

CORPORATE POLICY & PROCEDURE
MISSING/WANDERING PATIENT:
CODE YELLOW
ROHCG
CORP X-iv – 102

MISSING/WANDERING PATIENT: CODE YELLOW			
SECTION: SECTION: X-iv PATIENT CARE – Discharge/Transfer		NO: 102	
Issued By:	Psychiatrist-in-Chief VP- Quality, Professional Practice & CNE	APPROVAL DATES :	
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Key Words:	Missing Patient, Code Yellow, Wandering Patient, Elopement	Cross Reference(s)	CORP X-iv 101 Authorized Passes & Unauthorized Leave, CORP X-iv 100 Discharge Against Medical Advice, CORP II-i 130 Officer-in-Charge, CORP II-i 131 Person-in-Charge, CORP X-ii 140 Levels of Observation, CORP X-i 100 Patient Identification, CORP VI-i 111 Content of the Clinical Record, CORP VII-iii 100 Patient Incident Reporting & Response., CORP IV-iii 120 Video Surveillance, CORP VI-iii 100 Media Relations

1. PURPOSE:

To provide direction to staff regarding the steps to be taken when an inpatient is considered to be missing from the Royal Ottawa Health Care Group (ROHCG) in order to ensure that a systematic, escalating search will be initiated to locate the person. Patients **who have purposefully** left the facility will be managed via the processes set out in *CORP X-iv 101 Authorized Passes & Unauthorized Leave*.

2. POLICY STATEMENT:

Should, during the provision of care, a patient be found to be missing, staff will follow the processes outlined in this policy. Under *Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A*, all patient information is confidential and will be provided as necessary to those persons identified in this policy in order to facilitate the search process.

3. SCOPE:

This policy applies to all in-patient programs of the ROHCG except residents of St. Lawrence Valley Correctional & Treatment Centre Secure Treatment Unit (STU).

4. GUIDING PRINCIPLES:

When staff are unable to locate a patient, they will immediately conduct a search of the unit and other areas (i.e. common spaces, Winter Garden, etc.) within the facility where the patient may be located before designating them as *MISSING*.

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When the missing patient is an involuntary patient who is detained under the *Mental Health Act* or a forensic patient under the *Criminal Code of Canada*, police assistance will be sought to return the patient.

5. DEFINITIONS:

Involuntary: A person who is detained in a psychiatric facility under a certificate of involuntary admission (*Form 3*) or a certificate of renewal. (*Form 4*)

Off-Hours: refers to periods of care outside of designated therapy times. For example – weekdays from 1600 to 0800, Saturdays, Sundays and Statutory Holidays.

Search Coordinator: The designated Manager-Patient Care Services (PCS)/Delegate responsible for coordinating the search.

Voluntary: A person, who is consenting to their admission in a psychiatric facility.

Wandering Patient: A patient who has exhibited a tendency to stray beyond the view or control of health care providers, requiring a high degree of monitoring and/or protection to ensure the individual's safety; or a patient whose degree of cognitive impairment is such that the individual is unable to reliably get from one place to another in the setting without being accompanied is considered to present a risk of wandering or elopement.

6. PROCEDURE:

6.1 On admission, and at specified intervals as determined by the treatment team, patients are assessed for wandering/elopement risk and the findings are to be documented in the clinical record. Risk factors include but are not limited to: Delirium, memory/recall deficits, disorientation, poor visual-spatial ability, expressive language deficits, dementia, emotional behavior demonstrating frustration, anxiety, boredom or depression, and/or a history of wandering/elopement.

6.1.1 If patient is identified as being at risk, the HCP will complete the *Wandering Patient Alert Form (Appendix 1)* and place it in the assessment portion of the patient's clinical record.

6.1.2 Ongoing assessment by nursing staff will determine when the patient may no longer be at risk of wandering/elopement. After discussion with the patient's treatment team and it is agreed that the patient is no longer at risk of wandering/elopement, the signage will be removed and documented in the patient's clinical record and plan of care.

