

Guide for the Use of Disguised Doors and Other Preventive Exiting Strategies for People with Dementia

The first issue to consider, before using disguised doors, is what proactive measures can be put into place to diminish the possibility that a person will want to exit a facility.

When you serve people with dementia who are at risk of eloping, there are several key components to put in place:

- **Good supervision and activity programming that is engaging to residents**
- **Multiple layers of environmental deterrents (e.g., proximity alarms near foyer before the doorway, signage, individual alarms that alert specific staff by pager, etc. - see sections below)**
- **A good plan to address elopement - if it should occur.**

The above information is best put into a plan that everyone on the staff understands, discusses/reviews regularly and implements together. Any facility that wants to use disguised doors should have all of these companion measures in place as part of their planning.

A. Proactive Measures to Address an Elopement:

1. **Residents who have strong elopement tendencies should be identified** as such to all staff and plans put in place to both address the risk if they should exit the facility and to create an atmosphere that prevents the desire of the resident to leave.
2. **Residents need to be registered with the Safe Return Program** through the local Alzheimer's Association Chapter (it is good to register anyone who could leave even if it has never happened before). The Safe Return Program issues a bracelet or necklace that looks like jewelry and can be given as a gift to the person to encourage the wearing of it. The jewelry has contact information on it that links a caller to the Safe Return Program switchboard, which in turn links the caller to the local provider or family. This system works throughout the USA and Mexico.
3. **Each resident should have a current picture and written personal description** (several copies) on hand to give the police and people who may go looking for the person if the person does exit the facility.
4. **All staff should be trained on how to search for a person with dementia who has eloped.** (Please see attached information). There are specific patterns that people with dementia tend to follow (e.g., ducking into bushes, gullies, sheds, logs, etc. where there is contained space to hide and be safe). Most people with dementia are found within a less than 1-mile radius from where they went outside.

B. Plans for Engagement in Activity and Assistance to Prevent the Resident's Desire to Wander

- 1. The person with dementia's care plan should reflect specifics related to the person's desire to elope.** The specifics should include reasons why a person would elope, triggers to agitation which could lead to elopement, typical times when this person tends to want to leave, and a plan to address the identified needs the person is trying to meet by leaving the facility.

Some examples include:

- A resident who has always had a previous routine of going out for a walk after lunch or dinner every day
- A mother who was used to picking up her children from school at 3:00 PM.
- A person's desire to go outside because of enjoyment or to see something specific like kids or pets playing or a birdfeeder
- People who become more agitated when they get hungry or if they need to go to the restroom, especially if the person used an outhouse in their younger life.

All staff should be aware of specific precipitating issues for each resident, and the plan for accommodating the person's needs. Perhaps it means that a person needs a regular walk, or has to have visual and verbal cues when showing agitation and access to the bathroom or food at those times without the need for permission, etc.

Note: Research shows that people tend to elope when they are agitated and/or upset - it is the number one trigger to elopement. There should be a special watch put on any person with dementia who is agitated, even if they have never left the facility or their home before.

- 2. There should be specific staff assigned to engage in activities with and supervise each of the resident(s) who could elope.** Techniques can include having staff invite the person to join or help them to move the resident to another calming area to decrease the agitation with soothing activities (hand massage, music, aromatherapy, reminiscing, sharing feelings, etc.). The "Best Friends" approach (see resource at end of article) can be effective to have staff learn deeply about specific resident's needs and past routines. In this approach each staff member has one or two residents that they become "best friends" with - knowing them in depth and building a trusting bond. This allows the staff member to learn about the resident in depth, be an advocate, and be able to help develop full days for the resident that are rich with activities the person enjoys. This engagement in meaningful activities is the most important part of the plan to prevent elopement.

C. Elopement Deterrents, Including Disguised Doors

1. Guidelines for Using Disguised Doors

Disguised doors should never be the only intervention used to preventing a person from leaving a facility or home, disguised doors are only one kind of deterrent and are literally at the point of exit.

