Our Mission

The mission of Alzheimer’s Services of the Capital Area is to teach, care for and connect with those in our community affected by Alzheimer’s disease and other memory-related impairments. Alzheimer’s Services is a local, nonprofit organization serving the Greater Baton Rouge area by providing education and support programs to those affected by Alzheimer’s disease or dementia.

Our organization serves the following parishes: Ascension, Assumption, East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, Pointe Coupee and St. Helena. Alzheimer’s Services is not affiliated with a national organization; therefore, all funds raised remain in our 10-parish area to fulfill our goal of making a significant difference in the lives of those coping with Alzheimer’s disease. This is accomplished through our three core principles of teaching, caring, and connecting.

Our Staff

Barbara W. Auten  
Executive Director

Dana Territo  
Director of Services

Debbie Kidder Little  
Development Director

Monique Poreö  
Office Manager

Kristi Mellion, MPH  
Program Supervisor

Molly Benbrook, LMSW  
Program Coordinator

Londyn Pope May  
Development Associate/ 
Volunteer & Walk Coordinator

Leigh Bradford  
Development Associate/ 
Public Relations Coordinator

Dedrick Welch  
Respite Coordinator - Baton Rouge

Diane Hodges  
Respite Coordinator - Gonzales

Marcia Kirk  
Respite Assistant
I. Contacts and Services

A. LOCAL GOVERNMENTAL AGENCIES AND UTILITIES

Baton Rouge Area Shelters
Up to date information on locations of shelters (866) GET-INFO (438-4636)
24/7 Translators available during the call.

Baton Rouge City Police
https://www.brla.gov/203/Police-Department
9000 Airline Hwy.
Baton Rouge, LA 70815
Dial 911 for Emergencies
Non-Emergencies: (225) 389-2000
TDD 8a.m.-5p.m. Monday-Friday
225-389-5435
Health & Safety Office: 225-389-7820

Baton Rouge Fire Department
www.brgov.com/dept/fire/
8011 Merle Gustafson Dr.
Baton Rouge, LA 70802
Office: 225-354-1400

Baton Rouge Water Company
www.brwater.com
Call for any issues pertaining to water service, including safety of drinking water
8755 Goodwood Blvd.
Baton Rouge, LA 70806
Baton Rouge Water
225-925-2011
Parish Water Company
225-952-7688

Other 9-Parish Service Area Water Companies
Ascension Water Company
225-675-5644
Assumption Parish Water Company
985-369-6156
East Feliciana Rural Water System
225-683-9698
Iberville Parish Utility Department
225-687-5152
Livingston Parish Water
225-686-4400
Pointe Coupee Parish Water
225-638-4501
St. Helena Parish Water
985-748-4657
West Baton Rouge Parish Water Co.
225-336-2406
West Feliciana Parish Water
225-635-3864
LOCAL GOVERNMENTAL AGENCIES AND UTILITIES (continued)

www.brgov.com/dept/oep/
Provides information on family emergency plans and planning; register for Emergency Alert Notifications or Special Assistance 3773 Harding Blvd.
Baton Rouge, LA 70807
Of ce: 225-389-2100
Hours: Monday- Friday 8am-4:30pm

Louisiana Department of Social Services
www.dss.state.la.us
Provides a disaster food stamp program for victims and evacuees
627 N. Fourth St.
Baton Rouge, LA 70802
1-888-LAHELP-U (524-3578)
You may also pre-register for DSNAP at www.dcf.s.louisiana.gov/preregister or call 1-888-LAHELP-U (524-3578)

UTILITY COMPANIES

Cleco
www.cleco.com
2030 Donahue Ferry Road
P. O. Box 5000
Pineville, LA 71361-5000
Of ce: 318-484-7400
For emergencies or power outages: 1-800-622-6537

Demco
www.demco.org
16262 Wax Rd.
Greenwell Springs, LA 70739
Of ce: 225-261-1177
To Report an Outage:
225-261-1160 or 1-800-262-1160
Hours: Monday- Friday: 8am-4:30pm

Entergy
www.entergy.com
Report an Emergency (24/7):
1-800-9OUTAGE (968-8243)
Report an Outage or Get Status (24/7):
1-800-9OUTAGE (968-8243) or text OUT to 368374

SHERIFF’S OFFICES

Ascension 225-621-8300
Assumption 985-369-7281
East Baton Rouge 225-389-5000
East Feliciana 225-683-3313
Iberville 225-687-5100
800-577-4873

Livingston 225-686-2241
Pointe Coupee 225-638-5400
St. Helena 225-222-4413
West Baton Rouge 225-343-9234
West Feliciana 225-784-3158
B. STATE AND FEDERAL GOVERNMENT AGENCIES

**FEMA**
www.FEMA.gov
Provides rapid access to disaster assistance to all eligible individuals
Regional Office: 940-898-5399
Louisiana Recovery Office: 225-242-6000
National Disaster Assistance Hotline: 800-621-FEMA (621-3362)
TTY: 800-462-7585

**Louisiana State Police**
www.lsp.org/emergency.html
17801 Highland Rd.
Baton Rouge, LA 70810
225-754-8500
LSP HQ Main Line: 225-925-6006
For State & Federal Highway Road Closures: 800-469-4828 or Dial 511
To Report Roadway Emergencies: Dial *577

**Louisiana Office of Homeland Security & Emergency Preparedness**
www.gohsep.la.gov/
7667 Independence Blvd.
Baton Rouge, LA 70806
225-925-7500

**Louisiana Department of Health**
Government organization that monitors health facilities to ensure quality service.
www.dhh.louisiana.gov
628 N 4th St.
Baton Rouge, LA 70802
225-342-9500

**National Weather Service**
www.weather.gov
Provide updates on area weather conditions and warnings
62300 Airport Rd.
Slidell, LA 70460
504-522-7330 or 985-649-0357

**2-1-1 Assistance Line**
Source of resources during times of crisis
www.louisiana211.org
C. HEALTH ORGANIZATIONS

ASSISTIVE DEVICES (FAMILY SUPPORT)

**Advance Medical Supplies**
350 W Woodrow Wilson Ave.
Suite#241
Jackson, MS 39213
601-366-4244

**A Le Medical LLC**
1001 W. Pinhook Rd.
Lafayette, LA 70503
337-234-5679

**All-Care Medical Supply**
https://www.yellowpages.com/alexandria-la/mip/all-care-medical-supply-503223618
4120 Jackson Street Ext.
Alexandria, LA 71303
318-442-2200

**Associated Medical & Oxygen Inc.**
8870 Youree Dr.
Shreveport, LA 71115
318-798-6004

**East Baton Rouge Parish Depart of Emergency Medical Services**
http://ldh.la.gov/index.cfm/directory/detail/1210/catid/165
The sole provider of pre-hospital emergency medical care in E.B.R. Parish; dispatching and coordinating all emergency vehicles in the parish
3801 Harding Blvd.
Baton Rouge, LA 70807
225-389-5155
TTD: 225-389-5453

**Adaptive Driving Access**
www.adaptivedriving.com
6836 N. Sam Houston Pkwy. W.
Houston, TX 77064
713-874-9100

**Louisiana Assistive Technology Access Network (LATAN) (South Louisiana) - Baton Rouge**
www.latan.org
3042 Old Forge Dr.
Baton Rouge, Louisiana 70808
225-925-9000 or 800-270-6185

**Louisiana Assistive Technology Access Network (LATAN) (North Louisiana) - Shreveport**
www.latan.org
8028 Shreve Park Dr.
Shreveport, LA 71129
318-841-1548

**Samaritan Homecare**
321 South Dr.
Natchitoches, LA 71457
318-357-8547
HOSPITALS: (ON OR NEAR EVACUATION ROUTE, FAMILY SUPPORT)

Alexandria, LA:

Rapides Regional Medical Center  
www.rapidesregional.com  
211 4th St.  
Alexandria, LA  
318-769-3000

