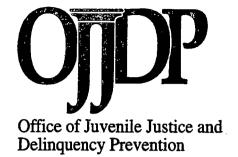
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# **INTRODUCTION TO THIS MANUAL**

The Alzheimer's Association Safe Return Program manual was developed to help chapters fully understand the program and its benefits, provide specific training information for a variety of audiences, and highlight how to make Safe Return work **for** the chapter. Safe Return is a critical Association program that provides a safety net for memory-impaired adults who wander and become lost. As essential as this service is to the safety of those you serve, it is just the beginning of what Safe Return has to offer.

Safe Return creates tremendous opportunities for chapters. It increases awareness of Alzheimer's disease and chapter visibility because it is tangible, something the public can see and understand – even those not directly affected by Alzheimer's disease. Safe Return can help draw attention to other chapter programs and services and build relationships with community members and funding sources. The possibilities are virtually endless, and many, including those highlighted in Section 6 of the manual, have already been proven effective by chapters.

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# How To Use This Manual

The Alzheimer's Association Safe Return Program manual is organized into the following 9 sections:

- Section 1: Introduction to Alzheimer's Association Safe Return Program
- Section 2: How the Program Works
- Section 3: Creating a Chapter Plan
- Section 4: Serving Registrants and Integrating Safe Return
- Section 5: Responding to Incidents
- Section 6: Promoting Safe Return through Partnerships
- Section 7: National Organizations and Resources
- Section 8: Training Books
- Section 9: Chapter Information

Section 8 includes three self-contained training books to use when training law enforcement officials, emergency medical response personnel and transit operators. Section 9 is reserved as a place for you to add chapter information.

In the front pocket of this manual are master copies of documents that may be incorporated into trainings as overheads and handouts. A set of sample identification products is included in a vinyl pouch.

The Safe Return manual was reviewed by representatives from nineteen chapters, the national office, and the program committee of the national board of directors. It was designed to allow for periodic updates of information and the development of additional training books. ..

## ACKNOWLEDGMENTS

Diane Beckerle, Life Crisis Services

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### **SPECIAL APPRECIATION**

The following chapters contributed valuable information to the manual, including resource materials:

- Big Sioux Chapter
- Central Illinois Chapter
- Central New Jersey Chapter
- Central New York Chapter
- Coastal Bend Chapter
- Dallas Chapter
- Detroit Area Chapter
- East Central Iowa Chapter
- Eastern Massachusetts Chapter
- El Paso Chapter
- Greater Austin Chapter
- Greater Beaumont Area
   Chapter
- Greater Cincinnati Chapter
- Greater East Texas Chapter
- Greater Houston Chapter
- Greater New Hampshire
   Chapter
- Greater Phoenix Chapter
- Greater San Francisco Bay Area Chapter
- Greater Texarkana Area
   Chapter
- Greater West Texas Chapter
- Greater Wichita Falls Chapter
- Mid-lowa Chapter

- Mississippi Valley Chapter
- Los Angeles Chapter
- Louisville Chapter
- New Mexico Chapter
- New York City Chapter
- North Central Wisconsin Chapter
- Northeast Texas Chapter
- Northern New Jersey Chapter
- Northern Virginia Chapter
- Omaha and Eastern
   Nebraska Chapter
- Orange County Chapter
- Rio Grande Valley Chapter
- Utah Chapter
- San Diego Chapter
- South Central Texas Chapter
- South Jersey Chapter
- South Plains Chapter
- Southern Tier Chapter
- Tarrant County Chapter
- The Panhandle Area Chapter
- West Central Texas Chapter
- West Michigan Chapter
- Western and Central Washington State Chapter

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# 1. INTRODUCTION TO ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM

The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost. With financial support from the U.S. Department of Justice, the Alzheimer's Association launched Safe Return in April 1993. It is a nationwide program working at the community level.

Alzheimer's Association Safe Return Program

### **HISTORY OF SAFE RETURN**

Safe Return was created to provide a safety net for memory-impaired individuals who wander and become lost. Former U.S. Senator Mark Hatfield recognized the potential dangers of wandering behavior soon after his father was diagnosed with Alzheimer's disease. The senator was instrumental in securing federal financial support for the development of a program to address this serious problem.

In 1991, a joint conference of the U.S. House of Representatives and Senate allocated funds to establish a national program to facilitate the identification and safe return of missing memory-impaired adults. The Alzheimer's Association established Safe Return as part of its mission to serve individuals and families affected by Alzheimer's disease and related dementias. At the time, chapters in numerous communities were operating separate, local identification programs. Expertise from these chapters was used to help develop the national program framework.

Six chapter-based Area Resource Centers (ARC) were created to coordinate Safe Return operations and provide oversight to various regions of the country. Under contractual agreement with the national Association, each ARC provided technical assistance to its respective chapters to promote Safe Return. Over time, the ARC system was phased out in favor of a more centralized staffing structure. Currently, Safe Return national staff provide program training, marketing and technical assistance to the chapter network, as well as external audiences. The toll-free crisis line, computerized database, and registration functions are handled through a contract with an outside vendor. Chapters provide essential information and support. National and chapter staff, volunteers and community partners work together to increase awareness of Alzheimer's disease and wandering behavior, and to respond effectively whenever someone wanders and becomes lost.

Funding for Safe Return comes primarily from the U.S. Department of Justice, with additional revenue generated from individual registration fees. Many chapters also raise dollars to promote Safe Return locally (see Sections 3, 4 and 6).

## WANDERING BEHAVIOR

Safe Return helps address wandering, one of the most common and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias. The program provides a safety net for memory-impaired individuals who wander and become lost. Prior to learning about the benefits of Safe Return, it is helpful to have a basic understanding of wandering behavior.

A consensus definition for "wandering" has not yet been reached. In a review of wandering studies, one researcher suggests as an operational definition, "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990).

