

<b>Title:</b> Code Yellow - Missing or Wandering Patient	<input checked="" type="checkbox"/> <b>Policy</b>	<input checked="" type="checkbox"/> <b>Procedure</b>	<input type="checkbox"/> <b>SOP</b>
<b>Category:</b> General <b>Sub-category:</b> Emergency Plan	<b>Distribution:</b> Organization Wide		
<b>Endorsed:</b> President & CEO <b>Signature:</b>	<b>Approval Date:</b>	April 1, 1998	
	<b>Next Review Date:</b>	Jan. 5, 2021	
	<b>Reviewed/Revised Date:</b>	Jan. 5, 2024	

CROSS REFERENCES: (SAF-1-19) Mental Health: Missing Patient, (EMER-80) Code Amber, Missing or Abducted Infant or Child, (ADMIN-09) Mental Health: Officer in Charge- Duties and Responsibilities Under the Mental Health Act, (EMER-160) Incident Management System, (EMER-150) Hospital Lockdown, (PAT-5-48) Refusal of Treatment – Discharged Patient, (QM-100) Police – Release of Personal Health Information.

## 1. PURPOSE

Provide instructions to Thunder Bay Regional Health Sciences Centre (the Hospital) workers to locate a missing or wandering patient (age 16 and over).

## 2. POLICY STATEMENT

This policy reflects the Hospital's commitment to patient safety. To ensure an effective response, all Hospital areas must maintain a copy of the current Code Yellow Policy and department specific Code Yellow sub-plan in the response area's Emergency Code Binder for easy access. Code Yellow sub-plans are the responsibility of designated managers and must be consistent with the Hospital's Code Yellow policy. All staff and professional staff are responsible for ensuring that they are aware of their responsibilities.

## 3. SCOPE

Outlines the Hospital's process for managing patients who are 16 years or older and missing from within the Hospital or observed wandering on or nearby the Hospital grounds.

### Exception(s):

For missing or abducted patients/visitors 15 and under, refer to Code Amber (EMER-80).

For the unauthorized absence of a patient from the Psychiatric Service, see Mental Health: Missing Patient (SAF-1-19).

## 4. DEFINITIONS

**Code Yellow - Check:** A Hospital-wide response to support the identification of a wandering patient(s) (age 16 years or older), who appears to be high risk and unaccompanied, found on or nearby Hospital property.

**Code Yellow - Search:** A Hospital-wide response to search for a high-risk patient (age 16 years or older) that is missing from within the Hospital and there is reason to believe they are on Hospital grounds.

**High risk patient:** A patient who is considered to be at high risk for personal injury or negative outcomes related to their unknown whereabouts. Cognitive impairment may be a factor, but many conditions/circumstances contribute to an individual's risk status. For criteria to determine if a patient is high-risk, see APPENDIX 1 – CRITERIA FOR HIGH RISK PATIENT.

**Missing patient:** A patient who has been away from their unit and their whereabouts is unknown, for an undue period of time, or a patient who has failed to return to their unit at the expected time.

**Wandering patient:** A person that is believed to be a high risk patient who is wandering unaccompanied on or near Hospital grounds.

## 5. PROCEDURE - MISSING PATIENT

\* AT ANYTIME, SHOULD STAFF HAVE INFORMATION THAT SUGGESTS THAT THE PATIENT'S UNKNOWN WHEREABOUTS PRESENTS AN IMMEDIATE RISK TO THEMSELVES OR OTHERS PROCEED IMMEDIATELY TO CODE YELLOW SEARCH.

**If staff or professional staff member initially suspects a patient is missing, they will:**

1. Determine if there is reason to indicate that the patient has left the Hospital property.
2. If there is no indication that the patient has left the Hospital property, conduct a preliminary search, searching the entire unit, adjacent areas (e.g. adjacent bathrooms, utility rooms, locked rooms) and stairwells.

Public areas of the facility must also be searched which includes searching the main lobby, cafeteria and courtyards. If staff cannot safely leave the floor to search public areas, Security Services (6509) can be asked to search these areas;

3. Contact adjacent areas to determine if the missing patient has been seen or located;
4. Dial "0" for Switchboard. Ask to have patient paged (first name, last initial) to "return to unit/department." Overhead page to be announced once.
5. Determine whether this missing individual would be considered "high risk."