Christus St. Frances Cabrini Hospital  
www.christushealth.org  
3330 Masonic Dr.  
Alexandria, LA 71301  
318-487-1122

Crossroads Regional Hospital  
110 John Eskew Dr.  
Alexandria, LA 71303  
318-445-5111

Baton Rouge, LA:

Baton Rouge General Medical Center  
www.brgeneral.org  
Acute care hospital with two locations that serves the community of Baton Rouge

Mid City Location:  
3600 Florida Blvd.  
Baton Rouge, LA 70806  
225-387-7000  
* No Emergency Services Available

Bluebonnet Location:  
8585 Picardy Ave.  
Baton Rouge, LA 70809  
225-763-4000

Ochsner Medical Center  
www.ochsner.org  
An acute care hospital  
17000 Medical Center Dr.  
Baton Rouge, LA 70816  
225-752-2470

Our Lady of the Lake Hospital (OLOL)  
www.ololrmc.com  
An acute care hospital with a variety of elderly services for special needs  
5000 Hennessy Blvd.  
Baton Rouge, LA 70808  
225-765-6565
Lake After Hours - Greater Baton Rouge Area
Primary care facilities backed by OLOL, provides professional treatment after hours

Highland
123 Lee Dr.
Baton Rouge, LA 70808
225-302-5757
Hours: Mon-Fri: 9am-9pm
Sat- Sun: 9am-6pm

Brusly
4463 Hwy. 1 South
Brusly, LA 70767
225-771-8012
Hours: Mon-Fri: 9am-9pm
Sat-Sun: 9am-6pm

Hammond
42205 Veterans Ave.
Hammond, LA 70403
985-375-9979
Hours: Mon-Fri: 9am-9pm
Sat-Sun: 9am-6pm

Lake After Hours Kids
12525 Perkins Rd.
Baton Rouge, LA 70810
225-765-5437
Hours: Mon-Fri: 1pm-9pm
Sat- Sun: 9am-6pm

Zachary
18989 Old Scenic Hwy.
Zachary, LA 70791
225-654-8850
Hours: Mon-Fri: 9am-9pm
Sat- Sun: 9am-6pm

Drusilla
3333 Drusilla Ln.
Baton Rouge, LA 70809
225-924-3906
Hours: 9am-11pm: 7 days a week

Perkins
12525 Perkins Rd.
Baton Rouge, LA 70810
225-819-8857
Hours: 9am-9pm: 7 days a week

Coursey
13702 Coursey Blvd.
Baton Rouge, LA 70817
225-246-8000
9am-6pm: 7 days a week

Denham Springs
31985 LA Hwy. 16
Denham Springs, LA 70726
225-791-8800
9am-6pm: 7 days a week

O’Neal
2380 O’Neal Ln., Ste. A
Baton Rouge, LA 70816
225-756-0780
Hours: Mon- Fri 9am-6pm
Sat- Sun: 9am-6pm

Central
8751 Sullivan Rd.
Baton Rouge, LA 70818
225-262-8377
9am-9pm: 7 days a week

Denham Springs - South
8249 Vincent Rd.
Denham Springs, LA 70726
225-480-1210
Hours: Mon-Fri: 9am-9pm
Sat- Sun: 9am-6pm

Website: www.lakeafterhours.com

www.alzbr.org 7 2018 Printing
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HOSPITALS ON OR NEAR EVACUATION ROUTE, FAMILY SUPPORT CONTINUED

Gonzales, LA:

St. Elizabeth Hospital
https://steh.com/pages/home.aspx
1125 W. Hwy. 30
Gonzales, LA 70737
225-765-8872

Houston, TX:

Park Plaza Hospital
https://parkplazahospital.com/
1313 Hermann Dr.
Houston, TX 77004
713-527-5000

Houston Methodist Hospital
Texas Medical Center
www.houstonmethodist.org
6565 Fannin St.
Houston, TX
713-790-3311

St. Joseph Medical Center
https://sjmctx.org
1401 St. Joseph Pkwy.
Houston, TX 77002
713-757-1000

MD Anderson Cancer Center
www.mdanderson.org
1515 Holcombe Blvd.
Houston, TX 77030
713-792-2121

Jackson, MS:

University of Mississippi Medical Center/
Blair E Batson Hospital For Children
www.ummchealth.com
2500 N State St.
Jackson, MS 39216
Adult Hospital: 601-984-1000
Children's Hospital: 601-984-2147

Baptist Medical Center
www.mbhs.org
1225 N State St.
Jackson, MS 39202
601-968-1000
Restorative Care: 601-968-1042

Livingston:

Our Lady of the Lake Livingston
http://cm.livingstonparishchamber.org/list/member/
our-lady-of-the-lake-rmc-1483
5000 O’Donovan Blvd.
Walker, LA 70785
225-271-6000
HOSPITALS ON OR NEAR EVACUATION ROUTE, FAMILY SUPPORT CONTINUED

Lafayette, LA:

**Lafayette General Medical Center**  
www.lafayettageneral.com  
1214 Coolidge St.  
Lafayette, LA 70503  
337-289-7991

**Lafayette General Southwest**  
2810 Ambassador Caffery Pkwy.  
Lafayette, LA 70506  
337-981-2949

**University Hospital & Clinics**  
2390 West Congress St.  
Lafayette, LA 70506  
337-261-6000

**Lafayette General Surgical Hospital**  
1000 West Pinhook Rd.  
Lafayette, LA 70503  
337-289-8095

**Abrom Kaplan Memorial Hospital**  
1310 West 7th St.  
Kaplan, LA 70548  
337-643-8300

**Our Lady of Lourdes Regional Medical Center**  
4801 Ambassador Caffery Pkwy.  
Lafayette, LA 70508  
337-470-2000

**Lafayette Surgical Specialty Hospital**  
1101 Kaliste Saloom Rd.  
Lafayette, LA 70508  
337-769-4100

**St. Martin Hospital**  
210 Champagne Blvd.  
Breaux Bridge, LA 70517  
337-332-2178

**Acadia General Hospital**  
1305 Crowley Rayne Hwy.  
Crowley, LA 70526  
337-783-3222

Shreveport, LA:

**CHRISTUS Highland Medical Center**  
www.christushealth.org/shreveport-bossier  
1453 E. Bert Kouns Industrial Loop  
Shreveport, LA 71105  
318-681-4500

**University Health -Shreveport**  
www.uhsystem.com  
1541 Kings Hwy.  
Shreveport, LA 71103  
318-626-0000  
TDD: 318-626-0060  
Emergencies: 318-626-4021

**Willis-Knighton Medical Center**  
www.wkhs.com  
2600 Greenwood Rd. (Hwy 80)  
Shreveport, LA 71103  
318-212-4000
VITAL RECORDS

New Orleans
Central Office
1450 Poydras St., Ste. 400
New Orleans, LA 70112
504-593-5100

Shreveport
Caddo Parish Health Unit
1035 Creswell Ave.
Shreveport, LA
318-676-5222

Lake Charles
Calcasieu Parish Health Unit
3236 Kirkman St.
Lake Charles, LA 70601
337-478-6020

Marrero
Jefferson Parish Health Unit
1855 Ames Blvd.
Marrero, LA 70072
504-349-8855

Lafayette
Lafayette Parish Health Unit
220 W. Willow St., Bldg. A
Lafayette, LA 70501
337-262-5616

Thibodaux
Lafourche Parish Health Unit
2535 Veterans Blvd.
Thibodaux, LA 70301
985-447-0800

Monroe
Ouachita Parish Health Unit
1650 Desiard St.
Monroe, LA 71201
318-361-7370

Alexandria
Rapides Parish Health Unit
5604 Coliseum Blvd., Ste. A
Alexandria, LA 71303
318-487-5282x4

Hammond
Tangipahoa Parish Health Unit
15481 W. Club Deluxe Rd.
Hammond, LA 70403
985-543-4165

