

**POLICY:** Wandering/Elopement in Personal Care Homes & Transitional Care Units

**Program Area:** Personal Care Home/Transitional Care Units

**Section:** General

**Reference Number:** CLI.6410.PL.032

**Approved by:** Regional Lead – Community & Continuing Care

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Revised yyyy/mmm/dd

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## **POLICY SUBJECT**

Risk mitigation strategies associated with residents/patients (hereinafter referred to residents) wandering/elopement in personal care homes & transitional care units

## **PURPOSE:**

To mitigate risks associated with residents who wander and possibly elope in personal care homes (PCHs) and transitional care units (TCUs).

## **BOARD POLICY REFERENCE:**

Executive Limitation-1 (EL-1) Global Executive Restraint & Risk Management  
Executive Limitation-2 (EL-2): Treatment of Clients  
Governance Process (GP-19). Quality, Patient Safety and Risk Management

## **POLICY:**

Staff are to make every reasonable effort to keep residents who are at risk of wandering and/or elopement as safe as possible. To do so requires staff to undertake a comprehensive assessment of resident care needs upon admission and as the need arises, as well as, during quarterly care plan reviews.

PCHs/ TCUs are to have safe spaces for wandering and a door exit security system in place to prevent unsafe wandering (e.g. key pads or locks installed and camouflaged so not readily identifiable). This may include having a fenced courtyard or patio area so a resident is able to wander safely outdoors with areas that are fully visible from inside.

## **DEFINITIONS:**

**Alternate Decision-maker:** a person who has decision-making capacity and is willing to make decisions on behalf of a resident who does not have the capacity to make a decision. An alternate may be legally authorized (e.g. health care proxy or committee) or may be a person designated (e.g. family member) in the absence of a legally authorized individual.

**Elopement:** the act of a resident leaving a personal care home or transitional care unit without a healthcare provider's knowledge of the departure or not returning from a pass or leave of absence as expected. The action could be taken by a resident or another person such as, but not limited to, a family member or friend of the resident.

**Code Yellow:** the action(s) a healthcare provider takes in response to a resident eloping from a PCH or TCU and requiring a search within and/or external to the facility.

**Code Yellow-Missing Client – Client Identification Form:** a regional form that includes resident identifying information (e.g. gender, hair color, hair length, glasses, facial hair, skin tone, build/stature, unique identifiers, etc.) and pertinent information.

**Integrated Care Plan (ICP)/ Nursing Kardex:** a document which provides direction on the type of care a resident may need. It is initially compiled based on assessment of each resident's needs. It is a highly personal and individualized document.

**Dignity of Risk:** beliefs and actions that support residents to make decisions that affect their lives, and to have those decisions respected by others, even if there is some inherent actual or potential risk.

#### **IMPORTANT POINTS TO CONSIDER:**

There are a variety of ways to prevent unsafe wandering including, but not limited to, the following:

- Provide visual cues such as symbols on doors, familiar objects in a resident's room to assist the person in recognizing his/her environment, using pictures and symbols;
- Know the resident's history and routines and accommodate his/her interests;
- Connect with the resident's emotions, validate his/her feelings, re-direct to another activity, if appropriate;
- Provide therapeutic recreation activities (e.g. exercise program, calming music, pets, gardening, visiting);
- Break tasks down into smaller steps so the resident can understand what he/she is being asked to do;
- Reduce noise and clutter to prevent an over-stimulating environment which may cause restlessness;
- Assist with re-directing the resident when visitors or family members leave;
- Reduce triggers by storing outside clothing out-of-sight and camouflaging doors (e.g. covering or decorating doors);
- Anticipate events that may suggest to the resident that it is time to go out, monitor wandering patterns and cues;
- Consider use of technology to assist with monitoring (e.g. door alarms, bed alarm, tracking through electronic applications/databases to monitor wandering patterns);

- Consider ethical issues when evaluating technology use and ensure that technology is not being used as a substitute for supervision of residents;
- Creating secure, well-supervised areas where residents with dementia may wander such as a lounge, garden or walking area;
- Reducing the risk of burns, if residents are wandering in an outdoor courtyard, by not using outdoor furniture such as metals that hold heat;
- Utilizing a night light may help prevent disorientation at night;
- Through education by:
  - Informing and educating other residents, alternate decision-makers/family members, and visitors about the risks associated with wandering and elopement (e.g. make sure doors are closed and residents do not follow behind them when they leave);
  - Educating staff on wandering, elopement and respective organizational policies/procedures.
- There can be many ethical issues related to wandering and potential elopement. Some residents and alternate decision-makers may choose to not follow the recommendations regarding recommended risk mitigation strategies. Residents and decision makers are to be allowed dignity of risk in their decision-making even if they choose not to follow the recommended risk mitigation strategies;
- In addition to the resident or alternate decision-maker, other health care team members may be part of the decision-making process such as physicians, the Senior's Mental Health Team, site leadership and Directors of Personal Care Homes- East & West.

