

Chapter 5

Safety: Issues and Tips

Initially, people with Alzheimer's disease or related dementias may compensate for their worsening memory by avoiding difficult activities or situations, being extra cautious, or by using various memory aides such as notes and calendars to remind them of what they have already done or what they must do next. Eventually, however, problem-solving skills erode. With some care and creativity, however, steps can be taken to enhance the resident's safety and prolong their ability to live independently.

Why Is Safety A Concern?

As their memory worsens and judgment and thinking become impaired, memory-impaired residents may fail to recognize safety risks to themselves and others (e.g., eating spoiled food or forgetting to turn burners off). They may wander away from home and get lost. They may become targets for abuse or exploitation by others. This chapter identifies common safety issues and suggests steps that housing staff can recommend to the resident and/or family or paid caregivers.

Observable Signs That Safety Is Becoming A Problem

Concerns about self-care and protection

- Neglects grooming and personal hygiene
- Forgets to take medications or taking them improperly
- Dresses in attire is inappropriate for weather/season
- Loses weight: doesn't seem to be shopping for food or eating
- Suffers from vomiting or diarrhea as a result of eating spoiled food or inedible items
- Has trouble with balance, shuffling gait
- Seems fearful or uncertain when navigating steps, thresholds, dark or patterned floors
- Becomes careless about locking door, letting strangers into building
- Experiences trouble with money (overdue or overpaid rent, utilities shut off, etc.)
- Ignores non-compliance or eviction notices.

Concerns in the home

- Causes repeated fire safety issues: burns pans, sets off fire alarm, careless with cigarettes
- Exhibits extreme clutter and hoarding
- Disposes of odd or inappropriate items in the trash

- Lets water overflow in sinks or tub

Wandering

- Is frequently unable to find own apartment
- Follows other people
- Walks uninvited into other people's apartments
- Rides on the bus for hours; forgets which stop they need
- Gets lost away from home and is returned home by police.

Driving

- Repeated fender benders
- Can't find own car in parking lot
- Gets lost in familiar surroundings.

Possible Solutions

In General

- Assess the environment. What are the potential hazards for the resident within his or her apartment? What can be made safer within the housing site and around the external environment if the resident regularly goes outside of the building?
- Focus on adapting rather than teaching. Avoid re-teaching the resident about safety issues. Instead, identify potential risks and take the appropriate precautions.

Self-care

- Encourage the resident to see a doctor for a complete checkup to rule out any medical conditions (e.g., medication reactions, infections) or sensory deficits (hearing or vision loss) that are creating an excess disability.
- Ask the doctor for an in-home evaluation by an occupational therapist to assess the home, identify problem areas, and recommend solutions.
- Home health nurses or family, if available, can set up pills for the resident. There are a wide variety of pill boxes available for this purpose, even ones that dispense medications at the proper times and give a verbal reminder to take them.
- Consider the need for help with handling finances. Direct deposit and automatic bill paying arrangements assure that the rent and other bills get paid on time. Contact your local area agency on aging. Some have volunteer programs to assist older people with bill paying and other paperwork.
- Eventually the resident will need someone else to take over the finances either through a power of attorney or a conservator legal arrangement. [See Chapter 8.]

In the home

- Use the checklist on the following page to assess the home for risks.

- A friend, family member or health professional working with the resident may be able to remove dangerous items and make simple modifications to the home to make it more dementia friendly for the resident. See the following checklist for suggestions.

Tips for Creating a Safe and Supportive Environment

Safety Checklist

Kitchen

- Lock up cleaning supplies
- Turn off electricity to garbage disposal
- Remove or hide knives and other dangerous utensils
- Consider automatic timers and shut-off devices for electrical appliances
- Shut off stove and arrange for home-delivered meals
- Clean out refrigerator regularly

Bathroom

- Set water temperature at 120 degrees
- Apply textured decals on slippery surfaces
- Supervise the use of electrical appliances
- Remove locks from the bathroom door
- Discard dangerous items from the medicine chest
- Install grab bars

Bedroom

- Avoid using electric blankets
- Install night lights between the bedroom and bathroom

