



# MISSING RESIDENT PLAN

**Pioneer Manor, Long-Term Care Facility**  
960 Notre Dame Ave, Sudbury

**Code YELLOW: Missing Resident**



# ***Missing Resident Plan***

## **Table of Contents**

1.0 <a href="#">Introduction</a> .....	1
2.0 <a href="#">Implementation of the Missing Resident Plan</a> .....	1
2.1 <a href="#">Training &amp; Education</a> .....	1
3.0 <a href="#">Missing Resident Procedures</a> .....	1
3.1 <a href="#">Definitions</a> .....	1
3.2 <a href="#">Procedures</a> .....	2
3.2.1 <a href="#">Initial Search Procedures</a> .....	2
3.2.2 <a href="#">Code Yellow Search Procedures &amp; Responsibilities</a> .....	3
3.2.2.1 <a href="#">The Search Coordinator</a> .....	3
3.2.2.2 <a href="#">All Staff in Home Areas</a> .....	4
3.2.2.3 <a href="#">Students &amp; Volunteers</a> .....	5
3.2.2.4 <a href="#">Alzheimer Society Tenants</a> .....	5
3.2.3 <a href="#">External Search Procedures</a> .....	5
3.2.4 <a href="#">Alzheimer Society Missing Client Procedures</a> .....	6
4.0 <a href="#">Pro-Active Measures</a> .....	6
Appendix A - <a href="#">Characteristics of Wandering</a> .....	7
Appendix B - <a href="#">Identifying &amp; Responding to Individuals who Wander</a> .....	9
FORMS.....	15
<a href="#">Missing Resident Incident Form</a>	
<a href="#">Search Check List</a>	
<a href="#">Missing Resident Tracking Report</a>	

## 1.0 ***Introduction***

As a component of the Emergency Plan, the Missing Resident Plan provides instructions for a coordinated operational response to a missing resident as well as organizational practices & information related to residents with wandering behaviors. The Missing Resident Plan was developed based on and includes information from the “Search is an Emergency!” Search & Rescue Pre-Plan Manual, courtesy of the Sudbury-Manitoulin Dementia Network, The Alzheimer Society, the Ontario Provincial Police and Greater Sudbury Police Services.

Refer to the first section of the Emergency Plan for more information regarding contact information, communication procedures, fan-out procedures, rescue markers, and the emergency kit.

## 2.0 ***Implementation of the Missing Resident Plan***

### 2.1 **Training & Education**

Missing resident training for all staff and volunteers is delivered at a minimum annually and may include but not be limited to in-class presentations, area/classification specific training, table-talk scenarios & discussions, and mock scenarios.

Upon admission residents/families receive information regarding the procedures initiated in the event of a missing resident as well as instructions for informing staff when a resident is leaving the home area. Other means of providing education to residents/families include Resident Council meetings and Family Council meetings, newsletter articles, correspondence, and by observing mock scenarios.

Students receive missing resident education upon orientation and participate in mock scenarios.

Missing resident education is coordinated jointly by the Emergency Preparedness Team and tenants of Pioneer Manor at a minimum annually and tenants are invited to participate in mock scenarios.

## 3.0 ***Missing Resident Procedures***

### 3.1 **Definitions**

***Search Coordinator:*** the RN Supervisor who is responsible for the missing resident’s home area. When there is a second RN Supervisor in the building, they will assist the Search Coordinator with communications, e.g., maintain contact with the searchers using walkie-talkies, making paging announcements, taking calls from areas with their findings, etc. The Search Coordinator may also delegate their duties to the second RN (as available) if another emergency occurs during the Code Yellow.

***Command Post:*** the main reception desk

***Outside Perimeters:*** all external exits, walkways, parking lots, bush areas, ditches, culverts, courtyards, roofs, and around buildings, e.g. garage & generator house.

***Common Areas:*** public washrooms, Winter Park, lounges, Bistro, leisure rooms, parlors, dining rooms, stairwells, elevators, bowling alley, hairdressing shop

***Uncommon Areas:*** tub rooms, therapy rooms, storage rooms, medication rooms, laundry area,

electrical rooms, utility rooms, kitchen receiving area, loading dock, basement, Family Health Team, Reginal Geriatric Program, Alzheimer Society, staff locker area, staff lounges, and any room/area that is continually locked or inaccessible to residents.