Studies report wandering in 4 to 26 percent of nursing home residents with dementia and in up to 59 percent of community-residing patients (Cohen-Mansfield, 1991; Zimmer, 1984; Burns, 1990; Teri, Larson & Reifler, 1988). Falls are more prevalent in dementia patients who wander (Rabins, Mace, & Lucas, 1982). One who wanders away from home or a care facility and becomes lost may encounter a variety of perilous situations.

Wandering

Aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places. Missing persons with dementia are at serious risk of death or injury if not found quickly. One study found 46 percent of lost memoryimpaired adults not located within 24 hours die, typically succumbing to hypothermia or dehydration (Koester & Stooksbury, 1992). Searching for lost individuals with Alzheimer's disease and related dementias is complicated by the fact that these individuals do not usually cry out for help or respond to shouts, and leave few physical clues.

#### UNDERSTANDING WANDERING BEHAVIOR

There are many reasons why an individual with dementia wanders away from home or a well-known path or area. Wandering can be caused by:

- Medication side effects resulting in restlessness and confusion
- Stress, noise, crowds or isolation
- Confusion related to the time of day or night
- Not being able to find something specific such as food, drink, the bathroom or companionship
- Lack of activity during the day
- New or changed environment
- Unfamiliar objects, surroundings or people
- Delusions, hallucinations or misinterpreted sights and sounds
- Concerns about fulfilling past obligations involving a former job, home, friend or family member

#### MANAGING WANDERING BEHAVIOR

There is no way to predict when wandering might occur. For some, it is an almost constant behavior. One survey found that more than half of 460 Safe Return registrants had wandered and become lost, and 72 percent of those individuals were repeat wanderers (Silverstein, Salmons, & Flaherty, 1996). For others, wandering behavior is rarely, if ever, exhibited. Preparing affected individuals, families and caregivers for the possibility of wandering behavior is critical. You may provide assistance by suggesting the following steps:

- Register the individual in the Alzheimer's Association Safe Return Program.
- Inform neighbors of the potential for unsafe wandering and keep a list of their names and phone numbers handy in case of emergency.
- Make the individual's home safe and secure. Place locks out of the normal line of vision, either very high or very low. Use a child-proof doorknob that prevents the person from accessing dangerous areas.
- Survey possible problem areas near the individual's home such as bodies of water, swimming pools, dense foliage, tunnels, bus stops, high balconies and roadways where traffic tends to be heavy.
- Be aware that some individuals become lost while driving an automobile. A recent study examined the brains of elderly car-crash victims and found that one-third showed clear evidence of early Alzheimer's (Lancet, 1997). Prevent the problem by driving the individual, arranging alternate transportation, keeping car keys hidden, parking out of sight or temporarily disabling the car. In addition, the American Psychiatric Association recommends having the individual's doctor write a "do not drive prescription."

You may supplement this information with the wandering behavior resources listed at the end of Section 7. Section 6 provides information on ways to educate facilities and other care providers about wandering behavior.

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# **SECTION 1 RESOURCES**

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Preparing for and Preventing Wandering Behavior: Tips for Professional Caregivers	Example 1:B

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## Preventing and Preparing For Wandering Behavior: Tips for Family Caregivers

### **Environmental Considerations**

- Place night lights throughout the house.
- Place locks out of reach. Install slide bolts at top or bottom of doors.
- Use dead bolt locks.
- Cover door knobs to make turning more difficult.
- Place warning bells above doors.
- Try monitoring devices that signal when a door is opened.
- Keep medications and toxic substances out of sight.
- Fence in yards and place locks on gates.
- Use safety gates to bar access to stairs, outdoors.
- Consider bean bag chairs for sitting and resting.
- Reduce noise levels and confusion.
- Develop indoor and outdoor areas that can be safely explored.
- Clearly label all doors. Use signs or symbols to explain the purpose of each room.
   Discourage entry to a particular room by labeling the door "Do Not Enter" or "No!".
- Camouflage doors by painting them the color of the walls.
- Cover doors with curtains or removable screens.

### **Other Considerations**

- Provide opportunities for activity and exercise, such as listening to music, singing and dancing.
- Monitor reaction to medications. Consult your physician if necessary.
- Make a plan of what to do should the person become lost.
- Prior to a move, help orient the person with several visits to the new environment.
- Keep a recent, close-up photo on-hand to give to police should the person become lost.
- Alert police ahead of time that you care for someone with dementia.
- Keep "scented" clothing on-hand to give to police should the person become lost.
   Wearing plastic gloves, store a piece of the person's unwashed clothing in a bag where it will not be disturbed. Replace monthly to retain scent.

### Preventing and Preparing For Wandering Behavior: Tips for Professional Caregivers

#### **Environmental Considerations**

- Reduce noise levels and confusion, particularly during shift changes, meal times and housekeeping activities.
- Develop indoor and outdoor areas that can be safely explored.
- Clearly label all doors. Use signs or symbols to explain the purpose of each room.
   Discourage entry to a particular room by labeling the door "Do Not Enter" or "No!".
- Camouflage doors by painting them the color of the walls.
- Cover doors with curtains or removable screens.

#### **Other Considerations**

- Provide opportunities for activity and exercise, such as listening to music, singing and dancing.
- Monitor reaction to medications. Consult a physician if necessary.
- Make a plan of what to do should the person become lost.
- Prior to a move, help orient the person with several visits to the new environment.
- Keep a recent, close-up photo to give to police should the person become lost.
- With permission from family, alert neighbors and police that you care for someone with dementia who may wander and become lost.

# 2. HOW THE PROGRAM WORKS

### **OVERVIEW**

The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost. Safe Return is a nationwide identification, support and registration program working at the community level. Safe Return provides assistance whether a person becomes lost locally or far from home. Assistance is available 24 hours, every day, whenever a person is lost or found.

Safe Return is a critical Association program that provides a safety net for memory-impaired individuals. Safe Return benefits include:

- Personalized identification products
- National information/photo database
- 24-hour toll-free crisis line
- Fax alert notification system
- Local chapter support
- Wandering behavior information and training

Registrant The individual registered in Safe Return.

