ACT Government | Canberra Health Services

Canberra Health Services Procedure

Missing Patient

Contents

Purpose

To outline a consistent process for managing the risk of Canberra Health Services (CHS) patients going missing and for responding when a patient is identified as missing.

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Alerts

CHS staff should not approach patients in a confrontational or forceful manner and should not follow a patient off CHS facility grounds.

If a patient becomes aggressive or violent toward staff or other people a Code Black must be called in accordance with *Code Black (Personal Threat) – CHS Emergency Management Plans*.

The need for restraint may be considered in limited situations in accordance with the *Restrictive Practices for people not detained under the Mental Health Act 2015 Procedure.*

Under *Mental Health Act 2015* (MH Act) there is power to apprehend a patient on a mental health order (see definition of terms) and be returned to the Approved Mental Health Facility (AMHF).

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Scope

This procedure applies to all CHS staff and includes all patients receiving care within CHS (adults, paediatrics, and neonates) in an inpatient area, including mental health inpatient areas, or within the Emergency Department (ED).

For patients with decision making capacity that want to leave the hospital and do not want any further treatment or care, please refer to the *Admission to Discharge Procedure* for further details on discharge against Medical Officer's advice. Refer to *Informed consent (clinical)* Policy and *Consent for health care treatment procedure* for guidance.

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Background

A missing patient poses a potential patient safety risk as it may disrupt the patient's medical treatment and/or increase the risk of harm to self or others.

In this procedure, a **missing patient** is defined as a patient:

- whose location is unknown; or
- who has not notified staff of an intention to leave; or

- who has not sought approval from staff to leave, or
- who left an organised activity outside an inpatient unit and failed to return with other people and staff from the activity; or
- who is subject to an order under the MH Act and are either missing or known to have left against advice or without seeking approval; or
- who has not returned from approved leave; or
- who has been abducted or taken against their will.

In this procedure, the following patients have **escaped from custody**, and are not a missing patient:

- detainee as per the *Corrections Management Act 2007*; or
- person subject to section 309 (s309) of the *Crimes Act 1900.*

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Section 1 – Determine patient risk of going missing

Assess/reassess a patient's risk of going missing where potential risk factors exist, such as:

- Emotional and psychosocial distress
- Social stressors such as household or business responsibilities
- Cognitive impairment e.g. delirium, dementia
- Post-traumatic amnesia
- Suicide or self-harm risk
- Treatment refusal behaviour or history of leaving care
- Drug, alcohol or nicotine dependence.

Patients who are required to remain in a clinical setting for their safety and/or safety of others may be a higher risk of leaving without notifying staff.

If CHS staff reasonably consider that a patient is at risk of going missing, this should be:

- documented in the patient's clinical record
- added as an absconding alert to the Alerts Management System - refer to *Alert Management Procedure*
- communicated to the treating team and clinical area manager
- communicated at clinical handover during any transfer of care, and
- communicated at multidisciplinary team meetings.

Preventative strategies to reduce the likelihood of patients going missing should be implemented. These include but are not limited to:

- ongoing communication and reassurance to the patient
- advising the patient of the need to notify ward staff of their intention to leave
- asking the family/carer to remain with the patient if available and/or if appropriate
- seeking appropriate medical and allied health support to identify and address any underlying causes of agitation and confusion for the patient
- providing access to nicotine replacement therapy (NRT) if the patient is a smoker

- ongoing communication of the patient's high risk of going missing with treating team, at clinical handover during any transfer of care
- increasing the level of nursing care/observation. If the patient requires 1:1 nursing/supervision see *Increased Nursing Patient Care and/or Supervision Procedure*
- allocating patients at high risk of going missing to designated ward rooms/bays with easier observation access and further away from exits
- considering the need for restraint in limited situations in accordance with the *Restrictive Practices for people not detained under the Mental Health Act 2015 Procedure*
- seeking support from the CHS Security Operations Centre to observe the patient.

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Section 2 – Establish if a patient is missing

A patient is considered missing if they have not been seen by CHS staff in the clinical area for approximately one hour and staff were not notified of the patient's intention to leave.

