

Self-assessment for health care facilities

Self-assessment guides are helpful tools for recommendable/advisable policies and/or protocols. This assessment summarizes the key information noted in Chapter “3. Guidelines for health care professionals” beginning on Page 9 of the 10th edition of the guide titled *For health care professionals: Guidelines on prevention of and response to infant abductions* published in August 2014 by the National Center for Missing & Exploited Children®. Please refer to that chapter for additional information about the guidelines summarized here. **Note:** The guidelines shown in **red type** within this assessment are considered to be **essential** for the prevention and documentation every facility should strive to meet. All other guidelines listed are highly recommended.

Consider using a multidisciplinary task force to complete this self-assessment tool on an annual basis. Use the complete assessment to document areas of compliance, to develop new protocols and as an outline to revise/write policies and procedures based on these national guidelines. Document a response to each item on the self-assessment tool even if the recommendation is not applicable or N/A. Remember a reorganization of staff members or staff assignments or remodeling of a facility will require immediate reassessment of these policies and protocols to help ensure all measures are still adequate.

GUIDELINE	STATUS (Essential/ Recommended)	RESPONSIBLE PERSON/TEAM	FACILITY COMPLIES (Yes/No)	COMMENTS
3-1 General				
3-1-1 Report immediately to the nurse manager/ supervisor, security and administration people exhibiting behaviors of potential abductor.	Essential			
Be sure to positively identify suspect.	Essential			
Keep suspect under close observation.	Essential			
Interview suspect.	Essential			
Exercise caution when interacting with people exhibiting these behaviors.	Recommended			

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Maintain this vigilance at all stages of the family's stay from admission to the accompanied discharge of both the mother and infant all the way to their vehicle.	Recommended			
3-1-2 Preserve report and interview records about incident, many suggest from a minimum of seven years up to the child reaching adulthood.	Essential			
3-1-3 Alert other birthing facilities in the area of attempted abductions/ when person identified who demonstrates behaviors of potential abductor.	Essential			
Develop/use concise, uniform reporting form to facilitate timely recording and dissemination of this information.	Recommended			
3-1-4 Notify law enforcement of all attempted abductions.	Essential			
Notify NCMEC of all attempted abductions.	Essential			
3-2 Proactive measures				
3-2-1 Develop and test/	Essential			

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critique annually a written proactive prevention plan.				
3-2-2 Attach identically numbered ID bands, immediately after birth, to infant, mother and father/ significant other.	Essential			
Inform parents of reason/ need for identically numbered ID bands.	Recommended			
Attach identically numbered ID bands as soon as possible in cases when deliveries occur outside of the facility or in the emergency department, once the mother and infant arrive in labor and delivery/the maternity unit.	Recommended			
Ensure system wide response to guard against potential abductors who falsely present themselves in the emergency department as being pregnant and in active labor in an attempt to gain access to newborn infants in the labor and delivery area.	Recommended			
Examine and verify infant's band with the mother's band when taking the infant for care	Essential			

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as well as upon delivery of the infant to the mother after care has been rendered.				
Document above noted process in the medical chart/record.	Recommended			
Assure no delay in activation of alarm function upon separation of the electronic tag, if used, from the infant no matter what form of attachment bands or clamps are used.	Essential			
Conduct frequent, ongoing testing of the system.	Essential			
Train staff members to immediately respond so there is no delay between detection of the alarm condition and generation of the alarm notification.	Essential			
Train staff members to respond to trouble and nuisance alarms in the same consistent manner.	Essential			
Train staff members to never assume an alarm is a false alarm.	Essential			
3-2-3 Be sure, prior to removal of newborn from birthing room	Essential			

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or within a maximum of two hours of the birth, to:				
Footprint infant.	Essential			
Take color photograph/video/digital image of infant.	Essential			
Perform and record full, physical assessment and description of infant.	Essential			
Note all these items in infant's medical record.	Essential			
Store sample of infant's cord blood and any other blood specimens until at least day after infant's discharge.	Essential			
Place electronic security tag, if used by facility.	Recommended			
3-2-4 Require all health care personnel to wear, above the waist and face side out, up to date, conspicuous, color unobscured photo ID badge.	Essential			
Be sure all ID badges show:				
Easily identifiable name and title of person.	Essential			
Conspicuous photo large enough for person to be recognized.	Essential			
Updated photo keeping pace with any changes in person's appearance.	Essential			