Throughout the home

- Put away power tools, and limit access to large equipment such as lawnmowers and snowblowers
- Lock up poisonous products such as paints and fertilizers
- Remove all firearms
- Make sure that there is a working smoke detector and fire extinguisher
- Remove or tape down throw rugs and carpeting
- Apply colored decals to large windows and sliding glass doors
- Remove poisonous plants
- Create an even level of lighting near doorways, stairways and between rooms
- Remove objects that block walking paths
- Reduce clutter

Wandering

Wandering can be aimless or purposeful roaming that causes a resident to become lost, leave a safe environment, or intrude in inappropriate places. Either way, it is one of the most frequent and challenging problems that caregivers face. **Seventy percent of people with dementia will wander and become lost during the course of the disease, and most will do so repeatedly.** Someone with Alzheimer's may not only wander by foot but also by car or other mode of transportation.

- ✓ Help the resident to locate his or her apartment by inviting them to post their name on the door or display some other picture or object they will recognize.
 - ✓ Make sure that large-print floor numbers are prominently displayed at elevator entrances to help residents easily identify which floor is theirs.
 - ✓ Hold an educational program about memory loss and dementia for all residents. Provide information about what to do if they notice that one of their neighbors is missing or lost.
 - ✓ Hold a "Meet the Police" community policing event in the building. Encourage all residents to attend. Ask the police to offer free photo taking for emergency identification and notification cards to have on file at the police station and with the building manager.
 - ✓ Encourage the resident (or family, if available) to enroll the resident in Safe Return, a national, computerized data bank designed to identify, locate, and return to safety people who have wandered. Contact the Maine Alzheimer's Association Helpline at 1-800-660-2871 for information about scholarships for the one-time enrollment fee of \$40. [See Appendix for enrollment form and additional information].
- ➔ For more tips to prevent and/or respond to wandering see Appendix 4: *Wandering: Plan Ahead Because it Happens More Often Than You Think* (page xx).

Driving

People with early stage Alzheimer's disease may still be able to drive safely, but eventually they must stop driving. Alzheimer's disease impairs judgment, reaction time, and the ability to solve problems. It may also affect physical and sensory skills.

- ✓ Co-piloting is not recommended. Caregivers and neighbors, especially those dependent upon the resident with dementia for transportation, may attempt to keep the resident driving longer by giving directions and instructions on how to drive from the passenger seat. Warn them that this is dangerous because in hazardous situations there is simply not enough time for the driver with dementia to comprehend the warning and respond appropriately.¹
- ✓ Alert police when the resident drives away in a car and ask them to assess the resident's driving.
- ✓ If there is evidence that the resident is no longer safe to drive, report the resident the Division of Motor Vehicles for a driver evaluation.

- ✓ An occupational therapist can also evaluate driving capacity.
 - ✓ Ask the doctor to write a prescription instructing the resident not to drive.
 - ✓ Meanwhile assess the resident's need to drive and introduce him to alternate modes of transportation.
 - ✓ For residents determined to drive, with or without a license, it may be necessary to ask family members to take away the keys and remove the car.
- ➔ For an excellent discussion of this topic and additional tips, please see *At the Crossroads; A Guide to Alzheimer's Disease, Dementia & Driving*, which is included as an insert in this guidebook. For additional copies, contact The Hartford, 200 Executive Blvd., Southington, CT 06489, or visit their web site at www.thehartford.com/alzheimers

Sources

1. *Steps to Enhancing Your Home*, Alzheimer's Disease and Related Dementias Association, Inc., 1999.
2. *Steps to Ensuring Safety*, Alzheimer's Disease and Related Dementias Association, Inc., 1999.