#### **IDENTIFICATION PRODUCTS**

Registrants receive identification products that are inscribed with the toll-free crisis number and alert others that the individual is memory-impaired and may need assistance. Caregiver identification jewelry is also available to alert others that the individual provides care for a person registered in Safe Return.

### **REGISTRANT IDENTIFICATION PRODUCTS**

With the one-time \$40 registration fee, registrants receive the following identification products:

- Engraved, stainless steel identification bracelet or necklace
- Iron-on clothing labels (36)
- Caregiver Checklist
- Key chain
- Lapel pin
- Refrigerator magnet
- Telephone stickers
- Registrant and caregiver wallet cards

A set of sample identification products is included in a vinyl pouch at the front of this manual.

## CAREGIVER IDENTIFICATION PRODUCTS

For an additional \$5, caregivers may receive an engraved, stainless steel identification bracelet or necklace to alert others that the individual provides care for someone registered in Safe Return.

#### NATIONAL INFORMATION/PHOTO DATABASE

Contact information, used to help reunite lost memory-impaired adults with their caregivers, is contained in a national, computerized database. The database also has the capacity to store registrant photographs.

Safe Return Toll-Free Crisis Number 1-800-572-1122

#### 24-HOUR TOLL-FREE CRISIS LINE

Safe Return operates a nationwide toll-free crisis number 24 hoursa-day, 365 days-a-year. This number is used to report a memoryimpaired adult as lost or found. All calls are responded to immediately by trained clinicians. Safe Return Non-Emergency Number 1-888-572-8566 Safe Return also operates a non-emergency number to handle telephone registrations, additional product requests and information updates. This number is available weekdays from 8 a.m. to 8 p.m. (C.S.T.).

### FAX ALERT NOTIFICATION SYSTEM

A fax alert system is capable of sending missing person information and photos anywhere in the country. For each incident reported to Safe Return, a report is faxed to the chapter and national office. When a registrant is reported missing, an incident report is also faxed to the local law enforcement agency. This fax includes details about the incident and the individual, as well as others involved (i.e. law enforcement official). Missing registrant incident faxes include photos, when provided.

### LOCAL CHAPTER SUPPORT

Every day chapters provide much needed support and information to families, caregivers and the community. Chapter participation in Safe Return is an integral part of this service. Whether supporting a family during a missing incident, educating law enforcement and the community about the unique tendencies of lost memory-impaired adults, or providing tips to encourage the use of the Safe Return identification bracelet, the chapter makes a real difference that counts. Section 4 provides information on ways to further serve registrants and integrate Safe Return into all aspects of the chapter.

### WANDERING BEHAVIOR INFORMATION AND TRAINING

Chapter staff and volunteers can educate families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering, and effectively use the Safe Return program. Section 1 includes information about wandering behavior and Section 7 includes a list of selected resources.

#### THE REGISTRATION PROCESS

Safe Return provides a safety net for all individuals with dementia who wander and become lost. The program is most successful in helping **registered** individuals who wear or carry one or more of the Safe Return **identification products**. Therefore, registering individuals and explaining how Safe Return works are essential program activities. An understanding of the Safe Return registration process helps support these activities.

There are three primary components of the Safe Return registration process:

- registrant information
- contact information
- jewelry selection

#### **REGISTRANT INFORMATION**

"Registrant" refers to the individual registered in the Safe Return program. General and descriptive information about the registrant is required for registration. It is strongly recommended that an original photo, passport size or larger, be submitted at the time of registration. If the registrant's physical appearance changes, an updated photo should be provided. The registrant's name should be written on the back of the photo. Photos will not be returned. Updates to registrant information may be made by calling the tollfree Safe Return non-emergency number.

Primary contact/ caregiver The first person Safe Return calls to arrange for the return of a discovered registrant.

## **CONTACT INFORMATION**

In order to assist in the safe and timely return of a lost registrant, Safe Return must maintain up-to-date contact information in the computerized database. Safe Return recommends listing three individuals as contacts: one primary contact/caregiver and two alternate contacts.

#### Contact

The second or third person Safe Return calls, usually when the primary contact/caregiver cannot be reached, to arrange for the return of a discovered registrant.

Jewelry reorders Jewelry reorders may be made by calling the tollfree Safe Return nonemergency number. The first replacement order is free. Additional orders are \$5 per replacement. When a registrant is discovered, Safe Return will call the primary contact/caregiver to arrange to return the registrant. One or both of the additional contacts may be called if the primary contact/caregiver cannot be reached. It is important that the primary contact/caregiver talk to the additional contacts in advance about their role during an incident. Updates to contact information may be made by calling the toll-free Safe Return non-emergency number.

#### JEWELRY SELECTION

Individuals registered in Safe Return will receive either an engraved, stainless steel identification bracelet or necklace, and other identification products. For an additional nominal cost, caregivers may receive an engraved, stainless steel identification bracelet or necklace. In the event of an emergency, the jewelry alerts others that the individual provides care for a person registered in Safe Return.

Safe Return recommends the bracelet for registrants. An identification bracelet is less likely to be removed and more visible to others. An exact wrist measurement is required when ordering a bracelet. A bracelet that is too big or too small may cause the registrant discomfort and lead to resistance to wearing the product.

A variety of approaches may be taken to encourage a reluctant registrant to wear the bracelet. *Ideas to Encourage Someone to Wear the Safe Return Identification Products* is included at the end of this section. If the various approaches have been exhausted and the registrant still refuses the bracelet, the necklace is a good alternative. Whether or not the registrant wears the bracelet or necklace, use of the other identification products is also recommended.

#### WAYS TO REGISTER

There are two convenient ways to register in the Alzheimer's Association Safe Return Program: by telephone and by mail.

Safe Return accepts the following methods of payment for telephone registration: • Visa • Mastercard **TELEPHONE REGISTRATION** 

Telephone registration is available weekdays from 8 a.m. to 8 p.m. (C.S.T.) by calling the toll-free Safe Return non-emergency number. The caller must provide information about the registrant, contacts, jewelry selection and payment (i.e. credit card). The required information is listed on the Safe Return registration form. For speedy telephone registration, the caller may complete the registration form in advance and use it as a reference.