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Return ID badges to Human Resources or issuing department immediately upon termination of employment.	Essential			
Report badges determined to be missing immediately to the appropriate authority.	Essential			
Expire and reissue previously issued badges at a minimum of five years from date of issue.	Recommended			
Implement a policy requiring staff members wear their facility issued ID badge at all times when within the facility and always take steps to safeguard from loss when within and outside facility.	Recommended			
3-2-5 Ensure personnel permitted to transport infants wear a unique form of identification such as a distinctive and prominent color	Essential			

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or marking clearly different than the general health care ID badge.				
Include provisions for:				
Those temporarily permitted to transport infants such as students and temporary employees including strict access control of their IDs similar to controls used for narcotics.	Recommended			
Periodic change of unique form of identification.	Recommended			
Those hearing, visually, physically and mentally challenged patients, or those with language barriers, with special needs in this identification process.	Recommended			
Perform background checks, including a search of sex offender registries, on all individuals entrusted to care for and transport infants and pediatric patients.	Essential			
3-2-6 Ensure only authorized staff members wearing authorized infant transportation ID badge and the mother and father/ significant other with identically numbered ID	Essential			

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band to that of the infant's are the only ones allowed to transport that infant within the health care facility.				
Educate mother and father/significant other about the importance of this precaution.	Essential			
Ensure infant is always in direct line of sight supervision.	Essential			
Require infants be taken to mothers one at a time and never grouped together while being transported.	Essential			
Ensure infants are always pushed in a bassinet and never carried in anyone's arms.	Essential			
Require family members transporting the infant outside of the mother's room, including mother and father/significant other, wear an ID wristband matching that of the infant's ID wristband.	Essential			
3-2-7 Distribute guidelines for parents in preventing infant abductions during prenatal visits, in childbirth classes,	Essential			

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on preadmission tours, upon admission, at postpartum instruction and upon discharge.				
Have the patient sign a document, upon admission, noting receipt of these guidelines with the patient retaining the guidelines and a copy of the signed document.	Recommended			
Post guidelines in prominent place(s) within the mother's room.	Recommended			
Distribute this same information to all new/current staff members and physicians and their staff members working with newborns, infants and child patients.	Recommended			
3-2-8 Train staff members at all levels, initially upon hire and at least annually, about protecting infants from abduction at a minimum including:	Essential			
Offender profile and information about unusual behavior.	Essential			

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Prevention procedures.	Essential			
Individual responsibilities.	Essential			
Critical incident response plan.	Essential			
3-2-9 Place infants in direct line of sight supervision.	Essential			
3-2-10 Be sure not to post mother's or infant's full name where it will be visible to visitors especially on items such as bassinet cards or white boards.	Essential			
Be sure not to leave medical charts, patient index cards or any other medical information visible to anyone other than medical personnel.	Essential			
Be aware any identifying information should be keep confidential and out of sight to safeguard the family both during their stay at the facility and after discharge.	Essential			
Be sure not to provide patient information via the telephone or electronically.	Essential			
3-2-11 Establish an access control policy and	Essential			

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procedure for the nursing unit, nursery, maternity, neonatal intensive care and pediatrics.				
Instruct health care personnel at the front lobby or entrance of these units to ask visitors which mother they are visiting.	Recommended			
Have a policy denying admission if no name is known or given.	Recommended			
Set up a system to positively identify visitors, preferably with a photo ID.	Recommended			
3-2-12 Require a show of the ID wristband for the person taking the infant home from the health care facility and be sure to match the number on the infant's band, as worn on the wrist and ankle, with number on the band worn by the mother and father/significant other.	Essential			
3-2-13 Be sure no home address or other unique information	Essential			

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is divulged to the public in birth announcements, either standard or special ones for circumstances such as first birth of the year or on Mother's Day, that would put the infant and family at risk after discharge.				
Reconsider role if facility still provides birth announcements to the media and/or online by:	Recommended			
Obtaining parental consent before publishing an announcement in the newspaper or online.	Recommended			
Being sure to never include family's home address.	Recommended			
Limiting use of the parents' name(s) to combinations with initials such as S. and D. Smith or Sam and Darlene S.	Recommended			
Holding release of announcement until after discharge of both mother and infant.	Recommended			
Activating all online	Recommended			

