

Missing Resident Emergency Plan – CODE YELLOW (Policy and Procedures)

Manual	Emergency Plans – Module 3	Policy Number	EM-03.09 (v.1.6)
Applies to	All Long-Term Care Staff, Students and Volunteers		
Effective Date	December 15, 2022	Replaces	N/A

PURPOSE: The policy provides guidelines for staff, students and volunteers to respond quickly and efficiently if a resident is deemed to be missing as part of a commitment to ensuring a safe and secure environment for all at the Homes

DEFINITIONS:

CODE YELLOW	A term used to alert staff that a resident is (or is presumed to be) missing
Emergency	Means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home
Staff	<p>Means a person who works at the Home either:</p> <p>(a) As an employee of the Region/Home. This includes unionized staff, including but not limited to CUPE 905 Long-Term Care Bargaining Unit Staff (excluding Seniors Community Program Staff), and Non-Union staff working in the Homes. This also includes any redeployed Regional staff</p> <p>(b) Has a contract or agreement with Region/Home. This includes but not limited to the Medical Director, Registered Dietician, Pharmacy Service Provider, Physiotherapist, etc.</p> <p>(c) At the Home due to a contract or agreement between the Region/Home and an employment agency or other third party. This includes agency staff (including those who may not provide direct care to residents)</p> <p>Note: Education and Training exemptions apply for those in (b) and (c) who provide occasional maintenance and repair services to the Home and will not provide direct care to residents. These staff will receive information about emergency plans before commencing their services</p>

POLICY: The key requirements of this policy are:

1. A **Missing Resident Emergency Plan – CODE YELLOW MUST** be activated by the **Charge Nurse** for any resident who cannot be found **after** an initial search is complete
2. All staff have a duty to support and respond to a **CODE YELLOW**
3. **Equipment and Supplies:** The Homes will ensure staff have access to resources, supplies, personal protective equipment and equipment to adequately respond to a **CODE YELLOW**
4. **Communications:** The Homes will be equipped with an effective public address system for announcing **CODE YELLOW** to those in the Home
5. **Reporting:** The Home must report a critical incident that presents an emergency to the Ministry of Long-Term Care immediately.

Note: This includes

- **Immediately reporting** a resident who is missing for three or more hours or any missing resident who returns to the home **with an injury or any adverse change in condition** regardless of the length of time the resident was missing, **or**
 - Reporting by no later than one business day after the resident went missing, any resident who is missing for less than three hours and who returns to the home with **no injury or adverse change in condition**
6. **Education and Training:** All staff, students and volunteers will be provided with education and training on the **Missing Resident Emergency Plan – CODE YELLOW** at orientation and annually thereafter

Note: For **CODE YELLOW** testing and exercise requirements, see the **Long-Term Care Emergency Preparedness and Response Training and Exercise Plan**

PROCEDURES: This section contains procedures for the following:

- A. **Activating and responding to a CODE YELLOW**
- B. **During a CODE YELLOW**
- C. **Ending a CODE YELLOW**
- D. **Post CODE YELLOW Procedures and Documentation**
- A. **Activating and responding to a CODE YELLOW**

The staff member who first notices a resident is missing will conduct an initial search:

- Check the resident's room and/or frequently visited areas

- Call the resident's cell phone if they have one
- Contact reception (during business hours) and check the sign-out sheet. See **Resident Absence Policy and Procedures**
- Check with other staff, volunteers and residents
- Identify if the resident is wearing a wander alert badge. See **Risk of Wandering: Resident Alarm System Policy and Procedures**
- Contact the Charge Nurse (or designate) to confirm an initial search has not located a missing resident

Note: Students and volunteers who notice a resident is missing should contact a Charge Nurse immediately

Note: The initial search must take no longer than 10 minutes. See **Appendix C: Search Record**

The Charge Nurse (or designate) will:

- Assess the situation and get a verbal report from the staff member, student, or volunteer who became aware the resident was missing
- Assume command of the emergency
- Delegate a staff member to announce the following statement **three times** using the public address system:
“CODE YELLOW (Missing Resident on [Home Area]). All available staff, please report to the Nurses Station”
- Request the Administrator (or designate) to access and review any surveillance camera footage (CCTV) at the Home. See **Long-Term Care Home Closed Circuit Television (CCTV) Use**
- Call the SDM, if applicable, to tell them about the situation and ask if they (or another visitor) may have taken the resident as part of an unscheduled outing

The Administrator (or designate) will:

- Access and review any surveillance camera footage (CCTV) at the Home
Note: Only the System Administrator (Supervisor, Maintenance, Security) and System Operators (Administrator, Director of Care and Manager, Production and Support Services) can access video footage. See **Long-Term Care Home Closed Circuit Television (CCTV) Use**

B. During a CODE YELLOW

The Charge Nurse (or designate) will:

- Initiate the first systematic search of the whole Home (including outside). See **Appendix A: Search Procedures, Appendix B: Search Sheets, and Appendix D: Search Timeframe**

Note: The Charge Nurse on the Home Area of the missing resident oversees the search as the search coordinator. Each Charge Nurse will coordinate a search of their Home Areas respectively and report to the search coordinator

- Call “8-911” and contact the police once **either**:
 - The first systematic search of the whole Home is complete **OR**
 - As soon as possible based on other considerations (such as whether it is known or presumed the resident has left the property, the resident’s cognitive, physical or psychosocial condition, the time of day, weather conditions and the resident’s knowledge of the area).

