WANDERING AND ELOPEMENT

Wandering, pacing (aimless continuous walking) and elopement (unauthorized leaving of the community) are common occurrences in persons with Alzheimer’s and dementia, making them more susceptible to injuries and to getting lost. Poor memory and communication ability may make it impossible for the wanderer to remember where he or she is supposed to be, or to explain the reason he or she is wandering.

All staff (administration, aides, nurses, maintenance, housekeeping and dietary) play an important role in preventing wandering and elopements. Conducting a thorough social and physical assessment of a resident’s history is critical to gain understanding of a resident’s individual triggers for wandering.

LEARNING OBJECTIVES

- Explain why people with Alzheimer’s and dementia wander and elope
- Use multiple techniques to manage residents who show a tendency to wander and elope
- Provide a safe environment for residents to wander
- Respond appropriately and swiftly to an elopement

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WANDERING AND ELOPEMENT

Wandering almost always has a purpose. Often a form of communication when language skills are lost, a resident with Alzheimer's or dementia may be trying to convey toileting needs, hunger or thirst. Many things can trigger wandering, such as loud conversations in the background, noise of kitchen utensils, or a loud TV.

Other reasons for wandering include:

- Loss of memory
- Excess energy, restlessness or boredom
- Discomfort or pain
- Stress, anxiety and agitation
- Being in a new “strange” environment
- Inability to recognize familiar people, places and objects
- Trying to express emotions (e.g., fear or loneliness)
- Curiosity
- Medication side effects
- Urinary tract infection (UTI)
- Seeing things that trigger memories (e.g., boots or a coat next to the door may signal it is time to go out)
- Wanting to escape from a noisy or busy place
- Confusing night and day
- Fatigue (residents with Alzheimer's and dementia tire easily)

If wandering occurs at the same time every day, it may be caused by an old routine. For instance, if a resident attempts to leave everyday at 5pm, he may believe it is time to go home from work. When the resident sees staff leaving, it reinforces this thought. If possible, consider having staff exit a door not seen by residents so they don’t get curious and think it's time to go.

If wandering occurs in the late afternoon, a resident may have sundowner's syndrome. When it begins to get dark, a resident with sundowner's syndrome becomes increasingly confused, agitated or angry, frequently leading to wandering, pacing and nervousness. The resident may begin to look and call for family members or try to leave the building.

Managing Wandering and Elopement

When provided with meaningful activities in a safe environment, residents are less apt to wander. Diversion activities may help with wandering or pacing. The following activities can capture the resident’s interest, distracting them from the feelings that are causing wandering:

- Hobbies
- Reading
- Social interaction
- Listening to music
- Pet therapy

Providing a memory album, memory box or photographs of family and friends on the wall might help a wandering resident looking for a family member or friend. Other ideas to help minimize restlessness, excess energy or boredom include:

- Offering and encouraging regular exercise
- Encourage residents to participate in meaningful activities, such as folding towels or cleaning. A person who has spent a lifetime doing chores may need something to do and it gives them a purpose throughout the day.
- Allow the resident safe spaces to wander under staff supervision
- Reduce bright lights and excessive noise from the TV or radio as this could add to a resident’s confusion or restlessness.
WANDERING AND ELOPEMENT

Residents may wander because they have forgotten where they are, or are having difficulty finding the bathroom or their room. To help orient residents, consider the following:

- Post first name and photographs on the doors to resident rooms or in the shadow box next to the door. Use a picture of the resident as a young adult since that may be more recognizable for them.
- Post a picture of a toilet on the door to the bathroom.
- Consider using color schemes to identify different areas or hallways/neighborhoods.

To minimize restlessness and confusion late in the afternoon or evening:

- Keep the resident active in the morning and encourage a nap after lunch.
- Take the resident on a walk outdoors during daylight hours (a secured courtyard/walkway is ideal).
- Turn the lights on inside the resident's room before it gets dark outside.
- Take advantage of as much natural light and sunshine as available.
- Close blinds and shades before it gets dark.

