

Training to Serve People with Dementia: Is our Health Care System Ready?

Paper 4: Dementia Training Standards for First Responders, Protective Services and Ombuds

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Introduction

Law enforcement, emergency medical technicians (EMTs), Adult Protective Services (APS), and ombudsman have frequent interactions with individuals with Alzheimer's disease or other dementias in a variety of settings and often in crisis situations. A review of dementia training requirements for law enforcement, EMTs, adult protective services, and ombudsman programs in all 50 states as well as Puerto Rico and the District of Columbia revealed that only a handful of states regulate dementia training standards for law enforcement personal, and only one state mandates such training for EMTs. The number of states that require dementia training for either Adult Protective Services staff or ombudsman is also small. Yet, these professionals are often the first line of help in emergencies, or in situations of abuse or exploitation. While a majority of states have enacted Silver Alert¹ legislation or programs that incorporate Silver Alert elements, Silver Alert programs do not supplant the need for mandatory dementia training for law enforcement, EMTs, Adult Protective Services and ombudsman who interact with individuals with Alzheimer's disease or other dementias, and not just those who are lost or wandering.

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¹ Silver Alerts are programs that broadcast alerts when vulnerable adults go missing. Almost all states have Silver Alert programs, though sometimes using different nomenclature. The few states that have not passed Silver Alert laws (Idaho, Nebraska, North Dakota and Vermont) cooperate with neighboring states in responding to Silver Alerts.

Law Enforcement and EMT

In the nationwide survey, ten states (Colorado, Florida, Indiana, Maryland, New Hampshire, New Jersey, Oklahoma, Oregon, South Carolina, Virginia) were found to have laws requiring dementia training for law enforcement personnel.² In six of these states, the training requirements were part of missing person programs for persons suffering from Alzheimer's disease or other dementias. For example, under Colorado's "lifesavers" program, the Alzheimer's Association provides training to law enforcement about the dangers of wandering, the course of Alzheimer's disease, and how to handle difficult situations safely. In New Jersey's "Safe Return" program, the statute requires that state police and local law enforcement receive training in identifying, communication with, caring for, locating, and returning persons with Alzheimer's disease and related disorders.

The other four states (Florida, Indiana, New Hampshire, and Oklahoma) have more broad-based dementia training requirements for law enforcement. Two states specify the required number of hours for training: in Indiana, officers must satisfactorily complete six hours of training; and in Oklahoma, law enforcement certification requires at least two hours of training in recognizing and "managing" a person with Alzheimer's disease or dementia. In Florida, the law requires that law enforcement officers complete training, including training on the identification of and appropriate responses for persons suffering from dementia, and on identifying and investigating elder abuse and neglect.

In 2014, New Jersey created an Alzheimer's Study Commission which, among other duties, is to consider whether law enforcement should have proper training and education to respond to persons with Alzheimer's disease.

Only one state in the survey, Connecticut, was found to have a statute governing dementia training requirements for EMTs. As part of their three-year recertification, EMTs in Connecticut must complete a 30 hour refresher training that includes training in Alzheimer's disease and dementia symptoms and care.

Adult Protective Services and Ombuds Programs

Only six states require some kind of training or education related to Alzheimer's disease or dementia for adult protective services or long-term care ombudsmen.³ The state laws vary in scope and specificity:

- California: Residential Care Facilities for the Elderly (assisted living facilities), which accept adult protective services placements of individuals with dementia must meet dementia-specific training requirements.
- Connecticut: All protection services staff who directly interact with elderly persons must receive annual training in Alzheimer's disease. The long-term care ombudsman must provide Alzheimer's training to representatives of the office.
- Florida: The long-term care ombudsman must ensure that all employees have 20 hours of training, including in the care of and medications used by residents with Alzheimer's disease and dementia.
- Iowa: All Dependent Adult Abuse investigators who directly interact with residents must receive annual training in Alzheimer's disease.
- Oklahoma: A Vulnerable Adult Task Force is charged with examining how to best provide services to vulnerable adults with dementia.
- Washington: The state long-term care ombudsman must ensure that all regional ombudsmen are educated about dementia.

