The Florida Silver Alert was given full weight of the law during the 2011 state legislative session when Governor Rick Scott signed it into law on June 24, 2011. The law is found in Florida Statutes 957.021 and 957.0201.

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

The Last on Foot Silver Alert protocol is designed to facilitate the rescue of persons with Alzheimer’s disease or related neurocognitive disorders who have “eloped” on foot 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, other law enforcement agencies, the community, local Alzheimer’s organizations, Aging and Disability Resource Centers (ADRC’s), State of Florida Memory Disorder Clinics, Florida Department of Elder Affairs.

The Florida Silver Alert was created by the Florida Department of Elder Affairs in an effort to prepare families to be alert that 60 – 70% of persons suffering with a neurocognitive disorder will wander at least once during the disease process.

The risk of someone with Alzheimer’s disease wandering and becoming lost on foot or in a vehicle is substantial! It is vital to view this risk as a matter of “WHEN” (not “IF”)!

Extraordinary circumstances: 18 to 59 years of age with irreversible deterioration of intellectual faculties (for example, Alzheimer’s disease).

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).

The risk of someone with Alzheimer’s disease wandering and becoming lost on foot or in a vehicle is substantial! It is vital to view this risk as a matter of “WHEN” (not “IF”)!

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.

To prepare families to be alert that 60 – 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)

Florida has a Silver Lining: The Florida Silver Alert

Carol Waters, Silver Alert and Alzheimer’s State Plan Coordinator
Florida Department of Elder Affairs
Administered by: Broward Health North
Subcontractor: Alzheimer’s Community Care

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 60 – 70% of persons suffering with a neurocognitive disorder will wander at least once during the disease process.

SILVER ALERT CRITERIA

• Off 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 VS. LOST ON FOOT, SILVER ALERT

THE FLORIDA SILVER ALERT

COORDINATION & SUPPORT PROJECT TASK FORCE

211 Broward County
211 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 Elder Affairs
Florida Highway Patrol
Palm Beach County Sheriff’s Office
Plantation Police Department
Nets M. Silverstein, Ph. D.
Safety Net by LoJack
St. Lucie County Sheriff’s Office
Swmboard Miami, Inc.

FLORIDA SILVER ALERT

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 he/she found?
• Current medical conditions and medications – is your loved one at risk for a medical emergency if a dose is missed?
• Is he/she wearing “medical alert” jewelry or an electronic locator device?

IF the missing person is DRIVING, add:

• Make, model, year, and color of vehicle
• License Plate Number
• Estimate of amount of fuel in vehicle
• Whether patient has credit card/cash to purchase more fuel
• If he/she has a cellular phone: phone number:

IF the missing person is NOT DRIVING, add:

• Date and time of last known location
• Clothing worn when last seen
• Current medical conditions and medicati on – is your loved one at risk for a medical emergency if a dose is missed?
• History of similar events? If yes, where was he/she found?
• Current medical conditions and medications – is your loved one at risk for a medical emergency if a dose is missed?
• Results of initil search by family/friends
• Age, date of birth, physical description, (scars, tattoos, etc.)
• Make, model, year, and color of vehicle

• 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 he/she found?
• Current medical conditions and medications – is your loved one at risk for a medical emergency if a dose is missed?
• Is he/she wearing “medical alert” jewelry or an electronic locator device?

SILVER ALERT vs. LOST ON FOOT SILVER ALERT

Florida Police Chiefs Association 850-219-3631
Florida Sheriff s Association 800-877-2168
Florida Police Chiefs Association 850-219-3631
Florida Department of Elder Affairs
Florida Department of Children and Families
Florida Assisted Living Association
Switchboard Miami, Inc.
Carlin Rogers Consulting LLC
Broward Health North
Alzheimer’s Community Care
Agency for Health Care Administration
Florida Department of Elder Affairs
Florida Department of Elder Affairs
Florida Highway Patrol
Palm Beach County Sheriff’s Office
Plantation Police Department
Nets M. Silverstein, Ph. D.
Safety Net by LoJack
St. Lucie County Sheriff’s Office
Swimboard Miami, Inc.
STRAATEGIES FOR CAREGIVERS

- Obtain a quality diagnosis for your loved one’s symptoms of dementia.
- Ensure that any reversible causes are evaluated and treated.
- Examples: depression, hyperthyroidism, underlying infection or illness
- Seek this evaluation at the earliest possible stage.
- Obtain referrals for appropriate treatments and clinical trials

POSSIBLE TRIGGERS FOR WANDERING

- Flat/shirt/shoes/umbrella/keys located and visible near exit doors
- Fear, anxiety, agitation
- Inability to locate bathroom, bedroom, activity (“day”) room, dining room
- Overstimulation – noise, lights, many visitors
- Wanting to “go to work,” “go to church” or “go home” (even when home)
- Relocation stress – change in living arrangements
- Change in family caregiver
- Conflicts with family members
- Onset of an illness or infection

