

Section 5

Living at Home - Safety Tips



Home Safety Hints

To Keep Homes Safe and Secure for Older Adults

Bathroom:

Most falls occur in the bathroom. Implementing a few safeguards will prevent unnecessary accidents. First, use only non-skid mats and carpet on the bathroom floor, as well as applying non-skid strips inside of the tub. Install grab bars around the tub. Make sure you attach them through the tile and to the structural supports in the wall. If either your balance or endurance is poor, think about using a tub seat or tub bench while bathing. Finally, look at where your toiletries are stored. Consider rearranging your cabinets so that commonly used items are within reach.

Bedroom:

Make sure your bedroom is free of clutter with a clear walking path. Always keep a light and phone accessible from the bedside. Can you get in and out of bed easily? Consider adjusting the bed height or installing a bed rail to make the task less strenuous. Use a nightlight for safe nighttime bathroom runs.

Living Room:

Rearrange living room furniture to allow for a clear walking path. Leave extra space if you use a walker. Secure throw rugs, runners, and mats. The Consumer Product Safety Commission estimates that 6800 people, ages 65 and older, are treated in emergency rooms for injuries related to rugs and runners. Apply double-faced adhesive carpet tape, purchase rugs with slip resistant backing or place rubber matting under rugs. Make sure you can safely get up and down from furniture. Consider raising the seat height by adding a cushion or lengthening the legs. Finally, good lighting is essential for fall prevention. Use the maximum wattage bulb allowed.

Kitchen:

Implementing a few home modifications and energy conservation techniques in the kitchen will help prevent falls and back injuries. Consider rearranging your cabinets so that most items can be easily reached. This will limit frequent lifting, bending and carrying. Place small appliances on countertops. Use a chair or stepstool to perform large kitchen jobs. Additional kitchen safety tips include installing a smoke detector, placing a fire extinguisher next to the stove, dating food in refrigerator and providing adequate light.

Source: www.agenet.com/Category_Pages/homesafetyhints

Home Safety Checklist

Home Safety Checklist: The Solutions for Better Aging Home Safety Checklist can be used to identify possible hazards and ineffective use of space in the home. This checklist can help identify ways to make your home safer for independent living.

Entrance:

- Can you enter the house or apartment safely?
- Is a secure handrail present?
- Can you view visitors prior to entry?
- Can you get up and down safely from the sofa and chair?
- Can you open and close the windows?
- Can you manage the television?
- Can you manipulate the light switches?
- Are cords out from beneath carpeting and furniture?

Kitchen:

- Is the doorway accessible?
- Are the appliances in working order?
- Can you manipulate the faucets of the sink?
- Can you open and close the refrigerator and freezer?
- Can you open and close high and low cabinets?
- Is adequate workspace available?
- Can you reach the dishes, pots, silverware, and food supply?
- Can you reach the stove controls?
- Can you manage the stove door?
- Can you reach the outlets?
- Can you safely transport food to eating area?
- Are sharp objects safely stored?
- Are flammables safely stored?
- Do you have a step stool which is stable and in good repair?

Bedroom:

- Is the doorway accessible?
- Can you get up and down safely from the bed?
- Is the light accessible from bed?
- Can you reach the phone?

- Can you reach your clothes in the closet and dresser?
- Is there a clear path to the bathroom?

Bathroom:

- Is the doorway accessible?
- Can you safely transfer into the tub or shower?
- Will a tub bench or tub chair be needed?
- Is a bath mat or non-skid strips in place?
- Can you safely transfer to the toilet?
- Will a safety frame, raised seat or grab bar be needed?
- Can you reach the outlets?
- Can you manipulate the light switches?
- Can you functionally use the sink?

Stairways:

- Is a secure handrail present?
- Is there adequate illumination?
- Is the carpet secure?
- Are the steps free of clutter?

General:

- Are there working smoke detectors on every floor?
- Do you have a carbon monoxide detector?
- Are electrical cords free of frays?
- Are there any outlets or switches which are unusually warm or hot to touch?
- Is there adequate illumination throughout the house?
- Are small rugs and runners slip resistant?
- Is the house free of pests?
- Are the plumbing and utilities working?
- Are you able to retrieve the mail safely?
- Are emergency phone numbers posted on or near the telephone?
- Do you have access to a telephone if you fall?
- Are all medicines stored in the containers that they came in and are they clearly marked?

