Procedure:	Code Yellow – Missing Person		
Owner:	Director, Patient Relations, Security Services and Chief Privacy and Risk Officer		
Sponsor:	Vice President, Patient Care and Risk		
Approval by:	Emergency Management Committee		Date: 2023-06-22
Original Effective Date: 2018-09-18	Reviewed Date(s): 2023-08-30		Revised Date(s): **2023-08-30**

This procedure applies to: Or	☐ St. Joseph's Health Care London ☐ Mount Hope Centre for Long-Term Care ☒ Parkwood Institute Main Building ☒ Parkwood Institute Mental Health Care Building ☒ St. Joseph's Hospital ☒ Southwest Centre for Forensic Mental Health Care **(If this procedure applies to all sites, please check St. Joseph's Health Care London only.)**

Former Corporate Policy: If yes, Policy Name: Date Changed to Procedure:	☐ Yes ☒ No

There is a similar/same procedure at LHSC:
If yes,   Procedure Type:
         Procedure Name:
         Procedure Owner:
	☒ Yes ☐ No
	☐ Department ☒ Corporate
	Code Yellow – Missing Person
	Capital Redevelopment and Environmental Operations Executive

PURPOSE

St. Joseph's Health Care London (St. Joseph's) is committed to ensuring the safety all staff, patients, visitors and affiliates and will activate a CODE YELLOW when a search is required to locate a missing person.

The CODE YELLOW procedure is generally initiated for a missing patient/resident; however, a CODE YELLOW response may be used for a missing person who is not registered as a patient/resident.

PROCEDURE

Prior to calling a CODE YELLOW, the follow steps should be done:
- Conduct a cursory search of the area/unit/department.
- If appropriate, try contacting the patient/resident if they have not returned from an authorized leave from the hospital.
- If appropriate, request the person to return to the area/unit/department via overhead announcements. Call the Security Control Centre at Ext. 44555 to have the overhead announcement made.

Some missing patients/residents are at higher risk:
- Missing child (12 years of age and under)
- Absent without leave while being cared for under the Mental Health Act
- Suffering from a mental and/or physical health condition that would cause harm to the health and safety of the missing person
- Risk of harm to self and/or others

- Patient, who is known to be experiencing fear from another person due to violence, has a restraining order or is under a personal safety plan and cannot be accounted for

For these missing patients/residents, police are involved early.

1. **The staff/affiliate reporting a missing person:**
   1.1. Initiate Emergency CODE YELLOW procedures.
      1.1.1. Locate the nearest phone and dial 55555 (may delegate)
         e. State that you have a CODE YELLOW.
         b. Provide information related to the emergency situation.
            i. All descriptors of the missing person.
            ii. Time and location the person was last seen.
               - Include direction of travel, if known.
         c. Provide a location for responders to meet you.
         d. Stay on the phone to provide police with details of the incident, if required.
   1.2. Prepare the Missing Person Report.
      1.2.1. Complete an Order for Return (Form 9), as required.
      1.2.2. If available, include a picture of the missing person.
   1.3. Be available to responders on their arrival to provide information, answer questions and receive further instructions.
   1.4. Inform on-site area leadership.
   1.5. Contact the Security Control Centre when the missing person has returned.

2. **When notified of a missing person, Security Control Centre (SCC) will:**
   2.1. Obtain information from caller.
      2.1.1. Name of the caller.
      2.1.2. Descriptors of the missing person.
      2.1.3. Time and location the person was last seen.
      2.1.4. Direction of travel if known.
      2.1.5. Location for responders to meet the reporting staff/affiliate.
   2.2. Connect the local Police Service and the person initiating the call, so that information can be shared accurately.
      2.2.1. Remain on the line to ensure all information is shared.
   2.3. Activate the CODE YELLOW (ENS1)
      2.3.1. Send out the CODE YELLOW Emergency Notification System ENS1 page.
         e. The following information is relayed:
            i. CODE YELLOW (indicate if infant)
            ii. Descriptors of the missing person.
            iii. Place last seen.
   2.4. Advise Security Services of the CODE YELLOW via radio communication.
      2.4.1. Provide all available information related to the missing person.
      2.4.2. Provide the location of the reporting staff/affiliate.
   2.5. Complete an overhead announcement.
      2.5.1. State "Attention please, CODE YELLOW, Description of missing person and place last seen."
      2.5.2. Repeat 3 times.
   2.6. Activate CODE YELLOW ENS2, if requested by Security Services or the clinical staff/leadership.
      2.6.1. Send out the CODE YELLOW Emergency Notification System ENS2 page.
      2.6.2. Activate the ENS 2 Conference Bridge.
      2.6.3. Provide available information to the individuals calling the ENS2 Conference Bridge.
      2.6.4. Page additional people if requested by the Administrator on Call (AOC).
   2.7. Send out the "All Clear" CODE YELLOW when notified the missing person has been located and returned safely.
      2.7.1. If the CODE YELLOW is escalated to an ENS2, the authorization to announce the "All Clear" will come from the Administrator on Call.
      2.7.2. Level of All Clear ENS page depends on which level has been activated.
      2.7.3. When sending out the "All Clear" page for an ENS2 add the following in the paging text box; "All Clear. Do Not Call In"
   2.8. Keep a log of events.
      2.8.1. Include the name of the caller and the individual requesting the "All Clear"

