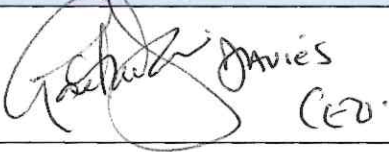




Aurora

Enriching lives, Enriching Communities

Missing Person Policy

Policy Number	Policy Developed by	Date Developed
03 - Schedule 5	Irene Davitt	13.09.2016
Version	Amendments	
5	Full review of policy Removal of point 5.1 - Missing Persons SOP Removal of point 8.5 - Local map in Grab Bag Updated point 8.11 - Grab bag items Updated CEO signature	
Reviewed by		Review completed
Rachel Doran, Mairead Travers		04.03.2026
CEO signature		Next Review Date
 Josephine Davies CEO		04.03.2027

Mission Statement

Enable people with complex needs to experience the same rights as every other citizen
and as equal members of the community.

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1.0 PURPOSE OF THE POLICY

- 1.1. The purpose of this policy is to establish clear and defined procedures for locating and returning the person we support to his/her home and to safeguard the person we support.
- 1.2. Aurora has a duty of care to ensure that the whereabouts of the person we support is known at all times, and to have a strict protocol in the event that the person we support is found to be missing without notifying anyone from his/her home.
- 1.3. Aurora will carry out an assessment of needs on admission to the residential services and refer to the H.S.E. for provision of alternative community supports as required.

2.0 SCOPE OF THE POLICY

- 2.1. This policy applies to all the persons we support availing of support in Aurora.
- 2.2. This policy applies to all staff employed by Aurora including those contracted for services, seasonal workers, volunteers, visitors, and the people who use our supports/ families.

3.0 CORE PRINCIPLE UNDERPINNING THE POLICY

The balancing of rights and risk

- 3.1. Each person's right to independence and freedom of movement both within and outside of the home.
- 3.2. Unnecessary restrictions are not in place on a person's right to freedom of movement.
- 3.3. Staff are responsible for promoting an active and flexible approach to managing potential dangers in order to minimise restrictions and promote independence.
- 3.4. Staff should support people to be as independent as possible based on their individual support and supervision requirements and personal wishes.

- 3.5. Staff should develop strategies to reduce the impact of any identified risks and complete a risk assessment if it is suspected that a person is at risk of going missing.
- 3.6. If a person is subject to a restriction based on the level of risk being unacceptable, the reason must be documented, including any assessments used to determine the use of restrictive options.
- 3.7. Documentation of the restriction must include evidence of all strategies considered and tried in attempting to reduce or manage the risk. Staff must act in accordance with Aurora's Policy and Guidelines on the Prevention of or use of Restrictive Practices.

4.0 DEFINITIONS

- 4.1. For the purpose of this policy a vulnerable adult is a person over the age of 18 who is or may be in need of community support services by reason of an intellectual disability whom may require supports, or may be vulnerable to significant harm or serious exploitation, as detailed in his/her Personal plan.
- 4.2. The term missing as used in this document applies to the person, we support who absent themselves without notifying anyone from their place of residence or who fail to return within an expected period of time without making contact with staff.
- 4.3. The person we support is not considered missing if their whereabouts are known but they are choosing not to return to their residential house and there is no immediate risk to themselves or others. Options such as contacting the emergency governance person, staff member, family or friends to contact and engage with the person we support about returning to their house must be considered. See missing person's flowchart.

5.0 RESPONSIBILITIES

- 5.1. The PIC/Team Leader/Shift Leader will notify the Emergency Governance Manager and Wellness, Culture & Integration Manager [WCI Manager] who will co-ordinate information between the relevant parties as required.
- 5.2. Wellness, Culture & Integration Manager [WCI Manager] will notify the, Assistant Director of Services, Director of Services and CEO.

- 5.3. The Wellness, Culture & Integration Manager [WCI Manager] will liaise with the H.S.E. and with the family of the person we support as required.
- 5.4. The Person in Charge will notify HIQA by completing an NF05 within three working days of any unexplained absence as per Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, under Notification of Incidents (or for the purposes of this policy as defined as a resident missing from their residential home).
- 5.5. The CEO and/or Director of Services is responsible for any communication with outside agencies such as the media in relation to a missing person.

6.0 CONFIDENTIALITY

- 6.1. Article 40.3.1. in the Irish Constitution sets out that privacy is a core personal right and confidentiality stems from this right.
- 6.2. All staff involved in a missing person incident must be aware of the importance of maintaining confidentiality.
- 6.3. The decision to disclose information must be based on a need-to-know basis.
- 6.4. Although every case must be considered on its merits, the person's confidentiality will usually not present a barrier to providing basic information about the person we support's absence to people such as other person supported whom the missing person shares a home with and those who the person is likely to contact, who may be able to assist in locating the supported person.