TO ASSIST IN DETERMINING IF PATIENT IS HIGH RISK, **SEE APPENDIX 1 – CRITERIA FOR A HIGH RISK PATIENT.** When uncertain if the patient is high-risk, discuss with Most Responsible Physician (MRP) and/or Unit Manager for shared decision.

### Patient is "high risk"

6. If the high risk patient does not return to the unit within 5 minutes of overhead page, staff of missing patient to **proceed to 6.2 to initiate a Code Yellow - Search.**

### Patient is not "high risk"

6. If information indicates the patient is not "high risk" or there is a reasonable explanation for their absence (e.g. patient is not on Hospital property), document all details and actions taken in patient chart. Do Not Initiate Code Yellow – Search.
7. Notify:
  - a. Patient's MRP
  - b. Unit Manager (regular hours) or Administrative Coordinator (after hours) (if appropriate)
  - c. Patient's primary contact number (if appropriate);
  - d. Patient's person to notify and/or next of kin (if appropriate).
8. Continue to monitor the situation; if circumstances change that suggests the patient's unknown whereabouts is a safety risk, proceed to section 6.2 to initiate a Code Yellow – Search.

**6.2 Code Yellow – Search**

If a high-risk patient is missing, a Code Yellow-Search is initiated. The following table outlines the process and responsibilities for each department involved. For quick reference, see Appendix 2 - Code Yellow – Search (Missing Patient) Algorithm

<b>ROLES AND RESPONSIBILITIES:</b>	
<b>Responsible Area</b>	<b>Code Yellow – Search (High Risk Patient)</b>
<b>Unit of missing patient</b>	<p><b>A. Patient’s primary healthcare worker coordinates a preliminary search of department, adjacent areas (bathrooms, closets, stairwells, utility rooms, locked areas) &amp; public areas (main lobby, cafeteria and courtyards). :</b></p> <ol style="list-style-type: none"> <li>If patient is not found, primary healthcare worker calls Switchboard (0) to have patient paged (first name, last initial) to “return to unit/department”.</li> </ol> <p><b>B. If a high-risk patient does not return to the unit within 5 minutes of overhead page OR the missing patient poses an <u>immediate</u> risk to themselves or others:</b></p> <ol style="list-style-type: none"> <li>Primary healthcare worker calls Switchboard (<b>55</b>) to activate Code Yellow – Search, providing as much information as possible. If unsure if Code Yellow Search should be called, contact MRP and/or Manager or Administrative Coordinator (after hours). Patient description should include: <ul style="list-style-type: none"> <li>• Department missing from</li> <li>• Age</li> <li>• Hair colour</li> <li>• Clothing</li> <li>• General body build (small, medium, large)</li> <li>• Height (short, average, tall)</li> <li>• Distinguishing characteristics</li> </ul> </li> <li>Area leader or designate puts on “Emergency Response Vest” and ensures Code Yellow response actions are carried out as per Code Yellow policy and sub-plan;</li> <li>Available staff continue with unit search and public areas within the Hospital building. If staff cannot safely leave the floor to search public areas, Security Services can be asked to search these areas.</li> </ol> <p><b>C. If high-risk patient remains missing following 15 minutes of “Code Yellow – Search”, the patient’s primary healthcare worker will:</b></p> <ol style="list-style-type: none"> <li>Contact the patient’s primary contact number;</li> <li>Notify the patient’s person to notify and/or next of kin;</li> <li>Contact Unit Manager or Admin Coordinator (after hours) to provide an update</li> </ol> <p><b>D. If high-risk patient remains missing following 60 minutes of “Code Yellow – Search”, the patient’s primary healthcare worker will:</b></p> <ol style="list-style-type: none"> <li>Notify the MRP, discuss and document: <ol style="list-style-type: none"> <li>Whether to continue with Code Yellow - Search;</li> <li>Whether to notify the Police (684-1200) to file a Missing Person Report if the patient is on a Mental Health Act Form 1, 3, 4 <u>or</u> if the patient’s clinical condition warrants (ie suicidal, danger to others, confused). The MRP may order that police not be notified or delay the notification.  Prior to Police notification, staff to re-check all areas within the unit to ensure the patient has not returned.  When completing the Thunder Bay Police Services Missing Person Report, the person completing the report is the “complainant.” Grey areas of the form should have terminology or codes as listed on the reverse of the form. Patients on Mental Health Act Forms 1, 3, or 4 are “elopees”. All other patients are “missing persons”;</li> <li>Whether to complete Mental Health Act Form 9 (For patients on FORM 1, 3 OR 4);</li> </ol> </li> </ol>