3. **When notified of CODE YELLOW, Security Services will:**
   3.1. Respond to the location of the emergency or meeting place.
   3.2. Gather information and assess situation.

3.2.1. Remind staff to fill out the Missing Person Report.
3.3. Consult with Clinical Leader and determine if Police Services are required.
    3.3.1. Request the SCC to contact local Police Service if:
        e. Imminent life safety concern or
        b. Search results are negative.
3.4. Determine if a CODE YELLOW ENS2 should be activated, with the collaboration of clinical staff/leadership.
    3.4.1. Request the SCC to activate CODE YELLOW ENS2 if:
        e. There is a risk of harm to self or others
        b. There is a public or life safety concern
        c. There are medical condition concerns
        d. The situation may become media worthy
        e. Additional resources are required to conduct a search
3.5. Review CCTV to retrieve additional information related to the missing persons description and direction of travel.
3.6. Provide liaison with the local Police Service.
    3.6.1. Provide photo of missing person, if available.
    3.6.2. Provide information observed on CCTV review.
3.7. Organize a search of the hospital grounds, common areas and rooms.
    3.7.1. All areas searched shall be documented on building drawings.
        e. Additional building drawing can be located in the Fire Safety Plan boxes
    3.7.2. Search should be limited to all interior areas of the building, external grounds including parking lots and grassed areas.
    3.7.3. Off property searches and patient retrievals must be completed by Police or under the direction of the Administrator on Call.
3.8. Provide direction to other responding staff members
3.9. Establish a communication network for responders.
    3.9.1. Provide radios if extras are available.
    3.9.2. Provide all updates related to the situation to the SCC.
3.10. Relay "All Clear" message to the SCC once the situation is safe.
3.11. Complete a detailed report for the incident.

4. **When notified of CODE YELLOW, Staff throughout the facility will:**
4.1. Search their area/unit/department
    4.1.1. Document area(s) searched and provide information to Security
    4.1.2. Areas searched may be verified by Security or Police
4.2. Contact the Security Control Centre if missing person was recently seen or found in their area

5. **When notified of CODE YELLOW, additional CODE YELLOW responders will:**
5.1. Assist with search
5.2. Take direction from Security or Police
5.3. Document area(s) searched

6. **When notified of CODE YELLOW ENS2, Administrator on Call (AOC) will:**
6.1. Call the ENS2 Conference Bridge.
    6.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
6.2. Request the SCC to have someone from the scene to call the conference bridge to provide details of the incident.
6.3. Consult with other On-Call staff on the conference bridge.
    6.3.1. Additional ENS2 On-Call staff include:
        e. Clinical Leader on Call
        b. Communicator on Call
        c. Security Leadership on Call
        d. Patient Relations, Privacy and Risk Consultant on Call
6.4. Request the SCC to contact additional people, as needed, to join the conference bridge.
6.5. Facilitate additional resources to assist with the search efforts.
    6.5.1. Additional resources include but not limited to:
        e. Staff members
        b. Equipment
6.6. Determine if the Emergency Operations Centre (EOC) needs to be activated.
    6.6.1. Notify the Incident Management Team, if the EOC is activated.
    6.6.2. Provide location of for the activated EOC.

7. **When notified of CODE YELLOW ENS2, Patient Relations, Privacy and Risk Consultant on Call will:**
    7.1. Call the ENS2 Conference Bridge.
        7.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
    7.2. Gather information related to the incident.
    7.3. Review areas of actual or potential sources of risk and/or liability involving patients, visitors, staff and property.
    7.4. Provide guidance on the release of information.

8. **When notified of CODE YELLOW ENS2, Communicator on Call will:**
    8.1. Call the ENS2 Conference Bridge.
        8.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
    8.2. Gather information related to the incident.
    8.3. Implement Emergency Communication Plan, if required.
        8.3.1. Coordinate/support general internal communication for staff, patients, residents and visitors.
        8.3.2. Arrange media interviews.
        8.3.3. Send news releases, as required.
        8.3.4. Coordinate/support communication for surrounding neighborhood, where appropriate.
        8.3.5. Provide follow-up information to all communications, including after the incident is concluded.

