PENROSE - ST. FRANCIS HEALTH SERVICES

INTERDISCIPLINARY PRACTICES

SUBJECT: **Code PINK**: **Abducted/Missing Infant/Child/Adult (Prevention and Response)**

PREVIOUS DATE: 6/92, 2/95, 1/98, 5/98, 4/01, 9/03, 03/08, 7/08 EFFECTIVE DATE: 9/10

RECOMMENDED BY: Interdisciplinary Practice Committee

ADMINISTRATION APPROVAL: Jeff Oram-Smith MD, CMO Katherine D McCord RN, CNO

GUIDELINES FOR CARE: The rights of the patient will be maintained as well as the responsibilities of keeping the patients safe from injury to self or others. Penrose-St. Francis Health Services (PSFHS) staff should respond in an efficient, timely, and professional manner in the event of abduction or missing child or adult.

DEFINITIONS:

**Code PINK**: Missing child or adult.

**Stand Down**: Means the child or adult has not been found but associates are to return to duty but remain watchful. Determined by Clinical Manager/Director and nursing supervisor (after hours) and in collaboration with Risk Management, Security and Safety offices and administrator on call (after hours and on weekends).

**All Clear**: Means the child or adult has been found.

PRACTICES:

**I. PREVENTION ACTIVITIES**

# General

1. Mock **Code PINK** drills will be conducted at least semi-annually with post conference and follow-up.
2. Security will be immediately notified of any person exhibiting suspicious behavior.
3. Hospital Security will conduct a security assessment of the hospital annually and make recommendations on identified opportunities.

# Birth Center

1. All unobserved fire exits at St. Francis Medical Center (SFMC) will be alarmed and have a 15 second delay before opening.
2. All Birth Center, nursery and pediatric staff will wear a photo identification badge that is unique to the Maternal/Child areas.
3. A four-part numbered ID band is used to identify the infant (2-bands), the mother of the baby (one band) and a person (significant other [SO]) identified by the mother (one band.) The bands are placed in the delivery room after the birth and prior to taking the infant to the nursery (except in extreme emergencies).
4. When an infant arrives in or is removed from the nursery, the infant’s ID band numbers are cross-checked with the mother’s or SO numbered ID band to ensure security of the infant.
5. The infant, mother and SO will be banded with new numbered ID bands if the original ID bands fall off. A notation of the new ID number will be made in the mother’s and infant’s medical record.
6. At discharge, the numbered ID bands will be cross-checked between the mother and infant. One of the infant bands will be removed and included in the newborn’s medical record. The mother or person taking custody of the infant will sign the identification verification record.
7. Infants will be transported by bassinet only.
8. Parents will be educated on Infant Security at their pre-admission visit, at all prenatal classes and upon admission to the hospital.
9. Signs are posted in patient rooms reminding parents not to leave their infant unattended.
10. See also Birth Center guideline # VII-S-1 Identification and security of the Neonate.
11. **Pediatrics**
12. Pediatric patients are banded according to Interdisciplinary Practice, Patient Identification IDP I-02-a.
13. All Pediatric staff will wear a photo identification badge that is unique to the Birth Center and Pediatrics.
14. Parents will be educated on security practices upon admission.
15. **Adult**:
	1. Patient assessment;
16. Patients will be assessed for risk of elopement with each assessment.
17. Patients at risk
	* + One who is determined by the physician and treating team to have memory loss, impaired judgment or cognitive impairment
		+ One who states a desire for unauthorized leave
		+ One who is unable to follow directions
		+ One who is easily agitated
		+ One who is highly active requiring 1:1 supervision
		+ One who frequently talks of need to return home
		+ One who has made attempts to leave the unit
	1. Steps to take if risk of elopement:
18. Staff will assure that all patients have an accurate and legible PSFHS ID band on a wrist/ankle.
19. Unless secured by a complete electronic signaling device/medical alert device (Rehab 8th floor), all patients determined to be an elopement risk will not be left alone.
20. If the patient is a high risk, a written consent will be obtained by family/guardian for a staff member to secure an up-to-date photo.
	* + At PH/SFMC2 photos will be taken (full body and close up of face)
		+ At St. Francis Behavioral Health a photo of full body only will be taken
		+ Photos will be placed on the patient’s medical record to be used to identify the patient if elopement occurs.
		+ Cameras are stored at each hospital site