**Search Kit:** located in the RN office near the command post. The Emergency Kit<sup>7</sup> includes items such as floor plans, indoor/outdoor search maps, aerial photographs of the building and surrounding landscapes, and forms.

**Search Check List:** a check list identifying all potential areas of a home unit that is completed after a search of the unit is done to ensure all areas have been searched (refer to the “FORMS” section herein).

**Missing Resident Incident Form:** this form is to be initiated by the Registered Staff on the missing resident’s home area and completed by the Search Coordinator. The form is attached to each Wandering Resident Profile in the resident chart. Copies are also available in the Search Kit (refer to the “FORMS” section herein).

### 3.2 Procedures

A missing resident incident must be treated as an emergency. Every minute a person goes missing increases the risk to their health and safety. Staff must learn to recognize the triggers and initiate a Code Yellow without hesitation.

The following triggers should alert staff that a resident is potentially missing, and that the activation of a Code Yellow may be required:

If a resident is not present at:

- a) mealtime
- b) medication time
- c) the time a census is completed
- d) a scheduled appointment or activity etc...

#### 3.2.1 Initial Search Procedures

At the occurrence of any of the above triggers or if other suspicions arise that a resident may be missing, the following procedures must be initiated immediately:

1. Staff in the missing resident’s area must notify the Registered Staff person for their unit and conduct an initial search of their area and neighboring units, including areas the resident frequents. Also check the resident Temporary Discharge forms (pink) and the appointment book at the resident care desks. **This should take no longer than 5 to 10 minutes.**
2. The Registered Staff person:
  - a) Contact the missing resident’s family to inquire if they know the resident’s whereabouts and to notify them that we are searching for them;
  - b) Gathers all information related to the missing resident and begins completing the “Missing Person Incident Form” which is to be given with the following information to the Search Coordinator to complete:
    - Wandering Resident Profile & picture from the missing resident’s chart
    - Full description including clothing worn
    - The time and place where the residents were last seen

- Previous missing person incidents and location found
3. If the resident is not found during the initial search, the Registered Staff person from the home area will notify the RN Supervisor covering his/her area (who will now become the Search Coordinator) and immediately bring all the information gathered to the Command Post (picture, description, timelines, etc.).
  4. Upon notification of a missing resident, the Search Coordinator retrieves the Search Kit, wears a fluorescent vest, proceeds to the Command Post to obtain all information from the Registered Staff person, and gives the order to page the Code Yellow.

The announcement over the paging system must be repeated 3 times and include the name of the resident and identifiable information that would help staff recognize the resident.

For example: ***“CODE YELLOW, Mrs. Mary Smith, wearing a red sweater and using a blue walker”*** (repeat 3 times)

### 3.2.2 Code Yellow Search Procedures & Responsibilities

Upon hearing the Code Yellow:

- i) All management & non-union personnel secure their area, use the white rescue marker, and then immediately report to the Command Post
- ii) All laundry workers, maintenance workers, food services workers and the float housekeeping staff search their immediate areas, use the white rescue marker, and then report to the Command Post

#### 3.2.2.1 The Search Coordinator (or delegate):

The Search Coordinator will (as feasible):

- a) Assign a person to photocopy and distribute the missing resident’s picture to persons searching the uncommon areas internally and the external perimeter;
- b) Deploy laundry, maintenance, kitchen and the housekeeping float person to do an external search using supplies and assigned maps outlining the “outside perimeters” and available equipment from the Emergency Kit (e.g. walkie-talkies, flashlights/glow sticks). Refer to section 3.2.3 for further information on how to conduct an efficient ground search. Searchers are to report back to the Search Coordinator with the results of their search within 10 minutes using available walki-talkies. On night shift, the external search is to be limited to the courtyards (police will take over the outside perimeter search if required).
- c) Deploy management staff to search uncommon areas inside the building using supplies and assigned floor plans, and report back within 10 minutes at the command post with results of their search;
- d) Assign someone to verify security camera footage if available and report back to the Search Coordinator with their result;
- e) Assign one person to guard the main entrance, to prevent the lost person from leaving the building during the search;
- f) If, after all search areas have reported back within a reasonable time frame and the resident is not found, refer to the Emergency Numbers telephone list (at all phones) and contact the following

parties. **Important:** At the discretion of the Search Coordinator, police may be called at any time if they feel the missing resident may be at higher risk due to the resident's level of dementia, if the resident has other medical conditions, or due to inclement weather conditions.

