

<b>MANUAL:</b> <i>HEALTH &amp; SAFETY</i>	<b>HOME SPECIFIC NAME:</b> <input checked="" type="checkbox"/> Fairfield Park <input type="checkbox"/> Brouillette Manor <input type="checkbox"/> LaPointe-Fisher Nursing Home <input type="checkbox"/> Corporate
<b>TITLE:</b> <i>CODE YELLOW – MISSING RESIDENT EMERGENCY PLAN</i>	<b>SECTION:</b> EMERGENCY PREPAREDNESS
	<b>PAGES:</b> 4

**EFFECTIVE DATE:** FEB 2019

**REVISED:** JULY 2022

**POLICY:**

The home shall have an emergency plan for missing residents. The emergency code denoting this situation shall be “Code Yellow”.

**PROCEDURES:**

**TRAINING & EDUCATION**

Staff shall be trained on this plan upon hire and provided with refresher education annually thereafter.

Residents and/or their legal representative shall be provided with a copy of this plan upon admission

**TESTING OF PLAN**

This plan shall be tested annually.

**ACTIVATION OF PLAN**

**Discover Resident is Missing**

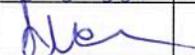
- ✓ The RN or delegate shall announce “Code YELLOW, the home area & the name of resident” over the P.A. system to alert all staff.
- ✓ Staff shall report any resident who is missing immediately to the Charge Nurse
- ✓ The following staff shall report to the nursing station (where resident resides).

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Signature:	<i>[Signature]</i>					

- All PSW staff in the home area that was announced (in missing resident's home area)
- The senior PSW in each of the other home areas
- All registered nursing staff in the building
- All management staff
- All restorative staff
- All activation staff
- All housekeeping staff
- All dietary aide staff (the cook shall remain in the kitchen)
- ✓ The Charge Nurse will organize staff to check all bedrooms, washrooms and all other areas of the entire building. The Administrator and DON shall be notified.
- ✓ If resident is not found inside the building within 5 minutes, the Charge Nurse will ask staff to look outside the facility and on the street. Depending on how many staff are on duty, the outside of the building should be checked first if the resident is known to have a history of exit seeking and walking off the property.
- ✓ The Senior RN or Supervisory Staff shall contact the police department if resident is not found outside. The premises must be checked carefully, including the parking lots.
- ✓ Registered nursing staff must keep notes to document the times of disappearance and discovery of resident; as well as the results of the search and time the police were contacted. The attached checklist shall be used, to keep this information in one place, as it will be needed for documentation & required reports.
- ✓ The Senior RN or Delegate shall notify the resident's family to inform them in a reassuring manner that the resident is missing and that the building and grounds have been searched with no results. Inform them that the police have also been contacted.
- ✓ Registered Nursing Staff shall document all activities as close to the time of action as possible, using the attached checklist (Appendix A). This information will be required for future documentation & required reporting.
- ✓ No staff on duty shall leave the home's property to search for missing residents. If it has been established that the resident is not on the property the police must be notified immediately.

**Return of Missing Resident**

- ✓ The Senior RN shall notify police.
- ✓ The Senior RN or Delegate shall notify family members.

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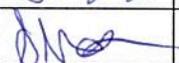
- ✓ The Senior RN or Delegate shall do a head to toe assessment. A re-admission form must be filled out, as well as an incident report.
- ✓ The Senior RN or Charge Nurse attending physician shall be notified to assess the resident as soon as the resident's condition requires.

**REPORTING**

- ✓ Registered Nursing Staff will utilize a checklist when incident initially is reported and search is taking place, to document pertinent information that will be needed for reporting/documentation (i.e. police report, resident incident report, critical incident report, etc.)
- ✓ Registered Nursing Staff will complete a Resident Incident Report for all incidents of a missing resident.
- ✓ MOHLTC will be notified:
  - Immediately if:
    - Resident returned to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing - The Senior RN or Director of Nursing/Delegate or Administrator shall notify MOLTC (see Critical Incident/Mandatory reporting procedure).
    - Resident missing for 3 hours or more – The Senior RN or Director of Nursing/Delegate or Administrator shall notify MOLTC (see Critical Incident/Mandatory reporting procedure). This will be followed-up by the Director of Nursing/Delegate or Administrator with an on-line report via the Critical Incident System.
  - No later than one (1) business day after this incident.
    - Resident missing for < 3 hours and returned to the home with an injury or any adverse change in condition. This may be done on-line via the (CIS) by the Director of Nursing/Delegate or Administrator.
- ✓ A review of the event shall be done by the Administrator and Management team to see if the event could have been prevented or what can be done to mitigate a reoccurrence. Any additional steps taken or changes made shall be documented and filed with the Critical Incident/Mandatory Report.

**EVACUATION**

In the event an evacuation of the home is required, refer to the emergency plan, "Code Green – Evacuation".

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## COMMUNICATION

### Communication with Police/Media

- ✓ If the police arrive at the home, only the Senior RN, Director of Care or Administrator shall communicate with them.
- ✓ If the media arrive at the home, only the Administrator, Director of Operations or designate shall communicate with them.

The Home shall communicate to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home

- ✓ at the beginning of the emergency,
- ✓ when there is a significant change throughout the course of the emergency
- ✓ when the emergency is declared over

## RECOVERY

A debrief is provided for residents, substitute decision-makers, staff, volunteers and students involved.

The Administrator or delegate will ensure resumption of regular operations of the home takes place (i.e. coordinate with managers, service providers and support workers to ensure all essential services are in place)

Coordination with Social Services to meet with residents, families and staff who may have experienced distress during the emergency, to offer support and resources.

## EVALUATION

The emergency plan shall be evaluated annually and updated, if needed. If the plan has been activated, it shall be evaluated within 30 days of the emergency being declared over and updated, if needed.

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