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postings with a predetermined ID and/or password without a default option to circumvent this precaution.				
Reconsider any role in giving away yard signs announcing the birth for use by parents at home because such may put the infant at risk of abduction.	Recommended			
Be sure to limit specific information provided to the public about security measures used to help ensure potential abductors do not have easy access to information that would assist in an abduction.	Recommended			
Take every opportunity to encourage families to use caution when communicating with those on social media about their newborn infant especially as it relates to information that could put them at risk once home.	Recommended			

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3-2-14 Be sure, when providing home visitation services, personnel entering patients' homes wear an authorized and unique form of identification strictly controlled by the issuing organization and explained to parents at the time of discharge.	Essential			
Provide this information in the discharge instruction sheet the patient signs and takes home.	Recommended			
Use a system in which the mother is called before a visit and reminded of the:	Recommended			
Date and time of visit.	Recommended			
Name of visiting staff person.	Recommended			
Requirement for that staff person to wear current, unique photo ID badge.	Recommended			
3-3 Physical security safeguards				
3-3-1 Complete written assessment of risk potential for infant abduction.	Essential			
Conduct and document assessment of physical	Essential			

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security requirements needed for the prevention of infant abductions on an annual basis or more often as targets, risks and methods change such as new construction, at a minimum, to:				
Be performed by a qualified health care security related professional.	Essential			
Evaluate existing policies and procedures.	Essential			
Apply safeguards using recommended guidelines, systems and hardware to harden the target.	Essential			
Assess need for appropriate application/continued use of any combination of physical controls or electronic systems such as video surveillance cameras, locked and alarmed emergency exit door controls, intercoms, remote door releases and electronic tagging systems.	Essential			
Perform assessment under auspices of organization's performance improvement program or Patient	Essential			

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Safety Organization.				
3-3-2 Install alarms, preferably with time-delayed egress, on all stairwell and exit doors on the perimeter of the maternity, nursery, neonatal intensive care and pediatrics units.	Essential			
Establish policy of responding to all alarms and instructing responsible staff members to silence and reset an activated alarm only after direct observation of the stairwell or exit and person using it.	Essential			
Document activated alarms, submit documentation to proper facility authority and generate monthly reports to be reviewed with security and nursing.	Recommended			
Integrate, when possible, video/digital recording into alarm activity.	Recommended			
3-3-3 Install self-closing hardware on all doors to all nurseries, ensure they remain locked at all times and have a staff member present at all times when the nursery is in use.	Essential			

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3-3-4 Lock/have under strict access control, at all times, all doors to lounges, locker rooms and storage areas where staff members change/leave clothing or store scrub suits.	Essential			
3-3-5 Conduct and document a needs assessment for an electronic security detection system using an always activated tag tied to video/digital recording of the incident/alarm activation and integrated with electronic locking devices to prevent exiting when a tagged infant is in close proximity to the exit.	Essential			
Establish defined counter-measures to be used in the event the system becomes inoperable.	Recommended			
Document and keep a record of all activations when using an electronic tagging system.	Essential			
Test electronic tagging system weekly in each individually protected	Recommended			

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area/at each door, by way of using a randomly selected tag not a test tag.				
Document each test.	Essential			
Report test results to nurse manager, security manager and other proper authority within facility.	Recommended			
Tests should include all aspects of the system used including skin sensor alarms, door locking and elevator controls, and camera activations.	Recommended			
Allow for alarm activation after a specified period of time when using the system in pediatric units with patients who are permitted to leave the unit.	Recommended			
3-3-6 Install and properly maintain a security camera system.	Essential			
Record at all times.	Essential			
Retain daily back-up for a minimum of seven days before reusing or deleting.	Essential			
Include:				

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Cameras placed in strategic locations to cover all exit points where infants and pediatric patients are located.	Recommended			
Cameras adjusted to capture a potential abductor's full face while avoiding strong lighting behind individuals on camera.	Recommended			
3-3-7 Mount cameras in plain sight, at a location to capture a full view of the face of those using the exit and what individuals are carrying at all points of exit, set at real time recording, and post a sign with each (all) camera(s) prominently stating all people entering the unit are being recorded.	Essential			
3-3-8 Install signage in the maternal child care unit; lobbies; obstetric, emergency department and day surgery waiting areas instructing visitors not to leave their children out of their direct line of sight.	Essential			
3-3-9 Use electronic surveillance and access control	Recommended			