A patient may also be missing if they fail to return from approved leave at least one hour after the agreed return time. These timeframes may vary according to the patient's At Risk Category (ARC) observations and depending on the discretion of the clinical area. For example, adult units may not consider a patient missing until at least two hours whereas paediatric units should respond as soon as it is suspected a paediatric patient is missing. There may also be instances where a guardian/nominated person/Medical Health Attorney has raised the alarm regarding a potentially missing patient.

Staff should confirm that the patient has not been discharged, transferred to another clinical area for treatment or diagnostic imaging, or on approved leave. Staff should attempt to contact the patient by phone and check whether any staff, patients, carers, guardians, or significant others are aware of the patient's whereabouts. Depending on the patient's circumstances, their guardian/nominated person/Medical Health Attorney may also be contacted to ask about patient whereabouts.

If a patient is determined to be missing, notifications should be made as below:

- Patients in Emergency Department - ED Admitting officer (EDAO) and Navigator
- Hospital Inpatients - manager of the clinical area who could be the Clinical Nurse Consultant (CNC), Clinical Nurse Manager (CNM), Clinical Midwife Consultant (CMC)
- MHJHADS patients – Nurse in Charge of shift, CNC, and Assistant Director of Nursing
- Patients after hours –Team Leader who notifies After Hours Hospital Manager (AHHM).

For this procedure, the term 'Senior Clinical Lead' will be used to refer to all of the above positions as applicable to the circumstance.

The Senior Clinical Lead is responsible for keeping an incident log and including information about the patient missing in the clinical incident report.

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Section 3 – Conduct search to locate patient

The Senior Clinical Lead to arrange the search for the patient:

- Nursing staff are to immediately undertake a localised search of the clinical area starting in the patient's room/treatment bay and continuing through the ward/unit to approximately 20 metres beyond the exit doors of the clinical area, including all patient rooms, bathrooms, treatment bays, play areas, utility rooms and offices.
- Contact neighbouring local area and request they do a local search for the patient and report back on search outcomes.
- Contact the treating team (including the registrar and consultant) to confirm that the patient is still missing.

If the patient is not found in the initial local searches, the Senior Clinical Lead is to contact Security to coordinate a campus wide search for the patient and review of Closed-Circuit Television (CCTV) video surveillance. Security can be contacted via the:

- CHS Security Operations Centre on 512 45145
- Help Desk for University of Canberra Hospital (UCH) for Security
- Security Supervisor/Security Control Room Officer at Dhulwa.

Note: Code Black should only be called when the patient has been located and is displaying aggressive or violent behaviours.

Security should be provided with a full description of the patient and asked to review external perimeter CCTV cameras to locate the missing patient and establish the location or most recent known location of the patient. Information should be provided to security on whether the patient has capacity (as determined by the treating Medical Officer), and where possible an estimated timeframe as to when the patient may have left the clinical area (accompanied or alone).

If a campus wide search of the Canberra Hospital is being conducted, security should alert the following facilities and provide details of the missing patient, and contact details if the missing person is found at their facility:

- National Capital Private Hospital – phone: 6222 6666
- Woden Valley Childcare Centre – phone: 6285 2953
- Brindabella Specialist Centre – phone: 1300 788 508
- Red Cross House – phone: 6234 7600
- Community Dialysis and any other service in Gaunt Place – via Canberra Hospital Switchboard, phone: 5124 0000

Upon completion of the campus wide search Security must notify the Senior Clinical Lead of the search outcome and record actions taken in the security activities reporting system.
The Senior Clinical Lead should:

- contact the Division Executive Director (during business hours) or the After-Hours Executive on Call (after hours) to advise that a patient is missing, and Security is coordinating a campus search.
- contact the patient's next of kin/parent(s)/guardian/significant other/substitute decision maker /nominated person and notify them that a search is underway and ask if they are aware of the patient's whereabouts
- record actions taken to locate the missing patient and people notified in the patient's clinical record
- complete a clinical incident report in RiskMan, recording the actions taken after discussion with the AHHM/AHCNC.
- continue usual duties until Security advises the outcomes of on the campus wide search outcome.

