

The Village Residence	POLICY NO:	
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Policy on Temporary Absence		

Policy on Temporary Absences The Village Residence	
Developed by: Drogheda Services for Older People.	Date Developed: Revised February 2012 March 2015, March 2017, January 2021 November 2021, Sept 2023
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1.0. Policy Context.

Article 29 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 requires that the person in charge of the nursing home shall ensure that, insofar as practicable, residents are discharged from the centre in a planned and safe manner and discharges are discussed, planned for and agreed with the residents and, where appropriate, with their family and/or carer. This underpins criterion 10.7 of the National Quality Standards for Residential Care Settings for Older People that “...the resident is discharged from the residential care setting in a planned manner and the discharge is discussed, planned for and agreed with the resident or his/her representative.” Nursing homes are also required under the regulations to have in place a written operational policy on “Temporary absence and discharge of residents” along with operating procedures governing the application of this policy.

2.0. Temporary Absence

Temporary absence refers to circumstances where one or more residents are absent from a Unit they share with others, but the absent members remain part of the Unit. The absent people may or may not be out-of-Drogheda area and be temporarily residing within another county.

3.0 What Is a Temporary Absence?

For all Units, a person who is away from the Centre for a specific purpose but intends to return to the Centre once a specific activity has commenced, is temporarily absent.

The absence is temporary if the person is out of the hospital for one calendar month or more, and intends to return.

Consider the temporarily absent person as a member of the Centre.

4.0. Temporary Absence Conditions General Provisions

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In Normal Circumstances, the following are conditions for temporary absence for all residents:

- Religious attendance outside the Hospital.
- Vacation.
- There is no time limit on the length of a vacation for temporary absence purposes.
- Personal or family emergency.
- Visits with family members to their own home.
- Day Trips or time away from the Hospital for day outings.
- Illness that requires transfer to another hospital
- Visits outside the hospital for the purposes of activity involvement.

5.0. Management of Temporary Discharges.

The Code of Practice for Integrated Discharge Planning (HSE 2008) requires that *“a staff member should be identified as responsible for ensuring all aspects of integrated discharge planning have been addressed by the time of discharge*

In this service it is the Clinical Nurse Manager/Senior Staff Nurse who must ensure all aspects of integration in relation to temporary Discharge

Ensure that next of kin is aware of temporary absence from unit and is in full agreement with same.

6.0. Fit for Discharge.

The Clinical Nurse Manager/Senior Nurse must consult with the medical officer in order to deem that the resident is clinically fit to leave the hospital setting or requires no further medical review prior to temporary absence/transfer. In the unlikely event of an unavoidable delay in discharge, this allows for repeat patient reviews.

The line manager namely the Director of Nursing or a designate is responsible for assigning the registered nurse to patient care and thus to undertake nurse facilitated temporary absence

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planning. It is essential that the Director of Nursing is aware of any plans for temporary absence from the Hospital. **The Director of Nursing/Midwifery** is responsible for facilitating all identified requirements to support an integrated approach if the resident is going to be temporarily absent.

The estimated length of absence should be estimated at this stage prior to absence

The Temporary discharge plan should be documented in the healthcare record, reviewed daily and updated in response to changing needs even when the resident is not there.

The Transfer Letter that should accompany a resident when being temporarily transferred to an Acute or other hospital setting is contained in **Appendix One**

7.0. The following is a discharge checklist which may be of help:

- Has transport been arranged?
- Who is coming to collect the resident?
- If the resident has a wound; what care is needed and what arrangements have been made?
- Can the resident bathe and shower independently when they go home? If not who will arrange this
- Do they have house keys, clothes, and is there food available?
- Has the heating been turned on?
- If there are any problems when discharged, who does the resident contact?
- Has the resident got a prescription? Medication is not supplied by the hospital. A supply of medications can be given for up to twelve hours as per Nursing and Midwifery Board Ireland Guidelines to Nurses on Medication Management.
- Has the resident someone who can get the medication for them? What is the medication for, how often and for how long should they take it?