Source: The Home Safety Checklist is reprinted with permission of Solutions for Better Aging, providing comprehensive eldercare solutions including manufacturer-direct access to over 20,000 products at www.betteraging.com and toll free at (888) 405-4242.

Preventing Falls

Don't let a fear of falling keep you from being active. The good news is that there are simple ways you can prevent most falls.

Stay physically active. Regular exercise makes you stronger. Weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis. Lower-body strength exercises and balance exercises can help you prevent falls and avoid the disability that may result from falling.

Here are some fall prevention tips from *Go4Life*:

- Have your eyes and hearing tested often. Always wear your glasses when you need them. If you have a hearing aid, be sure it fits well, and wear it.
- Find out about the side effects of any medicine you take. If a drug makes you sleepy or dizzy, tell your doctor or pharmacist.
- Get enough sleep. If you're sleepy, you're more likely to fall.
- Limit the amount of alcohol you drink. Even a small amount can affect balance and reflexes.
- Stand up slowly after eating, lying down, or sitting. Getting up too quickly can cause your blood pressure to drop, which can make you feel faint.
- Wear rubber-soled, low-heeled shoes that fully support your feet. Wearing only socks or shoes/slippers with smooth soles on stairs or floors without carpet can be unsafe.



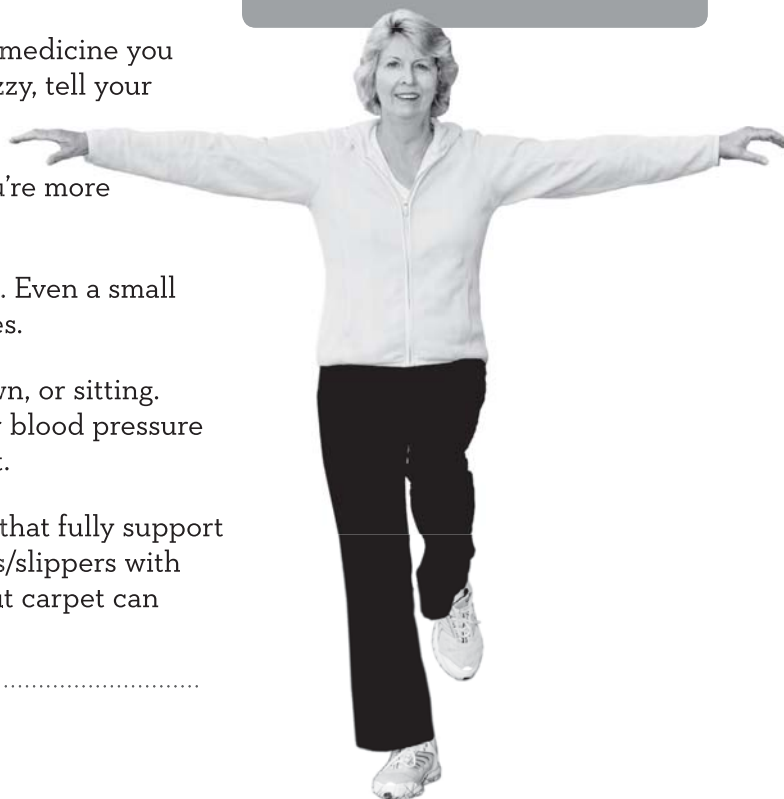
Quick Tip

For more information, read the *Falls and Fractures AgePage*.
www.nia.nih.gov/health

VISIT

www.nia.nih.gov/Go4Life

- Find sample exercises to help prevent falls.
- Print useful tools.
- Share your exercise story.