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Section 4 – Actions when the patient has not been found

If Security advises that the missing patient is not found after a campus wide search, the Senior Clinical Lead should contact the treating team to determine the next course of action. The treating team should consider the patient's medical condition(s), their state of mental health, any medical devices they have on their body and their ability to access social supports when assessing the best course of action for the patient, and if there are any concerns for the patient's health and wellbeing. This assessment may include discussion with the patient's next of kin/parent/guardian/significant other/substitute decision maker. Based on the assessment, the treating team needs to advise the course of action for the patient. The decision-making process should be documented in the patient's clinical record.

Actions can include notifying ACT Policing, working with the patient's social supports, following up with the patient at a later date, or taking no further action. If required, contact ACT Policing if the missing patient has not been located following a campus wide search and there are concerns for the patient's health and well-being

- contact the patient's next of kin/parent/guardian/significant other/substitute decision maker and notify them of action taken
- document all action taken to locate the patient and the decision making process for the course of action when the patient was not located in the patient's clinical record
- notify Child Protection if there are concerns about the missing paediatric patient's parent/guardian. Please refer to *Child Concern Reporting Procedure, Child Protection Guideline, and Child Protection Policy* for more information
- submit a clinical incident notification in RiskMan regarding action taken
- ensure a Discharge Summary is completed for the patient's GP.

Note: a report to ACT Policing must be made for missing patients who are considered vulnerable who have failed to be located following a campus wide search. This includes all patients under the age of 18, or under the age of 16 if being treated as a mature minor, and may include other vulnerable patients, such as patients with dementia.

When ACT Policing receives a missing patient notification, a joint decision will be made between ACT Policing, the treating team, and the Senior Clinical Lead on how to triage the referral based on an assessment of the risks. The ACT Ambulance Service may need to be consulted as part of the decision-making process in cases where the person may be medically compromised.

Once the missing patient has been reported to ACT Policing, the duty of care for the missing patient has been handed over from CHS to ACT Policing to locate the patient. The clinician in the Police Operations Centre will play a leadership role in ensuring that all parties know whether there are any new risks or information that increase or decrease the need for police to continue their search for the missing patient.

The Division Executive Director (during business hours) or After-Hours Executive on Call (after hours) should provide a status update on the missing patient to the CHS Chief Executive Officer or the Hospital Commander (after hours) as soon as practicable.

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Section 5 – Actions when the patient is found

If the missing patient is found on campus, staff members must assess if they require any immediate medical assistance. If the patient requires urgent or life-saving treatment, staff should call a Code Blue by dialling 2222 from any CHS phone, or by calling 000 if the patient is outside the main Canberra Hospital Building (including any of the carparks, or buildings 7 or 9). Refer to either the Canberra Hospital or UCH *Emergency Management Plan – Code Blue* for details.

5.1 Missing patient found and not prepared to return to the clinical area

Reasonable attempts should be made to establish where the patient is going, by offering assistance to contact a family member, guardian, significant other or substitute decision maker (where applicable). CHS staff should not attempt to force the patient to return to a clinical area for treatment or follow the patient off CHS facility grounds.

If a missing patient is found on campus and CHS staff believe that the patient poses a risk to themselves or others, CHS staff should take all reasonable attempts to ensure their own personal safety. This may include, but is not limited to:

- approaching the patient in a manner where they can easily observe you (e.g. to avoid startling them or making them feel cornered)
- standing sideways to the patient if possible
- performing any actions in a slow and deliberate manner (e.g. avoid quick movements)
- speaking slowly and calmly and explain actions being taken
- remaining with the patient and encouraging their return to the clinical area.

If a missing patient becomes aggressive or violent a Code Black must be called in accordance with Canberra Hospital or UCH *Emergency Management Plan – Code Black*. For patients who

are considered to pose a risk to themselves or others and who still refuse to return to the ward, temporary restraint may be considered if it is immediately necessary to preserve life or human safety.

A wardsperson can assist in returning a patient who may pose a risk to themselves or others to the clinical area. Under the direction of the treating team or lead clinician, the wardsperson can assist in preventing the patient from self-harming, harming others, or leaving. The details of this directive should be documented in the patient's clinical record. Where a wardsperson is not present, a Security Officer may participate in restraint of the patient to prevent the patient from self-harming or harming others. Security Officers may not prevent a patient from leaving in other circumstances.

