

Protocol for Missing Persons

In Patient Services, St John's Hospital, Livingston

This protocol has been produced to assist Health Care and Police Staff make good decisions when patients go missing from St John's Hospital, Livingston.

It cannot take account of every exigency or circumstance but it includes action steps, which incorporate principals of collaborative decision-making, public safety and duty of care. Nevertheless, no two situations are the same so all staff concerned need to exercise sound professional judgement which acknowledges the differences between situations and the evaluation of such circumstances as they arise. The protocol places joint evaluation and decision-making between Medical Staff and Police officers firmly at the centre of operational practice.

It is hoped that this document will assist staff to tailor responses, in a coherent and professional way, to the developing circumstances of individuals who are missing from St John's Hospital, Livingston.

For Police Officers these arrangements **MUST** be read and complied with in conjunction with General Order 03/07 Missing Persons, and Divisional Guidance – Misper Standard Operating Procedures for F Division.

They should also be conversant with General Order 14/06 Mental Health (Care and Treatment) (Scotland) Act 2003 – Dealing with mentally disordered persons.

For Health Care Staff this protocol must be read and complied with in conjunction with Missing Adults Procedures.

General Guidance

- **Appropriate and regular supervision by health care staff of persons admitted to In Patient Services must be a priority and must form part of a strategy to prevent patients going missing.**
- The purpose of this protocol is to help both Health Care Staff and Police staff match their responses to the needs of particular situations.
- It is the intention that over-reaction can be deterred and under reaction avoided.
- The safety and protection of vulnerable missing persons and that of the wider community is of central concern.
- The needs of the situation should determine the response not the availability of resources.
- The circumstances of every missing person must be individually assessed on their own merits, taking into account all known information.
- This protocol outlines three different categories of situation (coded LOW, MEDIUM and HIGH) and the expected response staff will make in each. It also requires each category to be reviewed and subsequent steps taken to reflect any changing circumstances.
- Police and Health Care staff must provide the relevant information and reason for classification to ensure agreement on coding.
- Known circumstances on each occasion must be openly discussed and considered.

Specific Information Required by the Police in Addition to Missing Persons Personal Details (see Appendix 1)

- How long has the missing person been a patient?
- What is the legal status? Are they sectioned under the Mental Health Act or are they a voluntary patient?
- What medication do they receive?
- What is the purpose of this medication?
- What effect will failure to take the medication have on the missing person? Are they likely to become ill, disorientated or violent?
- When did they last have / or are next due medication? How quickly is the patient likely to feel the effects of missed medication?
- Which member of Health Care staff has carried out the ward check and when?
- Is there a photograph of the missing person?
- Any other relevant information, which may impact on the safety of the missing person, public or the police.

Code LOW Risk

This may include the following circumstances:

- Frequent missing person – other absences have not resulted in harm and no significant differences this time.
- Does not require immediate treatment or medication (current mental health stable but requires ongoing patient care).
- Known to be in the company of a friend or relative capable of looking after missing person's welfare.
- No immediate concern for person's safety.
- Unlikely to be a danger to self or the public.

Code Low Risk - Health Care Staff Response

- Record the absence. Make local searches in the vicinity (ward/immediate grounds etc.). Contact any known friends/relations or places where missing person may be/has been found before.
- Check patient records for any existing absence management plan.
- Consult with Co-ordinating Charge Nurse/Consultant.
- Agree with Co-ordinating Charge Nurse/Consultant timescale for reviewing absence (Daily or sooner if appropriate to circumstances) and propose coding.
- Record all steps, decisions, personnel involved and timescale and log in patient's record.
- Complete Missing Person Form (Appendix 1).
- Contact Livingston Police Station by telephone (01506 431 200) and advise that you wish to report a patient missing. After agreement with the Duty Inspector on grading fax missing person form to:-

Force Communications Centre,
Operations Room,
EDINBURGH
Fax – 0131 440 6889

- Review will be no less than eight hourly.

Code Low Risk – Follow-up Action on Patient Return – Health Care Staff

- Discuss reason for absence on return and attempt to discover whereabouts.
- Identify if any further action needed, by whom and when.
- Record all information in patient's record.
- Inform police of return by telephoning:

Force Communication Centre, Edinburgh 0131-311-3131.
Quote incident number when making this call.
- **If it is suspected / known that the missing person has committed or been the victim of a criminal offence during the absence then the police should be informed immediately.**
- In all other cases arrange suitable time for Police to attend and carry out visual check and return interview.

Code Low Risk – Police Response

- A Storm Incident will be created and remain open during the Missing Person's period of absence and any enquiries or reviews recorded in line with Force Procedures.
- Conduct check to ensure missing person is not in Police Custody or hospitals etc.
- Details of Missing Person should be recorded on the Police National Computer.
- Review with Healthcare Staff no less than eight hourly.

Follow-up Action

- Details held on PNC must be cancelled on confirmation of return of missing person.
- Visual check should be carried out to ensure Missing Person's return and to establish person's whereabouts during period of absence. Any information received from the 'return interview' must be forwarded to F Division DOSU so that records can be updated.