PH – staffing office

SFMC – staffing office

St. Francis – Behavioral Health Unit

1. Based on the nurse’s assessment and discretion, a written consent may be signed by family/guardian to wear an approved brightly colored (orange) t-shirt or vest. The t-shirt and vest will be appropriately labeled with PSFHS and phone number for easy identification. T-shirts and vests are located with the cameras as stated above. T-shirts and vests to be laundered on 8th floor after each use.
2. At risk patients will **not** be allowed to dress in street attire, they will always wear a patient gown when in an inpatient status.

**II.** **Detaining patients**

# A. Patients who *may* be detained by PSFHS employees

# A patient who has an infectious disease that is deemed a public health hazard. In this case the Infection Control department, the El Paso County Health Department, and Risk Management should be notified. Examples of such diseases include; infectious TB, Ebola/Marberg virus and pneumonic plague, until 48 hours after appropriate antibiotic therapy and favorable clinical response.

# 2. A patient with a mental illness which renders him/her suicidal, homicidal or gravely disabled

# 3. A patient under court order, legal hold or police guard.

# 4. A patient on an M-1 hold (72 hour hold) or a 90/120-day certification by a physician or licensed psychologist.

# A patient whose ultimate welfare is severely threatened such as an inadequately dressed patient who wishes to depart during severe weather conditions.

# On the closed psych unit a patient may be placed in seclusion to prevent unauthorized departure when such departure carries immediate risk for the patient or others. The least restrictive methods to prevent departure must be used. (See IDPC R-01-m and R-01-n for seclusion/restraint practices).

* + 1. Confused disoriented patients at risk of harming self or others.

5. May also see Use of Force IDP # U-05-a.

# B. Patients who *may not* be detained by PSF employees

# A patient who is competent and desires to be discharged from hospital setting with or without a physician order.

1. A patient who wishes to be discharged without a physician order will be identified as leaving against medical advice (AMA) and the release of responsibility /refusal of treatment form (#27241) will be completed.
2. A patient who is under 18 year of age and verbal consent is obtained over the phone from the custodial parent and is witnessed by two PSF employees.

4. A competent emancipated minor. An EMANCIPATED MINOR is recognized as having the legal rights of an adult in many (but not all) circumstances. A person who has reached the age of eighteen years or older, or a minor fifteen years of age or older who is living separate from parent(s) or legal guardian, and is managing his or her own financial affairs, regardless of the source of income, or any minor who has contracted a lawful marriage, may give consent for hospital, medical, dental, emergency and surgical care (except for blood donation, organ and tissue donation, and life-sustaining treatment).

**III.** **IN THE EVENT OF AN ABDUCTED MISSING CHILD/INFANT**

Determine if infant/child is missing and:

1. Secure the area/unit.
2. **Dial: 1234 and call “Code PINK”. Page “Code PINK” to include physical description (age, gender, ) and description of clothing the patient is wearing and the time/place patient last seen**.(i.e., “Birth Center, male infant, caucasian, 3 months old, wearing white sleeper, last seen on 3 south” or 36 y/o black female, wearing a orange tee-shirt and black pants, last seen on the 5th floor in W-tower.). The purpose of announcing the location of the Code PINK is to quickly alert Security and hospital staff.
3. The OPs Center will page security and security will call the CSPD and other hospitals in the area.
4. Conduct a thorough search of the immediate area. The unit charge person will account for all infants/children by doing a room to room inventory. Parents/visitors will be informed of what has occurred in a calm non-alarming manner and instructed to remain in their room with their infant/child until “all clear” or “stand down” is given.
5. Hospital personnel will monitor all exits internally and observe for anyone leaving with an infant or child. Exits should also be monitored from windows. Those wishing to leave cannot be physically detained but if suspicion is present, you may ask to search their bags. They can be told they may leave but their license plate number will be noted upon departure from the parking lot.
6. Security will patrol/cover the outside of the building and is responsible to insure appropriate facility doors are manned. Security may assign doors to other employees to insure they are manned.
7. Charge person will notify the clinical manager/department supervisor or administrative manager (if after hours or on weekends). The clinical manager/department supervisor will notify the director/administrator on call, Risk Management, and Public Relations. If missing child is a patient the attending physician will be notified.
8. If missing child is a patient or family member of patient, move the parents or patient to another room off the unit and secure the patient’s medical record.
9. Upon arrival, the police will be in charge.
10. All persons are to remain on the unit where incident occurred until released by police.
11. All staff will be instructed to make no statement in the community or to the media so as not to impede the investigation and to insure patient confidentiality. All media requests for information should be referred to Public Relations and nursing supervisors after hours and on weekends.
12. Precautions should be taken where children are most likely to be present and vulnerable, i.e. Birth Center, Pediatrics, ED and outpatient areas.
13. Upon return to the unit, if infant/child is a patient, the infant/child will complete a thorough assessment by an RN.
14. Documentation will be placed in the Clinical Information System (CIS) to include the elopement, interventions and assessment of the patient. An occurrence report will be completed.
15. A Code PINK “stand down” is paged overhead by authority of the Clinical Manager or Administrative Manager (after hours and weekends) in collaboration with Risk Management, Security and Safety office and administrator on call (after hours and weekends) when an infant/child has not been found.
16. Code PINK “all clear” is paged when infant/child has been found.

# IV. In the event of abducted/missing/eloped adult

1. If the patient is believed to have eloped notify the clinical manager/charge person/ administrative manager (after hours and weekends). A thorough unit search will be performed by staff to confirm a patient elopement.
2. Upon confirmation notify the OPs Center (1234) to call **page “Code PINK” to include physical description (age, gender, name) and description of clothing the patient is wearing and the time/place patient last seen.**
3. Notify the following to determine command central and a designated spokesperson:
	* + Director of Patient Care Services
		+ Administration or Administrator on call
		+ Director of Risk Management
		+ Director of Safety
4. After a spokesperson is designated notify:
	* + Colorado Springs Police Department (CSPD)
		+ Family/Guardian
		+ Attending physician
		+ Public relations
5. Security will search the hospital campus (inside and out) extending to nearby neighborhood as appropriate. An update to spokesperson will be made every 15 minutes.
6. When the patient is found all parties involved in the Code PINK will be notified.
7. If the patient is found on hospital premises or nearby, security should attempt to talk the patient into returning voluntarily to the appropriate unit. If the patient refuses, security will notify CSPD and the unit involved and stay with the patient until the CSPD arrives.
8. If the patient or others are in imminent danger, security may need to utilize take down maneuvers for which they are trained.
9. If the patient is found off premises, CSPD will be called to pick up and transport the patient back to the facility.
10. Upon return to the unit, the patient will have a thorough assessment by an RN.
11. Documentation will be placed in the CIS to include the elopement, interventions and assessment of the patient. An occurrence report will be completed.
12. A Code PINK “stand down” is paged overhead by authority of the Clinical Manager or supervisor (after hours and weekends) in collaboration with Risk Management, Security and Safety office and administrator on call (after hours and weekends) when the adult has not been found.
13. Code PINK “all clear”: is paged by the Clinical Manager/charge nurse or Administrative manager when adult has been found.

**V.** **Against Medical Advice (AMA)**

1. When an order is not present and the patient insists on leaving the hospital, this protocol for leaving against medical advice should be followed:
	* + 1. Encourage the patient to remain in the hospital until the physician has been notified.
			2. If the physician does not give an order for discharge:
				1. Inform the patient that he/she is leaving the hospital against medical advice (AMA) and that the physician and the hospital will not be responsible for the consequences of this action.
				2. Ask the patient to sign the Statement of Patient Leaving Health Care Facility Against Medical Advice and Release form.
				3. Document the incident and signing or refusal to sign the release form in the Focus Notes.
			3. If the patient refuses to wait for the physician to be notified and/or if the patient refuses to sign the Statement of Patient Leaving Health Care Facility Against Medical Advice and Release form:

 -Document that patient refused to sign and what action was taken.

