

SAFETY PRINCIPLES

BASICS

Guaranteeing safety for patients with dementia is often a struggle for caregivers – trying to balance keeping the individual safe but allowing them to continue to be as independent as possible. There are no right answers and not all strategies work in all situations. It is most important to try to evaluate if a particular behavior or situation is going to be DANGEROUS for the individual with dementia. Often behaviors can be irritating or annoying; for example, pacing in the house or repeating questions, but these can hardly be considered dangerous. On the other hand, operating firearms or even a household stove can be dangerous if the individual no longer has the ability to make good decisions. Seek professional help to try to define what situations might be considered dangerous or what strengths the individual still has that can be maximized to encourage continued independence.

DRIVING

Driving is a significant indicator of independence and often a source of self-esteem for patients. The decision to stop driving due to dementia is often a difficult one for patients and families as well as a frequent source of disagreement. In the early stages, people with dementia may have no impairment in their driving skills.

- **Regular Driving tests recommended**

However, as the disease progresses people may get lost, make poor decisions on the road or actually forget those skills involved in operating a vehicle. Because of this, it is recommended that these patients have regular driving tests to monitor the effects of the disease on driving ability. In California, it is required by law that physicians report patients diagnosed with dementia to the Department of Motor Vehicles so this monitoring can occur.

- **Driving Impairment**

Individuals with Alzheimer's disease or related disorders become progressively impaired in their ability to drive. Such symptoms like memory loss, disorientation and changes in visual and spatial perception can result in patients getting lost, forgetting the "rule of the road", or having slowed reaction times. While patients with early dementia may not seem to have these problems, eventually motor coordination, powers of concentration, and exercise of appropriate judgement may become affected by the disease. Furthermore, driving performance is likely to worsen during times of crisis at all levels of impairment.

- **Clinicians required to Report**

A state mandate requires that clinicians submit a confidential report to the county health department when individuals are diagnosed as having Alzheimer's disease and related disorders. The health department forwards this information to the Department of Motor Vehicles (DMV). DMV then determines whether patients have the capacity to continue driving safely. Physicians who do not follow this procedure may be subjected to disciplinary action, and/or be liable if patients are involved in auto accidents.

The California Department of Motor Vehicles' Policy – steps taken once a report is received: (Variability in statewide implementation of this policy has been noted)

- **Friend, relative or clinician reports the person**

A computer search is conducted to locate the patient's name, verify that he/she has a license, and examine the driving record. A notice of re-examination will be mailed to the person that was reported. The notice tells the person that in the interest of his/her personal safety and the safety of others on the road, the DMV has determined it necessary to review the person's driving qualification.

If a clear diagnosis of moderate or advanced Alzheimer's disease or dementia is made, the person's driving privilege is suspended or revoked.

- **Review of Medical Information**

The reported person will be sent a Driver Medical Evaluation form, along with the Notice of Re-Examination. The person is requested to have the Physician, most familiar with his/her medical history, complete the form. The person is informed that the Driver Medical Evaluation must be returned to DMV within 20 Days or the driving privilege will automatically be suspended. The person is also informed that failure to appear at the scheduled reexamination will result in suspension of the driving privilege.

- **The Reexamination Interview**

The reported person will be given a written knowledge test on the rules of the road prior to the re-examination interview. The re-examination interview will be held if the person passes the knowledge test. If the person does not pass the written test, the person's driving privilege is suspended or revoked.

The re-examination interview gives the person the opportunity to discuss his/her medical condition with a DMV representative for the purpose of establishing the person's ability to safely operate a motor vehicle. The DMV representative will ask questions to determine memory deterioration, awareness, orientation, attention, and judgment. The representative will observe the person's coordination and adaptation to the environment.

- **Additional Tests**

The DMV representative interviewing the reported individual will determine if the person should be given a driving test. This decision is based on the information provided by the reported person, medical documentation, and the results of the written examination. A driving test is not given if the evidence indicates that the reported individual may be unable to safely operate a motor vehicle. If this is the case, the driving privilege is suspended or revoked.

- **The Driving Test**

The driving test given to individuals reported with dementia takes 30-45 minutes. The examiner will be looking for the person's ability to concentrate, recall multiple instructions, execute them safely, and possibly find a location that should be familiar to the person (church, doctor, pharmacy, home, store, etc) and the examiner will be watching for signs of mental confusion, perceptual misjudgment, and/or impulsiveness.

- **The DMV Decision**

At the conclusion of the driving test, the examiner will document the person's areas of strengths and weaknesses. The interviewer will review the results of the driving test. These results, in combination with the medical documentation, the reported person testimony, and any testimony of witnesses accompanying the reported person, lead to the licensing decision. If the evidence shows the reported person is able to safely operate a motor vehicle, he/she will be allowed to continue to drive. The driver will get a written notice about 2-3 weeks after the testing.

It is not uncommon for patients and their family to have differing opinions on the patient's driving ability. Some patients insist on continuing to drive even when their licenses are revoked. This would have obvious legal implications for the patient and family in the unfortunate event of an accident or legal violation. Because of the potential danger to patients and to others on the road, it may be necessary for family members to prevent patients from having access to the vehicle. For example, the car may need to be "disabled", sold, or moved to an unknown location, or the keys taken away. The letter from the attending physician recommending against continued driving may also be shown to the patient.

Some patients are aware of having difficulty with driving and are relieved when they are told to stop. However, having to give up driving is likely to be upsetting. Emotional support may help patients adjust to this significant loss of independence and ability. It will be important to make other transportation arrangements so that patients' mobility and activity levels are not unduly restricted.

The DMV can provide California identification card to those patients who will no longer have a driver's license.

Patient and families who have question or want further information can call their local DMV for the number of their Regional Driver Safety Office or visit the DMV website.

Laws around driving and patients with Alzheimer's Disease or other dementia are subject to change. There are resources available to help guide caregivers in determining when discontinuation of driving needs to occur.

For more detailed information:

[Dementia and Driving](#)
Family Caregiver Alliance

[Alzheimer's, Dementia and Driving](#)
The Hartford

EMERGENCY PLAN

Caregivers play a pivotal role in the coordination of the care of their loved ones with dementia. It is for just this reason that it is so important that a "back up" caregiver be identified in the event something happens to the primary caregiver. In this situation an individual needs to have access to information about the patient to plan for their care

and allow their services to continue as smoothly as possible. For this reason, consider having someone else with access to your home and important papers. Try to have someone else knowledgeable about the patient's care and available to health care providers to consult about medical needs. Finally, discuss a "chain of command" should the primary caregiver need to be relieved of their responsibility either temporarily or permanently. It is always much more difficult to make these arrangements in the event of a crisis or emergency. Some tools to help plan are available below.

For more detailed information:

[Where to Find My Important Papers](#)

Family Caregiver Alliance