MISSING PATIENT (IN PATIENT) POLICY, PROCEDURES AND CHECK LIST

Amendments

<table>
<thead>
<tr>
<th>Date</th>
<th>Page(s)</th>
<th>Comments</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2011</td>
<td>All</td>
<td>Revised Policy</td>
<td></td>
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<tr>
<td>June 2012</td>
<td>All</td>
<td>Reviewed Policy</td>
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Compiled by: Sue Hardy and Colin Matthew

In Consultation with: Security Group and NMC

Reviewed by: Sue Hardy, Matron for Medicine
              Colin Matthew, Health and Safety Advisor

Date: June 2012

Target Audience: All Staff

Next Review Date: June 2014

Contact name for comments: Sue Hardy, Matron for Medicine
1 POLICY

1.1 INTRODUCTION
The Trust has a duty of care for the safety of its patients. At the same time, patients have a legal right to leave the hospital unless they are detained under the Mental Health Act 1983.

This document advises staff of action to be taken, and by whom, in the event of a patient being identified as missing.

The Trust needs to be vigilant in its care of all patients particularly those deemed as vulnerable which include those that are:

- Self-harming
- Confused elderly
- Confused due to physical condition or medical treatment
- Depressed / state of mind
- Under the age of 16

1.2 PURPOSE
This policy and procedures will enable staff to:

- Identify when a patient should be regarded as a missing patient
- Take the appropriate action in an effective and timely manner
- Reduce the risk of any harmful outcomes to the patient
- Ensure that relatives of any missing patient are informed as soon as possible
- Ensure that relatives are notified of all developments
- Establish the principles for the recognition and search for patients missing from the wards/hospital
- Involve external agencies as appropriate

1.3. DEFINITION OF A “MISSING PATIENT”
All patients noted to be absent from the ward or department, without prior arrangement must be treated as missing and the Matron and/or Head of Nursing and Site Co-ordinator are to be informed immediately.
2 PROCEDURES

2.1. IMMEDIATE ACTION
If a patient is found to be missing the Shift Leader must be informed immediately.

The shift leader will organise a local search of the ward / department and immediate vicinity (within 20 metres of all exits to the area). The nurse checklist to be followed / completed is in Appendix B)

The shift leader will liaise with persons in charge of other nearby wards / departments to complete a search of their area.

2.2. SECONDARY ACTION
The shift leader decides when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient’s daily routine or usual patterns of behaviour.

Having decided that a patient is missing the missing patient checklist must be completed. The checklist will include the following information that may be useful to other parties (e.g. Matron, site coordinator, security/ portering staff, police etc.):

- Patients name
- Age
- Full description (Facial features, clothes etc.)
- Mental status (Depressed, agitated, confused etc.)
- Is the patient wearing a green wristband?
- Mobility (any aids used?)
- Any other pertinent information.

The following must be informed, giving them details from the missing patient’s checklist:

- Security/portering
- Switchboard
- Matron/Head of Nursing and/or site co-ordinator who will provide assistance and inform senior management if and when necessary.
- The patient’s medical team or the out of hours on call team

If it is a mental health patient inform the bleep holder at Abraham Cowley Unit or the mental health unit at Ashford as appropriate

The Site Co-ordinator will liaise with other wards / departments in the vicinity of the missing patient’s ward / department and others as necessary and ask them to search their areas for the missing patient

2.3. TERTIARY ACTION
If the patient is not found, following liaison with the Matron/Head of Nursing and Site Co-ordinator the shift leader will notify the police, giving details from the
missing person checklist. Details of the time of the call and the name of the police controller should be recorded.

The Site Co-ordinator will liaise with other wards / departments in the vicinity of the missing patient’s ward / department and others as necessary and ask them to search their areas for the missing patient.

All reasonable effort must be made to contact the patient’s family or place of residence as quickly as possible. This is to notify them of the situation and ensure the patient has not arrived with their family or place of residence. They must be asked to notify the Trust if the patient makes contact. Details of all calls must be recorded.

2.4 PATIENT NOT FOUND
The patient’s medical and care team will carry out a risk assessment and advise what further action, if any, should be taken.