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equipment including:				
Cameras with color video/digital recording.	Recommended			
Maintenance of purchase and repair records.	Recommended			
Performance of routine preventive maintenance.	Recommended			
Alarms on all stairwell and exit doors on the perimeter of the unit adjusted to allow for maximum delay in unlocking as allowed by local fire regulations.	Recommended			
Audit trails of recorded media to be maintained for a minimum of seven days as an aid to investigators.	Recommended			
Electronic systems, which are fully integrated.	Recommended			
Cameras working in conjunction with time-delayed and other alarms as well as electronic tagging system alarms if used.	Recommended			
3-3-10 Be sure infants discharged/ tags removed only after all functions completed.	Essential			
Ensure infants are not left unattended by health	Recommended			

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care personnel after tag is removed.				
3-4 Critical incident response plan				
General				
3-4-1 Develop/maintain written, critical incident response plan regarding prevention of/response to infant abductions and share it with all staff members within maternal child care areas and pediatrics.	Essential			
Use code, such as Code Pink, to alert facility personnel when there is a missing infant.	Essential			
Consider emailing and/or using mass emergency messaging to alert all employees with essential information about the abduction.	Recommended			
Conduct at least one unannounced facility wide infant abduction response drill annually involving all facility personnel.	Essential			
Advise about/invite law enforcement to participate in facility wide drill.	Recommended			

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Have written action plans to follow in case of an infant abduction in other departments such as security, communications/ switchboard, environmental services, accounting and public relations.	Recommended			
Conduct training about these plans beginning at general employee orientation through departmental orientation competencies and during annual refresher training.	Recommended			
Conduct quarterly unit specific drills, tabletop exercises or audit type exercises.	Recommended			
Ensure all abduction scenarios used are patterned after the typical abductor profile and include realistic scenarios foreseeable to health care personnel.	Recommended			
Use teachable moments throughout each patient's stay to help reinforce	Recommended			

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procedures to be followed by patients and their families when in the facility.				
Invite local law enforcement to visit facility to do walk-through of the newborn areas to review protocols, learn facility's layout, and learn how labor and delivery and postpartum units operate.	Recommended			
3-4-2 Call NCMEC at 1-800-THE-LOST® (1-800-843-5678) to request technical assistance.	Essential			
Nursing				
3-4-3 Conduct a head count of all infants while immediately and simultaneously searching the entire unit, and question the infant's mother about other possible locations of the infant.	Essential			
3-4-4 Call facility security and/or other designated authority immediately and simultaneously.	Essential			
3-4-5 Secure and protect the	Essential			

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crime scene, and allow no entrance until law enforcement releases it.				
Ensure staff members in the unit at the time of the abduction remain until permitted to leave by the investigating authority.	Essential			
3-4-6 Move the parents of the abducted infant, but not their belongings , to a private room off the maternity floor.	Recommended			
Have the nurse assigned to the mother and infant continue to accompany the parents at all times.	Recommended			
Coordinate services to meet the emotional, social and spiritual needs of the family.	Recommended			
Provide regular, ongoing, information updates to the family in collaboration with other entities such as law enforcement.	Recommended			
Secure all medical records/ charts of the mother and infant.	Recommended			
Notify lab and place	Recommended			

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stat hold on infant's cord blood and any other blood specimens.				
Designate a room for other family members to wait in giving them easy access to any updates in the case while offering the parents some privacy.	Recommended			
Designate a room for media and another one for law enforcement.	Recommended			
3-4-7 Have nurse manager/supervisor brief all staff members of the unit.	Recommended			
Have nurses then explain the situation to each obstetric patient/mother while the mother and her infant are together.	Recommended			
3-4-8 Assign one staff person, preferably the nurse assigned to the mother and infant, to be the primary liaison between the parents and facility after the discharge of the mother from the facility.	Recommended			

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3-4-9 Hold a group discussion session as soon as possible in which all personnel impacted by the abduction are required to attend to:	Essential			
Allow health care personnel a forum for expressing their emotions and helping them address stress resulting from the abduction.	Recommended			
Allow for reinforcement of the directive for staff members not to communicate with the media about the incident unless so designated to be the facility's spokesperson.	Recommended			
Provide the opportunity to refer those needing additional help to facility's employee assistance program.	Recommended			
Allow for reinforcement of the fact discussion of incident details should be shared with appropriate authorities only.	Recommended			

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Allow for reinforcement of the fact the session is to focus on staff members obtaining emotional support rather than discussing case details.	Recommended			
Security personnel				
3-4-10 Respond, immediately and simultaneously , to perimeter points of the grounds to observe people leaving and record vehicle license plate numbers.	Essential			
Proceed to the location of the incident, after securing the perimeter, and activate a search of the entire health care facility, interior and exterior.	Essential			
Call local law enforcement, and make a report.	Essential			
Ask law enforcement to dispatch an officer to the scene using only the standard crime code number over the radio without describing the incident.	Recommended			
Call the local FBI	Essential			