1. Notify police
2. Notify the Administrative On-Call person.
3. Cross reference the Critical Incident process to ensure compliance
4. Contact the Victim Crisis Assistance & Referral Service Sudbury (VCARS) for emotional support to residents/staff/family of missing resident (if required).
5. Page "Code Yellow - Standby" to notify staff to return to full duties and remain vigilant for the missing person (include the missing person's name and description in the announcement)
6. Obtain 10 photocopies of the resident's picture for the police
7. Liaise with police and other emergency response personnel involved with the search;
8. If the resident is not found within 2 hours of the Code Yellow, have the building repeat a complete Code Yellow search (inside the building only), and repeat again every 2 hours thereafter until the resident is found (page, "**Attention all staff: Repeat Code Yellow Search for Mrs. Mary Smith, wearing a red sweater and using a blue walker**" (repeat 3 times))

**When the resident is found:**

9. Cancel the Code Yellow (paged three times & announced on the walkie-talkies)
10. Notify police and all others on the list above
11. Assess the resident's condition and re-establish therapeutic rapport with the resident
12. Conduct a short debriefing meeting with the staff in the missing resident's home area
13. Document the incident completes the Missing Resident Incident Form, and updates the Missing Resident Incident Tracking Report (filed with the Resident Wandering Profile at all times)
14. Modify the resident's care plan with strategies to manage the wandering/exit-seeking behavior
15. Complete incident report in Point Click Care and referral (Cross reference "Elopement Policy")

**3.2.2.2 All Staff in Home Areas (including activity, housekeeping, and nutritional aides):**

- a) must conduct a full search of their area that includes:
  - searching in all resident rooms including washrooms, under and beside beds, behind doors and privacy curtains and in closets;
  - looking in all "common areas", and "uncommon areas" in the home area; and
  - using the white rescue marker to indicate a room has been checked.
- b) do a resident census;
- c) complete the "Search Check List" and return it to the Search Coordinator;
- d) report back to the Search Coordinator at extension 3297 within 10 minutes with results of their search;
- e) return to full duty and remain vigilant for the missing person when the Code Yellow Standby is announced and until the Code is cancelled; and
- f) assist the police investigation by providing relevant information regarding the missing resident.

**3.2.2.3 Students & Volunteers:**

Students remain in their assigned home area and assist staff with their search.

Volunteers search their immediate area and report to the Command Post where they may be assigned duties by the Search Coordinator, i.e., monitor entrances/exits

### 3.2.2.4 Tenants

Tenants will conduct a thorough search of their area and immediately report their search result to the Search Coordinator at 566-4282, ext. 3297

### 3.2.3 External Search Procedures

Areas indicated on the designated search maps must be thoroughly and systematically searched, avoiding re-crossing on the grounds. It is recommended that two people be assigned to search a designated area to decrease search time. If there are not enough available, one person may be assigned to cover two or more designated areas, and as more people arrive, they can be deployed to assist searchers. **Important:** do not enter any bush area unless there is a clear indication a person may have wandered there as this contaminates the search area for the search & rescue canine unit.

Due to the limited number of walkie-talkies on hand, persons assigned to search courtyards must return to the Command Post with their search results or call extension 3297 from the nearest telephone.

The following is a guideline to assist the Search Coordinator in organizing the external search: External perimeter searchers will be grouped into three search teams with an assigned team leader for each team. The team leader will carry the walkie-talkie. Team #1 will cover the areas located at the front & South end of the building (search maps # 1, 2, 3); team two will cover the areas located at the front & West end of the building (search maps #4, 5, 6); and team three will cover the back of the building (search maps #7, 8, 9). As an area is completed, searchers communicate to their team leader their results and the team leader will report to the Search Coordinator using the walkie-talkie.

<b><u>TEAM #</u></b>	<b><u>Search Area Description</u></b>	<b><u>Search Map</u></b>
#1	Front and South end of the building	Search map #1,2,3
#2	Front and West end of the building	Search map #4,5,6
#3	Back of Building	Search map #7,8,9

#### **While Searching:**

- I. Remain silent except for essential conversation and calling the missing person's name
- II. Listen for the lost person who may be crying, singing, or quietly talking
- III. Be cognizant that the person may not respond to their name
- IV. Keep in mind that people with dementia will go or climb into areas where no one else would go.