Resources And Further Reading

- *The Do-Able Renewable Home: Making Your Home Fit Your Needs*, by John P.S. Salmen, American Association of Retired Persons, 2000.
 - *At the Crossroads: A Guide to Alzheimer's Disease, Dementia and Driving*, published by The Hartford, Southington, CT 2000.
 - *The Complete Guide to Alzheimer's-Proofing Your Home*, by Mark L. Warner, Purdue University Press, 1998.
 - *Homes that Help: Advice from Caregivers for Creating a Supportive Home*, by Richard V. Olson, Ph.D., et al., New Jersey Institute of Technology, 1993.
 - *The 36-Hour Day* (Third Edition), by Nancy L. Mace and Peter V. Rabins, The Johns Hopkins University Press, Baltimore, 1999.
- ➔ You can also order the following brochures by calling the Maine Alzheimer's Association at 1-800-660-2871.
- *Steps to Enhancing Your Home: Modifying the Environment*
 - *Steps to Ensuring Safety: Preventing Wandering and Getting Lost*
 - *Alzheimer's Association "Safe Return" Registration Brochure*

Appendix 5.1

Medication: Tips for Families and Direct Care Providers

As a caregiver you need to understand the use of medications, and be alert to possible over-medication and to adverse reactions to drug combinations. No medications prevent or cure Alzheimer's disease, but physicians rely on several drugs to manage delusions and hallucinations, as well as depression, agitation, or sleeplessness.

Although these medications may affect specific disease symptoms and assist in managing them, they can also produce side effects such as agitation, dry mouth, drowsiness, problems in walking, tremors, falling, or constipation.

Even though a physician might prescribe a drug for a limited period of time, it can sometimes take up to four weeks for a drug to leave the patient's system after use is discontinued.

Some medications can contribute to the Alzheimer patient's problems and make some symptoms even worse. For example, a resident who begins taking drugs for high blood pressure or a heart problem might appear to be more confused than before he or she began taking the drugs.

So-called anti-cholinergic drugs can also block the production of a chemical within the brain called acetylcholine and further alter the patient's memory.

To understand the effects of medications and how to manage their use, consider the following tips:

Action Steps

➔ Get medical advice

Be cautious about giving any medication — whether it's an over-the-counter or prescription variety. Begin by asking your physician to review all medications, in order to check for any possible interactions between drugs. Make sure that every physician involved in the resident's care knows about all prescribed medications.

Find out as much as possible about every medication, including its name, purpose, dosage, frequency, and possible side effects. If serious side effects occur, report them immediately to the resident's physician.

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➔ **Be prudent**

Under no circumstances should you change the resident's dosages without first consulting his or her physician. In addition, avoid the temptation to exaggerate or over-report symptoms in order to persuade the physician to prescribe a new drug or to increase the resident's dosage. Do not share medications with other caregivers or keep medication bottles from old prescriptions.

➔ **Rely on your pharmacist for information**

Pharmacists can be an important source of information. Your local pharmacist can also check for interactions between drugs. Keep in mind that pharmacists can neither prescribe drugs nor alter drug dosages.

Maintain accurate and ongoing records. Keep a written record of all current medications, including the name of the medication, dosage, and starting date. The resident should carry a copy of this list in their wallet or purse at all times. This record will be invaluable in the event of a serious drug interaction or overdose.

➔ **Develop a routine**

Giving medications in a specific way at specific times of the day or evening will help to reduce conflicts. However, if the resident refuses to take the medication, stop and try again at a later time. Never assume that the resident will take medications on his or her own. It may be necessary to check to see whether the medicine has been swallowed. At some point in the progression of the disease, someone other than the resident will need to assume responsibility for giving medications.

➔ **Stay organized**

Helping the resident separate pills into a plastic container with small compartments labeled "day" and "evening" or "Monday," "Tuesday," "Wednesday," etc., will help in tracking medications. Some people find it useful to give medications in individual cups or envelopes, or to keep a calendar and check off each dose as it's taken.

Adapt to the resident. If the resident has problems swallowing pills or spits out the pills, you might try crushing pills and mixing them with applesauce or cottage cheese. Some medications may be available in liquid form.

➔ **Take safety precautions**

If necessary, put a lock on the medicine cabinet or place the medications in a locked drawer. If the resident spits out pills, make sure these pills aren't picked up and eaten by animals or anyone else. Avoid leaving the resident alone with medication bottles in the room. Be sure to throw out all old medicines.