National Institute on Aging

National Institutes of Health

U.S. Department of Health & Human Services

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Fall Proofing Your Home

Six out of every 10 falls happen at home, where we spend much of our time and tend to move around without thinking about our safety. Many of these falls could be prevented by making simple changes. **Go4Life** has the following tips to help you reduce your risk of falling:

- Remove anything that could cause you to trip or slip while walking. Clutter, small furniture, pet bowls, electrical or phone cords, and throw rugs can cause falls.
- Arrange furniture so you have plenty of room to walk freely. Also, remove items from stairs and hallways.
- Secure carpets to the floor and stairs. Use non-slip rugs, or attach rugs to the floor with double-sided tape.
- Avoid wet floors, and clean up spills right away. Use only non-skid wax on your waxed floors.
- Use non-slip items in the bathroom. Put non-slip strips or a rubber mat on the floor of your bathtub or shower.
- Make sure you have enough lighting in each room, on stairs, at entrances, and on outdoor walkways. Use light bulbs that have the highest wattage recommended for the fixture.
- Use the handrails on your stairs. When you carry something up or down the stairs, hold the item in one hand and use the handrail with the other.
- Place a lamp next to your bed along with night lights in the bathroom, hallways, and kitchen. Keep a flashlight by your bed in case the power goes out and you need to get up at night.
- Stay physically active. Lower-body strength and balance exercises can help prevent falls.



Quick Tip

For more information, read the *Falls and Fractures AgePage*.
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VISIT

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- Read more tips for preventing falls.
- Try sample exercises.
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National Institute on Aging

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Home Modifications and Assistive Devices

What are Home Modifications and Assistive Devices?

Home modifications are changes made to adapt living spaces to meet the needs of people with physical limitations so that they can continue to live independently and safely. These modifications may include adding assistive technology or making structural changes to a home. Modifications can range from something as simple as replacing cabinet doorknobs with pull handles to full-scale construction projects that require installing wheelchair ramps and widening doorways.

Assistive Devices are items or equipment that can help you carry out your daily activities. Examples are walkers, raised toilet seats, reachers and grab bars.

Why Do Seniors Need Home Modifications?

The main benefit of making home modifications is that they promote independence and prevent accidents. According to a recent AARP housing survey, “83% of older Americans want to stay in their current homes for the rest of their lives,” but other studies show that most homes are not designed to accommodate the needs of people over age 65. Home modifications and assistive devices can also provide relief and reduce stress on caregivers.

Most older people live in homes that are more than 20 years old. As these buildings get older along with their residents, they may become harder to live in or maintain. A house that was perfectly suitable for a senior at age 55, for example, may have too many stairs or slippery surfaces for a person who is 70 or 80. According to the National Centers for Disease Control and Prevention, each year thousands of older Americans fall at home.

Where Do You Begin?

Before you make home modifications, you or a professional (occupational/physical therapists, case managers, registered nurses, social workers, etc.) should evaluate your current and future needs by going through your home room by room and answering a series of questions to highlight where changes might be made. Several checklists are available to help you conduct this review. The National Resource Center on Supportive Housing and Home Modifications is a good place to start. Go to the center’s website at www.homemods.org and click on the link to the “Safety Checklist and Assessment Instrument.”

Appliances, Kitchen and Bathrooms

- Are cabinet doorknobs easy to use?
- Are stove controls easy to use and clearly marked?
- Are faucets easy to use?
- Are there grab bars where needed?
- Are all appliances and utensils conveniently and safely located?
- Can the oven and refrigerator be opened easily?
- Can you sit down while working?
- Can you get into and out of the bathtub or shower easily?
- Is the kitchen counter height and depth comfortable for you?

- Is the water temperature regulated to prevent scalding or burning?
- Would you benefit from having convenience items, such as a handheld showerhead, garbage disposal, or trash compactor?

Bathing/Showering

- Place non-skid strips in the tub or shower to provide better traction and to prevent slipping.
- Install a hand-held flexible showerhead to make it easier to wash most of the body, even while sitting.
- Use a shower/tub chair.
- Install grab bars.

Toileting

- Install grab bars or a vertical pole.
- Install a raised toilet seat, high-rise toilet or toilet frame to make it easier to get on and off the toilet.
- Install a night-light.
- Use a bedside commode or bedpan/urinal.

Closets and Storage Spaces

- Are your closets and storage areas conveniently located?
- Are your closet shelves too high?
- Can you reach items in the closet easily?
- Do you have enough storage space?
- Have you gotten the maximum use out of the storage space you have, including saving space with special closet shelf systems and other products?

