

**MISSING PERSONS with ALZHEIMER'S DISEASE and RELATED DEMENTIAS**  
**Issues and Concepts**  
**August 2010**

**I. PURPOSE**

This paper was designed to accompany the Model Policy on locating missing persons with Alzheimer's disease and related dementias (AD/D). The complexities of Alzheimer's disease will prove to be a law enforcement challenge as more people live longer – thus creating a growing vulnerable population that will require a specialized law enforcement approach. This paper will address best practices, response challenges, and specific search-and-rescue protocols for the Alzheimer's population.

This paper provides essential background material and supporting documentation to provide greater understanding of the developmental philosophy and implementation requirements for the model policy. It is anticipated that this material will be of value to law enforcement executives in their efforts to tailor the model to the requirements and circumstances of their community and their law enforcement agency, and to expand upon the importance of the responsibilities and guidelines for the response and investigation of missing persons with Alzheimer's disease and related dementias (AD/D).

**II. BACKGROUND**

Persons with Alzheimer's disease and related dementias (AD/D) present a unique challenge to the law enforcement community. AD/D is hallmarked by memory loss and changes a person's ability to think clearly, to recognize persons, landmarks, or other familiar objects; to confuse the names of objects, and often to react irrationally under what most people would consider normal situations. They may display poor situational or contextual awareness. When taking a report of a missing person with AD/D, consider that the AD/D mind is not logical and the missing person is lost both physically and mentally. Lost persons with AD/D most often do not consider themselves "lost" – they are on an intended mission in their minds, though the mission may be faulted in reality. The mindset of a person with AD/D is much different than that of other missing person responses undertaken by law enforcement.

Reports of missing persons with AD/D should be treated as an emergency and a search should begin immediately. Studies have proven that those missing with AD/D tend to hide or seclude themselves early in being lost, so swift action is imperative. The first six hours are the most critical; 60% of live rescues and 30% of those found deceased happen within the first six hours of being missing. The roles of the complaint taker and initial responding officer are critical in beginning a search appropriate to persons with AD/D. Questioning, report-taking, investigation and search considerations should be expanded beyond a standard missing person's case. Particular care should be exercised in taking the initial report with careful recording and factual circumstances surrounding the disappearance, the initial search of the home and premises, and the immediate engagement of the agency's resources.

The initial response to a missing person with AD/D call is perhaps the most crucial component of the investigation. The manner in which law enforcement officers respond to the initial call often determines whether the person is found quickly and returned home safely, remains missing for months or years, or is never found.

While this document focuses on guidance for locating those missing with AD/D, a full training curriculum is available through the International Association of Chiefs of Police (IACP) which covers the following information:

- AD/D disease education relevant for law enforcement purposes;
- Officer safety in regards to those with AD/D;
- Interaction tips and best practices for those with AD/D, caregiver interaction tips;
- Search-and-rescue protocols, contexts, and statistics; and
- Crime prevention recommendations for communities to minimize the risk of missing persons with AD/D.

For further information, a resource guide is included at the end of this document.

### **OFFICER SAFETY AND AD/D**

Law enforcement officers reacting in this search-and-rescue capacity may have little or no contact with persons with AD/D; however, in the event the officer locates and/or interviews the missing person or encounters those with AD/D at other times, officer safety is paramount in interacting with persons with AD/D:

- Assume standard safety protocols
- Ask and explain before touching
- Be prepared for sudden outbursts or aggression
- Keep a safe distance and announce if approaching from behind
- Know that persons with AD/D often confuse the names of objects and may unknowingly present a safety hazard. Example: a WWII vet calls a hand grenade a “pineapple.”