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➔ Be prepared for emergencies

Research the names and telephone numbers of pharmacies or taxi services that deliver medications. Also find out the names of pharmacies that are open on Sundays and weekends. Keep the number of your local poison control center or emergency room handy. If you suspect a medication overdose, call the number before inducing vomiting or taking any other action.

Appendix 5.2

Nutrition: **Tips for Families and Direct Care Providers**

Providing the Alzheimer patient with nutritious meals and snacks is a problem for many caregivers. Often the patient can't sense or identify hunger or fullness, or the need for fluids or foods with certain vitamins and minerals.

Predictability

The resident's response to food is also difficult to predict. An individual might like specific foods such as turkey or chicken and then—without warning—turn away from these foods.

Poor Nutrition

The result of poor nutrition among Alzheimer patients is usually weight loss or gain and a variety of other symptoms, including poor-fitting dentures, listlessness, and fatigue.

A resident who snacks regularly on such foods as candy and pastries often experiences a “sugar high” followed by complaints of being tired, depressed, or hungry. “Junk foods” tend to make the resident more restless and disoriented, and reduce the craving for regular meals and more nutritious foods. The resident may also experience bowel or bladder problems because of not drinking enough fluids or eating adequate fiber.

Disease Progression

As the disease progresses, providing the resident with proper nutrition may become even more difficult.

The individual might not understand the timing of meals or the difference between breakfast, lunch, dinner and snacks. In addition, you may have to offer more coaching at mealtime to help the resident use utensils, for chewing, swallowing, or identifying various foods. For example, you may hand the resident a spoon only to discover that he or she can't remember how to use it. In another situation, a resident who feels no need for food may clench their jaw tightly and refuse to let you put a utensil near their mouth. This resident may not understand or remember what to do with food.

ACTION STEPS

➡ Look for early behavior changes such as increased snacking, drastic shifts in food likes and dislikes, dramatic weight losses or gains, or bowel problems. Experiment with changes in the resident's diet to address these problems. You may need to allow for more time and offer more assistance at mealtime.

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➔ **Monitor changes**

Check the resident's weight weekly and, on the advice of your doctor, have regular blood work completed, as needed. Laboratory reports will help to identify problems with cholesterol, anemia, dehydration, or constipation.

➔ **Prepare food for easier eating**

If the resident has problems with chewing, swallowing, or choking, try chopping or cutting the food into bite-size pieces.

➔ **Use food to trigger the patient's attention**

Use rough-textured foods such as toast or sandwiches made on toasted bread to stimulate the resident's tongue and encourage chewing and swallowing.

The resident with Alzheimer's sometimes has little sensation of food in the mouth. By gently moving the resident's chin, you can remind them to chew. Stimulate chewing by touching the resident's tongue with a fork or spoon. By lightly stroking their throat, you can remind them to swallow.

➔ **Use soft foods to assist the resident**

A resident who has problems chewing or who has poor-fitting dentures will benefit from foods of soft textures such as a peanut butter sandwich rather than a sandwich made of sliced meat, or a mashed potato rather than a fried potato.

You may want to serve mashed or steamed vegetables, bite-size pieces of cooked meat, or turkey or chicken salads instead of sliced meat. If swallowing becomes a problem, put food into a food processor or blender before serving it. Also remember that soups with two consistencies may confuse the individual.

➔ **Make knife-and-fork foods into finger foods**

If the resident's regular breakfast consists of scrambled eggs and bacon, cut the food into small squares. Or combine cheese, meat and eggs into an omelet so the resident can pick up the food with their fingers.

➔ **Proceed with caution in using liquid supplements**

Liquid food supplements are often costly, high in sodium, and can sometimes be prepared more economically at home. If the resident is eating regular meals, use supplements as an occasional between-meal or late-night snack or when the resident refuses to eat a regularly scheduled meal. When considering supplements, consult with your physician.

➔ **Work to make mealtime calm and comfortable**

Keep the environment quiet and free from such distractions as the television or radio. Try to maintain regular meals with the family for as long as possible. Social interaction and conversation are important. Feed the resident at regular intervals. Many caregivers find it helpful to serve several small meals rather than three large meals.

