Missing Aged Care Resident Procedure

1. Guiding Principles

WA Country Health Service (WACHS) is an 'Approved Provider' under the Commonwealth *Aged Care Act 1997* (the Act). Approved Providers have specific responsibilities in relation to reporting unexplained absences as set out at section 63-1AA of the Act.

WACHS staff and volunteers are required to adhere to relevant legislation that applies to unexplained absences in residential aged care facilities as defined in the Act:

- Approved Providers of residential care services must report if
  - a resident is absent from a residential facility
  - the absence is unexplained
  - the absence has been reported to the police.

This procedure outlines the processes to be followed and is to be read in conjunction with the WACHS Consumer Identification Policy for Community Health Settings and Residential Aged Care.

This procedure applies to all WACHS Staff, which includes persons contracted to deliver health services on behalf of WACHS (section 6, *Health Services Act 2016* [WA]*).* and WACHS volunteers.

The WA Country Health Service (WACHS) is committed to providing a safe living environment and implementing strategies that ensure the safety and wellbeing of residents.

Staff working in residential aged care facilities have an obligation to ensure that residents at risk of leaving the facility and going missing are appropriately identified and managed to minimise their risk of harm.

Missing Resident: A resident is considered missing when they are absent and the facility is unaware of any reasons for the absence. A missing resident may also include a resident who has not returned from leave at the specified time.

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2. Procedure

2.1 Identifying and Reducing the Risk

. Residents at risk of leaving the facility are:

- individuals using respite accommodation
- new residents at the facility
- residents who have a history of wandering prior to admission
- residents who have left or attempted to leave the facility in the past
- residents who for any other reason are deemed to be at risk of leaving the facility
- residents living with cognitive impairment, including dementia and delirium.

2.2 Examples of strategies that may be used to reduce the risk.

- Ensure WACHS MR35B form and photo are up to date.
- Doors with keypads.
- Secure and adequate fencing and gates.
- Regular checks on residents.
- Discussion with families and representatives.
- Door alarms.
- Sensor alarm mats.
- Provision of facility's contact details to be kept in resident's handbag and/or wallet.
- Movement alarms identity bracelets.

2.3 Procedure for Unexplained Absences

- A staff member identifies that a resident is missing.
- The staff member checks the resident's documentation, movement register (if used), visitor's book, clinical handover sheet and with other staff to ensure the resident is not absent by arrangement.
- Staff contacts family/carer or guardian to check that they have not taken resident out without notifying the staff.
- A rapid search of the facility and grounds including vehicles is undertaken. Staff are not to extend search areas beyond the property boundaries.
- If the resident is not found, the staff member contacts the senior staff member on duty, the Regional Executive on call and/or the Operations Manager to initiate a coordinated search and activation of the local Emergency Procedures if necessary.
- If a resident is absent from the service, the absence is unexplained and the absence has been reported to the police, Approved Providers are required to inform the Department (Cwlth) within 24 hours of reporting the absence to the police.
- Staff must document the unexplained absence of the resident in their medical record and include all information related to the search for the missing resident and timelines of events as they have occurred.
- The police will take all necessary action.
- The senior staff member is to liaise with the police and

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  - provide appropriate floor and site plans to identify where a resident could be
  - confirm with the family/carer or relevant significant other that the resident is absent without explanation
  - ensure searched areas are secured until overall search is complete
  - ensure the search continues until the resident is located or guaranteed that the resident is not present in the search area
  - ensure confirmation of notification to other senior staff i.e. Regional Director, Operations Manager, Director of Nursing, Coordinator of Nursing, treating medical officer, etc.
- The senior staff member is to notify the Department (Cwlth) by completing an Unexplained absence form and emailing to mailto:compulsoryreports@health.gov.au or call the Compulsory Reporting line 1800 081 549.
  Note: the preference is to receive the form via email.
- There is no requirement for approved providers to report to the Department (Cwlth) if the care recipient was returned to the facility before their absence was reported to the police. However, providers must report to the department if the police are aware of the resident's absence or where the resident is returned by the police.
- On return of the resident, all previously notified persons are to be contacted as soon as possible.
- The resident is to be assessed for changes of mental state and physical condition, and appropriate treatment undertaken as necessary.
- The incident is reported on CIMS Datix and post incident debriefing provided with staff and family/carer/guardian as per the WACHS Open Disclosure Procedure.

