SEARCH is an EMERGENCY

Pre-plan manual for
the search and rescue of
missing people with
Alzheimer Disease and
related dementias

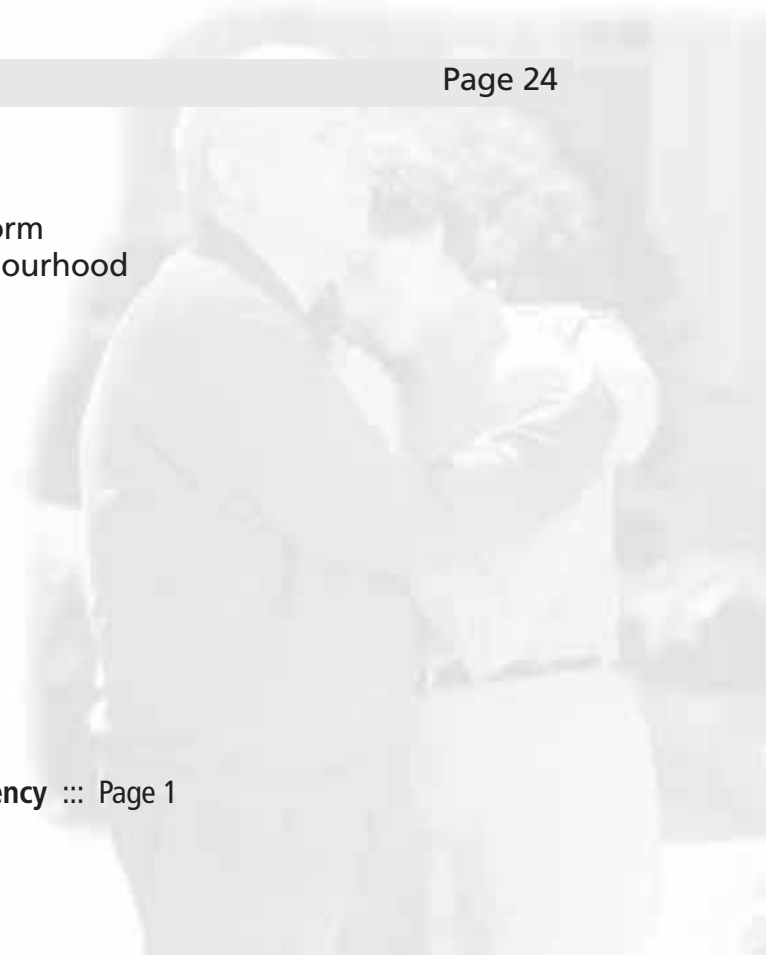
Alzheimer *Society*

Safely Home — Alzheimer Wandering Registry

People with Alzheimer Disease sometimes lose the ability to recognize familar places, to communicate or to remember their own name or address. They may leave home become confused and get lost. *Search is an Emergency: Pre-plan Manual* continues the Alzheimer Society's commitment to assist people with Alzheimer Disease and their families. It is an extention of Safely Home — Alzheimer Wandering Registry. Safely Home is a nationwide program designed to help find a person who is lost and assist in a safe return home. Once registered, confidential information about the person can be accessed by the police in Canada and the United States. We encourage all those with Alzheimer Disease to be registered with Safely Home.

SEARCH is an Emergency Pre-plan manual

A manual to assist in the search and rescue of missing people with Alzheimer Disease and related dementias



Introduction

The purpose of this manual is to assist health-care professionals prepare for a search. Whether in a long-term care facility, retirement residence, day program or acute care hospital, it is important to recognize that all mobile people with Alzheimer Disease or a related dementia are at risk for getting lost. In doing so, facilities and programs must be prepared for the eventuality of a resident or client getting lost. Research has shown that there is a 50% chance of a person with Alzheimer Disease or related dementia who is lost for more than 12 hours being found injured or dead from hypothermia, dehydration or drowning. Making any search an emergency.

This manual is the culmination of a lot of work by a lot of people. It was modeled after the work of the Search is an Emergency Task Force, Waterloo Region. The purpose of this project was to address the safety issues of wandering in Waterloo Region Long-Term Care facilities and Retirement homes. The task force involved a number of people including staff from local Alzheimer Societies, facilities, Waterloo Regional Police, and Community Care Access Centre. It was then embraced, enhanced and implemented by the Alzheimer Society of Cornwall and District.

In its "Safely Home™ Enhancement Initiative" funded by the Trillium Foundation the Alzheimer Society of Canada has taken the manual and adapted it for use across the country.

The Society gratefully acknowledges and thanks the Alzheimer Society of Waterloo Region, the Alzheimer Society of Cornwall and the countless volunteers from long-term care facilities, community agencies and police services from across the country who have helped to develop this invaluable resource.

Please note:
"**Alzheimer Disease**" has been used throughout to indicate Alzheimer Disease and related dementias

"**Organization**" has been used throughout to indicate a day program, long-term care facility, retirement residence or acute care hospital.

"**Resident/client**" has been used throughout to indicate the people whom the organization serves.

Section 1: **Care**

A. Alzheimer Disease and related dementias

Alzheimer Disease and related dementias are syndromes consisting of a number of symptoms that include loss of memory, judgment and reasoning, and changes in mood and behaviour. These symptoms may affect a person's ability to function at work, in social relationships or in day-to-day activities.

