INFORMATION TO PROVIDE TO 9-1-1:

- Full name or “nickname”? Which name is he/she most likely to respond to?
- Age, date of birth, physical description, scars, tattoos, etc.
- Photograph
- Language of origin and language most likely to respond to
- Relationship of reporter to the missing person
- Time/place of last known location
- Clothing worn when last seen
- Results of initial search by family/friends
- History of similar events? If yes, where was the person found?
- Current medical conditions and medications – is the person at risk for a medical emergency if a dose is missed?
- Is the person wearing a “medical alert” jewelry or an electronic locator device? Which door or window did the person leave from?
- Are there familiar locations nearby? Church? Former workplace? Favorite coffee shop?
- Would the missing person be drawn to a nearby “landmark”?
- Does he/she fear (or dislike) crowds, dogs, uniformed, loud noises?
- Is the missing person likely to walk toward or away from water?
- Does the person have a close friend or confident who might be able to provide information on possible whereabouts (perhaps based on prior conversations with the person)?

IF DRIVING, add:
- Make, model, year and color of vehicle
- License Plate Number/Letters
- Estimate of amount of fuel in vehicle
- Whether passenger has credit card/credit to purchase more fuel
- If he/she has a cellular phone, phone number:

FOR ADDITIONAL INFORMATION:
- Florida Sheriffs Association 800-877-2260
- Florida Police Chiefs Association 850-222-3031
- Bureau of Justice Assistance U.S. Department of Justice www.ijsa.gov
- Regional Memory Disorder Centers – List of Centers available at www.elderaffairs.state.fl.us/docs/alz.php

THE FLORIDA SILVER ALERT
A BRIEF HISTORY

On October 6, 2008, Governor Charlie Crist signed Executive Order 08-213 enacting the Florida Silver Alert program which allows the immediate broadcast of information to the public regarding missing elders with dementia or other cognitive impairment, who are driving a vehicle or lost on foot.

The Florida Silver Alert became state law during the 2011 state legislative session; the law is found in Florida Statutes 917.021 and 917.0211.

SILVER ALERT vs. LOST ON FOOT, SILVER ALERT

The current Silver Alert program is designed to aid law enforcement in the rescue of persons with Alzheimer’s disease or related neurocognitive disorder, who are driving a vehicle, by broadcasting important information to the public.

The Lost on Foot Silver Alert program is designed to facilitate the rescue of persons with Alzheimer’s disease or related neurocognitive disorders who have “eloped” from a supervised setting with family or friends, or from an adult day center, assisted living facility or skilled nursing home.

Silver Alert legislation allows law enforcement to share information about the missing person with local media outlets, other law enforcement agencies, the community, local Alzheimer’s organizations, Aging and Disability Resource Centers (ADRCs), State of Florida Memory Disorder Clinics, Florida Department of Elder Affairs.

FLORIDA SILVER ALERT COORDINATION & SUPPORT PROJECT TASK FORCE

211 Broward County
212 Broward County
211 Palm Beach/Treasure Coast
Agency for Health Care Administration
Alzheimer’s Community Care
Broward Health North
Carlin Rogers Consulting LLC
Florida Assisted Living Association
Florida Department of Children and Families
Florida Department of Elder Affairs

Florida Department of Law Enforcement
Florida Highway Patrol
Palm Beach County Sheriff’s Office
Plantation Police Department
Boca Raton Police
Safety Net by Lockel
St. Lucie County Sheriff’s Office
SwisdalMedia Miami, Inc.

LOST ON FOOT SILVER ALERT GRANT

Carol Waters, Silver Alert and Alzheimer’s State Plan Coordinator, Department of Elder Affairs

Administered by: Broward Health North
Subcontractor: Alzheimer’s Community Care

www.FloridaSilverAlert.com

Florida has a Silver Lining: The Florida Silver Alert

Family Risk Guide

PURPOSE OF THE "Silver Alert":
To aid law enforcement in the rescue and recovery of a missing person who suffers from Alzheimer’s disease or a related disorder, and is “lost on foot,” or missing while driving a vehicle.

PURPOSE OF THE FAMILY RISK GUIDE:
To prepare families to be alert that 40 - 70% of persons suffering with a neurocognitive disorder will wander at least once during the disease process.

