



ABSCONDING OR MISSING PATIENT PROCEDURE

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Adapted from BGH Policy 2007

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ABSCONDING OR MISSING PATIENT PROCEDURE

Rationale

In the event of a patient noted to be missing nursing staff should undertake a Clinical Risk Assessment to determine the potential risk to the patient or to others. **It is at the discretion of the Nurse in Charge of the Hospital and / or the On Call Manager to involve the Police at whatever point they feel appropriate.**

BUT THIS SHOULD BE NO LATER THAN 30 minutes FROM THE PATIENT BEING NOTICED MISSING.

An absconding patient will be reported to the Police immediately if they are considered a risk to themselves or others. Factors to be considered will include the physical and mental condition of the patient, age, appropriateness of clothing, weather conditions etc.

In the event that a patient is observed attempting to leave a ward or clinical area without permission then it is important that the following is considered.

- The potential for the patient to harm themselves
- The potential for the patient to harm others
- The potential for the patient to become violent and aggressive
- The clinical condition of the patients

If there is deemed to be no risk of harm to themselves, others, or violent behaviour and the patient is elderly, confused, or needing reassurance then a suitably trained member of staff may make a judgement to 'talk them back' to the ward.

If any risks are identified (see above) then prior to following the patient it is important that the ward staff obtain back up by contacting all other available staff. Only staff experienced in the particular patient group involved or those who have completed appropriate Prevention & Management of Aggression & Violence training should follow a patient.

Personal safety of staff is important and staff should not enter confined spaces or place themselves or members of the public at risk. If there is concern about the safety of individuals or property then the Police should be called.

In all cases an incident report form should be completed.

SEARCH PROCEDURE.

1. When a patient is found to be missing Ward staff carry out a thorough search of ward area. This must include all unused rooms and adjoining corridors/offices. A head count and identification of all patients must be completed,
2. Nurse in charge of ward to notify the Community Nurse Manager
3. Unless there is a strong possibility of the patient heading for home, relatives should not be advised until the initial search of the hospital has been completed. Once initial search has been completed Nurse in Charge of ward will inform the relatives, Community Nurse Manager/On Call Manager (out of hours).
4. General Services Supervisor to organise search of grounds by all available staff.
5. During normal Working Hours, the Community Nurse Manager or deputy should be informed. Outwith these times the On Call Manager should be advised. The Chief Executive or any member of the Executive on Call Team may be advised if the above consider it appropriate.
6. Further search of premises may be required under the direction of the Police.
7. Media Enquiries
These will be handled either by the press officer or the Police Duty Inspector. All other staff must be careful not to make any comment to the media about the incident.

APPENDICES

- Appendix 1– Patient's Description
- Appendix 2 – Guidelines for Ward Sisters/Charge Nurses
- Appendix 3 – Guidelines for nurse in Charge of Hospital

DESCRIPTION

Appendix 1

NAME:		ADDRESS:					
AGE: (if known or approximate)		Male			Female		
When last seen:		Where last seen:					
Physical or mental condition: (frail, aggressive, confused, may self harm, etc)							
Ethnic appearance: White European / Asian / Afro Caribbean / Other:							
Build:		Slim / Average / Muscular / Fat / Other:					
Height:		Ft		inches			
Hair colour:							
Hair style:							
Facial hair (if Yes describe)							
Accent:							
Eye Colour:				Glasses:		YES	NO
Piercing :	Ear (L)	Ear (R)	Nose	Eyebrows	Other:		
Jewellery Please Detail:							
Facial Features (i.e. Bushy eyebrows, large nose etc):							
Scars/Tattoos/Peculiar Marks Please detail:							
Clothing:		Describe all clothing detailing colours/makes/logos/new-old/anything distinctive –					
Possessions		(i.e. holdall/handbag/carrier bag/child seat etc): Give full description of same:					
Any other information:							

GUIDELINES FOR WARD SISTER / CHARGE NURSE

- Wards being the most common place in the hospital, it is most probable that a patient will be reported missing from their ward. Should a patient go missing from any other area of the hospital, the patient's ward must be notified immediately and the search procedure will be activated, e.g. Day Hospital.
- It is important that the initial search be carried out systematically to ensure that no area is omitted, it is necessary in the initial search to verify that the patient is not in a room which has the lock engaged. The ward blocks should be searched as a whole. The senior charge nurse/nurse in charge should after having carried out the initial search of their ward area, notify other wards/departments in the building to search their areas.

GUIDELINES

- Each Senior Charge Nurse/Nurse in Charge to organise the search of their Ward also at least one staff member from Health Centre/Treatment Rooms/Day Hospital to make their way to the ward fire stairs and check these as well.
- If CCTV recordings available check tape to see if person has left the building.
- Having confirmed that the patient is not in the ward area of the unit, check rooms in the link corridor leading back to the main corridor
- One member of staff from each area to confirm to Nurse in Charge conclusion of their search.
- One member of search party contacts Community Nurse Manager/ On Call Manager(out of hours) to advise of outcome of search, and then return to work area.

GUIDELINES FOR NURSE IN CHARGE OF THE HOSPITAL

- The search of all clinical departments will be co-ordinated by the Nurse in Charge of the Hospital.
- The search of the ward block, which houses the patient's ward, should have been organised by this person.
- The Nurse in Charge of the Hospital on being advised of a possible missing patient should verify that the ward block search has been instigated.

The Nurse in Charge of the Hospital should arrange to notify the following:

1. Community Nurse Manager or deputy
 2. On call manager (out of hours)
 3. G.P. (in hours) for information only
- Results of searches should be fed back to the nurse in charge of the hospital.
 - In discussion with Clinical Staff the Nurse in Charge of the Hospital will contact the Police with description and details of the incident (see main policy) and notify the Community Nurse Manager/On Call manager.
 - If/when at any point the patient is found the Nurse in Charge or whoever is leading the incident should ensure that all senior staff notified are advised the patient has been found and everyone involved is stood down.
 - The Nurse in Charge of the Hospital and/or On Call Manager will liaise directly with the Police when they arrive at the Hospital and inform them if patient found by NHS staff.