Alzheimer Disease is a progressive, degenerative disease. Several changes occur in the brains of people with Alzheimer Disease. The brain cells shrink or disappear, and are replaced by dense, irregularly shaped spots, or plaques. Another indicator of the disease is thread-like tangles within existing brain cells. These tangles eventually choke healthy brain cells.

As Alzheimer Disease affects each area of the brain, certain abilities are lost. This results in specific symptoms or changes in behaviour. It is important to remember that once an ability is lost it can rarely be relearned.

Vascular Dementia is the result of a single or multiple strokes. A stroke is the main area of damaged brain caused by a loss of blood flow. Strokes can be large or small, and can have a cumulative effect (each stroke adding further to the problem). Strokes may alter the person's ability to walk, cause weakness in an arm or leg, slurred speech or emotional outbursts.

Lewy body Dementia is a form of progressive dementia identified by abnormal structures in brain cells called "Lewy bodies." These are distributed in various areas of the brain. The mechanism that leads to the formation of Lewy bodies is unknown. Unlike Alzheimer Disease where the neurons die, in Lewy body Dementia, only 10-15 per cent of neurons disappear, while the remaining neurons do not function. Lewy body Dementia can occur by itself, or together with Alzheimer or Parkinson's Disease.

Other names for Lewy body Dementia include:

- Diffuse Lewy body Disease
- Cortical Lewy body Disease
- Lewy body Disease
- Senile Dementia of Lewy Type
- Dementia with Lewy bodies
- Lewy body variant of Alzheimer Disease

Pick's Disease, unlike Alzheimer Disease, which generally affects most areas of the brain, affects specific areas of the brain — the frontal and temporal lobes. In some cases, brain cells in these areas can shrink or die. In other cases, the brain cells in these areas get larger, containing round, silver "Pick's bodies." In both situations, the changes affect the person's functioning.

Other names for Pick's Disease include:

- Frontotemporal Dementia
- Frontal Lobe Dementia
- Primary Progressive Aphasia
- Corticobasal Degeneration
- Pick's Complex

Creutzfeldt-Jakob Disease (CJD) is a form of progressive dementia characterized by loss of nerve cells and degeneration of nerve cell membranes leading to the production of small holes in the brain.

B. Understanding wandering and getting lost

The term wandering is used to describe a common behaviour of people affected by Alzheimer Disease. It has been defined several ways by researchers. Some of the definitions include:

- "The tendency to move about, either in a seemingly aimless or disoriented fashion, in pursuit of an indefinable or unobtainable goal." (Snyder, et al., 1978)
- "A change in a person's physical location which results in his/her inability to return to the point of origin." (Hussian, 1981)

As Alzheimer Disease affects each area of the brain, certain functions can be lost. These may include the ability to recognize familiar places, the ability to remember one's own name or address, or the ability to communicate. The loss of these abilities can result in changes in the person's behaviour. For example, the person may leave home, become confused and get lost. This behaviour can be dangerous for people with the disease. It is also worrisome for caregivers.

The challenge for most people who provide care to those with Alzheimer Disease is how to find a balance between allowing a person to move about in an environment and keeping him/her safe.

Following an extensive review of the literature on wandering, Silverstein, et al., (2002) wrote, "**All people with Alzheimer Disease and related dementias should be considered at risk of wandering and getting lost.**"

C. Person-centred care — What is it?

The philosophy of choice when caring for people with Alzheimer Disease is person-centred care. Its underlying principle is to preserve the quality of life for the person with Alzheimer Disease. Throughout the disease process, the approach to care should maintain the person's dignity, privacy and safety. The focus of care is the person's physical, emotional, social and spiritual needs.

D. Guidelines for Care

In 1992, the Alzheimer Society of Canada developed eleven Guidelines for Care to communicate that people with Alzheimer Disease need a special type of care that reflects the unique nature of the disease. Contact your local Alzheimer Society for a copy of the Guidelines for Care and information on the Enhancing Care Program, designed to assist facilities in achieving the Guidelines.

In order to adequately care for residents at risk for getting lost the following guidelines should be implemented:

- ***Specialized training and education for caregivers***: A good understanding of Alzheimer Disease and of appropriate methods of care will help prevent difficulties and enable caregivers to respond if difficulties do occur.

- ***Individualized assessment***: A functional assessment is needed to serve as the basis for care planning. The assessment should provide a comprehensive picture of the strengths and needs of the person and should be carried out by a multi-disciplinary team.

- ***Individualized care planning***: A comprehensive care plan should be developed for each person with Alzheimer Disease. The plan should be based on the results of the assessment: designed to promote the person's independence and maintain functioning. Care plans should be reviewed and updated on an individual basis.

- ***Programs and activities***: Programs and activities for people with Alzheimer Disease should: include the routines of daily living; special activities; promote well-being and enjoyment; be flexible and change in response to the needs of the person with Alzheimer Disease.

- ***Supportive Physical Design***: As the disease progresses, the person becomes unable to rely upon his or her own interpretations of the environment to function effectively. The role of the environment includes not only the

physical design, but also the social and organizational setting. The environment should meet the safety and security needs of the person, reduce his/her confusion and help the person function according to his/her abilities.

