

NANANOM ASSISTED LIVING

ELOPEMENT POLICY AND PROCEDURE

I. POLICY: 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:

1. **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.
2. **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.
3. **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.

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

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:

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- 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.

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

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

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