



Absent Without Leave and Missing Persons Procedure

Effective: 3 May 2017

1. Guiding Principles

- 1.1 This procedure is to be read in conjunction with WACHS [Missing or Suspected Missing Inpatient Procedure](#) which provides clear direction and actions required where an inpatient is missing or suspected missing.
- 1.2 The Broome Mental Health Unit (BMHU) has a duty of care to all patients admitted. This duty includes the responsibility to protect and care for people who because of illness, may come to harm by leaving the unit and potentially wander off into unfamiliar surroundings.
- 1.3 The BMHU does not have the right to detain patients who choose to leave except patients admitted to BMHU under the [WA Mental Health Act 2014](#).
- 1.4 An involuntary patient who is Absent Without Leave must be reported to the Chief Psychiatrist via the Clinical Incident Management System Policy for [Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#).
- 1.5 For all patients including those who are of Aboriginal¹ descent and Culturally and Linguistically Diverse (CALD) understanding is to be facilitated where appropriate by:
 - utilising leaflets/signs
 - using approved interpreter service
 - involvement of an Aboriginal Mental Health Worker (AMHW)
 - involvement of a carer, close family member or other personal support person (PSP).

2. Procedure

- 2.1 When staff become aware that a patient is missing, the Shift Coordinator must be informed immediately, and who is to:
 - 2.1.1 establish when and where the patient was last seen.
 - 2.1.2 escalate and establish a plan to manage the AWOL/missing patient.
During business hours inform:
 - Clinical Nurse Manager (CNM)
 - Duty Consultant Psychiatrist
 - BMHU MH Liaison Nurse
 - Broome Hospital ED Coordinator and document on WACHS K Communication of Change in Patient Condition sticker and file in patient health recordAfter hours inform:
 - On call Psychiatrist
 - After Hours Hospital Coordinator (AHC)

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- BH ED1 Duty Medical Officer (DMO) and document on WACHS K Communication of Change in Patient Condition sticker and file in patient health record.
- 2.2 The Shift Coordinator is responsible to instigate the following actions:
- 2.2.1 Telephoning the patient
 - 2.2.2 Ensuring available staff commence searching the hospital grounds
 - 2.2.3 Requesting AMHW and or Community Mental Health Service (CMHS) staff to home visit the patient with intention to return the patient to BMHU where possible.
- 2.3 If the person is not found, the shift coordinator is responsible to ensure:
- 2.3.1 if the patient is an involuntary or referred patient under the MHA14 and is refusing to return to hospital, that a [Form 7D - Apprehension and Return Order](#) is completed
 - 2.3.2 police are informed of the missing or AWOL patient from the unit and Form 7D is faxed to the police
 - 2.3.3 police are updated daily on patient status
 - 2.3.4 where the person is located and returned to the unit or discharged, the informing police that the person is no longer missing or AWOL and the Form 7D revoked.
- 2.4 Once the patient has returned to the unit, the Shift Coordinator is responsible to ensure that:
- 2.4.1 the patient's identity is confirmed, for example by asking name and date of birth
 - 2.4.2 the patient is screened for possession of dangerous items
 - 2.4.3 the following people are informed:
 - Business hours:
 - BMHU Clinical Nurse Manager
 - Duty Psychiatrist
 - BMHU Liaison Nurse
 - all persons involved in the search
 - patient's carer, close family member or other PSP
 - police
 - ED Coordinator and document on WACHS K Communication of Change in Patient Condition sticker and file in patient health record
 - After hours:
 - On call Psychiatrist
 - patient's carer, close family member or other PSP
 - After hours AHHC
 - 2.4.4 the patient's physical observations are completed and documented
 - 2.4.5 further medical review is arranged as required:
 - Business hours: BMHU Medical team
 - After hours: BH ED1 DMO and document on WACHS K Communication of Change in Patient Condition sticker and file in patient health record
 - 2.4.6 a mental state examination is conducted on the patient and risk is categorised as either 'low', 'medium' or 'high'

- 2.4.7 the patient is to be seen by the duty psychiatrist or Psychiatric Registrar within 24 hours of return to the unit. Unless otherwise negotiated, the patient is not to be discharged until their care and management has been reviewed by the clinical team.
- 2.4.8 Absent Without Leave record form MRK7037 is completed and filed in the patient health record
- 2.4.9 a Datix Clinical Incident Management System ([Datix CIMS](#)) form is completed and forwarded to the CNM with completed checklists for further processing
- 2.4.10 updating Psychiatric Services On Line Information System (PSOLIS) inpatient individual management plan with revised risk.
- 2.4.11 documentation is completed in the patient health record.
- 2.5 During business hours, the Clinical Nurse Manager is responsible to ensure WACHS Executive are informed of any patient who is AWOL or missing regardless of Mental Health Act status.
- 2.6 After hours, the on-call psychiatrist is responsible to ensure WACHS Executive are informed of any patient who is AWOL or missing regardless of Mental Health Act status. He/she can be contacted via the Broome Hospital switchboard after hours.

3. Definitions

Absent without leave	An involuntary admitted patient that is away from the inpatient facility without prior arrangement with the clinical treating team either due to absconding or failure to return from agreed leave. The patient's whereabouts may be known.
Involuntary patient	Any patient admitted to Broome Mental Health Unit under the <i>Mental Health Act 2014</i> for medical care.
Missing patient	Any voluntarily admitted patient whose whereabouts cannot be accounted for despite efforts to locate them by the clinical treating team and other agencies e.g. police.
Voluntary patient	Any patient consenting to admission to Broome Mental Health Unit for medical care.

4. Roles and Responsibilities

- 4.1 The **Clinical Director** has overall responsibility for ensuring that services are delivered in accordance with this procedure.
- 4.2 The **Consultant Psychiatrist** is responsible for the medical management of patients in accordance with this procedure.
- 4.3 The **Clinical Nurse Manager** is responsible for the implementation of this procedure.
- 4.4 **All Staff** are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed every five years.

Monitoring of compliance with this procedure is to be carried out by the Clinical Nurse Manager every 12 months using Clinical Incident review.

7. Standards

[National Safety and Quality Health Care Standards](#):
1.2.2; 1.3.1; 1.3.2; 1.5.2; 1.8.2; 1.14.1; 9.4.1

[EQulPNational Standards](#): 12.3.1

[National Standards for Mental Health Services](#):
1.6; 2.5; 2.13; 8.7; 8.10; 10.5.2; 10.5.7; 2.13

[National Standards for Disability Services](#): 1.4; 6.2

8. Legislation

[WA Mental Health Act 2014](#)

9. References

[WACHS Intranet: Clinical Incidents](#)

10. Related Forms

[Form 7D - Apprehension and Return Order](#)

11. Related Policy Documents

WACHS [Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care and Treatment Policy](#)

WACHS [Missing or Suspected Missing Inpatient Procedure](#)

BMHU [Patient Discharge Procedure](#)

12. Related WA Health Policies

WA Health [Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#)

13. WA Health Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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