**Appendix G**

**NURSE IN CHARGE**

**ACTION CARD IN EVENT OF A MISSING PERSON**

Whenever staff believe a patient falls under a category of ‘potential to wander’ and when they may pose a danger to themselves or others an individual assessment of the likely risks must be made on admission using the risk assessment tool. (ref: Missing Persons Policy 3.1)

There are clear hierarchical reporting procedures in the Missing persons Policy which are to be followed. However if circumstances determine that it needs to be escalated or senior management needs to informed at an earlier stage then that decision ultimately lies with the person in charge at that time. (ref: Missing Persons Policy 4.1 & 4.2)

**LOW RISK**

**PATIENT AFTER THE PATIENT IS DISCOVERED MISSING**

 Advise Site Co-coordinator of situation (in hours include DSN)

 Try Patient’s mobile phone

 Complete Missing Person Action Form **Appendix D**

 Obtain full description from last witness and communicates this information to all relevant parties

 Alert all support staff to commence thorough location specific search and immediate environs

**HIGH**

**RISK PATIENT**

First 60 minutes

1 Hour +

 Alert Porters to commence search during routine duties

 Inform police

 Try patient’s home telephone. If not there:-

 Inform Next of Kin (NOK) and remains NOK point of contact

 Make a decision as to whether the patient should be treated as a self-discharge this should be discussed with the medical

team.

 Upon discovery of patient advise all personnel alerted according to this procedure

 Document events in patient’s Health Care Record

 Complete Trust Incident Form

 Update Site Co-coordinator of situation

 Inform police

 Maintain observations for missing patient, reporting accordingly

First 30

minutes

30-60 Minutes

  Maintain links with NOK to establish safe return of patient

**MISSING PERSON - WARD SEARCH**

**On the ward**

1. Check toilet and bathroom areas

(\*knock on all doors that are locked and await a response) If no response assume missing patient is in bathroom or toilet and make arrangements for door to be opened

2. Check all rooms within the ward e.g. sluice room, dressing, admin offices

3. Check in beds to ensure the correct patient is in the bed

4. Check under the beds

**Ward Corridor**

\*Unlock all locked doors, in case the patient has been locked in by mistake. Physically open door and view area.

1. Check store rooms

2. Check offices

3. Visitors rooms

**Main Hospital Corridor**

1. View up and down the corridor

**Appendix G**

**NURSE IN CHARGE**

**ACTION CARD IN EVENT OF A MISSING PERSON**

**ACTION IN THE EVENT OF A FOUND MISSING PERSON**

**LOW RISK PATIENT HIGH RISK PATIENT**

1. If the patient remains in hospital for treatment, they should be reminded that they must inform ward staff if they are leaving the ward.

2. If patient refuses to return to the hospital the Nurse in Charge is to discuss on-going medical care and the patient’s capacity to make decisions with the Registrar in charge of the patient’s care and the Site Co- coordinator.

3. If on-going care is required, contact is to be made with patients GP via telephone, and then in writing by the medical team.

4. Any identified risks should be reviewed using the risk assessment tool

5. An Incident form must be completed for all patients reported missing.

6. All personnel alerted according to this procedure should be notified that the missing patient has been located.

7. Document events in patient’s Health

Care Records.

8. Complete Trust Incident Form

1. In circumstances where the patient is located and has returned to the ward, a plan of care must be put in place to avoid this occurring again.

2. At the discretion of the DSN (or out of hours Site Co-coordinator) it may be appropriate to arrange for an individual nurse or support worker to supervise the care of the patient on a one to one basis.

3. If a patient refuses to return to the hospital the Nurse in Charge is to discuss on-going medical care and the

patient’s capacity to make decisions with the Registrar in charge of the patient’s care.

4. If on-going care is required, contact is to be made with patients GP via telephone, and then in writing by the medical team.

5. An Incident form must be completed for all patients reported missing.

6. All personnel alerted according to this procedure should be notified that the missing patient has been located.

7. Document events in patient’s Health

Care Records.

8. Complete Trust Incident Form

**Appendix G**

**CLINICAL SITE CO-ORDINATOR**

**ACTION CARD IN EVENT OF A MISSING PERSON**

**N.B. THESE MEASURES ARE A GUIDE ONLY AND CLINICAL JUDGEMENT SHOULD BE USED**

**LOW RISK PATIENT**

**AFTER PATIENT IS DISCOVERED MISSING HIGH RISK PATIENT**

FIRST 60

MINUTES

 Site notified by Nurse in Charge of Ward

 Site collects Missing Persons Procedure Box (held in Site/H@N Office) From the Procedure Box:

 Complete Missing Person Action Form (Appendix D)

 Commence preliminary Search Record

FIRST 30

MINUTES

 Takes full charge

 Obtains a full description from the last witness and communicates this to the relevant parties/wards/departments

1 HOUR +

**In Hours:**

Alert LSMS (if possible) to commence video trawl

If LSMS unavailable, contact Security Admin Support

Inform DSN

**OOHs:**

Inform Duty Manager Consider video trawl Commence full site search

Update Search Record (Appendix E) where practical

 Maintain links with porters

 Consider a CCTV trawl by portering team leader for High Risk patients

 Upon discovering the patient, inform all relevant parties/wards/departments

DSN (OOH Duty Manager) Action Card commenced

30-60

MINUTES

**ROLE WITHIN SENIOR RESPONSE TEAM**

 Clinical judgement must be used by the Site Co-ordinator at this time whether there is a need to delegate:

 Bed Management to other Trust departments (i.e. Emergency

Department and Whiteparish (MAU)

 Trust issues to CCOT

 Full briefing to DSN /Duty Manager (In hours include LSMS/Security

Admin Support) & police if present.