The goal of using a disguised door is to diminish a person with dementia's obsessive preoccupation with leaving that is triggered by seeing the door, and soften the stimulus. It is important to know that other visual triggers can still serve the same purpose, so the entire environment should be looked at to remove cues that would signal an exit (for example, keeping coats on a rack by the door, boots, shoes, etc.) The resident should also be observed to see what type of preoccupation s/he has with the door. One case involved an observant staff member who realized that the resident was touching the door and stroking the handle. When a bright strip of contrasting color was put below the door handle, the resident began stroking the strip, not trying to open the door to elope.

Keep in mind that disguises do not prevent a person from exiting if the door is recognized. If the door is used frequently while residents are watching people come in and out, the disguise will likely be compromised. In this case it may be helpful to use a floor screen to block the view (but not the path) or create a foyer to prevent the residents from seeing the door being frequently used. Even the use of lower lighting by the door and brighter lighting in the room can help shift attention away from the door by creating stimulus elsewhere.

There are many types of disguised doors. They can be designed to look like they are a continuous part of the wall, or there are wallpaper type murals that can be placed over a door to make it look like a bookshelf or other piece of furniture. Doors can be made so that they can look like a window and they can be painted to look like art on a wall.

Disguises are very often used on doors that pose the greatest risk to the resident if the person did exit (e.g., onto a busy street, down a flight of basement stairs, out to a part of the facility where the person can become lost easily, or into a dangerous area). It is important to remember that a door disguise is a powerful visual deterrent, and therefore it should be used on doors that you do not want the resident accessing. If it is a door that you expect the person with dementia to use you are better off trying an alternate type of deterrent. No matter what, disguised doors can be recognized by the resident, and there should be other types of alerts/deterrents also in use to alert staff to someone being in the proximity of the door.

One recommendation is to have an alternate door, which is not disguised, that exits to the outdoors into a secured area where a person can go freely. This undisguised door should be used by the person with dementia when evacuation is necessary. (For example, a backyard that is fenced where residents have routine access and are used to exiting from that door and staff can open the yard gate to evacuate farther from the building when needed).

2. Rules for Disguised Doors

- If an exit door is disguised it must remain UNLOCKED at all times.
- There should be a lighted EXIT sign on the ceiling that meets exit sign requirements.
- The panic hardware or other latching device or push pull plates on the door must be of a distinctive color (e.g., silver or gold) and easily discernable by staff as well as those residents who do not have a problem with wandering outside inappropriately.
- Disguised doors must have the door frame be in a different color and easily discernable.
- All new staff, including temporary staff hired for one shift, shall receive orientation on the location and operation of the door.

3. Other Deterrents to Exiting

Disguised doors alone should not be used as the only means of deterring elopement. For example, there are proximity alarms that can be placed in hallways or areas the person would have to enter in order to get to the door (allowing for someone to stop the person before he or she actually gets to the door). These are usually triggered by a motion sensor and can be set to ring in a pleasant low tone, or wired to a pager like alarm that only rings with a caregiver who is wearing it, or can be made to set off a blinking light. There are even some new alarms that have a recorded voice that can give a message to both the person trying to exit and the caregiver that has the remote.

The use of contact alarms that ring loudly when people open a door can cause several problems. First, everyone (staff and residents) tends to get desensitized to the noise. When there are a lot of people coming and going and even staff set it off, people don't always take it seriously anymore. Second, staff members often disable a door alarm and forget to turn it back on, leading to elopement of residents.

Third, a contact alarm can become a crutch and give staff a false sense of security so that they stop watching the residents. Last, the loud alarms are often a very negative stimulus to have in the environment - they tend to agitate and upset everyone, if even on a subconscious level, risking a trigger other behavior issues. For all of these reasons having an alarm that responds to a specific resident (they have watch and pendants residents can wear) in proximity to the door makes much more sense. This is especially true when the alarm alerts the caregiver who is responsible for the person with dementia, and not the whole population of the room.