Baton Rouge
Clerk of Court’s Office
222 St. Louis St.
Baton Rouge, LA
225-389-5277

PHARMACIES

Walgreens
1-800-925-4733 (1-800-WALGREENS)

Rite-Aid
1-800-748-3243

CVS
1-800-746-7287

Wal-Mart
1-800-925-6278
D. NONPROFITS

Alzheimer's Services of the Capital Area
www.alzbr.org
3772 North Blvd.
Baton Rouge, LA 70806
225-334-7494 or 1-800-548-1211

Catholic Charities
https://www.ccdiobr.org
1900 S. Acadian Thruway
Baton Rouge, LA 70808
225-336-8700

American Red Cross Chapters
www.redcross.org

Louisiana Capital Area-West ARC
Louisiana Capital Area
4655 Sherwood Common Blvd.
Baton Rouge, LA 70816
225-291-4533

Southwest Louisiana ARC
3512 Kirkman St.
Lake Charles, LA 70607
337-478-5122

Acadiana ARC
215 E Pinhook Rd.
Lafayette, LA 70501
337-234-7371

North Louisiana ARC
North Louisiana Chapter (Northwest Louisiana)
805 Brook Hollow Dr.
Shreveport, LA 71105
318-865-9545

Central Louisiana ARC
425 Bolton Ave.
Alexandria, LA 71301
318-442-6621

Northeast Louisiana ARC
414 Breard St.
Monroe, LA 71210
318-323-5141

Southeast Louisiana ARC
260 Canal St.
New Orleans, LA 70119
504-620-3105

Northshore ARC
300 Ashland Way
Madisonville, LA 70447
985-892-4317

American Red Cross-Safe and Well
safeandwell.communityos.org
After a disaster, register yourself as “Safe and Well” or search for loved ones

Crisis Intervention Center
www.cicla.org
Support in times of crisis
4837 Revere Ave.
Baton Rouge, LA 70808
225-924-1431
Baton Rouge: 225-924-3900
St. Tammany: 985-231-1142
KIDLINE: 1-800-CHILDREN
National Suicide Prevention Lifeline: 1-800-273-TALK
Text: 225-424-1533
National Disaster Distress Helpline
Emotional support through disaster distress
1-800-985-5990
Text TalkWithUs to 66746
For Spanish speakers, text Hablanos to 66746
1-800-985-5990 and press “2”
For Deaf/ Hard of Hearing, text TalkWithUs to 66746
Preferred relay service: 1-800-985-5990
TTY: 1-800-846-8517

Capital Area Agency on Aging
www.capitalaaa.org
To register for the Senior Rx Program, a prescription drug assistance program
6554 Florida Blvd., Ste. 221
P.O. Box 66038
Baton Rouge, LA 70896
225-922-2525
1-800-833-9883

Greater Baton Rouge Food Bank
10600 S. Choctaw Dr.
Baton Rouge, LA 70815
225-359-9940

Capital Area United Way
www.cauw.org
Rent/utility assistance/food/counseling/clothing/shelter/health care needs/housing/volunteer or donate items
700 Laurel St.
Baton Rouge, LA 70802
225-383-2643
info@cauw.org

Dial 2-1-1
24-hour assistance in disaster situations
www.211.org
877-923-2114
225-923-2114

Council on Aging - East Baton Rouge Parish
Congregate Meals Program and meal sites
www.ebrcoa.org
5790 Florida Blvd.
Baton Rouge, LA 70806
225-923-8000

Families Helping Families of Greater Baton Rouge
Resource center for individuals with disabilities and their families
www.fhfgbr.org
2356 Drusilla Ln.
Baton Rouge, LA 70809
225-216-7474
866-216-7474
Fax: 225-216-7977

Family Road of Greater Baton Rouge
www.familyroadqbr.org
323 East Airport Ave.
Baton Rouge, LA 70806
225-201-8888

Louisiana Answers
LouisianaAnswers.com
Assistance for older adults, individuals with disabilities, their family members and caregivers in finding information about long-term supports and services.
Aging and Disability Resource Centers and SenioRx - Caddo Council on Aging
1700 Buckner St., Ste. 240
Shreveport, LA 71101
318-676-7900
800-256-3003
Fax: 318-676-7911

Cajun Council on Aging
110 Toledo Dr.
Lafayette, LA 70506
337-572-8940
800-738-2256
Fax: 337-572-8974

Calcasieu Council on Aging
3950 Hwy. 14
Lake Charles, LA 70607
337-474-2583
800-223-5872
Fax: 337-474-6563

Capital Area Agency on Aging
6554 Florida Blvd., Ste. 221
Baton Rouge, LA 70896
Phone: 225-287-7414
800-280-0908
Fax: 225-287-7418

New Orleans Council on Aging
2475 Canal St., Ste. 400
New Orleans, LA 70119
504-827-7843
888-922-8522
Fax: 504-827-7851

Terrebonne Council on Aging
995 West Tunnel Blvd.
Houma, LA 70360
985-858-5135
1-800-353-3265
Fax: 985-851-3213

Louisiana Volunteers in Action (LAVA)
www.lava.dhh.louisiana.gov

Louisiana Association of Nonprofit Organizations (LANO)
http://www.lano.org/
528 Louisiana Ave.
Baton Rouge, LA 70802
225-929-5266

Acadiana VOAD
http://www.acadianavoad.com/
If emergency call 911
In need of assistance call 232-HELP/ LA 211

The United Methodist Church
Louisiana Conference
https://www.la-umc.org/newsdetail/louisiana-disaster-response-6848993
527 North Blvd.
Baton Rouge, LA 70802
225-346-1646
II. Family Support

A. PHYSICAL TRANSPORT METHODS

Bed Mobility
Persons who spend a lot of time in bed are often too sick to transfer themselves in and out of bed and to change positions in the bed.

1. If the person has a hospital bed, raise the height of the bed to your waist height to avoid bending over. Help the persons move to the side of the bed by rolling him toward you.
2. Support the persons at the shoulders and buttocks area. To transfer from laying down to sitting, instruct the persons to push off the bed with his elbow while you reach underneath his knees and assist him with bringing his feet over the edge of the bed.
3. Squat down as you lower his feet toward the ground.

Sit to Stand Transfer
1. Place a gait belt around the person's waist to provide something for you to hold onto.
2. Do not hold the person by the armpit as this can cause damage to his/her shoulder.
3. Instruct the person to scoot forward toward the edge of the seat until their feet are flat on the floor then place their hands on the armrests of the chair or next to their sides on the bed.
4. Stand facing the person, bend your knees and hold each side of the gait belt.
5. Rock the person back and forth three times then, on three, instruct the persons to push up with their arms as you pull them close to your body as you move into a standing position.

Stand Pivot
The stand pivot transfer is useful for persons who can support most of their weight by standing but are too weak to take steps to move from one place to another.

1. Perform the sit to stand transfer.
2. From this position, continue to hold each side of the gait belt and hold the person close to your body.
3. Take small steps and rotate your body until the person's back is facing the seat he/she is moving to.
4. Slowly squat and lower him/her into a seated position.
**Sliding Board Transfer**

Sliding board transfers are used for persons who are unable to bear weight on their legs.

1. From a sitting position on the bed, instruct the person to lean to the side and place a sliding board under the person's buttocks on the stronger side of his/her body.
2. Position the wheelchair at a 90-degree angle to the bed.
3. Remove the armrest on this side of the wheelchair and position the opposite end of the sliding board on the seat surface.
4. Place a gait belt around the person's waist.
5. Assist him/her with shifting her weight from side to side by squatting in front and holding each side of the gait belt as he/she scoots along the sliding board.
6. You can also perform this transfer by sitting on a stool in front of the person.
7. Once he/she is in the wheelchair, help him/her shift her body weight to the side and remove the sliding board from underneath the buttocks.
8. Ask the person (with gestures, words, or physical assistance) to turn his/her face toward the destination to see where he/she is going.
9. Tell the person you are going to begin to move on the count of three.
10. Count to three and scoot the person onto the board.
11. Continue scooting the person along the board (using the counts of three) until the person is on the destination surface.

