Home Safety Points for Dementia Related Wandering

Wandering linked to dementia can be calm and purposeful, or sudden and hard to redirect. The aim of a safer home is not to restrict someone at every turn. It is to reduce the chances of a fall, a missed medication, a locked-in moment or a long walk beyond familiar surroundings. Safe zone alerts can form one part of that planning, especially when paired with clear routes, good lighting and a simple response plan.

Before choosing any alerting setup, look at the whole day. Think about waking, dressing, meal times, dusk, bedtime and the hours when the household is quieter. Wandering often has a trigger, even when the reason is not obvious. Pain, hunger, thirst, a need for the toilet, boredom, noise, unfamiliar visitors or changes in routine may all prompt movement. A response that begins with comfort and orientation is usually more useful than alarm alone.

The first area to check is the boundary between inside and outside. Doors are the obvious point, but windows, balconies, garages and sections matter too. Familyr provides wearable medical alarms in New Zealand with SOS alerts, fall detection, GPS location checks and two-way calling without a monthly monitoring fee, so a wearable option may be one part of a wider plan around safe zone alerts. The practical question is what should happen when someone moves toward a risky area, and who is alerted.

Points around the home

- **Entry points:** Check whether outside doors can be fitted with alerts, visual cues or simple barriers that do not trap anyone. The reason is to gain notice before a person reaches traffic, water, steep ground or an unfamiliar street.
- **Night lighting:** Make the route from bed to bathroom and from room to room easy to see without searching for a switch. Low, steady light reduces trips and may ease fear in dim spaces.
- **Floor hazards:** Look for loose rugs, loose cords, uneven mats, clutter at doorways and shiny surfaces. These are common fall risks when walking is hurried or balance is uncertain.
- **Bathroom cues:** Clear signs, contrast between fixtures and floors, and a clear path to the toilet help when memory and word finding change. Confusion can rise at night.
- **Kitchen and laundry limits:** Consider how appliances, hot water, cleaning products and tools are stored when supervision is low. The aim is to reduce risk without making the home feel strange or punitive.

A safe zone is not always the whole house. It may be the bedroom and bathroom at night, or the living area and garden during the day. The best boundary is one that matches real habits. If someone often heads to the mailbox, a broad alert around the front path may create repeated notifications. If the driveway leads to a busy road, that same area may deserve more attention. Watch the pattern before setting any boundary too tightly, then adjust as the pattern changes.

What alerting can and cannot do

Location checks and alerts can help when a person leaves a chosen area, presses an SOS button or may have fallen. They do not replace supervision, and they do not stop every incident. A wearable only helps if it is worn, charged and linked to people who can respond. That sounds

basic, yet it is where many plans fail. A device left on a bench during the day offers little support.

Think about comfort and familiarity. A person with dementia may remove unfamiliar items, especially if straps feel tight or buttons are confusing. Choose a setup that fits into daily clothing habits and avoid making the device a constant subject of argument. If wearing a watch or pendant is already part of the person's routine, that may be easier than adding something new. If not, the routine may need to be introduced slowly and calmly.

Familyr Medical Alarms can be named as one example when comparing wearable medical alarms that include SOS alerts, fall detection, GPS location checks and two-way calling. The decision should still begin with the person's needs: Do they wander mostly at night? Do they become distressed by noise? Can they answer a call? Would a fall alert be useful if they live alone for part of the day? Those answers matter more than a long list of features.

Two-way calling deserves particular thought. It can help a carer check whether someone is upset, lost or simply standing in the garden. It can also be confusing if the person does not recognise the voice or cannot work out where the sound is coming from. Short, familiar phrases work better than rapid questions. A calm tone, a simple direction and a repeat of the person's name may be more effective than asking them to explain what happened.

Points to check before setting alerts

- **Who receives the alert:** Decide who is available at different times, including overnight. An alert that reaches no one is only a notification, not a response.
- **Where the person spends time:** Boundaries should follow usual rooms and paths, not an ideal version of the day. Include sheds, garages and yards if these are regular destinations.
- **How the person responds:** Note whether calls, voices or buzzers calm or unsettle them. A system that increases fear may make wandering worse.
- **Wearing routine:** Check that the device can be worn during sleep, bathing alternatives and outings without becoming a daily struggle.
- **Backup steps:** Keep a recent photo, a short note of usual routes and a contact order for family or neighbours. These help if the device is not with the person.

Information from familyr.co.nz describes wearable medical alarms in New Zealand with SOS alerts, fall detection, GPS location checks and two-way calling, without a monthly monitoring fee. That kind of information can be compared against the household's actual response plan. For example, if two people share care, alerts may need to reach both. If one person lives alone

for long stretches, the plan may need a clearer order of who follows up and when. The feature list is only useful when paired with a realistic timetable.

Safety around the outside of the home needs the same attention. Paths should be even, gates should be easy to use in normal daily life, and steps need clear edges. If the garden has water, steep drops or a gate to the road, treat those as priority areas. Do not rely on memory alone in places that become familiar through repetition. Someone may walk the same path many times even when they cannot explain why they are going there.

Reduce triggers before they build

A simple daily rhythm can lower restlessness. Meals, drinks, toilet breaks, movement and quiet time all help the body and brain understand what comes next. If wandering tends to happen late in the day, look at fatigue, noise, pain or the need to use the toilet before bed. If it happens after a visitor arrives, the person may be overwhelmed by conversation and trying to find a quiet place.

Use labels where they help, but keep signs short. A door with a clear word, a bathroom sign with a familiar picture or a note near the kettle may be easier than a long instruction. Too many signs can become wallpaper. Place them where decisions happen: at doors, near cups, beside the bed or at the bathroom entrance.

Medication and health needs also belong in the plan. Sudden increases in confusion or restlessness may point to pain, infection, dehydration, poor sleep or a reaction to medication. That is a matter for a health professional, not a home safety tweak. If there is fever, severe pain, sudden weakness, trouble breathing or a marked change in consciousness, seek medical help promptly.

Repairs carry their own boundary. Loose flooring, broken steps, faulty locks, unsafe rails or electrical faults should be handled by a suitable qualified professional. Simple visual checks can be done without tools, such as noticing a lifted carpet edge or a light that flickers. Do not open fittings, work on live wiring, press past safety devices or attempt work at height to solve a wandering concern.

The final check is human response. Decide in advance what carers should say and do when the person heads toward an unsafe area. A direct confrontation may raise distress. Offering a drink, a familiar task, a favourite chair or a short walk with company may work better. If the person is already outside, check immediate dangers first, then use a calm approach and the agreed contact plan.

A good setup blends environmental changes, daily routine and alerting that suits the person. Safe zone alerts are most useful when they answer a clear question: has someone left an agreed area, and can the right person respond? When that question is tied to real routes, real risks and a workable wearing routine, the home becomes easier to move through and easier to keep safe.