### 3.2.4 Alzheimer Society Missing Client Procedures

When a client from the Alzheimer Society is missing, the Director (or designate) of the Society will contact the Nursing Supervisor's cell number at [705-677-5978](tel:705-677-5978), to request that a Code Yellow be initiated.

A representative from the Society will meet the Search Coordinator at the Command Post and provide them all information related to the missing client. The representative will stay with the Search Coordinator until all results are received from each search area of Pioneer Manor. The Search Coordinator will initiate the Code Yellow and all staff are to respond according to the Code Yellow Plan.

If the client is not found, the Society will resume their internal procedures in expanding their search with the involvement of emergency response services. The Search Coordinator will announce the Code Yellow Standby and Pioneer Manor staff will remain on stand-by until the Code is cancelled.

The Society will immediately notify the Search Coordinator when the client is found. The Search Coordinator will provide the Society with copies of all documentation related to the search and participate in a debriefing session as requested.

#### **4.0 Pro-Active Measures**

All staff, volunteers, contracted service providers, families, visitors, and residents must ensure to notify the resident care staff when a resident leaves or is taken away from their home area. The absence from the home area must be documented by completing a temporary discharge form and/or indicating on the head count sheet who is taking the resident or where the resident is going.

## ***Appendix A***

### *Characteristics of Wandering*

Information is taken directly from the "Search is An Emergency!" search & rescue pre-plan manual and slightly modified to reflect Pioneer Manor's clients as residents.

## CHARACTERISTICS OF WANDERING

### About Wandering, Dementia, and Risk

People with dementia wander for many reasons. They may be focused on going to a particular place or roaming aimlessly. This need to keep moving is referred to as wandering and can happen during the day or night. Sometimes, the behavior leads the person outside, where traffic, severe weather, and unfamiliar surroundings can lead to danger. Because of deficits in memory, time orientation and judgment, people with dementia can become lost on their own streets not knowing how they got there or how to get back.

### Facts About Wandering

- People with dementia who become lost will die from exposure or hypothermia if they are not found within the first 12 hours. That is why SEARCH IS AN EMERGENCY!
- It is helpful to know which door the lost person used to exit, because people with dementia often walk in a straight line until they become stuck. They may not walk out of a wooded area if something impedes their progress.
- People with dementia attempt to return to their former residence or workplace.
- People with dementia tend to go straight across fields, creeks, climb over obstructions and through construction areas, etc. rather than turning toward the path of least resistance, such as along a road.
- People with dementia may be in a heightened anxiety state and are often fearful of the people who are searching for them. They tend to hide from their searchers and often do not call out for help or respond when their names are called.
- People with dementia are often found by people not involved in the official search such as Neighbours or people driving by.
- People with dementia tend to be found within a 2.4 km radius of their home.

## ***Appendix B***

### *Identifying & Responding to Individuals Who Wander*

Information is taken directly from the “Search is An Emergency!” search & rescue pre-plan manual and slightly modified to reflect Pioneer Manor’s clients as residents.

## **IDENTIFYING AND RESPONDING TO INDIVIDUALS WHO WANDER**

Determining which residents in your organization are at risk of becoming a missing person and developing a plan of action are the steps in preparing for a missing person search and rescue emergency response.

Experts estimate that 60 percent of people with dementia will wander at some time.

### **How to Identify an Individual at Risk**

Residents should be considered “at risk” of becoming a missing person if they are mobile and have had a prior history of wandering or exit-seeking behavior.

Characteristics of individuals who seek exits:

- Usually in the middle stage of dementia.
- Severe short-term memory loss, poor reasoning, spatial disorientation (unable to locate their room / bathroom), and lack of safety awareness.
- May have effective communication ability and social skills.
- Have little insight into their present circumstances and believe that they still have responsibilities, which often relate to their pre-dementia days.
- Wandering is goal directed, highly motivated and often industrious. For example, they think they must get to work or get home before the children.
- Requires some cognitive ability to form a thought, plan an action, and carry out the plan.

