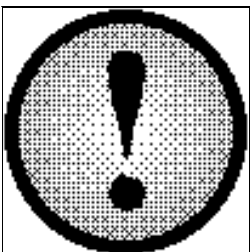


# Information Sheet



## Safety in the home

### Introduction

One challenge you will have to face if you are caring for someone with dementia is how to find the right balance between protecting him or her from risk for the sake of his or her own safety and the safety of other people, and encouraging independence and as normal a life as possible.

Even mild dementia can impair a person's ability to take responsibility for their own actions and affect the sense of judgement they need to avoid accidents. You need to be alert for changes in a person's capabilities. For example, in the early stages of the illness they may be able to manage certain activities such as bathing and cooking alone; during later stages they may need supervision.

A further complication is the fact that many people with dementia are older and therefore at greater risk of accidents occurring at home. This is partly because our sense of balance and speed of reaction tends to deteriorate with age. Poor sight or hearing can put a person more at risk. Various forms of physical disability become more common as people get older. This means that some activities cannot be carried out and others only with special care. In addition, an older person with dementia may be less aware of his or her own limitations.

Some accidents are more likely to occur when everyone is tired and stressed. Although it is often difficult, the calmer you can remain with your relative, the less flustered he or she will become and the more likely to be able to cope.

Of course, even if you could, it would not be desirable to watch someone for every minute of every day. Rather than

wrapping the person with dementia in cotton wool and completely curtailing their freedom you may have to accept that some mishaps or minor accidents are bound to occur. However there are some sensible precautions you can take which will help you to feel easier in your mind.

### Falling

Falls are the most common accident among older people. Stairs can be particularly dangerous. Check the home for anything that may cause a fall, such as loose carpets, especially on the stairs, broken stair rods, slippery floors, loose mats, trailing flexes, unsteady furniture and general clutter. If stairs are a problem, you could fit a stair gate.

Avoid highly polished floors and make sure rugs and carpets are firmly fixed. Heartrugs can be a particular hazard, especially if the pile is thick. The person could trip and fall forwards towards the mantelpiece or the fire.

Check that small objects such as children's toys are not left lying on the floor. Your relative may not notice them, particularly if his or her eyesight is failing.

A lot can be done to encourage safety through simple rearrangement. If items in everyday use in the kitchen, for example, are placed within easy reach, your relative is less likely to clamber on a chair or stool to get them.

Poor lighting may increase confusion and the risk of accidents. Make sure that lighting is bright but not dazzling, particularly in your relative's bedroom, the kitchen, bathroom and toilet and on the stairs and landing. Leave a good light on in the hall and a night light in



the bedroom if your relative is likely to get up at night. Make sure there are no shadows or reflections which could cause confusion.

If your relative is unsteady a handrail on both sides of the stairs and by the bath and the toilet will assist and give confidence. An occupational therapist can advise on aids such as rails and other ways of making the home safer.

If, despite your safeguards, your relative should have a fall that seems serious, do not attempt to move him or her or give anything to drink, in case he or she needs an anaesthetic. Keep him or her warm and call for an ambulance.

### Medicines

You will probably need to supervise the taking of medicines and lock them away once they have been taken. This includes over-the-counter remedies as well as prescribed drugs. Left alone your relative may forget to take medicines or may take too much. Never leave sleeping tablets by the bed since the person may wake in the night and take extra ones by mistake.

Pill dispensers (sometimes called 'dosette boxes') are useful to encourage proper time and dosage (ask your community nurse or pharmacist for advice and availability). Remember to dispose of any unwanted medicines by returning them to your local chemist.

### Poisons

Make sure that you lock away any poisonous substances such as cleaning fluids, paint stripper and disinfectant. A person with dementia might drink such substances by mistake. One way to discourage swallowing harmful substances is by buying products marked as containing bitter-tasting additives such as Bitrex.

If you think your relative may have swallowed something poisonous take

him or her immediately to the nearest Accident and Emergency Department or telephone for an ambulance. Take the container and the remains of any substance with you. This will help the doctor decide what treatment to give.

### Smoking

You may not wish to stop your relative smoking, if it is something which gives pleasure, but you may need to supervise since it can be a fire hazard. Watch that he or she does not drop lighted matches or cigarettes. Introduce deep ashtrays. Make sure he or she does not smoke in bed. Fit a smoke detector in the hallway or room where there is most risk, and ensure that it is properly maintained by testing weekly.

### Drinking

Alcohol can make people with dementia even more confused and it may not mix well with certain medicines. Ask your GP if in doubt. Otherwise, the occasional drink in company is a pleasant way for your relative to relax. It is important however, to see that the bottle is not left unattended in case he or she forgets how much he or she has had and goes on drinking.

### Cooking

Cooking can be a hazard. Fit cooker guards where possible and contact the gas company to see if a gas cut-off point can be fitted when gas is used for cooking. If your relative is likely to be unsafe make sure you are present when he or she cooks. You may need to check that he or she does not turn on the oven without lighting it, if it is a gas cooker, or forget to turn it off, or that saucepans are not left to boil dry. Fit a gas detector in the kitchen if there is a gas cooker. Safety locks for kitchen cupboards and fridges are available from shops such as Mothercare and may be useful.

An electric kettle which switches itself off once it has boiled is a sensible



measure. A cordless kettle will also minimise the risk of scalding accidents.