- ***Restraints***: A restraint is anything that restricts or controls a person's movement or behaviour. These can include items that restrict a person's movement such as a seat belt, medications that restrict a person's behaviour or modifications to a person's surroundings that restrict movement such as a closed door. While the preferred choice is no restraint use, used in an appropriate manner, such as a fenced in garden to allow for safe wandering, restraints can have therapeutic effects.

E. Care strategies

In caring for people at risk for getting lost it is imperative that care plans reflect strategies that balance safety and freedom. In order to do so staff must understand Alzheimer Disease as well as the behaviours that may be presented by those affected.

Caregivers are often challenged to understand behaviours and to find appropriate ways to respond. Understanding the reasons for some of the behavioural changes associated with Alzheimer Disease is a first step towards developing care strategies.

Alzheimer Disease symptoms and the resulting loss of abilities will cause changes in the way people react and respond to situations. These reactions may be the only way the person can communicate and may be caused by any of the following:

The disease process. Lost abilities can be related to physical changes in the brain.

- Lost communication skills. A person may no longer be able to express basic needs such as the need for food, drink, sleep or need to use the toilet.

  Strategies: if person no longer understands words, use pictures or symbols; use gestures; use props (grab jacket if going outside); use simple words; give person time to respond; watch person's non-verbal cues for signs of emotional distress; stay calm in your body language, tone of voice

- Inability to interpret the environment. A person may no longer recognize the surroundings and may get lost.

  Strategies: use cues and way finding symbols; use colours.

- Inability to understand or perform a task. A person may not understand what he/she is being asked to do.

  Strategies: break task down into smaller steps; help person initiate a task if necessary.

Physical discomfort. There may be a physical reason for the behaviour. The person may be in pain or be responding to medications.

Strategies: assess for cause and treat; monitor

The environment. The person may find the surroundings over-stimulating: loud noises or too much activity; or under-stimulating: not enough to do or little contact with others.

Strategies: reduce noise, clutter; ensure good lighting; provide stimulation with therapeutic activities such as calming music; pets; aromatherapy; ensure personal contact.

Personal history. The person may continue with learned habits and familiar routines from earlier life experiences.

Strategies: get to know each resident through personal biography; talk to families; follow routines that have meaning for the person; accommodate person's interests

Emotional or psychological state. People with Alzheimer Disease experience a range of emotions: sadness, anger, joy. People may also experience depression, delusions (false beliefs about someone or something) or delirium (intense episodes of confusion).

Strategies: connect with person on emotional basis; validate the emotion; if appropriate, re-direct to another activity

References:

Alzheimer Society of Canada, Guidelines for Care, 1999.

Alzheimer Society of Canada, Tough Issues: Ethical Guidelines, 2003.

Alzheimer Society of Canada, Alzheimer Journey Module 4: Understanding Alzheimer Disease: The Link Between Brain and Behaviour, 2002.

Silverstein, N., Flaherty, G. & Tobin, T., 2002, Dementia and Wandering Behavior. Springer Publishing Company.

Snyder, L.H., Rupprecht, P., Pyrek, J., Brekhus, S.,& Moss, T. (1978). Wandering. The Gerontologist, 18, 272-280.

Hussian, R.A., (1982-83) Stimulus control in the modification of problematic behaviour in elderly institutionalized patients. International Journal of Behavior Geriatrics, 1, 33-41.

Resources:

Alzheimer Society of Canada, Enhancing Care Program

Section 2: **Organization Plan**

A. Why plan?

"It is 2:30 a.m. and one of your residents is missing. He has wandered before, but tonight is different: you have not been able to locate any sign of him. He seems to have vanished into thin air and you are unable to uncover a single clue as to his whereabouts. Who should you call? What should you do? Where should you search?"

"When Residents with Dementia Go Missing" by Constable Ted Phillips; Long Term Care Magazine May/June 2000

Many of us have had the experience of a person with Alzheimer Disease missing from our facility. Even if it was only for a short period of time, we remember what a relief we felt when the lost person was found.

But what if the person isn't found immediately? While knowing the urgency of the situation, we can feel at a loss about what to do, who to call and where to search. We can feel guilty: "If I had only paid closer attention". Consider the following situations:

1998, North York Ontario: Gail Morphat died from exposure after wandering from a LTC facility in North York. Her body was found the next day at a gravel pit across the road from the home.

2002, Vancouver, British Columbia: Allan Goulding, aged 80 was missing a month before his body was discovered in a mechanical area at a Vancouver hospital.

Precautions to prevent people from becoming lost include secure residential areas, staff education, and providing safe spaces for wandering. However, no system can be perfect. Having an operational pre-plan for an emergency search is a sign of strength for an organization. It is a win-win-win proposition. The person wins, as they are more likely to be found should they become lost; the families win as there is a good structure in place to locate the person should he/she become lost, and the organization wins because they are able to better manage the risk of caring for people who get lost and better able to respond in the event of a missing person.