**B. TRAVEL GUIDELINES**

**GENERAL**

- Always introduce yourself and explain to the individual what you are going to do.
- It can be helpful to stick with the familiar. If possible, travel to familiar destinations that involve minimal changes to daily routine.
- If staying in a hotel, consider informing the staff about your specific needs ahead of time so they can prepare to assist.
- Travel during the time of day that is best for the person with dementia.
- A change in environment can trigger wandering behavior. Consider enrolling in MedicAlert® + Safe Return®. If you are already enrolled, notify the program of travel plans. The MedicAlert® + Safe Return® telephone number is 1-888-572-8566.
- Pack copies of important documents, medication, travel itinerary, water, snacks and activities.
- Evaluate options for the best mode of travel. Based on needs, abilities, safety, and preferences, decide what would provide the most comfort.
- Avoid planning a trip where emergency health services and pharmacies to refill prescriptions are not easily accessible.
- Keep travel simple and manageable: Plan a short trip and avoid multiple stops.
- Avoid elaborate sightseeing trips or complicated tours, which may cause anxiety and confusion.
Evacuating to homes of family & friends

Be sure to prepare friends or family members for the visit by explaining dementia and the changes it may have caused. Go over any special needs, and explain that the visit may be short or that you may need to change activities on short notice. See some additional considerations below:

• Request in advance any necessary preparations, such as having certain foods in the refrigerator and bedroom space set up. If it would be helpful, ask your hosts to label important areas, like the bathroom and bedroom, with signs.

• Stay as close to normal routine as possible. For example, bathing and eating times should be on a similar schedule to what they are at home. Eating in familiar settings, such as a dining room table, may be less confusing than eating at a crowded restaurant.

• Be realistic about abilities and limitations. Allow for extra time when scheduling activities.

Special considerations for air travel

Moving through airports requires focus and attention, as the level of activity can be distracting, overwhelming and difficult to understand. Here are a few things to keep in mind for travel:

• Schedule flights that require ample time between connections.

• Even if walking is not difficult, consider requesting a wheelchair or transport so that an attendant can help you get from place to place. Most airlines ask for at least 48-hours notice.

• Contact the Transportation Security Administration (TSA) at least 72 hours prior to travel for information about what to expect during the security screening.

While at the airport, remind the person what is involved and consider telling the agent at the security checkpoint that the person has dementia.

• Ask for assistance from the airport employees and in-flight crew.

• If the person needs help using the restroom, look for companion care bathrooms so you can more easily assist and will not have to leave the person unattended.

• Stay with the person at all times.

Traveling with someone who has Alzheimer’s

It is important to remember several things to ensure a positive, calm traveling experience:

• Avoid very loud restaurants and places with many people especially if the person is overly tired.

• Learn to recognize warning signs of anxiety and agitation.

• Select restaurants and times to avoid rush hour traffic.

• Avoid physical restraint but calmly redirect.

• Avoid moving too quickly or appearing too hurried.

• Be patient with mobility of individual. Use short simple sentences and instructions. Ask for help if available.

• If behavior becomes difficult, avoid physical restraint and try to redirect.

• Do not take aggressive behavior personally. Speak calmly and avoid being drawn into an argument.
To deal with the demands of traffic flow that would be created by a hurricane or other evacuation, contraflow freeway segments have been planned. Through the use of designated contraflow points, evacuation flow is enhanced through movement of all traffic in the same direction. This diversion enables some or all normally incoming lanes to serve as outgoing lanes to facilitate and speed evacuation. Several different routes and contraflow crossover points are planned for use in an evacuation of the Southeast Louisiana area.

http://gohsep.la.gov/PREPARE/EMERGENCY-PREPAREDNESS-GUIDE
Important Documents to Keep on Hand

Keep copies of the following documents in an easily accessible location at home as well as in another secure location away from home.

- Driver’s License/State I.D./Passport/Green Card/Birth Certificate
- Current photo of individual with Alzheimer’s/dementia
- Social Security card
- Doctors’ names and contact information/current medical record including blood type.
- A list of current medications and dosages. (Bring pill bottles, account information with pharmacy)
- Insurance card(s), insurance information, including policy number and member name.
- Medicaid/Medicare information.
- Life support equipment and durable medical equipment used.
- Phone numbers and addresses of local police and fire departments, hospitals and poison control.
- A list of food and drug allergies.
- Type of diet/how food is prepared.
- Copies of legal papers, such as a living will, advance directives and power of attorney.
- Names and contact information of friends and family members to call in case of an emergency.
- Log-ins and passwords (banks, pharmacies, insurance for internet access).

Hospitals and Pharmacies

Finding where hospitals and pharmacies are in other cities is very important when one has been displaced from his/her home for a long period of time. In this manual, there is a list of hospitals and pharmacies with their contact information (name, address, phone number) to make it easier for one to find them in cities they are not familiar with. When going to a pharmacy that is not your home pharmacy, make sure you have all prescription information (pill bottles included), and insurance information.

It is always a good idea to keep a stockpile of medicine, prescription and over the counter, for use in times of emergency.

For more information, see the Health Organization section of this manual, pages 4-8.

Community and Media Contacts

During a crisis, whether evacuating or sheltering-in-place, you will need to know who to contact about various questions you may have. Contacts can include, but are not limited to, phone numbers of community help sources, governmental agencies, television and radio stations and web links to their corresponding sites.

A detailed list of community contacts can be found in the Contacts and Services section of this manual, pages 2-4.
Assistive Devices and Equipment

Evacuation and transport of your loved one can be a chaotic experience for everyone involved. It is a good idea to employ the use of a safe return bracelet or other device at all times with a patient with Alzheimer’s. During an evacuation or disaster these devices become even more important and potentially life-saving.

MedicAlert® + Safe Return ID® is a 24-hour nationwide emergency response service for individuals with Alzheimer’s or a related dementia who wander or have a medical emergency. It provides 24-hour, nationwide assistance, no matter when or where the person is reported missing. To register:

• Call: 1-888-572-8566
• Online: at www.medicalert.org/safereturn
• Mail: complete and mail in enrollment form found in the back of the manual to: MedicAlert® + Alzheimer’s Association Safe Return® P.O. Box 21009 Lansing, MI 48909
• Fax options: complete and fax in enrollment form found in the back of this manual to 1-800-863-3429.
• One-time fee; registration can take 3-4 weeks.

C. COUNSELING

Communicating among family members

• Listen to each family member with respect. Coping with a progressive illness, such as Alzheimer’s, can be stressful — and not everyone reacts in the same way. Family members may have different opinions. Some relatives may deny what is happening; a long-distance relative may be resented for living far away; or there may be disagreement about financial and care decisions, especially at the end-of-life. These issues are complex and require ongoing discussions. Give everyone an opportunity to share their opinion and avoid blaming or attacking each other, as this will only cause more hurt.

• Discuss caregiving responsibilities. Talk through caregiving roles and responsibilities. Make a list of tasks and include how much time, money and effort may be involved to complete them. Divide tasks according to the family member’s preferences and abilities. Some family members may be hands-on caregivers, responding immediately to issues and organizing resources. Others may be more comfortable with being told to complete specific tasks.

• Continue to talk. Keep the lines of communication open. Schedule regular meetings or conference calls to keep everyone involved up-to-date. Discuss how things are working, reassess the needs of the person with Alzheimer’s, and decide if any changes in responsibilities are needed. Plan for anticipated changes as the disease progresses.

• Cope with changes and loss together. As Alzheimer’s progresses and cognitive abilities change, it is normal to experience feelings of loss. Caregivers and family members may want to seek support from others who are dealing with similar situations. Support groups are available. Alzheimer’s Foundation of America (AFA) provides an online support group as well as phone line support service, which can be reached at 866-232-8484.