Common reactions of persons with AD/D include the following:

- Being overwhelmed or frustrated easily
- Limited ability to understand the situation
- Denial
- Sensitivity to emotional and physical trauma
- Exaggerated responses to situations
- Feeling trapped
- Outbursts, screaming, or unprovoked violence

### III. DEFINITIONS

Missing persons with AD/D fall into three categories:

1) **Those who are “on their way” to being missing, but seem normal and oriented during encounters with law enforcement and others.** This includes individuals en route to regular outings (grocery, bank, doctor’s office) but become disoriented, sometimes requesting assistance of law enforcement personnel. Such encounters might include directional or roadside assistance, responding to reports of the person unknowingly shoplifting something, a person with AD/D reporting stolen items (which may or may not be truly stolen), and traffic stops due to the persons’ poor memory and loss of knowledge of the “rules of the road.” One hallmark of such encounters is that the person can navigate a casual conversation that is actually devoid of facts, for example, if asked their name the person might say, “Oh, didn’t I tell you that already?” or if asked, “Where are you headed today ma’am?” and the person might respond, “Oh, just around the corner.” Vague responses such as these should be considered with caution. Such instances should be viewed by law enforcement personnel as an opportunity to prevent a missing persons case by treating encounters with all older adults as potentially missing and asking evaluative questions (located in section V) in an effort to determine the person’s capacity to understand the situation and navigate themselves safely.

2) **Those who are missing but have not yet been noticed or reported missing by caregivers.** This primarily refers to those with AD/D who walk away from their home or care facility, or those from the first category who have raised the suspicions of those around them, but have not yet been reported to law enforcement as missing. Most often someone encounters the missing person, knows or senses the person is lost, and secures the person until family or law enforcement is reached. These types of cases should be documented and reported on if brought to the attention of law enforcement.

3) **Those who are reported as missing by caregivers or the care facility.** Often by the time the report is made the person has been missing for some length of time. Caregivers often search in vain on their own, the person goes missing while the caregiver is sleeping, the caregiver hopes the person will return, or they are too embarrassed to call local law enforcement immediately. For these reasons, law enforcement personnel should assume they are already working “behind the clock.”

Each category presents its own opportunities for law enforcement intervention that should be specific to persons with AD/D. Law enforcement personnel encounters with older adults (such as asking for directions, vehicle assistance, or other routine encounters) should be evaluated for the potential that the individual is at risk for being lost. Persons found with AD/D, whether

by law enforcement or by Good Samaritan, should have law enforcement personnel interaction that is appropriate for the Alzheimer's disease medical considerations.

#### IV. OVERVIEW OF ALZHEIMER'S DISEASE - FACTS and STATISTICS<sup>i</sup>

**More people are living longer life spans, thus precipitating an anticipated increase in AD/D cases. This will create an increasing issue for law enforcement agencies as the demand for law enforcement intervention spikes.**

- **5.3** million Americans have Alzheimer's disease or a related dementia
- **7.7** million Americans will have it by 2030
- **250,000** are under age 65
- More than **7 out of 10** people with Alzheimer's live at home
- **10.9** million unpaid caregivers
- **\$172** billion dollars in annual costs
- **7<sup>th</sup>** leading cause of death

It is important to note that while AD/D most commonly strikes older adults, a growing percentage of cases include early-onset beginning as early as age 35. Therefore, it is important to evaluate all cases with this in mind.

##### **Wandering as a Symptom of AD/D:**

- It is estimated up to 70% of persons with Alzheimer's wander away from their caregiver or care setting. Wandering is arguably the most dangerous of AD/D symptoms.
- The term "wandering" is actually misleading, as the majority become disoriented while they are conducting a routine activity or something that rarely constitutes "wandering around." Persons with AD/D most often have an intended mission, whether it is real or not.
- While many who wander are found and returned quickly, perhaps even before they are realized as missing, locating a missing person with Alzheimer's will prove to be a continuing law enforcement challenge.
- Wandering is a result of the diseased brain being unable to recall familiar surroundings or routes, problems with wayfinding and spatial orientation, and the brain's inability to problem-solve.
- The missing can become disoriented and do not recognize the body's signals to stop: pain, dehydration, and hunger often do not register to them.

##### **Missing Persons with AD/D Present the Following Challenges to LE:**

- They will not take a coherent path – searchers must re-direct thinking of likely or logical routes, or of traditional missing persons protocol.
- They often try to seclude themselves early in the event in natural areas – lakes, ponds, brush, woods, etc. Once secluded, they are likely to remain in that location or closely nearby.
- They likely won't respond to anyone calling for them, won't ask for help, or even understand that you are looking for them.
- In their broken logic, a lost AD/D person may actually seek to evade if they suffer from paranoia or delusions, or think they are "in trouble," either knowing they are doing something they shouldn't, or are simply scared of their unexpected surroundings.