Doors & Windows

- Are your doors and windows easy to open and close?
- Are your door locks sturdy and easy to operate?
- Are your doors wide enough to accommodate a walker or wheelchair?
- Do your doors have peepholes for viewing?

Getting In/Out of the Home

- Install handrails on both sides of steps.
- Install a ramp or chair elevator.
- Install lever door handles or adapters to round doorknobs.

Driveway & Garages

- Does your garage door have an automatic opener?
- Is your parking space always available?
- Is your parking space close to the entrance of your home?

Electrical Outlets, Switches and Safety Devices

- Are light or power switches easy to turn on and off?
- Are electrical outlets easy to reach?
- Are the electrical outlets properly grounded to prevent shocks?
- Are your extension cords in good condition?
- Can you hear the doorbell in every part of the house?
- Do you have smoke detectors throughout your home?
- Do you have an alarm system?
- Is the telephone readily available for emergencies?
- Would you benefit from having an assistive device to make it easier to hear and talk on the telephone?

Floors

- Are all of the floors in your home on the same level?
- Are steps up and down marked in some way?
- Are all floor surfaces safe and covered with non-slip or non-skid materials?
- Do you have scatter rugs or doormats that could be hazardous?

Hallways, Steps and Stairways

- Are hallways and stairs in good condition?
- Do all of your hallways and stairs have smooth, safe surfaces?
- Do your stairs have steps that are big enough for your whole foot?
- Do you have handrails on both sides of the stairway?
- Are your stair rails wide enough for you to grasp them securely?
- Would you benefit from building a ramp to replace the stairs or steps inside or outside of your home?

Lighting & Ventilation

- Do you have night lights where they are needed?
- Is the lighting in each room sufficient for the use of the room?
- Is the lighting bright enough to ensure safety?
- Is each room well-ventilated with good air circulation?

Once you have explored all the areas of your home that could benefit from remodeling, you might make a list of potential problems and possible solutions.

Where Can I Learn More About Home Modifications?

Mentioned as a resource throughout this fact sheet, the National Resource Center on Supportive Housing and Home Modifications (NRCSHHM) is one of the best sources for more information about

home modifications. The center is a major clearinghouse for news on government-assisted housing, assisted-living policies, home modifications for older people, training and education courses. Go to www.homemods.org/directory/index.shtml and view the National Directory of Home Modification and Repair Programs for a listing of what is available in the state where you live.

Source: Eldercare Locator Fact Sheets 7/20/12.
www.eldercare.gov

Preparedness Today: What You Need to Do

Maintaining a Healthy State of Mind for Seniors

“We’ve proven time and again our ability to survive everything from the Great Depression to world wars and the threat of nuclear holocaust. We’ve lived through droughts, floods, and all sorts of other natural disasters. We’ve given birth, supported our families, and stood by our loved ones through personal and financial losses. We are proud, tough and resilient.”

“Voices of Wisdom: Seniors Cope with Disasters” videotape, Project COPE, 1992

What can I do to prepare myself now?

These are several things you can do ahead of time, when things are calmer, to get ready to respond to the kinds of events that a natural disaster or an act of terrorism might trigger.

Being mentally and emotionally prepared is the best way to reduce the effects of natural disaster or terrorism. Disaster disrupts our way of life and peace of mind. It can make us feel unsafe and afraid. This may increase feelings of mistrust and prejudice. You may find you react in different ways to stressful events. You may change who you will talk to, trust, or where you travel, or how you spend money. Sometimes feelings of hate towards others arise and lead to violence. This can destroy families and community life.

Although seniors have great strength from life experiences, planning ahead can help decrease the risk of harm in an emergency. When planning ahead ask yourself the following questions:

- Do I tire easily?
- Do I need help to see, hear, or walk?
- Do I need to care for another person?
- Do I take daily medication?

Being mentally and emotionally prepared includes knowing:

- What to expect
- When help is needed
- How to get help

What can I do to prepare myself now?

These are several things you can do ahead of time, when things are calmer, to get ready to respond to the kinds of events that a natural disaster or an act of terrorism might trigger.

If a disaster occurs, how can I best deal with it?

