

## Assisted Living Policy and Procedure

**Subject/Title:** Elopement, Risk Reduction Strategies, and Management of Missing Residents

**References:** Alzheimer's Association [https://www.alz.org/national/documents/brochure\\_dcprrphases1n2.pdf](https://www.alz.org/national/documents/brochure_dcprrphases1n2.pdf)  
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### I. POLICY GUIDELINES

The facility strives to promote resident safety and protect the rights and dignity of the residents.

The facility maintains a process to assess all residents for risk for elopement, implement risk reduction strategies for those identified as an elopement risk, institute measures for resident identification at the time of admission, and conduct a coordinated resident search in the event of a missing resident.

### II. DEFINITIONS

**Elopement** is the ability of a cognitively impaired resident, who is not capable of protecting himself or herself from harm, to successfully leave the facility unsupervised and unnoticed and who may enter into harm's way.

**Wandering** refers to a cognitively impaired resident's ability to move about inside the facility aimlessly, but often with purpose and without an appreciation of personal safety needs and who may enter into a dangerous situation.

**Elopers** are differentiated from **wanderers** by their overt, and often repeated attempts to leave the facility and premises.

### III. PROCEDURAL COMPONENTS

#### A. Assessment

1. The preadmission evaluation process includes a wandering and elopement history and whether the resident can be safely cared for at the facility
2. An elopement risk evaluation is completed on all residents on admission, and with a change in condition or mental status. The initial resident evaluation is conducted on admission and if not possible, then no later than eight hours from admission
3. A facility-approved risk evaluation tool (or scoring system) is utilized
  - a. The evaluation is based on various risk factors that may precipitate an elopement event
  - b. The risk score includes a defined parameter which, when reached, indicates an increased risk and prompts strategies, as described below
4. The risk evaluation and new resident observation addresses the resident's mobility and psychological, behavioral, physical, and cognitive functions. Specific risk factors include:
  - a. An involuntary admission
  - b. A history of wandering prior to admission or finding the resident "lost" in the facility after admission. Details of the wandering history may include when the wandering occurs, if more common during daytime or nighttime hours, the usual traffic pattern, if purposeful (e.g. need for food, toileting, exercise), if exit-seeking and other triggers such as pain, noise, and odors
  - c. Problems noted in the resident's adjustment to the facility (such as stating a desire to go home, looking for children, attempting to attend functions that are based on a past schedule)
  - d. Any cognitive impairment which results in an inability of the resident to appreciate safety risks and an inability to protect himself or herself
  - e. A change in the resident's mental status

- f. Interference with risk reduction strategies, including an expressed displeasure with a wander bracelet or an attempt to remove it
- g. Behavior problems, including those where the resident is not easily redirected or managed when he or she is agitated or aggressive
- h. Actual wandering behaviors, including:
  - i. Shadowing (following staff or another resident)
  - ii. Self-stimulatory (wandering due to boredom or lack of activity)
  - iii. Akathisia (motor restlessness characterized by pacing, standing and sitting, or rocking back and forth, which may be caused by psychotropic and antidepressant medications)
  - iv. Exit-seeking (the resident is intent on leaving the unit or facility, looking for exits, and hovering at exits waiting for the opportunity to leave with someone, or pushing on a door)

## **B. Risk Reduction Measures**

1. Interventions that may be used for residents identified as high risk for elopement include:
  - a. Frequent monitoring of the resident's whereabouts to assure he or she remains in the facility (e.g., every one-half hour check)
  - b. Room placement close to common areas such as the nurse's station and away from exits
  - c. Promoting activities that are in full view of staff members
  - d. Alternative activities to maintain the interest level of the wanderer
  - e. Implementation of wander bracelet or other electronic alert systems
  - f. Transfer to a more suitable or more secured unit/facility, if necessary
  - g. Notification of physician for changes in behavior, such as increasing insistence or attempts to leave
  - h. Environmental controls such as:
    - i. The physical plant is secured to minimize the risk of elopement through:
      - (a.) Functional alarm system for egresses and stairwells
      - (b.) Interior courtyards
      - (c.) Safety locks or keypad entry that restrict access to dangerous areas
      - (d.) Restricted window openings to six inches to allow for ventilation but prevent resident exit
      - (e.) Elevator controls
      - (f.) Fenced perimeters
      - (g.) Camouflaged doors and doorknobs
    - ii. Adaptation of the environment with way-finding cues and landmarks
      - (a.) Brightly lit, uncluttered paths with many rest areas (indoors/outdoors)
      - (b.) Decorations that provide positive distractions and also act as deterrents
2. Additional resident and family involvement and education
3. Verification of control systems
  - a. If an electronic surveillance system is in place, door alarms are tested weekly (at a minimum) for proper functioning and the testing is documented
  - b. Door alarm codes are changed routinely
  - c. Resident electronic monitoring sensors (e.g., bracelets/pendants) are checked every shift for placement and daily for proper functioning and documented in the Resident Record, Treatment Administration Record, Medication Administration Record, or a specifically designed log
  - d. A sign-in/-out system is implemented, which requires responsible parties to sign the resident out when leaving and noting an expected return time
  - e. Creation of a lost person profile for each resident at risk
    - i. Three close-up photographs are taken of each resident on the day of admission
      - (a.) The photographs are for identification purposes only