Code MEDIUM Risk

This code will be used when it is considered that there may be some risk to the health and well being of the individual as a consequence of:

- No particular pattern of absences in the past (Absent infrequently)
- Not fully aware of environment and vulnerable to exploitation.
- Specific physical condition leading to vulnerability.
- Not likely to be with known person capable of caring for missing person.
- Treatment or medication due. Which if not received could result in deterioration of either physical or mental health or both.
- Unlikely to be a danger to self or public.
- Concern over level of self-care (History of self neglect).

All known facts and circumstances must be openly discussed and considered before agreeing coding.

Code Medium Risk – HEALTH CARE STAFF Response

- Record the absence; make local searches in the vicinity (Ward, immediate grounds etc). Contact any known relatives or friends or places where missing person has been traced before.
- Consult with Co-ordinating Duty Nurse/Consultant.
- Agree proposed coding and timescale for reviewing absence (no less than every 8 hours) with Co-ordinating Charge Nurse/Consultant.
- Complete Missing Person report and indicate proposed coding.

Fax Missing Person report to Force Communications Centre,
Operations Room,
EDINBURGH
Fax – 0131 440 6889

Control Room Staff to telephone informant to confirm receipt.

- F Division Duty Inspector will then telephone co-ordinating Nurse in charge of ward to conduct a joint discussion. This discussion should include -
 - **Sharing all pertinent information held by both agencies.**
 - Agreeing coding appropriate to the current situation.
 - Agreeing a timescale for review (no less than every 8 hours).
 - Agreeing any other actions to be taken and who is to undertake.
- Record all steps, decisions, personnel involved and timescale and log in patient's record.
- Consider in review, whether it is necessary (on the basis of current information) to increase (High Risk), remain at Medium Risk or reduce (to Low Risk). Record outcomes. Who participated and time of next review.
- Continue review process as circumstances dictate.

Code Medium Risk – Follow-up Action on Patient Return – Health Care Staff

- Discuss reason for absence on return and attempt to discover whereabouts.
- Identify any further action needed – by whom and when.
- Record all information in patient's record.
- Inform Police on return (if not already aware) by telephone. Following discussion between police and Health Care staff an officer may be instructed to attend to interview (if appropriate, considering health) and confirm return. If it is decided an officer should not attend immediately the 'F' Division Duty Inspector should be informed by calling –

Force Communication Centre, Edinburgh 0131-311-3131.
Quote incident number when making this call.

- **If it is suspected / known that the missing person has committed or been the victim of a criminal offence during the absence then the police should be informed immediately.**
- In all other cases arrange suitable time for Police to attend and carry out visual check and return interview.

Code Medium Risk – POLICE response

- Acknowledge receipt of missing person report from informant.
- F Division Duty Inspector to participate in a discussion with nurse in charge of the ward:-
 - **Sharing all pertinent information held by both agencies.**
 - Agreeing coding appropriate to the current situation.
 - Agreeing a timescale for review (no later than every 8 hours).
 - Agreeing any other actions to be taken and who is to undertake.
- Create an open incident on Storm.
- Delegate an officer to make enquiry. Attend at the ward and make a search of the ward and immediate vicinity.
- Obtain all pertinent information and a recent photograph, if available. Conduct check of Police Custody System, hospitals etc.
- Missing person's details to be entered onto Police National Computer.
- Circulate details of the missing person to local police stations and other forces if appropriate.
- Record outcomes on open log and participate in reviews every 6 hours. Consider upgrading, remaining medium, downgrading to low.
- **Continue review process as circumstances dictate.**

Follow-up Action

- On being advised that the missing person has returned or been traced, the F Division Duty Inspector will discuss the circumstances with Health Care staff. If it is not considered appropriate for an officer to attend immediately due to medical reasons Health Care staff will inform the F Division Duty Inspector via the Force Communications Centre. In every case an officer will attend and confirm missing person has returned. Missing person should be interviewed to ascertain whereabouts/activities etc and forward this information to F Division DOSU so that records can be updated.
- If it becomes apparent that the missing person may have been involved in the commission of offences or has been a victim of crime during the absence, the appropriate action should be taken.
- Remove from PNC and update divisional records accordingly.

Code HIGH Risk

This may be the code used when any of the following circumstances are present:

- Suicidal intent based upon current clinical risk assessment.
- Immediate danger to others.
- History of Self-Harm.
- Vulnerable due to possible state of confusion.
- Due to non-administration of prescribed medication any of the above likely.
- At risk due to prevailing weather conditions.

Code High – HEALTH CARE STAFF Response

- Report the missing person to the police immediately by telephone or in person.
- Complete missing person report form and indicate proposed coding.
- Fax missing person report to:

Force Communications Centre,
Operations Room,
EDINBURGH
Fax – 0131 440 6889

Control Room staff to telephone informant and confirm receipt.

- F Division Duty Inspector will then telephone co-ordinating Nurse in charge of ward to conduct a joint discussion. This discussion should include -
 - **Sharing all pertinent information held by both agencies.**
 - Agreeing coding appropriate to the current situation.
 - Agreeing a timescale for review (no later than every 8 hours) or as agreed between the Duty Inspector and Ward 17 Management.
 - Agreeing any other actions to be taken and who is to undertake.
- A Police Officer will be sent to take full details from the informant, who will convey all relevant information to the officers and provide the officer with a recent photograph, if available. A full and detailed statement will be required to enable the Duty Inspector to make a decision on the missing persons grading.
- Record all steps, discussions, personnel involved and timescale and log in patient's record.

