

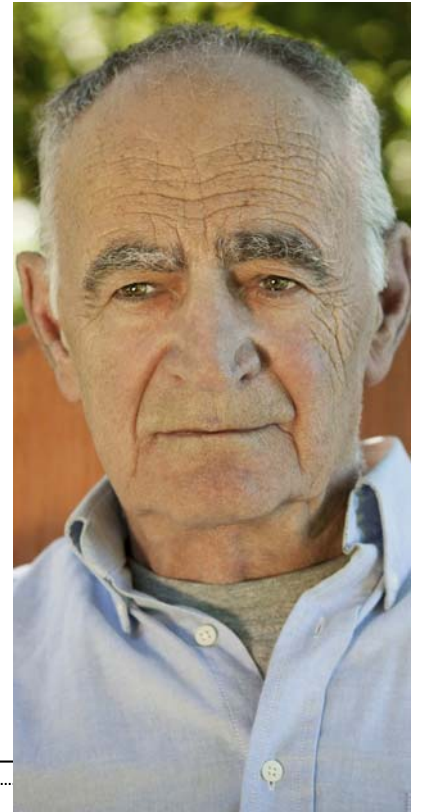
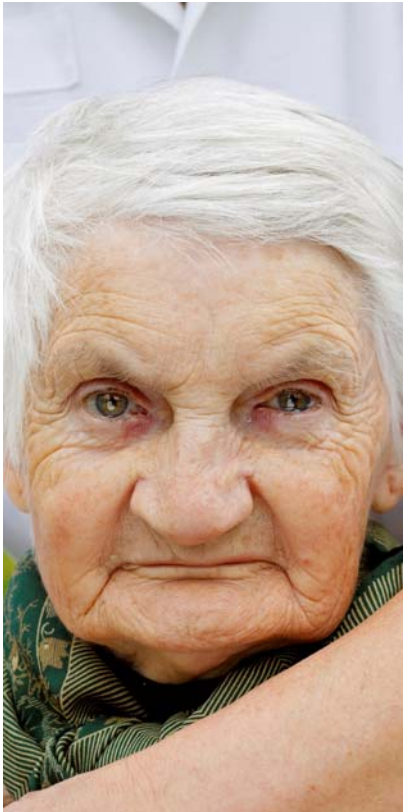


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***A Client Care Module:***

# **CREATING A SAFE ENVIRONMENT FOR CLIENTS WITH DEMENTIA OR ALZHEIMER'S DISEASE**

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*A Client Care Module:*  
**SAFE ENVIRONMENTS  
FOR CLIENTS WITH DEMENTIA  
OR ALZHEIMER'S DISEASE**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

## Instructions for the Learner

*If you are studying the inservice on your own, please do the following:*

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_.  
Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**THANK YOU!**

**After finishing this inservice, you will be able to:**

*Recognize a variety of ways you can adapt the environment to keep clients with AD safe.*



*List at least two ways each that you can prevent falls, and keep clients safe in bathrooms and kitchens.*



*Discuss consequences and alternatives to using restraints in people with AD.*



*Carry out at least three changes to keep clients safe from each of these: fires, guns and accidental poisonings.*



*List at least three ways to prevent clients with AD from unsafe wandering.*



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## Inside This Inservice:

<i>Preventing Falls</i>	2
<i>Staying Safe with Assistive Devices</i>	3
<i>Keeping Wanderers Safe</i>	4
<i>Alternatives to Restraints</i>	5
<i>Kitchen Safety</i>	6
<i>Bathroom Safety</i>	7
<i>Fire Prevention</i>	8
<i>Safety with Cars &amp; Guns</i>	9
<i>The Five Senses</i>	10



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## A Client Care Module: Safe Environments for Clients with Dementia or AD

### IT'S AN ONGOING CHALLENGE

More than 5 million Americans have Alzheimer's Disease. By 2050, the number is expected to increase 15 million. So, if you don't already provide care for someone with AD—you will soon!

**Alzheimer's disease is a progressive, irreversible brain disease that destroys memory and thinking skills.**

- "Progressive" means it gets worse over time.
- "Irreversible" means it causes cells to waste away and never return.
- And, it is a disease for which there is no cure.

