

## AWOL (Absent Without Official Leave)

### Procedure Responsibilities and Authorisation

<b>Department Responsible for Procedure</b>	Mental Health and Addictions Service
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<b>Target Audience</b>	Mental Health an Addictions Service staff
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### Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
07	Kylie Balzer	November 2022	Updated into current Te Whatu Ora procedure template
06	Kylie Balzer	October 2019	Updated into current DHB procedure template Inclusion of flow charts
5.1	Kylie Balzer Inpatient Operations Manager	August 2016	Printshop document number for Mental Health and Addictions Missing Persons Checklist A7134HWF
5.1	Kylie Balzer Inpatient Operations Manager; Louise Quinn Clinical Nurse Specialist	July 2016	Update to checklist and requirements to upload to clinical workstation (CWS) Inclusion of information that security is only involved for on hospital campus incidents Update to incident information related to introduction of DATIX risk management system Inclusion of service users on Section 31 Leave
05	Mental Health, Security Manager, Police representative	May 2015	Service wide procedure for AWOL response; inclusion of response based on risk category for Mental Health and Addictions service and policy; AWOL minimisation strategies; tools for staff use

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## AWOL (Absent Without Official Leave)

### 1 Overview

#### 1.1 Purpose

This procedure specifies Te Whatu Ora Waikato standards for the management of AWOL from hospital and community settings within the provision of Mental Health and Addictions services within Te Whatu Waikato.

This procedure is intended to provide clear direction of the steps to take when a tāngata whaiora is AWOL. It also provides the steps to take when a tāngata whaiora returns to the treatment setting.

This procedure will assist with determining the level of risk for the person or others and the appropriate response and management of their absence and / or return to the treatment setting.

#### 1.2 Staff group

This procedure is applicable to all clinical staff, managers, and security staff at Te Whatu Ora Waikato.

#### 1.3 Patient / client group

This procedure applies to all Mental Health and Addictions inpatients in a hospital setting that are AWOL, and to tāngata whaiora under compulsory processes who are absent without authorisation from specified community placements within Te Whatu Ora Waikato. This is inclusive of tāngata whaiora on Section 31 leave from inpatient services.

#### 1.4 Exceptions / contraindications

Informal tāngata whaiora who discharge against medical advice and **are not deemed** to be medically, psychologically, or physically at risk of harm to themselves or others are exempt from this procedure. If at any time the risk to the tāngata whaiora changes the AWOL procedure is to be initiated.

#### 1.5 Definitions and acronyms

<b>AWOL (Absent Without Official Leave)</b>	<p>This term applies to a tāngata whaiora who is unable to be located within the service area and who has not had a planned transfer to another area for treatment or investigation and has been assessed as medically, psychologically, or physically at risk of harm to themselves or others.</p> <p>The term applies for Mental Health clients when a tāngata whaiora (including Special Patient) under compulsory processes absent themselves without authorisation from an inpatient unit or from a specified community placement. This includes when the tāngata whaiora leaves an escort or does not return from a period of specified leave.</p>
<b>Code Red</b>	Immediate security response which includes searching the hospital grounds

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<b>Informal</b>	Tāngata whaiora who are inpatients on a voluntary basis, not admitted under the mental health act, and not legally obliged to be on the unit
<b>Categories for AWOL</b>	
<b>Category A (High Risk)</b>	<p>Any tāngata whaiora considered to be a serious or imminent risk to self, identified other(s) or to property</p> <p>A tāngata whaiora assessed to be no immediate risk to self, identified other(s) or property but whose risk increases if they fail to take prescribed medication; alcohol or illegal drugs; or are exposed to circumstances which may trigger a psychotic response putting themselves or others at risk due to past noted risk behaviour in these circumstances.</p> <p><b>Note:</b> Tāngata whaiora who are categorised as a Special or Restricted patient as defined by the Mental Health Act, who are absent without leave or clinical authority are automatically Category A.</p>
<b>Category B (Moderate Risk)</b>	<p>A tāngata whaiora assessed to be no immediate risk to self, identified other(s) or property but whose risk increases if they fail to take prescribed medication; alcohol or illegal drugs; or are exposed to circumstances which may trigger a psychotic response putting themselves or others at risk due to past noted risk behaviour in these circumstances.</p> <p><b>Note:</b> All tāngata whaiora absent without authority from a Mental Health inpatient unit would normally be categorised as either Category A or B.</p>

