

WESTERN STATE HOSPITAL
Department of Social and Health Services
Policy No. 4.3.6

Effective Date: 11/21/1980
Revised Date: 10/05/2016
Sunset Review Date: 05/2020

Policy Title: ESCAPE AND UNAUTHORIZED LEAVE

I. Purpose:

To define responsibilities and procedures when a patient is in unauthorized leave or escape status as defined below.

II. Scope:

All patients and staff members at WSH.

III. Definitions:

BHA: Behavioral Health Administration

CNO: Community Notifications Office

Escape:

Escape status applies only to those patients:

1. Committed under **RCW 10.77** and residing in the Center for Forensic Services (CFS).
2. Committed under **RCW 10.77** and residing in the Habilitative Mental Health (HMH) unit.
3. Civilly committed following a finding of incompetence to stand trial for a felony classified as violent under **RCW 9.94A.030**, pursuant to **RCW 71.05.280(3)(b)** and **320(3)(c)**.
4. Any civilly detained patient who has a jail hold.
5. Applies to NGRI Conditional Release patients that are in the CFS Community Program and fail to meet with supervising staff. A CR patient is considered to be on escape status immediately upon discovery that the patient is unaccounted for, whether on hospital grounds or on any supervised outing off campus, or if a CR patient does not return or check in at the specified time.

Escape status is defined as:

- 1 Patients who leave a supervised setting on or off grounds without staff permission or,

- 2 Patients who fail to return from Grounds Privileges or Authorized Leave at the prescribed time.

HB 1114 Patients: Patients who are committed under RCW 71.05.280(3)(b) and 320(3)(c). These patients may have initially had violent felony charges dismissed due to incompetence then referred for civil commitment.

Jail Hold: Applies to any patient committed under RCW 71.05 with pending charges and the originating county or municipality of those charges has requested in writing that WSH notify and coordinate for the patient to be taken into custody by law enforcement at the point of discharge.

Level System:

The PTRC South/Central and East Campus Level (Civil) Systems are designed to promote a systematic progression to higher levels of personal responsibility and accountability leading to discharge, demonstrated by maintenance of safe behaviors while on grounds and/or in the community. The treatment team uses various risk assessment criteria when granting level promotions. This information is critical to understand when assessing risk when apprehending a patient on UL status. It is critical that those with a level 0, 1 or 2 have that status communicated with Law Enforcement when reporting a UL.

Please see [PTRC-Central/South Level System](#) and [PTRC-East Campus Level System](#) for full description of level privilege requirements.

In brief:

Level 0: Within the PTRC and East Campus Level Systems, Level 0 is for civil patients at such high risk that MD and treatment team have determined the patient is not safe enough to leave the ward, for any reason.

Level 1: Within the PTRC and East Campus Level Systems, Level 1 is awarded to all civil patients upon admission to WSH until they are seen by MD/OD during intake assessment or for a patient who is an imminent risk for harm to self and/or others, or is a high elopement risk.

Level 2: Within the PTRC and East Campus Level Systems, Level 2 is for patients assessed as too unsafe to be outside on grounds or off grounds without a staff escort.

Level 3: Within the PTRC and East Campus Level Systems, Level 3 is for patients assessed as safe to be on hospital grounds without staff supervision.

Level 4: Within the PTRC and East Campus Level Systems, Level 4 is for patients that are ready for discharge and waiting for placement.

Level 5: Within the PTRC and East Campus Level Systems, Level 5 is for patients where an imminent discharge has been planned.

RCW 71.05: Patients who are civilly committed and are involuntarily detained due to being gravely disabled, danger to self, or danger to others.

RCW 10.77: Patients with criminal charges who are being evaluated for competency, sanity, or committed for competency restoration, who have been adjudicated as Not Guilty by Reason of Insanity (NGRI), or who are NGRI and the court orders a forensic Conditional Release to either the CFS Community Program on grounds at WSH, or into the community.

Unauthorized Leave (UL):

UL status applies only for those patients who:

1. Are committed under **RCW 71.05** and do not have a “**jail hold**” and
2. Are not committed under **RCW 71.05.280(3)(b)** and **320(3)(c)** (aka HB 1114).

UL status is defined as:

- 1 Patients who leave a supervised setting on or off grounds without staff permission or,
- 2 Patients who fail to return from Grounds Privileges or Authorized Leave at the prescribed time.

IV. Policy:

It is the policy of Western State Hospital to make appropriate notifications and initiate all required actions expeditiously to ensure the safety of staff, patients, and the public. All attempts are made to return the patient to where he/she is supposed to be as quickly and as safely as possible.

