



## **PEDZ MOCK ABDUCTION DRILLS**

*(Taken from Hugs Newsletter, Volume 7, Q4, 2006)*

### **Q: Does the Joint Commission require mock abduction drills?**

**A:** *The plan for preventing or thwarting an abduction should be tested to the extent and with the frequency necessary to ensure the plan is effective as would apply to any other plans for responses to potentially hazardous, unusual, or emergency situations. Any testing should ensure that staff knowledge and competence is adequate as it relates to their role in responding. The need for drills should be addressed by the organization as part of their risk assessment and planning process (Joint Commission Web Site)*

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### **10 things to consider when planning a mock abduction drill**

1. Drills can be either announced or unannounced. Unannounced drills require greater planning and cooperation. Use good judgment when considering which to do. A staff that is new to the Pedz Patient Security System may not be ready for an “unannounced” drill while an experienced staff may be more than ready.
2. Drills typically involve some type of doll to represent the baby or child. Remember that you will have to disable BabySense for a tag that is placed on the doll as there is no skin for it to sense (if using the Hugs Tag).
3. Drills can be both narrow and wide in scope:
  - a. **Narrow**: Primarily, the departments covered by the Pedz Security System and Security are involved.
  - b. **Broad**: In addition to the departments and Security, the whole hospital is put on alert, mock media may be invited, hospital administrators interviewed, etc. Could also involve outsiders, such as the local police department.
4. Drills should match reality as much as possible. Try to mimic true-to-life possibilities. Mock abductors should start in the rooms, not standing right next to the door. Research how real abductors typically operate (see “The “Typical” Abductor” in this section) and try to recreate their methods. Dress up as a nurse in scrubs without proper ID. Use a large duffle bag to take the “baby.” Use props actually available at your hospital in typical settings (carts, drawers, laundry chutes, back stairwells, etc.). Try to involve someone not known to the staff (a stranger) as the mock abductor.

5. Drills should be held during different times of the day and involve different shifts. Don't just hold drills during the daytime because it's easier. Also, it is not the same to have night shift come on for day shift for the drill. The settings are different.
6. Drills can involve real live families. Have the real patient watched by a nurse, and have a real family "raise the alarm" that their patient is missing. Use great discretion when attempting this. Typically, this may be someone connected to or familiar with the hospital or someone in the hospital versus a complete stranger.
7. Drills can be recorded on video for review.
8. Drills should be well planned with specific outcomes determined before the drill starts. Always know "why" you are doing the drill and what specific parts of the system you are testing, making it easier to evaluate if you were successful or not. For example, is there a particular exit that everyone forgets about that you want to test?
9. Drills should be organized and led by each department using the Pedz System. This way, everyone gets involved and feels part of the process. If the same person always organizes the drill in the same way, everyone clues into it. (If you are part of a smaller facility, this may be unavoidable.)
10. Drills should always be followed up with a review meeting, and both the drill and the meeting should be well documented. The Joint Commission may ask for records of each drill, including who was involved, what took place, and if it was successful or not, etc.