

**Policy & Procedure Manual**

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**Missing Person Policy**

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**POLICY:**

To ensure a protocol is in place in reporting and dealing with a person supported by OPTIONS NORTHWEST believed to be missing.

**PURPOSE:**

1. To document individualized support arrangements for independent people supported around the level of employee supervision they want and to ensure employees can identify when a person is believed to be missing.
2. To ensure employees know what to do in the event a person is believed to be missing to keep them safe.

**PROCEDURE:**

WHEN PEOPLE WISH TO HAVE OPPORTUNITIES TO BE INDEPENDENT OF OPTIONS NORTHWEST EMPLOYEE ACCOMPANIMENT, THEIR PERSONAL SUPPORT PLAN WILL INCLUDE A “COMMUNITY INDEPENDENCE” SECTION THAT DOCUMENTS THE FOLLOWING:

- i. Supervision, support required/desired aside from personal care.
- ii. Individual Protocols to describe risks to people who may leave the premises, work area, community location, home, etc. without the accompaniment of support and elaborate on what action should occur.
- iii. Completion of Missing Person’s Report that includes a picture and description of the person supported that employees can give to proper authorities. (Appendix A)
- iv. The time frame in proceeding with next steps in the procedures to identify when the person should be considered missing.
- v. The plan will vary from person-to-person, depending on their ability to be independent within the community.
- vi. Support Strategies must be approved by the Supervisor and Manager of Community Services and signed off by the person. This can be amended at any time.

**If at any time there is reason or cause to be concerned for the person’s safety or well-being, the Police are to be notified at any stage of the process.**

**POLICY: R-III-7**  
**DEPARTMENT: Community Services**  
**CATEGORY: Health and Well-being – Direct Support**  
**EFFECTIVE DATE: April 2021**  
**SUPERSEDES VERSION DATED: N/A**

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If a person being supported is unduly absent from either their home or a support area they are expected to be attending, the employee must follow these procedures:

1. A thorough check of the premises and property where the person was last seen will be made by the support team and where required. This includes, but is not limited to, closets, washrooms, basement and yard.
2. If the person supported is not found, then the employee will immediately notify their Supervisor or Supervisor On-call.
3. If it is known that there is immediate danger to the person or to anyone in the community, based on consultation with the Manager On-call, the Police are to be contacted.
4. If the person supported is missing while away from the home (e.g. restaurant, shopping, neighborhood walk, etc.), or during severe weather conditions, the Supervisor or Supervisor On-call will be contacted and the Manager On-call will be consulted regarding a decision whether to contact the police.
5. If the person with a "Community Independence" section does not return within the designated time frame, the Supervisor or Supervisor On-call is to be contacted. In consultation with On-call Manager, the police are to be called.
6. If the person with a "Community Independence" section does not return to the support location during severe weather conditions, the police are to be contacted immediately by the employee followed by a call to the Supervisor or On-call Supervisor along with the Manager On-call.
7. Depending on the time of year for weather conditions, what the person was wearing when they left or were last seen, the level of risk determined in their individual Personal Support Plan, the On-call Manager will have the authority to determine if a media release is required to assist with the search. Should a media release be completed, notification to the Executive Director is required as per policy.

When the person supported is found, all parties involved in the search will be notified immediately by the Supervisor or the On-call Supervisor. A follow-up review of the matter will be conducted by the employees involved and the Supervisor to determine why the person went missing and what changes may prevent a reoccurrence.

An incident report (Incident Reporting and Follow-Up - AD-I-6) will be completed detailing the incident, along with a Serious Occurrence (Serious Occurrence and Follow-Up AD-I-7) completed as per policy.

**RECOMMENDED BY:** Director, Community Services

**APPENDICES:** 1

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Community Services (all), Volunteers, Students

**ORIGINAL POLICY DATE:** N/A

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**



## GUIDELINES FOR COMPLETING "MISSING PERSON" REPORT

### **Purpose:**

1. To have a current description and information on file of a potential missing person.
2. To provide a current description/information of a missing person to support workers and/or police in order to facilitate a safe and early return of the person to his or her home.

### **SECTION - DESCRIPTION OF MISSING PERSON (Page 1)**

- 1) In advance, the primary worker or delegate completes sections, page 1 of the Missing Person's Report
- 2) The original copy is placed in Shared Drive, with a copy kept at the person's home.

### **SECTION - LAST SEEN (PAGE 2)**

- 1) Information is recorded as soon as the person we support is noticed missing from his or her home, work site, and/or community activity.
- 2) The employee supporting the person will record the date, time, condition of the person, last seen by whom, location, and missing before and possible destination.
- 3) Record the description of clothing worn at the time the individual was noted missing (if known).

### **SECTION - LOCATED**

- 1) Completed when the person has been found.
- 2) Record the time, as well as the time that the emergency contact was notified that the person was missing and when the person was found.
- 3) The completed report is submitted to the respective Supervisor for review and filing.

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# MISSING PERSON'S REPORT

Surname:		Given Name(s):			
Home Address:		Telephone Number:			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.  DD/MM/YY	Age	Height	Weight	Race
Build: <input type="checkbox"/> Slender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy					
Hair Type: <input type="checkbox"/> Bald <input type="checkbox"/> Partially Bald <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> Straight <input type="checkbox"/> Curly/Wave <input type="checkbox"/> Bushy <input type="checkbox"/> Well Groomed <input type="checkbox"/> Unkempt					
Hair Colour:	Facial Hair:	Eye Colour:	Glasses:		
Complexion: <input type="checkbox"/> Sallow <input type="checkbox"/> Light/fair <input type="checkbox"/> Medium <input type="checkbox"/> Ruddy <input type="checkbox"/> Pock Marked <input type="checkbox"/> Dark/Swarthy <input type="checkbox"/> Freckled				ADD PHOTO OF PERSON SUPPORTED HERE	
Marks: <input type="checkbox"/> Moles <input type="checkbox"/> Birthmarks <input type="checkbox"/> Tattoos <input type="checkbox"/> Scars					
Teeth: <input type="checkbox"/> Good <input type="checkbox"/> Missing two front teeth <input type="checkbox"/> Dentures <input type="checkbox"/> Partial Dentures					
Communication: <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Deaf					
What is the behaviour of the person we support? (repetitive words/actions):					
Significant medical problems (epilepsy, diabetes, allergies, heart condition):					
Medic Alert ID Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		In need of medication: <input type="checkbox"/> Yes <input type="checkbox"/> No			
ID Tag Number:		Time medication is required: Morning, Afternoon, Evening			

**LAST SEEN**

<b>Date:</b>	<b>Time:</b>	<b>Condition:</b> Was the person we support upset? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the person we support angry? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>By Whom:</b>		<b>Location:</b>
<b>Identified as a Wandering Person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Possible Destination:</b>

**CLOTHING WORN AT THE TIME MISSING (IF KNOWN)**

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**EMERGENCY CONTACT**

<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	<b>TELEPHONE:</b>
<b>NOTIFIED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE/TIME NOTIFIED:</b>

**LOCATED**

<b>LOCATED BY:</b>	<b>AREA:</b>	<b>DATE:</b>	<b>TIME:</b>

\_\_\_\_\_  
**Support Staff Signature**

\_\_\_\_\_  
**Supervisor/Supervisor On-call Signature**