

CENTRAL STATE HOSPITAL  
POLICY & PROCEDURE

SUBJECT: ELOPEMENT/ESCAPE

ANNUAL REVIEW MONTH: JUNE

RESPONSIBLE FOR REVIEW: Clinical Director

LAST REVISION DATE: September 2010

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**I. POLICY:**

The staff of Central State Hospital (CSH) supports the right of any individual to exercise his or her right to access the environment in a safe and responsible manner. To support this right, upon admission to any service area at CSH, the staff will define for the individual the physical limits of area that he or she will be responsible for remaining within. The staff will again define these limits with any change that the treatment team may make in the limits based on the ability of the individual to safely exercise his or her right to access the environment. The staff of CSH must maintain knowledge of the location of all of the individuals that are served at this facility, consistent with each individual's current ability to maintain their own safety as well as not pose a safety risk to others, as assessed by the treatment team. In the event that the location of an individual cannot be determined, as defined below, that person will be considered to have eloped or escaped depending on their status at CSH. When such a circumstance arises, appropriate reporting will be completed.

**II. DEFINITIONS:**

- A. A person is considered to have eloped from the facility when:
1. The individual has left his or her assigned area, as defined by his or her treatment team;
  2. The individual does not return from approved temporary leave or trial visit, and one hour has elapsed since his/her expected return; or,
  3. The individual does not return from an approved treatment event when expected and cannot be located.
- B. A person is considered to have escaped from the facility when they have met the criteria to have eloped and fall into one of the following categories:

1. Individuals admitted “Incompetent to Stand Trial” (IST);
2. Individuals admitted “Not Guilty by Reason of Insanity” (NGRI);
3. Individuals admitted for pre-trial evaluation;
4. Georgia Department of Corrections inmates receiving services at Central State Hospital;
5. Individuals admitted with a law enforcement “Hold” order;

### III. PROCEDURE:

All incidents of elopement or escape will be reported in accordance with DBHDD Policy 03-515 Incident Management.

The purpose of this procedure is to provide a systematic approach to handling the elopement or escape of an individual from CSH custody.

Participants: Service Chief  
 Attending Physician  
 Service Director/ Supervisor  
 Police Dispatcher  
 CSH Police Chief  
 Police Investigator  
 Director of Health Information Management (HIM)  
 Service Area Employee(s)  
 Director of Legal and Special Services

PERSON RESPONSIBLE	RESPONSIBILITY
<b>Service Chief</b>	Develop internal procedure to assure that: <ol style="list-style-type: none"> <li>1. Location of individual is verified at change of each shift and other regular intervals as required by the type and condition of service area.</li> <li>2. Written instructions are provided service area staff as to action to be taken when individual is unaccountably absent, or has not returned from activities or walkout at the expected time.</li> <li>3. Provide to the Regional Hospital Administrator (RHA) and the CSH Police Department a concise internal search plan, to include communications strategy, and the names of members of the service area search teams.</li> </ol>
<b>Attending Physician</b>	<ol style="list-style-type: none"> <li>1. Determine if individual who leaves without consent (LWC) needs further hospitalization.</li> <li>2. Notify service director/ designee that individual needs further hospitalization.</li> <li>3. Record the reasons for request for further hospitalization</li> </ol>

	in the individual's medical record.
Service Director/Designee	<ol style="list-style-type: none"> <li>1. Determine that the individual is on LWC.</li> <li>2. Notify CSH Police Department, service chief, service area clinical director and attending physician providing identifying information on individual. Notify the service area if a temporarily assigned individual leaves without consent.</li> </ol>
Service Chief/Designee	<ol style="list-style-type: none"> <li>1. Notify RHA and other appropriate administrative staff as needed.</li> <li>2. Implement service area's internal search plans and coordinate efforts with the CSH Police Department.</li> <li>3. Emergency radios located in the service area should be utilized as needed.</li> <li>4. Have first representative notified by telephone, if applicable. If no telephone number is listed or attempts to telephone are not successful, every effort will be made to establish contact with either the first or the second representative including the following steps: <ol style="list-style-type: none"> <li>a. Contact the telephone company's directory assistance operator.</li> <li>b. Search the clinical record for who may be able to provide information.</li> <li>c. Question employees on the individual's service area who may have acquired useful information from the individual and/or visitors.</li> <li>d. Have CSH Police Captain notified when family or representative cannot be reached by phone,</li> </ol> </li> </ol> <p>NOTE: If none of the above is successful, send a letter by certified mail to the last known address of the first and second representatives. If letters are returned, file in the individual's clinical record and document accordingly.</p> <ol style="list-style-type: none"> <li>6. Have applicable court notified by telephone.</li> <li>7. Have previously informed persons notified if individual returns from LWC and document this notification.</li> <li>8. Ensure a progress note entry has been made in individual's clinical record, giving circumstances surrounding the LWC.</li> <li>9. Submit Critical Incident Report to Legal and Special Services (LSSO), within 24 hours of the LWC.</li> <li>10. Enter individual's LWC status in Avatar computer</li> </ol>