3. Definitions

Aged Care Quality and Safety Commission	The Commission is a Cwth commission established under the *Aged Care Quality and Safety Commission Act 2018* (Cwth); the commissions functions are: • receiving complaints from any source about concerns relating to an aged care (residential, home or flexible care) service provider's responsibilities under the Act of a provider's agreement with the Australian Government. The commissioner has the power to direct a service provider to demonstrate that it is meeting its responsibilities under the Act or the agreement. The Commissioner can also refer matters to the Department, the Quality Agency and other relevant agencies.
Approved Provider	An approved provider of aged care is an organisation that has been approved to provide residential care, home and/or flexible care under the Act. The Approved Provider is responsible for the decisions about the delivery of care and financial management and has responsibilities and obligations to deliver the care in line with the standards that are specified in the Act and the Principles.

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Missing resident	A resident is considered missing when they are absent and the facility is unaware of any reasons for the absence. A missing resident may also include a resident who has not returned from leave at the specified time.
Resident	A person who has been admitted to a bed within a WA Country Health Service facility as a permanent or respite care resident.
Residential aged care facility	A stand-alone purpose built facility providing permanent residential care or a separate wing or ward of a hospital designated as a residential care unit or area.
Staff	**staff member**, of a health service provider, means (a) an employee in the health service provider (b) a person engaged under a contract for services by the health service provider. (section 6, *Health Services Act 2016* [WA])

4. Roles and Responsibilities

Regional Executive team is responsible for ensuring policy implementation across their region. Regional Directors have a responsibility to monitor and have oversight of any reports of unexplained absences of WACHS aged care residents.

Managers and Senior Staff on duty are responsible for:

- nominating a communication and logistics person
- collating all available information on background and any prior action taken, including initial search and details of the missing resident (form MR35B):
  - description – size, hair colour, age , gender, noticeable features
  - mobility
  - mental state
  - behavioural concerns
  - physical state
  - need for treatment, health concerns
  - preferred name, nickname
  - time last seen.
- assembling local search teams as necessary, provide information
- dividing the establishment into search zones using fire compartments or other physical separations to limit the zones and allocate teams to zones
- ensuring that normal hospital/facility function is maintained
- ensuring confirmation of notification to other senior staff i.e. Regional Director, Operations Manager, Director of Nursing, Coordinator of Nursing, treating medical officer, etc
- notifying next of kin/ contact person in the missing resident's health record.

Upon locating the missing resident the Manager/Senior Nurse:

- informs all persons involved in search activities
- notifies next of kin/family
- ensures all appropriate documentation is completed

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- initiates a post incident review and debrief
- reviews procedures and provides reports as required.

If the missing person is not located:

- ensure the police have been notified and a police record number obtained
- the hospital/facility search ceases when police assume control over the missing resident process
- notify the department (cth) within 24 hours of notifying the police.

Treating Medical Officer (or senior nurse at sites where no doctor is present) is to:

- make an assessment of the risk of self-harm, harming others, ability to care for self, any cognitive impairment and any other health issues
- following return of the missing resident, the treating medical officer is to assess, examine and treat resident for any injuries and document findings.

All Staff and volunteers are responsible for:

- being familiar with the correct procedure to follow in the event of an unexplained absence.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code of Conduct). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff and volunteers.

6. Records Management

Records Management Policy
Health Record Management Policy

7. Evaluation

Each WACHS region is expected to monitor compliance with this policy through recording and monitoring reported unexplained absences at a regional and site level.

8. Standards

National Safety and Quality Healthcare Standards
Clinical Governance Standard: 1.7, 1.10, 1.11, 1.12, 1.15
Partnering with Consumers Standard: 2.1
Communicating for Safety Standard: 6.1, 6.3, 6.4, 6.7, 6.8, 6.9, 6.10, 6.11

Australian Aged Care Quality Agency Accreditation Standards
Standard 7: 3a,
Standard 8: 3b, 3d

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9. Legislation

Health Services Act 2016 (WA)
Aged Care Act 1997 (Cwlth)
Accountability Principles 2014
Aged Care Quality and Safety Commission Act 2018 (Cwlth)

10. References

Australian Government (Internet) Aged Care Quality and Safety Commission Aged Care Complaints 2019 (Accessed: 11 July 2019
Australian Government (Internet) Department of Health: Ageing and Aged Care Guide for Reporting Unexplained Absences (Accessed: 11 July 2019)