Talking about what happened and sharing your feelings with others you trust or who have lived through similar events can be helpful. It also is important to take care of yourself physically. This includes eating properly, taking your regular medications, and getting a good night’s rest. Get back into a normal routine as soon as you can. It helps if you can find meaning in what happened or how you handled things.

- Use the disaster plan you made.
- Find sources of information you can trust.

- Stay informed and follow official directions to protect yourself and others.
- Stay in touch with family, friends, and neighbors, if possible.
- Spend time with family and loved one.
- Even though you need to stay informed, avoid repeatedly watching disturbing events; Watching TV or hearing radio replays of tragic events can increase anxiety and fear.
- Remind yourself of your strengths and how well you have dealt with problems in the past.
- Remind yourself that in time you will feel better.
- Be patient with others and with yourself, take time to relax, and find a quiet place where you can collect your thoughts and feelings.
- Keep up your exercise and good health habits and get plenty of rest.
- Ask for help when you need it.

How will I know if I need more help?

You may try all these ways to feel better and still be unable to get back to your regular routines. You might need outside help if, after several weeks or so, you:

- Still suffer greatly, longer than for other losses and events
- Cannot concentrate or do things you used to enjoy
- Are not able to resume normal roles with your family and friends
- Are you:
 - Drinking or smoking too much?
 - Using an excessive amount of prescribed medicines?
 - Driving too fast or too slowly?
 - Fighting, hurting, or threatening others?
 - Having eating or sleeping problems?
 - Getting physically sick?
 - Thinking of hurting yourself or someone else?

How do I get help?

Asking for support may sometimes feel uncomfortable; however, seeking the assistance you need can help you cope better. Sources for assistance could include:

- Family Doctor
- Pastoral care counselor
- Licensed counselor or other trained mental health provider
- Health care provider
- Local health center or mental health clinic

How do I prepare for a disaster?

- Develop a plan with family or household members.
- Decide how to stay in touch if something goes wrong .

- Keep a spare pair of eyeglasses and extra medicine handy in case you need to leave your home quickly.
- Learn about preparedness plans in your town.
- Know your neighbors and how to get in touch with them.
- Keep important documents in a safe place with easy access in case you need to leave home.
- Review your options and decide what to do before an emergency happens.
- Know how to get in contact with service agencies you may need, such as the Area Agencies on Aging and the American Red Cross.
- Learn more about what stress does and how to deal with it.

How might I react to an extreme event?

- Shock, numbness, and disbelief
- Fear about personal safety, the safety of others, and pets
- Concern about losing treasured possessions
- Grief for those who died and for losses at earlier times in your life
- Upsetting images, thoughts, and feelings about the event. This can happen suddenly or because something reminds you of the event.
- Anger, short temper, and increased wariness of others. This may include more arguing or fighting.
- Feeling guilty or helpless
- Feeling restless, anxious, uneasy, or worried
- Physical reactions can include headaches and body pains, stomachaches, appetite changes, sleep difficulties, and increased allergic reactions. Chronic health problems can get worse.

For most people, these reactions fade over time and eventually disappear.

Source: Adapted from Preparedness Today – for Seniors – American Red Cross / Centers for Disease Control and Prevention