When registering by telephone, the clinician will provide the caller with the registrant's Safe Return identification number. It is recommended that an original photo, passport size or larger, be mailed to Safe Return. The registrant's name and Safe Return identification number should be written on the back of the photo. Photos will not be returned.

The clinician will read release information to the caller and request consent. The identification products will be mailed to the primary contact/caregiver, unless otherwise indicated, and should arrive within 7 to 10 business days from the date of the call.

Safe Return accepts the following methods of payment for mail registration:

- Personal check
- Money Order
- Visa Mastercard

#### MAIL REGISTRATION

Registration by mail requires that a completed, signed registration form and payment (i.e. personal check, money order, credit card) be sent to Safe Return. Safe Return recommends that an original photo, passport size or larger, be submitted with the registration. The registrant's name should be written on the back of the photo. Photos will not be returned.

The registrant's identification number and products will be mailed to the primary contact/caregiver, unless otherwise indicated, and should arrive within 7 to 10 business days from the date the registration form is received. Send registration forms to: Safe Return P.O. Box 9307 St. Louis, MO 63117-0307 Completed Safe Return registration forms should be sent directly to: Safe Return, P.O. Box 9307, St. Louis, MO 63117-0307. Chapters are not required to maintain copies of Safe Return registration forms. Safe Return provides registrant and contact information to chapters via the *Registrant Report: Monthly Update and Registrant Report: Quarterly Update*. Incident reports faxed to chapters include registrant and contact information. If necessary, chapters may also secure registrant and contact information by calling the toll-free Safe Return non-emergency number. Sample monthly and quarterly registrant reports are included at the end of this section.

#### The New Hampshire State Troopers Association raised more than \$2000 for Safe Return through a state police golf tournament. The money enables the Greater New Hampshire Chapter to provide free Safe Return registrations to New Hampshire residents. The grant was received through the efforts of a state police lieutenant on the chapter board.

#### MEETING FINANCIAL NEED

A one-time, \$40 payment guarantees registration in Safe Return throughout the life of the registrant. While this may be affordable for many, some may find the registration fee prohibitive. There are a number of ways chapters may secure funds to help meet the financial need of potential registrants (see Section 6). Safe Return also has some funds available for this purpose. Chapters may contact national Safe Return staff for more information.

## RECEIPT OF PRODUCTS

The primary contact/caregiver will receive the registrant Safe Return identification products, unless otherwise indicated. For telephone registration, products should arrive within 7 to 10 business days of the call. For mail registration, products should arrive within 7 to 10 business days from the date the registration form is received. The status of a registration can be checked by calling the toll-free Safe Return non-emergency number. The caller will be asked to provide the first and last name of the individual being registered.

Chapters may follow-up with primary contacts/caregivers to confirm receipt and registrant use of the Safe Return identification products. Section 4 provides information on ways chapters may further serve registrants.

#### **REGISTRATION FORM**

The Safe Return registration form can be found in the following places:

- Alzheimer's Association Safe Return Program registration brochure
- Alzheimer's Association Safe Return Program two-sided registration form
- Alzheimer's Association national website: www.alz.org, About Us, What We Do

Various materials are available to promote Safe Return and register individuals. Several items are available in both English and Spanish. Samples and ordering information are included at the end of this section.

#### WEBSITE INFORMATION

Safe Return information is listed on the national Association website at **www.alz.org**, *About Us, What We Do*. Chapters with websites are encouraged to include information about Safe Return or direct individuals to the national Association website.

#### DATABASE UPDATES

In order to assist in the safe and timely return of a lost registrant, Safe Return must maintain up-to-date registrant and contact information. Whether moving permanently or vacationing away from home, primary contacts/caregivers should update contact information. Safe Return should also be notified if a registrant dies. Updates to registrant and contact information can be made by calling the toll-free Safe Return non-emergency number.

Safe Return conducts a comprehensive database update each year. Primary contacts/caregivers are contacted to confirm the accuracy of registrant and contact information. Telecommunications Device for the Deaf (TDD) To register: 1-888-500-5759 To report someone missing or found: 1-800-962-1550

## SPECIAL COMMUNICATION SERVICES

Safe Return offers two special communication services. To serve the hearing impaired, Safe Return operates a Telecommunications Device for the Deaf (TDD) line. Callers may access the TDD line by dialing 1-888-500-5759.

Multilingual capabilities The Safe Return toll-free crisis and non-emergency numbers are equipped to translate over 140 languages through an interpreter. Safe Return's multilingual capabilities are available to callers whose first language is not English. Over 140 languages can be translated through an interpreter. Callers may dial the toll-free Safe Return crisis number and indicate the language they speak. The clinician will momentarily place the caller on hold and conference in an interpreter. Detailed information about languages available for interpretation is included at the end of this section.

#### HOW SAFE RETURN RESPONDS

Safe Return generally works in one of two ways. The first is when a registrant is discovered in the community; the second is when a registrant is reported missing.

#### Discovery

An incident involving a memory-impaired adult who has been spotted in the community and appears lost or confused.

#### DISCOVERY INCIDENT

Typically, a law enforcement official or Good Samaritan will notice a confused, disoriented or lost adult, see a Safe Return identification product and call the toll-free crisis line. The clinician will then access the contact information in the computerized database and make arrangements to reunite the individual with a caregiver.

When Pam looked out her window and saw a confused-looking, elderly man in her yard, she went outside and talked with him. Eighty-two-year-old Mitch was disoriented and his arms were bleeding where he was cut by a barbed wire fence. Pam noticed his Safe Return bracelet and called the 24-hour crisis line. The clinician contacted Mitch's daughter who picked him up and brought him home. Soon after, the Greater San Francisco Bay Area Chapter contacted the daughter to provide support and information. A discovery incident report is faxed to the chapter serving the area where the registrant lives and the national office. Additional chapter notification may occur via phone, depending on the protocol the chapter has determined best meets its capabilities (see Section 5 -*Chapter Information Sheet*). The chapter has an opportunity to make contact with those involved in the incident (i.e. family, care facility, law enforcement official) to provide support and information. A sample discovery incident report is included at the end of this section.