As a caregiver, you face the ongoing challenge of adapting the environment—on an ongoing basis—to keep the person safe as behaviors and functioning decline.



### Here are two guiding principles to keep in mind:

⇒ **PREVENTION IS THE KEY!** It can be difficult to predict the behaviors of a person with Alzheimer's disease. Things can be perfectly fine one day, then complete chaos the next. Just remember, it's much easier to *prevent* an accident than it is to deal with the emergency and the aftermath of it.

Just remember, even with the best-laid plans, accidents can happen. That's why making the environment safe—before an accident happens—is the key to minimizing danger. You'll get plenty of practical tips throughout this inservice that you can put in place to prevent accidents *before* they happen.

⇒ **BE READY TO ADAPT AND CHANGE!** It's important to understand that you will not have much luck if you try to change unwanted behaviors in a person with AD. *It is more effective to change the environment.* There are changes you can make in the environment to decrease the hazards and stressors that lead to behavioral and functional challenges.

This inservice is full of tips and tricks you can use to change the environment in a way that meets the challenges that come with having Alzheimer's or dementia.

## FOCUS ON PREVENTING FALLS

**People with Dementia or Alzheimer's Disease have a much higher risk of falling. Most falls in this group are related to problems with vision, perception, gait and balance.**

Some studies indicate that the fall rate for people with dementia or AD is as high as 60 percent. Another study showed that the average person with Alzheimer's will fall at least four times during the course of the illness.

The most likely outcome of a fall for someone with AD or dementia is a **broken hip**. Broken hips are painful—and they require surgery and follow-up physical therapy, all of which are made more difficult by the symptoms of AD and dementia.

Fortunately, there are things you can do to make the environment safer and decrease the risk of falls for your client. **Here are a few things you can do:**

- Encourage your clients to wear shoes that are suitable for walking, instead of loose slippers or socks. Shoes with low-heels and light, non-skid soles are the best. Also, make sure that any laces are tied tightly.
- Make sure that all rugs are tacked down tightly. Loose rugs can be very dangerous and are easy to trip over.
- Make sure that all loose cords, such as telephone wires, are tucked under furniture or placed where they will not be tripped over.
- Wipe up any spills on the floor immediately. A wet floor is very slippery and could easily cause a fall.
- Make sure the client's area is well lit during the day and has a nightlight during the night.
- Keep the client's living environment free from clutter, especially on the floor. Anything, including magazines, newspapers, or shoes could easily be tripped over.
- Make sure your clients have a clear path to walk through in their homes or personal areas. Many times, large furniture can obstruct a path, making it hard for them to move about with ease.

- Check stairways for anything that may be a safety hazard. Close to ten percent of falls happen while going up or down the stairs. Poor lighting, clutter, and low visibility could cause this type of fall. Assist your clients to climb stairs as necessary.
- **Confused clients may need to be coaxed into following the rules that keep them safe.** For example, you may need to sit down with the client and convince him to agree to call for help as needed or you may even have him repeat, "I will call for help before getting up to walk."
- **Be patient!** And be prepared to remind your client every day, every shift or even every hour to ask for help before getting up.
- In clients' homes, you may need to develop a checklist for the client and family to go through once a week. The check list may include items such as:
  - **When you walk through a room, do you have to walk around furniture?** If so, move the furniture so your path is clear.
  - **Are there any throw rugs on the floor?** If yes, remove.
  - **Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?** If so, pick them up.
  - **Do you see any wires or cords in the walking path?** If yes, tuck them away or remove completely.

**Don't hesitate to involve the family. Family and loved ones will welcome the responsibility and appreciate the opportunity to help! No one wants to see a loved one suffer an injury from a fall.**





## WHAT EXCITES YOU?

Some homemade assistive devices can help make things safer and less frustrating for clients with AD. Here are some creative ways you can help your client without buying an expensive assistive device:

- Add suction cups to the bottom of bowls or dishes to keep them from sliding around during meals.
- Make a toothbrush or pencil easier to grasp by twisting a large rubber band around it. Or, use the foam from a foam hair roller.
- Try tying a ribbon to your client's zipper for a "homemade" zipper pull!