• Seek outside help. If tensions and disagreements are ongoing, you may want to seek help from a trusted third party individual such as a spiritual leader, mediator or counselor. Sometimes, an outside perspective can help everyone take a step back and work through the difficult issues. The AFA is staffed with social workers who can help any time — day or night.
Emotional Needs

Feelings - Be an active, supportive listener
• Allow the person to talk.

Help identify emotions
• Help the person talk about his or her emotions by identifying them.
• Share your own feelings.

Help manage emotions
• Redirect the person by changing the subject, environment or activity.

Avoid surprises and create structure
• Emotional outbursts can happen when the person feels loss of control or a situation seems ambiguous.
• Find occasions to seek the person's opinion and let him or her exercise control.

Be positive and reassuring
• Foster positive emotions to help balance feelings of sadness and anger.
• Use phrases that help to comfort and release tension.

Enjoy, Laugh, Reflect
• Talk about happy events.
• Listen to the person's stories, even if he or she repeats them.
• Music is beneficial for nearly all situations.
• Integrate the individual's choice of music.

Dealing with Behavioral Expressions
• Promote a sense of security and comfort.
• Use positive reinforcements, such as smiles, a gentle touch, personal attention and praise.
• Maintain a calm manner even when the individual becomes aggressive or agitated.
• Try to keep a sense of humor even in the most difficult situations.
• Keep to the same routines.

• Restrict choices to minimize confusion. Do not ask “What would you like for lunch, soup or a sandwich?” Instead say, “Here's some soup.”
• Try to engage in the person's choice of conversation or mindset to ease anxiety.
• Do not try to restrain the person during a catastrophic reaction. Try to identify the immediate cause. Think about what happened right before the reaction that may have triggered the behavior. Rule out pain as the cause of the behavior. Pain can trigger aggressive behavior for a person with dementia. Focus on feelings, not the facts. Rather than focusing on specific details, consider the person's emotions. Look for the feelings behind the words or actions.

Depression
Non-drug treatment
• Schedule a predictable daily routine, taking advantage of the person's best time of day to undertake difficult tasks, such as bathing.
• Make a list of activities, people or places that the person enjoys and schedule these things more frequently.
• Help the person exercise regularly, particularly in the morning.
• Acknowledge the person's frustration or sadness, while continuing to express hope that he or she will feel better soon.
• Celebrate small successes and occasions.
• Find ways that the person can contribute to family life and be sure to recognize his or her contributions.
• Provide reassurance that the person is loved, respected and appreciated as part of the family, and not just for what she or he can do now.
• Nurture the person with offerings of favorite foods or soothing or inspirational activities.
• Reassure the person that he or she will not be abandoned.
The Six R’s of Behavioral Management
(Also found in The 36 Hour Day, By Nancy L. Mace, M.A. and Peter V. Rabins, M.D. M.P.H.)

1. Restrict (Don’t)
   • Don’t raise your voice, confront, criticize, ignore, shame or ridicule the person
   • Don’t try to discuss the angry behavior
   • Don’t initiate physical contact during angry outburst

2. Reassess
   • Look at the environment
   • Has the environment changed?
   • Was the individual taken from his/her routine?
   • Did something trigger a catastrophic event in that individual’s life?
   • Is a familiar face missing?

3. Reconsider
   • Get in their world. Live with them for the moment. Ask yourself how things must seem from their point of view.

4. Re-channel (Redirect)
   • Distract the individual to a more pleasurable topic or activity.

5. Reassure
   • Be calm and soothing.

6. Review
   • Look for patterns in the aggression - keep a log
   • What did you learn from this experience?
   • How did you respond to it?
   • What did you do right and what might you do next time?

Tips for Successful Communication:

Control the environment.
• Reduce distractions: turn off the TV/radio, decrease the number of people in the room, and remove distracting objects.
• Allow the person to “go where they want to go” with their thoughts.
• Close windows or blinds to reduce glare and distraction.

Promote Comprehension:
• Slow your rate of speech and use simple sentences and allow time for individuals to process and respond to information.

Promote Conversation Engagement:
• Picture description - Use magazines that match the person’s interests.
• Description of the room - Game of “I Spy.”
• Story telling - historical reminiscing.
• Board games, old videos, old music.
What to do when Alzheimer's patient is refusing care:

Refusal to get out of bed or refusal to join family:
First, assess physical factors such as injury from a fall, bruises, temperature/fever, urinary tract infection, or oral infection. Keep a thermometer handy and know how to use it. Make a point every day or so of inspecting skin for dryness, sores or bruises. Catching skin or mouth sores early on will limit long-term illness. Of positive activities, walking, favorite TV shows, and encouragement without pressuring the individual to participate. Be patient and try again in a short time. Assess for too much noise, harsh lighting, or specific individuals who cause distress. Correct these distractions and integrate positive factors such as music, aroma, comfortable fabrics and warmer room temperatures.

Refusal to perform tasks and activities:
The inability to fully perform tasks for oneself can cause an individual to avoid those situations. Assist them as much as possible while encouraging them to do as much for themselves without embarrassment. This is time-consuming, but it is the best route for enhancing self-esteem and independence.

Refusal to take medication:
Sometimes side effects result from medication that is unbearable to the recipient. Learn what possible side effects can occur from the drugs your loved one takes. Consult with the doctor to see if over-the-counter anti-nausea, anti-diarrhea, or anti-dizziness products can be taken with prescription medications. Perhaps the medication can be taken at bedtime or mealtime to reduce side effects. Consult with physician as to what medications can be crushed and administered through other foods such as orange juice or apple sauce.

Refusal to bathe or change clothes:
Limit other people’s presence (even their voices), approach in a non-threatening way, undress/bathe one area at a time and keep the rest covered, speak calmly and tell your loved one what you are doing each step of the process. Talk about pleasant memories and stories as you are bathing/dressing. Integrate music or essential oils for soothing aroma, and lavender is known for being a calming oil.

Refusal to eat or clean teeth:
Oral hygiene is essential for elderly persons since poor hygiene can make eating painful and compromise nutrition. Avoid letting oral health get to a point where it is a problem. The sense of taste declines with age, so make efforts to improve the flavor of food, make it appear appetizing, and ensure that portions are of the right size and consistency. You may need to provide pre-cut portions or thickened liquids. Better option is adapted utensils and plates help your loved one feed themselves.

Sundowning
What is Sundowning?

• Individuals suffering from acute or chronic confusion become more confused, restless and insecure late in the day, especially at dusk.
• Sundowners become more demanding, upset, suspicious, disoriented; they see, hear, believe things that are not real, and they may wander all night.

Suggestions for handling Sundowning:

Keep the home well lit in the evening.
Adequate lighting may reduce the agitation that occurs when surroundings are dark or unfamiliar.
Make a comfortable and safe sleep environment. The person’s sleeping area should be at a comfortable temperature. Provide nightlights and other ways to keep the person safe, such as appropriate door and window locks. Door sensors and motion detectors can be used to alert family members when a person is wandering. Many older adults awaken many times.

Maintain a schedule. As much as possible, encourage the person with dementia to adhere to a regular routine of meals, rising and going to bed. This will allow for more restful sleep at night.

Avoid stimulants. Reduce or avoid alcohol, caffeine, and nicotine, which can all affect ability to sleep. Discourage watching television during periods of wakefulness at night, as it can be stimulating.

Plan more active days. A person who rests most of the day is likely to be awake at night. Discourage afternoon napping and plan more challenging activities such as doctor appointments, trips and bathing in the morning or early afternoon. Encourage regular daily exercise, but no later than four hours before bedtime.

Talk to a doctor. Discuss sleep disturbances with a doctor to help identify causes and possible solutions. Most experts encourage the use of non-drug measures rather than medication.