### **P.I.E.C.E.S’: Possible Triggers for Wandering**

<p><b>Physical</b></p>	<ul style="list-style-type: none"> <li>• Physical discomfort/pain</li> <li>• Underlying medical conditions(s)</li> <li>• Adverse medication reactions</li> <li>• Excess energy</li> <li>• Need to void/defecate</li> <li>• Nourishment (hunger/thirst)</li> <li>• Electrolyte imbalances</li> <li>• Insomnia</li> </ul>
<p><b>Intellectual</b></p>	<p>8 <b>A's</b> of dementia</p> <ul style="list-style-type: none"> <li>• <b>Agnosia</b> - <i>Loss of recognition</i></li> <li>• <b>Altered Perception</b> - <i>Loss of perceptual acuity</i></li> <li>• <b>Amnesia</b> - <i>Loss of memory</i></li> <li>• <b>Anosognosia</b> - <i>Loss of knowledge of illness/disease</i></li> <li>• <b>Aphasia</b>- <i>Loss of language</i></li> <li>• <b>Apathy</b> - <i>Loss of initiation</i></li> <li>• <b>Apraxia</b> - <i>Loss of purposeful movement</i></li> <li>• <b>Attentional Deficits</b> - <i>Inability to sustain and shift attention</i></li> </ul>
<p><b>Emotional</b></p>	<ul style="list-style-type: none"> <li>• Anger</li> <li>• Anxiety</li> <li>• Boredom/restlessness</li> <li>• Confusion, e.g. regarding time (day vs night)</li> <li>• Disorientation</li> <li>• Fear</li> <li>• Feeling lost</li> <li>• Looking for something/someone</li> <li>• Insecurity</li> <li>• Stress</li> </ul>
<p><b>Capabilities</b></p>	<ul style="list-style-type: none"> <li>• Under/over-stimulation</li> <li>• Absence or lack of mental/physical stimulation</li> <li>• Lack of enjoyable activities</li> <li>• Lack of or absence of motivation, encouragement, and praise</li> </ul>

<p><b>Environmental</b></p>	<ul style="list-style-type: none"> <li>• Shift change</li> <li>• Leaving stressful environments (e.g. new and unfamiliar settings)</li> <li>• Excessive noise</li> <li>• Excessive space in room</li> <li>• Outdoor cues (e.g. exit signs, outdoor coats)</li> <li>• Lighting (too bright/too dark, color of light)</li> <li>• Colors, patterns and designs in client's room (e.g. on walls &amp; floor)</li> </ul>
<p><b>Social/Cultural</b></p>	<ul style="list-style-type: none"> <li>• Past sleep history</li> <li>• Past work history (e.g. did the resident work shift work?)</li> <li>• Relationship status (e.g. was/is the resident married, had a partner, or was/is single? Did the resident normally sleep with their partner, or do they normally sleep alone?)</li> <li>• Relationships with other residents</li> <li>• Consider a resident's past lifestyle (careers, roles), e.g.</li> </ul>

**Developing Strategies to Manage Residents at Risk**

Never try to reason with exit-seekers. This will only escalate their fear and evoke a physical response in return.

There are two types of exit-seekers - elopers and runaways. Each differs in emotional states, perceptions, and reasons for wanting to leave.

**1. Individuals at Risk for “Elopement”**

Characteristics:

- Perceive themselves as visitors
- May have easy-going calm demeanor
- Become upset and confused when told they cannot leave
- Desire to leave to accomplish an agenda, searching for something
- Generally tell you, “must leave to go to x, y, z.” e.g. “Nice talking with you, but I must get to the bank now.”

Strategy Suggestions:

- Step 1: Validate the person's need to leave
- Step 2: Ask “Where are you going? Will you be gone long?”
- Step 3: Offer a reasonable explanation why they must postpone leaving, e.g. transportation unavailable (car trouble - will have to re-schedule)
- Step 4: Apologize for the mix up, to save face
- Step 5: Offer an alternative invitation (cup of coffee, other activity)

**2. Individuals Characterized as “Runaways”**

Characteristics:

- Focused on trying to break out of the home
- May be very angry, anxious and confused
- May tell people they are being held against their will

- Desire to leave is prompted by concern, anxiety, confusion, e.g. children will be waiting on me.
- May become fixated on calling or checking in with loved ones
- Tend to quietly slip out without notice

- 

Strategy Suggestions:

- Critical to anticipate this behavior and to plan daily interventions to diminish exit-seeking episodes as part of the person's individual care plan.
- Identify the time at which wandering occurs.