- (b.) One photograph is maintained in the Resident Record and the other in his or her Medication Administration Record. A third photograph, with a description of the resident (e.g., height, weight, hair, and eye color), is maintained at the reception desk
  - (c.) Written consent for photographs is obtained
  - (d.) Photographs are updated as required to reflect changes in a resident's appearance and at least annually
4. A verification process is conducted to determine the location of each resident after a fire/elopement drill, resident activity, field trip, etc.

### **C. Interventions**

1. Responding to an actual elopement
  - a. It is the responsibility of all staff, regardless of the department they work in, to respond to activated door alarms and to return residents to their units
  - b. Any resident who leaves his/her assigned unit unaccompanied is approached according to accepted guidelines as follows:
    - i. Approach in a calm and reassuring manner
    - ii. Have one individual approach the resident. Discourage large numbers of staff around the resident
    - iii. Avoid arguing with the resident. DO NOT say "You can't" or "You have to"
    - iv. Avoid touching the resident if possible
  - c. The family and physician are notified of the incident, and notification is documented in the resident's record
  - d. If the resident is placed on increased supervision, safety checks are documented in the resident's record each shift for the duration of the increased supervision
2. When a resident is determined to be missing:
  - a. The time that the resident is/was determined missing is noted
  - b. The staff members assigned to the unit where the resident resides verify that the resident has not been signed out
  - c. The staff notify the Administrator that a resident is missing
  - d. Staff members, in accordance with the facility's search team plan, conduct a thorough search to locate the resident. If the resident is not located, proceed with the following:
    - i. Staff members search the entire facility and grounds. Prior to beginning the search, the resident's photograph is viewed by all staff involved in the search
      - (a.) All areas of the building, grounds, and neighboring streets are systematically searched when a resident is missing or has eloped (may use a facility map that is marked off when an area is checked)
      - (b.) The Administrator assigns each staff member a sector when searching for a resident to minimize overlapping or overlooking of an area
      - (c.) When conducting a search, look under beds and furniture, in closets, showers, under desks, locked rooms/offices, walk-in refrigerators and freezers, and behind doors. When conducting a search in storage rooms look behind boxes, in boxes, and on shelves. The search area also includes stairwells, elevators, and the roof, if there is roof access. A resident who has eloped may be frightened and may be hiding. Being thorough in the search is of extreme importance
      - (d.) When finished searching a sector, findings are reported to the Administrator for further instructions
    - ii. If the resident has not been found after a period of ten minutes, the Administrator or designee calls the police and reports the resident missing
    - iii. When the police arrive, the Administrator provides the officer with a picture and other pertinent information such as:
      - (a.) What the resident was wearing

- (b.) How the resident was ambulating, with a cane or walker
- (c.) The resident's cognitive status, confused, agitated, etc.
- (d.) Information as to where resident may be going, if known
- (e.) A resident profile, which includes the resident's previous address and family's address, is available in the resident's chart for this purpose
- iv. The Administrator notifies the family and attending physician if the resident is not found in the facility or on the grounds
- 3. When a resident has been found:
  - a. The Administrator notifies all staff that the resident has been found
  - b. The resident is examined for injuries
  - c. The attending physician is notified of the resident's status
  - d. The resident's responsible person is contacted and informed of his/her status
  - e. The resident's service plan is updated, including:
    - i. Additional measures such as a wander bracelet if not in current use
    - ii. 15-minute safety checks or continuous observation if transfer to a more secure facility is determined
  - f. If the resident is placed on increased supervision, safety checks are documented in the resident record each shift for the duration of the increased supervision
  - g. A Missing Resident form is completed, and all staff involved sign the form. The form is forwarded to the Administrator or Resident Services Coordinator
  - h. The incident is reported to the state authorities as required