### **Facts About Missing Persons with AD/D: Statistical Analysis**

- Of those missing who walked away, over 75% are found within a 10-mile radius.
- Most (about 75%) leave on foot.
- Whether found alive or deceased, over 50% wandered from a home care setting.
- In deceased cases, more than 50% were found less than one-half mile from home.
- Of those found alive, about half were found 1-5 miles from where they left.
- Of those found deceased who left on foot, about half were found less than one-half mile from where they left.
- The overwhelming majority of deceased were found in secluded, unpopulated areas near natural habitat – woods, thick vegetation, water, fields, and ditches.
- Most common causes of death: exposure and drowning.
- Men are proportionately more likely to wander and get lost, especially by car.
- Of those who left by car, only 40% were located in the county of residence.
- The majority left in the daytime, and about 30-35% leave at night when caregivers were sleeping.
- In live cases, about 60% were found in less than 6 hours and about 30% in 6-12 hours, within 1-5 miles of home
- About 30% of deceased were recovered in less than 6 hours, and about 30% were recovered in less than one month.

## **V. PROCEDURES**

### **1. Encounters with Older Adults– Identifying the At-Risk Older Adult and Preventing a Missing Person**

Often an older adult, en route to being missing, will encounter law enforcement for a variety of reasons. Medical experts have indicated that the challenge of such persons is that they seem coherent and oriented in casual conversation, and perhaps on their way to a routine outing (such as a doctor's appointment). However, upon further questioning, they may provide vague answers without providing any factual basis, display poor communication skills, disorientation, inability to follow instructions, or other markers of AD/D. Often they are aware of their memory deficiency and will try to negotiate the conversation with casual conversation that is

devoid of real information – Officer: “What is your name, sir?” Respondent: “Oh, didn’t I tell you that already?” It is recommended to adopt and use an Assessment Tool prepared for this situation. Basic evaluation questions to ask include:

- Where are you coming from? Where are you going to?
- What route are you taking to get there?
- Who are you meeting?
- What is today’s day and date?
- What is your full name, full address and phone number?
- Can you tell me what city and state we are in?
- What time is it right now? (Answer should be correct within one hour.)

Other indicators of a person with AD/D who may be disoriented or lost in the community:

- Inappropriate clothing for weather;
- Inappropriate social behavior for the setting;
- Can’t seem to navigate crosswalk or sidewalk;
- Aimlessness;
- Walking in street or side of the road; and
- Seems to have trouble interacting with those around him/her.

Every effort should be made by law enforcement personnel to question older adults to ensure their safety and to safeguard them in the event an officer’s suspicions are raised. In traffic stops, if there is a witnessed violation, it is recommended to cite the driver vs. issuing a warning as this will create a paper trail for caregivers, medical practitioners, and the licensing agency to follow-up on. In instances where the officer’s suspicions are raised, the person should be secured at his or her present location and efforts made to locate family or care facility. If reasonable efforts are not successful, the person can be taken to a local hospital. The vehicle should be safeguarded as per agency standards.

In both suspected cases and reported cases, law enforcement personnel should check if the person has a tracking or ID device, such as MedicAlert +SafeReturn, Project Lifesaver, or similar. Visual locations on suspected missing persons would be the wrist, neck, or ankle.

## **2. Reporting/Classification of Missing Persons with AD/D Call Taker Responsibilities**

The model policy also provides guidance on the matter of when a person should be declared “missing” and, the corollary of this issue, when a missing person report can be filed. The model policy indicates there is no waiting period to file a missing person’s report when AD/D is known or suspected; cases as such should always be considered an emergency. Such reports may be filed either personally or by telephone. Persons who are in a position to know the behavior patterns and character of the individual involved—such as caregivers, guardians or close

personal friends—are also often the best judges of what is highly unusual, irregular or suspicious behavior with regard to the individual’s whereabouts.

