



CODE YELLOW – MISSING PERSON

Issued by: Support Services	ISSUE DATE: July 2007
MANUAL: Emergency Procedures	SECTION: Codes

VALUE STATEMENT

In keeping with its value of *Excellence*, the organization is committed to ensuring that procedures are in place in the event of an emergency.

OBJECTIVE

The purpose of Code Yellow is to establish a plan for effectively and efficiently locating a missing resident/patient. The missing person plan is to enhance the security of the residents/patients by having a well thought out and documented plan of action and to increase the probability of a successful search and rescue when a resident/patient is missing. When a resident/patient has been away from the facility or is thought to be missing for an undue period of time, judgment must be used in determining the course of action to be taken in instituting the search policy.

DEFINITIONS

'Command Centre': The Command Centre's responsibilities are generally executive in nature and are designed to develop, direct, and maintain a viable organization during the disaster. The Centre also functions to keep the organization coordinated with other agencies.

- At St. Joseph's Continuing Care Centre, the Command Centre is the reception area. In the event this is inaccessible the alternative location is the HUB. Retrieve the Disaster Box from the Therapy Kitchen which is located beside the HUB.
- At St. Joseph's Villa, the Command Centre is the reception area. In the event this is inaccessible the alternative location is Lakeview Nursing Station.
- At Villa St Gabriel Villa, the Command Centre is the reception area. In the event this is inaccessible the alternative location is Whitson Nursing Station.

'Emergency Response Boss': Is the most senior staff person of authority in the building and has the authority to activate any Emergency Preparedness Plan. The Emergency Response Boss proceeds to the Command Centre and coordinates the search of a missing resident/patient.

'Search Brigade': The following staff from each facility is required to respond to the Command Centre when a code yellow is called.

- Day Shift / Afternoon Shift
 - At St. Joseph's Continuing Care Centre:
 - 2 RPN from each unit;
 - Two Allied Health; and
 - All Maintenance Staff.
 - At St. Joseph's Villa:
 - One PCA from Hillcrest, Sunnyside and Lakeview;
 - One Dietary Staff – Cook;
 - One Life Enrichment Staff;
 - One Laundry Staff; and

- One Maintenance Staff.
- At Villa St. Gabriel Villa:
 - One PCA from Whitson, White Water and High Falls;
 - One Dietary Staff – Cook;
 - One Life Enrichment Staff;
 - One Laundry Staff; and
 - One Maintenance Staff.
- Nightshift
 - When a Code Yellow is called, it is assumed that all night shift staff members will respond to the Code Yellow.

POLICY

Our residents/patients are assessed for their potential to wander and/or elope (see '[Elopement](#)' policy) on admission to the facility and on a regular basis for any risk factors that could prompt them to wander or go missing.

Following the assessments, appropriate and effective measures or interventions are put in place to ensure that all our residents/patients are safe. The organization uses a special exit lock and alarm system in an effort to keep residents/patients safe at all times. The organization also has a roam alert that monitors if high risk residents/patients have possibly left the secure area or the facility.

Once a CODE Yellow is initiated, the following hierarchy of Authority is applicable:

1. Site Administrator,
2. DOCs at the Villas/Clinical Managers at CCC,
3. ADOC/ Clinical Supervisors at CCC,
4. Charge RN, and
5. RPN.

PROCEDURE

If a resident/patient is thought to be missing, all staff in the area will conduct a systematic search of the immediate neighborhood/unit or area **only** and establish when the person was last seen.

If the resident/patient is not found during a search of the immediate area, staff will:

1. Activate Code Yellow by announcing the Code Yellow three times over the P.A. system. (e.g. "Code Yellow SJCCC John Smith, Code Yellow SJCCC John Smith, Code Yellow SJCCC John Smith").
2. Brigade members are to report to the Command Centre immediately. Nursing brigade member from the affected unit will gather all available information regarding the missing resident/patient (the resident/patient's chart, photo, height and weight, hair and skin color, full description including clothes worn, time and place the resident/patient was last seen and previous missing person incidents and location found).
3. All other staff members are to search their area/unit, making sure to check areas that are typically locked or used by staff only and report to Command Centre via 2 way radio (Channel 1 is to be used at all times). If necessary, information about the missing resident/patient's appearance will be communicated via 2 way radio.

