



Section	Psychiatric Health Facility (PHF)	Effective:	1/4/2017
Sub-section			
Policy	Patient Elopement	Last Revised:	2/15/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Leslie Lundt, MD		
Supersedes:	New policy	Audit Date:	2/7/2020

1. PURPOSE/SCOPE

- 1.1. To establish programmatic procedures to guide staff in the event of a patient elopement from the Santa Barbara County Psychiatric Health Facility (PHF).

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Elopement** – when a patient leaves a secured locked facility, or, when outside the facility, escapes from the custody of a staff member, and the patient is aware that he/she is not permitted to leave the premises or supervision of staff, but does so with intent.

3. POLICY

- 3.1. The PHF shall initiate the appropriate safety, search and notification procedures in the event of a patient elopement.

4. ELOPEMENT PREVENTION

- 4.1. At admission and throughout the patients stay, PHF staff will inform patients on the facility's elopement and discharge policies and encourage patients to verbalize his/her desire to leave the PHF and work collaboratively to address any issues or concerns related to his/her stay.

1. **Voluntary patients:** Licensed nursing staff (LNS) will work with the patient to address any concerns or issues contributing to the patient's desire to leave the PHF. If reasonable attempts are made to address the patients' needs but are unsuccessful, LNS will develop a discharge plan with the patient.

2. **Involuntary patients:** The patient's treatment team will be notified of the patient's wish to leave the PHF. Based on the patient's previous elopement history, risk level, and other presenting factors, the treatment team may place precautions in place to mitigate the risk of elopement, including and up to 1:1 staffing observation.

5. **ELOPEMENT IN PROGRESS PROCEDURES**

In the event of an active elopement in progress, staff will apply the following procedures:

- 5.1. Alert other staff and call for assistance. Use a whistle, panic button or other means.
- 5.2. Give a verbal command to the patient to return. Use Crisis Prevention and Intervention (CP/I) de-escalation techniques to redirect the patient.
- 5.3. When feasible, and if sufficient staff are available, attempt to escort and/or detain the patient using CP/I safety and emergency procedures (NOTE: Staff should not attempt an escort or restraint alone).
- 5.4. If it is unsafe to detain the patient, or elopement outside the PHF facility is successful, immediately inform the PHF Team Lead.
 1. The Team Lead will contact 911 and provide a physical description of the patient and direction of travel.
- 5.5. Pursue the patient on foot to track the patient's location and direction of travel. Staff should not attempt to escort or detain the patient outside of the facility. Staff is to discontinue pursuit if the patient surpasses the boundaries of the campus (i.e. Camino del Remedio Road or San Antonio Road).
 1. If the elopement occurs when the patient is off the unit (i.e. therapeutic pass, medical appointment or court appearance), staff are to pursue the patient at a distance. Staff are not to pursue the patient if it is unsafe to do so (i.e. into traffic, over fences), or if the patient verbalizes or motions to assault staff if he/she is pursued. Contact 911 and the PHF Team Lead immediately.
- 5.6. When law enforcement respond to the PHF, the Team Lead will provide:
 1. a current photo of the patient;
 2. a physical description;
 3. a summary of the patient's history and disposition (ex. assaultive, fearful, auditory/visual hallucinations, etc.);
 4. approximate time of elopement;
 5. the patient's direction of travel; and
 6. if known, location or area the patient may intend to travel to.

- 5.7. If the patient is on a temporary conservatorship (T-Con) or presently conserved, the PHF Team Lead must notify the Public Guardian's office and the Sheriff's Department immediately.
- 5.8. The Team Lead will notify the following personnel of the elopement verbally and/or in writing immediately:
 1. PHF Nursing Supervisor
 2. PHF Program Manager
 3. PHF Medical Director
 4. PHF Chief Executive Officer (CEO)
 5. On-call Administrator
- 5.9. When indicated, and if a Release of Information (ROI) is in place, contact family members to report the elopement and offer support.
- 5.10. An Unusual Occurrence Incident Report¹ (see Attachment A) will be completed immediately if possible, but no later than the end of the shift.

6. POST-ELOPEMENT PROCEDURES

- 6.1. The PHF conducts unit rounds every 15 minutes to account for the location and activities for each patient. If during a unit round a patient cannot be located, and it is determined that he/she is not on permissible leave off the unit (i.e. medical appointment, court appearance), staff will inform the Team Lead immediately.
- 6.2. The Team Lead will conduct an emergency census count. All activities will be temporarily suspended and patients will be directed to report to his/her assigned room.
- 6.3. If the missing patient is not located during the emergency census count, the Team Lead will contact the Sheriff's office and initiate notification and documentation procedures as noted in sections 5.6-5.10 of this policy.

7. RETURN OF A PATIENT FOLLOWING ELOPEMENT

- 7.1. The PHF will accept patients who return voluntarily or in the custody of law enforcement personnel following an elopement.
- 7.2. Upon the patient's return, the Team Lead will notify all personnel listed in section 5.8 of this policy.
- 7.3. Regardless of how much time has elapsed since elopement, all patients will need to be medically cleared prior to be accepted back onto the PHF unit.

¹ Please see policy "Unusual Occurrence Reporting" for further details.

1. If applicable and feasible, Law Enforcement personnel will take the eloping patient to the Emergency Room to receive medical clearance before the patient will be allowed back at the PHF; or
 2. If the patient is returned or returns to the PHF following his/her elopement, the PHF will transfer the patient to the Emergency Room to receive medical clearance before the patient will be allowed back at the PHF and on the unit.
- 7.4. Staff will complete the following procedures for all patients who return from an elopement:
1. Conduct a thorough body search for contraband. Take note and document any new injuries or marks.
 2. Complete a new set of vital signs.
 3. Complete a medical physical exam upon return.
 4. Place the patient on 15 minute observation rounds unless otherwise ordered by the patient's treating physician.
- 7.5. An addendum to Unusual Occurrence Incident Report will be completed to report the conditions of the patient's return and any new information (i.e. injuries, intoxication) related to the elopement.
- 7.6. Patients who do not return to the PHF by 11:59 PM on the date of the elopement will be formally discharged from the census. Documentation must reflect the discharge date and time. Any patient who returns or is located after this deadline must be formally reassessed and readmitted, space permitting.

8. **SENTINEL EVENTS**

- 8.1. Any elopement of a patient that results in a temporally-related serious injury or death (i.e. suicide, accidental death or homicide) is a reportable sentinel event. Such events must be documented via a 24-hour Unusual Occurrence Incident Report (see Attachment B).
- 8.2. The PHF Nursing Supervisor, PHF Program Manager and QCM Manager will coordinate reporting with the PHF CEO and PHF Medical Director to ensure that all required reports are completed and forwarded to the Department of Health Care Services (DHCS) and the Centers for Medicaid and Medicare Services (CMS) regulatory agencies in a timely manner.²

² Please see PHF policy "Unusual Occurrence Reporting" for further details.

9. CONTACT WITH MEDIA

9.1. PHF staff are not authorized to make public statements concerning patient elopements without prior authorization. All media inquiries will be directed to the PHF CEO and/or the Public Relations Officer.

ASSISTANCE

Gerardo Puga-Cervantes, LMFT, PHF Program Manager

Cheryl Cook Jacobs, RN, Interim Nursing Supervisor

ATTACHMENTS

Attachment A – Unusual Occurrence Incident Report

Attachment B – 24-Hour Unusual Occurrence Incident Report

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
2/15/2017	V 1.2	Addition of medical clearance procedure (7.3 – 1&2) and medical physical exam (7.4 – 3)

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).