If the patient is considered to pose a risk to themselves or others and refuses to return to the ward despite best efforts, ACT Policing must be notified. If the situation remains unresolved, staff should follow the procedure for a discharge against a Medical Officer's advice, please refer *Admission to Discharge Procedure.*

If the patient does not have capacity their substitute decision maker should be kept up to date with the situation. If the patient is still reluctant to return to the clinical area, the Senior Clinical Lead must contact the patient's substitute decision maker to seek their advice to support the patient in returning to the ward.

If the patient does not have capacity and does not have a guardian/ enduring power of attorney/nominated person/Medical Health Attorney, the CNC/CNM/Team leader (after hours) CMC must liaise with the treating team to determine whether an emergency order for a Guardian by the Public Trustee should be obtained to support the patient's return to the clinical area for treatment. The Public Trustee and Guardian Office is contactable by calling 6207 9800 during business hours.

If consent is required outside of business hours, treatment can proceed in emergency situations only, otherwise the procedure or treatment must not proceed until the emergency guardianship order is in place. Please refer to the *Informed Consent (Clinical) Policy* for further details.

5.2 Missing patient found and is prepared to return to the clinical area

If the missing patient is found by CHS staff and is prepared to return to the clinical area, or returns to the clinical area without staff assistance, the CHS staff member should contact the Senior Clinical Lead to advise them of this. Once the missing patient has returned to the clinical area the Senior Clinical Lead should:

- notify all clinical area staff involved in the search
- notify Security to inform them that the patient has returned to the clinical area (where applicable)
- notify their Division Executive Director (during business hours) or after hours the AHHM notifies the After-Hours Executive on Call to advise that the patient has returned to the clinical area

- contact the patient's next of kin/parent/guardian/significant other/substitute decision maker and notify them that the patient has returned to the clinical area – this should be documented in the patient's clinical record
- ensure that the patient is reviewed by the treating team (dependant on their condition, the length of their absence and potential reasons for absence – e.g. potential alcohol or drug intoxication)
- document all actions taken to locate the patient in the patient's clinical record
- submit a clinical incident notification in RiskMan.

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Section 6 – MHJHADS patient admitted to a mental health inpatient unit

A missing patient admitted to a mental health inpatient unit, or AMHF (see definition of terms), the mental health clinical team will determine the threshold for seeking ACT Policing assistance to locate and /or in the return of the patient to the AMHF.

The threshold for seeking the assistance of ACT Policing is based on the patient's status under the MH Act, legal status, and clinical risk. The threshold is not determined by the specific AMHF the patient is admitted to.

When a patient is identified as missing from the mental health inpatient unit, MHJHADS staff must complete the Unauthorised leave from an Inpatient Facility Risk Assessment (AWOL) form in the patient clinical record, which documents the patients:

- demographics,
- mental health or legal status,
- time identified as missing,
- attempts to contact and /or locate,
- failed to return from authorised leave,
- on unauthorised leave, and
- clinical risk (based on the mental health triage scale).

ACT Policing are to be contacted to assist to locate / return the patient if all attempts to locate, contact and return the patient have been exhausted and their mental health status and clinical risk requires their return to the AMHF as identified and documented on the AWOL form.

Communication with ACT Policing is to clearly and concisely outline relevant information to inform why their assistance to locate/return the patient is sought.

See below for the steps to be taken when a patient is confirmed to be missing.

6.1 Involuntary patient

6.1.1 Mental health order

A patient subject to a mental health order (Psychiatric Treatment Order (PTO), Forensic Psychiatric Treatment Order (FPTO)) with a Treatment Plan and Location Determination (TPLD) (s53(1)(b) MH Act) detaining the patient at an AMHF is in contravention of the mental health order if they abscond or fail to return from approved leave. (s78 MH Act).

ACT Policing are to be contacted on 6256 7714 (ACT Policing Operations Duty Sergeant) and the following information is to be communicated:

- the patient is missing from the mental health unit,
- assistance is sought in locating and returning the patient, and
- the patient is subject to a mental health order detaining them at the AMHF.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au:

- the completed AWOL form, and
- the TPLD (which authorised the detention at an AMHF).

The TPLD authorises a police officer or authorised ambulance officer to apprehend and take the patient back to the AMNF (s78 MH Act). The patient does not need to be placed on an Emergency Apprehension (EA) (s80 MH Act) to be returned to the AMHF.