Be mindful of your own mental and physical exhaustion. If you are feeling stressed by the late afternoon, the person may pick up on it and become agitated or confused. Try to get plenty of rest at night so you have more energy during the day.

Share your experience with others. Join AFA, its online support community and message boards, and share what response strategies have worked for you and get more ideas from other caregivers.

D. SHELTERING AND PERSONAL HYGIENE

Dressing. As the disease progresses beyond the early stages, choosing and putting on clothes can be frustrating for the person with dementia. The person may not remember how to dress or may be overwhelmed with the choices or the task itself.

• Simplify choices. Keep closets free of excess clothing. A person may panic if clothing choices become overwhelming. If appropriate, give the person an opportunity to select favorite outfits or colors, but try offering just two choices.

• Organize the process. Lay out clothing in the order that each item should be put on. Hand the person one item at a time while giving simple, direct instructions such as “Put your arms in the sleeves,” rather than “Get dressed.”

• Pick comfortable and simple clothing. Cardigans, shirts and blouses that button in front are easier to work than pullover tops. Substitute Velcro® for buttons, snaps or zippers, which may be too difficult to handle. Make sure that clothing is loose fitting, especially at the waist and hips, and choose fabrics that are soft and stretchable.

• Choose comfortable shoes. Make sure the person has comfortable, non-slip shoes.

• Be flexible. If the individual wants to wear the same outfit repeatedly, buy duplicates or have similar options available. Even if the person’s outfit is mismatched, try to focus on the fact that he or she was able to get dressed. Keep in mind that it is important for
the individual to maintain good personal hygiene, including wearing clean undergarments, as poor hygiene may lead to urinary tract or other infections that further complicate care. It is all right if the person wants to wear several layers of clothing, just make sure he or she does not get overheated. When outdoors, make sure the person is dressed for the weather.

**Bathing**

Bathing is often the most difficult personal care activity that caregivers face. Because it is such an intimate experience, people with Alzheimer's and other dementias may perceive it as unpleasant or intrusive. You should never leave the affected individual alone while bathing.

Prepare the bathroom in advance by:

- **Gathering bathing supplies.** Have large towels (that you can completely wrap around the person for privacy and warmth), shampoo and soap ready before you tell the person that it is time to bathe. Add calming aromas.
- **Making the environment comfortable.** Pad the shower seat and other cold or uncomfortable surfaces with towels. Check that the room temperature is pleasant.
- **Placing soap, shampoo and other supplies within reach.** Try using hotel-sized plastic containers of shampoo, and have a washcloth ready to cover the person's eyes to prevent stinging.
- **Monitoring water temperature.** The person may not sense when the water is dangerously hot or may resist bathing if the water is too cool. Always check the water temperature, especially if the person draws his or her own bath.

**Helping the person feel in control:**

- **Give the person choices.** Ask: “Would you like to take a bath or a shower?” or “Do you prefer to bathe now or in 15 minutes?”
- **Fill the tub with 2 to 3 inches of water.** Then assess the person's reaction to getting in. It may be better to fill the tub after the person is seated.
- **Be sure the person has a role.** Have the person hold a washcloth or shampoo bottle.
- **Be aware that the person may perceive bathing to be threatening.** Have activities ready in case the person becomes agitated. For example, play soothing music or sing together. If the person resists bathing, distract him or her and try again later.
- **Always protect the person's dignity and privacy.** Try to help the person feel less vulnerable by covering the person with a bath blanket while undressing. Let the person hold a towel in front of his or her body, in and out of the shower or tub, to help ease anxiety.
- **Have a familiar person of the same sex help, if that is more comfortable.** Cover or remove the mirrors if a reflection leads the person to believe there is a stranger in the room.

**Adapting the Bathing Process:**

- **Set a regular time for bathing.** If the person usually bathes in the morning, it may confuse him or her to bathe at night. Determine what time of day is best for the person with dementia. Then set a routine.
- **Be gentle.** The person's skin may be very sensitive. Avoid scrubbing. Check the spray on the showerhead to make sure the water pressure is not too intense.
Adapting the Bathing Process (continued):

- **Simplify the bathing process.**
  Try different approaches to make bathing easier. For example, sew pockets into washcloths to help the person hold on to the soap, or use soap that washes both hair and body.

- **Coach the person through each step.**
  For example: “Put your feet in the tub.” “Sit down.” “Here is the soap.” “Wash your arm.”

- **Use other cues to remind the person what to do.**
  Try using a “watch me” technique or lead by example. Put your hand over the person's hand, gently guiding the washing actions.

- **Use a tub bench or bath chair.**
  Having the person sit while showering may be easier and safer. Look for a chair that can be adjusted to different heights.

- **Be sure to cleanse hard-to-reach areas.**
  Wash between folds of skin and under the breasts. It is important that genital areas are cleansed, especially if incontinence is a problem.

- **“Sponge bathe” as an alternative.**
  Don’t worry about the frequency of bathing. “Sponge baths” with a washcloth can be effective between showers. You may want to try non-rinse soap products, which can be used with warm towels and applied under the guise of providing a “massage.”

**Medication Safety**

A person with Alzheimer's or other dementia may be prescribed multiple medications, and may take medications for other conditions as well. Medications are powerful. Care needs to be taken, especially when more than one medication is being used. Use these safety tips to help avoid medication-related problems.

**Working with the Doctors and Pharmacists**

- **Coordinate with all care providers.**
  A person with Alzheimer's may be under the care of more than one doctor. Make sure all health care team members know about any prescription and over-the-counter medications, including herbal or vitamin supplements. Each time you go to an appointment, take a list of current medications and dosages.

- **Ask your doctor or pharmacist to check for possible drug interactions.**
  When a new medication is prescribed, ask whether it is okay to take it with other current medications. Also, remind the health care team of any allergies to medications or side effects that have occurred in the past.

- **Get details.**
  Find out as much as possible about every medication, including name, purpose, dosage, frequency and possible side effects. If troubling side effects occur, report them to the doctor.

- **Take as directed.**
  Do not ever change dosages without first consulting the doctor who prescribed the medication. Administer only prescribed medications. If cost or side effects are an issue, tell the doctor. There may be other solutions.
Working with Doctors and Pharmacists (continued):

- **If swallowing is a problem, ask if the medication is available in another form.**
  A liquid version may be available, or in some cases medications can be crushed and mixed with food. However, no pill or tablet should be crushed without first consulting your physician or pharmacist. Crushing some medications may cause them to be ineffective or unsafe.

- **Maintain medication records.**
  Keep a written record of all current medications, including the name, dosage and starting date. Consider signing up for MedicAlert® Alzheimer’s Association Safe Return®, a service that provides an online personal health record of health conditions and current medications. Or, carry a medication list with you in your wallet or purse. This record will be invaluable in the event of a serious drug interaction or overdose.

Giving Medication to Someone with Alzheimer’s

In the early stages of Alzheimer’s, the person with dementia may need help remembering to take medications. As a caregiver, you may find it helpful to:

- **Use a pill box organizer.**
  Using a pill box or keeping a daily list or calendar can help ensure medication is taken as prescribed.

- **Develop a routine for giving the medication.**
  Ask the pharmacist if medications should be taken at a certain time of day or without food. Then create a daily ritual. This might involve taking medications with breakfast or right before bed.

- **Dispose of medications that are no longer being used or expired.**

As the disease progresses, you’ll need to provide a greater level of care. In addition to using a pill box organizer and keeping a daily routine, try these tips:

- **Use simple language and clear instructions.**
  For example, say “Here’s the pill for your high blood pressure. Put it in your mouth and drink some water.”

- **If the person refuses to take the medication, stop and try again later.**

- **Make changes for safety.**
  Be sure to place medications in a locked drawer or cabinet to avoid accidental overdose. For more caregiving and safety tips, join our online community and message boards, where caregivers exchange ideas and receive support.