Their decision and rationale will be recorded in the patient’s notes and a copy attached to the missing patient checklist documentation. All involved parties will be advised of the decision and any further action required.

If the missing patient is not found and is considered to be a vulnerable adult, Social Services should be informed as per the Abuse or suspected abuse of vulnerable adults guidelines.

Ensure relatives / carers kept up to date

2.5 PATIENT FOUND
Notify all persons involved in the search that the patient has been found

Complete an Incident Event Form

Ensure relatives / carers informed

3. DUTIES/RESPONSIBILITIES

3.1 SHIFT LEADER
The Shift Leader will decide when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient’s daily routine or usual behaviour patterns.

Having decided that a patient is missing, commence completing the missing person checklist.

Organise a local search of the ward / department and adjacent areas within 20 metres of the ward / department exits.

Liaise with other persons in charge of nearby wards / departments and arrange for them to carry out a thorough search of their area and to report back.
Inform security / porterering staff and / or Security Manager giving full details and description and request them to initiate their search protocol

Inform switchboard, Matron/Head of Nursing (or Site Co-ordinator), the patient’s medical team and if appropriate the mental health Trust (see section 2.2).

Contact the patient’s family and/or place of residence, explain the situation, and ask them to contact ward / department if patient arrives.

Inform police as necessary

3.2. MATRON/HEAD OF NURSING AND/OR SITE CO-ORDINATOR
Ensure that the Shift Leader has taken all the appropriate action.

Ensure that contact is maintained with the patient’s family and police.

Request shift leaders in other wards / departments in near vicinity or as deemed appropriate to search their areas for the missing patient.

Cascade information up the management line as and when necessary. In hours this will be the General Manager, Senior Support Manager and/or an Executive Director. Out of hours this would be the Senior Support Manager via the Site Co-ordinator, as necessary. Depending on the circumstances this may also include the patient’s consultant or out of hours, the relevant on call consultant.

Ensure that all appropriate documentation is completed and any relevant statements requested.

3.3 SECURITY / PORTERING STAFF OR SECURITY MANAGER
Ensure that sufficient staff and equipment are available to carry out a search.

Co-ordinate the search activities

Liaise with Site Co-ordinator ward / department and police as necessary

4 OTHER PERTINENT INFORMATION

4.1. DETENTION OF PATIENTS
The law allows for a patient’s detention if:-

- If they are under an appropriate section of the Mental Health Act 1983
- A young person under the age of consent (16), whose parents/guardians have not consented to their discharge.
- Patients who do not fulfil the above criteria are legally entitled to discharge themselves. In the event of a discharge against medical advice, the patient must be seen by a doctor (SHO and above) and the appropriate form must be signed by the patient before leaving. An entry to that effect must be made in the patient’s records. The form must also be kept in the patient’s records.
There will be other occasions when the situation will not be as clear cut, examples include:

- Patient waiting for psychiatric assessment
- Patient who appears confused
- Patient found wandering

On these occasions, staff should use every effort to persuade the patient to return voluntarily, but if there is a refusal, no more than reasonable force should be used and only that necessary to keep the patient safe until help arrives. At all times, account should be taken of the patient’s overall condition.

Although staff are required to take all possible action in accordance with this procedure to ensure patient safety they should never jeopardise their own physical safety in doing so.

### 4.2 TRAINING
Heads of Departments will ensure that all necessary training is given to staff to allow the execution of this policy.

### 4.3 RECORD KEEPING
Any incident whereby this policy and procedure is invoked, with particular regard to the restraining of a patient, must be fully documented in the patient’s records and an incident event form completed.

### 5 DISSEMINATION AND IMPLEMENTATION

#### 5.1
This policy will be placed on the Trust Intranet and a copy will be issued through the Aspire E-Bulletin.

### 6 COMPLIANCE AND EFFECTIVENESS

#### 6.1
The effectiveness of the policy will be monitored by the Trust Security Group who will review incident forms completed following a missing patient incident.