Research has shown that if a person with Alzheimer Disease who is lost is not found within 12 hours of last being seen there is a 50% chance that he/she will be found injured or dead from hypothermia, dehydration or drowning. (Koester 1992) Therefore the importance of pre-planning and preparation is paramount to ensure that a person from your organization does not become a statistic.

B. Identifying those at risk and records

People at risk
Keeping in mind Silverstein, et al., (2002) found that "all people with Alzheimer Disease and related dementias should be considered at risk of wandering and getting lost," it will be necessary for you to prepare for the possibility that all mobile people with dementia could at some point get lost.

Records
If a resident/client is at risk of getting lost, that person should become part of your action plan:

- Identify that they are "at risk" in their care plan and determine strategies to prevent the person from getting lost including activities that engage and distract.

- Have the following information on hand about the residents/clients at risk. That way if anyone goes missing, staff and police will have the information when they start their search. Keep this information either in the resident's chart or in the Search and Rescue binder.

    ❍ Complete a resident/client profile (see appendix A). This includes a head and shoulders photo. Photos should be updated every six months or earlier should the person's physical appearance change significantly for example, loss of weight. A head to foot photo may be added including any mobility device used.

    Photocopies of soles of shoes or slippers worn by the person are needed for easier tracking. If the shoe or slipper tread is a common one, making a distinguishing mark on the side such as a notch will help in the search. This form should be updated every 6 months.

    ❍ Ensure that each person is registered with Safely Home (see appendix B). Keep a copy of the form in the resident's chart or search binder.

About the Safely Home — Alzheimer Wandering Registry Program
This program, developed by the Alzheimer Society and the RCMP, is designed to help people with Alzheimer Disease return home safely after getting lost. Once registered, information about the person who is at risk for getting lost is stored confidentially in a computer database that can be accessed by the police across Canada. The person is mailed a package containing an information booklet, an identification bracelet that can be worn by the person with Alzheimer Disease, and ID cards.

If the registered person is found in the community, the identification bracelet advises the person who finds him/her to call the local police. The police then enter the bracelet identification number into the database, which gives information about where the person lives and who to contact.

Ensuring a resident is registered with Safely Home
Ask the family if the person has already been registered.

If the person is registered:

- Check that the Alzheimer Society has the correct address of the person

If the person is not registered:

- Complete the registration form (Appendix B).
- If the person is living in a facility, unless the family decides otherwise, the first emergency contact is typically the facility.
- Make a photocopy of the form and keep it on file.
- Mail the original form to the address listed on the first page along with a $25 cheque for the one-time registration fee. Do not enclose payment if the registrant is a Veteran currently receiving benefits from Veterans Affairs Canada. Please note that the name and address will be verified with Veterans Affairs Canada for accounting purposes.
- In approximately 4 weeks, an identification bracelet, ID cards and an information booklet will be mailed to the first contact.

  If at all possible, ensure that the person wears the bracelet at all times and/or stores the ID cards in his/her wallet and pockets.

  For further information, contact your local Alzheimer Society.
  Or obtain the forms off the Internet at www.alzheimer.ca/english/care/wandering-download-form.htm

- Document missing person incidents using the Ministry of Health and Long-Term Care Tracking Report (see appendix C). Update the care plan with details about the incident including possible triggers to the behaviour, how long the person was missing and where the person was found.

C. Search plan

Your search plan will be unique to your organization. Please use the following to assist you in developing a plan that will help you and your staff prepare should a person you are caring for goes missing.

Identify staff roles
When a call goes out that a person is missing, it is imperative that each staff member knows what role he/she is to play in the search. The following chart is meant to help you identify the roles:

Role	Day	Evening	Night
In-house search coordinator			
Searchers (2) for each unit or section of the facility			
Staff to supervise residents			

In-house search co-ordinator: responsible for implementing the search plan.

Searchers: responsible for systematically searching an assigned section of the premises or grounds and reporting back to search co-ordinator. Whenever possible, staff should work in pairs. They should:

- remain silent except for essential conversation
- listen for the person
- remember that the person may not respond to his/her name being called.

A suggestion of how to systematically search a room:

1. Step inside doorway.
2. Scan from right to left with eyes low – i.e. scanning the floor.
3. Scan from right to left at middle range –i.e. the walls.
4. Scan from right to left up high taking in the tops of shelves and cupboards.
5. If you can't see over, under, inside or behind something, one person should move to check the object e.g. garbage can, shower stall, cupboard.
6. When exiting the room, lock it or use fire evacuation mechanism to secure.
7. Report back to Search Co-ordinator.

Resident/client supervisors: responsible for the care and safety of the remaining residents/clients. They are also responsible for restricting or limiting outdoor access and traffic until police arrive. This will facilitate the work of police, and search dogs should they be needed.

Example: Search Plan

The following is an example of a search plan that you can adapt to your organization's needs. A template of this plan is available in a WORD file from your local Alzheimer Society.

When a person is determined to be missing, the Search Co-ordinator is notified and a search is started.