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PLANNING CHECKLIST		
RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS		
Target Date	Date Completed	
		<ul style="list-style-type: none"> ● Be Responsible and Be Prepared! By being prepared and staying informed, you can prevent or reduce harm to yourself, your family members and loved ones, or persons for whom you advocate. Note: If you are receiving dialysis treatment, please refer to the Centers for Medicare & Medicaid Services (CMS) guide, <i>Preparing for Emergencies: A Guide for People on Dialysis</i>, which can be accessed at: www.Medicare.gov/Publications/Pubs/pdf/10150.pdf
		<ul style="list-style-type: none"> ● Survival Supplies Kit: You need a survival supply kit that will provide for your needs – for at least 3 days and up to 10 days. Consider two kits: In one kit put everything you will need to stay where you are and survive on your own for a period of time. The other kit should be a lightweight smaller version that you can take with you if evacuation from your place of residence is necessary. Be sure to bring this kit with you. The kit should be stored in a sturdy, easy-to-use container, and include the following recommended items: <ul style="list-style-type: none"> ▶ Basic Supply Kit Items <ul style="list-style-type: none"> ✓ Food (label and date, use compact lightweight food, that does not require refrigeration, cooking or preparation; store in plastic bags) ✓ Water (1 gallon per person for each day; include enough for pets and sanitation, label and date, or purchase bottled water) ✓ First aid kit (keep one kit in your home and one in your car) Medications and medical supplies for at least 5 - 7 days (glasses or contact lens, eye wash, hearing aid batteries, etc., as well as over-the-counter supplies, e.g., aspirin, fever/pain relievers, anti-diarrhea medication, emetic, [to induce vomiting], antacids, sterile gauze pads 2-3 inches, sterile roller bandages, adhesive bandages, antiseptic spray, hydrogen peroxide, rubbing alcohol, petroleum jelly, latex gloves, scissors, tweezers, safety pins, etc.) ✓ Wear a medical emblem (bracelet or necklace noting diagnosis, such as “Diabetes,” “Dialysis,” “Hemophilia,” etc.) ✓ Manual can opener, utility knife ✓ Cell phones, phone chargers ✓ Emergency contact names and numbers ✓ Identification (photocopies of identification, driver’s license, Social Security card, Medicare card, other health insurance information, credit cards) ✓ Cash and coins ✓ Sanitation-related items (soap and water, or alcohol-based hand sanitizer, basic personal hygiene items such as toothbrush, toothpaste, denture needs, soap, shampoo, feminine products, wipes, etc., bathroom tissue, facial tissue, paper towels, dust mask, garbage bags, bleach, etc.) ✓ Portable, battery-powered radio or weather radio, plus extra batteries ✓ Flashlight, extra batteries ✓ Blankets, towels, inflatable pillows, air mattresses, sleeping bags

Driving

Driving is a complex activity that requires quick thinking and reactions, as well as good perceptual abilities. For the person with Alzheimer's disease, driving becomes a safety issue. While he or she may not recognize that changes in cognitive and sensory skills impair driving abilities, you and other family members will need to be firm in your efforts to prevent the person from driving when the time comes.

That said, it's important to consider the person's feelings and perceived loss of independence when explaining why he or she can no longer drive. Helping the person with dementia make the decision to stop driving — before you have to force him or her to stop — can help maintain a positive sense of self-esteem.

How dangerous is it?

Previous studies demonstrate that poor driving performance increases with increased dementia severity. However, not all people with Alzheimer's are unsafe drivers at a given point in time. What's more, drivers with dementia are not in more crashes than non-demented elderly drivers, suggesting that dementia should not be the sole justification for suspending driving privileges. Instead, an on-the-road driving test, or other functional test, is the best way to assess driving skills in dementia.

Some state agencies have special drive tests to determine how well a person sees, judges distance and responds to traffic. Ask the person who administers the test to explain the results to you and the person with dementia. If your state does not offer special testing, private assessments (generally fee-for-service) may be available. Your local Alzheimer's Association may be able to provide a list of these programs.

How do you know when the time has come?

There are also a number of steps you can take to assess the person's ability to drive.

1) Look for signs of unsafe driving

Signs of unsafe driving include:

- Forgetting how to locate familiar places
- Failing to observe traffic signs
- Making slow or poor decisions in traffic
- Driving at an inappropriate speed
- Becoming angry or confused while driving

Keep a written record of your observations to share with the person, family members and health care professionals.

2) Learn about your state's driving regulations

In some states, such as California, the physician must report a diagnosis of Alzheimer's to the health department, which then reports it to the department of motor vehicles. That agency then may revoke the person's license. Check with your local Alzheimer's Association for information on driving regulations in your state.

1.800.272.3900 | www.alz.org

Tips to limit driving

Once it's clear the person with dementia can no longer drive safely, you'll need to get him or her out from behind the wheel as soon as possible. If possible, involve the person with dementia in the decision to stop driving. Explain your concerns about his or her unsafe driving, giving specific examples, and ask the person to voluntarily stop driving. Assure the person that a ride will be available if he or she needs to go somewhere.