## 2 Clinical management

## 2.1 Roles and responsibilities

### All Clinical Staff

- Making adequate and appropriate assessment and documentation of risk
- Ensuring any absences from the usual treatment setting are authorised in accordance with the requirements of the Mental Health Compulsory Assessment and Treatment Act and the documentation of any terms and conditions.
- Notification of any Absent Without Official Leave (AWOL) to senior registered health professional
- Ensure every attempt is made for the safe return as soon as is practicably possible of tāngata whaiora under their care
- Staff who provide support to security in a search for tāngata whaiora must work under the direction of security personnel. At all times staff must be aware of maintaining their own health and safety.

**Senior Nursing Staff / Senior Registered health professional**

- The senior nurse / team leader on shift is responsible for:
  - scanning the NZ police missing person report to the police and ensuring a response is received
  - oversight of any missing person event

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- formatting and forwarding email to the senior leadership team (CNM, Operations Manager, Director, Clinical Director)
- ensuring the next of kin, principle caregiver or other named contact person is advised of the tāngata whaiora absence. Regular contact with the whānau should occur with updates as agreed with the whānau key contact person.

## Managers

- Review and monitor AWOL incidents.
- Post incident support to tāngata whaiora; whānau; staff as appropriate to the context.
- Refer any publicity surrounding a missing tāngata whaiora to the Clinical Services Director in consultation with the executive leadership team.
- Monitor the audit criteria and manage practice changes required.

## Security staff

- Security staff are responsible for coordinating the search of the hospital campus.

## 2.2 Competency required

All clinical staff and security staff must be informed of the AWOL procedure during their orientation / induction to the organisation.

This procedure is carried out by the Charge Nurse Manager / Associate Charge Nurse Manager / Team Leader.

Staff required to be in the Incident Controller role must receive training in their role as an incident controller.

## 2.3 Equipment

- New Zealand Missing Person's Report
- Risk assessment and formulation – Mental Health and Addictions service
- Clinical record
- Leave management plan – Mental Health and Addictions service
- Mental Health and Addictions Service Missing Persons checklist A7134HWF

## 2.4 Procedure

### Staff responsibilities regarding tāngata whaiora location in the hospital setting

Ward / unit staff are responsible for knowing the whereabouts of tāngata whaiora they are responsible for at all times. To assist knowledge of where the tāngata whaiora is, staff actions may include and are not limited to the following:

- Accurately and timely update of the Client Information System (IPM) and ward unit tāngata whaiora tracking system (whiteboard)

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- Notifying the staff member responsible for the tāngata whaiora of appointments – clarify if they were meant to be away from the ward / department and when they are expected to return
- Providing information to informal tāngata whaiora to communicate with staff if they are leaving the ward / unit for any reason and to give an expected time of return
- Ensure documentation and verbal handover / transfer of care of tāngata whaiora include:
  - Details relevant to tāngata whaiora that are subject to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 or the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Criminal Procedure (Mentally Impaired Persons) Act 2003 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
  - The security rating for any tāngata whaiora (Category A or B)
- Communicating with tāngata whaiora and whānau on the importance of being present for prescribed treatments so as not to cause any delay in their recovery programme as a result of not being present on the ward
- Educating that smoking may only occur within the requirements of the Te Whatu Ora Smokefree Auahi Kore Vapefree Rehuwai Kore Policy (0121)
- Communicating with whānau / visitors the reasons for and importance of talking with staff prior to tāngata whaiora leaving the ward.

