

University of Georgia Cognitive Aging Research and Education Center

CARE Partner Guide: Safety

A new pathway to <u>living with</u> dementias We exist to provide and improve access to diagnosis, education, and support for those at risk for or living with dementia.

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Our Promise

Caring for someone with dementia can feel like taking a long walk in the woods for the first time.

Sometimes the way forward will be simple and sometimes it will be difficult and confusing. When you have a plan, you can spend more time enjoying the scenery.

This booklet was designed to help you plan and prepare for your walk with your loved one after they are diagnosed with dementia. While you cannot prepare for every situation, this guide should give you the tools you need to prepare for, and maybe even prevent, some of the harder situations.

We at the CARE Center are here to help. We wrote this guide for care partners like you because we have walked a mile or two in your shoes. We hope this guidebook helps prepare you for your walk ahead.



Release in your mind who your loved one used to be, and accept who they are today

Home Safety

Most people living with dementia will continue to live at home. A house that used to be easy for your loved one to get around in may start to become tricky. Every person is different. Your loved one may be able to continue to do things like cook and clean for a long time – or they may have to stop sooner than they would like. It's important to pay attention to how they're doing so they can be safe.

The best thing to do is to make changes now to avoid problems rather than waiting for problems to happen before making a change. If you make small modifications to the house, they can live at home as long as possible. Making these changes as soon as possible also allows you to include your loved one in the decisions.

When you make changes, think about...

- \checkmark All rooms of the house, the garage, and any outbuildings that may need changes.
- $\sqrt{}$ Where your loved one likes to spend the most time.
- √ The hobbies and activities your loved one would like to safely continue (gardening, fishing, working out, cooking or baking, etc.).
- $\sqrt{}$ Who your loved one can stay with if you're not at home.
- √ Talking to your loved one about locking up medications, cleaning supplies, detergent, kitchen knives, tools, and other potentially dangerous items.

Checklist item	N/A	Started	Done	Comments
We have a fire extinguisher that we keep in the kitchen specifically made for our type of stove (gas or electric). We also have a fire extinguisher next to the fireplace.				
I check my home's smoke detectors at least twice a year and check our fire extinguishers at least once a year. If I can't reach the smoke detectors, I've had a friend, family member, or my local fire department check them for me.				
I have (or the local fire department has) checked that there are enough smoke detectors in our home, including my loved one's bedroom.				

Checklist item	N/A	Started	Done	Comments
If my loved one or I have any firearms (in our house, garage, attic, car, shed, etc.), we've given them away, sold them, or locked them up. I've made sure my loved one doesn't have access to the keys.				
If my loved one or I have any ammunition (in our house, garage, attic, car, shed, etc.), we've given it away, sold it, or locked it up separately from the firearms. I've made sure my loved one doesn't have access to the keys.				

Checklist item	N/A	Started	Done	Comments
I've made sure that any hunting or fishing items (fishing or hunting knives, bow and arrow, etc.) have been given away, sold, or safely locked away. I've made sure my loved one doesn't have access to the keys.				
If necessary, I have removed the knobs on our stove or oven so that my loved one doesn't accidentally turn the stove or oven on.				
If there are candles, lighters, or firecrackers on our property, I've made sure they're safely stored where my loved one can't access them.				
I have keys to all my loved one's properties.				



Beer, J. M., Renzi-Hammond, L. M., Washington, T., Kim, D., Call, K. M., Akpolo, E. M, Council, S. C., & Leathers, T. A. (2022). CARE Partner Guide: Safety. Version 1.o. Technical Report. Athens, GA. University of Georgia, Cognitive Aging Research and Education Center.