The most critical role in any missing persons case is that of the first responder to the call: the responding law enforcement officer. It is the officer who initially establishes the seriousness of the complaint about a missing person with AD/D, safeguards the scene, gathers crucial facts, and conducts preliminary interviews of witnesses. All law enforcement personnel need to be trained to respond to such calls efficiently, compassionately and professionally—paying particular attention to safeguarding evidence, quickly obtaining as much information as possible about the person and the circumstances, interviewing witnesses, and at the same time calming and reassuring the caregivers or guardians of the missing person. For this reason, officers must learn to become as thorough as they can in responding to such reports. Assumptions about such cases must be avoided, or officers may overlook crucial information, evidence, and clues to the missing person’s whereabouts.

**A. Before arriving on scene:**

Before the responding officer even arrives on the scene, information about the missing person should be relayed from the dispatch or Emergency Operations Center (EOC) to the responding and assisting officers. EOC operators, working with a standard list of predetermined questions, should gather pertinent information from the caller and relay it to the responding officers. Once the EOC operator has calmed the caller, basic facts and information can be gathered to help responding officers, including a brief description of the missing person and any other known information. EOC personnel should, to the degree possible, also provide responding officers with an over-view of any agency records concerning the missing person, such as:

- History of wandering episodes and other locations the person has previously been found;
- Undue fears of crowds, law enforcement officers or other persons in uniform;
- The person’s access to cars, money, and other resources; knowledge of public transportation, and favorite locations; and
- The person’s access to weapons or any other dangers s/he might present.

Such information could disclose many things: potential locations the person might go, how far the person could travel with the resources s/he has, and any potential threats to officer safety or that of civilians who may encounter the individual.

Agency policy should provide for an immediate city-or county-wide radio alert to all other patrol units and all neighboring law enforcement agencies. Even though such an alert may not contain precise factual information about the missing person or circumstances in this early stage, these immediate radio broadcasts often result in prompt, safe recoveries, particularly when the person has simply wandered away from home and is in the immediate area. Any information about tracking or ID systems should be relayed and the corresponding organization contacted immediately.

**B. Once on scene:**

**1. Interview person who made the initial report to the EOC.** This interview should be conducted in an area where interruptions are minimal and preferably in private. The purpose of the interview is to obtain a complete description of the missing person, circumstances of how the person came to be missing and information necessary to report to searchers. The officer should seek a recent photo and ascertain what extent of a search has already been conducted.

After ruling out foul play the officer should interview the reporting party. Questions to ask should include: a full physical description including clothing last seen in and a recent photograph, relationship of reporting party to the missing person, time and place of last known location, and who was the last person to see the missing person? If the person left on foot or by car, if by car, is it known how much gas was in the tank? Inquire about plans, habits, routines and personal interests of the subject including places frequented or locations of particular personal significance. Is it possible to tell which door or exit the person left from? This often leads to the missing person's path.

**Helpful Additional Questions for Investigating Missing Persons with AD/D**

- a. Would the person recognize and respond to police officers or someone in uniform?
- b. Would the person be fearful of police or uniforms for any reason?
- c. Are we near the person's hometown, or near it – could the person have gone to a former residence, workplace, church, etc?
- d. What is the person's general daily routine?
- e. Can s/he still use money and does s/he have any with him/her?
- f. What neighbors does s/he know well?
- g. Are there activities s/he seeks out or enjoys? What would s/he find interesting?
- h. Does s/he know how to use public transportation? Does s/he use it regularly?
- i. Does the person still remember his/her address or phone number?
- j. Is the person drawn to certain landmarks, buildings, or objects?
- k. Will the person go away from the sun or towards it? Does the person have fears of crowds, strangers, etc?

The last person to see or have contact with the missing person should be carefully interviewed if this is not the reporting party. If there are several people at the scene, each person should be interviewed separately by the officer to obtain descriptions of a possible suspect and vehicle. Witnesses should not be interviewed in the presence of other witnesses, since there is a tendency on the part of some to "go along"—either consciously or unconsciously with a description given by another witness. As most officers know, the perception and recall of witnesses can be faulty, and when they use one another to fill in missing details in their memory, important details may be lost.

**2. Preservation of the place last seen.** The place where the person was last seen should be secured as a crime scene and treated accordingly – barrier tape, photos, preservation of foot prints, etc.