Procedure:

1. Search Co-ordinator is notified of the problem.
2. An interior central command post is set up.
3. Activate a Code: Missing Person.
4. Activate Missing Person Search Procedure.
5. Search Co-ordinator will:
   a. Gather all available information re: missing person:
      i. Photo and resident/client profile information.
      ii. Full description including clothing worn.
      iii. The time and place where person was last seen.
      iv. Previous missing person incidents and location found.
   b. Gather search binder, kit and maps.
   c. Assign the search team members to various locations and instruct all staff (including those indoors and outdoors) to report back within ten minutes.
   d. Begin charting on the incident form that follows.
6. If the resident is not located within 10 minutes of having been reported missing, the Search co-ordinator shall:
   a. Notify the medical director, program director, or Administrator on call of the resident's disappearance.
   b. Request police assistance and provide them with the information on the missing resident, and search and rescue kit and maps.
   c. Notify the resident's family of the disappearance and remain the family's information source.
7. When resident has been found, the Search Co-ordinator will:
   a. Make an announcement that the resident has been found and that the Code: Missing Person is cancelled.
   b. Notify police, family, and administrator.
   c. Have the resident's condition assessed, and provide resident with reassurance.
   d. Document incident report.
   e. Modify resident care plan with strategies.

MISSING PERSON INCIDENT FORM

(TO BE COMPLETED BY SEARCH CO-ORDINATOR)

The following is an example of a missing person incident form that you can adapt for use in your organization. A template of this plan is available in a WORD file from your local Alzheimer Society.

Resident's name _____

Date _____ Time incident began _____

Place last seen _____ Time last seen _____

What wearing _____

_____

Search Co-ordinator _____

1. PERSON IS NOTICED MISSING AND REPORTED TO SEARCH CO-ORDINATOR	**Initial**	**Time**
• Start documentation on this form.	_____	_____
Person who noticed resident missing _____	_____	_____
2. SEARCH IMMEDIATE AREA		
• Check to determine if he/she has signed out.	_____	_____
• Search the floor systematically including all rooms and other areas such as utility rooms, shower rooms, washrooms, lounges and stairwells (including locked areas).	_____	_____

Notes: _____

_____

_____

_____

3. IMPLEMENT FULL PREMISE SEARCH		
Call Code: Missing Person: _____	_____	_____
• Initiate an indoor and outdoor search according to your organization's in-house search plan.	_____	_____
• Restrict outdoor access and traffic.		

INSERT YOUR ORGANIZATION'S IN-HOUSE SEARCH PLAN HERE
(using your organization's procedure)

Ensure that ALL AREAS within and outside the building are assigned for search. This includes:	Initial	Time
• All rooms that are continually locked	_____	_____
• Closets/Lockers	_____	_____
• All areas to which the residents/clients do not usually have access	_____	_____
• Beside and under beds, behind doors	_____	_____
• Bathrooms, tubs, shower stalls	_____	_____
• Retrieve information kept on person's file: 1. copy of completed Safely Home form 2. resident/client profile.	_____	_____
Collect "report backs" from staff within 10 minutes.		
Unit A searched and by whom: _____	_____	_____
Unit B searched and by whom:_____	_____	_____
Unit C searched and by whom:_____	_____	_____
Grounds searched and by whom:_____	_____	_____
Notify administrator or designate. Name:_____	_____	_____
Notes:_____	_____	_____
Call family. Name:_____	_____	_____
Response from family: _____	_____	_____
Notes:_____ _____ _____ _____	_____	_____

4. CALL POLICE

• ***Script***:		
"This is (YOUR NAME) calling from (YOUR ORGANIZATION). I would like to request assistance from the police to search for a person who is missing from our organization. This person's name is (NAME OF MISSING PERSON). He/She has Alzheimer Disease."	_____	_____

	Initial	Time
• ***Other details to provide***: "The person is registered with Safely Home — Alzheimer Wandering Registry number _____." The last time that staff saw him/her he/she was at (LOCATION) and was wearing (CLOTHING DESCRIPTION). Other details of his physical description include (HEIGHT, WEIGHT, MOBILITY AIDS etc.) The staff at my organization is currently searching the building and the grounds. Places that he/she may have wandered to include (FORMER ADDRESS, SON'S HOME etc). He/She (IS/IS NOT) physically aggressive."		
• Conduct another full search of the premises while waiting for police to arrive.	_____	_____

5. POLICE ARRIVE

• Report to police on progress of search.	_____	_____
• Give information about the resident:		
• repeat of info provided to dispatcher when you originally telephoned the police.	_____	_____
• resident's completed copy of the Safely Home registration form and resident/client profile.	_____	_____
• Give aerial photographs, topographical maps and floor plans.	_____	_____

6. ADMINISTRATOR AND POLICE TAKE OVER

• Search Co-ordinator signs off and completes incident forms and MOH forms (as required).	_____	_____
• Documents in care record (i.e., care plans, Wandering Incident Tracking Report).	_____	_____

Notes: _____ _____ _____

_____

_____

_____

Signature of Search Co-ordinator _____

Emergency contacts	**Phone**
Administrator:	
Other Staff:	
Other Staff:	
Other Staff:	
Other Staff:	
Emergency Services	**Phone**
Police Department	
Community Alert System	
Hospitals	
Transportation	**Phone**
Bus Services: Taxi Services	
Other	

D. Search kit

A prepared search kit will help staff and the police in their search and rescue efforts. It should be kept in a central location and include:

- Flashlights and batteries
- Office supplies such as a stenographers notepad with firm back for writing, pens and highlighter markers
- Laminated floor plans of your premises
- Laminated aerial photographs of your organization's community
- Topographical maps of the area

In order to facilitate an efficient search and rescue operation, it is important to prepare, in advance, special maps and photographs of your facilities. Listed below are the types of maps and photographs that you should keep in this section and the features that should be identified on the maps.