Missing

An incident involving a memory-impaired adult whose whereabouts are unknown.

Recovery A missing incident that has been resolved.

#### MISSING INCIDENT

The second way the program typically works is when Safe Return receives a call about a missing registrant. When this occurs, the clinician confirms with the caller that the local law enforcement department has been notified and a missing person report completed. Then the clinician takes the details of the incident and inputs them into the computerized database. The clinician also provides emotional support to the caller.

An incident report is faxed to the chapter serving the area where the registrant lives, the local law enforcement department and the national office. Additional chapter notification may occur via phone, depending on the protocol the chapter has determined best meets its capabilities (see Section 5 - Chapter Information Sheet). The chapter has an opportunity to make contact with those involved in the incident (i.e. family, facility, law enforcement official) to provide support and information.

Debra contacted the Northern Virginia Chapter to find out how Safe Return might help her husband, Eddie. He had wandered several times and she was concerned for his safety. Since the couple was experiencing financial difficulties, Eddie was registered in Safe Return through the chapter's scholarship program. Several months later, Debra called Safe Return to report Eddie missing. Within an hour, a metro station attendant sighted Eddie wearing a long overcoat, pajama bottoms and slippers. Using the 800 number on the back of Eddie's bracelet, the attendant contacted Safe Return and a conference call was made to Debra. Upon receiving the missing registrant incident fax, the chapter called Debra. After some discussion, adult day care was identified as a way to help the couple. Through scholarships from both the chapter and the adult day center, Eddie is now a regular participant; he has not wandered since.

When Safe Return receives notification that a missing incident is resolved, a recovery report is faxed to the chapter serving the area where the registrant lives, the local law enforcement department and the national office. Sample missing and recovery incident reports are included at the end of this section.

## HELPING INDIVIDUALS NOT REGISTERED IN SAFE RETURN

Safe Return receives calls involving individuals with dementia who are not registered in the program. In keeping with the Alzheimer's Association's mission, Safe Return attempts to assist these individuals as well. When such a call occurs, the clinician will request relevant details about the individual and the incident. Later, if Safe Return receives a related call, the clinician can access the information via the computerized database.

An incident report is faxed to the chapter serving the area where the individual lives, if this is known. If it is not known where the individual lives, the report is faxed to the chapter serving the area where the incident has occurred. The report is also faxed to the national office. Additional chapter notification may occur via phone, depending on the protocol the chapter has determined best meets its capabilities (see Section 5 - Chapter Information Sheet). The chapter then has the opportunity to evaluate the situation and respond as outlined in the chapter incident response protocol (see Section 3).

The Lexington Kentucky Police Department contacted Safe Return about a missing woman with Alzheimer's disease. Though Ruth was not registered in the program, the officer wanted to see if Safe Return could provide any assistance. The Safe Return clinician determined that a discovery report matching Ruth's description was received the previous day, but the last name given by the caller was different. The clinician advised the officer the woman was being cared for at a nearby hospital. It turned out that the woman at the hospital was in fact Ruth. When asked, she gave hospital staff her maiden name; the missing person report included her married name. After sharing the good news with Ruth's husband, the officer gave him information about how to register in Safe Return.

Following a non-registrant incident, it is desirable to inform the family or caregiver about the chapter and how to register in Safe Return. The fact that Safe Return receives a call about a missing or discovered individual not registered in the program may be an indication that the individual, caregiver or family could benefit from chapter support.

#### COLLABORATION BETWEEN CHAPTERS

Safe Return was designed, in part, to address the fact that when wandering, memory-impaired adults may not recognize geographical boundaries -- county, state or otherwise. Whether a person becomes lost locally or far from home, Safe Return can help.

Some incidents require chapter collaboration. Incident reports are faxed to the chapter that serves the area where the memory-impaired adult lives. If the individual has traveled outside the chapter service area, then the local chapter will need to coordinate with the chapter that serves the area where the individual has traveled.

If it is not known where the individual lives, as with non-registrant discoveries, the incident report is faxed to the chapter that serves the area where the incident has occurred. Once the incident is resolved and the individual's address is known, the chapter initially involved may contact the chapter that serves the area where the individual lives.

#### SAFE RETURN INCIDENT REPORT

The incident report details relevant information about an incident. A Safe Return clinician secures information from the caller and includes it in an incident report. The report is then faxed to the appropriate chapter and the national office. When a registrant is reported missing, an incident report is also faxed to the local law enforcement agency.

Incident reports notify chapters that a missing or discovery incident has occurred in the chapter service area. The chapter may then respond based on pre-determined chapter and community response protocols. The incident report includes detailed information about the incident, relevant contact information, and what is known about the outcome of the incident. If incident report information is unclear, the chapter may contact the toll-free Safe Return crisis number. Sample missing, recovery and discovery incident reports are included at the end of this section. The incident report cover sheet faxed to law enforcement departments differs from the cover sheet faxed to chapters and the national office. The law enforcement cover sheet includes information about Alzheimer's disease, wandering behavior and Safe Return. Sample fax cover sheets are also included at the end of this section. ,

# **SECTION 2 RESOURCES**

Safe Return Contact List	Example 2:A
Safe Return Letterhead	Example 2:B
Safe Return Logo Sheet	Example 2:C
Safe Return Fact Sheet (National)	Example 2:D
Safe Return Fact Sheet (Chapter)	Example 2:E
Safe Return Two-Sided Registration Form	Example 2:F
Safe Return Identification Products (Picture)	Example 2:G
Sample Safe Return Introductory Letter	Example 2:H
Ideas to Encourage Someone to Wear the Safe Return Identification Products	Example 2:I
Sample Incident Fax Cover Sheet – Chapter	Example 2:J
Sample Incident Fax Cover Sheet – Law Enforcement	Example 2:K
Sample Discovery Incident Report	Example 2:L
Sample Missing, Recovery Incident Reports	Example 2:M
Sample Registrant Report: Monthly Update	Example 2:N
Sample Registrant Report: Quarterly Update	Example 2:0
Language Identification Card	Example 2:P



Someone to Stand by You

Alzheimer's Association Safe Return Program

# SAFE RETURN CONTACT LIST

This contact list is provided as a quick reference for Safe Return resources and questions.

