Santé Bruyère Health **POLITIQUES ET PROCÉDURES CLINIQUES** **CLINICAL POLICIES AND PROCEDURES**	NUMÉRO / NUMBER: **CLIN CARE 08**		
	SUJET / SUBJECT: **ABSENCE DES RÉSIDENTS / RESIDENT ABSENCES**		
	EN VIGUEUR LE / EFFECTIVE DATE **2016-12**	**RÉVISION ANTÉRIEURE / PAST REVIEW DATE :** **2023-05 TR**	**DATE DE LA RÉVISION / REVISION DATE :** **2026-04**
	EN VIGUEUR A / APPLIES TO **SLD ÉB/ÉB LTC, SLD SL/SL LTC**		
SERVICE RESPONSABLE/ DEPARTMENT RESPONSIBLE : **SOINS DE LONGUE DUREE / LONG-TERM CARE**	**APPROUVÉ PAR / APPROVED BY :** **VICE-PRÉSIDENTE, PROGRAMMES ET DES SOINS RÉSIDENTIELS ET COMMUNAUTAIRES / VICE PRESIDENT, RESIDENTIAL AND COMMUNITY CARE PROGRAMS**		

For definition of terms, refer to Section 4.0.

For the Convalescent Care Program, leave of absence provisions are indicated in the *Convalescent Care Program Letter of Agreement.*

1.0 POLICY

1.1 Residents are entitled to the following leaves as per the Fixing Long Term Care Homes Act:

- Medical absences that do not exceed 30 days;
- Psychiatric absences that do not exceed 60 days;
- Casual absences that do not exceed 48 hours during a one week period (calculated from midnight Saturday to midnight the following Saturday);
- Vacation absences that do not exceed 21 days during a calendar year.

1.2 Residents or the person accepting responsibility must advise the home area when they are leaving, where they are going, and when they will be returning by using the *Sign Out, Sign In Book for Patients and Residents* on the units. Residents or persons accepting responsibility must indicate the estimated time of return and their planned destination (refer to policy CLIN CARE 07 *Sign Out and Sign In*). If the amount of time they will be away exceeds what was anticipated, they are responsible for calling the home area and notifying of the delay.

1.3 When a long-stay resident returns from a medical, psychiatric, casual or vacation absence, the resident will receive the same class of accommodation, same room, and same bed in the room that the resident had before the absence. If the resident's needs have changed and a different bed or room is necessary, a different bed or room may be arranged.

1.4 Every overnight medical absence, psychiatric absence, casual absence and vacation absence of a resident of the home must be recorded in the PointClickCare census.

1.5 Transportation of the resident for casual and vacation absences is the responsibility of the resident or the person accepting responsibility, although staff may assist with specific arrangements, if necessary. All costs related to the transportation for any resident leaves are the responsibility of the resident or person accepting responsibility.

1.6 The resident or person accepting responsibility is responsible and liable for any borrowed equipment if it is lost or damaged.

1.7 Failure of a resident to return from a leave at the agreed upon time may result in a Code Yellow: Missing Person emergency code being called or in discharge from Bruyère Health Long-Term Care.

1.8 A leave of absence assessment is completed annually and as needed for residents who may be able to go outside or off property on their own.

2.0 PROCEDURE

2.1 On admission, staff in Financial services advises residents or their substitute decision-maker (SDM) that during a leave of absence, all usual costs will continue, including co-payment and preferred accommodation, and advise the resident or their SDM of the durations associated with each leave of absence.

2.2 **For casual and vacation absences**:

2.2.1 Overnight casual and vacation leaves must be supported through physician documentation.

2.2.2 Registered staff contact the physician prior to the leave if they have any concerns about the resident absence.

2.2.3 A physician or delegate or registered nursing staff provides a written summary of the care (plan of care) to be given to the resident during the absence, the risks involved and agreed-upon return time.

2.2.4 A physician or delegate or registered nursing staff documents that the summary was provided, including what information was included and who received it.

2.2.5 The nurse provides the resident or person accepting responsibility with the necessary medications and treatment supplies required for the length of the leave. Contact Pharmacy at least 24 hours in advance of the leave, where possible (form *Medications Required for Leave of Absence* H440042).

2.2.6 For capable residents who are able to go out unaccompanied, the registered nurse documents in the plan of care that the resident is capable and that the risks and process have been discussed with the resident.

2.2.7 The following information is communicated to the resident or the person accepting responsibility through the *Resident Casual and Vacation Leaves Information Sheet* which is found in the welcome kit:

- They need to take all reasonable steps to ensure that the care required by the resident is received by the resident during the absence;

- The long-term care home is not responsible for the care, safety and well-being of the resident during the absence and that the resident or the resident's SDM assumes full responsibility for the care, safety and well-being of the resident during the absence;

- They need to communicate if the resident is sent to acute care hospital in an emergency and notify the home if the resident is admitted to a hospital during the absence or if the date of the resident's return changes;

- The need to report, upon their return, any incident that occurred during the leave;

- The importance of calling or returning to Bruyère Health at any time if there are any problems.

2.3 **Medical and psychiatric leaves**:

2.3.1 The attending physician gives an order authorizing the leave.

2.3.2 The nurse notifies the resident's SDM of the medical or psychiatric absence prior to the leave if possible if not as soon as possible after.

2.3.3 The nurse provides information about the resident's medication regime, known allergies, diagnosis and care requirements to the health-care provider caring for the resident during the absence.

2.3.4 The nurse shall maintain contact with a resident who is on a medical or psychiatric absence or with the health-care provider caring for the resident in order to determine when the resident will be returning to the home.

2.3.5 The nurse enters information about any leave into the Quick ADT section of PointClickCare.

3.0 FAILURE TO RETURN AS EXPECTED

3.1 If a resident fails to return within one hour of the expected time, the nurse attempts to contact the resident or the person accepting responsibility and other contacts in the resident's chart, to determine the reason for the delay.

3.2 If no one can be reached or they do not know the resident's whereabouts, the nurse calls a Code Yellow: Missing Person emergency code. If the resident is not located after a first search, the nurse notifies the administrator or director of care (**evenings, nights, weekends and stat holidays**: notify the Manager, Clinical Operations After Hours).

3.3 The administrator, director of care or Manager, Clinical Operations After Hours will advise staff to perform a second search and determine what to do if a resident is not located after the second search in referring to the Code Yellow: Missing Person policy and procedures.

4.0 DEFINITIONS

Capable resident: Able to understand the information that is relevant to making a decision concerning the subject matter or able to appreciate the reasonable foreseeable consequences of a decision or lack of decision.

Casual absence: An absence of a resident from a long-term care home for a period not exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment.

Medical absence: An absence of a resident from a long-term care home for the purpose of receiving medical care other than psychiatric care or for the purpose of undergoing medical assessment other than psychiatric assessment.

Person accepting responsibility: Substitute decision-maker, family or other caregiver acknowledging and accepting responsibility for the resident while on leave.

Psychiatric absence: An absence of a resident from a long-term care home for the purpose of receiving psychiatric care or undergoing psychiatric assessment.

Vacation absence: An absence of a resident from a long-term care home for a period exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment.

5.0 REFERENCES

Ontario. Legislative Assembly. *Fixing Long-Term Care Act, 2021, S.O. 2021. c.39.*

6.0 RELATED DOCUMENTS

Policy: CLIN CARE 07 *Sign Out and Sign In*

Code Yellow: Missing Person emergency code

Resident Casual and Vacation Leaves Information Sheet -Bruyère Health - Leaves of Absence

In case of doubt, the English version of this policy takes precedence over the French.