Floor plan
It is recommended that you have a floor plan of your space. It should include all rooms including basements and rooftops, all maintenance rooms, and resident rooms. All exits, stairs and any hazards (internal hazard list) should be clearly marked.

Interior hazards
- Stairwells
- Locked maintenance rooms
- House keeping rooms
- Constantly locked rooms i.e. medication rooms
- Elevator shafts

Your floor plans should be easily accessible to all staff. It is recommended that your floor plan is laminated or in Plexiglas and a back up copy is kept in the Search and Rescue binder.

On the floor plan, have only one wing per page. This will assist in unit searches. Staff can mark off each room as they proceed through a systematic search.

Grounds plan and photos
The grounds plan should identify the external area of your premises. On this plan, you should identify external landscape and hazards (see external hazard list below).

Daytime photos of your premises will help personnel to locate a lost person if the search and rescue operation occurs at night. Keep copies of the photographs in this section.

Aerial photographs
Large aerial photographs help search and rescue personnel to understand the terrain around your premises. The aerial photograph should plot your building in the centre of the photo with a 2.4 km. radius in all directions.

It is also recommended that a small aerial photograph be inserted into the maps section of your binder.

Exterior hazards

- Parked cars or benches near fences (people can use the hood or bench to climb fences)
- Culverts
- Stream beds
- Ponds
- Rivers
- Cliffs
- Drainage ditches
- Fences
- Bus stops
- Taxis stops
- Ravines
- Businesses with locked compounds
- Apartment buildings
- Shopping malls
- Busy roads
- Train tracks
- Industry Compounds
- Other (to be identified locally) _____
- Major attractions such as schools, shopping malls etc.

These hazards can be itemized as 1, 2, and 3, onto the topographical map with a key; just as a tourist map would list main attractions.

Topographical maps
These maps provide details of the terrain as well as the co-ordinates needed for an organized search.

E. Staff education

In order to provide good care and to ensure resident safety, staff needs to understand:

- Alzheimer Disease and the link between the brain and behaviour
- Individualized assessment and care planning
- Care strategies
- Residents/clients who are at risk of getting lost
- Their role in a missing person incident/search
- How to perform a search
- The unique traits of a person with Alzheimer Disease who is lost. These include:
  - ❍ They have a 50% chance of being injured or die from exposure, hypothermia or drowning if they are not found within the first 12 hours — SEARCH IS AN EMERGENCY!
  - ❍ Research has shown that for some people episodes of anxiety or anger have preceded their elopement.
  - ❍ They are often not aware that they are lost.
  - ❍ They often walk in a straight line until they become stuck — they will not walk out of a wooded area — they will stay stuck. It is therefore helpful to know which door the person used to exit.
  - ❍ They will go straight across fields, creeks, climb over obstructions and through construction areas, etc. rather than turning to stick to the path of least resistance, such as along a road.
  - ❍ They may be in a heightened anxiety state and are often fearful of the people who are searching for them. They tend to be hidden from their searchers and often do not call out for help or respond when their name is called. Therefore it is usually better for searchers to stay quiet and listen for auditory clues such as singing or whimpering.
  - ❍ People not involved in the official search such as neighbours or people driving by often find them.
  - ❍ They often end up in a secluded spot hidden by brush or other cover.
  - ❍ Their path may not be a logical one. Searchers should resist the temptation to plot a search based on logical deduction.

F. Family and community education

After developing a policy and procedure, creating a search kit and assessing your residents/clients, you will need to educate others about the issue of people getting lost.

- Volunteers and families need to be educated about Alzheimer Disease and the risk of people getting lost. They need to be informed that there is a missing person procedure in place and that staff understands what to do if someone goes missing.
- A semi annual Code: Missing Person drill must be implemented in the same way that fire evacuation drills are implemented and evaluated. January is Alzheimer Awareness Month in Canada and World Alzheimer Day is in September. These months may be good timing to implement on-going education and drills.
- An annual community awareness campaign should be initiated. People in your organization's community will need to know about Alzheimer Disease and people getting lost. They need to know that your organization has an action plan to address missing person incidents and what they should do if they encounter someone who is lost or hear about someone who has gone missing.

  Community residents can be contacted with a letter. A sample can be found in Appendix D. Other ways can be through community organizations and businesses such as:
  - ❍ Block Parents
  - ❍ Neighbourhood Watch
  - ❍ Neighbourhood or Community Associations
  - ❍ Neighbourhood Merchants' Association
  - ❍ Schools
  - ❍ Transit staff
  - ❍ Taxi companies

G. Making it work in your organization

The following checklist is a tool to assist your organization assess its readiness in dealing with a person with Alzheimer Disease who has gone missing.