Note: Provide the operator with as much detail as possible including providing a picture of the resident, if requested. The Police may share this information as part of any media release

- Delegate a staff member to:
 - Be a runner and wait for the Police at the entrance to the Home and escort them to the Nurse’s Station on the Home Area of the missing resident (or other location as determined by the Charge Nurse (or designate))

Note: Once the Police arrive on site, the Charge Nurse (or designate) and Police will coordinate search strategies and next steps

- Obtain search materials (such as floor plans). See **Appendix B: General Emergency Kit List** in the **Resources, PPE, Supplies and Equipment Emergency Plan**
- Complete and maintain **Appendix C: Search Record**
- Notify the Administrator (during business hours) or the Manager-on-Call (after hours), the Director of Care, the resident’s most responsible Physician and the Medical Director
- Update the SDM, if applicable, to tell them about the situation

The Administrator (during business hours) or the Manager-on-Call (after hours) will:

- Inform and consult with the Director, Seniors Services on whether to activate the Incident Management System (IMS). See **Long-Term Care Emergency Plan**

C. Ending a CODE YELLOW

The Charge Nurse (or designate) will:

- Declare the **CODE YELLOW** over when the resident is found, and their identity

confirmed **or** at the direction of the Police

- Delegate a staff member to announce the following statement **three times** over the public address system:

“CODE YELLOW. All clear”

Note: Once a **CODE YELLOW** has been declared over, normal operations resume

D. Post CODE YELLOW Procedures and Documentation

The Charge Nurse (or designate) will:

- Ensure all emergency response equipment taken from the General Emergency Response Kit is replenished and cleaned. See **Resources, PPE, Supplies and Equipment Emergency Plan**
- Report any incidents/injuries involving visitors and other members of the public using the **Bodily Injury Reporting Form**
- Upon notification of incident/injury of **employees**, request that the employee’s supervisor follow the employee incident / injury process. See [Incident and Concern Reporting](#)
- Upon notification of incident/injury of **students, volunteers, agency staff and contracted service providers**, notify the supervisor of that individual about the need to complete the **Non-Regional Incident Reporting Form**
- Conduct debrief(s) and other actions as required by the **Long-Term Care Emergency Recovery Plan**
- Update the Administrator (during business hours) or the Manager-on-Call (after hours), the Director of Care, the resident’s most responsible Physician and the Medical Director

The Director of Care (or designate) will:

- Follow the **Mandatory and Critical Incident Reporting Policy and Procedures**
- Notify Joint Health and Safety Committee regarding all incidents involving staff, volunteers, visitors, and contract workers

The Administrator (during business hours) or the Manager-on-Call (after hours) will:

- In consultation with the Director of Seniors Services:
 - Deactivate the Incident Management System (IMS), if activated
 - Notify the Education and Wellbeing Team to ensure staff supports in place for those who experienced distress. See **Appendix D: Support Resources** in

Emergency Recovery Plan (Policy and Procedures)

A Supervisor of any employee involved in the incident (and who sustains an injury or near miss) will:

- Follow the employee incident / injury process. All incidents must be reported through the **Online e-Incident Report Form** on the Homes' incident reporting system

Note: All incidents (including near misses) must be investigated by employers. See [Incident and Concern Reporting](#)

A Supervisor of a student, volunteer, agency staff or contracted service providers involved in the incident (and who sustains an injury or near miss) will:

- Complete the **Non-Regional Incident Reporting Form**

ROLES AND RESPONSIBILITIES:

Role	Responsibilities
All staff, students and volunteers	<ul style="list-style-type: none"> • Must support a search for the missing resident, as required
Administrator (during business hours) or the Manager-on-Call (after hours)	<ul style="list-style-type: none"> • Access CCTV footage, as required • Following consultation with the Director of Seniors Services, activate and/or deactivate the Incident Management System (IMS)
Director of Care (or designate)	<ul style="list-style-type: none"> • Initiate Mandatory Critical Incident System (CIS) Report
Charge Nurse (or designate)	<ul style="list-style-type: none"> • Assume command of a CODE YELLOW • If the Police arrive on site, coordinate search strategies and next steps • Maintain and complete missing resident search documentation, as required
Emergency Contingency Planning Specialist	<ul style="list-style-type: none"> • Provide education and training on Emergency Plans • Complete After-Action Review (AAR) as required by the Long-Term Care Emergency Recovery Plan
Education and Wellbeing Team	<ul style="list-style-type: none"> • Ensure staff supports are in place for those who experienced distress. See Appendix D: Suggested Support Resources in Emergency Recovery Plan (Policy and Procedures)

- Maintain staff records of education and training

Authority	<i>Fixing Long-Term Care Act, 2021 s. 82(2)8 and 90; General Regulation 246/22 s. 20, 115, 263(2)2, 268, 270, 271(1)f; 273; CARF Aging Services Standards; and York Region Seniors Services Administration</i>		
Related Resources	<ul style="list-style-type: none"> • Appendix A: Search Procedures • Appendix B: Search Sheets • Appendix C: Search Record • Related Home Policies: Emergency Planning Policies and Procedures; Mandatory and Critical Incident Reporting Policy and Procedures; Resident Absence During COVID-19 Policy and Procedures; and Risk of Wandering: Resident Alarm System Policy and Procedures • LTC Emergency Preparedness Manual 		
Policy Contact	Senior Program Analyst	Review Period	Annually