 Formal handover of Missing Persons Procedure Box inc. forms completed relating to current incident.

 Maintain links with Nurse-in-Charge of the ward until stood down

Final briefing, and stand down from incident unless otherwise requested by the Police

**Appendix G**

**PORTING TEAM LEADER**

**ACTION CARD IN EVENT OF MISSING PERSON**

**N.B . THESE MEASURES ARE A GUIDE ONLY AND CLINICAL JUDGEMENT SHOULD BE USED**

**LOW RISK PATIENT**

**AFTER PATIENT IS DISCOVERED MISSING HIGH RISK PATIENT**

FIRST 60

MINUTES

 Porters notified by Nurse in Charge of Ward

 Complete Missing Person Action Form (Appendix D)

 Commence preliminary Search Record

 Alert all Porters via radio of full description

 Commence search coordination of immediate area of last location patient observed

 Commence search during routine patrols

 Maintain alert status until stood down

FIRST 30

MINUTES

1 HOUR +

 Continues to search during high alert status

 Maintain links with Site Cover

30-60 MINUTES

**ROLE WITHIN SENIOR RESPONSE TEAM**

 Continue search as directed by the Police or DSN (OOHs Duty

Manager)

 Final briefing, hand over completed Search Record to date and stand down from incident unless otherwise requested by the police

 Undertakes a CCTV trawl with police

**MISSING PERSON - WARD SEARCH Ward Corridors**

\*Unlock all locked doors, in case the patient has been locked in by mistake. Physically open door and view area.

1. Check store rooms

2. Check offices

3. Visitors rooms

**Main Hospital Corridor**

1. View up and down the corridor

2. Check toilets and restaurant areas

(\*knock on all doors that are locked and await a response) If no response assume missing patient is in bathroom or toilet and make arrangements for door to be opened

**External Areas (an example may be:**

1. Bus Stops

2. Cycle Shelters

3. Smoking Shelters

**Appendix G**

**DSN (OOHs DUTY MANAGER)**

**ACTION CARD IN EVENT OF MISSING PERSON**

**N.B. THESE MEASURES ARE A GUIDE ONLY AND CLINICAL JUDGEMENT SHOULD BE USED**

**LOW RISK PATIENT**

**AFTER PATIENT IS DISCOVERED MISSING HIGH RISK PATIENT**

FIRST 60

MINUTES

No action required FIRST 30

MINUTES

 Informed by Site Co-ordinator of Missing Person and present status

1 HOUR +

**In Hours:**

Takes Trust lead for the search

Records details of Site handover (this record will be available for any Joint

Agency Review or formal enquiries –internal/external) Considers advising PR Manager

**OOHs:**

Records details of Site handover ( this record will be available for any Joint

Agency Review or formal enquiries –internal/external)

Makes an informed decision with Site Co-ordinator whether to attend hospital site

 Considers assembling Senior Response Team

Considers advising On-call Executive Officer

30-60

MINUTES

**ROLE WITHIN SENIOR RESPONSE TEAM**

 On arrival, convene in the control room with Site Co-ordinator, Porters and

Police (In hours – LSMS/Security Admin Support).

 OOHs Receives Missing Persons Procedure Box with completed records to date of current incident.

 Open incident log (continue to update log throughout incident)

 In- hours, alert Risk Management Team of a potential Serious Untoward

Incident

 Updated briefing from Site Co-ordinator and Porters with a Police representative.

 OHHs - Becomes responsible maintaining and updating Missing Persons

Procedure Box

 Considers CCTV trawl if not already undertaken

 Provides maps of the site to the Police

 (OOHs) Becomes the Trust main link with the Police/ Police Search Co- ordinator

 Using clinical judgement (in discussion with the Site Co-ordinator) whether they need to stay within the team or stand down

 OOHs - Contact Facilities On-call to arrange catering requirements

 Depending upon the level of escalation, consider the need to inform the PR Manager.

 Maintain links with all parties including Site Co-ordinator via Site mobile phone.

 Final briefing, and stand down from incident unless otherwise requested by the Police.

**Appendix G**

**LSMS**

**or**

**Nominated attendee**

**ACTION CARD IN EVENT OF MISSING PERSON**

**THESE MEASURES ARE A GUIDE ONLY**

LOW RISK PATIENT

AFTER PATIENT IS DISCOVERED MISSING HIGH RISK PATIENT

FIRST 60

MINUTES No Action Required FIRST 30

MINUTES

1HOUR +

**In Hours**

 LSMS alerted by Site Co-ordinator or DSN via telephone

 Complete Missing Persons Action Form

(Appendix D)

 Undertakes Video trawl

 Update Police

 Put plans in place to participate within the Senior

Response Team

**OHHs**

**NO SUPPORT AVAILABLE**

30-60 MINUTES

**Role within the Senior Response Team**

 On arrival, convene in the control room with DSN, Site Co-ordinator, Porters and Police

 Updated briefing from Site Co-ordinator and Porters with a Police representative.

 Become responsible for receiving and maintaining the Missing Persons Procedure Box

 CCTV trawl again to see is patient can be spotted

 Becomes the Trust main link with the Police/ Police

Search Co-ordinator

 Contact Facilities to arrange catering requirements

 Maintain links with all parties including Site Co- ordinator via Site mobile phone.

 Final briefing, and stand down from incident unless otherwise requested by the police.