In general, if you can use a pager like alarm and something specific to the actual resident who needs it, this allows for more close monitoring of people who have to be watched. Treating everyone the same can breed less staff watchfulness and indifference to an alarm.

There are also the delayed egress handles on doors that have to be pressed down for a certain number of seconds before the door releases. Often there is an alert or warning during the phase when the resident is pressing the door handle down.

Finally, signage can be used as a deterrent. There are “Stop” signs, better yet “Do not Enter” signs that can be put on the door or on a Velcro fastened strip across the door opening. If the resident who is tending to exit can still read, a sign with their first name and last initial asking them to turn around and go back the other way can be effective. There are also the use of large arrows that direct people one direction or another - particularly if there is a common area nearby. Words indicating to turn left or right and signage on the door to the room desired can be used with the arrows (in this way you are directing people towards something else not as much away from the door).

D. Trouble Spots

1. Visual Cliffs

People with dementia can have a perception disorder called a “visual cliff”. This occurs when there is a contrast between one floor surface and another where darker colors can be perceived as being at different heights. Very dark colors (black, dark blue) can look like holes. Visual cliffs are hazards. People with dementia can develop anxiety and possibly fall when trying to get around a visual cliff. For this reason, it is recommended that floor surfaces be examined to minimize or eliminate visual cliff potential. In addition, shiny floors can cause a sensation of water to a person with dementia, and be equally as anxiety producing. Common areas for visual cliffs are floor mats, steps, borders on rugs, and busy patterns that appear three-dimensional.

2. Special Alert - Elevators

In facilities where there are elevators special attention must be paid to the type of access residents have to them. Simply disguising an elevator door is not an adequate deterrent. A second layer of doors and/or other effective deterrents that catch the person long before they could get to an elevator are strongly recommended.

E. Resources

Gerry Wiesman PhD, Professor
SCHOOL OF ARCHITECTURE AND URBAN PLANNING
University of Wisconsin – Milwaukee

He is working on specialized dementia environments, doing research and working with facilities on design issues as well as having published several books on the subject of aging and environment.

414-229-3815

gweisman@uwm.edu

Book: “Alzheimer’s Proofing Your Home” by Mark Warner, gerontologist and architect. He does phone and e-mail consultations.

Also see his web site “The Alzheimer’s Store” where you can find a variety of alarms mentioned in this article, as well as adaptive and safety equipment and activity resources.

www.alzstore.com

or <http://www.alzstore.com/category.cfm?Category=8&CFID=1742021&CFTOKEN=599436>

Video and Handbook Series

“Creating Successful Dementia Care Settings” developed by Margaret P. Calkins, Kristin Perez, Mark A. Proffitt - Volume three – Minimizing Disruptive Behaviors video and book (from a four volume and three video training set) by Innovative Designs in Environments for an Aging Society (IDEAS) 888-337-8808; Health Professions Press, 2001. <http://www.ideasconsultinginc.com/about.asp>

“The Best friend’s Approach to Dementia Care” (Series of 5 books, including “The Best Friends Staff” and a video) By Virginia Bell and David Troxel.

<http://www.healthpropress.com/store/alzheimers.htm>

Local Alzheimer’s Association Chapters

www.alz.org

Go to the national web site and look up your local chapter.

Article:

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By Diane Chun, Sun Staff Writer

Alzheimer's Study Offers Insight Into Wandering

More intensive search patterns could be the difference between life and death when an Alzheimer's patient wanders away from home.

That's the principal finding of a new University of Florida study of U.S. newspaper reports from 1998 to 2002 that described 93 incidents in which people with dementia died as a result of becoming lost.

Most of the victims were found dead no farther than a mile from their home or living facility after becoming lost and confused, yet in many cases it took days or weeks to locate them, according to the study.