Create a Safe Environment for Wandering

If the determinations is made that a resident's wandering is not associated with a physical need (e.g., toileting, thirst, hunger, pain or fatigue), consider providing a safe space for the resident to walk and explore. Some communities have circular halls so that residents won't come to a dead end.

It is not a good idea, however, to let a resident pace constantly for long periods of time. Some people with Alzheimer's or dementia will walk most of the day and night, exhausting themselves in the process unless someone redirects them. Some residents sleep for only short periods and walk most of the night. This kind of excessive wandering is harmful, but short periods of walking can work off restlessness if done in a safe setting. Consider the following strategies to promote “safe” wandering:

- Remove throw rugs, electrical cords and other things that might cause a resident to trip or fall.
- Arrange furniture simply and keep public areas uncluttered to provide safe spaces for walking. Keep the furniture arrangement consistent so the environment stays familiar.
- Consider nightlights at night to ensure adequate lighting at all times.
- Paint the exit doors the same color as the walls to take attention off of a different colored door.
- Consider using a “Stop” sign on an exit door to stop a confused resident from going any further in that direction.
- Placing a dark mat or utilizing a dark carpet in front of the exits will stop some wanderers (it may look like a hole in the ground to them).
- Have residents with a potential for elopement wear an ID bracelet with their name, address and phone number.
- Install alarms and/or key pads on exit doors and check alarms daily to ensure they are functioning properly.
- Consider safety bracelet devices that will sound an alarm if a wanderer succeeds in getting through any exits.
- In the event of an exit, utilize a GPS device that will allow for quick locating and rescue of the eloped resident.
- Post signs and educate for all visitors to not allow anyone to exit with them unless accompanied by staff and let visitors know what steps they should take to notify staff in the event that a resident does elope with them.
- Use sign in/sign out logs so staff are aware of who has left the community.
- Change door codes regularly and do not provide code to anyone except for staff.
- Conduct regular checks during the day and night to verify all residents are accounted for.
- Conduct elopement “drills” on at least a quarterly basis.

It is extremely important to watch exit doors when visitors are entering and exiting. Seeing people leave may make a resident with Alzheimer’s or dementia think it is time for him to leave also. Slipping out the door behind a visitor is a common exit strategy for wanderers.
Responding to an Elopement

Any and all staff witnessing a resident attempting to exit the community should immediately prevent the exit by deploying the diversion tactics described above and solicit assistance from other staff in the area. If no other staff are in the immediate area, the staff member should immediately notify Administration or nursing staff of the elopement and quickly return to the resident, while continuing to attempt to redirect the resident safely back into the community. Staff members should not leave the resident for any reason if the resident’s safety is in immediate danger.

If a resident is “missing,” the following steps should be taken:

1. Supervisor should immediately initiate and lead a thorough search of the community’s interior and exterior.

2. Should the immediate sweep/search be unsuccessful, the Supervisor should notify the following:
   - Administrator/Executive Director and Nursing Director (follow his/her directions);
   - Local police department;
   - Resident’s responsible party;
   - Resident’s physician; and
   - Regulatory agencies as required.

3. Once the police have been notified, they will assume command of the search. Be prepared to provide the resident’s photo and other pertinent information.

Upon resident’s return to community, the following steps should be taken:

- Notify all previously contacted persons;
- Complete a thorough assessment to determine if any injuries have occurred;
- Complete a thorough Incident report and document your internal investigation of the incident;
- Review and update care plan of resident to reflect elopement and prevention plan that was developed;
- Complete a thorough review and check of alarm system to ensure functionality and make immediate repairs if needed to ensure safety and protection of all residents.

We are proud to partner and be a resource to you as you help keep your residents safe. Feel free to reach out to your Crum & Forster designated Senior Risk Consultant for a review of your efforts or to discuss any additional resources or training needs.

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