Step 1: Validate the person's distress

Step 2: Engage the person in a conversation on what s/he is worried about

Step 3: Distract the person by talking about shared interests or values

Step 4: Provide opportunity for a walk to relieve anxiety or use distraction, e.g. advise the person that s/he has a phone call (voice message from family)

Step 5: Make excuse (hunger, bathroom) to return to home

Step 6: Offer refreshment and thank them for their company on the walk

<b>Environmental Prompts to Exit-Seeking Behavior</b>
---

There are times when cues in the environment prompt people with dementia to seek exits:

1. **After Meals:** It is a rote response to get on with the day after meals.

Strategy Suggestion:

- Preempt the person by engaging him/her in purposeful work-related activities, e.g. right after meals, engage in wiping tables, sweeping, polishing leaves of houseplants, cutting out coupons, sorting, and folding tea towels, etc.

2. **At Shift Change:** The resident may try to model staff who are leaving for the day

Strategy Suggestion:

- Schedule structured recreational group activities away from the staff interchange, e.g. sing-alongs, religious services, video respite, gross motor exercise or a walk.

3. **On Admission:** Admission to a long-term care Home may evoke a fight-or-flight reaction for the new resident.

Strategy Suggestion:

- Get a detailed history of the person's previous interests and wandering patterns.
- Activate a high intensity needs program until the person becomes acclimatized to the new environment and until a care plan is personalized.

4. **At Times of Physical or Emotional Discomfort** (e.g. hungry, bored, over-stimulated, need to go the bathroom)

Strategy Suggestion:

- Take note of resident's non-verbal communication (e.g. fumbling with pants, holding head,

- fidgeting, etc.)
- Personalize resident's care plan to include toileting routine, activity level, etc.

### **Other Strategy Suggestions for Reducing Environmental Prompting:**

- If you notice that wandering happens consistently in reaction to the person's immediate environment, try to change those conditions (e.g. heat or cold, noise, fear of the dark etc.). This may help to reduce the wandering.
- Develop points of interest that cue the person in an opposite direction to an exit.
- Hide clothing associated with outdoors such as jackets. It may help in discouraging exit-seeking behavior.
- Consider disguising doors to the outside by covering them or decorating them so that they don't appear to be doors.

### **Safe Wandering Opportunities**

Wandering is often a coping mechanism for the person with dementia. A safe and secure environment in which s/he may wander freely can often provide the person with a healthy outlet for feelings of anxiety or upset.

#### Strategy Suggestions

- Consider placement in a *secured unit*
- Allow the person to wander in a *fenced yard*
- Use a *wandering security device* and consider installing *alarm systems* that would allow searchers to know what exit the person used in order to provide a direction of travel.
- Be progressive in *care plans*, calling case-based care conferences to address the wandering issue and to identify solutions that can be immediately implemented as part of the person's day-to-day care.

### **Other Strategy Suggestions for Reducing the Potential of Wandering**

#### Offer meaningful activities

- A person with dementia may be able to participate in day-to-day activities such as doing simple chores or helping with household duties but will unlikely be able to initiate these autonomously.
- Consider past skills and interests when presenting activities.

#### Exercise

- Assist the person with a regular exercise program
- If possible, take the person outside for walks
- Regular exercise can use up extra energy and may help the person to sleep better
- Consider the therapeutic value of a walking program or other gross motor activities to reduce arthritis pain, maintain muscle strength and balance, as well as reduce anxiety.

#### Provide Visual Cues

- Even in familiar places, a person with dementia can become confused or lost. Familiar objects, furniture and pictures can give the person a sense of comfort and belonging.

Pioneer Manor, Long-Term Care Facility  
Missing Resident Plan

- Consider introducing orientation cues such as labels on doors and in rooms so that s/he can easily find his/her way through the Home.
- Nighttime disorientation may be reduced by leaving a light on in the hallway or providing an illuminated clock by the bed.

