

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Gate leave for admitted patients
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<b>EXECUTIVE SPONSOR</b>	Director, Clinical Governance and Medical Services
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<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Director, Clinical Governance and Medical Services
<b>FUNCTIONAL GROUP(S)</b>	Clinical Governance
<b>KEY TERMS</b>	Admitted patient, gate leave, day leave, overnight leave, escorted leave
<b>SUMMARY</b>	Admitted patient leave, sometimes referred to as gate leave, is defined as temporary absence from hospital with the intent to return for further treatment. This policy outlines the care coordination requirements in approving and managing admitted patient leave.

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### 1. POLICY STATEMENT

The purpose of this policy is to provide guidance to health service staff in granting and managing requested gate leave for admitted patients within South Eastern Sydney Local Health District (SESLHD) facilities.

### 2. AIMS

The aim is to ensure a consistent and coordinated approach by all those involved with patient safety at the forefront, whilst accommodating reasonable requests for admitted patient leave with the intent for the patient to return for further treatment.

### 3. TARGET AUDIENCE

This policy applies to all admitted patients within SESLHD facilities, excluding those admitted to SESLHD Mental Health facilities, and to all healthcare staff involved in the care and management of these patients. For patients admitted to a SESLHD Mental Health facility, please refer to [SESLHDPR/484 Patient Leave from Acute Inpatient Unit - Mental Health Service](#).

### 4. RESPONSIBILITIES

**Treating medical team:** Responsible for evaluating the medical appropriateness of the requested gate leave and providing recommendation.

**Hospital administration:** Responsible for ensuring paperwork is completed prior to the patient leaving hospital grounds and recording in the patient's medical file.

**Nursing staff:** Responsible for coordinating gate leave logistics with the patient and/or family, and assessing the patients pre and post leave, and documenting all relevant information.

**Patient/Next of Kin (NOK)/Support person:** Responsible for complying with all conditions of gate leave as discussed with the treating team and maintaining appropriate communication with the hospital as agreed.

**Allied Health:** If requested, is responsible for evaluating and making recommendations to the treating medical team on the patient's appropriateness for gate leave regarding function and documenting this in the medical file.

### 5. DEFINITIONS

**Admitted Patient:** an individual who has been formally admitted to hospital for treatment, observation or care.

**Day leave:** the patient leaves and returns the same day. Day leave patients should be placed on leave for the period they are out of the ward. Examples of reasons for day leave include, but are not limited to: patients requiring medical procedures in other facilities, therapeutic recreational leave, etc.

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**Gate leave:** a temporary period during which an admitted patient is permitted to leave the hospital premises for a specified duration, as agreed between the treating team and the patient and/or their NOK/support person.

**Overnight leave:** overnight leave is used when an absence from the hospital is required overnight. Overnight leave is considered where there is therapeutic value for the patient in the context of continuing inpatient care.

**Support person:** refers to the patient's family, friends, carer(s), designated carer(s) and who may be providing care during gate leave.

**6. ELIGIBILITY CRITERIA**

Gate leave requests may be granted under the following conditions:

- A risk assessment is completed, and the patient's medical condition is stable as determined by the treating medical team and nursing staff prior to leave, including medication consideration and provision where appropriate, and absence from the hospital will not compromise their health or safety.
- The patient has a legitimate reason for requesting leave, such as family obligations, personal emergencies or legal obligations.
- The patient and/or their NOK and/or their support person has provided a clear plan to healthcare staff for the duration of leave.
- The patient and/or their NOK and/or their support person agrees to any conditions set by the hospital during the leave period.
- If required, family/carers involved will have appropriate skills or training involved to support the patient during the leave period.

**7. APPROVAL PROCESS**

The request for gate leave must be discussed with the treating medical team and all those involved in patient care including nursing staff, allied health and the patient/next of kin and or/support person. If the patient identifies as Aboriginal and/or Torres Strait Islander this should include the Aboriginal Health Liaison Officer (AHLO) where they are engaged.

The decision to approve or deny gate leave will be communicated to the patient and/or next of kin and/or support person in a timely manner with all associated risks explained verbally and subsequently documented in the patient's medical record.

If the treating medical team approves the request for gate leave, appropriate patient leave forms/documentation will be completed prior to the patient leaving the hospital grounds.

For any Mental Health patient admitted to a medical ward, who is an involuntary patient under the *Mental Health Act 2007* (NSW), the admitting Consultant Psychiatrist must be the leave approver. If leave is approved, the procedure detailed in [SESLHDPR/484 Patient Leave from Acute Inpatient Unit - Mental Health Service](#) is to be followed.