#### **D. Documentation**

1. All elopement attempts and events are documented in the resident record, including objective and factual statements regarding:
  - a. Circumstances and precipitating factors
  - b. Interventions utilized to return the resident to the unit
  - c. The resident's response to the interventions
  - d. Results of reevaluation upon the resident's return and the condition of the resident
  - e. Care rendered
  - f. Notification of police, physician, and family
  - g. Physician orders following notification
  - h. Additional risk reduction strategies implemented
2. Resident-specific safety concerns are noted on the resident care plan and interventions that address his or her needs. Interventions to reduce risk are reviewed by the interdisciplinary team on a quarterly basis, at least, or with a change in condition for effectiveness of risk reduction strategies. These measures include realistic and measurable goals and avoiding statements such as "will have no events or no injuries related to elopement"
3. An Incident Report is completed and forwarded to the Administrator or the Resident Services Coordinator
4. Completion of the Incident Report is **not** noted in the resident's medical record
5. Resident/family education about additional risk reduction strategies is documented

#### **E. Elopement Drills**

1. Elopement drills are conducted on a regular basis, at a minimum semiannually
2. Results of the drills are used for staff education
3. Documentation of elopement drills (and actual elopements) are noted on the forms attached to this procedure (see Attachments 1, 2, and 3)

#### **F. Education**

1. If possible, family education is conducted on admission or at any time the resident is identified as a high risk for elopement
2. Staff training at orientation and during annual in-services is provided, including the risk factors for elopement and the specific risk reduction measures in place at the facility

3. Elopement risk reduction strategies are reviewed with all staff, including the method and frequency of assessing effectiveness

**G. Quality/Risk Management Review**

1. Based on compiled incident report data, a periodic trend summary is provided and discussed at the Quality Management/Risk Management Committee meetings
2. Data should include:
  - a. The number of residents identified as at risk for elopement
  - b. The number of elopement attempts
  - c. The number of events
  - d. Outcome severity

**Elopement  
Attachment 1  
Elopement Drill or Post-Elopement Follow-up Report**

Elopement Drill: \_\_\_\_\_ Actual Elopement: \_\_\_\_\_ Date: \_\_\_\_\_

Missing Resident Name: \_\_\_\_\_

Staff Person on Duty: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time all Clear: \_\_\_\_\_ Total Time: \_\_\_\_\_

Supervisor or RSC Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Administrator Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Police Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Family Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Resident found: \_\_\_\_\_ If yes, time: \_\_\_\_\_

Number of Staff in Participation: \_\_\_\_\_

**Staff Performance Results:** Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Staff did \_\_\_\_\_/ did not \_\_\_\_\_ respond in accordance with established procedures.

Comments:

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Conductor(s): \_\_\_\_\_



**Elopement  
Attachment 3  
Elopement Drill or Post-Elopement Checklist**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Resident Missing Time: \_\_\_\_\_ a.m. p.m.

Resident Found Time: \_\_\_\_\_ a.m. p.m.

Circle the following Yes or No

- |  |   |   |
|--|---|---|
| 1. Did staff verify resident was not signed out?                                       | Y | N |
| 2. Did staff check unit?   | Y | N |
| 3. Did staff notify supervisor?  | Y | N |
| 4. Was the Administrator notified?   | Y | N |
| 5. Was a full search of the facility and grounds implemented?                          | Y | N |
| 6. Were the police notified?   | Y | N |
| 7. Was search called off when resident was located?                                    | Y | N |
| 8. Was resident examined when located?   | Y | N |
| 9. Was resident's physician notified when resident was discovered missing?             | Y | N |
| Found?   | Y | N |
| 10. Was family and/or responsible party notified when resident was discovered missing? | Y | N |
| Found?   | Y | N |
| 11. Was incident/event report completed?   | Y | N |
| 12. Was notation included in the Resident Record?                                      | Y | N |
| 13. Did the alarm system function (if an egress system was in place)?                  | Y | N |

Name of person completing report: \_\_\_\_\_