**What assistive devices have you created? Does your client need something now that you can create?**

**Share your ideas with your co-workers and supervisor and find out how they solve common problems with creative assistive devices!**

## STAYING SAFE WITH ASSISTIVE DEVICES

**Assistive equipment can be a great help in preventing falls in your clients. Canes and walkers help clients regain mobility and independence. Grab bars, shower chairs and raised toilet seats allow clients to use bathrooms privately and independently.**

Sometimes, these helpful devices can create more problems than they solve. Here are some facts:

- Injuries related to canes and walkers send 47,000 people a year to the ER.
- Fractures, generally to the hip, are the most common type of injury associated with assistive equipment.

**Assistive equipment cannot help prevent falls if it is not in good working condition. Here is what you should look for:**

- **Check Canes:** If the cane is made of wood, inspect the shaft and handle for cracks, splintering or weak spots. If the cane is metal, check if all the bolts and screws are present (making the cane stable and strong). Check if the rubber tip is present and inspect the shape (which should be even and clean).
- **Check Walkers:** Look at the bolts and screws (to see that all connections are present and secure). Check for all four of the rubber tips and inspect their shape (which should be even and clean). If the walker has caster wheels, make sure they are firm, in good shape and roll smoothly.
- **Check Wheelchairs:** Make sure all bolts and screws are present and secure. Check wheels. Wheels should be firm, smooth and roll straight without wobbling. Brakes should be firm when engaged and should stop the wheelchair from moving at all. Check the seat and back rest for rips, tears or weak spots. Make sure the foot and leg rests move easily and sit firmly in the proper position for your client.
- **Grab bars, transfers seats and commodes:** Grab bars in the home should be *professionally* installed. Push and pull on grab bars to ensure they are securely attached. Check all connections and rubber stoppers on transfer seats and commodes. Make sure everything is firm and level.



If you discover faulty equipment, follow your workplace guidelines for reporting and requesting repairs. **NEVER ATTEMPT TO REPAIR EQUIPMENT YOURSELF.** Assistive equipment should only be assembled, installed, and repaired by trained professionals!

## KEEPING WANDERERS SAFE

Wandering is when a person strays into unsafe places and can be harmed. The most dangerous form of wandering is elopement in which the confused person leaves an area and does not return.

### There are two types of wandering:

- **Goal Directed Wandering.** In goal-directed wandering, the person appears to be searching for someone or something. The person may also be looking for something to do and may make gestures as if performing a familiar task.
- **Non-Goal Directed Wandering.** In non-goal directed wandering, the person may wander aimlessly, and has a very short attention span.

### Know the signs! Your confused client may soon wander off if he or she is:

- Anxious or worried.
- Frustrated or bored.
- Experiencing unmet needs, such as hunger, thirst, constipation, inactivity, need to use the toilet, fatigue, pain or environmental discomfort, such as uncomfortable seating, mattresses, and lighting.

### Here's how you can help:

- **Address any unmet needs.** Offer a snack, a drink, or a trip to the bathroom.
- **Encourage physical activity** to curb restlessness, promote relaxation and prevent boredom.
- **Label everything!** Your client with Alzheimer's may forget where she is, even inside her own home. Post signs or photos on the doors to the bathroom, bedroom and kitchen to provide a visual cue of where she is in the environment.
- **Take a walk!** Periodically take your client for a walk around the living space, even if the person has lived there for years. Chat as you go, saying things like, "There's the bathroom," and "We're walking into the kitchen now."
- **Plan in advance to prevent wandering.** If your client tends to wander at the same time every day, a planned activity at that time could eliminate the problem. Think of simple chores the person may be able to do, such as folding laundry or setting the table for dinner.

### If wandering outdoors is an issue:

- Store coats, shoes and keys out of sight.
- Install alarms and locks. (See sidebar for more on locks and alarms.)
- Place curtains over doors or make them invisible with paint or wallpaper that matches the surrounding walls. A mirror or a stop sign on the door can also help.
- Talk to the family about having your client wear GPS tracking device that can send electronic alerts about his or her location if wandering away is an issue.



## CONNECT IT!

### LOCKS AND ALARMS: WHAT'S AVAILABLE?

**LOCKS: Hook & eye latches** and slide bolts can be purchased for a few dollars at any hardware store.

There are also hook & eye latches that have a spring-loaded catch that makes harder to open.