## Risk assessment

A current risk assessment must be completed by the clinical team responsible for the tāngata whaiora and must be communicated to the response team, police, security officers and others involved in searching for the person. A risk assessment is based on the clinical and psychological state of the tāngata whaiora and must include:

- Is the tāngata whaiora a risk to themselves?
- Is the tāngata whaiora a risk to others?
- Is the tāngata whaiora at risk of harm from others?
- If the tāngata whaiora condition is likely to deteriorate and what timeframe is this likely to occur in

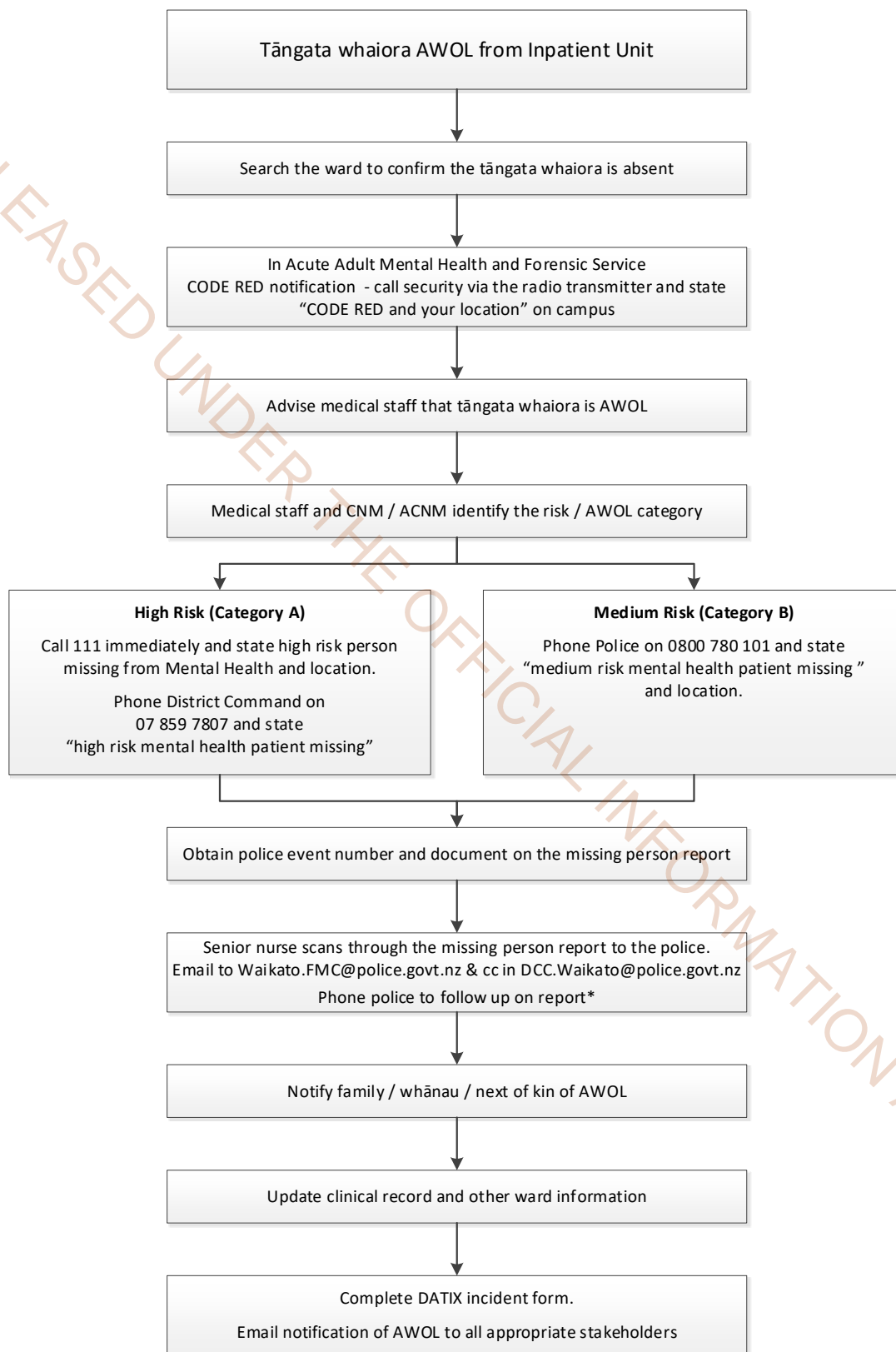
Note when notifying police of the risk: Between the hours of 2200hrs and 0600hrs the email address [WaikatoFMC@police.govt.nz](mailto:WaikatoFMC@police.govt.nz) is not monitored. Therefore **it is imperative that staff make the 0800 780 101 phone call in the first instance.**

For police response to AWOL categories see appendices.

