staying safe

Steps to take for a person with dementia
Make safety a priority before it’s a problem

Safety is important for everyone, but the need for a comprehensive safety plan is particularly important for a person living with Alzheimer’s as the disease progresses.

Alzheimer’s causes a number of changes in the brain and body that may affect safety. Depending on the stage of the disease, these can include:

- **Judgment**: forgetting how to use household appliances.
- **Sense of time and place**: getting lost on one’s own street.
- **Behavior**: becoming easily confused, suspicious or fearful.
- **Physical ability**: having trouble with balance.
- **Senses**: experiencing changes in vision, hearing, sensitivity to temperature or depth perception.

Taking measures to improve safety can prevent injuries and help a person with dementia feel more relaxed, less overwhelmed and maintain his or her independence longer.

Visit alz.org/safety for a comprehensive offering of safety information, tips and resources.
The Alzheimer’s Association® offers helpful information for keeping a person living with dementia safe.

1. Safety at home ........................................ p.3
2. Wandering and getting lost ........................ p.7
3. Driving .................................................... p.9
4. Traveling .................................................. p.11
5. Emergency preparedness ........................ p.13
1. safety at home

If safety measures are in place, an individual with dementia can live in the comfort of his or her own home or a caregiver’s home. As the disease progresses, the person’s abilities will change. But with some creativity, flexibility and problem solving, the home can be adapted to support these changes.

Evaluate your environment

A person with dementia may be at risk in certain areas of the home or outdoors. Pay special attention to garages, work rooms, basements and outside areas where there are more likely to be tools, chemicals, cleaning supplies and other items that may require supervision.
Avoid injury during daily activities
Most accidents in the home occur during daily activities such as eating, bathing and using the restroom. Take special precautions at these times.

› Try to avoid serving food and beverages that are too hot. The person with dementia may not remember to check the temperature.

› Install walk-in showers. Add grab bars to the shower or tub and at the edge of the vanity to allow for independent, safe movement.

› Add textured stickers to slippery surfaces. Apply adhesives to keep throw rugs and carpeting in place, or remove rugs completely.

› Monitor the hot water temperature in the shower or bath. Consider installing an automatic thermometer.

Adapt to vision limitations
Dementia sometimes makes it difficult for a person to decipher between colors and understand what he or she sees because of changes in vision.

› Changes in levels of light can be disorienting. Create an even level of lighting by adding extra lights in entries, outside landings and areas between rooms, stairways and bathrooms.

› Use night-lights in hallways, bedrooms and bathrooms.
Beware of dangerous objects and substances
Even the most basic appliance or household object can become dangerous. Take precautions to ensure these items do not become safety hazards.

› Use appliances that have an auto shut-off feature. Keep them away from water sources (e.g., kitchen and bathroom sinks).

› Install a hidden gas valve or circuit breaker on the stove so a person with dementia cannot turn it on. Consider removing the knobs from the burners.

› Store grills, lawn mowers, power tools, knives and cleaning products in a secure place.

› Discard toxic plants and decorative fruits that may be mistaken for real food.

› Remove vitamins, prescription drugs, sugar substitutes and seasonings from the kitchen table and counters. Medications should be kept in a locked area at all times.

› Supervise the use of tobacco and alcohol. Both may have harmful side effects and may interact dangerously with some medications.
Firearm safety

Firearms and other weapons can be found in households across the country. In the vast majority of cases, their presence creates no problems for responsible gun owners and others in the household. However, if someone in the home is living with Alzheimer’s disease or another dementia, firearms can pose a significant risk for everyone. Consider the following to help reduce risk and prevent a disaster:

› **Locking or disabling a gun may not be enough.**
  As the disease progresses, people with dementia sometimes misperceive danger and may do whatever seems necessary to protect themselves, even if no threat exists. These actions can include breaking into gun cabinets, finding ammunition and loading guns. Preventing a gun from firing may not prevent the person with the disease or others from being harmed.

› **Consider removing guns from the home to fully protect the family from an accident.**
  Family members sometimes attempt to hide their firearms or ammunition to prevent the person with dementia from accessing them. They may lock the guns in an attic or in the trunk of a car, or keep ammunition outside of the home. These solutions are good first steps, but they do not ensure that the person will not find the gun or appear to be holding a loaded weapon, thereby causing those around the person to react.

Just as legal, financial, care and driving plans are best made early in the disease process, it’s important to consider current and future gun safety. Put plans in place for what to do with firearms or other weapons both immediately and when the person is no longer capable of handling them safely.
2. wandering and getting lost

Six in 10 people with dementia will wander and become lost; many do so repeatedly. And it can happen at any stage of the disease. If not found within 24 hours, up to half of wandering individuals will suffer serious injury or death. It’s important to be aware of the risk factors.

Signs of wandering behavior
Wandering or confusion about location may be an issue when the person:

- Forgets how to get to familiar places.
- Comes back from a regular walk or drive later than usual.
- Talks about fulfilling former obligations, like going to work.
- Tries or wants to “go home,” even when at home.
- Is restless, paces or makes repetitive movements.
- Has a hard time locating familiar places like the bathroom, bedroom or dining room.
- Acts as if doing a hobby or chore, but nothing gets done (e.g., moves around pots and dirt without actually planting anything).
- Acts nervous or anxious in crowded areas, such as shopping malls or restaurants.
Tips to reduce wandering

› Provide opportunities for the person to engage in structured, meaningful activities throughout the day.

› Make sure the person gets enough exercise, which can reduce anxiety, agitation and restlessness.

› Place deadbolts either high or low on exterior doors if you worry about the person wandering at night.

› Ensure all basic needs are met (e.g., toileting, nutrition, thirst).

› Involve the person in daily activities, such as folding laundry or preparing dinner.

