



Sandra Stimson

ALTERNATIVE SOLUTIONS



By Sandra Stimson ADC, CALA, CDP Executive Director,
[Alternative Solutions in Long Term Care](#)

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of **National Council of Certified Dementia Practitioners**
<http://www.nccdp.org>

[Alternative Solutions in Long Term Care](#) offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.

Take Precautions During Community Outings With Your Dementia Residents

Sandra Stimson CALA, ADC, CDP, Executive Director

Dementia residents can attend facility trips as long as precautions have been taken. There are some residents who would not benefit from attending community trips because they are fearful once off the unit or when it is extremely difficult to bring a dementia resident back to the unit. The staff should discuss as a team which residents would be appropriate and who would benefit from a community trip. The most important aspect to consider is the safety of the resident.

Some questions to ask when considering a resident for a community outing are:

1. Would they enjoy the outing?
2. Are they fearful when off the unit?
3. If they have already taken a trip, did they enjoy the trip or were their concerns?
4. Is it difficult to return the resident to the dementia unit?
5. Is the resident violent?
6. What safety precautions would you need to take when the resident is off the unit?
7. If the resident is in a wheelchair, can they maneuver their wheel chair or do they need assistance?
8. If the resident ambulates, do they need assistance?
9. How much additional staff would you need if you took this resident off the unit?
10. Does the resident have proper identification?
11. Does the resident (if a wanderer) have GPS tracking system or Project Lifesaver?
12. What type of setting are you taking the resident too? For example, apple orchard, diner, pet shop, etc.
13. Is the resident on a special diet? Are adaptive devices used?
14. Is the resident on special medications with time frames?

When ever there is a community outing, the Director of Nursing should insure that a nursing assistant is accompanying the residents. At times, some communities have only taken an activity staff member. Why take the chance of something happening? It only makes sense to insure that there is an appropriate number of activity staff as well as a nursing assistant attending the trips. Some assisted living communities do not utilize a bus driver, which leaves only the activity staff to drive the bus and monitor the residents. This is a disaster waiting to happen. There are safety concerns while on the bus, such as falls and many concerns once they arrive at the destination. The biggest concern of course is someone wandering away from the group.

The destination should be well thought out. An activity assistant once took 8 residents by herself to an apple orchard and parked in a secluded location. Because of the density of the apple orchard, she immediately lost a resident and did not have a cell phone to call for help. Another facility took their residents to Statue of Liberty. Anyone who has ever been to the Statue of Liberty will tell you how crowded it is. The resident ended up in New York City and was missing for 24 hours. In both situations, the residents were found by law enforcement and were unharmed. They were very lucky.

It is important to pick a destination that is contained, such as a small diner or a small pet store. Some of the trips might be a drive through the park. Large department stores, county fairs, etc may not be good venues for the dementia resident. Even if the residents are not getting off the bus, you should have adequate staff on the bus to monitor the residents. Once you arrive at your destination, never leave your group unattended and constantly do a head count. If this is someone with a history of elopement, assign a specific staff member to only monitor that specific resident. Be sure that everyone in your group has an ID bracelet with their name and name of your community. Some facilities have the residents all wear facility T Shirts with the name of their community on the shirt. Plan to have enough staff to provide safe supervision.

When planning the trip, the destinations should be a short drive. Once there, allow about 45 minutes to an hour and than return. Anything longer than that is probably too tiring for the dementia resident. They would enjoy the trip much more if it is a short duration.

Always leave with the receptionist and the nursing departments the names of the residents and staff who are attending the trip, time of departure and time of return, name of location, address and phone number. If you are contracting for transportation, include the name on your trip form. Additionally, provide your cell phone number. Have the dietary department

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provide drinks and snacks such as Orange Juice and Graham crackers. Always carry a cell phone in case of an emergency. Should there be an emergency or an elopement, immediately notify the facility administration staff and 911 if necessary. If it is an elopement you should immediately call 911 for assistance. If the resident has Project Lifesaver, be sure to notify the 911 operator.

Dementia residents will have an enjoyable and safe trip as long as safety precautions are put into place and implemented.

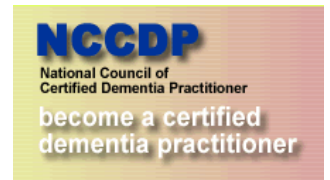


(CDCM) -Certified Dementia Care Manager Dementia Unit Manager / Supervisor Best Practice Recommendations

Purpose: To provide minimum standards and best practices for those holding management positions and oversight for Dementia Units. Oversight includes at minimum, coordination, implementation and development of existing and new Dementia Units, best practices and policies.

Qualifications: The manager / supervisor of the dementia unit must be 21 years of age and possess:

- Completion of a comprehensive Alzheimer's and dementia education program by a "live" instructor which includes a minimum of 8 hours consisting of: Overview of dementia, Diagnosis, Prognosis, Treatment, Communication, Feelings, Depression, Repetitive Behaviors, Sun Downing, Paranoia, Hallucinations, Wandering, Hoarding, Aggressive Behaviors, Catastrophic Reactions, Intimacy, Sexuality, Pain Management, Bathing, Dressing, Toileting, Nutrition, Activities, Environment, Staff Support, Family Support, Diversity and Cultural Competence, Spiritual Care and End of Life Issues. Evidence of completion is a certificate from NCCDP approved trainer.
- A Bachelors degree in therapeutic recreation, social work, psychology, gerontology, health care administration or related health care field. Or LPN and or RN.
- Successful completion NCCDP approved CDCM training course which includes: Dementia unit best practices, policy and procedures and Alzheimer's and dementia 8 hour course.
- Certified as Certified Dementia Practitioner in good standing with the NCCDP and or Dementia certification from a nationally recognized organization. NCCDP reserves the right to deny any application.
- Certified as a Certified Dementia Care Manager in good standing with the NCCDP.
- Current certification, registration, or license in a health care profession and good standing with the governing body and/or approved graduate degree from an accredited college or university.
- At minimum 3 years health care experience working directly with geriatric population.
- At minimum 1 year health care experience in a management role.
- Must meet all local health regulations, state and federal regulations where applicable.
- 1 year experience providing training or in-services to health care staff.
- Certified Dementia Care Manager Course



Upon completion of this course, the student will be certified as a Certified Dementia Care Manager.

Course includes:

- 8 hours Alzheimer's and dementia education
- Dementia Unit Best Practices
- Dementia Unit Policy and Procedures
- Professional Ethics
- Customer Service
- Family Support
- Professional Development

Visit NCCDP at:

<http://www.nccdp.org/index.htm>

THE ACTIVITY DIRECTOR
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in Long Term Care Settings*
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