	Need To:	Contact	Location	Phone Number
•	Report missing or discovered individual Report that individual has been recovered or returned	Safe Return Incident Line	Life Crisis Services St. Louis	800/572-1122 24 hours a day, 365 days a year

## **REPORTING A WANDERING INCIDENT**

	Need To:	Contact	Location	Phone Number		
Check	status of	Safe Return	Life Crisis Services	888/572-8566		
registr		Registration Line	St. Louis			
Credit	card registration			8 am to 8 pm CST,		
• Update	e registration			Monday - Friday		
inform	ation for registrant					
and/or	contacts					
• Order	replacement					
produc	ots					
Reque	st caregiver					
jewelr	y					
Ask ot	her registration			-		
questic	ons					
Chang	e chapter contact					
inform	ation					
Ask at	out check-cashing	Veronica Chavez	Safe Return	312/335-5759		
issues	-		National Office			
Reque	st refunds					
• Order	additional clothing	Lauri Johnson	Identifind Iron-On	704/648-6768		
labels	U		Labels, Inc.			

# **REGISTRATIONS/PRODUCTS**

	Need To Order:	Contact	ETURN MATERIALS	Phone Number
•	Brochures	Order Processing -	National Office	800/223-4405
•	Posters	Office Services		
•	Print PSA's			
•	Safe Return Fact Sheet			
٠	Wandering or			
	Sundowning and			
	Shadowing "Just the			
	Facts" Sheets			
٠	Police Training Kit			
٠	Alzheimer 's Disease: A			
	Guide for Law			
	Enforcement Officials			
	Handbook			
•	Safe Return Ad Slicks			
•	Sample Products	Veronica Chavez	Safe Return	312/335-5759
•	Two-Sided Registration		National Office	
	Form (original copy to			
	use for photocopying)			
٠	Ideas for Encouraging			
	Someone to use Their			
	Safe Return Identification			
	Products			
•	30 Ways to Use Your			
	Registrant Reports			
•	Alzheimer's Association			
	Safe Return Program			
	mission statement	Denne Ori		502/241.0720
•	Laminated pocket response guides for	Danny Cain	Cain Consulting Associates	502/241-9739
	police, transit or EMT's		Associates	
	-			(17/404 5150
	Police Cruiser Call Sheet	Gerald Flaherty	Eastern Massachusetts	617/494-5150
•	Law Enforcement, A.D., and the Lost Elder		Chapter	
1	Training Curriculum			
•	Safe Return Police	Communication Media	Newton, MA	617/527-5077
1	Training Video	Group		STRIEZE SOTT
•	Innocent Offender Video	Marlene Pfenninger	Rochester, NY Chapter	716/442-3820
•	The Impact of	Project Action	,	800/659-6428
	Alzheimer 's transit			
	Training Video			
•	Emerg. Medical	Betty Ransom	Northern Virginia	703/359-4440
	Technician (EMT)		Chapter	
	Training Video			κ.
•	Safe Return Chapter	Nicolle Gajda	Media Relations	312/335-4037
	Media Kit		National Office	

# **ORDERING SAFE RETURN MATERIALS**

	Need to Borrow:	Contact	Location	Phone Number
•	Innocent Offender Safe	Green-Field Library	National Office	312/335-9602
1	<b>Return Police Training</b>			
	Video			
•	Police Training Kit		service states	
	(curriculum & Innocent			
	Offender video)			
•	The Impact of			
	Alzheimer's (Transit			
	training video)			

## VIDEOS AND TRAINING MATERIALS FOR LOAN

## **GENERAL INFORMATION**

Info. Needed	Contact	Location	Phone Number
• Safe Return media coverage	Nicolle Gajda	Media Relations National Office	312/335-4037
Safe Return statistics	Diane Beckerle	Life Crisis Services, St. Louis, MO	314/647-3100

# 

Our Safe Return staff provides training and marketing information, for promoting and developing Safe Return and general program assistance. Please call any of us with your questions or comments.

Myra Shneider	Director	National Office,	312/335-4032
		Chicago, IL	
Brian Hance	Manager	National Office,	312/335-5756
		Chicago, IL	
Molly Brault	Specialist	National Office,	312/335-4030
		Chicago, IL	
Christine Brough	Specialist	Home-based,	913/962-0133
		Shawnee, KS	
Jennifer Liebich	Specialist	Home-based,	770/579-0305
		Marietta, GA	
Veronica Chavez	Administrative Assistant	National Office,	312/335-5759
		Chicago, IL	

Updated/05/26/98

EXAMPLE 2:B

**ALZHEIMER'S ASSOCIATION** 



,



Safe Return



Safe Return



Safe Return



Safe Return



Safe Return



Safe Return



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ALZ TEIMER'S<sup>®</sup> ASSOCIATION

Safe Return



Safe Return



Safe Return



Safe Return



Safe Return



Safe Return



Someone to Stand by You

The Alzheimer's Association Safe Return Program

# ALZHEIMER'S ASSOCIATION SAFE RETURN FACT SHEET

The Alzheimer's Association Safe Return program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

### SAFE RETURN BENEFITS INCLUDE:

## IDENTIFICATION PRODUCTS

Program participants receive an identification bracelet or necklace, clothing labels and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory impaired and may need assistance. Identification bracelets or necklaces are also available for caregivers to wear to alert others to look after the individual if the caregiver becomes incapacitated.