“Adopting the identified steps in the Guide will mitigate a potentially life-ending event” (Alzheimer’s Community Care)

- Of those missing more than 72 hours, only 20% survive.
- The first 6 hours a person is missing are the most critical, requiring law enforcement assistance to be found alive.

SILVER ALERT CRITERIA

- The missing person is 60 years or older and there is a clear indication that the individual has an irreversible deterioration of intellectual faculties (for example, Alzheimer’s disease).
- This must be verified by law enforcement.
- Extraordinary circumstances: 18 to 59 years of age with irreversible deterioration of intellectual faculties, verified by law enforcement.

RECOGNIZING THE RISK
The risk of wandering and becoming lost on foot, or in a vehicle for a loved one with Alzheimer’s disease is substantial! It is vital to view this risk as a matter of “WHEN” (not “IF”).
**STRATEGIES FOR CAREGIVERS**

- Obtain a quality diagnosis for your loved one’s symptoms of dementia.
- Ensure that all required tests are evaluated and treated.
- Examples: depression, hypothyroidism, underlying infection or illness.
- Swear off evaluation at the patient’s request.
- Dinitolamine for appropriate treatments and clinical trials.

**POSSIBLE “TRIGGERS” FOR WANDERING**

- Hat/jacket/keys/umbrella/keys lost and located at home.
- Meal times/poisoning.
- Manic or agitated.
- Domestic violence.
- Wearing “go to work” or “go to church” or “go home” when home.
- Relocation stress - changes in living arrangements.
- Change in family caregiver.
- Conflicts with family members.
- Onset of an illness or infection. Example: urinary tract infection, pneumonia.

**PREVENTIVE STRATEGIES**

- Use the “Elmore Risk F;lid” to identify your loved one’s risk for wandering.
- Identify favorite activities and have them available (puzzles, cards, games, photos).
- Provide opportunities for “seclusion” and “recognition” (fold laundry, set the table).
- Employ the electronic wandering device.
- Example: Electronic Locator Bracelet - “AutoAlert Traveler”.
- Identification “jewelry” [may show “name,” address, phone, medical conditions].
- Add additional locks to exit doors.
- Add “soft locks” or chimes to exit doors.
- Fear prompt medical attention when you observe “unsuspected changes” such as:
  - just seems “different”
  - is talking less than usual
  - is eating/drinking less than usual
  - is not participating in activities he/she generally enjoys
  - needs more help than usual to get ready for work, to toilet, to dress, etc.
  - has a sudden weight change (up or down).

**RECOMMENDED COMMUNICATION TECHNIQUES**

- Your loved one may be seeking the “safety” and “comfort” he/she felt in mother’s company, rather than literally the kitchen.
- Speak to your loved one at eye level.
- Speak in a calm voice and slowly.
- Avoid touching him/her or anything they are holding or wearing without first explaining what you are doing, and asking permission to touch.
- Avoid approaching from behind.
- Keep unnecessary monologues to a minimum.
- Give ample time for responses as if you have your loved one longer to process what you have said or asked.
- Scan simple instructions, one small piece at a time.

**FAMILY ELOPEMENT RISK GUIDE**

- 60-70% of patients with Alzheimer’s disease will wander at some point. Be prepared!
- Can your loved one walk or self-propel a wheelchair?
- Yes/No: if yes, then is it a risk to become “lost on foot”?

**THE above behaviors may occur due to unmet needs:**

- Fear (possible reassurance)
- Pain (possible observation)
- Hunger (show a snack or drink).
- Need to toilet (consider toileting schedules for those who cannot express the need).
- Uncomfortable clothing/dressing.
- Medication side effects and/or interactions.

**VALIDATION** (Instead of challenging or correcting): these persons generally respond well when “validating”, treated with dignity and respect, and given ample time to react to questions.

- Example: loved one is pacing, appears agitated, says: “I need to get to work.”
- Your response: “Tell me about your work.” OR “What do you enjoy doing at work?” etc.
- Example: loved one wants to “find my mother.”
- Your response: “Tell me about your mother,” etc.

Always bring ALL prescription medications AND supplements the patient takes to medical appointments. The physician must see everything the patient takes in order to evaluate side effects and interactions that may be affecting behavior.