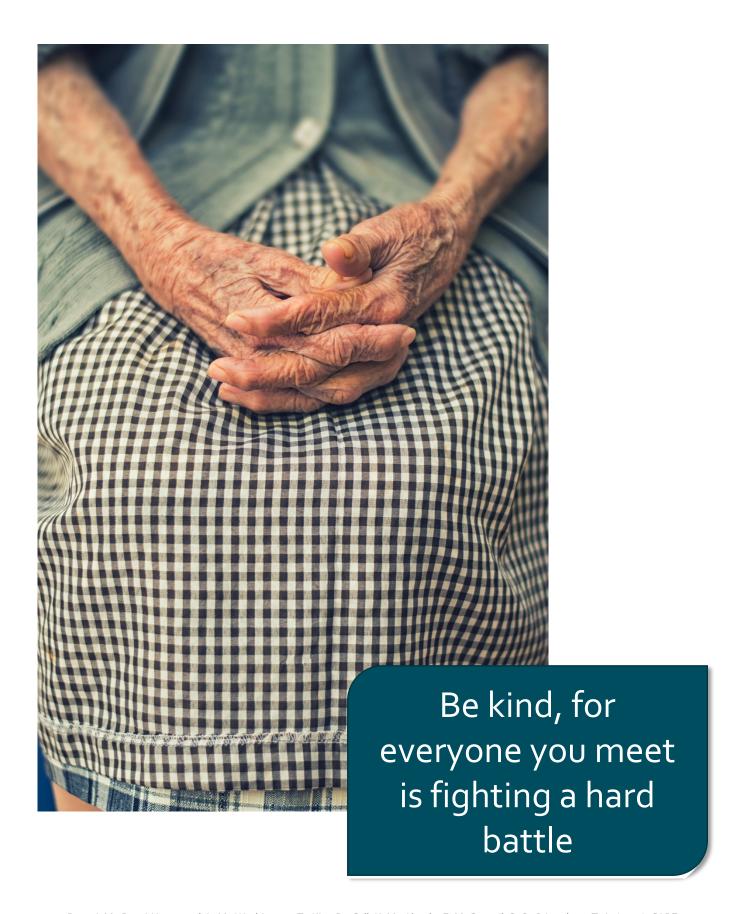
Preventing Falls

People living with dementia are more likely to fall than people without dementia. Places where your loved one is used to walking may become harder for them to get around. Their sense of balance may get worse as the disease progresses. And if they don't exercise, their muscles will get weak, and they may fall more often. There are still things you can do to take control of the situation and minimize the chances that your loved one suffers a fall.

Checklist item	N/A	Started	Done	Comments
I've made a plan to keep my loved one's muscles strong with regular exercise.				
My loved one always wears shoes or slippers with good support and heels with good grip.				
All the stairs in our house (inside and outside) have secure handrails.				
At later stages of the disease, my loved one has a help bracelet or necklace that they can use to call for help if they fall.				
We have put flashlights around the house in case the electricity goes out.				
We've gotten rid of our rugs or taped them down because they're easy to trip over. If our carpet sticks up a bit, we've taped it down or replaced it.				

Checklist item	N/A	Started	Done	Comments
If we get new chairs or couches, we try to get ones with armrests, so they're easier to get into and out of.				
We've made sure that there are no cords to trip over (from the TV, lamps, stereo, etc.).				
We always make sure our shoes are somewhere they can't be tripped over (like on a shoe rack).				
There are no lamps or small tables sticking out that would be easy to trip over or run into.				
Our halls and rooms are well lit and have nightlights so that it's easier to see at night.				

Checklist item	N/A	Started	Done	Comments
We've made the bathroom easier to get into and out of. We've added grab bars in the shower and next to the toilet, put a textured mat on the shower floor, or made the shower/tub easier to walk-in.				



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Wandering and Getting Lost

Wandering is common for people with dementia. When it happens, it can be very scary. It's best to be prepared if your loved one goes missing. Having a plan will help you get your loved one home as quickly as possible.

One way to minimize the chances that your loved one will wander is to have a regular routine that provides structure to their day. If your loved one is in the early stages of the disease, work with them to set up schedules that work for both of you. If your loved one is in a later stage of the disease, make sure that the routine causes minimal disruption to your loved one's day. When a person with dementia has a regular schedule, they are less likely to wander because they understand that they will be doing something soon.

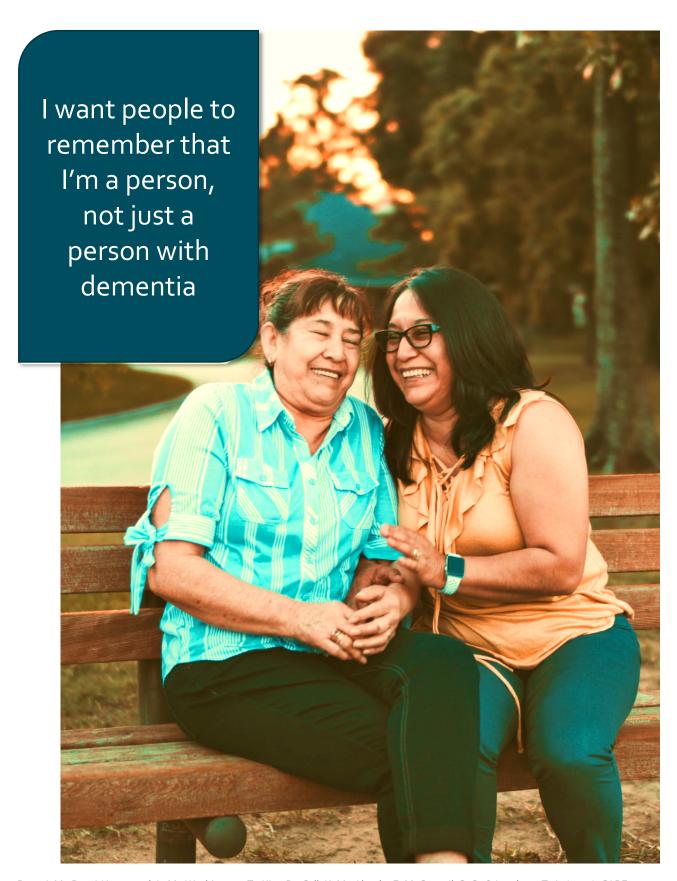
Keep in mind that wandering can happen with *any* care partner. If this happens, don't be hard on yourself. There's a lot to learn from a wandering event that can help you if there is a next time. For example, if your loved one wanders right before dinner, you can plan activities for them to do at that time each day.

