital	
Applicable Domain: Emergency Measures	
Additional Domain(s): N/A	
Effective Date: 02/18/2025	Next Review Date: 07/02/2028
Issuing Authority: COO Stanton Territorial Hospital	Date Approved: 07/02/2025
Accreditation Canada Applicable Standard: Leadership	
Accrediting Body and Standard: Leadership 2.5, 2.6, 4.2, 4.3	

GUIDING PRINCIPLE:

The Northwest Territory Health Social Services Authority (NTHSSA) Stanton Territorial Hospital (STH) is dedicated to providing patients and staff with a physical environment that is safe from hazards. A multidisciplinary approach to respond to a critical incident, should an abduction occur, is needed to effectively combat this infrequent, but highly visible crime.

PURPOSE/RATIONALE:

To define a well-organized response, the Code Pink standard operating procedure (SOP) is used to rapidly search STH and the grounds when there is a missing infant or child under the age of six years old, or witness to an abduction of an infant or child under the age of six years old.

Education, early recognition, and intervention in potential abduction situations is best practice in preventing an incident of this nature.

DEFINITIONS:

Abduction: A criminal act of taking someone away by force or deception.

Code Pink Response Team: The Code Pink Response Team will consist of the following personnel who will report to the location referenced, when a Code Pink is called:

- Team Leader will be the Clinical Coordinator (CC) of the unit, Monday to Friday from 0730-1530. Outside of these hours, the "Responsible/Charge" (R) Nurse of the unit the child went missing from will assume the Team Leader role.
- Patient Care Coordinator (PCC)

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- Manager of the unit
- STH Facility Services Manager and Facilities staff
- Dexterra Facility Maintenance
- Dexterra Security

After Hours Search Team Responders: Security, PCC, "Responsible/Charge" (R) Nurse of all units, and available hospital staff as assigned, will conduct the Code Pink search as coordinated by the PCC.

Infant/Child: 'Infant' is a child in the earliest period of life. A child is considered a person under the age of six. If the child is six or older, the Code Yellow (Missing Person) policy is initiated.

SCOPE/APPLICABILITY:

Compliance with this procedure is required by all NTHSSA STH employees, members of the health care staff, students, volunteers and other persons acting on behalf of the NTHSSA (including contracted service providers as necessary).

PROCEDURE:

All staff should be familiar with the Code Pink preventative strategies as outlined in [Appendix A – Code Pink Preventative Measures](#).



All staff should be familiar with the typical profile of an abductor, as outlined in [Appendix B – Code Pink "Typical Offender" Profile](#).

All staff must be aware of their responsibilities during a Code Pink by reviewing this SOP and knowing what entrance/exits each unit is responsible for covering, as outlined in [Appendix D – Code Pink Entrance/Exits Responsibility Listing](#).

When an infant/child is presumed to be missing from an applicable unit or department, or when an abduction is witnessed, the department shall perform the following steps to attempt to locate the infant/child and the abductor:

Step	Action
1	Immediately check all areas of the unit/department to confirm the infant/child is missing. Staff will search all rooms, bathrooms, lounges, and any other areas that an individual could have access. Time is critical. Do a head count of all infants/children.

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2	<p>The Code Pink Team Leader or designate shall speak with the parent/guardian of the infant suspected to be missing as to other possible locations of the child within the facility.</p> <p>The Code Pink Team Leader will obtain a written description and/or photograph of the infant to have on hand for the search team.</p>
3	<p>If the infant/child is not found in the immediate search, seal off affected unit and assign staff to cover all exits and initiate an overhead page to call a Code Pink and state the following:</p> <p style="text-align: center;">"Code Pink, (unit)". Example: "Code Pink, Pediatrics"</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>□ If your phone looks like this:</p>  <ol style="list-style-type: none"> 1 Press the phone button. 2 Press Stn Page on the touchscreen. 3 When prompted, enter 900# and wait for the tone. 4 Say your message 3 times. 5 Press # to complete. </div> <div style="width: 45%;"> <p>□ If your phone looks like this:</p>  <ol style="list-style-type: none"> 1. Press 46666. 2. When prompted, enter 900# and wait for the tone. 3. Say your message 3 times. 4. Press # to complete. </div> </div>
4	<p>Upon hearing the Code Pink page overhead, Dexterra Security will begin reviewing and closely monitoring the CCTV system throughout STH facility.</p>
5	<p>Upon hearing the Code Pink page overhead, all STH staff will search their units/areas for infants/children and prevent anyone from entering or exiting the facility, including all patients and visitors.</p> <p>The "R" Nurse on each unit, the Supervisor or the Team Leader in each area is responsible for securing stairwell exits and exterior exits to prevent anyone from exiting.</p> <p>All areas adjacent to exterior exits must assign a staff member to cover these points of entry/exit. See Appendix D – Code Pink Entrance/Exits Responsibility Listing. STH staff will call the PCC (867-445-8770) or unit calling the code <u>only</u> if you have located or have critical information regarding the missing infant/child.</p>
6	<p>Instruct all patients and visitors on ALL units to stay in their rooms. All units are to be sealed off, preventing anyone from entering or exiting the units and facility.</p>
7	<p>The Code Pink Team Leader or designate, will immediately contact the RCMP; notify them of a Code Pink, (missing/abducted infant or child), and provide the details and description of the infant/child. PCC should also</p>