UF nursing researchers have identified distinct patterns in these cases, yielding new insights likely to provide more efficient strategies for rescuers searching for those who wander.

"These (dementia-related) searches can vary greatly from a search for a healthy missing adult or even a child because of the dementia patient's tendency to stick close to home in an isolated spot," said Meredith Rowe, the study's principal investigator and an associate professor at UF's College of Nursing.

"Thus, law enforcement officers must conduct repeated searches that comb nearby areas thoroughly," Rowe said.

Those who roamed not only stuck surprisingly close to home but also tended to hide and wouldn't respond when searchers called out for them, Rowe said.

"There were no reports of these individuals responding to calls of searchers looking for them, even though searchers often were very close to where the individual was eventually found," Rowe said. "The problem-solving skills of these individuals are impaired, so when they become scared, they may try to find protection from the outside world instead of responding to aid."

An estimated 4.5 million people in the United States suffer from Alzheimer's disease, or to bring that number closer to home, an estimated 16,000 residents in the 11-county North Central Florida area have the illness, according to the Alzheimer's Association.

The disease is the leading cause of dementia, and is marked by a gradual loss of memory, problems with reasoning, disorientation, difficulty in learning, loss of language skills and a deteriorating ability to perform the most routine tasks.

Most people with Alzheimer's will wander at some time during their illness.

In a previous study of wandering dementia patients who were found dead or alive, those who were found dead shared a number of characteristics, Rowe said.

"It was interesting that the few individuals found dead all were found in natural unpopulated areas, where it would be difficult for law enforcement to rescue and assist them," Rowe said.

Eighty-seven percent of those in the current study were found in unpopulated natural areas around their homes, such as woods, bodies of water, fields, ditches, brush, wetlands, ravines or canals. Most left areas where they could be easily seen and secluded themselves, where they remained until they succumbed to the elements.

Most often, the cause of death was exposure, with drowning as the second most frequent occurrence.

"Since most patients are found alive, the first 12 hours of a search should focus on populated areas, such as yards, businesses, highways and sidewalks," Rowe said. "However, after the first six to 12 hours, it is critical for law enforcement to intensively search natural and secluded areas in the one-mile radius of where the person disappeared," she added.

A wandering patient's path doesn't follow any particular logic, but is usually completely unpredictable, Rowe said.

"The most important thing for caregivers to realize is that dementia patients all have the capacity to become lost, even in the best type of care-giving situations," she said. "Registering your loved one with a national database, such as the Alzheimer's Association's Safe Return program, provides a means of possible identification and return in the case that someone does become lost."

Caregivers can register someone with Safe Return through their local Alzheimer's Association or online at www.alz.org.

An individual with Alzheimer's is likely to wander at some point during the disease.

Wandering can be caused by several factors, including:

- Medication side effects.
- Stress.
- Confusion related to time.
- Restlessness.
- Agitation.
- Anxiety.
- Inability to recognize familiar people, places and objects.
- Fear arising from the misinterpretation of sights and sounds.
- Desire to fulfill former obligations, such as going to work or looking after a child.

Tips for reducing wandering behavior:

- Encourage movement and exercise to reduce anxiety, agitation and restlessness.
- Involve the person in productive daily activities, such as folding laundry or preparing dinner.
- Remind the person that he or she is in the right place.
- Reassure the person if he or she feels lost, abandoned or disoriented.

To protect a loved one from wandering:

- Enroll the person in the Alzheimer's Association's Safe Return Program, a nationwide identification system designed to assist in the safe return of people who become lost when wandering.
- Inform your neighbors of the person's condition and keep a list of their names and telephone numbers.
- Keep your home safe and secure by installing deadbolt locks on exterior doors and limiting access to potentially dangerous areas.
- Be aware that the person may not only wander by foot but also by car or by other modes of transportation.

Source: National Alzheimer's Association