**P.I.E.C.E.S.': Responding to Residents at Risk**

<p>Physical</p>	<ul style="list-style-type: none"> <li>• Ensure adequate relief of pain/discomfort</li> <li>• Perform thorough physical assessment to ensure no underlying issues, e.g. pressure sores</li> <li>• Be cognizant of the adverse drug reactions from pharmacological agents the resident is on</li> <li>• Provide ample opportunity for physical activity, e.g. walking, gardening, and arts and crafts</li> <li>• Allow for wandering in a safe environment</li> <li>• Follow a toileting schedule and reduce fluid intake in the evening</li> <li>• Ensure residents are adequately nourished</li> <li>• Have a medical evaluation conducted to rule out underlying symptoms</li> </ul>
<p>intellectual</p>	<ul style="list-style-type: none"> <li>• Redirect resident using therapeutic focus (know key information about the resident to help with this strategy)</li> <li>• When speaking to residents:             <ul style="list-style-type: none"> <li>- Use simple words/sentences</li> <li>- Be aware of and use nonverbal cues to communicate</li> <li>- Talk with residents at eye level</li> <li>- Use visual aids to communicate, e.g. picture cards, and photos</li> <li>- Allow for extra time for thought process</li> <li>- Use therapeutic touch (where and when appropriate)</li> <li>- Do not argue with resident (arguing will prompt resident to become defensive)</li> <li>- Use a calm neutral voice</li> <li>- Involve family in interaction (whenever possible)</li> </ul> </li> </ul>

<p><b>Emotional</b></p>	<ul style="list-style-type: none"> <li>• Demonstrate empathy and understanding</li> <li>• Respond to underlying feelings/unmet needs</li> <li>• Redirect resident attention with therapeutic focus</li> <li>• Provide adequate time for thought process</li> <li>• Respond to underlying feelings and unmet needs</li> <li>• Assist in reorienting resident to their environment</li> <li>• Provide emotional support through verbal and nonverbal communication (where and when applicable)</li> <li>• Use therapeutic touch to comfort and provide emotional support (where and when applicable)</li> <li>• Post familiar pictures/objects, e.g. pictures of resident in past</li> <li>• Address and validate concerns and feelings of resident</li> <li>• Praise resident and offer encouragement</li> <li>• Promote sense of belonging</li> <li>• Engage resident in conversation</li> <li>• Provide explanation why resident must postpone leaving, e.g., car trouble and apologize for the error</li> <li>• Offer an alternative, e.g. offer refreshments and conversation</li> <li>• Provide opportunity for physical activity to relieve anxiety or utilize distraction</li> <li>• Provide activities that appeal to different senses</li> <li>• Person-centered validation</li> </ul>
<p><b>Capabilities</b></p>	<ul style="list-style-type: none"> <li>• Engage resident in enjoyable activities, e.g. singing, arts &amp; crafts, dishes, or folding laundry</li> <li>• Encourage resident to participate in activities (consider past and present interests, skills and current ability)</li> <li>• Provide resident-focused activity-in the moment</li> <li>• Promote sense of belonging</li> <li>• Offer praise and encouragement</li> </ul>

<p><b>Environmental</b></p>	<ul style="list-style-type: none"> <li>• Allow time for resident to familiarize themselves with their room</li> <li>• Personalize room by adding personal objects, e.g. pictures of themselves in the past, family, and other personal mementoes</li> <li>• Ensure room is adequately lit</li> <li>• Reduce excess noise, e.g. turning off television and radio</li> <li>• Avoid rooms near areas of high traffic and noise</li> <li>• Promote safe and comfortable environments</li> <li>• Promote safe wandering by creating safe/secure wandering paths both indoors as well as outdoors</li> <li>• Remove items that encourage outdoor-seeking behaviors, e.g. hide outdoor coats and footwear</li> <li>• Keep exit cues, e.g. stairways out of resident's view</li> <li>• Reduce confusion about time by providing an am/pm by their bedside</li> <li>• Utilize orienting symbols to identify locations, e.g. bathroom, kitchen, resident's room. <b>*Red color is the most visible to the aging lens*</b></li> <li>• Position bed for best visibility and access to the bathroom</li> <li>• Participation in the Alzheimer's Society's "Safely Home Program"</li> <li>• Always always keep residents in a safe view</li> </ul>
<p><b>Social/Cultural</b></p>	<ul style="list-style-type: none"> <li>• Consider resident's mother tongue when speaking with him/her</li> <li>• Consider resident's cultural/religious practices to provide care</li> <li>• Consider resident's past work history</li> <li>• Be cognizant of resident's lifestyle e.g. enjoys eating alone, likes taking a lead role in activities, individual sleep patterns</li> <li>• Provide ample opportunity for conversation with staff and other residents</li> <li>• Consider resident's past &amp; present relationship status in planning/implementing care</li> </ul>

## FORMS

- 
- 
- 

*Missing Resident Incident Form*  
*Search Check List*  
*Missing Resident Tracking Report*