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➔ **Be consistent**

Feed the resident in the same area at every meal and at the same approximate times each day.

➔ **Keep the table setting simple**

- Avoid placing objects on the table that might distract or confuse the individual.
- Put condiments on food before serving it to the resident.
- Set the table only with the utensils needed to eat the meal.
- Avoid using plates or placemats with patterns that might confuse the individual.
- Use a plate that's a different color from the placemat.
- Offer one food item at a time. A full plate with a meat, potato, and vegetable might overwhelm and confuse the resident.

Rely on nutritious finger foods as between-meal supplements

Encourage independence for as long as possible by allowing the resident to use utensils and eat finger foods. Holding a cup and drinking fluids through a straw will also give the resident a sense of accomplishment.

- Serve thick fluids to prevent choking. If choking occurs, be prepared to use the abdominal thrust to dislodge the food.
- Prepare the meal ahead of time so you can stay with the resident during the meal. He or she may mimic your eating behavior.
- Reduce between-meal snacks to ensure that the resident eats at regular meals, or provide the resident with fruit or nutritious snacks.

Appendix 5.3

Home Safety Checklist

Throughout the home . . .

- Place smoke detectors and fire extinguishers in hallways, at the top of stairwells, and in each room – especially the bedrooms.
- If the resident smokes, this activity must be supervised at all times.
- Lock-up or hide medications, and supervise the administration of all prescription and over-the-counter medicines.
- Place locks on doors and windows—high and low.
- Consider adding a bell or an electronic door alarm on outside door.
- Put away car keys.
- Apply colored decals to large windows and all sliding glass doors.
- Remove toxic plants.
- Remove or secure throw rugs.
- Order a safe return ID bracelet if wandering is a concern.
- Lock up poisonous or dangerous products, including cleaning supplies and tools.
- Hide or remove firearms, knives or other weapons.

In the bathroom . . .

- Adjust the water temp to 120° degrees or less.
- Install a hand-held shower and grab-bars in the tub.
- Add a tub chair with a back.
- Apply non-skid safety strips or a bath mat in tub or shower.

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- Install a raised toilet seat and a grab bar if mobility is a problem.
- Remove bathroom door lock
- Discard dangerous items in the medicine chest
- Make sure there are nightlights along the route from the bedroom to the bathroom.

In the kitchen . . .

- Remove stove knobs or turn off circuit breaker, or hook up stove to a hidden gas valve or electric switch. Pay special attention to this if the resident is left alone for a while. Watch for burned-on or missing pots, pans, or teakettles.
- Clean out refrigerator of spoiled food
- Try auto shut-off appliances

Appendix 5.4

Wandering: Plan Ahead Because It Happens More Often Than You Think

Wandering is defined as either aimless or purposeful roaming that causes problems such as getting lost, leaving a safe environment, or intruding in inappropriate places. At least 70% of people with dementia will wander at some point during the course of their disease, and most will do so repeatedly. Someone with Alzheimer's may not only wander by foot but also by car or some other mode of transportation. They may end up hundreds of miles from home. People with Alzheimer's disease typically do not behave like most lost adults: they do not recognize that they are lost, they leave few physical clues, and they are unlikely to call out for help or respond to shouts from searchers. A missing resident with Alzheimer's disease is always an emergency situation because he or she is at risk for serious injury and possibly death. In fact, 46% of those not located within 24 hours of the time last seen die, usually succumbing to hypothermia and/or dehydration.

It is difficult to predict when a resident with Alzheimer's disease will begin wandering. However, wandering incidents are prevalent in Maine as evidenced by the experiences of the more than 600 law enforcement officials, emergency medical crews, mall security staff, K-9 search and rescue volunteers, and officers of the Maine Warden Service trained by the Alzheimer's Association over the past two years. Participants related numerous incidents including:

- a woman who wandered into a neighbor's attic
- a woman who was lost for five days in a remote wooded tract
- a man in a cotton bathrobe found walking alone on a January night
- a woman missing from a care facility found sleeping under someone else's bed
- a man on foot in the middle of one of Portland's busiest streets, acting as if he were driving a car
- a man who started out in New Hampshire and was found driving the wrong way down a one-way street in Auburn, Maine, looking for his daughter's home.