7.0 PROCEDURES – MISSING PERSON FLOW CHART

- 7.1. The PIC/Team Leader on duty will contact the Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance Person on duty to inform them that a person supported is missing. The Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance Person will have overall responsibility for contacting the relevant staff and co-ordinating the search.
- 7.2. The Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance person on duty when the person we support is found to be missing

from his/her home will organise two search groups within the local area of the home or community setting where person supported went missing.

- 7.3. Staff member reporting the person missing from their home to include information about physical and mental health of person supported at the time they went missing.
- 7.4. ~~Communication between search groups to be held via mobile phones and/or walkie talkies from missing person grab bag. Ensure a staff member is available at the person's home, in case person returns to their home.~~
- 7.5. The Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance person on duty will also make telephone enquiries to locations where the person we support may visit such as family, local shops etc. Where a person has a mobile phone, this should be contacted initially and continue to be dialled as search continues.
- 7.6. When a decision has been made to report the person we support as a missing person the Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance Person on duty will contact the relevant Garda Station and report the individual as missing.
Inform Gardai about what person supported was wearing and request "Pulse Number" of Gardai for further communication.
- 7.7. The Wellness, Culture & Integration Manager [WCI Manager] or Emergency Governance Person on duty will also inform:
 - Family Members
 - Director of Services
 - CEO
 - MDT Team as necessary
 - HIQA monitoring notification
- 7.8. Wellness, Culture & Integration Manager [WCI Manager] / Emergency Governance Person must keep accurate records.
- 7.9. The Wellness, Culture & Integration Manager [WCI Manager] / Emergency Governance Person must communicate with all parties involved.
- 7.10. The staff on duty who reported the absence/ missing person must complete an Internal Notification via ViClarity and an incident report to be completed on the EPOE system/National Incident Management System [NIMS].
- 7.11. Each Aurora community home is provided with a grab bag. Content of the missing person grab bag is as follows:

- Rescue sheets/Foil Blanket
- Food/snack/comforter
- High-Vis Jacket

Items can be individualised to the people supported in each home.

- 7.12. When person supported is found/returning to their home, a medical check with their GP or Care Doc to be completed.
- 7.13. To ensure the physical and psychological wellbeing of the person after returning to their home offer favourite food, drinks, shower and reassurance.
- 7.14. In the event of a member of the public being involved e.g. finding the person, Aurora to obtain the contact details and a statement of events.

8.0 DEBRIEF

- 8.1. Following the incident, a debrief meeting must be arranged by the WCI Manager and PIC with all staff involved in the incident and involve MDT members as necessary.
- 8.2. Additional support for staff, the person we support and the person's family is provided by a referral to the Social Work Department and the Employee Assistance Scheme (EAP).
- 8.3. Staff will ensure the person we support has appropriate opportunity and time to discuss their reasons for leaving their home without informing the staff and how this can be avoided in the future. The person we support must be involved in reviewing their risk assessment and support plans in light of the incident. Referrals to other services such as psychology may be considered.