If the person with dementia is not used to using particular equipment, he or she may not find it easy to adapt. For example, although in theory a microwave oven could be a safer way of cooking, often people with dementia do not learn to understand them and to use them safely. Make sure your relative is able to use any new appliances properly.

Burns and scalds can easily occur if your relative is forgetful. If this should happen, pour cold water over the affected area for at least ten minutes to reduce the heat on the skin to lessen the pain. Remove anything tight such as rings or watches as burnt skin can swell. Do not apply ointment. Simply cover with a clean, non-fluffy cloth such as a pillow case and contact the GP or take your relative to your local Accident and Emergency Department.

### Bathing

Never take a portable electric heater into the bathroom or let your relative do so. It could be lethal. If there is a gas water heater, make sure it is serviced regularly, and that the room is well ventilated.

If you are helping your relative to bathe, check that the water is not too hot. Bath aids such as a bath seat or mat in the bath to prevent slipping are very important. A bath seat or board can make it easier and safer for you to lift your relative in and out of the bath.

If your relative often leaves taps on you can take the plug away.

It is much safer for your relative to shave with an electric shaver rather than a blade razor.

### Locked doors

Locks can lead to trouble. If you are not living with the person you are caring for, make sure you have a set of duplicate

keys and that there are no chains or bolts inside the door that could prevent you getting in, in case of emergency.

If the person is likely to lock him or herself in and be unable to get out, remove the locks from the bathroom and toilet. Or to retain your relative's dignity and privacy, replace with locks which you can open from the outside.

### Sitting

Your relative is likely to spend quite a lot of time sitting, so a firm, comfortable chair is important. It should be easy to sit down in and to get up from. It is important that the chair is the right height to get up from safely. An occupational therapist can supply blocks to raise chairs. A chair by the bed can help to make going to bed and getting up a more gradual process. It also means that some clothes can be put on or taken off while your relative is sitting down.

### Fires

Fires can be a danger. Any fire or heater should have a fixed guard. Your relative may stand too close without realising. Never dry clothes over a fire or heater or near a cooker as this can cause a fire. Ask your gas company about the possibility of a free gas check.

### Electricity

It is useful to have earth leakage circuit breakers fitted to minimise electrical accidents and a simple device like a residual current device can cut off electricity automatically where there is danger from faulty appliances or wiring. Ask your local council or electricity company or contact an approved electrical contractor for further advice.

### Keeping warm

Cold is a very real risk. Many older people become chilled without noticing. It may be better for your relative to live in one room, which can be well heated, during cold spells. Put the bed against an inner wall, as that will be warmer.

Draught-proof doors and windows. Newspaper under the floor covering will give added protection from draughts. A quarter of a building's heat is lost through the roof. If your relative's loft is not insulated, a grant may be available. Ask the social work department or a Citizen's Advice Bureau.

If your relative has problems with incontinence avoid using an electric blanket. Warm the bed with a hot water bottle if necessary. If you leave it in the bed, make sure it is not too hot or has a cover or it may burn him or her.

Layers of clothing are the best way of staying warm, particularly if the clothing is made of natural fibres such as wool. Make sure your relative wears some form of head covering, as well as gloves and warm socks and shoes if he or she goes out in cold weather. His or her circulation may be poor due to age or to the fact that he or she is less active.

### Driving

Most people with dementia will not be safe to drive, although some people in the earlier stages of dementia may retain the ability to drive despite other activities being affected by the illness. Ask the person's specialist doctor to assess whether he or she is still safe to drive. If the issue is not clear-cut, the Edinburgh Driving Assessment Service (Astley Ainslie Hospital, 133 Grange Loan, Edinburgh EH9 2HL, 0131 537 9192) can undertake a full assessment if the person is referred by a doctor. They

can also take referrals on a fee-paying basis from the DVLA and solicitors.

If your relative is not safe to drive, he or she will have to give it up. If you cannot persuade him to her to stop driving, you may have to hide the keys or immobilise the car.

The person with dementia (or you on his or her behalf) must inform the insurance company and the DVLA, Swansea SA99 1BN of the diagnosis. They will write back with a questionnaire and will contact the GP before deciding whether to take away your relative's licence.

### Wandering

If your relative is liable to get lost while out alone, make sure he or she has identification. This could be a card, bracelet or pendant. It should show their name and a phone number to contact. For security reasons, it is safer not to put an address on it. If your relative does get lost, tell the police at once.

### Getting help

If your relative lives alone or you are out for long periods, ask friendly neighbours to watch out for signs that something might be wrong. Leave a phone number where you can be contacted.

If you have any worries about safety, the best person to go to for help and advice is an occupational therapist (OT). You can contact an OT through the social work department, your GP or your local hospital.



Alzheimer Scotland - Action on Dementia

National Office

22 Drumsheugh Gardens

Edinburgh EH3 7RN

Tel: 0131 243 1453 Fax: 0131 243 1450

E-mail: [alzheimer@alzscot.org](mailto:alzheimer@alzscot.org)

Alzheimer Scotland - Action on Dementia is a company limited by guarantee and is recognised as a charity by the Inland Revenue. Registered in Scotland No. 149069. Scottish Charity No. SC022315.

Find us on the internet at [www.alzscot.org](http://www.alzscot.org)