



Safety: Client Elopement and Wandering

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After reading the newsletter, the home health aide should be able to:

1. Define wandering and elopement.
2. Identify risk factors for wandering and elopement.
3. Discuss measures to prevent and respond to unsafe wandering and elopement.

A 91-year old man with dementia left his home on a freezing Sunday morning and walked into the nearby woods. He was found dead the next day. An 89-year old woman with dementia left her home at 2:30 am, wearing only her pajamas in freezing weather. Fortunately, she was found alive and unharmed a few hours later.

Wandering and elopement are serious concerns for staff in all healthcare settings. According to data published by the American Geriatrics Society, up to 31% of long-term care residents with dementia have wandered or eloped at least once. Up to 2% of hospital clients leave during or before treatment. While data on home care elopement are limited, there are many dependent people each year who leave their homes without supervision, resulting in dangerous, and sometimes disastrous, situations.



Adults who are competent and able are free to leave these facilities or their home any time they choose. However, dangerous and life-threatening situations may result when clients who are mentally incompetent, or who pose a danger to themselves or others, wander and/or leave without proper supervision.

This newsletter will discuss the effects of wandering and elopement on client safety, as well as risk factors and triggers. The home health aide's role in prevention of and appropriate response to wandering and elopement will also be covered.

The Centers for Medicare and Medicaid Services (CMS) define wandering as random or repetitive locomotion. This means the client is walking (or moving self in wheelchair) aimlessly and/or repeatedly for a period of time. Elopement is defined as the client leaving the facility or home without needed authorization or supervision.

Wandering and elopement can place the client at serious risk for injury or death. Wandering without supervision or assistance in the home can result in falls down stairs, contact with electricity or chemicals, and exposure to extreme heat or cold if the client wanders onto a balcony or patio. Clients who elope outside of the home may be struck by cars, drown in ponds, or be exposed to extreme weather conditions. When harm occurs, the client and his/her family experience pain and suffering. The agency may have financial or other penalties assessed by federal or state agencies, and may also be sued by the family for large sums of money.

Risk Factors and Triggers

Knowing the common risk factors for elopement can help to identify many of the clients who will wander away or attempt to leave the home. These factors include:

- Dementia, confusion, mental illness or substance abuse
- Inability to make safe decisions



- Restlessness and agitation
- Can walk or use a wheelchair
- Previous history of elopement
- Opens doors or looks for exits
- Has trouble finding the bathroom
- Talks about wanting to leave or “go home”, even though they are at home
- Has a court-appointed legal guardian

Clients admitted to home care should be assessed for risk of wandering and elopement by the nurse on admission. And, since client condition often changes, periodic assessments for elopement risk should be performed after admission.

Triggers are also important in helping to determine risk for wandering and elopement. A trigger is anything that can prompt a client to wander or elope. This can include being hungry, thirsty, or needing to smoke or use the bathroom. Common sights, such as seeing a hallway, door, or people leaving the home, may trigger the client to try to leave. Seeing items such as suitcases, shoes, coats or hats may have the same effect. Time of day can also be a trigger. If a client becomes restless or wanders at certain times each day, it’s possible he/she is responding to previous patterns, such as going to work or coming home.



Prevention of Elopement

We often focus on clients with dementia as having a high risk for wandering/elopement. But it is important to remember that any client who can walk or move around in a wheelchair could try to leave the home unsupervised. Be familiar with your agency’s policies for prevention and management of elopement. As you work with your clients, take notice of any behaviors that may indicate risk for wandering or elopement. Is the client restless or agitated? Does she try to go through doors or talk about wanting to leave? If so, let the nurse know so that care can be planned to promote safety. Stay alert for possible safety issues in the home. Notify the nurse promptly of any locks or doorknobs that don’t function properly, so that the family can be notified to correct these.