	Yes	No	Responsibility
Care • Person-Centred Care • Guidelines for Care			
Records • At risk clients/residents identified • Resident/client profile completed • Registered with Safely Home			
Search plan • Staff roles identified • Staff aware of their role and how to search a room • Search plan in place • Missing Person Incident form in place • Emergency contact list in place			
Search kit • Search kit in central location • Floor plans accessible ❍ Copies for staff ❍ Laminated copy for command post • Ground plan and photos accessible • Aerial photos accessible • Topographical maps accessible			
Staff education • Staff understand: ❍ Alzheimer Disease and link between brain and behaviour ❍ Individualized assessment and care planning ❍ Care strategies ❍ Who is at risk ❍ Their role in a search ❍ How to search			
Family/volunteer education • They understand about Alzheimer Disease and the risks of getting lost			
Community education • A semi-annual drill is undertaken • An annual community awareness campaign is initiated			

References:

Koester, R., Stooksbury,D. (1992) Lost subject profile of Alzheimer's, J. of Search, Rescue and Emergency Response. 11:4;20-26.

Rowe, M and Bennett, V., (2003) A look at deaths occurring in persons with dementia lost in the community, American Journal of Alzheimer's Disease and Other Dementias. 18:6;343-348

Appendix A: **Resident/Client Profile**

PHOTOGRAPH (Head and Shoulders)

PHOTOCOPY OF SHOE SOLES (for tracking)

Resident's Name:_____ Height/Weight:_____

Former Address: _____

Physical Capacity to Walk: _____ Mobility Aids Yes ____ No ____

Date last updated:_____

THIS FORM MUST BE UPDATED EVERY 6 MONTHS (INCLUDING PHOTOS).

Appendix B: **Safely Home Registration Form**

A copy of this form is available in a WORD file from your local Alzheimer Society or on line at www.alzheimer.ca/english/care/wandering-download-form.htm

See the following 4 pages.

Safely Home
Alzheimer Wandering Registry

REGISTRATION FORM

To register: 1. Please complete this form to the best of your ability. If you require assistance, please call your local Alzheimer Society at: ▸

or the National Office at 1-800-616-8816

2. **The form must be signed by the individual who is being registered or by the person who has been officially designated to make decisions on his/her behalf.**

3. Is the registrant a Veteran currently receiving benefits from Veterans Affairs Canada?
   - ❑ Yes (If yes, **do not** enclose payment. Please note that the name and address will be verified with Veterans Affairs for accounting purposes)
   - ❑ No (see #4)

4. Write a $25 cheque for the one-time registration fee, **payable to the Alzheimer Society of Canada**.

5. Prepare now by keeping a current photo of the individual in your home.

6. Forward the completed form and cheque to your local Alzheimer Society or mail to:
   Alzheimer Society of Canada
   Safely Home - Alzheimer Wandering Registry
   20 Eglinton Avenue West, Suite 1200
   Toronto, Ontario M4R 1K8

Please allow 3 - 4 weeks for delivery.

The information on this form is being collected by the Alzheimer Society of Canada and its affiliates. Information will be shared with the Royal Canadian Mounted Police, only for the purpose of locating missing persons. Information retained by the RCMP will be retained in the Personal Information Bank CMP PPU-005 in accordance with the Privacy Act and made available to law enforcement agencies through CPIC.

Office Use Only
ID Number

— PLEASE PRINT CLEARLY —

IDENTIFICATION OF PERSON

Surname

First Name (name engraved on bracelet)

Middle Name

Sex M or F

Date of Birth (Year-Month-Day) or Age

Health Card Number

RCMP GRC 3454 eng (2003-07)

Alzheimer Society CANADA

Canada

LIVING ARRANGEMENT OF THE REGISTRANT

☐ Alone ☐ Institution

☐ With Family ☐ Other

Street No. and Street Name

Apt. No.

City

Province

Postal Code

Home Phone No. ( )

Business Phone No. ( )

DESCRIPTION OF THE REGISTRANT

Height
Feet Inches or CM

Weight
Lbs. or KG.

Race

W = White
NW = Non White

Hair Colour

BLD = Bald
BLK = Black
BLO = Blond
BRN = Brown
GRY = Grey
RED = Red
WHI = White

Hair Description

A = Curly
B = Wavy
C = Short
D = Long
E = Dyed
F = Ponytail
G = Brush Cut
H = Toupee/Wig
I = Other

Eye Colour

Left Right

BLU = Blue
BRN = Brown
GRN = Green
HAZ = Hazel
BLK = Black
MRN = Maroon
GRY = Grey

Complexion

A = Dark
B = Light/Fair
C = Sallow
D = Ruddy
E = Freckled
F = Moles
G = Pimples/Pockmarked
H = Other

Language(s) spoken Preferred

Walking Aid
(if yes, describe)

Hearing Aid(s) ☐ Left ☐ Right

Visual Aid(s) ☐ Glasses ☐ Contacts

Denture(s) ☐ Upper ☐ Lower

VISIBLE MARKS

Example:

Tattoo	Scar	Deformity	Mark	Amputation	Location (see "Body Location Table below)
☐	☐	☐	✓	☐	160

Description: BIRTH MARK ON CHEEK

Mark#1 (check only one)

Tattoo	Scar	Deformity	Mark	Amputation	Location (see "Body Location Table" below)
☐	☐	☐	☐	☐	☐☐☐