Sliding windows can be locked with clamps, dowels or bars placed in their tracks that limit how far they can be opened.

**ALARMS: Pressure-release alarms** are pads, mats that go under the mattress, on the chair seat. They sense changes in weight and pressure.

**Motion detectors** can alert you of nighttime wandering that goes beyond the bathroom or bedroom.

**Shakers** are alarms for caregivers that are hard of hearing. They vibrate the bed or pillow to signal nocturnal activity.



## THE NEXT STEP!

*For each of the client scenarios below, think of a few ways to keep the client safe—without using restraints.*

- Mr. Williams has lost a lot of weight and tends to slide right out of his favorite “easy chair.” He has been found on the floor with bruises more than once.
- Mrs. Brown enjoys walking around her fenced backyard, but her gait is unsteady. Her home health aide has trouble getting all her work done because she is constantly having to watch Mrs. Brown so she doesn’t fall down.
- Mr. Harrison has dementia. He tends to get up at night by himself and has been found urinating in the hallway (because he can’t find the bathroom).

**Share your ideas with your supervisor and co-workers!**

## ALTERNATIVES TO RESTRAINTS

All this talk of falls, assistive devices and wandering may have you thinking about how nice it would be to have some sort of “restraint” to keep the person safe. *But restraints can be more of a safety hazard than a safety measure.* For example, when used with confused clients, restraints have been known to increase agitation and confusion—increasing the risk of an injury.



- **Please Note:** Restraints can never be used to discipline a client or to make things easier for a healthcare worker. They must be medically necessary and must have a doctor’s order.

### Here are some alternatives you can try:

- Use cushions and/or wedges to keep clients from sliding out of chairs. Place the cushion under their thighs to keep them from slipping and to help them maintain proper posture while seated.
- If possible, use a chair alarm (such as a sensor on the seat) for a client who shouldn’t get up without assistance.
- In facilities, keep the client close to the nurse’s station or other area where he or she can be observed easily.
- Create a special (safe) area with lots of interesting activities to occupy your client’s time and attention.
- Seat clients at a table with an activity that interests them to keep them from wandering and/or from sliding out of their chair.
- Physical therapy may be a good alternative to restraints. For example: Mr. Smith is restrained because he has an unsteady gait and tends to fall. He has been wearing a vest restraint to keep him from getting up. But if he received physical therapy to strengthen his legs, he might be able to walk without falling and would no longer need restraints. (And remember that restraints keep clients inactive. Inactivity causes muscles and joints to weaken. This makes clients less safe than before the restraints were used. So keeping Mr. Smith in a restraint will just make him weaker and weaker!)
- Play soothing music. Studies have shown that music relaxes clients who tend to wander or be agitated.

### IMPORTANT:

If you can’t change a client’s behavior, then change the environment. For example, think about a curious toddler who gets into everything. We don’t put him in a high chair for 8 hours a day to keep him safe! Instead, we change his environment—we put gates on stairways and locks on cabinets. Think about your clients the same way. Instead of restraining them, make their living area safe.

## MAKING THINGS SAFE IN THE KITCHEN

***The kitchen can be a confusing and dangerous place for people with Alzheimer's or dementia. There are things that can cut, burn, choke and poison your client in the kitchen. That's why it's especially important to be vigilant about keeping your clients safe in this room!***

### **Here are a few things you can do:**

- Install childproof latches on cabinets and drawers.
- Lock and/or hide matches, knives, scissors and small appliances with sharp blades, such as food processors and blenders.
- Install safety knobs and an automatic shut-off switch on the stove.
- Keep a night-light in the kitchen.
- Keep all condiments such as salt, sugar, or spices hidden if you see the person with Alzheimer's using excess amounts. Too much salt, sugar, or spice can be irritating to the stomach or cause other health problems.
- Remove or lock the "junk drawer." A person with Alzheimer's may eat small items such as batteries, matches or other small items.
- Remove artificial fruits and vegetables or food-shaped kitchen magnets, which might appear to be edible.
- Insert a drain trap in the kitchen sink to catch anything that may otherwise become lost or clog the plumbing.
- Consider disconnecting the garbage disposal. People with Alzheimer's may place objects or their own hands in the disposal.