Monitor carefully, according to agency policy, any clients that are identified at high risk of wandering/elopement. Watch for signs of increased wandering, agitation, or attempts to leave. Incidents of wandering and elopement can often be reduced by making sure that the client’s needs for food,

drinks, and elimination are met. Provide allowed snacks and drinks if the client requests them or appears restless, and assist the client to the bathroom on a regular schedule. Keeping the client busy with activities they enjoy can reduce the urge to wander or elope. Increasing the client’s opportunities for activity and socialization is also helpful, since boredom is a common cause of wandering and elopement. Taking the client for regular walks, promoting interactions with visitors and family members, and arranging activities such as listening to music and watching TV can be helpful in keeping the client engaged. If the client tries to leave the home or wander unsafely (such as up or down stairs), redirection and distraction often help to interrupt this, such as “We need to go this way” or “Let’s get some ice cream.”



To help prevent elopement, the family may choose to use alarm devices, such as door chimes, an alarm mat by the bed, or a wearable device that alerts the caregiver if the client leaves the home and/or provides information on the client’s location.

Response to Elopement

If a client is missing, time is critical in finding the client before injury or death occurs, since this risk increases dramatically after 24 hours. If a client cannot be located, the agency’s missing client protocol must be started immediately. Be familiar with and follow your agency’s policies, which may include calling Emergency Services (911) and notifying the agency. A thorough search of the home and surrounding area is conducted, and extending into the community, if needed. The majority of clients who have eloped are typically found within one mile of the home.

When the client is found, he/she should not be scolded, but rather reassured and comforted. Depending on the client’s condition and location, and agency policy, he/she may be returned to the home, where a complete assessment is done by the nurse to check for injuries. Or, the client may be taken to the local hospital’s emergency department for evaluation there.

Wandering and elopement can pose a serious risk to the home care client. Staff members who are knowledgeable and alert can greatly help to reduce this risk and promote client safety.



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NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. The Centers for Medicare and Medicaid Services (CMS) defines elopement as a client:
- A. leaving without needed authorization or supervision
 - B. trying to find an exit
 - C. having random or repetitive locomotion
 - D. being missing for at least two hours
- ____ 2. CMS defines wandering as a client:
- A. leaving without needed authorization or supervision
 - B. trying to find an exit
 - C. having random or repetitive locomotion
 - D. being missing for at least two hours
- ____ 3. Elopement can cause serious injury or death of the client, but wandering is considered safe.
- A. True
 - B. False
- ____ 4. Only clients who can walk by themselves are at risk for wandering or elopement.
- A. True
 - B. False
- ____ 5. Wandering/elopement can result in which of the following?
- A. lawsuit by the family against the agency
 - B. pain and suffering for the client and family
 - C. federal or state penalties for the agency
 - D. all of the above

- _____ 6. Which of the following statements, made by the home health aide, is likely to be most effective in preventing a client with dementia from leaving the home?
- A. "Let's get some cookies in the kitchen."
 - B. "Don't go outside, or you'll get hurt."
 - C. "Your son will be very upset if you leave the house."
 - D. "You're not allowed to go outside."
- _____ 7. Client risk factors for wandering/elopement include all of the following EXCEPT:
- A. talks about wanting to "go home"
 - B. is lethargic and sleeps most of the time
 - C. has dementia or confusion
 - D. tries to open doors
- _____ 8. Seeing items such as suitcases, coats or shoes can cause a client to attempt to leave the home.
- A. True
 - B. False
- _____ 9. Measures that help to prevent unsafe wandering/elopement include:
- A. walking the client regularly
 - B. keeping the client busy with activities and interactions
 - C. making sure the client's needs for food, drink and elimination are met
 - D. all of the above
- _____ 10. After the home health aide finishes making lunch for Mr. Daniel, she realizes that she can't find him in the house or outside. The home health aide's first action should be to:
- A. call Mr. Daniel's daughter to notify her
 - B. knock on doors to ask neighbors if they have seen Mr. Daniel
 - C. notify 911 and the agency that Mr. Daniel is missing
 - D. wait 30 minutes to see if Mr. Daniel comes back home