Most of these stories had happy endings. Some, sadly, did not.

➡ **The best advice is to assume that the resident with Alzheimer's or dementia will wander at some point and plan accordingly.** To help you do this we have compiled some tips for understanding and preventing wandering behavior. We have also asked the Maine Warden Service for advice on what caregivers can do to prepare for and respond

to a wandering incident because collectively their 120 officers have vast experience searching for people with Alzheimer's disease. The Maine Wardens Service originated in

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1880 as a law enforcement branch of the Department of Inland Fisheries and Wildlife to protect inland fish and wildlife resources. Over the years, their mission expanded to include primary responsibility for the search and rescue of lost persons in all but the most urban areas of the state. They will also search in city environs if the possibility exists that weather conditions will endanger the victim. Wardens frequently work in cooperation with local law enforcement and rescue groups.

Understanding Wandering

Wandering may be triggered when a resident with Alzheimer's:

- No longer recognizes familiar people, places, and objects
- Feels lost in a new or changed environment
- Tries to fulfill former obligations, such as going to work or taking care of a child
- Takes medications that have side effects such as restlessness and confusion
- Tries to relieve stress caused by noise, crowds, or isolation
- Experiences confusion at certain times of the day or night
- Is restless due to lack of physical activity
- Is fearful of unfamiliar sights, sounds, or hallucinations
- Searches for something specific such as food, drink, the bathroom, or companionship
- Looks for a way out of the home.

Tips To Prevent Wandering

- Prevent unsafe exits from the house or backyard by placing door and window locks out of sight and reach, either very high or very low. Use a double-bolt lock, and keep the key handy in case there is an emergency.
- Consider high-tech devices, such as electronic buzzers or bells to signal when a door is opened, or a pressure-sensitive mat at the door or resident's bedside that sounds an alarm to alert you to movement.
- Try camouflaging doors by papering or painting them to match the walls, or labeling them in such a way as to be undesirable to the resident (e.g., to discourage a woman from entering, label the door "Men's Locker Room").
- Check to see if the resident is hungry, needs to go to the bathroom, or feels uncomfortable.
- Encourage movement and exercise to reduce anxiety and restlessness.
- Involve the resident in daily activities such as folding laundry or preparing a meal.
- Remind the resident that you know how to find him and that he or she is in the right place.
- Reduce noise levels and confusion.
- Observe if wandering behavior occurs at a regular time each day and try to find a cause. Try to distract the resident to another activity during that time.

- If night wandering is a problem, try restricting fluids in the evening and make sure that the resident uses the bathroom before going to bed. If possible, limit naps during the day.

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Where To Call For Help

➡ **Register the resident in the Safe Return program** sponsored by the Alzheimer's Association. This will help to provide information and identification if authorities find your loved one. Call **1-800-660-2871** for a registration form. There is a one-time enrollment fee of \$40; scholarships are available from the Maine Alzheimer's Association.

➡ For additional tips or ones specific to your situation, call the Alzheimer's Association HELPLINE at **1-800-660-2871**.

Advice From the Search and Rescue Experts

There are a number of things that caregivers can do to help law enforcement and search and rescue personnel find missing persons. We are grateful to Training Supervisor, Mark Warren, and Game Warden Specialist, Deborah Palman, from the Maine Warden Service for the following insights:

➡ **Plan Ahead**

- 1. Before you need their help, introduce yourself and the resident to the local law enforcement officers,** game wardens, fire chief, and search and rescue group leader if such a group exists near your town. This will help them to recognize the resident and keep special watch if they see him or her in their travels, and help your loved one to understand that these people may be trying to help him or her find their way home.
- 2. Talk to neighbors about the resident's condition.** Give them names and numbers of whom to call if they see the resident outdoors without supervision. Ask them to pay special attention to the time and place they saw the resident.
- 3. Keep a log of the resident's behavior patterns,** especially places they like to walk or travel. Encourage them to tell you where they are going if they go out alone. Often people become lost when they make a small deviation from their usual route. Knowing the route gives searchers a place to start from. Rick Davis, Chief of the York County Emergency Rescue Team, also encourages caregivers to make note of what the resident liked to do in the past, since they may be trying to re-enact those earlier memories. One woman, for instance, walked 8 miles, bushwhacking her way through an overgrown mountain trail because that had been her favorite place to play as a child. Other important information

from the resident's past includes former neighborhoods, places of worship, workplaces or favorite places to spend time. In addition to the above information, the search and rescue leader will also ask you the specific time and place your loved one was last seen,

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information about any previous wandering incidents, and what the resident was doing and talking about just prior to his or her disappearance.

- 4. Note what the resident is wearing each day.** An accurate description of what the resident is wearing is essential during a search.
- 5. Provide brightly colored clothing for the resident to wear.** Bright colors are much easier to spot in thick vegetation or from an airplane and help motorists to see the wearer.
- 6. Make rubbings, prints or drawings of the soles of the footwear the resident wears.** Footprints are vital clues for search and rescue personnel, and having an exact duplicate of the footwear pattern is very valuable information. Try to keep track of what they are wearing for footwear, or be able to determine what they are wearing by what is missing.
- 7. Keep an updated list of the resident's identifying information:** height, weight, hair color, blood type, eye color, identifying marks, medical condition, dental work, jewelry, allergies, and complexion.
- 8. Make multiple copies of a recent photograph.**
- 9. Keep scented clothing on hand** in the event that rescue dogs are involved in the search. Wearing plastic gloves or using tongs or pliers, store a piece of the resident's unwashed clothing in a bag where it will not be disturbed. Replace it monthly to retain the scent. It is critical that the article contains only the scent of the lost person. For this reason, be sure that you do not touch the item directly, and avoid taking clothing from the family clothes hamper or from areas that every one uses.
- 11. Identify dangerous areas near the home,** such as bodies of water, swimming pools, dense foliage, tunnels, bus stops, steep stairways, high balconies, and heavy traffic roadways. Check these places first if someone becomes lost.
- 12. Keep a list of emergency phone numbers.** In Maine, this list should include the local law enforcement agency; the emergency number of local Maine State Police Office, which can contact the Maine Warden Service (the agency in charge of search and rescue in the woods and waters); and telephone numbers of relatives, friends and/or neighbors who live nearby who can assist in the search if the resident becomes lost.

➡ If The Resident Is Missing

1. Call your local law enforcement agency. DO THIS FIRST! The biggest single problem hampering a search is the delay in calling for help. Let the dispatcher know that a person with dementia may be missing and that you are going to conduct a search of the premises. You can always call back if the resident is found right away. If not, professional helpers have already been alerted and are getting ready to respond.

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2. Call friends, relatives or neighbors to come help you. Someone will need to stay near the phone while others search. Often a caregiver panics or becomes distraught and doesn't search areas well. The search and rescue rule for small children is: "Search the house, search the house, search the house again," because small children often hide in places their parents never think of. The same is true of a person with dementia because they often panic and hide in unlikely places such as closets or small crawlways. Search the property and buildings and have nearby neighbors check their houses and yards. Be aware that professional searchers will go over these locations again when they arrive on the scene just to be sure that nothing has been overlooked.

3. If the resident is not found within a short time, call your local law enforcement agency again. Be sure to stress that the resident has Alzheimer's and may not be able to help him- or herself if they are lost. The resident may become endangered if not found soon. This is especially crucial if the weather is bad. Ask the agency to contact a K-9 (dog) team to help. Many law enforcement agencies have their own K-9 teams, or trained teams are available from the Maine State Police, Maine Warden Service, and Maine Search and Rescue Dogs, which can be contacted through the Maine Warden Service.

4. Notify the Maine Warden Service. If your local law enforcement agency does not contact them, contact the Warden Service yourself through the nearest State Police office. If it still seems like no one will be responding, keep trying.