Note: A copy of the PTO/FPTO is not to be provided to ACT Policing. The TPLD is the document that authorises the patients return to the AMHF.

When the patient is located, the least restrictive mode of transport required for the situation will need to be considered, as per the principles of the MH Act.

If ACT Policing locate a missing patient and form the opinion that a law enforcement response is not required, ACT Policing will enter into negotiations with ACT Ambulance Service (ACTAS) to discuss transporting the person in a less restrictive mode of transport rather than police transport. The safety and best interests of the patient will be paramount when making these decisions.

Medically compromised patients will always be transported in an ambulance.

6.1.2 Emergency Detention Order 3 or 11 days

The detention power of a ED3 or 11 orders does not authorise the patient to be returned to an AMHF. Unauthorised leave while subject to an ED 3/11 does not meet the threshold of contravention as per s78 of the MH Act.

The AWOL form must be completed.

ACT Policing are only to be to be contacted if the patient's clinical risk is a Category A.

If ACT Policing are contacted, on 6256 7714 (ACT Policing Operations Duty Sergeant), the following information is to be communicated:

- is missing from the mental health unit

- assistance is sought in locating and returning the patient as clinical risk is Category A, and
- the patient is subject ED3/11.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au a copy of the completed AWOL form.

Note: A copy of the person's ED3/11 is not to be provided to ACT Policing as it does not provide authorisation to return the patient to the AMHF.

As the patient is not subject to a mental health order, ACT Policing and ACTAS are reliant on the EA provision (s80(1) MH Act) to apprehend and return the patient to the AMHF. If ACT Policing or ACTAS locate the patient and do not have reasonable grounds for an EA as per s80(1) MH Act, the patient cannot be apprehended and taken to an AMHF.

ACT Policing / ACTAS will advise MHJHADS they have located the patient and whether they have completed the EA. If the patient is not returned to the AMHF, MHJHADS will discharge the patient as per CHS Admission to Discharge procedure, including undertaking appropriate referrals to the patient's GP, notification to a CRS if linked with a team, or Access Mental Health.

6.2 Voluntary patient

If a voluntary patient discharges themselves against medical advice, does not return from leave or absconds from the AMHF they are not required to return or be returned to an AMHF.

The AWOL form must be completed.

ACT Policing are not to be contacted to assist to locate the patient unless their clinical risk is a Category A.

MHJHADS staff are to make reasonable efforts to contact the patient, and /or their family, carer, nominated person, to ascertain their location and if the patient intends to return to the AMHF. If the patient:

- refuses to return they are to be discharged as per CHS Admission to Discharge Procedure, including:
  - completing appropriate referrals to the patient's General Practitioner (GP), or
  - notification to a CRS, if linked with a team, or
  - a referral to Access Mental Health, if appropriate, or
- agrees to return to the AMHF and is on approved leave, their leave is extended until the agreed time of return.

6.3 Subject to a Conditional Release Order (CRO)

6.3.1 mental health order while on CRO

A patient subject to a PTO/FPTO, with a TPLD, detaining the patient in an AMHF is in contravention of the mental health order if they abscond or fail to return from approved leave. (s78 MH Act).

The AWOL form must be completed.

ACT Policing are to be contacted on 6256 7714 (ACT Policing Operations Duty Sergeant) and the following information is to be communicated:

- the patient is missing from the mental health unit,
- assistance is sought in locating and returning the patient,
- the patient is subject to a mental health order detaining them at the AMHF, and
- the patient is also subject to a CRO and provide relevant and necessary information regarding the CRO.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au:

- the completed AWOL form, and
- the TPLD (which authorised the detention at an AMHF).

Note: A copy of the person's CRO and PTO/FPTO is not to be provided to ACT Policing as it does not provide authorisation to return the person to the AMHF.

6.3.2 CRO

A patient subject only to a CRO admitted to an AMHF is a voluntary patient. If the patient does not return from leave or absconds from the AMHF they are not required to return or be returned to an AMHF.

The AWOL form must be completed, and the steps in 6.2 are to be followed.