- **Have emergency numbers easily accessible.**
  Keep the number of your local poison control center or emergency room handy. If you suspect a medication overdose, call poison control or 911 before taking any action.
III. Preparation and Supplies

A. Emergency Preparation List
Preparation
Special needs shelters may allow one adult caregiver to remain in shelter with one special needs individual. If you know a pending disaster is about to occur:

• Get yourself and the person with Alzheimer’s or dementia to a safe place.
• Notify others (family, friends, medical personnel) of the fact that you are changing locations, and give them your contact information. Contact them on a regular basis as you move.
• Be sure there are people other than the primary caregiver who have copies of the person with dementia’s medical history, medications, and physician information.
• Carry cell phone and charger with you at all times.

Create a safe environment regardless of location (shelter, hotel, private residence, etc.):
• Try to spend extra time with the person to help him or her adjust to the new environment.
• As much as is possible, maintain daily routines from before the disaster. For instance, accommodate familiar eating and bathing times.
• Maintain structured schedule for sleeping. Establish a comfortable, secure sleeping environment.
• If possible, label important areas -- such as the bathroom and sleeping area - to help the person become oriented to the new layout.
• Use simple statements to indicate the need to stay where you are. Divert attention to a new topic. For example: “I know you want to go home. For now, we need to stay here. Let’s see if we can get some lunch.”
• As necessary, inform the people around you that the person has memory loss or dementia.
• If you are in someone’s home, arrange to make the house safer by securing medications, toxic household supplies, sharp objects, alcohol, and matches.
• Place nightlights throughout the house for nighttime safety and orientation.
• Limit news media exposure (TV, radio, computer) that are broadcasting the disaster.

Take care of the patient in the following ways:
• Ensure proper nutrition and of er hydration every two hours.
• Take time to reminisce, share family photos, and stories.
• Involve the person in daily activities.
• Get daily exercise and get outside for fresh air and sunshine.
Supplies:
• Easy on/off clothes, rain gear, and closed-toe footwear.
• At least a three-day supply of bottled water (1 gallon per day per person) and non-perishable foods. Breakfast and energy bars, and/or liquid meals. Include foods that do not need cooking, as electricity may not be available.
• Sanitation and personal hygiene items. (e.g. toilet paper, soap, comb/brush, toothbrush/toothpaste, dentures, contact lenses, feminine products, and adult incontinence products/diapers.)
• Spare prescription glasses/contacts.
• Supply of medication; at least a two-week supply of medical supplies/prescription medications, and ice packs/cooler for refrigerated medications. Store medications in a plastic bag or waterproof container.
• Assisted living devices and extra batteries (e.g. oxygen tanks, hearing aids, pumps, monitors, testing devices, etc.)
• Extra identification, including ID bracelet and clothing tags.
• Recent picture of dementia patient.
• Photocopies of important documents: medical documents with details about the patient’s condition and current medications, insurance card/policies, Social Security card, bank/credit card numbers, wills, contracts, stocks and bonds, etc. Documents should be stored in a plastic bag or waterproof container.
• Important contact information: Alzheimer Services, MedicAlert® + Safe Return®, family, friends, and/or physician, etc.
• The Alzheimer’s Services Emergency & Disaster Preparedness Manual and the completed forms in the back of it.
• Charged cell phone with extra battery—charger(s).
• Battery/crank operated radio or weather radio with extra batteries.
• Flashlight with extra batteries.
• Minimum of three days’ worth of cash, as it is likely that ATMs will not be available.
• Keys for house/car (spare set stored with important documents).
• Map of local area, evacuation route, etc.
• Comfort items such as blanket and pillow.
• Means of entertainment to pass the time, such as cards, games, books, hobbies, sports items, etc.
• Music CD’s, iPod, MP3 Player programmed with Alzheimer’s individual’s favorite music.
• Pet supplies: three-day supply of food and water, as well as shot records, medication, etc.

In the event you are responding to a wandering dementia individual, be calm and supportive in these ways:
• Always introduce yourself and explain to the individual what you are going to do.
• Remain flexible, patient, and calm. A person with dementia will respond to the tone of voice you use.
• Respond to an emotion being expressed by the person. Ask, “Are you feeling frightened?” Offer your hand first, then possibly a hug.
• Offer reassurance, such as “I will take care of you.” Or, “Don’t worry. You will have everything you need here.”
• Don’t leave the person with Alzheimer’s alone. Don’t ask a stranger to watch the person. A person who doesn’t understand Alzheimer’s disease and its effects, and who doesn’t know you or the person won’t understand how to react in a difficult situation.
• A person with Alzheimer’s or dementia will typically wander in the direction of his/her dominant hand. If wandering occurs, always look in that direction first.
B. HOME PREPAREDNESS
SHELTER IN PLACE

There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as "shelter-in-place," is a matter of survival. Plan in advance where you will take shelter during an emergency. Choose an interior room or one with as few windows and doors as possible. You can use plastic sheeting to tape up windows, doors and air vents if you need to seal off a room from outside contamination. Consider precutting and labeling these materials. Anything you can do in advance will save time when it counts.

- Cover all doors, windows and vents with 2-4 ml. thick plastic sheeting.
- Cut the plastic sheeting several inches wider than the openings and label each sheet to where it goes.
- Duct tape plastic at corners first, and then tape down all edges.
- Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you can use these things to tape up windows, doors and air vents if you need to seal off a room.
TOOLS AND SUPPLIES:
Here is a list of some supplies to keep in a kit in the event you must shelter in place.

- Mess kits, or paper cups, plates and plastic utensils
- Emergency preparedness manual
- Battery-operated radio (NOAA Weather Radio) and extra batteries
- Flashlights and extra batteries
- Non-electric can opener, utility knife
- Fire extinguisher: small canister
- Tape
- Matches in a waterproof container
- Hand sanitizer
- Aluminum foil
- Signal flare
- Needles, thread
- Medicine dropper
- Shut-off wrench, to turn off household gas and water
- Whistle
- Plastic sheeting
- Map of area (for locating shelters)
- Toilet paper, towelettes
- Adult incontinence products
- Soap, liquid detergent
- Feminine supplies
- Personal hygiene items
- Household chlorine bleach
- Paper, pencil
- Food and water
- Matches in a water-proof container

WATER:
Store water in plastic containers such as clear plastic bottles; avoid containers that will decompose or break, such as glass or cartons. Hot environments or increased physical activity will increase the amount needed. Children, nursing mothers or ill people may need more.

- Store one gallon of water per person per day (two quarts for drinking, two for food preparation/sanitation)
- Keep at least three days' supply of water for each person in your household.

FOOD:
Store at least a three-day supply of non-perishable food. Select foods that require no refrigeration, preparation, or cooking and little to no water. If you must heat food, keep a sterno on hand in your home.

- Ready-to-eat canned meats, fruits, and vegetables
- Canned juices, milk, soup (if powdered, store extra water)
- Staples/basic condiments; sugar, salt, pepper
- High energy foods; peanut butter, jelly, crackers, granola bars, trail mix
- Vitamins
- Food for infants, elderly persons or persons on special diets (such as diabetics)
- Comfort/stress foods; cookies, hard candy, sweetened cereals, lollipops, instant coffee, tea bags
FOOD PREPARATION FOR ALZHEIMER’S PERSONS:
• Make meal times calm and comfortable.
• Serve meals in quiet surroundings, away from the television and other distractions.
• Serve only one or two foods at a time. For example, serve mashed potatoes followed by cooked meat (cut in bite size pieces).
• Give the person plenty of time to eat. Keep in mind that it can take a person an hour or more to finish eating.
• Check the food temperature. The person might not be able to tell if a food or beverage is too hot to eat or drink.

ENCOURAGE INDEPENDENCE:
• Show the person how to eat by demonstrating eating behavior. Or, try hand-over-hand feeding by putting a utensil in the person’s hand, placing your own hand around, then you both lift your hands to the person’s mouth for a bite.
• Encourage the person to sit up straight with his or her head slightly forward. If the person’s head tilts backward, move it to a forward position.
• Gently place the person’s hand on or near an eating utensil.