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office requesting assistance from the unit handling crimes committed against children.				
Assume control of the crime scene until law enforcement arrives.	Essential			
Assist nursing staff members in establishing and maintaining security in the unit.	Essential			
Notify public relations.	Essential			
Secure videotapes/ digital recordings for seven days prior to the date of the incident, and request the same from other health care facilities in the area and adjacent businesses.	Essential			
Provide law enforcement access to equipment, technical assistance and a private location to review electronic images and obtain copies.	Recommended			
3-4-11 Follow facility's media plan, which should mandate all information	Essential			

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about the abduction be cleared by facility and law enforcement authorities involved before being released to staff members and the media.				
3-4-12 Brief the health care facility spokesperson who can inform and involve local media by requesting their assistance in accurately reporting the facts of the case and soliciting the support of the public.	Essential			
Apprise family of media plan and seek their cooperation in working through official spokespeople.	Recommended			
3-4-13 Call NCMEC at 1-800-THE-LOST (1-800-843-5678) for technical assistance in handling ongoing crisis management.	Essential			
3-4-14 Notify newborn nurseries, pediatric units, emergency departments, outpatient clinics for postpartum/ pediatric care at other local health care facilities and the health department's	Essential			

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bureau of vital statistics about the incident, and provide a full description of the infant and suspected or alleged abductor.				
3-4-15 Document, at least annually, specific review of facility's infant security and safety program.	Recommended			
Law enforcement				
3-4-16 Enter the infant's name and description in the FBI's National Crime Information Center's or NCIC Missing Person File and, if known and charged with a felony, cross-reference the infant's description with the suspected abductor's entry in the NCIC Wanted Person file.	Essential			
Consider use of a Person with Information supplemental record in NCIC if no warrant has been issued for a suspect.	Recommended			
3-4-17 Call NCMEC at 1-800-THE-LOST (1-800-843-5678), which can provide technical assistance,	Essential			

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network with other agencies and organizations, assist in obtaining media coverage about the abduction, and coordinate dissemination of the infant's photograph.				
3-4-18 Call the local FBI office requesting the assistance of their crimes against children coordinator with technical and forensic resource coordination; computerized case management support; investigative, interview, and interrogation strategies; and information about behavioral characteristics of unknown offenders.	Essential			
3-4-19 Secure and review any available videotapes/digital recordings from the abduction scene and contact all other birthing facilities in the community and adjacent businesses to request the retrieval and secure storage of the previous	Essential			

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seven days of videotapes/digital recordings for review.				
Ensure release of any and all video recordings is done with the concurrence of risk management and legal counsel.	Recommended			
3-4-20 Set up one dedicated local telephone hotline for receipt of sightings/leads or coordinate this function with a local organization.	Recommended			
3-4-21 Polygraph infant's parents, female offender and male companion of offender.	Recommended			
3-4-22 Charge abductor appropriately.	Essential			
Make every effort to sustain a conviction.	Essential			
3-4-23 Release of information concerning infant abduction should be well planned and agreed upon by the health care facility and law enforcement authorities involved.	Essential			
Keep family fully informed.	Essential			
Public relations				

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3-4-24 Provide facts of case to media, ask for their assistance in releasing information to the public in hopes of generating leads about the infant and ask them to respect the privacy of the family.	Essential			
Limit information released to that which is approved by law enforcement and health care facility, minimizes information about security procedures and technology used within the facility, and refrains from blaming victim families for any aspect of the abduction.	Recommended			
Prepare and jointly issue with law enforcement press release about the abduction.	Recommended			
Place press release on facility's website.	Recommended			
Designate/maintain separate areas for:	Recommended			
Family members and friends of parents to	Recommended			

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gather for receipt of regular updates.				
Media to gather for receipt of regular updates.	Recommended			
Provide media with escorted opportunities to film appropriate areas within facility and guard against attempts of unauthorized or unaccompanied media access.	Recommended			
3-4-25 Provide written statement to address callers' concerns over the abduction, especially for anxious parents who are planning to deliver their infants at that facility, and instructions about how to handle tips or information received about the abduction.	Essential			
3-4-26 Activate the crisis communication plan.	Essential			