5. Make sure someone stays near the phone once an emergency response agency has been called. Because those who answer the phone during the search will need to answer questions about the lost resident, it should be someone who is familiar with the resident's dress and habits. If the Resident Coordinator is designated as the best person to stay near the phone, get help from others to search the local area and perform other tasks. Use a cell phone or another phone line so that the number you gave to emergency personnel remains free for incoming calls.

6. Tell local searchers to be alert for clues like footprints and litter. Often, these clues are destroyed by people who are unaware that they are destroying the signs that can be used to help find the lost resident. Unless those searching are trained woodsmen who can recognize the sign of the lost resident, it is best if the family or friends stay out of the woods and check local buildings, yards and other areas the lost resident may be. Trained search and rescue personnel who can read signs and track the person in the woods or in the dirt beside the road will be responding. Keeping people out of uninhabited areas also makes it easier for dog teams to search these areas. Keep in mind that the lost person may also be moving and move into areas that have already been searched.

7. Have someone ride the local roads to watch for the lost resident who may find his or her way to a road. Make sure these persons look for footprints if they are driving on dirt roads, and have them preserve any footprints they find which might belong to the lost person.

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8. Don't clean up the house or the lost resident's room. A K-9 handler will want to obtain a scented article that has only the resident's scent on it. The handler or another trained person should be the one to retrieve the article. Often a pillowcase from an unmade bed is best. Investigators will also want to look around for clues that may tell where the person went.

9. Stay calm. Most lost persons are found unharmed within a few hours of being missing. Lost persons, even those with dementia, have surprising resilience when lost.

Emergency Phone Numbers

Maine State Police:	Augusta	1-800-452-4664
	Houlton	1-800-924-2261
	Orono	1-800-432-7381
	Scarborough	1-800-482-0730

Local search and rescue groups: call the Dept. of Inland Fisheries and Wildlife Safety Office at 207-287-5222 (Business Hours Only).

Maine Search and Rescue Dogs: call the pager number at 207-471-DOGS (207-471-3647).

Appendix 5.5

On the following page is a registration brochure from the Alzheimer's Association **Safe Return** program. To order additional copies, call the Maine Alzheimer's Association toll-free at 1-800-660-2871.

Appendix 5.6

On the following pages we have provided a photocopy of the **Driver Medical Evaluation** form from the Maine Secretary of State, Department of Motor Vehicles. This form should be provided to the resident's physician if you become concerned that he or she may not be able to safely operate a vehicle.

Appendix 5.7

Sample Letter To Report An Unsafe Driver

On the following page we have provided a sample letter you may wish to use if you feel that a resident with Alzheimer's or dementia can no longer safely operate a vehicle. Of course, in addition to filing this letter with the Secretary of State, you should also notify the resident's family or caregivers of any driving-related mishaps or accidents involving the resident. For more information, you can also call the Medical Review Coordinator for the Bureau of Motor Vehicles at (207) 624-9000, ext. 52125.

SAMPLE LETTER

Secretary of State
Medical Records Review
State House Station 29
Augusta, ME 04335

Re: Mr/Mrs. John Doe
Name of Residential Facility
Address
City, State Zip code

Dear Sir or Madam:

This letter is a formal request for a medical review of the driver's license of [name of resident] whose date of birth is [month/date/year].

As the [Resident Coordinator/other title] at [insert name of residential facility], I have become concerned about the ability of one of our residents, [Name of resident], to safely operate a motor vehicle. Recently, [Mr./Mrs./Ms. Name of resident] has been involved in several mishaps while driving [his/her] car. [You may wish to describe an incident here.]

Although no summons was issued in any of these incidents, I have told [Mr./Mrs./Ms. Name of resident] that I would be contacting your office. I [know/believe] that [Mr./Mrs./Ms. Name of resident] [is/may be] suffering from a form of cognitive impairment associated with Alzheimer's disease or a related dementia that makes it increasingly difficult for [him/her] to drive safely.

According to our records, this resident's primary physician is:

Name of Doctor
Name of Hospital or Practice
Address
City, State and Zip Code
Phone number

Thank you for your review of this matter.

Sincerely,

Your name
Title