4. The Emergency Response Boss (Search Coordinator):
 - Will designate staff to search for the resident/patient in various locations outside the building, and instruct all staff to report back within **ten minutes**. Night shift staff will be coordinated to search both indoors and outdoors.
 - Will be responsible for ensuring that all levels and zones are searched. The Administration On-Call will be called after hours.
5. The RN or designate will notify the resident/patient's SDM of the Code Yellow. The RN will ask the SDM for any information that may assist with the search, including places the resident/patient may visit (old family home, favourite restaurant, etc.).

If a resident/patient is not found:

1. The Emergency Response Boss will notify the Police.
2. The Emergency Response Boss will keep the SDM informed of any progress and maintain contact.
3. The Emergency Response Boss will designate someone to meet the Police or any other emergency services at reception;
 - The CEO's office will handle all media relations.
 - *Note:* All efforts made to locate the resident/patient must be documented.

If a resident/patient is found:

1. The Emergency Response Boss will ensure the following is completed:
 - Cancel the Code Yellow by announcing "Code Yellow – All Clear" three times over the paging system;
 - Ensure resident/patient is assessed to determine any injuries and treat accordingly;
 - Notify all previously contacted persons;
 - Revise the resident/patient's care plan accordingly; and
 - Document in progress notes/incident report.
2. At the conclusion of the Code Yellow, staff will document the incident. The resident/patient's chart will include (but is not limited to) the following information:
 - When the person was noted to be missing;
 - Who was notified of the Code Yellow;
 - What actions were taken to locate the missing person;
 - Where and when the resident/patient was found;
 - Any injuries noted and/or treatment received by the resident/patient; and,
 - Any additional follow-up action taken.
3. At the earliest opportunity, the relevant Manager will debrief and review the incident with staff to determine:
 - If any existing practices or policies need to be revised;
 - Any information and observations that might indicate why the resident/patient eloped (e.g. boredom, a desire to avoid noise or activity, an interest in outside activities or just some "fresh air", etc.); and
 - What, if any, changes should be made to the resident/patient's plan of care.

REFERENCES

Alzheimer Society of Cornwall and District. Search Is an Emergency! Search and Rescue Pre-Plan Manual for Long Term Care Facilities in Five Eastern Counties.

Kiely, D. K, Morris, J. N, & Algase, D. L. (2000). *Resident Characteristics Associated with Wandering in Nursing Homes.* International Journal of Geriatric Psychiatry, 15(11), 1013-1020.

Lai, C.K.Y. & Arthur D.G (2003). *Wandering behavior in People with dementia.* Journal of Advanced Nursing, 44 (2), 173-182.

Appendix A – Descriptions of Wandering Behaviour

Absence from Facility

Accountability for Residents

Elopement

Gatekeeper: Clinical Services	Last Review Date: April 1, 2022
Next Review Date: April 1, 2023	Last Revision Date: April 1, 2022

DESCRIPTIONS OF WANDERING BEHAVIOUR

Purposeful Wanderers

Purposeful Wanderers walk around in their room or along the corridors and elsewhere with an apparent intent. They may be exercising, walking to relieve boredom, or just passing the time of day. The Wanderers (and therefore the staff) know where they are.

Aimless Wanderers

Aimless Wanderers are disoriented and move about without any apparent purpose. They may be looking for some unknown location or somewhere from their past (such as a former home). Aimless Wanderers will also enter other resident's rooms and to explore or rummage through the belongings found there. Aimless Wanderers are confused about where they are.

Escapist Wanderers

Escapist Wanderers demonstrate a concerted attempt to get somewhere. If restrained, they often become angry or fearful and gentle assurances do not deter them.

Escapist Wanderers know where they are (or at least where they are not) and can slip away from a facility undetected. They have some control over their cognitive abilities and may hurry toward their destination. Escapist wandering is a behavior seen in the middle stages of Alzheimer's disease.

Critical Wanderers

Critical Wanderers stray away from the neighbourhood, but do not understand the implications of their wandering behavior. The wandering becomes "critical" or the most dangerous when the Wanderer leaves the premises. Critical Wandering has been linked to out-of-facility deaths.