› Reassure the person if he or she feels lost, abandoned or disoriented.

› If the person is still able to drive, consider using a GPS (Global Positioning System) device to help if they get lost.

› If the person is no longer driving, remove access to car keys (a person with dementia may not just wander by foot). The person may forget that he or she can no longer drive.

› Avoid busy places that are confusing and can cause disorientation, such as shopping malls.

› Do not leave someone with dementia unsupervised in new surroundings.

### Alzheimer’s Association Safety Center

Visit alz.org/safety to learn about helpful services such as MedicAlert® + Alzheimer’s Association Safe Return®, which assists in the return of those who wander or get lost.
3. driving

Driving demands good judgment, quick reaction time and split-second decision making. Because of the progressive nature of Alzheimer’s, a person with the disease will eventually become unable to drive.

It is helpful to have a conversation early on about how independence can be maintained when he or she can no longer drive. Putting a plan in place can help ease the transition.

Signs that it may be time to stop driving:

› Forgetting how to locate familiar places.
› Failing to observe traffic signals.
› Making slow or poor decisions.
› Driving at inappropriate speeds.
› Becoming angry and confused while driving.
› Hitting curbs.
› Using poor lane control.
› Making errors at intersections.
› Confusing the brake and gas pedals.
› Returning from a routine drive later than usual.

Visit the Alzheimer’s Association Dementia and Driving Resource Center at alz.org/driving for:

› Video scenarios showing four different families discussing driving and dementia.
› Tips and strategies for planning ahead and handling resistance.
› Common signs of unsafe driving.
› Resources for alternative methods of transportation.
› Additional information on driving and safety.
Losing the independence driving provides is often upsetting. If the person with dementia insists on driving, caregivers, friends or family members may need to:

- Encourage law enforcement to issue a citation.
- Ask a doctor to write a “do-not-drive” prescription.
- Control access to car keys.
- Disable the car by removing the distributor cap or battery.
- Keep the car out of sight; seeing the vehicle may act as a visual cue to drive.
- Have the person evaluated by a driving rehabilitation specialist.

The Dementia and Driving Resource Center is a product of a cooperative agreement between the Alzheimer’s Association and the National Highway Traffic Safety Administration (NHTSA).
4. traveling

Living with dementia may not mean that it’s necessary to stop traveling; it simply requires careful planning. The following may help ensure a safe and enjoyable trip:

› Pack copies of important documents (see page 14), medication, travel itinerary, water, snacks and activities.

› It can be helpful to stick with the familiar. If possible, travel to familiar destinations that involve minimal changes to daily routine.

› If staying in a hotel, consider informing the staff about your specific needs ahead of time so they can prepare to assist.

› Travel during the time of day that is best for the person with dementia.

› Contact the Alzheimer’s Association to find the nearest office that can provide assistance at your travel destination.
Air travel
Moving through airports requires focus and attention, as the level of activity can be distracting, overwhelming and difficult to understand. Here are a few things to keep in mind for air travel:

› Avoid scheduling flights that require tight connections.

› Even if walking is not difficult, consider requesting a wheelchair so that an airport employee is assigned to help you get from place to place. Most airlines ask for at least 48 hours notice.

› Contact the Transportation Security Administration (TSA) at least 72 hours prior to travel for information about what to expect during the security screening. While at the airport, remind the person what he or she can expect and consider telling the TSA agent at the security checkpoint that the person has dementia.

› Do not hesitate to ask for assistance from airport employees and in-flight crew members.

› If the person needs help using the restroom, look for companion care bathrooms so you can more easily assist and will not have to leave the person unattended.

› Stay with the person at all times.

Be prepared
A change in environment can trigger wandering behavior. Consider enrolling in Medic Alert + Alzheimer’s Association Safe Return. If you are already enrolled, notify the program of travel plans.
Disaster situations, such as a hurricane or fire, or other emergency situations can significantly impact everyone’s safety, but they can be especially upsetting and confusing for individuals with dementia. Being prepared for an emergency is crucial.

Prepare an emergency kit that includes:

- Copies of important documents.
- A couple sets of extra clothing.
- Extra medication.
- Incontinence products.
- Identification items, such as a MedicAlert + Safe Return ID bracelet.
- A recent picture of the person with dementia.
- Bottled water.
- Favorite items or foods.

If an emergency occurs and you need to evacuate, make sure your plans are compatible with the person with dementia’s specific needs. For example, if he or she uses a walker or wheelchair, be sure your emergency plan takes this into consideration.

If an individual lives in a residential facility, learn about its disaster and evacuation plans. Find out who is responsible for evacuating the person in the event of an emergency.

Staying safe becomes increasingly important as Alzheimer’s disease progresses. With appropriate planning and accommodation, you can ensure that everyone is as safe as possible.
Important documents to keep on hand

There are several important documents that should be accessible in case of an emergency:

› Doctors’ names and contact information.

› A list of current medications and dosages.

› Phone numbers and addresses of local police and fire departments, hospitals and poison control.

› A list of food and drug allergies.

› Copies of legal papers (e.g., living will, advance directives, power of attorney).

› Names and contact information of friends and family members to call in case of an emergency.

› Insurance information (e.g., policy number, member name).

Keep copies of these documents in an easily accessible location at home as well as in another secure location away from home.
The Alzheimer’s Association Safety Center offers tips and resources, including:

› MedicAlert® + Alzheimer’s Association Safe Return®.
› Dementia and Driving Resource Center.

The Alzheimer’s and Dementia Caregiver Center provides reliable information and helpful tools.

We’re in communities across the country.

24/7 Helpline – Available all day, every day.
(TTY: 866.403.3073)

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Our mission is to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Our vision is a world without Alzheimer’s®.

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