### 7 EQUALITY IMPACT ASSESSMENT

#### 7.1
A copy of the Equality Impact Assessment is attached at the end of this document.

### 8 ARCHIVING ARRANGEMENTS

#### 8.1
Responsibility for archiving policies lies with the quality department where requests for retrieval of documents can be made.

### 9 REFERENCES AND BIBLIOGRAPHY

Ashford and St Peter’s Hospitals NHS Trust (2005) Standards for Practice and Care for all Clinical and support staff working with patients. 5th Edition ASPH


Missing Patient Search – Immediate Action

Ward / Department Staff

Has the patient had permission to leave the ward / Dept or have they discharged themselves?

Check with other patients and staff as to whereabouts

Is patient receiving treatment in another department?

Is the Patient considered to be vulnerable?

Shift Leader takes control
Inform Matron/ Head of Nursing / Site Co-ordinator

Search Ward / Dept and Local Area
Start to complete checklist

Patient not found
Patient found

Stop search, advise those alerted and document.

Initiate Secondary Action
## Missing Patient Checklist (Nursing Staff Actions)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>DATE/TIME</th>
<th>SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward searched (including 20m from exits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaise with persons in charge of other nearby wards / departments to complete a search of their area</td>
<td>List those contacted and the response / time on Appendix C.</td>
<td></td>
</tr>
<tr>
<td>Patient details checklist completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matron/HON or site coordinator advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical team advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switchboard advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient’s family advised and updated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient found (following 3 points relate to patient being found)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search called off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care plan and health record completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident event form completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient not found (following 3 points relate to patient not found)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detail further actions taken (continue overleaf as necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>see also section 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care plan and health record completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident event form completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records from other staff (Appendices checklists) obtained and forwarded with incident event form to manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE**: Completed Missing Patient checklists should be kept with the incident event form
## Missing Patient Checklist (Patient Details)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of patient</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Full description of clothing worn</td>
<td></td>
</tr>
<tr>
<td>Facial features</td>
<td></td>
</tr>
<tr>
<td>Is the patient confused?</td>
<td></td>
</tr>
<tr>
<td>Mental status: (depressed, agitated, withdrawn etc.)</td>
<td></td>
</tr>
<tr>
<td>Is the patient wearing a green wristband</td>
<td></td>
</tr>
<tr>
<td>How mobile is the patient, any aids used?</td>
<td></td>
</tr>
<tr>
<td>Does the patient have car/door keys?</td>
<td></td>
</tr>
<tr>
<td>Does the patient have any communication difficulties?</td>
<td></td>
</tr>
<tr>
<td>Possible destinations and transport options</td>
<td></td>
</tr>
<tr>
<td>Any other pertinent information e.g. is the patient a risk to themselves or others</td>
<td></td>
</tr>
</tbody>
</table>
### Missing Patient Checklist

**Security / Portering Staff / Security Manager Actions**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>DATE/TIME</th>
<th>SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify CCTV control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assemble Search team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue equipment (Site plan, torches, radios etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief search team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open search log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report progress to Matron/ HON /Site coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand over copy search log to police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift handover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debrief from search team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient found</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search called off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checklist / Search checklist completed and signed and given to site co-ordinator to go with incident event form.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Further records / information – particularly if patient not found.**
Appendix E

Missing Patient Search – Secondary and Tertiary Actions

Matron / Head of Nursing / Site Co-ordinator

Initiate secondary action

Ensure family and next of kin kept up to date

If patient not found

Re-assess situation
Re-check / search wards / Depts and common areas

If patient is found or returns

Inform all persons alerted to the incident.
Relevant documentation is to be completed including a trust incident event form, patient care plan and health record.

If decision made to stand down search teams

Initiate tertiary action
Ensure Police informed
Keep all persons (including family) informed and updated

Medical and nursing team carries out a risk assessment re further action to be taken
Police / relatives liaised with and kept fully informed
Decisions clearly documented
Inform relevant Trust senior managers appropriate

If patient is found or returns

Review if Social Services needs to be informed if vulnerable adult (refer to vulnerable adult policy)

If patient is not found

Inform all persons concerned
Relevant documentation to be completed including a trust incident event form, care plan and health care record.