## 7.1 Gate Leave for Aboriginal Patients – Key Considerations

When Aboriginal patients are being considered for gate leave from a hospital ward, it is essential to approach the process with cultural sensitivity, individualised care, and collaborative planning that respects the patient's cultural identity and community ties.

*\*\*\*Please note: Within this document the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of New South Wales. No disrespect is intended to our Torres Strait Islander colleagues and community.*

### Cultural Considerations

- Cultural safety and connection to Country may be central to health and wellbeing for Aboriginal patients.
- Recognise that family and community support are critical to recovery and healing.
- Engage with Aboriginal Hospital Liaison Officers (AHLO) or Aboriginal Health Workers early in the planning process.
- Respect traditional practices and spiritual needs, especially if leave is requested for Sorry Business, cultural ceremonies, or time on Country.

### Collaborative Care Planning

Work in partnership with the patient, their family, and Aboriginal Hospital Liaison Officer to determine:

- The purpose and timing of the leave.
- Any cultural or community aspects involved.
- Whether the leave supports the patient's social and emotional wellbeing.

### Assessment and Safety

- Ensure the patient is clinically stable and appropriate for gate leave.
- Discuss risk factors in a culturally respectful way, considering:
  - Distance to travel.
  - Safe accommodation or family supervision.
  - Medication responsibility.

### Communication and Documentation

- Involve the AHLO in leave discussions and planning.
- Clearly document:
  - The agreed purpose and duration of leave.
  - Who the patient will be with or where they will be going.
  - Emergency contact plans.
  - Cultural considerations discussed.

### Consent/ Legal requirements

- Confirm the patient has capacity to make decisions about leave.

- For patients under mental health legislation, ensure culturally sensitive discussions are included prior to leave planning.

**Practical Supports other than hospital staff**

- Transport if needed (e.g. provided by family/ community transport/ public transport. Taxi or Uber)
- Cultural support staff to accompany or liaise with family/ community.
- Medication or medical aids to take during the leave.

**On Return**

- Upon return, consider a gentle debrief to check:
  - Patient’s wellbeing and any concerns.
  - Cultural or emotional impact of leave.

*Note: AHLO can assist in this process.*

To support the above considerations, a *Culturally Appropriate Gate Leave Checklist for Aboriginal Patients* ([Appendix 2](#)) has been developed. This checklist aims to support culturally safe and person-centred care when Aboriginal patients are permitted to leave the ward temporarily.

**8. LEAVE CONDITIONS**

As per the [NSW Health Policy Directive PD2025 012 - Patient Admission and Discharge to NSW Health Facilities](#), an admitted patient may be granted leave for a period of up to a maximum seven consecutive days. The episode of care remains continuous while the patient is on leave.

The patient and/or their next of kin and/or support person must agree to all conditions specified by the hospital for the duration of their intended leave including:

- Adhering to agreed departure and return times.
- Maintaining communication with the hospital as required, including if circumstances have changed and there is a change in return time.
- Compliance with any medical instructions provided by the treating medical team during leave e.g. medications, in the event of a medical emergency whilst on leave.
- Compliance with any functional recommendations made by Allied Health.
- The patient/NOK will complete any paperwork required acknowledging the terms and conditions of leave.

A patient on approved leave may be discharged whilst on leave if:

- The patient on approved leave does not return within the agreed timeframe and advises the hospital of this
- A patient does not return from leave at the conclusion of seven days
- The patient presents to the Emergency Department of another facility

Patients on leave presenting to the Emergency Department of the same facility of the hospital to which they are currently admitted are not to be discharged and readmitted.

For further information see [NSW Health Policy Directive PD2025\\_012 - Patient Admission and Discharge to NSW Health Facilities](#).

## 8. MONITORING AND FOLLOW UP

Upon return to the hospital, nursing staff and/or the treating medical team will re assess the patient's condition to ensure that the leave has not adversely affected their health or safety.

If the patient does not return in the agreed time frame without notification from the patient/NOK/support person, the following steps must be taken:

1. Attempt contact with the patient/NOK/support person by phone, including text message as not all people answer calls from private/ unknown numbers
2. If unreachable, notify the treating medical team of the situation
3. Consider if notifying the authorities is required
4. If all attempts are made to contact the patient and no response, this must be clearly documented in the patient's medical record

## 9. DOCUMENTATION

All Gate Leave plans must be documented in the patient's healthcare record, including conditions and management of risks. The *Patient Leave (Not for Mental Health)* form ([Appendix 1](#)) should be used. If appropriate, site-specific leave forms must be filled out prior to the patient leaving the hospital grounds.