11. Related Forms

MR35B WACHS Patient/Resident Identity Form

12. Related Policy Documents

WACHS Consumer Identification Policy for Community Health Settings and Residential Aged Care.
WACHS Residential Aged Care Services Policy
WACHS Open Disclosure Procedure

13. Related WA Health System Policies

MP0010/16 WA Health Patient Confidentiality Policy
OD0592/15 WA Open Disclosure Policy

14. WA Health Policy Framework

Clinical Governance, Safety and Quality

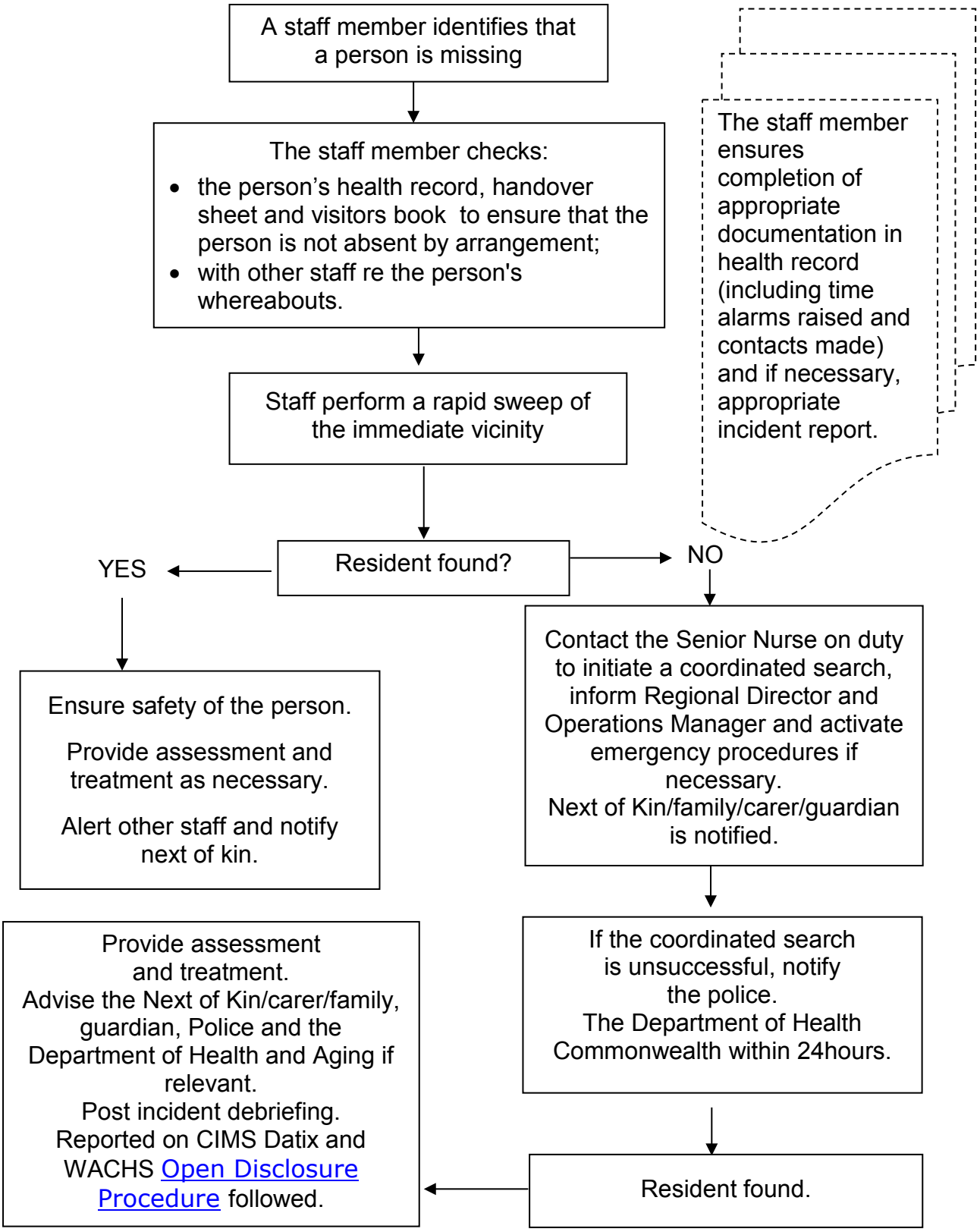
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Missing or Suspected Missing Resident Procedure Response



Individual sites may create specific procedures to include local responses / information for missing residents.

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