

## Golden Days Adult Day Health Care Center

### Policy and Procedure

**Subject:** Elopement Screen and Wanderguard Assignment

**Policy #:** GD 150

**Department:** Golden Days

**Policy:** To ensure safety and security of all participants by providing a mechanism to monitor those participants who have the potential to wander without awareness of their safety or whereabouts without infringing on the rights of other Registrants in program

**Responsibility:** RN or LPN complete elopement assessment and Community Outing Evaluation. All Golden Days staff responsible for monitoring safety of Registrants.

#### Procedure:

- A. An elopement screen will be completed by nursing for elopement risk upon admission, upon significant change, and as required quarterly by the DOH.
- B. Those registrants who, upon screening, are identified at risk will be assigned a Wanderguard. Wanderguard will keep sliding glass door from opening upon approach, thereby restricting the movement of assessed Registrant only, while maintaining open access to other registrants in program.
- C. Upon arrival to the program each day the Wanderguard will be placed on the Registrant's clothing and removed before the end of the day.
- D. If a Registrant is assessed to be an elopement risk, proactive approaches will be created and the Registrant's photo will be added to the Busy Bee Books. Proactive approaches should be updated as needed.
- E. Monitoring of alarm placement will be ongoing. In the event of a missing alarm, one will be replaced immediately.
- F. An orange dot will be placed on the medical record and on the back of the Registrant's ID badge to identify elopement risk
- G. Members who are assessed at risk of elopement will be evaluated at Community Outing Level 3 or 4 and will require staff escort to leave the building.

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# GOLDEN DAYS ADULT DAY HEALTHCARE

282 RIVERSIDE DRIVE • JOHNSON CITY, NY 13790  
TEL: 607-729-9206 EXT. 184, 183 • FAX: 607-296-4021

## ELOPEMENT RISK TOOL

(To be completed on admission, readmission, quarterly, and with significant change)

A. Current Predisposing Risk Factors (in past 30 days)		Date	Date	Date	Date
1.	<input type="checkbox"/> Cognitively impaired				
2.	<input type="checkbox"/> Independently mobile by way of Ambulation and/or <input type="checkbox"/> Wheelchair				
3.	<input type="checkbox"/> Wandering behavior with oblivion to safety				
4.	<input type="checkbox"/> Express desire/intent to leave facility				
5.	<input type="checkbox"/> Has attempted to exit facility for no known social/clinical reason				
6.	<input type="checkbox"/> Has been lost or missing within facility grounds, requiring a search, on at least one occasion.				
7.	<input type="checkbox"/> Perceived lack of freedom/individuality in day care setting				
8.	<input type="checkbox"/> Non-geriatric				
9.	<input type="checkbox"/> Non-compliant with facility rules				
B. History of Predisposing Risk Factors: Source of Information:					
10.	<input type="checkbox"/> Reported to have had wandering behavior before admission				
11.	Has history of elopement requiring formal search in past: <input type="checkbox"/> 90 days <input type="checkbox"/> 91-180 days <input type="checkbox"/> 181-365 days				
12.	<input type="checkbox"/> Walking in the community was a integral part of registrants past routine				
13.	<input type="checkbox"/> Travel by public transportation was an integral part of registrants past routine				
14.	<input type="checkbox"/> Has a history of substance abuse				
15.	<input type="checkbox"/> Other:				

Resident Name

MR#

Clinician Signature

Date

Clinician Signature

Clinician Signature

Date

Clinician Signature

RISK FACTORS: <input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	
NO RISK=	Is neither ambulatory nor able to propel own wheelchair.
LOW RISK=	Only risk factors #1, #2 and #6 have been checked.
MODERATE RISK=	Risk factors #1 and #2 and at least #8, #10, #11, or #12 has been checked.
HIGH RISK=	Risk factor #2 and at least one of the following risk factors has been checked: #3, #5, #6, #7, and #9