	<p>2. Notify Manager or designate (regular hours) or Admin Coordinator (after hours);</p> <p><b>E. If Patient is located or the decision is made to deactivate “Code Yellow – Search”, the patient’s primary health care worker will:</b></p> <ol style="list-style-type: none"> <li>Contact Switchboard (0) to initiate deactivation process;</li> <li>Follow up with Manager (regular hours) or Admin Coordinator (after hours).</li> <li>Create an Incident Learning Report (Patient Safety Report) for all incidents, including documentation for MRP discussion.</li> </ol>
<b>Switchboard:</b>	<p><b>If the patient is not located following a preliminary search:</b></p> <ol style="list-style-type: none"> <li>Switchboard directed to page patient (first name, last initial) to “return to unit/department”. Overhead page to be announced once.</li> </ol> <p><b>If high-risk patient does not return to their unit within 5 minutes of overhead page:</b></p> <ol style="list-style-type: none"> <li>Switchboard will be instructed by patient’s unit to announce “Code Yellow Search + patient description + unit (*do not call unit for Mental Health).” Message to be repeated every 3 minutes for 15 minutes (5 times), and once after 30, 45 and 60 minutes of searching;</li> <li>Notify Senior Leader on call (regular hours) or Administrative Coordinator (after-hours) and indicate which area the patient is missing from.</li> </ol> <p><b>If patient is located and Code Yellow-Search is to be deactivated:</b></p> <ol style="list-style-type: none"> <li>Notify unit of missing patient and/or security that the patient has been found;</li> <li>Notify Senior Leader on call/Administrative Coordinator to confirm deactivation</li> <li>Announce “Code Yellow – Search All Clear” overhead 3 times;</li> </ol> <p><b>If 60 minutes have passed and patient is NOT located:</b></p> <ol style="list-style-type: none"> <li>Switchboard will receive call from Manager or Admin Coordinator confirming 60 min benchmark;</li> <li>Stop Code Yellow- Search overhead announcement after 60 min.</li> </ol>
<b>All Hospital Areas</b>	<p><b>If Code Yellow – Search is announced overhead:</b></p> <p>All departments must:</p> <ol style="list-style-type: none"> <li>Listen carefully to the description of the missing patient;</li> <li>Manager, Area Leader or designate to ensure Code Yellow response actions are carried out as per Code Yellow policy and sub-plan;</li> <li>Available staff to report to their Manager, Area Leader or designate to coordinate a search; report the results to the Area Leader;</li> <li>If patient is found, notify the patient’s unit via Switchboard (55). Assist with returning the patient to the appropriate unit as required.</li> <li>If patient is not found, Area Leader will be contacted by Admitting to confirm search results.</li> </ol>
<b>Security Services</b>	<p><b>If Code Yellow – Search is announced overhead</b></p> <ol style="list-style-type: none"> <li>Search external ground and parking lots;</li> <li>Use CCTV and any other available remote surveillance tools to assist with locating the missing patient;</li> <li>After-hours, search all areas that are not normally staffed and that can be publicly accessed after hours (e.g., not locked).</li> </ol> <p><b>If patient is located:</b></p> <p>Notify the patient’s unit via Switchboard and assist with ensuring the patient is safely returned.</p>
<b>Admitting</b>	<ol style="list-style-type: none"> <li>Call all units/ departments for search results;</li> <li>Check off departments on Code Yellow Inspection Report -Be prepared to provide List to Security Manager or Police</li> <li>If patient is found, notify Switchboard (0) and provide unit details</li> </ol>
<b>Manager (regular hours) or Administrative</b>	<ol style="list-style-type: none"> <li>When on site, report to the incident site and provide support and guidance;</li> <li>When not on site, Manager to be notified by primary nurse or designate of missing patient for support in determining if patient is high risk, if required, or if patient remains missing after 60 minutes of Code Yellow – Search activation;</li> <li>Provide status updates to Senior Leader on call</li> <li>Validate recommendation from MRP and primary nurse</li> </ol>