## NATIONAL INFORMATION/PHOTO DATABASE

Registration in a national database that includes important emergency contact information and photograph to help reunite lost individuals with their caregivers no matter where they wander.

## • 24 HOUR TOLL-FREE CRISIS LINE

A nationwide toll-free number is available 24 hours a day, 365 days a year, to contact when an individual is lost or found.

## FAX ALERT NOTIFICATION SYSTEM

A fax alert system is capable of sending missing person information and photos anywhere in the country.

## • LOCAL ALZHEIMER'S ASSOCIATION CHAPTER SUPPORT

A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers.

## WANDERING BEHAVIOR INFORMATION AND TRAINING

One of the most alarming and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias is wandering. Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering, and effectively use the Safe Return program.

For information about registering in Safe Return, information about the Alzheimer's Association, or the location of a chapter near you, call 800/272-3900.





Someone to Stand by You

The Alzheimer's Association Safe Return Program

# ALZHEIMER'S ASSOCIATION SAFE RETURN FACT SHEET

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### ALZHEIMER'S ASSOCIATION

# Safe Return



For safety and peace of mind register now in Safe Return

# Safe Return Assistance

Safe Return is a nationwide identification, support and registration program working at the community level. Assistance is <u>available</u> 24 hours, every day, whenever a person is lost or found.

When missing, Safe Return faxes the registrant's information and photo to local law enforcement. When found, a citizen or law official calls the 800 number and Safe Return notifies listed contacts. The local Alzheimer's Association chapter provides support.

# Safe Return Identification

With \$40 registration fee, you receive the following products\*:

- engraved identification bracelet or necklace, iron-on clothing labels, key chain, lapel pin, refrigerator magnet, stickers, wallet cards and *Caregiver Checklist*.
- for an additional \$5, receive caregiver jewelry.\* In an emergency, it alerts others that you provide care for a person registered in *Safe Return*.
- \* Identification products are sent to the physical address of the primary contact unless otherwise indicated.

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their neighborhood or far from home. Although common, this behavior can be dangerous, even life-threatening to individuals and stressful for caregivers.

There is help. The Alzheimer's Association Safe Return program assists in the safe return of individuals with

Alzheimer's or a related dementia who wander and become lost.



# Safe Return **Registration**

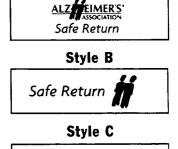
- Mail completed registration form, payment\* and registrant photo\*\* to the address on the back.
- To register by phone, call toll-free 1-888-572-8566 (weekdays 8am - 8pm CST) with registration and credit card information. Call the 888 number to update any registration information. For TDD service, call 1-888-500-5759.
- \* Registration fee is \$40. Add \$5 for caregiver jewelry.
- \*\* Write registrant's name on the back of photo (not returned).

# ♦ Safe Return Jewelry Styles

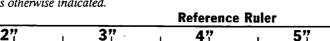
Association, Inc. All Rights Reserved.

Please indicate jewelry type and style. Wrist measurement required for bracelet.

Instructions: Use flexible tape measure or encircle wrist with string and measure against reference ruler.



Style A



 1"
 2"
 3"
 4"
 5"
 6"
 7"
 8"

 ALZÍDEIMER'S ASSOCIATION Someone to Stand by You
 For more information on the Safe Return program, call your local Alzheimer's Association chapter or (800) 272-3900.
 Prepared under grant number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention. Office of Justice Programs. U.S. Department of Justice. PF 200/F © 1998 Alzheimer's Disease and Related Disorders

# Alzheimer's Association Safe Return Program Registration Form (please print)

#### REGISTRANT INFORMATION

#### Full Name

Addresso

First or Nickname

(This name will be printed on identification products.)

	address)		
City	·	County	
		Zip Code	
	Birth		
Height _		Weight	
		Hair Color	
Complex	xion: Fair	Medium	Dark
Male	Female	Language _	
Medical	Conditions		
Critical	Medications		
Circle th	e characteristic	s that apply:	
Glasses	Contact	s Hear	ing Aid
Wig	Beard	Mustache	Bald
Cane	Other	<u></u>	
Describe	/Location:		
		attoo	
		Birth Mark	
Current	photograph pro	vided: Yes	No

**Current photograph provided:** Yes (Original photo, passport size or larger)

#### **CONTACT INFORMATION**

Primary Contact/Caregiver is called first if a person is found and may arrange to return registrant.

Address	
City	County
State	Zip Code
Telephone: Home (	)
Work (	)

Relation to Registrant

Additional Contacts can be called and receive information if a person is missing or found.

#### Name

Address				
City		State	Zip	
Telephone:	Home (	)		
	Work (	)		

Relation to Registrant

### Name

Address\_\_\_\_\_

City State Zip

Telephone: Home (

Work (

Relation to Registrant

#### Law Enforcement

(Police or Sheriff Dept. nearest registrant's residence)

Address

City State Zip\_\_\_\_

)

)

Telephone (

)\_\_\_\_ Fax (

# **Refer to** Jewelry Styles on the front

**REGISTRANT Jewelry** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: inches (Measurement required if ordering bracelet.)