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	make the respective area Director and subsequently, the COO aware of the developing situation.
8	Dexterra Security will immediately produce any CCTV footage to RCMP without expressed COO authorization to expedite search and rescue efforts and prevent any unnecessary delays. Dexterra Security is to inform Security at the Łiwegqatì Building so CCTV can be accessible if needed and suggest sweep of building and monitor exits if feasible.

Daytime Hours

1	A designate from Facility Services and Dexterra (Facility General Manager) will report to the area that called the Code Pink. The Code Pink Team Leader or designate will complete Appendix C – Missing Patient Physical Description Form based on the description provided by the nursing staff and parent of the infant/child.
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After Hours

1	The PCC will report to the area that called the Code Pink. The Code Pink Team Leader or designate, will complete Appendix C – Missing Patient Physical Description Form based on the description provided by the nursing staff and parent of the infant/child.
2	The PCC will oversee coordinating the search with unit-based staff, and any other staff as directed (ex. available Behavioural Health Workers, Dexterra Housekeeping Supervisor, "R" Nurses of every unit). Facility Services staff on-call will be called back under the direction of the PCC.
3	The PCC shall notify the Senior Manager on-call. Senior Manager on call will report to STH to assist. PCC should also make the respective area Director and subsequently, the COO aware of the developing situation.

Nursing Staff Responsibilities

1	Move the parents of the abducted child (not their belongings) to a private room off the unit if possible.
2	Protect the area where the abduction occurred to preserve the subsequent collection of any forensic evidence by the RCMP. This duty is to be relinquished to Facility Services staff upon their arrival and subsequently to the RCMP upon their arrival.
3	The CC/Supervisor or designate shall provide the following information to the parent/guardian on the unit. "Due to a patient safety concern, parent/guardians and family members must remain in their hospital room with their babies/children until further notice." The CC/Supervisor or designate shall not provide specific information

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	regarding the missing infant's parent/gaurdian or regarding the missing infant.
3	Stop all visitors/patients from entering or leaving area and facilities.
4	Secure all records/charts of the parent/guardian and infant, if applicable.
5	Assign a staff member to ensure the parents are kept informed and their emotional needs met. The Transitional Care Team, Senior Patient Advocate, Indigenous Wellness Team member, Resident Elder and/or pastoral services may be consulted when required.
6	Media inquiries are to be directed to the COO and to NTHSSA Communications Department.
7	Consider designating a room for other family members to wait in that gives them easy access to any updates in the case while offering the parents some privacy.
8	The Manager or designate shall brief staff on the affected unit, regarding the Code Pink.

STH Facility Services Manager

1	Follow the protocol above for Code Pink.
2	Assume control of the abduction area from Facility Services staff until RCMP have arrived.

Code Pink Follow-Up

1	The Manager or Clinical Coordinator will be designated as the single liaison between the parents and the hospital once the parent/gaurdian has been discharged.
2	A group discussion session arranged by the Manager and Director will be held, as soon as possible, in which all personnel working during the abduction are required to attend.
3	The Manager will arrange a confidential debriefing for staff. Referrals to the GNWT Employee and Family Assistance Program (EFAP) may be needed for post-traumatic stress.
4	Complete an incident report via the RL6 incident reporting system and include details on the incident, findings, and actions taken to prevent further recurrences.

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NOTE: STH Units/Areas should avoid phoning or presenting to the Unit calling the Code Pink unless they have seen or have critical information regarding the missing infant and/or abductor.

PERFORMANCE MEASURES:

- Mock Code Pink Exercises to be held twice per year. Tracking to be completed by the STH Staff Development and the Emergency Preparedness Planning Committee (EPPC).
- 100% of STH personnel will comply with this SOP.