When patient's return from gate leave, documented evidence of patient's condition must be recorded in the medical file.

If a patient does not return from gate leave, this must also be recorded in the medical file including whether this is deemed a discharge against medical advice. If able, a [Discharge Against Medical Advice form](#) should be signed. However, if the patient/carer chooses not to sign, this should also be documented in the patient's medical record including any discussions for the reason around this.

The [Culturally Appropriate Gate Leave Checklist for Aboriginal Patients](#) (Appendix 2) should be completed where a patient identifies as Aboriginal.


## 10. REFERENCES

- [Mental Health Act 2007](#)
- [SESLHDPR/484 - Patient Leave from Acute Inpatient Units – Mental Health Service](#)
- [NSW Health Policy Directive PD2025\\_012 - Patient Admission and Discharge to NSW Health Facilities](#)

**11. VERSION AND APPROVAL HISTORY**

<b>Date</b>	<b>Version</b>	<b>Version and approval notes</b>
5 September 2025	1.0	New policy developed in response to SAER recommendation to address risk associated with gate leave for admitted patients. Approved by Executive Sponsor, SESLHD Patient Safety and Quality Committee and Chief Executive.

12. APPENDIX 1




SMR020205

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NRP0015 06120


	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
	ADDRESS	
<b>PATIENT LEAVE (Not for Mental Health)</b>	LOCATION / WARD	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
	<p>To be completed by PATIENT if 16 years or over</p> <p>I _____ an inpatient of _____ (hospital) and currently in _____ (ward) request leave from ____/____/____ (date) _____ (time) to ____/____/____ (date) _____ (time).</p> <p>In accordance with this request and the hospital agreeing to release me, I agree to accept full responsibility for the care of myself during the leave.</p> <p>I release and absolve the hospital of any liability or responsibility for my health care during my period of absence.</p> <p>I agree to take all precautions that are considered necessary and to continue any prescribed medical treatment on the reverse of this form during my period of leave.</p> <p>Any risks associated with the leave and the actions required to be taken to reduce or meet those risks have been explained to me and documented on the reverse of this form.</p> <p>I have read this document / had it explained to me and understand its meaning and effect.</p> <p>Signed: _____ Dated: ____/____/____</p> <p>Witnessed by: _____ Dated: ____/____/____</p> <hr style="border-top: 1px dashed black;"/> <p>To be completed by PARENT/GUARDIAN/CARER (if PATIENT is less than 16 years old or lacks capacity to complete)</p> <p>I _____ a parent/guardian/carer of _____ an inpatient of _____ (hospital) and currently in _____ (ward) request leave from the hospital for this patient for a period from ____/____/____ (date) _____ (time) to ____/____/____ (date) _____ (time).</p> <p>In accordance with this request and the hospital agreeing to release this patient, I agree to accept full responsibility for their care during the leave.</p> <p>I release and absolve the hospital of any liability or responsibility for his/her health care needs during the period of absence.</p> <p>I agree to take all precautions and will ensure the continuation of any prescribed medical treatment as documented on the reverse of this form during the period of leave.</p> <p>Any risks associated with the leave and the actions required to be taken to reduce or meet those risks have been explained to me and documented on the reverse of this form.</p> <p>I have read this document / had it explained to me and understand its meaning and effect.</p> <p>Signed: _____ Dated: ____/____/____</p> <p>Witnessed by: _____ Dated: ____/____/____</p> <p>Interpreter: _____</p> <p style="text-align: center;">PRINTNAME</p> <p style="text-align: center;">____/____/20      :      _____</p> <p style="text-align: center;">SIGNATURE      DATE      TIME      Emp ID/Prov No.</p>	

PATIENT LEAVE (Not for Mental Health)