Other tips to discourage driving include:

- Transition driving responsibilities to others. Tell the person you can drive, arrange for someone else to drive, or arrange a taxi service or special transportation services for older adults.
- Find ways to reduce the person's need to drive. Have prescription medicines, groceries or meals delivered.
- Solicit the support of others. Ask your physician to advise the person with dementia not to drive. Involving your physician in a family conference on driving is probably more effective than trying by yourself to persuade the person not to drive. Ask the physician to write a letter stating that the person with Alzheimer's must not drive. Or ask the physician to write a prescription that says, "No driving." You can then use the letter or prescription to tell your family member what's been decided.
- Ask a respected family authority figure or your attorney to reinforce the message about not driving. Also ask your insurance agent to provide documentation that the person with dementia will no longer be provided with insurance coverage.
- Experiment with ways to distract the person from driving. Mention that someone else should drive because you're taking a new route, because driving conditions are dangerous, or because he or she is tired and needs to rest. Tell the person he or she deserves a chance to sit back and enjoy the scenery. You may also want to arrange for another person to sit in the back seat to distract the person while someone else drives. If the disease is in an advanced stage, or there is a history of anger and aggressiveness, it's best not to drive alone with the person.
- If the person with dementia wanders, he or she can also wander and get lost by car. Be prepared for a wandering incident and enroll the person in MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service for individuals with Alzheimer's or related dementia that wander or who have a medical emergency. To find out more information or to enroll, contact your local Alzheimer's Association, call 1.888.572.8566 or register online at www.alz.org.
- In the later stages, when the person is no longer able to make decisions, substitute his or her driver's license with a photo identification card. Take no chances. Don't assume that taking away a driver's license will discourage driving. The person may not

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remember that he or she no longer has a license to drive or even that he or she needs a license.

What if the person won't stop?

If the person insists on driving, take these steps as a last resort:

- Control access to the car keys. Designate one person who will do all the driving and give that individual exclusive access to the car keys.
- Disable the car. Remove the distributor cap or the battery or starter wire. Ask a mechanic to install a “kill wire” that will prevent the car from starting unless the switch is thrown. Or give the person a set of keys that looks like his or her old set, but that don't work to start the car.
- Consider selling the car. By selling the car, you may be able to save enough in insurance premiums, gas and oil, and maintenance costs to pay for public transportation, including taxicab rides.
- In some states, it might be best to alert the department of motor vehicles. Write a letter directly to the authority and express your concerns, or request that the person's license be revoked. The letter should state that “(the person's full name) is a hazard on the road,” and offer the reason (Alzheimer's disease). The state may require a statement form your physician that certifies the person is no longer able to drive.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated July 2007

Warning Signs for Drivers with Dementia

A diagnosis of mild dementia alone is not an automatic reason to stop driving. Families can use this list as an objective way to monitor any changes in driving skills over time. The signs are ranked from minor to serious. Written notes of observations can help you make informed decisions and may be useful in conversations with healthcare providers.

Consider the frequency and severity of incidents. Several minor incidents or an unusual, major incident may warrant action. Look for patterns of change over time. Isolated or minor incidents may not warrant drastic action. Avoid an alarming reaction. Take notes and have conversations at a later time, instead of during or right after an incident.

Driving Behavior Warning Signs - When Noticed, How Often

1. Decrease in confidence while driving	16. Uses a “copilot”
2. Difficulty turning to see when backing up	17. Bad judgment on making left hand turns
3. Riding the brake	18. Near misses
4. Easily distracted while driving	19. Delayed response to unexpected situations
5. Other drivers often honk horns	20. Moving into wrong lane
6. Incorrect signaling	21. Difficulty maintaining lane position
7. Difficulty parking within a defined space	22. Confusion at exits
8. Hitting curbs	23. Ticketed moving violations or warnings
9. Scrapes or dents on the car, mailbox or garage	24. Getting lost in familiar places
10. Increased agitation or irritation when driving	25. Car accident
11. Failure to notice important activity on the side of the road	26. Failure to stop at stop sign or red light
12. Failure to notice traffic signs	27. Confusing the gas and brake pedals*
13. Trouble navigating turns	28. Stopping in traffic for no apparent reason*
14. Driving at inappropriate speeds	29. Other signs:
15. Not anticipating potential dangerous situations	

* Stop driving immediately



