

WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Assessment
PROCEDURE 2.10:	Elopement/Escape and Unauthorized Absence
Governing Body Approval:	April 30, 2018
Revised:	

PURPOSE: The purpose of this policy is for Whiting Forensic Hospital (WFH) to enact the proper and appropriate procedures for maintaining the safety of patients, staff and others at all times, in accordance with DMHAS Commissioner's Policy 6.11 (Elopement Policy); available at: <http://www.ct.gov/dmhas/lib/dmhas/policies/chapter6.11.pdf>.

SCOPE: All clinical staff

POLICY:

WFH shall assume responsibility for individuals receiving treatment regardless of voluntary or involuntary status. It is the responsibility of WFH to respond appropriately in the event of an elopement of patients with various legal statuses.

Definitions:

I. Elopement is defined as:

1. The absence of any legally committed or voluntary patient from an inpatient unit or grounds of WFH without permission.
2. The failure of any patient to appear at any activity, therapy assignment, work or other appointment or the departure of such patient from those areas without permission.
3. The failure of any patient to return to the unit at curfew or at another stipulated time from limited grounds privileges, therapeutic activities, or an authorized leave.

II. There are two types of AWOL:

1. *Escape*: This category is applicable to the unauthorized absence of:
 - A. a patient committed to WFH by the Superior Court system (e.g., 54-56d);
 - B. a patient whose presence within WFH is the result of a
transfer from the Department of Correction regardless of the DMHAS status; and
 - C. a patient under the jurisdiction of the Psychiatric Security Review Board.
2. *Unauthorized Absence*: This category is applicable in the absence of:
 - A. a patient committed to WFH by the probate court system;
 - B. a patient committed to WFH under a PHYSICIAN'S EMERGENCY
CERTIFICATE ;
 - C. a patient admitted voluntarily.

PROCEDURE:

Any person discovering a patient has eloped shall immediately notify the head nurse on the unit. The head nurse shall immediately notify the DMHAS Agency police, the nursing supervisor, and the attending or on-call physician. The DMHAS Agency police shall immediately notify the CEO. Those individuals involved in reporting the incident shall have access to and knowledge of the patients' legal status, clinical status and circumstances surrounding the elopement.

The DMHAS Agency police shall institute a search of the immediate area with a member of the nursing staff of the unit, unless such search is deemed inappropriate because of the circumstances of the elopement.

If it has been determined that a patient has escaped from WFH, the DMHAS Agency police shall issue a teletype and pursue legal charges.

In the case of a voluntary patient, the Attending Psychiatrist/On-call Physician shall determine if the patient is a danger to self or others or gravely disabled. As quickly as possible, the Physician may confer with other staff members if there is any uncertainty regarding the patient's level of

risk. Once the Physician has determined the patient's clinical status, he/she shall contact the CEO and advise the CEO or designee, as to whether the patient is dangerous to self or others or gravely disabled. If it has been determined that a patient is dangerous to self or others or gravely disabled, a teletype shall be issued by the DMHAS Agency police. If a patient has been determined to not be dangerous to self or others or gravely disabled, the DMHAS Agency police shall not issue a teletype.

In the case of a probated patient or a patient on a Physician's Emergency Certificate (PEC) the Attending Psychiatrist/On-call Physician shall determine the patient's clinical status, and shall contact the CEO. A teletype shall be issued for all probated patients and PEC'd patients.

Upon notification, the DMHAS Agency Police Captain will determine if any other measures are warranted as it relates to the teletype process, and efforts to locate and return the patient.

The DMHAS Agency Police will develop and maintain procedures regarding AWOLS.

The CEO and head nurse shall access all up to date information on the individual that has eloped and prepare a notification document that contains the following information:

1. a brief summary of what occurred, the date, time, place of the incident, and the assigned unit(s) of the person(s) involved;
2. the names of the person(s) involved and their relationship to the facility(e.g., patient, staff, visitor);
3. the age, gender, legal status, privilege level, diagnosis, and clinical status (current level of dangerousness as determined by the Attending Psychiatrist/On-call Physician at the time of the incident) of the person(s) involved;
4. external notifications that may be needed (identified through consultation with the Attending Psychiatrist/On-Call Physician) such as next of kin, conservator, probation officer, significant others, other agencies, etc; and,
5. immediate actions taken and follow-up steps in process.

The CEO, head nurse and attending physician shall determine if any external notifications may be needed such as next of kin, conservator, probation or parole officer, warnings to identified individuals at risk, significant others, other agencies, etc. If notification to a family member or conservator of person is permitted, the CEO shall notify the family or conservator of the

elopement. The family member or conservator of person shall be given information regarding CGS 29-1f (Silver Alert).