OTHER SPECIAL ITEMS:
• Spare oxygen tanks
• Medications
• Extra Batteries (hearing aids, wheelchairs, etc.)
• Icepacks and Ice chests for keeping medications cool in case of power outages
• Adult incontinence products
• In the event that the caregiver also cares for an infant, be sure to pack formula, diapers, bottles, powdered milk.

THE STEPS TO TAKE ONCE THE DISASTER STRIKES:
• Quickly bring your family and pets inside.
• Lock all of the doors.
• Close windows, air vents and replace dampers.
• Turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers.
• Take your family and emergency supplies into the room you have designated.
• Seal all windows, doors and vents with the pre-cut plastic sheeting.
• Listen to the TV, NOAA Weather Radio, or check the internet for instructions.
• Remain calm.
• In the event of a tornado, safe rooms are nearest the interior with no windows and could be closets or bath rooms.

TIP:
Even if you do not use a computer yourself, consider putting important information onto a portable drive for easy transport in an evacuation.
EVACUATION CHECKLIST
Evacuation kit provides essentials needed for a minimum of 3 days:
• Clothing
• Water (one gallon per person per day)
• Toiletries, toothbrush, toothpaste, soap, towels, sanitary devices
• Spare eye-glasses and dentures
• Medication (be sure to accommodate any medication that requires refrigeration)
• Batteries for all assisted living devices (i.e. Hearing aids, monitors, testing devices etc.)
• Extra oxygen tanks and other specifically assisted living devices
• Bring photos of family members in case of separation
• Charged cell phones--charger(s)
• Portable emergency radio
• Flash light with extra batteries
• Blankets, pillows, and other comfort items
• First Aid Kit
• Have a pre-determined route and location to evacuate to.
• Have a list of pharmacies in that area that can provide you with any medications if necessary.

Prepare your home for evacuation (if time permits):
• Lock all windows and doors
• Close all blinds
• Turn off all gas lines
• Take pets to approved facilities (be prepared with tags and documents)
• Have a secure location and container for all documents:
  • Home, car, and health insurance cards / insurance policies & household inventory list
  • Driver’s License/State I.D./Passport/Green Card
  • Legal Documents (Social Security Cards/Birth Certificate, etc.)
  • Cash
  • Check book with blank checks
  • Purses/wallets

DO NOT FORGET ABOUT YOUR PETS!
BE SURE TO HAVE ENOUGH FOOD AND WATER FOR THEM AS WELL!

C. FIRST AID KIT SUPPLIES LIST
Assemble a first aid kit for your home and one for each car. A first aid kit should include:
• Sterile adhesive bandages in assorted sizes
• 4-inch sterile gauze pads (4-6) hypoallergenic adhesive tape
• Triangular bandages
• Sterile roller bandages
• Scissors
• Tweezers
• Needle
• Moistened towelettes
• Antiseptic
• Thermometer
• Tongue blades (2)
• Tube of petroleum jelly or other lubricant
• Assorted sizes of safety pins
• Cleaning agent/soap
• Sterile mask
• Latex gloves (2 pair)
• Sunscreen
• Non-prescription drugs
  » Aspirin or non-aspirin pain reliever
  » Anti-diarrhea medication
  » Antacid (for upset stomach)
  » Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
  » Laxative
  » Activated charcoal (use if advised by the Poison Control Center)
# Caregiver Information

*Information to share with family members in preparation of a possible evacuation.*

Please share the following information with family members in preparation for evacuation:

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<td>Address:</td>
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Emergency Contact List

List of family members, friends, and doctors to call when evacuating (hotels, veterinary offices, etc.):

Name: ____________________________________________
Address: ____________________________________________
City/State/Zip Code: ____________________________________
Phone: ___________________________ Alternate Phone: ___________________________
Email: ____________________________________________

Name: ____________________________________________
Address: ____________________________________________
City/State/Zip Code: ____________________________________
Phone: ___________________________ Alternate Phone: ___________________________
Email: ____________________________________________

Name: ____________________________________________
Address: ____________________________________________
City/State/Zip Code: ____________________________________
Phone: ___________________________ Alternate Phone: ___________________________
Email: ____________________________________________
Member enrollment

Medical conditions

☐ Alzheimer’s disease
☐ Other dementia

Other conditions

☐ Angina
☐ Arthritis
☐ Asthma
☐ Atrial Fibrillation
☐ Chronic Obstructive
☐ Pulmonary Disease (COPD)
☐ Congestive Heart Failure
☐ Coronary Artery Disease
☐ Diabetes
☐ Emphysema
☐ Other
☐ Implant*

Primary contact information

Last name
First name
Address (no P.O. Box)
City
State ZIP code
Phone home
Cell
Work
Email

Secondary contact information

Last name
First name
Address (no P.O. Box)
City
State ZIP code
Phone home
Cell
Work
Email

Medications

List all medications and dosages, including inhalers.

Medication Prescribed Dosage

* Please list the manufacturer model and serial number, or include a copy of your implant card with this form.

Optional $35 caregiver enrollment

Drug allergies

List all known drug allergies.

Emergency contact

Last name
First name
Nickname

Phone home
Cell
Work
Birth date Male Female
Last 4 digits of Social Security No.

Drug allergies

List all known drug allergies.

* Please return completed form to Alzheimer’s Services with a picture of affected individual for complimentary jewelry and first year of service.
References

Alzheimer's Services of the Capital Area / Charlie's Place Respite & Activity Centers
www.alzbr.org

Alzheimer’s Association
www.alz.org

American Red Cross
www.redcross.org

Federal Emergency Management Agency
www.fema.gov
www.ready.gov

Harris Family Center for Disability and Health Policy
www.hfcdhp.org

Louisiana Assistive Technology Access Network
www.latan.org

Louisiana Department of Health, Office of Public Health
www.dhh.louisiana.gov

Louisiana Governor's Office of Homeland Security and Emergency Preparedness
www.gohsep.la.gov

Mississippi Emergency Management Agency
www.msema.org

National Organization on Disability
www.nod.org

State of Alabama Emergency Management Agency
www.ema.alabama.gov

Texas Division of Emergency Management
https://www.dps.texas.gov/dem/
WHO WE ARE
Alzheimer’s Services of the Capital Area is a non-profit organization that provides education and support services to those affected by Alzheimer’s and memory related dementias, as well as caregivers, family members, and healthcare professionals. Through our programs and services, we strive to enhance community awareness of Alzheimer’s disease and related disorders. Corporate and individual contributions, as well as grants, fund our free public programs and services.

OUR MISSION
The mission of Alzheimer’s Services of the Capital Area is to teach, care for, and connect with those in our community affected by Alzheimer’s disease and other memory-related impairments.

WHO WE SERVE
Our ten parish service area includes: Ascension, Assumption, East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, Pointe Coupee and St. Helena Parishes.

WHAT WE OFFER
• Arts & Alzheimer’s
• Caregiver Network Support Groups
• Caregiver Respite Reimbursement Program
• Cause to Remember Informational Session
• Charlie’s Place Activity and Respite Centers in Baton Rouge & Gonzales
• Community Services Info & Referral
• Education Conferences
• Emergency Preparedness Disaster Manual
• Financial Literacy: Making Sense of Cents
• HelpLine Information Phone Line
• LGBT Safe Space
• Louisiana Dementia Care Training
• Lunch-N-Learn Educational Series
• November Awareness Activities
• Quarterly eNewsletter
• Recollection Collection Kit
• Research Information & Updates
• Resource Library
• Safe Return® + MedicAlert ID Program®
• Speaker’s Bureau
• TLC for Caregivers Social Events
• Tuesdays at Charlie’s Place
• Walk/Run To Remember