V. Procedure:

A. Ward /Program/Escorting Staff Actions to be accomplished in order:

- 1 **Core Business Hours-8:00 a.m. through 4:30 p.m. Monday through Friday.**
When it's determined a patient(s) leaves unauthorized or escapes from a staff member while on WSH grounds or while on escorted leave during core business hours:
 - a. Staff will scan the immediate area for no more than five minutes, then call the Communication Center at **253.756.2692** or **2222**. If off grounds, the call to Communications will be immediate. The staff member will keep any other patients under their supervision with them.

- b. Staff will report the following:
 - 1. Where the patient was last seen.
 - 2. If known, the direction the patient is traveling.
 - 3. The patient's name and level status.
 - 4. The patient's home ward
 - 5. The patient's physical description, including clothing he or she was last seen wearing.
- c. Additional staff including security (or if off campus, the police) will be dispatched to the area to assist with conducting an immediate area search and security inspection if necessary.
- d. Nursing or direct service staff/designee will assist WSH Security in the search and recovery of the patient.
- e. If off campus, the staff member will continue to look for the absent patient until they are redirected by the RN4 on duty.
- f. The staff member involved will complete an Administrative Report of Incident (AROI) or Security Incident Report (SIR) related to the event and individual response actions and what they witnessed, prior to the end of shift.
- g. Staff should notify the Social Worker.

2 After hours-4:30 p.m. - 8:00 a.m. Monday through Friday and on weekends and holidays.

When it's determined a patient(s) leaves unauthorized or escapes from a staff member while on WSH grounds or while on escorted leave after hours:

- h. Staff will scan the immediate area for no more than five minutes, and call the Communications Center at **253.756.2692** or **2222**. If off grounds, the call to Communications will be immediate. The staff member will keep any other patients under their supervision with them.
- i. Staff will report the following:
 - 1. Where the patient was last seen.
 - 2. If known, the direction the patient is traveling.
 - 3. The patient's name and level status.
 - 4. The patient's home ward
 - 5. The patient's physical description, including clothing he or she was last seen wearing.
- j. Additional staff including security (or if off campus, the police) will be dispatched to the area to assist with conducting an immediate area search.
- k. Nursing or direct service staff/designee will assist WSH Security in the search and recovery of the patient.
- l. If off campus, the staff member will continue to look for the absent patient until they are redirected by the RN4 on duty.
- m. The staff member will complete an AROI or SIR related to the event and individual response actions and what they witnessed, prior to the end of shift.
- n. Staff should notify the Shift Manager who is responsible to notify the CNO designee through the Communications Center.

B. Communication Center Actions :

1. When the staff member calls about a patient UL or escape, the Communications Center staff member directs the reporting staff member to stay on the line, obtains contact information from the caller, and gathers basic details about the event.
2. Once the basic information is gathered and documented (on the Walk Away form, located in the Communications Center), the Communications Center (CC) staff should place the caller on brief hold and contact:
 - a. Security to immediately initiate a grounds search if the Escape/UL happened on grounds.
 - b. Make an overhead announcement initiating the response using the public address system.
 - c. Then the CC staff member should bridge the call (3 way call) between the staff member making notification, and South Sound-911 to notify of the Escape/UL and give applicable details.
 - d. Fax the Walk Away form to South Sound -911 dispatch and inform them that the full UL/Escape form will follow after it is collected.
 - e. Page the Administrative Officer of the Day (AOD) Listing designating the event as an Escape or UL and providing the patient's level.
 - f. Call the patient's home ward, report the patient's absence and secure additional information needed to complete the UL/Escape notification processes.
3. Immediately following the verbal notification to South Sound 911:
 - a. Print out the Escape/UL Notification report (WSH 1-141 report).
 - b. Write in the clothing description provided by staff.
 - c. Fax the form to local law enforcement (Lakewood Police Department and Steilacoom Police Department).
4. Throughout the UL/Escape process, the internal notification form should reflect the person(s) contacted and the time of contact for all notifications made (law enforcement, next of kin, DOC, etc.).
5. Immediately following faxing of the Escape/UL Notification report, if the patient has active DOC supervision, call the DOC Warrants Desk at **360.725.8888** and the DOC Liaison/designee at **253.756.2771**.
6. Alert the Shift Manager if the patient has any notification requirements.
7. Page the Administrative Officer of the Day (AOD) list and the CNO designee.
8. Notify next of kin as shown on the Escape/UL form.
9. Notify the Behavioral Health Organization (BHO) or RSN listed in Cach'e afterhours, or the Social worker during core business hours.

10. When notified of the patient's return or discharge:
 - a. Notify the authorities as listed on the UL form.
 - b. Notify next of kin listed on the UL form.
 - c. Forward copies of cancellation to areas listed on the UL form.
 - d. Notify the AOD.
 - e. Notify the CNO/designee.
 - f. If the patient has active DOC supervision, notify the DOC Warrants Desk and the WSH DOC Liaison.
11. Complete an AROI or Security Incident Report related to the event and individual response actions and what they witnessed, prior to the end of shift.