**3. Evaluate any complicating factors.** Does the reporting party know if the person would have been wearing weather-appropriate clothing? What is the current physical condition of the subject? Does s/he have a co-existing medical condition? If the person takes prescription medication, when was the last dose and how long can the person go without it? Does s/he have familiarity with and/or access to weapons?

**4. Complete a thorough search of the home and premises, leaving no spaces unexamined.** Those with AD/D are known to hide in unusual locations. Responding or assisting officers should conduct an immediate and exhaustive search of the home or care facility, and surrounding premises. Search every part of the home –under beds, locked rooms, closets, crawl spaces, attic/loft areas, in cars in the garage, false ceilings, A/C venting, toy-boxes, under sinks, exterior shrubs, etc. An ensuing search of neighbors’ yards should also be conducted. Officers should never assume that searches conducted, often by distraught caregivers or others, have been performed in a thorough manner. However, under exigent circumstances, prior search efforts may help officers focus on other alternatives even if their intention is to research those same areas as time permits.

**5. Initiate a Silver Alert, Endangered Persons alert or similar.** If a thorough search of the home and immediate area does not result in the missing person being located, a formal search should be initialized in addition to any officers who have already responded in the area. Upon verification of a missing person, a “missing – critical” or endangered missing persons report shall be completed and an alert initiated if Silver Alert, Endangered Persons Alert or similar exists in the area or jurisdiction where the person has been reported missing. Appropriate entries should be made in state and national information databases in accordance with established procedures (e.g.: adjacent jurisdictions, state or commonwealth department of public safety, National Crime Information Center, LEADS, fusion centers, etc.). Requesting or assigning a specific dispatcher handle calls in relation to this case is recommended if practical to establish a consistent flow of communication.

Establish an Incident Command Center and implement the Incident Command System, being certain to identify the acting Incident Commander to all adjacent jurisdictions, volunteer search teams and others involved in the search. Notifying other “eyes and ears” in the community may also prove helpful, such as governmental/contracted employees with radios and vehicles such as parks/facilities, road crews, waste management, etc.

**6. Advise the public not to approach the person if found.** Since media, social networks and other civilian avenues may be used to get the word out, a directive should be included that anyone locating the missing person should not approach him or her unless the missing person is in imminent danger or creating a danger to others. Doing so may startle or provoke someone

who is already scared or agitated. The missing person should be observed until law enforcement arrives to secure the person.

### **C. Search and Operational Considerations and Guidelines**

Understand that standard grid-style searches may not be that useful with a missing AD/D person. While this approach is both logical and practical with the random wanderer, alone it does not help identify the victim's behavior within the search area. Information about previous work habits, likes and fears, as well as types of environments that might stir interest or reactivate old memories can help fine tune the grid search. The missing person may perceive that they are "in trouble" and further hide or seclude themselves.

#### **Determine how the missing person left the place last seen:**

**1. If the person left on foot:** Leaving on foot is most common, occurring in about 75% of missing persons with AD/D cases. This is helpful in that if the person follows the statistical pattern, the person will remain within a few miles of the place last seen. However, this does not make the situation any less dangerous: most of those found deceased are found within 1.5 miles of the place last seen; more than 50% of those within one-half mile. The deceased were most commonly found in secluded areas such as thick brush or vegetation, in or near bodies of water (including ravines, sewer drains and other shallow bodies), or in populated but abandoned areas such as vacant lots, building rooftops, empty buildings, etc. Because the person most likely will not respond to calls for them, if searchers do not physically locate the person, s/he may be easily overlooked even in a search that includes the location of the missing person.

Occasionally a person with AD/D will be found several miles from home, having traveled on foot. An important note is that AD/D changes the sensory perception in the brain; those with AD/D often suffer sensory impairments that cause them not to feel things such as hunger, thirst, or pain. This is why a missing person with AD/D is capable of walking further than his or her physical condition might indicate, why the person could hide in a thicket of thorny bushes, or walk without stopping for food, beverage, or restrooms. Additionally, leaving on foot leaves open the risk of the person accepting a ride from someone, taking public transportation, or hiding "in plain sight." All of these come with inherent risks both to the missing person and to the search efforts.