ADDRESSING BEHAVIOR

- Anxiety, agitation, restlessness
- Increased confusion, forgetfulness
- Combattiveness, aggression
- Hallucinations, delusions, paranoia
- Wandering, pacing, self-walking
- Fear (provide reassurance)
- Pain (possible illness/infection—such as urinary tract infection, pneumonia, worsening lung/heart disease)
- Hunger, thirst (show a snack or drink) as he/she may not be able to verbalize the need
- Need to toilet (consider toileting schedules for those who cannot express the need)
- Wear uncomfortable clothing/items
- Medication side effects and/or interactions

PREVENTIVE STRATEGIES

- Use the Elpoement KIt Guide to identify your loved one’s risk for wandering
- Identify activity and social interests available (puzzles, word games, photos)
- Provide opportunities for success and re-assurance (fold laundry, set the table)
- Employ the appropriate electronic wandering device
- Example: Electronic Locater Bracelet – “SafetyNet by LoJack”
- Identification jewelry (may show name, address, phone, medical conditions)
- Add additional locks to exit doors
- Add soft alarms or chimes to exit doors
- Seek prompt medical attention when you observe early changes such as he/she:
  ▶ 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 in/out of chair, to toilet, to dress, etc.
  ▶ has a sudden weight change (up or down)

ALWAYS: bring ALL prescription medications AND supplements your loved one takes to medical appointments.
The physician must see everything your loved one takes in order to evaluate side effects and interactions.

ADDITIONAL STRATEGIES

- Keep extraneous noise/lights to a minimum.
- Avoid touching him/her or anything he/she is holding or wearing without first explaining what you are doing, and asking permission to touch.
- Speak slowly and in a calm voice.
- Avoid touching him/her or anything he/she is holding or wearing without first explaining what you are doing, and asking permission to touch.
- Avoid approaching from behind.
- Keep extraneous noise/lights to a minimum.
- Give responses for as long as it may take your loved one longer to process what you have said or asked.
- Give simple instructions, one small step at a time.
- DEMONSTRATE what you are asking your loved one to do. If you are asking him/her to stand, pretend you are standing. Demonstrate standing up. Your loved one may not remember what your words mean.

RECOMMENDED COMMUNICATION TECHNIQUES

- Use soft, non-technical, non-confrontational language.
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- Hunger, thirst (show a snack or drink) as he/she may not be able to verbalize the need
- Need to toilet (consider toileting schedules for those who cannot express the need)
- Wear uncomfortable clothing/items
- Medication side effects and/or interactions

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  ▶ has a sudden weight change (up or down)

ALWAYS: bring ALL prescription medications AND supplements your loved one takes to medical appointments.
The physician must see everything your loved one takes in order to evaluate side effects and interactions.

FAMILYumboELOPEMENT 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?
- IF YES, he or she is at risk to become “lost on foot.”

- Wearing “to go to work”
- Wanting to “go to home” even when home
- Difficultly locating the bathroom, bedroom, kitchen, etc.
- Increased confusion or disorientation in a new or changed environment (shopping mall, grocery store, hotel, etc.)

- Electronic Locater Bracelet – “SafetyNet by LoJack”
- Wear comfortable clothing/items
- Medication side effects and/or interactions

RECOMMENDED COMMUNICATION TECHNIQUES

Discuss the above behaviors may occur due to unmet needs

- Fear (provide reassurance)
- Pain (possible illness/infection—such as urinary tract infection, pneumonia, worsening lung/heart disease)
- Hunger, thirst (show a snack or drink) as he/she may not be able to verbalize the need
- Need to toilet (consider toileting schedules for those who cannot express the need)
- Wear uncomfortable clothing/items
- Medication side effects and/or interactions

RECOMMENDED COMMUNICATION TECHNIQUES

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  ▶ needs more help than usual to get in/out of chair, to toilet, to dress, etc.
  ▶ has a sudden weight change (up or down)

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

ALWAYS bring ALL prescription medications AND supplements your loved one takes to medical appointments.
The physician must see everything your loved one takes in order to evaluate side effects and interactions.

OTHER NOTES:

- Language of origin – language most likely to respond to medical conditions?
- Physical description – height/weight/marks/scars etc. (Attach photo)
- Medical conditions?
- Previous lost on foot event – when? where found?
- Work history – what were his/her “tools”?
- Language of origin – language most likely to respond to
- Physical description – height/weight/marks/scars etc. (Attach photo)
- Medical conditions?
- Previous lost on foot event – when? where found?
- Work history – what were his/her “tools”?
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