Checklist item	N/A	Started	Done	Comments
My loved one and I have made plans in case something happens if they're alone in the early stage of the disease.				
If my loved one is in a later stage of the disease, I've made plans to make sure they're not left alone. This may mean my loved one stays with me, family, friends, or paid assistance				
If my loved one is in the early stage of the disease, we've created a plan to use if they go missing when the disease progresses. The plan includes things like:				
 Creating a list of people that should be called for help. My loved one has a wallet-sized card that they carry with this information. 				

	Checklist item	N/A	Started	Done	Comments
•	Notifying neighbors, family, and friends about the possibility of wandering and making sure they have a list of people to contact and what to do if they see my loved one wandering.				
•	Discussing places that they are likely to visit if they do wander, such as previous workplaces, restaurants, friends' homes, etc.				
ha mod sa ha	friend or neighbor as a spare key in case by loved one wanders f, or there is a key afely hidden near our ome that my friend r neighbor knows				
of ha	nave a recent photo my loved one on and in case they get st.				

Checklist item	N/A	Started	Done	Comments
I have a list of my loved one's key physical characteristics (height, weight, eye color, hair color), medical insurance, and medical issues (allergies, medicines, medical conditions, etc.).				
My loved one has a medical bracelet or necklace engraved with emergency contact information.				
My loved one has a wallet-sized card that they carry with emergency contact and medical information (insurance information, allergies, medicines, medical conditions, etc.) on it.				
If my loved one tends to wander, I've checked into getting home camera monitoring.				

Checklist item	N/A	Started	Done	Comments
If my loved one tends to wander, I've checked into installing extra locks or alarms that go off when outside doors are opened. The alarm could be something as simple as a bell that rings when the door is opened.				
My loved one has a cell phone with ICE (In Case of Emergency) phone numbers as contacts.				
If my loved one has a cell phone, I have downloaded apps onto their phone to track their phone location (such as "Find My Phone" or "Life 360").				



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Emergency Contacts

Life happens. Your loved one may wander off, you may get in a car accident, or you may suddenly need to visit a sick relative in the hospital and need to leave your loved one with a friend. Take a few minutes to plan now for emergencies so that when life happens, you'll have one less thing to worry about.

Checklist item	N/A	Started	Done	Comments
I have ICE (In Case of Emergency) phone numbers on my phone.				
My loved one has a cell phone with ICE (In Case of Emergency) phone numbers as contacts.				
There's a list of my loved one's health care providers' contact information and health insurance in an easy-to-find place in case of emergency (like in my wallet, on the refrigerator, etc.).				
I keep the list of my loved one's medicines in my wallet or on the refrigerator. The list of medicines includes how often they are taken, what they are for, and what side effects my loved one has. This list is kept up-to-date.				

Checklist item	N/A	Started	Done	Comments
My list of emergency contacts includes health care providers who have prescribed medications. I can contact them if my loved one starts having negative side effects from their medications.				
I have a wallet-sized card that I carry with my loved one's name and medical information on it in case something happens to me.				
My loved one has a wallet-sized card that they carry with emergency contact and medical information on it.				

Notes

To our grandmothers



Grandma June



Grandma Evelyn

<u>We see dementia differently.</u> That is why we built the Cognitive Aging Research and Education (CARE) Center – a clinical, research, and outreach space where we deliver education on dementia risk reduction, provide screening and diagnosis, conduct cutting-edge research, and provide support for persons with dementia and their care partners.

We are a team of interdisciplinary researchers, dedicated educators and students, and authentic health communicators. Our team believes that we can create a new pathway to dementia education and diagnosis; a pathway built upon scientific evidence, passion, collaboration, and sincerity.

To our grandmothers, we love you, we miss you, and this work is a promise kept.

Dr. Jenay Beer & Dr. Lisa Renzi-Hammond

Co-Directors of CARE Center