CROSS-REFERENCES:

- N/A

ATTACHMENTS:

- Appendix A – Code Pink Preventative Measures
- Appendix B – Code Pink “Typical Offender” Profile
- Appendix C – Missing Patient Physical Description Form
- Appendix D – Code Pink Entrance/Exit Responsibility Listing
- Appendix E – Code Pink: Search Plan Flow Chart

REFERENCES:

- National Centre for Missing and Exploited Children. "For Healthcare Professionals: Guidelines on Prevention of and Response to infant abductions", 10th Edition, (2014).
- Miller, Randy S. (2007). Preventing infant abduction in the hospital. Nursing 37(10):p 20,22.
- Vincent JL. (2009) Infant hospital abduction: security measures to aid in prevention. MCN: The American Journal of Maternal Child Nursing. 34(3):179-83.
- Webster, Kristen & Stikes, Reetta & Bunnell, Lisa & Gardner, Amanda & Petruska, Sara. (2021). Application of Human Factors Methods to Ensure Appropriate Infant Identification and Abduction Prevention Within the Hospital Setting. Journal of Perinatal & Neonatal Nursing. 35. 258-265.

APPROVAL:

07-FEB-2025

Date



COO, Stanton Territorial Hospital

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Appendix A – Code Pink Preventative Measures

1. Control access to the maternal/child units; keep all unit exit doors locked with access control system in place preventing unauthorised public access.
2. All staff must wear visible name tags or Hospital issue photo identification (ID).
3. Securely attach identically numbered bands to the baby (bilateral ankle) and birthing person (wrist) immediately after birth.
4. Ensure that the infant security tag system is initiated as soon as possible, after birth. If parents decline the use of infant security tags, it should be documented in both the newborn and birthing person chart.
5. Record the baby's physical examination within three hours of birth.
6. Diligently checking infant and parents ID whenever the baby is passed to a parent or returned to the nursery from a parent.
7. Provide education to parents on prevention of infant abduction upon admission to unit.
8. Parents shall be instructed to notify the nursing staff about any concerns.
9. All infants must be in a bassinette when transported by a practitioner, resident, nurse or student nurse.
10. Be alert to anyone carrying a baby instead of transporting the baby in an bassinette.
11. An infant must never be left in the hallway or at the desk without direct supervision.
12. Be alert to repeat visitors interested in procedures and the building layout.
13. Report any actual or suspicion of theft of uniforms or hospital identification.
14. Be alert to anyone removing large packages from the obstetrical ward, particularly if cradling or talking to it.

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Appendix B – Code Pink “Typical Offender” Profile

- Frequently impersonates nurse, health care employee, volunteer or relative and unknown to child’s family.
- Female, age 12-50, often overweight, often has no prior criminal record.
- Usually lives in the community where the abduction takes place.
- Most likely compulsive; most often relies on manipulation, lying and deception; suffers from low self esteem.
- Often married or cohabiting; companion's desire for a child may be the motivation for the abduction.
- Indicates that she/they have lost a baby or incapable of having one.
- Usually lives in the community where the abduction takes place.
- Frequently visits nursery and obstetrical units prior to the abduction; asks detailed questions about hospital procedures and the obstetrical floor layout; frequently uses a fire exit stairwell for her/their escape.
- Usually plans the abduction but does not necessarily target a specific infant; frequently seizes on any opportunity present.
- Demonstrates a capability to provide "good" care to the baby once the abduction occurs.
- These crimes are not always committed by the stereotypical person who is a stranger. In most of these cases the offenders made themselves known and achieved some degree of familiarity with health care personnel, procedures and the victim parents.
- Abductor often exhibits nesting behavior such as announcing pregnancy to family and friends prior to abduction.

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Appendix C – Missing Patient Physical Description Form

Code Pink: Missing Infant/Child Abduction					
Physical Description Form					
Infant/Child's Name					Sex
					M
Gaurdian/Parent Name					Room
Birth Weight Or Weight			Birth Length Or Height		
Hair Colour	Black	Brown	Blond	Red	None
Eye Colour	Brown	Blue	Green	Unknown	
Skin Colour	Brown		Black	White	
Clothing Last Seen Wearing:					
Distinguishing Characteristics (birthmarks, abnormalities, etc.):					
Other (attach photo):					
Name of Documenter (printed)					
Signature					
Date					