6.2 Missing Patient – Code Yellow – Roles and Responsibilities:

6.2.1 Manager-PCS/Delegate is responsible to:

- Act as a liaison between the unit staff and others conducting the search.
- Initiate the *Missing Person Profile. (Appendix 2)* to record the status of searches.
- Dial switchboard and request that a *Missing Patient-Code Yellow* be initiated if the missing patient is not found during the immediate search or is known to have left the unit.
- Assign the Code Responders to search the common areas using the searching tool. Two staff will be assigned to each level of building to search each common area. Staff searching will relay outcomes to the Search Coordinator to record.
- Review any video footage of the exits of the building to ascertain if the patient left the building, as appropriate.

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- Notify family/SDM and provide them with a contact name and number and request that they notify the caller should they have any new information or contact from the patient.
- Notify:
 - Security that the patient is missing.
 - The Attending Physician, should the missing patient not be located within thirty (30) minutes
 - The Police, should the missing patient be considered to present a risk to the safety or health of him/herself or others or is not be located within thirty (30) minutes. The HCP with the best knowledge of the missing patient should be available to provide the most comprehensive information to any questions the Police may have.
 - The applicable Ministry for Youth or Long-Term Care.
- Initiate the Code Yellow “All Clear” upon confirmation that the patient has been located.
- Ensure that if applicable, Police are notified that the patient has been located.
- Ensure that the Emergency Manager is notified of the event.

6.2.2 Unit staff are responsible to:

- Ensure that the Manager-PCS is notified that the patient is missing in order to coordinate the search process.
- Secure all exits to the unit immediately (if not already secured)
- Complete the immediate search of the unit, Update the patient’s clinical record to reflect the details of the event, including but not limited to:
 - Date and time patient found to be missing
 - Time and location patient last seen
 - Outcome of Immediate search
 - Result of building search
 - Time Internal and external resources notified
 - Times Substitute Decision Maker notified (and updated)
 - Chronology of search
 - Time of patient’s return and physical / mental condition
 - Location found
- Complete a report in eIMS as soon as possible.

6.2.2 The Attending Physician/delegate is responsible to:

- Review the situation and assess whether further steps need to be taken (i.e. completing a Form 1 under the MHA, notifying police of any mitigating medical/psychiatric safety concerns)

6.2.3 Switchboard is responsible to:

- Make a “Code Yellow- Unit XXX” overhead voice announcement.
- Announce the “Code Yellow –Unit XXX all clear” once the patient is located and as directed by the Manager-PCS.

6.2.4 Security Services are responsible to:

- Dispatch a Security Guard to the area to obtain a description of the missing patient and follow the procedures in the Security Services Post Orders to coordinate or search indoors and outdoors for the missing patient.
- Notify local Police in situations where, for any reason(s), a complete search will take an extended time.

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- Provide access to any video footage of the missing patient leaving the building upon request from the Manager- PCS.

6.2.5 Communications is responsible to:

- Provide information to the media regarding a missing client/patient when it has been determined by the clinical care team in conjunction with the police. Additionally, staff must notify Communications whenever the decision to release information about a missing patient to the media has been made.

6.3 Any Code Yellow requires a review by the Director-PCS and the Clinical Director of the program following the processes outlined in *CORP VII-iii 100 Patient Incident Reporting & Response*. If recommendations are corporate rather than unit specific they should be shared with the Manager-Patient Safety & Clinical Risk Management.

7. RELATED PRACTICES AND/OR LEGISLATIONS:

Mental Health Act (2001).

Criminal Code of Canada. (R.S., 1985, c. C-46).

Health Care Consent Act, 1996

Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A

Regulated Health Professions Act, 1991,

Human Rights Code

8. REFERENCES:

Privilege/Leave of Absence (LOA) AND Unauthorized Leave of Absence (ULOA) – Ontario Shores –Ontario (2016)

9. APPENDICES:

<http://oreo.rohcg.on.ca/policies/Resources-FormsTools.cfm>

Appendix 1 – *Wandering Person Alert Form.*

Appendix 2 – *Missing Person Profile*