The Model Policy outlines several helpful guidelines to follow when searching for someone who has left on foot. Utilizing trained volunteer searchers, social media, departmental outreach such as reverse calling, text message programs, BOLOs, and other techniques add benefit to the search; however, statistically the most successful rescue method is the intensive foot search. One piece of recent research by the Alzheimer's Association indicates that using the "dominant-hand theory" - that the person will follow the path of their dominant hand, i.e., making right turns, following right, etc.

**2. If the person left by car:** Immediately notify adjacent counties, as only about 40% are found in the county of residence. Proportionately, men tend to leave by car more than women. Try to ascertain the amount of gas that was in the tank to establish a drivable radius. Many persons with AD/D will only drive the limits of the gas tank without thinking to refill the tank. However, establishing the limits of the person's ability to travel is only helpful to a certain extent, as running out of gas has its own risks for a person with AD/D. Several cases have proven poor outcomes: the person secludes themselves in the car versus seeking help, often with deadly consequences, or continues on foot once stopped. For example, a couple left to go to a routine doctor's appointment; the gentleman became disoriented driving around and drove so long he ran out of gas. He left his wife in the car to seek help but when citizens and law enforcement officers attempted to locate his wife, the gentleman could not remember the location of the car or the general area he had come from. The woman was later found deceased of dehydration, still inside the car. Another case was of a man who, when his car ran out of gas several counties away, got scared and left the vehicle. He was found deceased in nearby woods several days later.

#### **G. Ongoing Investigation**

The active investigation should include re-working the same search areas over again if the person left on foot, beginning with the first 1.5 miles and expanding to 5 miles, then 10. This should be re-evaluated every few hours, daylight and weather permitting. One suggested timeline is to begin with the first half-mile and increase by one mile each hour. At the five-mile mark, split the searchers into two groups; one to pursue the 5-10 mile radius, and the other to re-search the initial 1.5 miles. It is recommended that searches continue during nighttime hours as this is the most dangerous time for missing persons with AD/D. About 20% of those found are rescued during nighttime hours.

The Incident Commander (IC) should request checks of local hospital and coroner's offices for persons fitting the description, request fingerprints of the missing person, and dental records if deemed necessary. The IC should remain in constant contact with the missing person's closest relative (or the point of contact left at the missing person's home or care facility) and the assigned dispatcher concerning progress of the investigation.

Long-term cases should be evaluated according to the agency's standard missing person's policy with regards to following leads, investigation, etc.

#### **IV. Rescue/Recovery of Missing Persons and Case Closure**

The Model Policy outlines steps to be taken to report and close the case, as does the Incident Command structure. Two items are of special importance: the reunification procedure, and incident reporting. After notifying all involved parties and jurisdictions that the person has been located, follow-up and close-out procedures are especially important to document unusual circumstances, to identify abuse or neglect, to review department procedure and lessons learned, and to prevent future missing persons.

**1. Reunification** – After returning the person safely to his or her care setting, it is important to carefully interview all interested parties and document the circumstances around the disappearance. To the extent the missing person can provide information about his or her whereabouts and activities, s/he should be interviewed. Interviews should be conducted in separate settings. Documenting how the person came to leave the care setting, using which exit, how the person left unnoticed, etc., will be helpful to prevent future events. It is most important to look for patterns: repeated events, especially in the case of missing persons from professional care facilities.

If the person is recovered deceased, follow-up with the coroner's office and appropriate documentation should be initiated and followed.

**2. Incident reporting** - Repeated events from professional care facilities can indicate poor facility security, understaffing, and abuse or neglect; as well as pose the risk of violating the professional accreditation of the facility. Law enforcement should carefully document and report each instance of missing persons from care facilities. Ensure proper reports have been filed to the facility's chain of command – state accrediting agencies, corporate office, insurers, etc., and that the facility has taken proper precautions to prevent future incidents. Where indicated, follow-up action shall include filing of an abuse and neglect report with the state aging agency. If necessary, criminal charges shall be filed with the prosecutor's office.

In cases where the person went missing from a home care setting, repeated events can signal an overwhelmed caregiver, poor supervision, or abuse/ neglect. It is important to remember the person with AD/D can be the abuser. Investigate for other signs of abuse or neglect in the home from both parties. Some important things to consider when evaluating the care setting:

- The person with AD/D may be abused;
- The person with AD/D may be the abuser;
- The person with AD/D may be neglected; or
- The caregiver is self-neglecting.