2 References supporting the discussion about law enforcement and EMT are found in Table 1, attached.

3 References supporting the discussion about Adult Protective Services and long-term care ombudsman programs are found at Table 2, attached.

Recommendations

Expand Law Enforcement Training. Dementia training standards for law enforcement personnel tend to be general in nature, and delegate the establishment of training criteria, topics, and competency measures to sub-regulatory authorities. States should consider enacting laws that provide specified training topics, include competency and/or evaluation requirements, and require in-service updating. It is important that training not be limited just to issues around wandering or lost individuals but also encompass other situations such as elder abuse and financial exploitation.

Train EMTs. As only one state surveyed was found to have a requirement that EMTs receive training in Alzheimer's disease and dementia symptoms and care (and this law only took effect on October 1, 2014), this is an area ripe for legislative action. EMTs are frequently the first responders with medical training in an emergency, and specialized dementia training may be critical in ensuring good health outcomes for individuals with Alzheimer's disease and other dementias. EMT training may also be an important adjunct to the Silver Alert programs adopted by an increasing number of states.

Fund In-Depth Dementia Training For Adult Protective Services And Ombudsman Programs. These programs have unique roles in the lives of vulnerable older adults. Adult protective services workers investigate abuse, neglect, and financial exploitation, all of which are more potentially devastating to older adults with Alzheimer's disease and dementia. Long-term care ombudsmen receive complaints by or on behalf of institutionalized older adults and, in some states, those receiving care in the community. Most importantly, their role is exclusively that of an advocate for residents. Adult protective and ombudsman staff deal with people with dementia on an almost daily basis. It is critical that staff in these agencies have access to excellent, state-of-the-art dementia training.

Justice in Aging thanks the Alzheimer's Association for its generous support in the development of this paper. The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. Its mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Table 1. EMTs and Law Enforcement Dementia Training

State	Statute or Regulation	Summary
Colorado	Colo. Rev. Stat. Ann. § 24-33.5-415.9 (2007)	Grant-funded law enforcement “lifesavers” program. Where established, the Alzheimer’s Association Colorado chapter provides free training for law enforcement about the dangers of wandering, other potentially hazardous behavior secondary to Alzheimer’s disease, the course of the disease, the potential for problematic behavior that exists in each stage, and how to handle difficult situations safely.
Connecticut	Conn. Gen. Stat. § 19a-195a (2014)	Requires emergency medical technicians to complete a 30-hour refresher training that includes training in Alzheimer’s disease and dementia symptoms and care.
Florida	1. Fla. Stat. § 943.17296 (2014) 2. Fla. Admin. Code Ann. r. 11B-27.00212 (2013)	1. Each certified law enforcement officer must successfully complete training. Training to be developed in consultation with the Department of Elderly Affairs and the Department of Children and Families and must incorporate instruction on the identification of and appropriate responses for persons suffering from dementia and on identifying and investigating elder abuse and neglect. 2. Elder Abuse Training. As a part of basic recruit training or the officer’s continuing education or training, a law enforcement officer shall be required to complete training to include instruction on the identification of and appropriate responses for persons suffering from dementia and on identifying and investigating elder abuse and neglect.
Indiana	Ind. Code Ann. § 5-2-1-9 (2014)	Officers are not eligible for continued employment unless they satisfactorily complete the mandatory in-service training in interacting with persons with Alzheimer’s disease or related senile dementia, to be provided by persons approved by the secretary of family and social services and the board. The training must include six hours of training in interacting with certain vulnerable populations, including individuals with Alzheimer’s disease.
Maryland	Md. Code Ann., Human Servs. § 3-604 (2009)	Establishes criteria for Maryland’s Silver Alert programs, and requires that the state police provide training to local law enforcement agencies on the guidelines and procedures to be used to handle a report of a missing person who suffers from a cognitive impairment including dementia.
New Hampshire	N.H. Rev. Stat. Ann. § 188-F:28 (2014)	Requires the director of police standards and training council to provide education and training to law enforcement on Alzheimer’s disease and other related dementias, including additional components to effectively assist law enforcement in responding to incidents involving persons with Alzheimer’s disease.