	<p>system. Record individual's LWC status on Building Report (midnight census) if individual is missing at midnight. Continue recording on LWC status until individual returns or physician discharges the individual.</p> <p>11. Individual will be discharged in accord with instructions below:</p> <ol style="list-style-type: none"> <li>a. Commitment types 103 and 216 - discharge from LWC after forty-eight (48) hours.</li> <li>b. Commitment type 210 - discharge five (5) working days after time of admission.</li> <li>c. Commitment types 207, 214, 227 and 233 - discharge when the commitment period expires or when ordered by the attending physician.</li> <li>d. Commitment types 241, 244 and 201 – permission must be requested from the court to discharge individual.</li> </ol> <p>12. Have form CSH-475 (Rev. 1/2001), Release Notification, initiated and forwarded to the Director/Designee of HIM.</p>
<b>Police Dispatcher</b>	<ol style="list-style-type: none"> <li>1. Notify Police Captain and LSSO of missing individual.</li> <li>2. Dispatch patrols to area where individual was last seen.</li> </ol>
<b>Police Chief</b>	<ol style="list-style-type: none"> <li>1. Verify condition of missing individual with individual's parent service area's service director/designee and activate search groups when medical judgment deems necessary.</li> <li>2. Assure appropriate staff/agencies are notified of missing individual when service director/designee requests lookout and/or individual is committed under a Hold Order. Notification shall be in compliance with CSH Policy # 4.29 – Confidentiality.</li> <li>3. Assign investigator to collect data on missing individual and to assist in search</li> </ol>

	<p>4. Have the following identification data entered on the police blotter:</p> <p style="padding-left: 40px;">Name, age, race, admission, code, sex, height, weight, color of hair, wearing apparel, physical condition, location at time last observed, complete medical diagnosis, identifying scars and features.</p> <p>5. Notify Regional Hospital Administrator and Director of Legal and Special Services if there is substantial risk to others, if individual has been committed by order of criminal court, if individual has a hold order or any other case which may be of concern to the general public.</p> <p>6. Organize search groups, assign designated leader, issue leader radio and issue other equipment, as required. Issue radios to service area search teams as needed. Ensure equipment issued is properly accounted for. Implement CSH police procedure 33, Action of Search/Rescue Teams.</p> <p>7. Determine the size of each search group and best methods to conduct efficient search.</p> <p>8. Coordinate search efforts with the individual's service area or departments.</p> <p>9. Request assistance from GDC as required after consultation with the facility administrator.</p> <p>10. Notify Baldwin County Sheriff's Office and/or Milledgeville City Police Department, as appropriate, when it is believed individual has departed hospital grounds and request assistance, when needed.</p> <p>11. Recall and dismiss search groups when missing individual is located.</p> <p>12. Consult with Regional Hospital Administrator prior to terminating the search if missing individual is not located.</p> <p>13. Notify appropriate staff/agencies when missing individuals located or search is terminated, as appropriate.</p> <p>14. Account for any equipment issued to service area search teams.</p>
<b>Director of HIM / Designee</b>	<p>1. Receive original form CSH-475 and place in individual's medical record.</p> <p>2. Have copies of form CSH-475 mailed to the individual's representative (s), committing court, aftercare clinic and the referring physician, as appropriate. .</p>

**Approved:**

**This policy and procedure has been approved by the RHA and the CSH Clinical Director on September 21, 2010.**