**PROCEDURE:**

***Admission:***

1. Upon admission to a PCH/TCU, the admitting nurse is to assess the resident to determine any risks for wandering or elopement utilizing the Elopement Risk Scale (CLI.6410.PL.032.FORM.01). Examples of what could put a resident at risk of elopement include, but not limited to, the following:
  - mental status (e.g. ability to follow instructions or not);
  - mobility status (e.g. can move without assistance while in wheelchair or ambulatory);
  - speech patterns (e.g. ability to or unable to communicate);
  - history of wandering;
  - medical conditions such as cognitive impairments, delirium and/or infections causing delirium; mental health factors;
  - other factors (e.g. resident is newly admitted to the PCH/TCU, resident is frequently expressing a desire to go home; resident is youthful in appearance and a visitor may inadvertently let them out the door).
2. Should the resident be identified to be at risk for wandering or elopement, the admitting nurse is to:

- document in the integrated care plan (ICP) (CLI.6410.PL.002)/ Nursing Kardex risk for wandering/elopement and corresponding risk mitigation strategies such as, but not limited to, regular safety checks and applying wander guard/roam alert;
  - complete the **Patient/Resident Description** section on the Code Yellow-Missing Client – Client Identification Form and file this at the front of the resident’s health record;
  - ensure that if a Wander Guard/Roam Alert is used that resident information is entered into the computer database- if applicable;
  - communicate to the care team the potential risk for elopement.
3. Utilize the Ethical Decision-Making Framework and Worksheet (ORG.1810.PL.005.FORM.01) should staff need assistance with decision-making processes related to wandering/elopement.
  4. The admitting nurse is to document in the IPN, the resident and alternate decision maker’s decision and decision-making process (e.g. who was involved in making the decision and whether they were able to use any tools to help them in making the decision such as the Ottawa Personal Decision Guide Form (ORG.1810.PL.005.FORM.03) or Ottawa Personal Decision-making Guide for Two (ORG.1810.PL.005.FORM.04).

#### **Quarterly Basis or as Need Arises**

1. On a quarterly basis during care plan reviews or as the need arises, the associated nurse is to complete the Elopement Risk Scale and is to review and update, as needed, the following:
  - document in the IPNe and on the resident’s ICP/Nursing Kardex risks associated with wandering and elopement and corresponding risk mitigation strategies such as, but not limited to, regular safety checks and applying wander guard/roam alert; and
  - **Patient/Resident Description** section on the Code Yellow-Missing Client – Client Identification Form.
2. Should wandering/elopement risks arise following admission, the nurse is to:
  - document in the IPN and on the resident’s ICP/ Nursing Kardex risk for wandering/elopement and corresponding risk mitigation strategies such as, but not limited to, regular safety checks and applying wander guard/roam alert; and
  - complete the **Patient/Resident Description** section on the Code Yellow-Missing Client – Client Identification Form and file this at the front of the resident’s health record;
  - ensure that if a Wander Guard/Roam Alert is used that resident information is entered into the computer database;
  - communicate to the care team the potential risk for elopement

3. Should staff require assistance with decision-making, the Ethical Decision-Making Framework and Worksheet (ORG.1810.PL.005.FORM.01) is to be utilized.
4. Nurse is to document in the IPN, the resident and alternate decision maker's decision and decision-making process (e.g. who was involved in making the decision and were they able to use any tools to help them in making the decision such as the Ottawa Personal Decision Guide Form {ORG.1810.PL.005.Form.03} or Ottawa Personal Decision Guide for Two {ORG.1810.PL.005.FORM.04}).

### **Resident Elopement**

1. Should the resident elope from the PCH/TCU, the steps in the Code Yellow-Missing Client Emergency Plan and corresponding Incident Commander-Task Sheet for the site is to be followed.

### **SUPPORTING DOCUMENTS**

[CLI.6410.PL.032.FORM.01](#) Elopement Risk Scale

### **REFERENCES:**

- CLI.6410.PL.002 Integrated Care Plan for Residents in Personal Care Homes  
 ORG.1410.PL.301 Client Identification  
 ORG.1810.PL.001.SD.01 Safety Event Resource Guide  
 ORG.1810.PL.005.FORM.01 Ethical Decision-Making Framework and Worksheet  
 ORG.1810.PL.005.FORM.03 Ottawa Personal Decision Guide Form  
 ORG.1810.PL.005.FORM.04 Ottawa Personal Decision Guide for Two
- Continuing Care Leadership Coalition, Healthcare Association of New York State, New York State Health Facilities Association, New York Association of Homes & Services for the Aging (2005). *Elopement Resource Manual*. Retrieved on Sept 14, 2023 from: [ElopementManual.doc \(live.com\)](#)
- Healthcare Insurance Reciprocal of Canada (2023). *Care-Elopement/Unauthorized Absence*. Retrieved on August 11, 2023 from: [Care – Elopement / Unauthorized Absence | Healthcare Insurance Reciprocal of Canada \(hiroc.com\)](#)
- Manitoba Health Licensing & Compliance Branch (2023). *Draft Personal Care Home Modernized Assessment Tool*
- Southern Health-Santé Sud (2021). *Code Yellow-Missing Client Emergency Plan* Southern Health-Santé Sud (2021)