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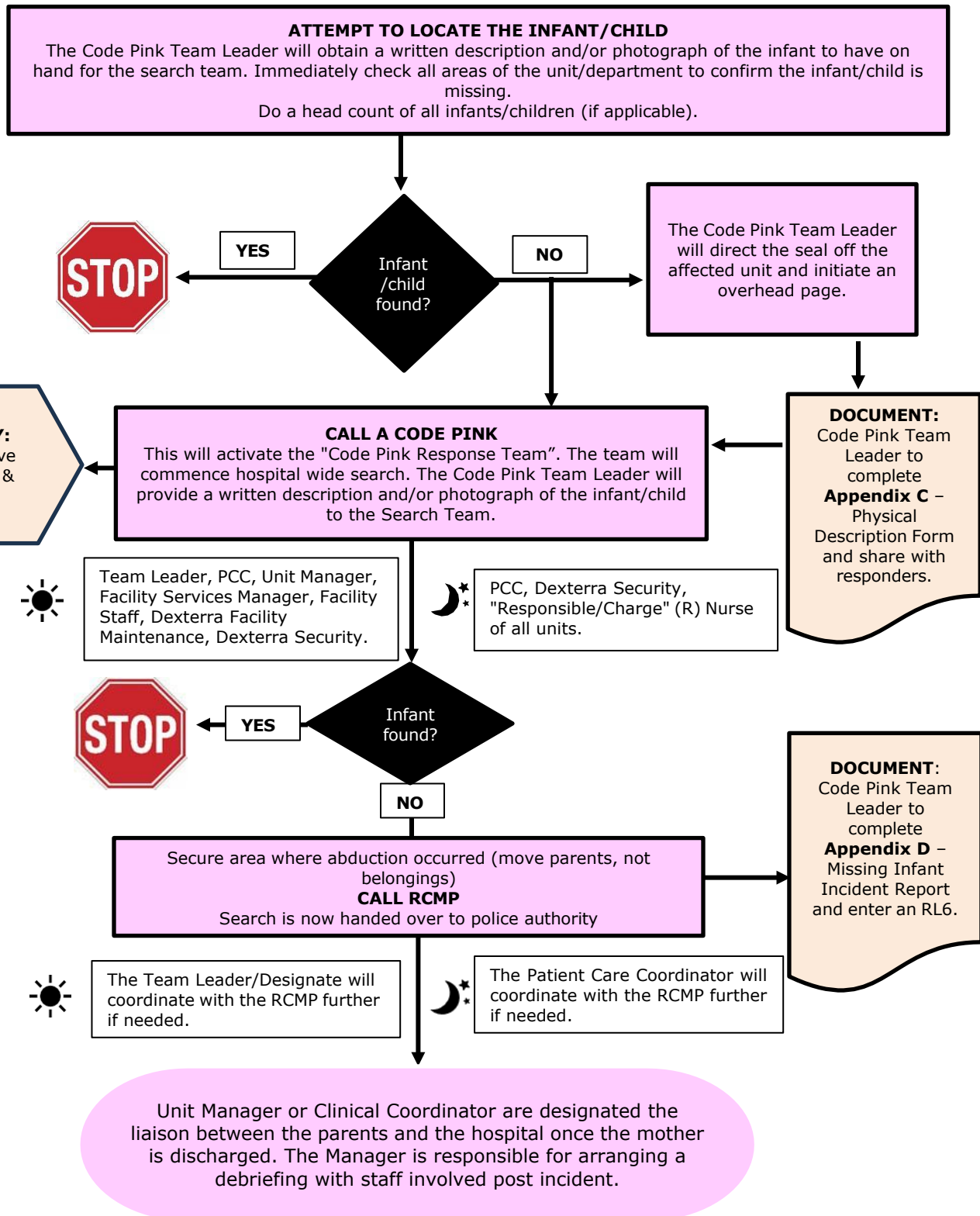
Appendix D - Code Pink Entrance/Exit Responsibility Listing

All entrance/exit points for the facility **MUST** be monitored as soon as possible after hearing a Code Pink being paged overhead. All units are responsible for ensuring entrance/exit points for their unit are covered by assigning a staff member to cover. For areas where entrance/exit points exist outside of or adjacent to a unit, the following areas are responsible for ensuring to access to these points occur during an active Code Pink:

Level Access	Entrance/Exit Point	Area of Responsibility
Level 0	Staff Entrance/Lower ramp	Materials Management Staff Designate
Level 0	Materials Management Warehouse	Materials Management Warehouse Staff Designate
Level 0	Service Entrance/Exit (Corridor C0-007) between trash holding and boiler room	Materials Management Warehouse Staff Designate
Level 0	Boiler room & Generator room exits	STH Facilities Staff Designate
Level 1	Staff Entrance/Upper (adjacent to back dialysis door)	Pharmacy Staff Designate
Level 1	Main Entrance	Dexterra Security
Level 1	Stairwell 3 Exit (Patio/Playground) located in cafeteria	Registration Staff Designate
Level 1	Cafeteria Exit to Patio/Playground adjacent to Sacred Space	Registration Staff Designate
Level 1	Emergency Department	Emergency Staff Designate
Level 1	Back staircase exit ACC (cardiac testing room hallway)	Specialty Clinics/ACC Staff Designate
Level 1	Emergency Department Ambulance Bay	Emergency Staff Designate
Level 1	ICU Exit (Corridor C1-0301)	ICU Staff Designate
Level 2	Administration Area Fire Exit	Administration Area Designate

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Appendix E – Code Pink: Search Plan Flow Chart



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