ACT Policing are to be contacted on 6256 7714 (ACT Policing Operations Duty Sergeant) and the following information is to be communicated:

- is missing from the mental health unit, and
- the patient is subject to a CRO and provide relevant and necessary information regarding the CRO.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au a copy of the completed AWOL form.

Note: A copy of the person's CRO is not to be provided to ACT Policing as it does not provide authorisation to return the person to the AMHF.

As the person is not subject to a PTO/FPTO, ACT Policing and ACTAS are reliant on the EA provision (s80(1) Mental Health Act to apprehend and return the patient to the AMHF. If ACT Policing or ACTAS locate the patient and do not have reasonable grounds for an EA in accordance with s80(1) MH Act, the patient cannot be apprehended and taken to an AMHF.

See below for the steps to be taken when a patient has escaped from custody.

6.4 Escape from custody

6.4.1 subject to an s309 of the *Crimes Act 1900* order

Patients subject to a s309 order who leave an AMHF, except in the custody of ACT Policing, are considered to have escaped from custody.

The AWOL form must be completed.

ACT Policing are to be immediately contacted on 6256 7714 (ACT Policing Operations Duty Sergeant) and the following information is to be communicated:

- the patient is subject to a s309 order, and
- the patient is missing from the mental health unit.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au:

- the completed AWOL form, and
- the s309 court order.

CHS Security Services are to be notified immediately on 5124 5145, who will initiate a search for the person. See *Management of people subject to s309 of the Crimes Act 1900 transferred to Canberra Hospital (MHJHADS) procedure*.

6.4.2 Detainee admitted to the Adult Mental Health Unit (AMHU) or another ward

A detainee admitted to AMHU or CHS ward, accompanied by ACT Corrective Services officers, who leaves is considered to have escaped from custody.

The AWOL form must be completed.

ACT Policing are to be immediately contacted on 6256 7714 (ACT Policing Operations Duty Sergeant) and the following information is to be communicated:

- the patient is a detainee in the custody of ACT Corrective Services, and
- is missing from the inpatient unit.

MHJHADS are to provide a copy of the completed AWOL form to:

- ACT Policing via email ACTCommunicaitons@afp.gov.au, and
- ACT Corrective Services.

6.4.2 Detainee admitted to Dhulwa

A detainee admitted to Dhulwa who leaves the AMHF, except when authorised, is considered to have escaped from custody.

The AWOL form must be completed.

ACT Policing must be notified immediately, on 6256 7714 (ACT Policing Operations Duty Sergeant) and it is be communicated that a detainee admitted to Dhulwa is missing from the unit.

MHJHADS are to provide ACT Policing via email ACTCommunicaitons@afp.gov.au a copy of the completed AWOL form.

MHJHADS are to also notify ACT Corrective Services.

CHS Security Services at Dhulwa are to be notified who will immediately monitor and review all external perimeter CCTV cameras in an attempt to locate the patient or if the patient cannot be located, establish the location or most recent known location of the patient.

6.5 Consumer returns to AMHF

A medical examination of the patient is to take place as soon as practicable, but within four hours of returning to the AMHF. The Nurse in Charge of shift is to:

- discuss with the patient and document in their clinical record their reasons for leaving and activities undertaken while on unauthorised leave.
- consult with the Psychiatry Registrar (business hours) or the after-hours on duty Psychiatry Registrar to review the patient's current ARC score and following assessment determine a revised ARC level. The ARC level is to be recorded in the persons clinical record and discussed at clinical handover. As soon as is practicable the Psychiatry Registrar (business hours) will adjust and sign the Clinical Risk Assessment (CRA) and made any necessary changes to the patient's care and treatment.
- A patient who goes missing from an AMHF without authorised leave on more than two occasions requires a full review by a Consultant Psychiatrist as soon as practicable and a detailed plan recorded in their care plan. The CNC will coordinate this review during business hours.
- If a patient has been missing for longer than 48 hours, a multidisciplinary review must be undertaken as soon as practicable, and a follow up plan recorded in the patient's clinical record.
- Submit or update the clinical incident report in RiskMan

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Evaluation

Outcome

Patients are assessed to determine risk of going missing and patients identified as missing or who are witnessed leaving are managed according to this procedure.