## ELIMINATING POTENTIALLY POISONOUS HAZARDS

***People can be poisoned by taking too much prescription or non-prescription medication, ingesting household chemicals or by eating spoiled foods.***

**Post the toll-free poison control number (1-800-222-1222) by every telephone in the home.**

- If prescription or nonprescription drugs are kept in the kitchen, store them in a locked cabinet.
  - Store ALL cleaning supplies in a locked cabinet.
  - Consider placing a latch on the refrigerator if the client tends to forage for food (and if there is a potential for spoiled food to be left in the refrigerator).
  - Never use a food-related container to store cleaning supplies. Cleaning products that are clear can be mistaken for water, and those that are brightly colored can look just like juice.
  - Do not store flammable liquids in the kitchen. Lock them in the garage or in an outside storage unit.
- If you think your client may be poisoned, you should try to determine the source of the poison. Then, get help quickly. For a poison victim, the most important time is the first hour or two.***
- Here are a few other important steps to take:**
- See if there's any obvious source of poison.
    - Do you notice any unusual odor?
    - Are there empty medicine bottles near the victim? Can you see solid pills in the victim's mouth?
  - If you suspect chemical poisoning—from a household cleaner—do not induce vomiting. Call the Poison Control Center Hotline. You will be given clear instructions on what to do.





## GET OUT!

### THINK OUTSIDE OF THE BOX!

You are caring for an 86 year old man who suffers from Alzheimer's.

He has good days and bad days. On good days, he let's you know when he feels the need to go to the bathroom. On bad days he forgets and has accidents.

When you enter his room on this day, you find him just after he has had a bowel movement in the drawer of his night stand. He is wiping with a corner of the drapes.

#### What do you do?

##### Here are a few suggestions:

- Stay calm!
- Take him to the shower to clean him up
- Once he's clean and settled, decontaminate the nightstand and drapes!

**What else could you do in this situation? Come up with a plan of your own to handle this type of situation.**

## MAKING THINGS SAFE IN THE BATHROOM

Did you know . . . there are nearly 200,000 bathroom accidents per year. ***This makes the bathroom the most dangerous room for your clients.***

While you may not have to physically take all of your clients with Alzheimer's or dementia to the bathroom, there are a few things you can do to make the bathroom a safer place for everyone.

#### Here are a few things you can do:

- Never leave a severely impaired person with Alzheimer's alone in the bathroom.
- Inspect towel bars, toilet paper holders and soap dishes regularly to be sure they are securely fastened. Clients may grab onto any of these to steady themselves or to try to prevent a fall.
- If no grab bars are in place, ask your supervisor to request installation. A towel bar is not a suitable or safe grab bar.
- An elevated toilet seat, or a bedside commode placed over the toilet seat (without the bucket) may enable clients to continue to use the bathroom independently, longer.
- Use a plastic shower stool and a handheld shower head to make bathing easier.
- Throw rugs should have non-skid or rubber backing to keep them from sliding around on the floor.
- Clean up any water spills or leaks immediately to prevent slippery surfaces.
- Change burned out light bulbs right away. The bathroom should be well lit, with a light switch located near the door.
- A night light will help your client locate the bathroom at night.
- Make sure all outlets are grounded to protect against electric shock. Look for an outlet with 3-prong plug receptacles and a "reset" button.
- Keep electrical appliances away from water!
- Just like the kitchen, you can install childproof latches on cabinets and drawers.
- If prescription or nonprescription drugs are kept in the bathroom, store them in a locked cabinet.
- Remove cleaning products from under the sink.
- If the door to the bathroom has a lock, you may want to remove or disable it. A person with Alzheimer's could accidentally lock himself in the bathroom and then not be able to get back out.



## FIRE PREVENTION AND SAFETY

It is always important to have a plan of action in place in case of fire or other disasters for ALL clients. But it's especially important when you are caring for someone with Alzheimer's or dementia.

People with AD or dementia are particularly vulnerable because their impairments in memory and reasoning severely limit their ability to keep themselves safe in crises.