9.0 TRAINING

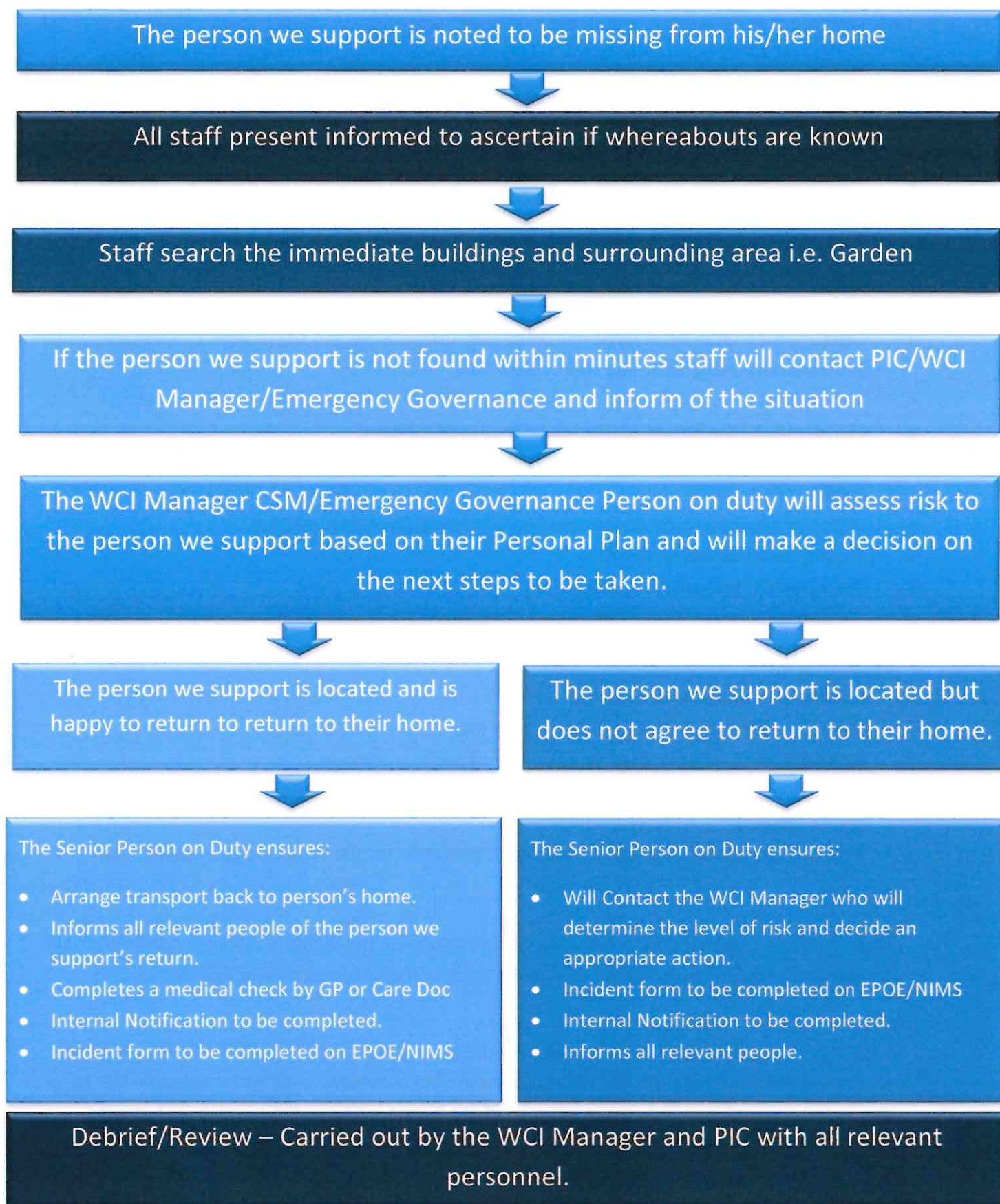
- 9.1. All employees must be aware of and comply with the procedures within this policy.
- 9.2. Missing Person Policy must form part of and be discussed during all induction of new employees.

10.0 MISSING PERSONS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING DOCUMENTS / POLICIES:

- Admissions Policy
- The Person's Personal Plan
- Incident/Accident Pathway

- Confidentiality Policy
 - Risk Management Policy
 - Restrictive Practice Policy
 - Aurora Safety Statement
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11.0 APPENDIX 1 – MISSING PERSONS FLOWCHART



12.0 APPENDIX 2 - INTERNAL NOTIFICATION PROCESS

The Internal Notification is located on the ViClarity System and will include the following:

- The details of the vulnerable person, including name, address, D.O.B and contact details,
- The current status of the person, i.e., physical, emotional,
- A brief overview of the vulnerable person,
- Date, location and time of the alleged incident,
- If a disclosure, when the disclosure was made, or when you were told about/witnessed the incident/s,
- Who was involved and any other witnesses, including the people we support and employees,
- The type of abuse being alleged,
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told,
- Any other relevant information, e.g. previous incidents that have caused you concern.
- The identity of the person alleged to have caused concern.
- If an employee has been identified, have appropriate responses been initiated? (Trust in Care 2005)
- Details of alleged person causing concern (if known) i.e. name, address,
- Description of concern/allegation.
- Description of immediate actions taken.

Remember to:

- include as much detail as possible;
- make sure the report is as accurate as possible;
- at the end of the report, your name will be added to the report;
- keep the report/s confidential (it will be stored on the ViClarity System which is a safe and secure system).
- Print out and retain a copy of the Internal Notification for the House Safeguarding folder.

Once you have completed the Internal Notification Form on the ViClarity System a notification will be automatically sent via email to the Social Worker and WCI managers and WCI admin.

Please notify your PIC and WCI Manager immediately (Day 1) regarding the completion of the Internal Notification Form on the ViClarity System. The incident/s must be reported on the same day as the concern is raised. In the absence of the Person in Charge (PIC), and WCI Manager, Emergency Governance must be informed immediately.

Additional Controls (Actions) Review Sheet

Number	Additional Controls	Additional Control (Action) Summary Update	Person Responsible for Action (If Changed)	Action Status Behind schedule/On Schedule/Complete Schedule	Next Review Date
Please sign and date the below confirming that you have read and fully understand the contents of the above mentioned "Risk Assessment" Signed By: Date: Signed By: Date:					

***ACTION:** If additional control measures are completed, please review & update a new Risk Assessment Form.