Table 1. EMTs and Law Enforcement Dementia Training

State	Statute or Regulation	Summary
New Jersey	<p>1. N.J. Stat. Ann. § 26:2M-18(c) (2014)</p> <p>2. N.J. Stat. Ann. § 52:17B-77.7 (2005)</p> <p>3. N.J. Stat. Ann. § 52:17B-77.8 (2005)</p> <p>4. N.J. Stat. Ann. § 52:17B-77.9 (2005)</p>	<p>1. Creates an Alzheimer’s Study Commission, which shall, among other duties, consider whether law enforcement officials have proper training and education to respond to persons with Alzheimer’s disease.</p> <p>2. Creates the Safe Return Program, a national identification, support and registration program that works with local law enforcement for the safe return of individuals with Alzheimer’s disease.</p> <p>3. Requires establishment of training for the state police and local law enforcement personnel in the utilization of the Safe Return Program including guidelines for identifying, communicating with, caring for, locating, and returning persons with Alzheimer’s disease and related disorders.</p> <p>4. Provides that state police and local law enforcement may provide in-service trainings under the Safe Return Program.</p>
Oklahoma	Okla. Stat. Ann. tit. 70, § 3311.5 (2013)	For law enforcement certification, officers must have at least two hours of training about recognizing and “managing” a person with dementia or Alzheimer’s.
Oregon	Or. Rev. Stat. Ann. Ch. 24 § 2 (2014)	Requires state police and sheriff’s offices to adopt written policies relating to missing vulnerable adults, including training to interact with individuals with cognitive impairments, including dementia.
South Carolina	S.C. Code Ann. § 23-3-330 (2010)	The Missing Person Information Center will develop procedures for issuing notifications when a missing person is believed to have dementia. It will also provide education to local law enforcement and encourage radio and TV to participate in the notifications.
Virginia	Va. Code Ann. § 9-1-102 (2014)	Requires the Department of Criminal Justice Services to establish training standards and publish a model policy for law-enforcement personnel in communicating with and facilitating the safe return of individuals diagnosed with Alzheimer’s disease.

**Table 2. Adult Protective Services and LTC Ombudsman
Dementia Training**

State	Statute or Regulation	Summary
California	Cal. Code Regs. tit. 22, § 87222 (2008)	Residential Care Facilities for the Elderly that accept an APS emergency placement with dementia must meet certain dementia-specific training.
Connecticut	1. Conn. P.A. 14-194 (2014) 2. Conn. Gen. Stat. § 17b-403 (2014)	1. The Commissioner of Social Services shall ensure that all employees assigned to the Department of Social Service’s protective services for the elderly program who directly interact with elderly persons receive annual training in Alzheimer’s disease and dementia symptoms and care. 2. The long-term care ombudsman must provide training to representatives in Alzheimer’s disease and dementia symptoms and care.
Florida	Fla. Stat. § 400.0091 (2006)	The long-term care ombudsman shall ensure that all employees have a minimum of 20 hours of training, including training in care and medication of residents with dementia and Alzheimer’s disease. In addition, employees must have ten hours of continuing education annually.
Iowa	Iowa Code § 235E.2 (2010)	Dependent Adult Abuse investigators who have direct contact with residents must have training to investigate dependent adult abuse in facilities and programs including cases involving dementia.
Oklahoma	Okla. Stat. Ann. tit. 43A, § 10-112 (2010)	The Department of Human Services is authorized to develop a Vulnerable Adult Intervention Task Force. Among other tasks, the purpose of the Task Force is to study and examine how to best provide services to persons with dementia or other related disease, and to recommend a curriculum, which, at a minimum, should include training for individuals on the symptoms, causes and, evidence-based services and interventions for illnesses and conditions contained herein.
Washington	Wash. Admin. Code § 365-18-060 (2000)	The state ombudsman for long-term care programs must ensure that all regional ombudsman are educated about dementia.