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### Staff responsibilities regarding reporting and management of AWOL

If tāngata whaiora is not observed in the inpatient unit:

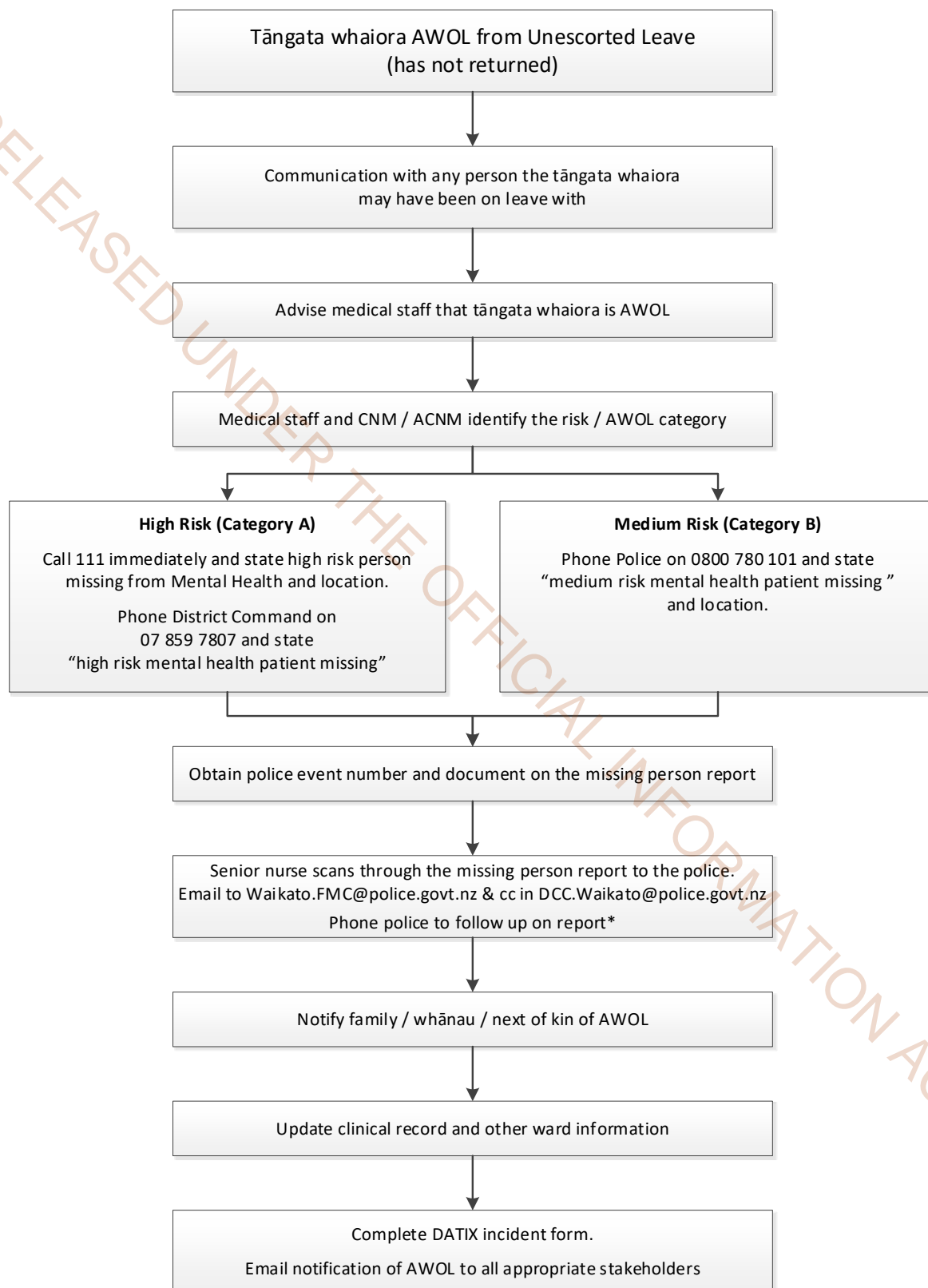


\* Between the hours of 2200hrs and 0600hrs, the email address [Waikato.FMC@police.govt.nz](mailto:Waikato.FMC@police.govt.nz) is not monitored.

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If tāngata whaiora has not returned from unescorted leave:

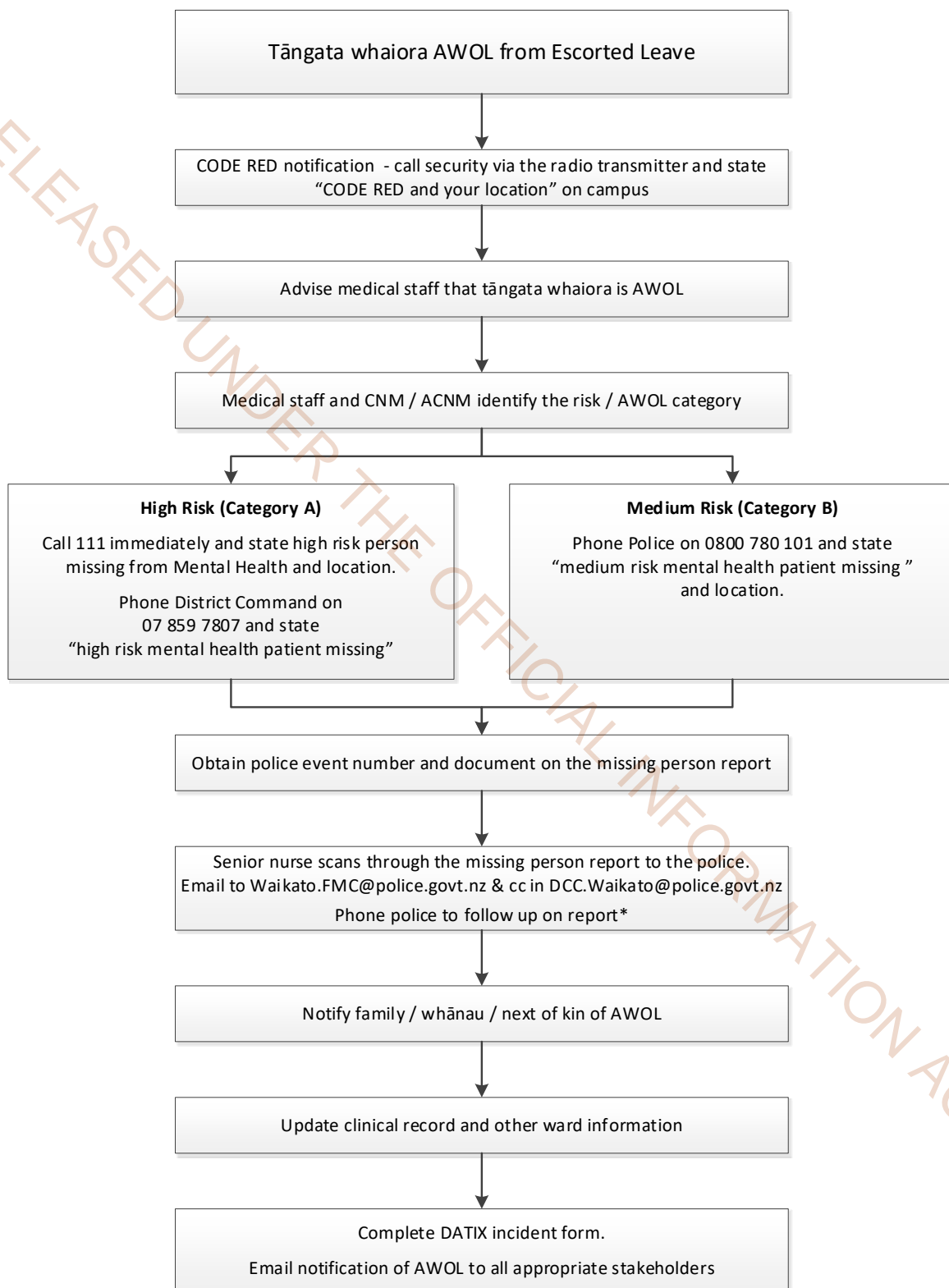


\* Between the hours of 2200hrs and 0600hrs, the email address [Waikato.FMC@police.govt.nz](mailto:Waikato.FMC@police.govt.nz) is not monitored.

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If the tāngata whaiora absconds whilst on escorted leave:



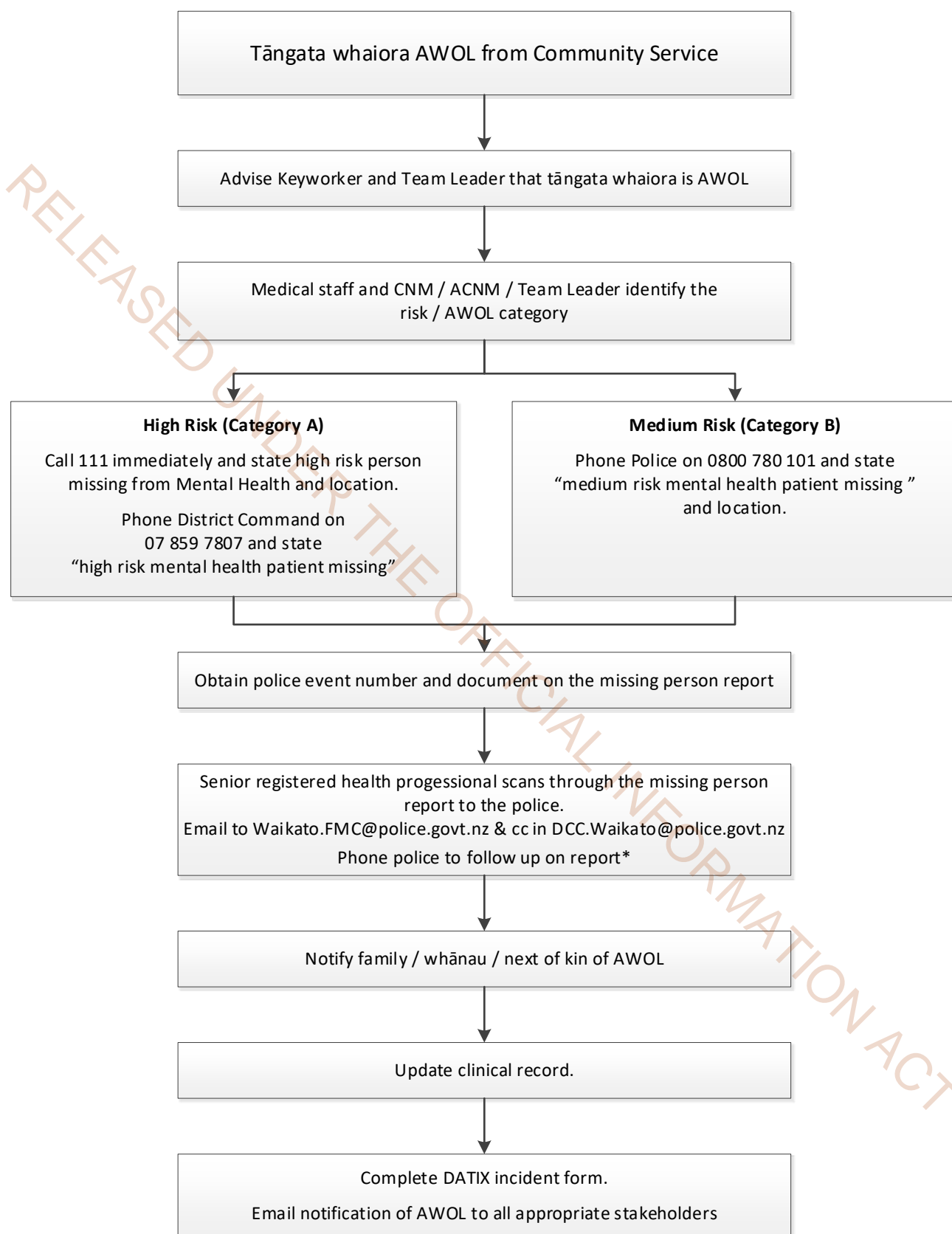
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For processes in response to a tāngata whaiora who does not attend a pre-arranged appointment refer to the Mental Health and Addictions Appointment Planning and Did Not Attend Management with Tāngata Whaiora procedure (0900).