SMR020.205

NO WRITING

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	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
	ADDRESS	
<b>PATIENT LEAVE (Not for Mental Health)</b>		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
<p><b>PATIENT LEAVE TREATMENT PLAN</b> Please indicate the purpose of the leave:</p> <p><input type="checkbox"/> Social Leave  <input type="checkbox"/> Respite Leave  <input type="checkbox"/> Planned Care Related Leave  <input type="checkbox"/> Other, specify _____</p> <p>Please indicate expected Return from Leave Plan:</p> <p><input type="checkbox"/> Return as planned on ____/____/____ (date) _____ (time)  <input type="checkbox"/> Discharged while on Planned Care Related Leave ____/____/____ (date) _____ (time)</p> <p><input type="checkbox"/> Treatment Plan while patient is on leave:</p> <p>_____          _____          _____          _____</p> <p><input type="checkbox"/> Risks relevant to illness which have been explained:</p> <p>_____          _____          _____</p> <p><input type="checkbox"/> Actions to take in the event of an adverse event:</p> <p>_____          _____          _____</p> <p>I give approval for _____ (patient name) to have leave of absence from the Hospital. The treatment plan, risks and actions to take whilst on leave has been discussed and agreed upon between myself and the patient/parent/guardian/carer.</p> <p>AMO/RMO Print Name: _____ Signature: _____ Date: ____/____/____</p> <p>Patient/Parent/Guardian /Carer Print Name: _____ Signature: _____ Date: ____/____/____</p> <p>To be completed on return or discharge from leave (Clinician accepting patient back from leave to complete).</p> <p>Please indicate actual Return from Leave:</p> <p><input type="checkbox"/> Returned as planned ____/____/____ (date) _____ (time)          Print name _____ Signature _____ Designation _____</p> <p><input type="checkbox"/> Discharged while on Planned Care Related Leave ____/____/____ (date) _____ (time)</p> <p><input type="checkbox"/> Self discharged (patient/parent/guardian/carer decides not to return against medical advice)</p> <p><input type="checkbox"/> Deceased whilst on leave</p>		



Holes Punched as per AS2828-1:2019  
BINDING MARGIN - NO WRITING



Gate leave for admitted patients

SESLHDPD/340

13. APPENDIX 2

 SES010110 BINDING MARGIN - NO WRITING Holes Punched as per AS2828.1: 2019 NHSIS1273 030725	 South Eastern Sydney Local Health District	FAMILY NAME _____ MRN _____
	Facility: _____	GIVEN NAME _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		D.O.B. ____/____/____ M.O. _____
		ADDRESS _____
		LOCATION / WARD _____
<b>CULTURALLY APPROPRIATE GATE LEAVE CHECKLIST FOR ABORIGINAL PATIENTS</b>		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
<p><b>1. Initial Clinical Assessment</b></p> <input type="checkbox"/> Patient is medically stable and suitable for leave <input type="checkbox"/> Treating team has approved the day leave <input type="checkbox"/> Risk assessment completed and documented (clinical, social, cultural) <input type="checkbox"/> Mental Health Act status reviewed (if applicable) <input type="checkbox"/> Patient has decision-making capacity for leave		
<p><b>2. Cultural Considerations</b></p> <input type="checkbox"/> Patient identifies as Aboriginal and wishes for cultural needs to be considered <input type="checkbox"/> Reason for leave involves cultural or community obligations (e.g. Sorry Business, ceremony, time on Country) <input type="checkbox"/> Aboriginal Hospital Liaison Officer (AHLO) consulted or <input type="checkbox"/> Aboriginal Mental Health Worker in Mental Health Inpatient Units <input type="checkbox"/> Patient's cultural practices and preferences have been respected and supported		
<p><b>3. Collaborative Planning</b></p> <input type="checkbox"/> Leave discussed with patient, family, carers, and/or community (with consent) Patient has a clear plan for: <input type="checkbox"/> Where they are going <input type="checkbox"/> Who they will be with <input type="checkbox"/> How they will return <input type="checkbox"/> Appropriate transport arranged if required		
<p><b>4. Documentation</b></p> <input type="checkbox"/> Purpose, duration, and location of leave documented in medical record <input type="checkbox"/> Time of departure and expected return recorded <input type="checkbox"/> Emergency contact numbers provided to patient <input type="checkbox"/> Instructions provided to patient (e.g. medications, safety advice)		
<p><b>5. Support and Safety</b></p> <input type="checkbox"/> Patient provided with required medication or medical aids for leave <input type="checkbox"/> Clear safety plan discussed with patient (e.g. emotional triggers) <input type="checkbox"/> Cultural support offered (e.g. AHLO available to be contacted during leave) <input type="checkbox"/> Plan made to follow up with patient after return		
<p><b>6. On return from Gate Leave</b></p> <input type="checkbox"/> Patient safely returned to ward at agreed time <input type="checkbox"/> Brief check-in completed by clinical staff <input type="checkbox"/> AHLO involved in debrief (if appropriate) <input type="checkbox"/> Any issues or support needs arising from the leave identified and followed up		
Staff Print Name: _____		Signature: _____
Designation: _____		Date: ____/____/20____
<input type="checkbox"/> AHLO / <input type="checkbox"/> Aboriginal Mental Health Worker involved (please tick): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Leave: ____/____/20____		
Return Time: ____:____		

CULTURALLY APPROPRIATE GATE LEAVE CHECKLIST FOR ABORIGINAL PATIENTS

SES010.110

NO WRITING

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