Description:

Mark#2 (check only one)

Tattoo	Scar	Deformity	Mark	Amputation	Location (see "Body Location Table" below)
☐	☐	☐	☐	☐	☐☐☐

Description:

BODY LOCATION TABLE

100 HEAD	200 RIGHT ARM	300 LEFT ARM	400 FRONT TORSO	500 LEFT LEG	600 RIGHT LEG	700 BACK TORSO
110 Forehead	211 Upper Arm	311 Upper Arm	410 Shoulders	511 Thigh	611 Thigh	720 Upper Back
120 Eyes	213 Elbow	313 Elbow	420 Chest	513 Knee	613 Knee	730 Middle Back
130 Ears	215 Forearm	315 Forearm	430 Abdomen	515 Calf	615 Calf	740 Lower Back
140 Nose	220 Wrist	320 Wrist	440 Waist	520 Ankle	620 Ankle	760 Buttocks
150 Mouth	230 Hand	330 Hand	450 Hips	530 Foot	630 Foot	761 Rectal
160 Cheek	241 Thumb	341 Thumb	460 Pelvis	541 Large Toe	641 Large Toe	
170 Chin	242 Index Finger	342 Index Finger	461 Genitals	542 Toe	642 Toe	
175 Jaw	243 Middle Finger	343 Middle Finger		543 Toe	643 Toe	
180 Neck	244 Ring Finger	344 Ring Finger		544 Toe	644 Toe	
	245 Little Finger	345 Little Finger		545 Small Toe	645 Small Toe	

BRACELET ORDER INFORMATION

Measure wrist and check box above appropriate size for bracelet
Please allow an extra half-inch for comfort

5"	5.5"	6"	6.5"	7"	7.5"	8"	8.5"	9"	9.5"	10"

Language preferred for engraving: ☐ English ☐ French

WANDERING HISTORY

☐ None ☐ Repeated ☐ Habitual (Over 4 times)

Possible Locations: Places where this person may wander to, for example: Previous addresses, previous employment, favourite stores, nearby mall, post office, etc.

1.

2.

3.

HEALTH CONCERNS (allergies, medical conditions)

CAREGIVERS

(All correspondence will be mailed to the individual identified as the FIRST CONTACT)

Please ensure that ALL contacts are aware that the individual is registered.

FIRST CONTACT

Name			Relationship
Address	City/Province		Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference ☐ Eng. ☐ Fr.

SECOND CONTACT

Name			Relationship
Address	City/Province		Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference ☐ Eng. ☐ Fr.

THIRD CONTACT

Name			Relationship
Address	City/Province		Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference ☐ Eng. ☐ Fr.

ACKNOWLEDGEMENT (Must be signed)

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing.

Acknowledged by:
(Please print name) _____ Relationship: _____

Signature: _____ Date (Y-M-D): _____

Appendix C: **Missing Person Incident Tracking Report**

(or use MOHLTC incident report)

Resident's Name:			
	Incident #1	Incident #2	Incident #3
Date of incident			
Where the person was last seen?			
What was the person doing when last seen?			
Events that might have caused the person to have wandered.			
What actions did you take?			
Where was the person found?			
How was the person found?			
List any medical problems that resulted from being lost.			
What was the distance from the point the person was last seen?			
Prevention Strategy			
Signed/Date			

Appendix D: **Sample of Annual Awareness letter to neighbourhood**

(letterhead)

Dear Neighbours,

(Name of organization) _____ is an organization in this neighbourhood and we provide care for people who have Alzheimer Disease and related dementias.

Our mission is to provide support to ensure quality of life for our residents/clients and for those who participate in our outreach programs. That means creating a balance between security and independence.

Common symptoms of Alzheimer Disease include memory loss and confusion. People who have Alzheimer Disease sometimes compensate for their confusion by wandering and burning off the excess energy that the anxiety creates. Sometimes the person is searching for something familiar from their life from the past and wandering occurs with the expectation of returning home or getting to work. We know that people diagnosed with Alzheimer Disease can become very focused on reaching a destination that is important to them. In doing so, they tend to take the path of most resistance often getting stuck in drainage ditches or between fences, and in backyards.

Over 35% of people who become lost are found through non-search efforts by having the eyes and ears of neighbours like yourself assist by reporting someone whom you suspect may be wandering.

Therefore as community partners, if you see someone wandering, please notify 911. If you are advised that someone is missing through our community alert system, please search your grounds, do a thorough sweep of your premises, vehicles, outbuildings and surrounding property for signs of the missing person.

If you require assistance in searching these areas, please notify us at _____.

Abe Lincoln once wrote "The next best thing to creating a life is to save one." You can save a life one day by using your eyes and ears to become part of our neighbourhood search and rescue plan.

Thank you.

For more information contact:

Alzheimer *Society*

ALZHEIMER SOCIETY OF CANADA
20 EGLINTON AVE. WEST, SUITE 1200, TORONTO, ONTARIO M4R 1K8
TEL: (416) 488-8772 1-800-616-8816 FAX: (416) 488-3778
WEB SITE: www.alzheimer.ca E-MAIL: info@alzheimer.ca

CHARITABLE REGISTRATION NUMBER: 11878 4925 RR0001

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