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\* Between the hours of 2200hrs and 0600hrs, the email address [Waikato.FMC@police.govt.nz](mailto:Waikato.FMC@police.govt.nz) is not monitored.

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## 2.5 Communication with other personnel

- Advise treating team that tāngata whaiora is AWOL
- After Hours inform the appropriate on call Registrar / Consultant
- Notify the Crisis Assessment and Home Based Treatment Team by phone and scan a copy of the Missing Person report to [CAHT.MHAS@waikatodhb.health.nz](mailto:CAHT.MHAS@waikatodhb.health.nz)
- If a potential person at risk is known (registered victim) follow the Forensic Service registered victim process
- Ensure community Keyworker is informed.

## 2.6 Communication with whānau

The Senior Nurse / Team Leader (Incident Controller) is responsible for ensuring the next of kin, principle caregiver or other named contact person is advised of the tāngata whaiora absence. Communication with the whānau is to be documented in the clinical record and Mental Health missing person checklist. Regular contact appropriate to the individual context with the whānau should occur with updates as agreed with the whānau key contact person.

## 2.7 Handover process

If the senior nurse facilitating the event during a shift is required to be absent from the ward a full handover of what has happened, and next planned actions must be provided to the senior nurse / team leader taking over the responsibility. This will involve going through the missing person's checklist.

If a tāngata whaiora remains AWOL after the time the senior nurse coordinating the event has completed their shift the missing person event must be handed over to the senior nurse on shift for the Bureau.

A handover will involve a verbal and written update (Missing Person Checklist) of all actions taken, and the plan of actions to be taken for this tāngata whaiora. The senior nurse from the Bureau receiving the responsibility for the facilitation of the missing person's event will sign the Missing Person's checklist. The signature of the senior nurse will confirm that they have received all necessary information to enable them to facilitate the event going forward.

## 2.8 On return of tāngata whaiora

It is the duty of Te Whatu Ora Waikato to arrange return of tāngata whaiora who are absent without leave. However, any such tāngata whaiora who are located by the Police and are willing to return may be returned by the Police.

Where a Mental Health tāngata whaiora refuses to return with the Police the Police will refer the matter to a Duly Authorised Officer. Where necessary and when requested, the Police will assist the Duly Authorised Officer to return the tāngata whaiora to the hospital

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- Ensure the environment and levels of observation are appropriate to the tāngata whaiora current context
- Update clinical risk assessment and documentation
- Review of the tāngata whaiora recovery plan
- Ensure AWOL is included in multidisciplinary team discussion and development of treatment plan

- Mental Health and Addictions Service Information for tāngata whaiora
- Mental Health and Addictions Service Information for whānau / friends

- Incident management reviews demonstrate consideration as to why the AWOL event may have occurred, and strategies aimed at reducing AWOL incidences.
- Missing person checklist demonstrates that the AWOL procedure has been followed