<b>Coordinator (After-hours)</b>	<ol style="list-style-type: none"> <li>5. Contact Senior Director, Quality &amp; Risk Management if police have been notified;</li> <li>6. Notify Senior Leader on call to discuss next steps to provide update;</li> <li>7. Contact Switchboard (0) to desist overhead Code Yellow-Search announcement if patient remains missing after 60 minutes. If found, contact Switchboard to confirm deactivation "All Clear" announcement.</li> <li>8. Complete after Hours Incident Report Form (only Admin Coordinator)</li> </ol>
<b>Senior Leader On Call</b>	<ol style="list-style-type: none"> <li>1. Immediately notified of a Code Yellow activation;</li> <li>2. Calls Manager (regular hours) or Admin Coordinator (after hours) to provide support; determines whether police should be immediately notified;</li> <li>3. Notified following deactivation if patient is found;</li> <li>4. Notifies Police of deactivation;</li> <li>5. If patient is not found after 60 minutes, Senior Leader will discuss with Manager/ Admin Coordinator to plan next steps.</li> </ol>

**7. PROCEDURE – WANDERING PATIENT**

See Appendix 4 - Code Yellow (Wandering Patient) Algorithm

**a. If a staff is notified that a person appearing to be a patient is wandering outside the hospital:**

**A. Staff or professional staff that is first notified:**

1. Obtain details including:
  - Call-back number for the person making the report
  - Location of person
  - General description
2. Contact Switchboard (0) to initiate Code Yellow – Check

**B. Switchboard:**

1. To announce: "Code Yellow Check" overhead
2. If the wandering person is determined NOT to be a Hospital patient, contact the Police (9-11).
3. If the wandering patient is identified or determined not to be a patient, announce "Code Yellow Check – All Clear" overhead 3 times.

**C. Clinical departments:**

1. Upon hearing "Code Yellow Check" overhead, all units will gather their staff and search department to verify all patients are present;
2. If not all patients are accounted for, applicable department(s) to contact Switchboard (0) with a full description of the missing patient;
3. If it is determined that the wandering patient is likely the missing patient:
  - a. Staff will retrieve the patient if on the hospital grounds and return to their unit (if safe to do so). If patient is not readily accessible (i.e., off property) staff will make arrangements for others to bring patient back. Contact Hospital Security or Police if situation warrants.
  - b. Staff member completes an Incident Learning Report (Patient Safety Report).

**8. REFERENCES**

Mental Health: Officer in Charge- Duties and Responsibilities Under the Mental Health Act (ADMIN-09)