1. A person's relative, guardian, conservator, attorney-in-fact appointed by the missing person in accordance with chapter 7 of the Connecticut General Statutes (CGS), any health care representative appointed by the missing person in accordance with CGS section 19a-576 or a nursing home administrator, as defined in CGS section 19a-511 may also file a missing person report for a Silver Alert with law enforcement under this statute (CGS 29-1f) for missing clients who are 65 or older or age 18 and over if mentally impaired.
2. DMHAS may file a missing person report for a Silver Alert when:
 - A. Pursuant to C.G.S. 146(s), the treating psychiatrist determines the missing person poses a substantial risk of imminent physical injury to themselves or others; and
 - B. In situations where there is a Conservator of Person, the facility will obtain consent, preferably written, in order to file the report. For all others, the DMHAS Commissioner can authorize the filing of said report.

Note: A report will be filed on any missing patient who falls under Section IIA – Escape.

The DMHAS Chief of Police will oversee the process for filing.

When notifying family members, the Attending Psychiatrist/On-call Physician may deem it appropriate to explain legal options if the elopement patient is on voluntary status.

Note: *The Attending Psychiatrist should remember that the probate court may issue a warrant for a patient's apprehension under C.G.S. 17A-498. Under section (d), the Probate Court may issue a warrant, " If the respondent refuses to be examined by the court appointed physicians as herein provided, the court may issue a warrant for the apprehension of the respondent and a police officer for the town in which such court is located or if there is no such police officer then the state police shall deliver the respondent to a general hospital where the respondent shall be examined by two physicians one of whom shall be a psychiatrist, in accordance with subsection*

(c)of this section.” In addition, C.G.S. 17a-503 authorizes police to directly take into custody for examination, a person whom they have reasonable cause to believe is mentally ill and dangerous to him/her or others or gravely disabled and in immediate need of care and treatment....”The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody and such request shall be left with the facility. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.”

Depending on the circumstances, any elopement may be a critical incident. Based on WFH critical incident procedures, the following types of patient elopement are considered critical incidents:

- A. those under the jurisdiction of the PSRB;**
- B. those confined under 54-56d C.G.S;**
- C. DOC transfers;**
- D. PEC admissions;**
- E. those deemed legally incompetent; and**
- F. voluntary patients deemed dangerous to self, others or gravely disabled.**

In the event that the Elopement is designated a critical incident the CEO shall ensure the completion of the DMHAS Critical Incident Report.

The CEO or designee of the facility will assume responsibility for notification by telephone as soon as possible, followed by written notification to:

- A. the Commissioner or designee.
- B. the Director of Forensic Services, if appropriate.
- C. the Executive Director of the PSRB, if appropriate.
- D. the Forensic Liaison .
- E. the court which originally ordered the patient committed to the DMHAS.
- F. all appropriate official agencies (federal, state, or local) in relation to warrants, detainers, etc., on the patient.
- G. the correctional facility having ultimate custodial responsibility for the patient.

The CEO or designee will also makes notifications per the Memorandum of Understanding, Elopement Emergency Response Alert Program. Elopement Emergency Response Alert MOU.pdf

When a patient is returned or discharged from any AWOL (or returns voluntarily) the following will occur:

1. The senior physician shall immediately notify the CEO and the DMHAS Agency Police.
2. The DMHAS Agency Police shall cancel the teletype.
3. The senior physician on duty will notify the family or any other interested parties who were originally notified of the patient's return.
4. The senior physician must obtain authorization from the CEO before the decision is made to discharge a patient from AWOL status.
5. The CEO will be responsible for reviewing the cases of returned escaped patients held in the hospital for a period beyond 30 days at regular intervals.

The treating physician will justify continued need for retention in custody as opposed to discharge.

WFH shall consider discharging a patient who has left the hospital without permission under the following conditions:

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A. Informal [CGS 17a-506(b)] and voluntary status [CGS 17a-506(a)].

The treating physician may make the determination to discharge, in consultation with the Service Medical Director or CMO.

OR

An on-call physician may place the patient on visit status until the treating physician is available to make the decision if the absence is not known during working hours.

B. Voluntary status.

Voluntary patients shall be discharged at the discretion of the CEO, but in no event shall be carried on AWOL status longer than 30 days.

C. Emergency certificate and probate court commitment.

These patients will not be discharged for 30 days unless justified in record by treating physician, i.e. whereabouts of patient known and alternative treatment has been arranged.

D. Criminal Court Commitments.

These patients will not be discharged without clearance from the appropriate courts.

E. Psychiatric Security Review Board.

These patients will not be discharged without authorization from the Executive Director of the PSRB.

(note: If a Silver Alert has been issued, the patient shall remain on the teletype)

If, while a patient is on *Unauthorized Absence Status*, the WFH staff receives verified information that the patient is in an acceptable community situation, the patient may be discharged. Any agencies notified of the AWOL will be notified of the withdrawal of that status at the time of that patient's discharge under these circumstances. This notification will be made in writing by the CEO.

References:

1. Commissioners Policy Statement, 6.11 Elopement Policy (Escape & Unauthorized leave)
Commissioners Policy 6.11 Elopement (Escape & Unauthorized Absence)
2. Memorandum of Understanding, Elopement Emergency Response Alert Program
Elopement Emergency Response Alert MOU