-Fill out the form and have it witnessed by two persons.

* + - 1. If the patient who wishes to leave does not appear to be oriented x3 (person, place and time/date) see practices for the patient at risk.
			2. Complete a Confidential Report of Occurrence for all AMA discharges in the CIS.
1. Follow the Standard of Practice for “Care of the Patient Being Discharged” when the patient is ready for discharge. Document on the Patient Discharge Instructions screen.

## ED patients leaving AMA/Without Being Seeing

* + - 1. If patient has left without being seen, document in the CIS the time patient is discovered missing, this will be considered the discharge time. Notify security and CSPD if the patient is considered ‘at risk’ for him/herself or others.
			2. If patient is leaving AMA, try to convince him/her to stay and let the physician know. Have patient sign the AMA forms or document on said forms the patient’s refusal to sign. Discharge time will be when the patient is seen leaving or when they are found to be gone.
			3. An Occurrence Report is to be completed for both of the above IF the patient is at risk to him/herself.

Examples:

 **SITUATION #1**: Voluntary patient requests discharge. Physician is not present to discuss situation with patient and there is no discharge order.

1. Staff should respond by discussing the situation with the patient (reasons for wanting to leave, appropriateness of decision and patient’s ability to make that decision, presence of homicidal/suicidal thoughts, etc.)
2. Staff will contact the physician to advise him/her of the situation. Physician may either:

1) Determine that patient is not in danger and will give discharge orders or state the patient may leave AMA--written as an order. An AMA form must be completed, even if the patient refuses to sign (as in Section V).

2) Determine there is an imminent risk of danger to self or others in the patient’s departure and ask that the patient be detained involuntarily. Either the physician or the PSFHS Behavioral Health Dept. staff member is to see the patient immediately. In this case, a 72-hr hold must be initiated by the physician or the Behavioral Health Dept. If the patient needs to remain on the medical unit, sitters must be provided. If medically stable, the patient should be transferred to the Behavioral Health Acute Care Unit.

**SITUATION #2**: A patient is being held on an involuntary hold (M1 or ETOH) on the locked unit of Behavioral Health and is attempting to elope at every opportunity.

 A. Staff should employ the least restrictive method possible to prevent unauthorized departure.

 B. Interventions should be employed in the following order according to patient need:

* + 1. Place patient on elopement precautions and consider placement of patient on the double locked side of the unit.
		2. Staff should educate patient to stay away from exit areas.
		3. Staff would spend time with patient in room or areas away from exits.
		4. Staff will attempt to de-escalate patient and gain cooperation in remaining on the unit.
		5. Staff will consider chemical restraints according to IDPC R-01-m.
		6. Staff will employ seclusion/restraints according to IDPC R-01-m

**SITUATION #3**: A patient on a nursing unit has a brain injury/assault resulting in cognitive deficit(s) i.e. poor memory, impaired judgment, or impulsivity. The patient is medically stable and ambulates safely.

1. Staff will assess the patient for elopement risk.
2. Interventions should be employed in the following order:
3. Assure the patient is wearing the appropriate ID bracelet.
4. Ensure that the patient is not left unattended unless the nursing unit is equipped with a complete Wanderguard System.
5. Obtain a written consent from family for patient photograph and or PSFHS T-shirt/vest.
6. Request sitter if deemed appropriate.
7. Include patient’s activity and safety issues in each end-of-shift report.

REFERENCES

DON's corner. Confronting the risk of elopement. Bennet J; Nursing Homes: Long Term Care Management, 2008 Jan; 57 (1): 54-5 (journal article) ISSN: 1061-4753 CINAHL AN: 2009806766

Last review facilitated by Rose Ann Moore RN, Director of Patient Care PH