C. Security Actions:

1. Security staff will immediately respond to the last known area where the patient was seen on campus, gather information, conduct a search and security inspection of the immediate area, and continue to search for the patient until redirected.
2. If the patient escapes off campus, Security will assist law enforcement as directed.
3. If the escape takes place at CFS or E1/E2, CFS will be placed on immediate lockdown status.
4. If the area searched is no longer a secured area, the area will be placed on lockdown, and the immediate area will be secured to prevent others from leaving (this may include temporary assignment of security staff to the area).
5. Security Escape Posts will be established (location to be determined by Security Supervisor consistent with the last known location, and direction of travel of the patient).
6. The Security supervisor will direct security resources and contact the Security Director and notify the Chief Safety and Security Officer.
7. Photos, videos, contraband and other items as necessary, will be collected and secured as evidence.
8. Security staff will remain vigilant in their position as directed by the Security Supervisor until properly relieved.
9. Security will complete an SIR related to the event that provides individual response actions and what they witnessed during the event, prior to the end of shift.

D. Ward Charge Nurse Actions:

1. The Ward Charge Nurse is responsible for ensuring that the UL/Escape notification is completed in Johnsons Acuity Cache. Johnsons Acuity Roll Cache program generates the Escape/UL Notification (WSH 1-141) report. WSH 1-141 includes the following information about the missing patient:
 - a. Name
 - b. Doctor
 - c. Hospital Number

- d. Social Security Number
- e. Last known Address
- f. County
- g. Driver's license number
- h. County committed by
- i. Date and time last seen
- j. Height
- k. Weight
- l. Skin tone
- m. Admission Date
- n. Type of commitment
- o. UL/Escape status
- p. Age
- q. Date of birth
- r. Gender
- s. Race,
- t. Hair and eye color
- u. Scars or tattoos
- v. Circumstance of UL/Escape
- w. Jail hold status
- x. Relative or guardian
- y. Clothing description
- z. Circumstances of unauthorized leave or escape
- aa. Recent acts/threats of violence in the past 30 days.

- 2. The Ward Charge Nurse notifies the attending physician/Officer of the Day (OD).
- 3. The Ward Charge Nurse completes an AROI or SIR related to the event, provides individual response actions and what they witnessed, prior to the end of shift.

E. Attending Physician/Chief Medical Officer/Officer of the Day (OD) Actions:

- 1. The attending physician/OD will enter an order into the patient's record indicating the patient is being placed on UL or Escape status. This order will be in place until the patient's status changes and a new order is written.
 - a. The UL designation means the absent patient has been discharged from "medical authority only" at WSH allowing for medical services to be covered in the event the patient is admitted to another facility while on UL/escape status.
 - b. The chart will remain open until the patient is discharged from UL/escape status.
 - c. Patients on UL or escape may not be released from legal commitment by the attending physician without written Chief Medical Officer or designee approval. (This written approval may either be completed via email, which is then included in patient's medical record or on the Notice of Release).

- d. Complete an AROI or SIR related to the event and individual response actions and what they witnessed, prior to the end of shift.

F. Shift Manager Actions:

1. The Shift Manager or designee, without delay, will contact:
 - a. Any individual requiring notification or requesting to be notified per WSH Policy 2.5.8 "Duty to Warn or Request for Notification."
 - b. Contact the Community Notifications Office (CNO) or designee, if the patient requires Department of Social and Health Services (DSHS) Victim/Witness Notification per WSH Policy 2.5.11 "DSHS Victim and Witness Notification Requirements" or has Offender Re-Entry Community Safety Program (ORCSP) status per WSH Policy 2.5.13 "Patients Assigned Dangerously Mentally Ill Offender (DMIO) Status."
2. If a patient has active Washington state DOC supervision:
 - a. **Core Business Hours-8:00 a.m. through 4:30 p.m. Monday through Friday.**
 1. The social worker or designee will immediately notify the WSH DOC Liaison at **253.756.2771.**
 - b. **After Hours-4:30 p.m. through 8:00 a.m. Monday through Friday and on weekends and holidays.**
 1. The Shift Manager will provide the responding law enforcement officer(s) with any relevant information (medical or psychiatric) related to the patient's or public's safety (i.e., medical issues without treatment that will seriously compromise the patient's health, is the patient or has the patient been psychiatrically a danger to self or others, violent acts or threats within the last 30 days, etc.).
3. The Shift Manager/Designee will make any other community notifications
 - a. Notice to Prosecutor.
 - b. Violent Offender or Sex/Kidnapping Offender as required by related policies/procedures (Law Enforcement Notification).
4. When the patient is returned or discharged from UL/Escape Status the Ward Charge Nurse must notify the Communication Center as soon as possible. The Social Worker, or if during non-business hours, the Shift Manager will notify the same parties notified when the patient was placed on UL or escape status.
5. The Shift Manager will provide any other pertinent information to the responding

law enforcement officers upon their arrival to WSH.

