

## **Guidance for contacting the Police Service for patients who have absconded from the Emergency Department**

The emergency department (ED) strives to maintain a good working relationship with the police service and this includes understanding the pressures that the police service are under and not contacting them unnecessarily. The ED has a duty to maintain patient confidentiality.

This guidance does not cover those occasions when the ED has a duty to contact the police service (eg. knife wounds, gun shot wounds and serious crimes) or when the police service need to be contacted as a result of a criminal act committed in the emergency department or the contact of relatives of seriously ill patients.

Before contacting the police service it is important to realise that the police do not have the power to bring patients back to the emergency department (ED) against their will unless they are under arrest (ie. have committed a crime) or have been placed under section 136 (authorises a police officer to remove a person to a place of safety if he believes that person is suffering from a mental illness). The police are not a 'taxi' service to bring back patients who have absconded from the ED. The ED is not classified as a place of safety.

Before contacting the police service for patients who have absconded from the ED the following criteria should be present:

	<b>There exists a real and substantial risk to the patient if they are not brought back to the ED for medical assessment and/or treatment.</b>
	<b>The risk is such that action needs to be taken with urgency.</b>
	<b>Efforts to contact the patient by telephone have failed.</b>
	<b>No other person or service is able to facilitate the return of the patient eg. GP, SW, parent, relative.</b>
	<b>Both the ED co-ordinator and the senior doctor on duty are in agreement that contacting the police is the correct course of action.</b>

Note in the case of **children** (<18yrs) who have absconded from the ED then the threshold will generally be considered to be lower for calling for help from the police service early. Also the threshold will be lower for those patients in whom there is reasonable evidence that they lack capacity.

Once the police service have been contacted to retrieve a patient who has absconded from the ED then a critical incident (DATIX) **must** be completed. These incidents will be reviewed at the bimonthly ED police liaison meetings.

### **Self Discharge**

A patient who wishes to leave the department without assessment and/or treatment may do so but they should complete a self discharge form with a healthcare professional, this form includes an assessment of capacity. Document in notes the risks that have been explained.