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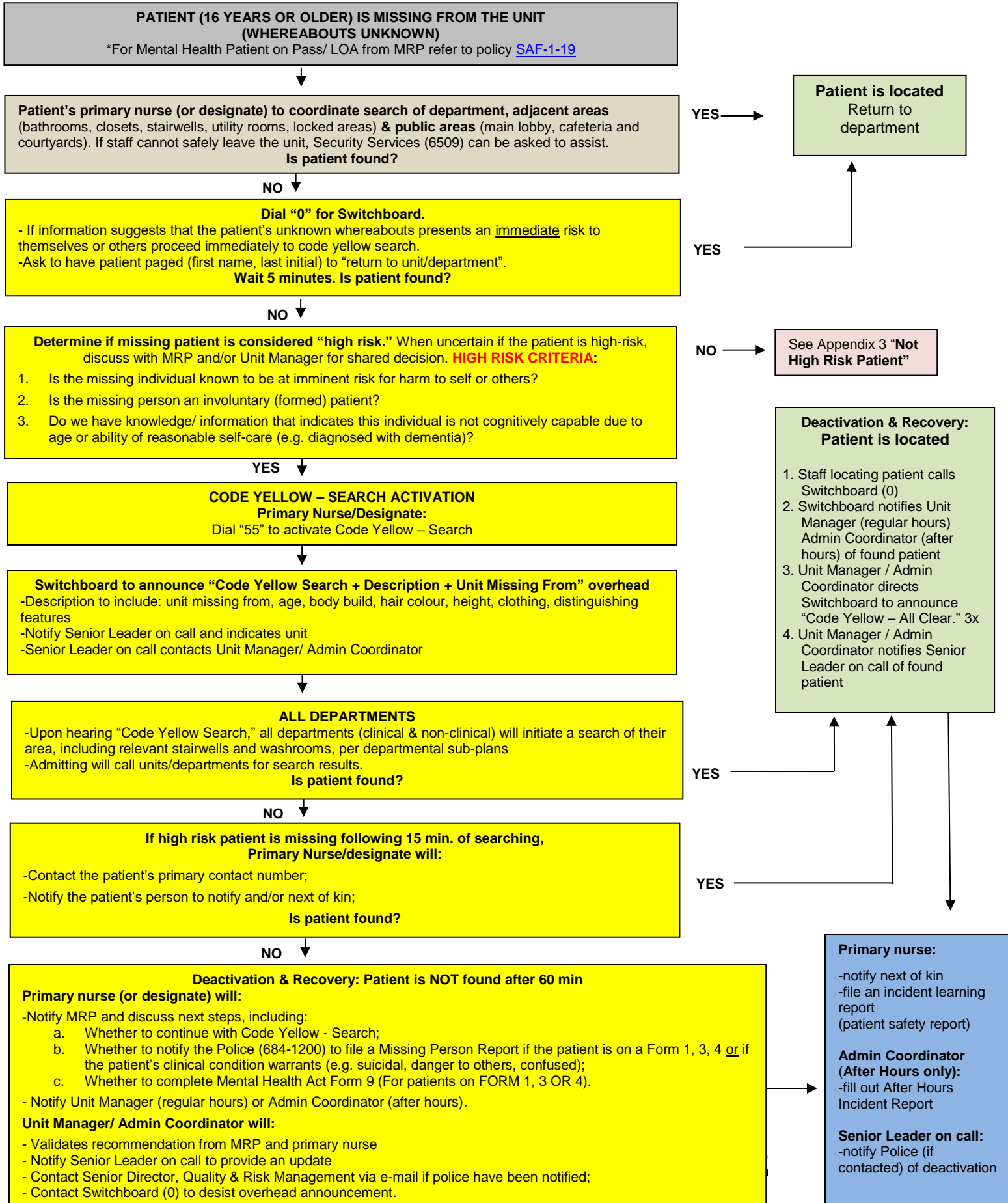
### Appendix 1: Criteria for a HIGH RISK PATIENT

When a staff discovers that a patient is missing, the staff member must quickly make a decision as to whether this missing individual would be considered “high risk.”

As quickly as possible, review the following criteria and make a decision:

1. Is the missing individual known to be at imminent risk, posed by themselves or externally, causing harm to self or others?	If yes, patient is “high risk”
2. Is the missing person an involuntary (Mental Health Act Formed) patient?	If yes, patient is “high risk”
3. Do we have knowledge/information that indicates this individual is not cognitively capable due to age or ability of reasonable self-care (e.g. diagnosed with dementia)	If yes, patient is “high risk”

**APPENDIX 2 - CODE YELLOW SEARCH (MISSING PATIENT) ALOGRITHM**



### APPENDIX 3 – CRITERIA FOR A NOT HIGH RISK PATIENT

#### Patient deemed “not high risk”

Patient’s primary nurse will:

1. Document all details and actions taken in patient chart. Code Yellow - **Search not to be called.**
2. If appropriate, notify and seek guidance from:
  - Patient’s MRP
  - Unit Manager (regular hours) or Administrative Coordinator (after hours)
3. Contact:
  - Patient’s primary contact number
  - Patient’s person to notify and/or next of kin;
4. Continue to monitor the situation; if circumstances change that suggests the patient’s unknown whereabouts is a safety risk, initiate a Code Yellow – Search; see appendix 2.
5. Primary nurse/designate to file an incident learning report (patient safety report)



### APPENDIX 4 - CODE YELLOW SEARCH (WANDERING PATIENT) ALGORITHM