Signs of neglect:

- Dehydration or malnutrition – lack of dishes in sink, not much food in the fridge, so signs of meals, tables covered in papers or otherwise not conducive to eating or evidence of eating;
- Hypothermia/hyperthermia—heat/air not working or nonexistent;
- Excessive dirt/odor;
- Unsafe living conditions—hoarding, home in disrepair;
- Inadequate or inappropriate clothing; and
- Lack of glasses, hearing aids, walkers, or dentures.

Abuse and neglect walk a fine line. Abuse is the infliction of physical or psychological harm or the knowing deprivation of goods or services necessary to meet essential needs or avoid harm.

Neglect is a failure to perform caretaking duties essential to the safe care of a person, within the context of persons with AD/D or other medical issues. Neglect can be purposeful but can also happen when the caregiver is just overwhelmed.

In responding to home care settings, be prepared with resources (referrals, handouts, etc.) to provide the caregiver with ways to prevent future episodes. Some initial home safety tips include:

- Use of tracking or ID systems such as MedicAlert® + Alzheimer’s Association Safe Return®, Comfort Zone, Project Lifesaver, or other products available to prevent or mitigate missing persons with AD/D.
- Install double-sided locks or disguise locks on doors to visually deter the person from using them.
- Disguise exit doors in the home with curtains, wrapping paper, posters, or another visual distraction.
- Place bells on doors and windows.
- Establish a schedule and follow it consistently to avoid the person leaving to seek something – food, bathroom, etc. and to avoid the person becoming agitated by a schedule disruption.
- Remove the person’s car if s/he still owns one to avoid the temptation, and hide keys to other cars in the household.
- If possible, establish relationships with neighbors and exchange contact information in case of emergency.

**3. Media** – Deal with successes in the media as the agency would report an individual found deceased. For many families of those with AD/D, the disease carries a stigma of mental illness because they cannot control or prevent their loved one’s behavior. Bringing the issue to light helps remove that stigma and asserts AD/D as a community issue. Raising awareness of both the inherent dangers presented to those with AD/D, the caregiver component, and prompting families of those with AD/D to prepare for such instances will benefit all parties in future missing persons events.

**4. Internal follow-up** – Agency case closure should include a complete report on the known whereabouts, actions and activities of the missing person. It should also include a similar report of the agency’s actions and efforts during the search. Conduct a post-incident briefing to establish Lessons Learned and After Action Reports (AARs).

## **V. Prevention Strategies and Suggested Community Outreach**

Since searches for missing persons with AD/D are expensive and exhaust many resources at once, it is advisable to implement prevention techniques within the community.

**1. Prepare your agency to respond to AD/D in your community:**

- a) Provide a list of resources to families, such as local social services, contact information for the local Alzheimer's Association chapter, Neighborhood Watch, Volunteers in Policing program, etc.
- b) Establish a voluntary registry program for persons at-risk:
  - Offer the program at community events, and use both uniformed and civilian volunteers to solicit people to register.
  - Include fingerprints, recent photos, several contacts including neighbors, medical needs, routes, familiar places, etc.

**2. Train the agency's officers to respond to such incidents:**

- a) Utilize available training materials, such as the IACP *Missing Disease Patient Initiative* project curriculum.
- b) Utilize the IACP Training Key on this subject for roll call training and continuing education.
- c) Have available for the agency and in cruisers the project's materials, such as posters for roll call rooms, dashboard cards, and the Assessment Tool mentioned.
- d) Include this training in the agency's mandatory first aid training.
- e) Prepare officers to respond to persons with AD/D in disaster response.

**Resource Guide:**

International Association of Chiefs of Police: [www.theiacp.org](http://www.theiacp.org)

The Alzheimer's Association: [www.alz.org](http://www.alz.org)

National Institutes of Health, National Institute on Aging: <http://www.nia.nih.gov>

Project Lifesaver: [www.projectlifesaver.org](http://www.projectlifesaver.org)

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<sup>i</sup> The Alzheimer's Association, 2010