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|  ELOPEMENT | NO.  |
| PURPOSE:To provide specific guideline regarding assessment and care of the resident with the potential to wander and/or elope.STATEMENT OF POLICY:It is the policy of Winning Wheels to assess each resident on admission and routinely thereafter on a quarterly basis or as conditions require for the potential to wander and/or elope. The facility will provide preventive interventions as necessary for the safety of the resident(s) indentified and the safety of other residents residing in the facility. The facility will provide education to staff members upon hire and at least annually thereafter regarding wandering and elopement behaviors, assessments, and interventions.PROCEDURE:1. PROCEDURE FOR RESIDENT ASSESSMENT.
2. The admitting nurse will complete the initial Elopement Risk Assessment during the admission process.
3. After the initial assessment, routine reviews will be completed and documented quarterly. If there is a change in mental status, behavior or change in environment, then the nurse or designee will complete another “Elopement Risk Assessment”.
4. PROCEDURE FOR IMPLEMENTATION OF PREVENTIVE MEASURES.
5. The resident who is identified as being at “High Risk” for wandering and/or elopement will have attached to their wheelchair, walker/assistive devices, or wear a “Code Alert” transmitter and/or other appropriate intervention as assessed by the Inter Disciplinary Team (IDT).
6. The facility should maintain photographic identification of residents. The photograph should be placed in an area accessible to facility staff and should be shared with the law enforcement agency if there is a case of elopement and a search is necessary.
7. A care plan will be developed and implemented for each resident that is identified as being at “High Risk” for wandering and/or elopement.
8. If a “Low Risk” resident attempts elopement, the resident will be placed on Q 15-minute visual monitoring and/or other appropriate intervention as assessed by the IDT until a new Elopement Risk Assessment is completed. If the resident is determined to be at “High Risk” they will have a “Code Alert” placed on their person and/or other appropriate intervention implemented by the IDT. If the resident is determined not to be at “High Risk” for elopement the Q 15-minute visual monitoring will cease.
9. The Q 15-minute visual monitoring will be recorded on the “Behavior/Activity Log” tool or other designated tool.
10. If a “High Risk” resident attempts elopement their individual care plan will be reviewed to determine if current interventions are adequate to ensure their safety. Q 15-minute visual monitoring and/or other appropriate intervention implemented by the IDT will be at the discretion of the Administrator or his/her designee and determined on a case by case basis.
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|  ELOPEMENT | NO.  |
| 1. Maintaining Resident Safety:
2. The facility will ensure monitoring devices such as door alarms or “Code Alert” transmitters are operational. This will be accomplished by nursing checking the “Code Alert” transmitters daily during med pass. Door alarms/maglocks, and the “Code Alert” wandering system will be checked by maintenance weekly as per manufacturer guidelines.

1. The nurse/designee will check each resident’s “Code Alert” transmitter daily with the transmitter testing device, per manufacturer’s instructions, and record on the TAR.2. If there is a problem noted with the “Code Alert” transmitter, Maintenance and/or the Safety Coordinator will be notified, and the resident will be placed on Q-15 minute visual monitoring until the transmitter is repaired/replaced.3. If there is a problem noted with the door alarm, the facility will post a staff member at the exit until the door alarm is functional.1. If the resident is identified as being at risk for other wandering behaviors (e.g. pacing, intrusion, or searching), appropriate interventions will be implemented to treat the behavior and will be included in the resident’s plan of care.
2. PRODEDURE FOR MANAGING ELOPEMENT.
3. If a resident is observed attempting to leave the premises:
4. Personnel are to report residents attempting to leave the premises to the charge nurse.
5. If an employee observes a resident leaving the premises, they should:
6. Approach the resident calmly and walk with the resident. Have a side-by-side conversation and use verbal re-direction and distraction as you walk.
7. Avoid confrontation and refrain from overpowering the resident.
8. If the resident resists assistance to return and is in imminent danger, contact guidance may be utilized.
9. Obtain assistance from other staff members in the immediate vicinity, if necessary.
10. Instruct another staff member to inform the charge nurse that the resident has left the premises.
11. Upon return to the facility, the charge nurse should:
12. Examine the resident for injuries.
13. Implement interventions to prevent further elopement.
14. Notify the resident’s attending physician of the incident.
15. Notify the Administrator.
16. Notify the resident’s responsible party/legal representative of the incident.
17. Complete and file an incident report on Risk Watch.
18. Make appropriate notations in the resident’s Clinical record.
19. Document the incident on the 24-hour report.
20. The IDT will update the resident’s plan of care to include elopement precautions.
21. RESIDENT DISCOVERED MISSING FROM THE FACILITY.
22. Personnel are to report residents suspected of being missing to the charge nurse.
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|  ELOPEMENT | NO.  |
| 1. If an employee discovers that a resident is missing from the facility, they should:
2. Determine if the resident is out on an authorized leave or pass. IF NOT:
3. Notify the charge nurse. The charge nurse will take a resident headcount. They will then direct a search of the building(s) and premises including areas of the building. IF NOT LOCATED:
4. The charge nurse will direct a search of the facility grounds.
5. Notify the Administrator.
6. The Administrator, or designee, will conduct the following search procedure;
7. Divide the local area around the facility and assign a staff person to search each area and report to the coordinator when the search is complete.
8. Determine the area/sites in the community with which the resident may have familiarity, (stores, restaurants, or individual homes). Assign necessary staff to search these areas.
9. If the resident is not located within approximately 30 minutes, notification should include, but is not limited to:
10. Local Police department
11. Resident’s responsible party
12. Resident’s physician
13. Hospitals, emergency rooms.

The Administrator or they designee will ensure a completed report is forwarded to required State reporting agencies.1. PROCEDURE FOR RESPONSIBLE PARTY AND STAFF EDUCATION
2. Education regarding wandering and elopement will be part of new employee orientation and at least annually thereafter.
3. On admission, the Admissions Coordinator will educate the Responsible Party regarding facility policy and procedure on wandering and elopement.

ATTACHMENTS:Procedure Checklist for Missing Resident |
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