NOTE: A code High missing person is the highest risk requiring immediate police action and enquiry.

Code High Risk – Follow-up Action on Patient Return – Health Care Staff

- Discuss reason for absence on return and attempt to discover whereabouts.
- Identify any further action required, by whom and when.
- Record all information in patient's record.
- Inform police immediately (if not already aware) by telephone. If it is not considered appropriate for an officer to attend immediately due to medical reasons Health Care staff will inform the F Division Duty Inspector via the Force Communications Centre. In every case an officer will attend and confirm missing person has returned. Missing person should be interviewed to ascertain whereabouts/activities etc and forward this information to F Division DOSU so that records can be updated.
- **If it is suspected / known that the missing person has committed or been the victim of a criminal offence during the absence then the police should be informed immediately.**
- In all cases arrange suitable time for Police to attend and carry out visual check and return interview.

Code High Risk – POLICE Response

- Acknowledge receipt of missing person report form.
- **Sharing all pertinent information held by both agencies.**
- Agreeing coding appropriate to the current situation.
- Agreeing a timescale for review (no later than every 8 hours) or as agreed between the Duty Inspector and Ward 17 Management.
- Agreeing any other actions to be taken and who is to undertake.
- Create an open incident on Storm

- Appoint an enquiry officer to attend at the ward, interview informant, search the ward, immediate vicinity and locality. Obtain all relevant information and recent photograph.

- Conduct check of Police Custody System, hospitals etc.

- Missing person's details to be entered on Police National Computer.

- Circulate details of the missing person to local police stations and other forces if appropriate. Broadcast over Airwaves and inform Force Communications Centre for broadcast on Clear Tone.

- Arrange for enquiry at friends, relatives, associates addresses, known areas frequented, arrange for search of missing person's home address if relevant, (remember bus and rail terminals) check any other pertinent addresses – including addresses and areas where found previously.

- Record outcome and participate in reviews every 8 hours. Consider downgrading to medium if appropriate to circumstances.

- Continue review process as circumstances dictate.

F Division Duty Inspector should also consider -

- Use of Force Search team/search advisor/Horses or dogs/specialist search units e.g. Mountain Rescue/Helicopter with thermal imaging/Military/Police Divers etc.
- Consult CID and best use of CID resources.
- Consult media relation's manager to consider press release.
- Ensure Storm log is update.
- Consider family liaison officer.
- Ensure regular briefings to all staff.
- Role of DOSU staff with specialist IT skills.

Follow-up Action - Police

- On return/missing person being traced, F Division Duty Inspector must arrange for an officer to attend and confirm. Missing person should be interviewed (if appropriate depending on health) to ascertain whereabouts/activity etc. and forward this information to DOSU so that records can be updated.
- If it becomes apparent that the missing person may have been involved in the commission of offences or has been a victim of crime during the absence, the appropriate action should be taken.
- Remove from PNC and update divisional records accordingly.

APPENDIX 1

Misper Rep – Part 1 Missing Person

Personal Details of Missing Person

- A First Name
- B Last Name
- C Other Name
- D Age
- E Date of Birth (bob)
- F Place of Birth (pob)
- G Sex
- H Home Address
- I Telephone Number
- J Mobile Number
- K E-mail Address
- L Occupation
- M Work / School Address & Tel. No.
- N Missing Status – LOW / MEDIUM / HIGH
- O Marital Status
- P Risk to Officer / Public: YES / NO
If Yes Expand

Misper Rep – Part 2 Missing

Description of Missing Person

1. Ethnic Appearance
2. Nationality
3. Height
4. Build
5. Shoe Size
6. Eye Colour
7. Glasses
8. Handedness
9. Hair Type
10. Hair Colour
11. Hair Features
12. Facial Hair
13. Dentures
14. Complexion
15. Marks / Scars / Peculiarities
16. Clothing
17. Jewellery
18. Other Personal Possessions
19. Accent
20. Language Spoken
21. Religion

22. Sexuality
23. Means of Transport
24. Other Means of Transport
25. Full Driver's Licence
26. Ability to Drive Motor Vehicle
27. Next of Kin
28. Consent
29. Statutory Orders
30. Family Doctor
31. Social Worker
32. Relatives, Friends, Associates
33. Financial Details
34. Passport
35. National Insurance Details
36. Other Identification Carried
37. Medical Issues
38. Photograph
39. Residence / Area Searched
40. Circumstances of Disappearance
41. Place Last Seen
42. Date / Time Last Seen
43. By Whom

44. Date / Time Reported

44. Any other Sightings

45. Places Frequented

46. Missing Previously

47. Enquiries & Action Taken

48. Police Database checks

49. Warning Signals

50. Driver No.

51. DNA Taken

52. Any Other Information

Health Care Worker Reporting Incident (inc. contact telephone number)