Measures

- Review the number of incidences where a patient is reported missing
- Review incident report data in relation to any missing patient to identify variance from procedure and timeframes associated with the response

- Review consumer feedback to identify variance from procedure or inform potential improvement in policy/process
- Consult with staff involved in incidents to identify any variance from procedure or inform potential improvement in policy/process.

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Related Policies, Procedures, Guidelines and Legislation

Policies

- Consumer Privacy
- Informed Consent – Clinical
- Child Protection
- Occupational Violence
- Work Health and Safety

Procedures

- Admission to Discharge
- Restrictive Practices for people not detained under the *Mental Health Act 2015*.
- Person/s in custody as inpatients
- Emergency Department and Mental Health Interface
- Emergency Detention in an Approved Mental Health Facility and a Person's Rights under the *Mental Health Act 2015*
- Care of persons subject to Psychiatric Treatment Orders (PTO) with or without a Restriction Order (RO)
- Care of persons subject to Forensic Mental Health Order (FMHO)
- Care of persons subject to a Conditional Release Order (CRO)
- Management of People Subject to Section 309 of the Crimes Act 1900 transferred to the Canberra Hospital
- Advance Care Planning (Adults)
- Trauma Team Activation and Roles and Responsibilities
- Occupational Violence
- Increased Nursing Patient Care and or Supervision Procedure
- Dhulwa and Gawanggal Mental Health Units – Leave Management

Plans

- CHS Emergency Management Plans - Code Black (Personal Threat)
- CHS Emergency Management Plans - Code Blue (Medical Emergency)

Guidelines

- Child Protection and child and prenatal concern reporting
- Challenging Behaviour

Legislation

- *Mental Health Act* 2015

- *Mental Health (Secure Facilities) Act* 2016
- *Human Rights Act* 2004
- *Carers Recognition Act* 2021
- *Guardianship and Management of Property Act* 1991
- *Crimes Act* 1900
- *Corrections Management Act* 2007
- *ACT Civil and Administrative Tribunal Act* 2008
- *Children and Young People Act* 2008
- *Work Health and Safety Act* 2011
- *Health Records (Access and Privacy) Act 1997*

Other

- Australian Charter of Healthcare Rights

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Definition of Terms

Authorised ambulance paramedic*:* a member of the ambulance service who is:

a) employed as a paramedic; and
b) authorised by the chief officer (ambulance service) to apprehend people with a mental disorder or mental illness.

Approved Mental Health Facility, includes:
- Canberra Hospital campus – all wards
- Dhulwa
- North Canberra Hospital (excludes EA, ED3/11 in the emergency department, and correctional patients)
- University of Canberra Hospital (excludes EA, ED3/11, s309, correctional patients)
- Gawanaggal (excludes EA, ED3/11, s309, correctional patients)

Escape: breach of the physical secure perimeter of the building by a patient in court ordered detention.

Escapee*:* a person on a court order who escapes from custody, escapes while being transported to another place or fails to return after being granted a period of leave.

Involuntary patient: a person under the MH Act, subject to:
- ED3 or ED 11,
- PTO & FPTO,
- Community Care Order (CCO) & Forensic Community Care Order (FCCO).

Mental health order:
- PTO & FPTO,
- CCO & FCCO.

Mental Health Officer: a person appointed by the Chief Psychiatrist as a mental health officer under s 201 of the MH Act.

Senior Clinical Lead: will depend on the circumstance and could include the Emergency Department Admitting Officer, Clinical Nurse Consultant, Clinical Midwife Consultant, Nurse in Charge of shift, Team Leader, or After Hours Hospital Manager.

Significant Other: a person who is important to the patient's wellbeing. This may be a spouse, partner, friend, or carer.

Voluntary person: a person voluntarily admitted to a bed based program.

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Search Terms

Absconding, missing, AWOL, self-discharge, discharge, against medical advice, escapee, detainee, abscond, patient, paediatric, search, code black, unauthorised leave, inpatient, AHMU, Unauthorised leave, Dhulwa, escape, S309, mental health order.

Attachments

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Policy Team ONLY to complete the following:

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*
28 April 2022	*Complete review*	*Cathie O'Neill COO*	*CHS Policy Committee*

This document supersedes the following:

Document Number	*Document Name*
CHS21/241	*Missing Patient Procedure*