### Here are some steps to take to prevent fires:

- Do not leave the person with Alzheimer's disease alone with an open fire in the fireplace.
- If the person smokes, monitor him or her while he or she is smoking.
- Keep matches and cigarette lighters out of reach.

### Are you prepared for an emergency? If not, here's how you do it:

- **IN FACILITIES:** Know the plan! It's not enough to just have an evacuation plan in place—facilities are responsible for making sure EVERYONE knows the plan and will know how to react appropriately when the need arises.
- **IN CLIENT HOMES,** you can **help clients and their families prepare an evacuation plan by following these guidelines:**
  - ⇒ Draw a rough plan of the home noting doors and windows that can be used for escape.
  - ⇒ Make sure doors and windows open easily.
  - ⇒ Designate one place to meet outside the home.
  - ⇒ Conduct a drill a couple of times each year so everyone is familiar with the routine.
  - ⇒ Routinely check smoke alarms. Replace batteries as needed.

### If a fire break out, follow these R.A.C.E. guidelines :

- **Rescue:** Move clients who are in immediate danger away from smoke or flames first.
- **Alarm:** Pull the fire alarm. If you are working in a facility, report the fire according to the facility's policies and procedures. If you are in a client's home, call 911.
- **Confine:** Close the doors and windows of client(s) rooms behind you to slow the spread of smoke and flames. Don't open doors without checking for heat. If the door is hot, it means there is fire on the other side. Opening a hot door can injure you and cause the fire to spread.
- **Extinguish:** Fight the fire ONLY if it is small and contained (such as a wastebasket or a frying pan) and ONLY if you have been trained to operate a portable fire extinguisher.



## THINK ABOUT IT!

Careless smoking is the leading cause of fire-related deaths. For people with AD, the risk is even greater.

### Here are some ways to keep smokers safe:

- Discourage smoking by placing cigarettes, matches, lighters and ashtrays out of direct sight. This will help the person with Alzheimer Disease may forget about smoking.
- Always supervise clients with Alzheimer's Disease while they are smoking.
- Large, deep ashtrays with water in the bottom can ensure the fire goes out when the smoker is finished.
- Place a cookie sheet under the ashtray to prevent the cigarette and its hot ashes from falling onto furniture or clothing.
- Never allow smoking in bed or near oxygen.



## FIVE KEY POINTS!

### REVIEW WHAT YOU LEARNED!

1. Alzheimer's disease is a progressive, irreversible brain disease that destroys memory and thinking skills.
2. As a caregiver, you face the ongoing challenge of adapting the environment—on an ongoing basis—to keep the person safe as behaviors and functioning decline.
3. Making the environment safe—before an accident happens—is the key to minimizing danger.
4. Fortunately, there are changes you can make in the environment to decrease the hazards and stressors that lead to behavioral and functional challenges for people with AD.
5. The bottom line: If you can't change a client's behavior, then change the environment.

## SAFETY WITH CARS AND DRIVING

Driving demands good judgment, quick reflexes and split-second decision making. These are all skills that diminish as Alzheimer's disease or dementia progresses. While losing the independence to drive is one of the most devastating losses for older adults, it's an important safety measure for the person with Alzheimer's as well as other drivers on the road.

### If your client has already lost the privilege to drive:

- Keep keys hidden and/or out of sight.
- Keep the car parked in a garage or out of sight, if possible.
- Disable the car by removing the distributor cap or battery.

Visit [alz.org/driving](http://alz.org/driving) for more information on making the decision to take away driving privileges and working with families to make the right choice for each client.

## GUN SAFETY

***Recent events in the U.S. have brought much attention to the debate over how to balance gun rights with gun safety. Most of the focus in the media is on how to keep children safe. But what about older adults? And when a senior has Alzheimer's disease or dementia, what should the family do?***

Just like the freedom to drive must be restricted or taken away, the freedom to own and operate firearms also must be addressed as the symptoms of Alzheimer's disease or dementia worsen.

⇒ One survey determined that a firearm is present in 6 out of 10 homes that have a family member with dementia, and 44.6 percent of those homes reported that the gun was loaded.