9. **When notified of CODE YELLOW ENS2, Clinical Leader on Call will:**
    9.1. Call the ENS2 Conference Bridge.
        9.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
    9.2. Gather information related to the incident.
    9.3. Speak with clinical care areas impacted.
        9.3.1. Provide assistance as required.
    9.4. Speak with leader of the impacted area, if appropriate.

DEFINITIONS

Administrator on Call (AOC) – A member of the Senior Leadership Team responsible for leadership and decision making after regular hospital hours, including weekends and statutory holidays, as well as during emergencies and other situations.

Affiliates – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians, dentists), students, volunteers, researchers, contractors or contracted staff who may be members of a third-party contract or under direct contract to the organization and individuals working at the organization but funded through an external source (e.g., research employees funded by Western).

Closed-circuit television (CCTV) - A self-contained surveillance system comprising cameras, recorders and displays for monitoring activities throughout the facility and on hospital grounds.

Emergency Notification System – The Emergency Notification System is an in house, proprietary automated system which is operated from the Security Control Centre (SCC). This system is utilized when a caller dials 55555 to report an emergency, or the SCC is notified of through the Community. The ENS system is also activated when an internal monitoring system (i.e., Fire Alarm System) indicates an emergency.

The ENS System is based upon two levels of notification. The first notification is for assigned first responders. The second level of notification is an escalated notification for leadership (on-call) to respond to provide additional support.

> **ENS1:**
> * Upon notification, the SCC notifies "first responders" by radio, pager and overhead announcement to respond and assess, mitigate or prevent the emergency from escalating and conduct response activities. Depending on the situation, the SCC will also notify key external responders (i.e. local fire, police, and ambulance) as required.
> * Responders at the scene determine if the incident can be maintained safely. As well, responders determine if the emergency has reached thresholds of risk where additional leadership is required.

> **ENS2:**
> * ENS 2 means that an emergency has reached thresholds of risk where leadership must be notified to ensure a consistent and organized action planning.
> * ENS 2 is immediately activated for Code Green, Code Black, Code Grey, Code Orange, Code Purple and Critical Incident.

- In an emergency which meets the criteria of an ENS 2 emergency, leaders are paged, and a telephone conference call occurs. A person from the emergency scene will be asked to provide a briefing to this telephone conference call.
- Dependent on the scope, intensity and duration of the emergency, the Administrator on Call (AOC) or another senior leader or official may activate the opening of an Emergency Operations Centre (EOC)

ENS2 Conference Bridge – A teleconference extension which is activated by the Security Control Centre when an emergency is elevated to ENS2. This teleconference is used for predetermined On-Call staff to gather information related to an emergency and to discuss an action plan to resolve the emergency with minimal impact.

Emergency Operation Centre (EOC) – The role of the Emergency Operations Centre is to gather all known information regarding emergency situations.

The primary responsibilities of the Emergency Operations Centre are:
- Provide direction, coordination and control of the emergency response and recovery
- Establish short term and long team priorities
- Collect, evaluate and communicate information
- Manage resources
- Liaise with other agencies

Emergency Operation Centre Locations:
- Primary - St. Joseph's Hospital
- Secondary - Parkwood Institute Mental Health Building

Incident Management Team (IMT) – The Incident Management Team is responsible for central command and control of the incident and assists the critical processes in implementing their recovery plans. Activation of the IMT is determined by the AOC, as well as position assignments within the IMS structure. The St. Joseph's Health Care London Incident Management Team structure can be found on the intranet

Missing Patient – A patient whose whereabouts is unknown and whose absence is unauthorized. A patient that has not returned to the hospital after being granted an authorized leave is not considered a missing person.

Missing Person – A person whose whereabouts which ought to be known is unknown, including unauthorized patient absences. A patient that has not returned to the hospital after being granted an authorized leave is not considered a missing person.

Staff – An individual who is hired and paid by the organization.

Substitute Decision Maker (SDM) – If patient is incapable with respect to a treatment, the Health Care Consent Act lists in order of rank the following deciders:
- The incapable person's guardian of the person, if the guardian has authority to give or refuse consent to the treatment,
- The incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment,
- The incapable person's representative appointed by the Board under section 33, if the representative has authority to give or refuse consent to the treatment,
- The incapable person's spouse or partner,
- A child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This paragraph does not include a parent who has only a right of access. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent,
- A parent of the incapable person who has only a right of access,
- A brother or sister of the incapable person,
- Any other relative of the incapable person, or
- Public Guardian and Trustee (PGT), if two or more equally ranked substitute deciders disagree about whether to give or refuse consent.

REFERENCES

Legislation
Government of Ontario (1990) Mental Health Act (1990)

Other Resources

Government of Ontario, Ministry of Health Form 9 Order for Return