6. The Shift Manager will assume the role of Incident Commander in all cases of Escape/UL, and will only be relieved by someone with an equal or higher level of ICS training and authority to manage the incident.
7. As the Incident Commander the Shift Manager will summon the necessary resources needed to manage the incident to include summoning the AOD to support management of the incident.
8. Complete an AROI or SIR related to the event and individual response actions prior to the end of shift.
9. Collect all other reports related to the incident and forward as appropriate through the chain of command.

G. AOD Actions:

1. The AOD will provide notifications required under DSHS Administrative Policy 9.01, BHSIA Management Bulletin H14-9-0001, and WSH Policy 1.1.7.
2. The AOD will make contact with the CEO and brief him/her of all Escapes/ULs from Western State Hospital.
3. In the absence of contact to the CEO by the AOD, the AOD will make notifications to the Assistant Secretary and the Secretary.
4. The AOD may assume the role of Incident Commander if appropriate or as requested by the Shift Manager to manage the incident.
5. Complete an AROI or SIR related to the event and individual response actions prior to the end of shift.
6. Collect all other reports related to the incident and forward as appropriate through the chain of command.

H. Social Worker Actions:

1. **During Core Business Hours-8:00 a.m. through 4:30 p.m. Monday through Friday.**
 - a. The Social worker will make notification to the next of kin
 - b. The Social worker will make notification to the BHO (See BHO/FIMC Liaison Directory and Schedule in the Communications Center).

I. Patient Recovery Actions:

1 On Campus

- a. WSH staff will apprehend the patient unless directed otherwise by law enforcement. WSH staff involved in the apprehension should always attempt to achieve voluntary compliance of the patient if possible to enter the vehicle/return to the ward.
- b. If containment procedures must be used to apprehend the patient, staff must follow procedures in WSH Policy 2.4.1: Seclusion and Restraint.

2 Off Campus

- a. WSH staff may not use force off campus. That is a law enforcement officer's responsibility.
 - b. WSH staff should invite or attempt to persuade the patient to enter the vehicle voluntarily and return to the hospital in the absence of law enforcement.
 - c. If the patient is located by hospital staff, or the staff person has reason to believe s/he is in a building (grocery store, private residence, etc.), 911 is immediately contacted to investigate/transport the patient back to the hospital. Staff may enter a building where the patient may be located IF AND ONLY IF law enforcement directs them to do so. Staff is expected to assist the 911 responders if s/he requests.
- 3 If a patient is apprehended or located on WSH grounds, the patient will be escorted by security and/or the recovering staff members.
 - 4 If the patient is apprehended off hospital grounds and the hospital has requested to return the patient to WSH, the WSH Transportation Department will be contacted to provide a vehicle and the Shift Manager will arrange for staff to pick up and escort.
 - 5 If the Transportation Department is unavailable, Security Officers on duty will transport the patient to WSH.
 - 6 Any time ambulance services are required, the attending physician/OD/AOD will direct contracted ambulance service through the Communications Center.
 - 7 All staff involved in the apprehension and response must complete an AROI or SIR related to the event and document individual response actions prior to the end of shift.

J. Behavioral Health Administration (BHA) Notification:

1. The CEO will notify the DSHS Assistant Secretary and Secretary upon receiving notification of an Escape/UL from Western State Hospital.


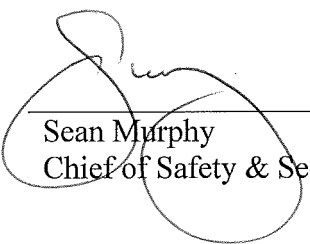
VI. Preparedness

1. The Emergency Management Director will ensure that a comprehensive quarterly training is conducted which includes:
 - a. Individual responsibilities.
 - b. Familiarity of procedures.
 - c. Collaborative training which includes responding agencies and all levels of WSH staff response.
2. The Emergency Management Director will ensure that an annual exercise is conducted that includes working collaboratively with external agencies.

VII. Responsibility:

The Chief Executive Officer is responsible for implementation and monitoring of this policy.

Approved By:

 _____ Cheryl Strange Chief Executive Officer	<u>9/29/16</u> Date	 _____ Sean Murphy Chief of Safety & Security	<u>09/29/16</u> Date
---	------------------------	--	-------------------------

Information Contact:
Chief of Safety & Security

Authorizing Source:
DSHS Administrative Policy 9.01
RCW 71.05
RCW 72.09
RCW 72.23
RCW 10.77 165
RCW 10.77.205
BHSIA Management Bulletin H14-09-001
Nursing Standard Procedure 239 Unauthorized Leave/Missing Person Reporting Procedure