### If your client with Alzheimer's or dementia has a gun in the house, there are special precautions you will need to take:

- Work with the family to make sure all firearms are in a locked cabinet, vault, safe or storage case.
- Install trigger locks on any firearms in the home.
  - Hide the keys to any trigger locks or gun cabinets in a place far away from the gun and cabinet.
  - Make sure all firearms are unloaded when not in use.
  - Lock ammunition in a separate place.
- If locking the guns is not an option, ask the family to remove them from the living space altogether.
  - If the family is unable, unavailable or unwilling to help, ask for help from local law enforcement.



# FINAL THOUGHTS ON SAFE ENVIRONMENTS

Many of the safety recommendations made in this inservice focus on the client’s confusion or inability to make safe choices because of the disease. And much of the confusion and poor choices can be the results of a person’s ability to interpret what is seen, heard, tasted, felt, or smelled. **Here are some things you can do to help detangle problems with the five senses:**

## VISION

- Create color contrast between floors and walls to help the person see depth. Floor coverings are less visually confusing if they are a solid color.
- Mark the edges of steps with brightly colored strips of tape.

## SMELL

- Install smoke detectors and check them frequently. The person with Alzheimer’s disease may not smell smoke or associate it with danger.
- Keep refrigerators clear of spoiled foods.

## TOUCH

- Place a sign on the oven, coffee maker, toaster, crock-pot, iron, and other potentially hot appliances that says DO NOT TOUCH or STOP! VERY HOT.
- Unplug appliances when not in use.
- Use a thermometer to tell you if bath water is too hot or too cold.
- Remove furniture or other objects with sharp corners or pad the corners to reduce potential for injury.

## TASTE

- Remove or lock up medicine cabinet items such as toothpaste, perfume, lotions, shampoos, rubbing alcohol, and soap, which may look and smell like food to the person with Alzheimer’s.
- Keep the toll-free poison control number (1-800-222-1222) by the telephone.
- Keep pet litter boxes inaccessible to the person with Alzheimer’s disease. Do not store pet food in the refrigerator.

## HEARING

- Avoid excessive noise in the home such as having the stereo and the TV on at the same time.
- Be sensitive to the amount of noise outside the home, and close windows or doors, if necessary.
- Avoid large gatherings of people in the home if you know the person becomes agitated or distressed in crowds.
- If the person wears a hearing aid, check the batteries and functioning often.



# WHAT I KNOW NOW!

Now that you’ve read this inservice on Safe Environments, jot down a couple of things you learned that you didn’t know before.

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*Developing Top-Notch CNAs, One Inservice at a Time*

*A Client Care Module:*  
**Safe Environments for Clients with Dementia or AD**

EMPLOYEE NAME  
*(Please print):*

\_\_\_\_\_

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**Inservice Credit:**

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test in employee's personnel file.***

***Are you "In the Know" about Safe Environments? Circle the best choice or fill in your answer. Then check your answers with your supervisor!***

- Which of the following is true about Alzheimer's disease?**
  - A. It gets worse over time.
  - B. The damage is permanent.
  - C. There is no cure.
  - D. All of these.
- The most likely consequence of a fall for someone with Alzheimer's is a:**
  - A. Broken hip.
  - B. Head injury.
  - C. Bloody nose.
  - D. Fear of falling.
- Your client with AD has been a lifelong smoker. But now, his smoking is becoming unsafe. You should:**
  - A. Recommend a support group to help him quit.
  - B. Keep cigarettes and lighters out of sight so he'll forget about smoking.
  - C. Nag and punish him whenever you catch him smoking.
  - D. Smoke with him so you can role model safe smoking practices.
- You client may wander if he or she is:**
  - A. Asleep.
  - B. Restrained.
  - C. Anxious or bored.
  - D. Engaged in an activity.
- True or False**  
If your clients tends to wander at a certain time of day, you should just change the clocks to she doesn't know what time it is.
- True or False**  
It's highly unlikely that your elderly client with AD has a loaded gun in the home.
- True or False**  
Common bathroom products like toothpaste, mouthwash and rubbing alcohol should be stored in a locked cabinet.
- True or False**  
It's much easier to change a client's behavior than it is to modify the environment.
- True or False**  
Loud noises and large crowds of people can be confusing sensory input.
- True or False**  
It's cruel and abusive to place a lock on the refrigerator in the home of a person with Alzheimer's Disease.