- Quarterly review of AWOL incidents by service level clinical governance forums
- Mental Health AWOL audit tool

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## 5.1 Summary of Evidence, Review and Recommendations

- Counties Manukau DHB AWOL (Absent without official leave) or Absences causing concern Policy Version 3.0 and procedure Version 1.0
- Patel, S. (2014). A review of AWOL policy in use across London; a case for greater standardisation. *Mental Health Review Journal*, 19, (3), 156- 162
- The Patient Safety Education Program Canada Module 13b Mental Health Care: preventing and responding to absconding and missing patients.  
<http://www.patientsafetyinstitute.ca/6C35CF25-F88F-47CC-9564-EE55E7426E1E/FinalDownload/DownloadId-31C41CB3F06C7D0E7DFD18EC911A7A3E/6C35CF25-F88F-47CC-9564-EE55E7426E1E/english/education/patientsafetyeducationproject/patientsafetyeducationcurriculum/mentalhealthmodules/documents/module%2013b%20absconding%20and%20missing%20patients.pdf>. Accessed 3 June 2015

- Mental Health and Addictions Service Missing Person Checklist A7134HWF
- Waioira Waikato Campus Emergency Incident Response
- Mental Health and Addictions [Appointment Planning and the Management of DNA's with Tāngata Whaiora](#) procedure (0900)
- Mental Health and Addictions [Duress alarm use and management inpatient Mental Health and Addictions](#) procedure (2681)
- Mental Health and Addictions [Leave status and its Application](#) procedure (2184)
- Mental Health and Addictions [Levels of Observation Inpatient Services](#) procedure (5238)
- Mental Health and Addictions [Working with Risk: Assessment and intervention to tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others](#) procedure (5241)
- Emergency Flip Chart Processes (99777 flip chart in all staff areas)
- [Restraint](#) policy (2162) and procedures
- [Smokefree Auahi Kore Vapefree Rehuwai Kore](#) policy (0121)
- [Incident Management](#) policy (0104)

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- Substance Addiction (Compulsory Assessment and Treatment) Act 2017
- Code of Health and Disability Services Consumers' Rights Act 1994
- Crimes Act 1961
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- Health and Disability Sector Standards NZS8134:2021
- Health and Disability Consumer Rights Act 1994
- Intellectual Disability (Compulsory Care & Rehabilitation) Act 2003
- Land Transport Act 1998
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment 1998
- Misuse of Drugs 1975 – section 24
- Protection of Personal and Property Rights Act 1988
- Victims' Rights Act 2002
- Health and Safety at Work Act 2015
- Privacy Act 1993
- Employment Relations Act 2000
- Treaty of Waitangi Act 1975

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### Appendix A

#### Police response to categories of AWOL / Absences Causing Concern

<p><b>Note: The Police use a process of prioritisation for notifications which defines their level of response</b></p>
<p><b>Police code: 2M</b></p> <ul style="list-style-type: none"> <li>• Person entered on Police Computer systems as "Missing"</li> <li>• Any persons thought to be at risk of serious harm from the missing patient are to be notified and if necessary moved to safe locations</li> <li>• File assigned for immediate enquiries to be made at any known addresses / locations</li> <li>• Person's details / description subject to media release</li> </ul>
<p><b>Police code: 2M</b></p> <ul style="list-style-type: none"> <li>• Person entered on police computer system as "Missing"</li> <li>• File assigned for enquiries to be made at any known addresses / locations when time allows</li> <li>• Return to Mental Health facility by police if located, or if refusal, attendance by a Duly Authorised Officer. (Note: The police are required to look for the person and if they come to the attention of the police then an alert will be on the system)</li> <li>• File held in Enquiry Office until person has been located, or if refusal, attendance by a Duly Authorised Officer</li> <li>• File held in Enquiry Office until person has been located or Treatment Order expires</li> </ul>
<p><b>Police code: No 2Z</b></p> <ul style="list-style-type: none"> <li>• Person entered onto police computer system with alert only</li> <li>• Person returned to Mental Health facility if located</li> </ul>