CARE	GIVER Jew	elŋ	<b>y Option</b> (pla	ease circle t	ype ai	id styl	le)
Type:	Bracelet	or	Necklace	Style :	Α	В	С

Exact Wrist Measurement: inches

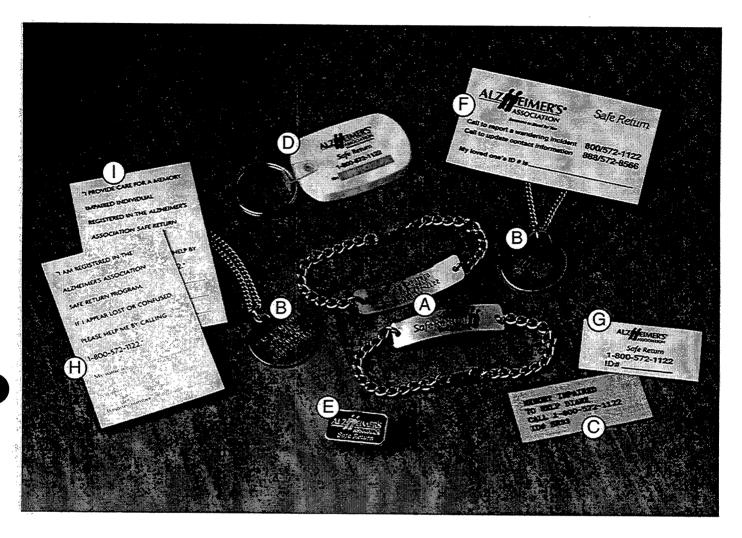
#### Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services. Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

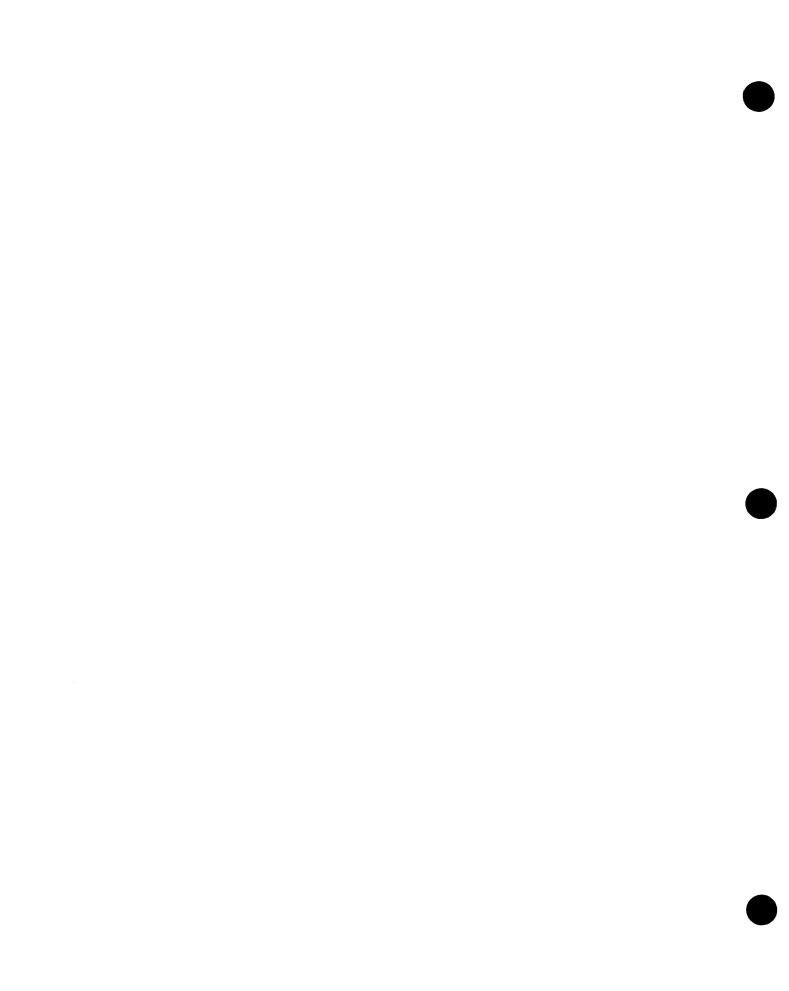
Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

Contact Signature	<b>Date</b> quired for registration.)
Payment Method	Telephone Registration
Check \$	□ Mail Registration
□ Visa <sup>®</sup> □ Maste	ercard®
credit card number	exp. date
cardholder's name	
cardholder's signature	
P.0	d payment to: fe Return ). Box 9307 , Louis, MO 63117-0307

# Alzheimer's Association Safe Return Program Identification Products



- A. Registrant bracelet Style B
- B. Caregiver necklace Style A
- C. Iron-on clothing label
- D. Key chain
- E. Lapel pin
- F. Refrigerator magnet
- G. Telephone sticker
- H. Registrant wallet card
- I. Caregiver wallet card



## **EXAMPLE 2:H**



# Safe Return

Dear Caregiver:

Thank you for registering someone you care about in the Alzheimer's Association Safe Return program. We are pleased to present you with this Safe Return identification packet. Included in the packet are the following items:

- One stainless steel bracelet/necklace the registrant's name and Safe Return ID# are located on the jewelry. (Please note that full names are not used on products for security reasons.)
- 36 iron-on clothing labels To order additional clothing labels please complete the enclosed order form, include a check, and return directly to the manufacturer.
- Two wallet cards one card is for the registrant and the other is for the primary caregiver.
- Additional Safe Return products including a Caregiver Checklist that suggests what to do if someone is missing, two telephone stickers, one refrigerator magnet, one key chain, and one lapel pin.
- Caregiver bracelet/necklace if you ordered a caregiver bracelet or necklace, in an emergency, it alerts others that you provide care for a person registered in Safe Return.

Please contact Safe Return toll-free at 888/572-8566 if you did not receive all of the items, if any item needs replacement, or if you would like to order caregiver jewelry. If you ever need to update any registration information such as change of address, telephone number, change of additional contacts, or vacation away from home information, please contact the Safe Return hotline at 888/572-8566.

For more information on Alzheimer's disease, support services available through the Alzheimer's Association, or the telephone number of your local Chapter, please call the Alzheimer's Association at 800/272-3900.

Thank you for your support and for participating in the Alzheimer's Association Safe Return program.

Sincerely,

Safe Return Program Staff



Someone to Stand by You

Alzheimer's Association Safe Return Program

## IDEAS FOR ENCOURAGING SOMEONE TO WEAR THEIR SAFE RETURN IDENTIFICATION PRODUCTS

- Wrap the bracelet or necklace in a box and present it as a gift. Birthday, Hanukkah, Fourth of July!
- Have a grandchild or other loved one present the bracelet. The individual may appreciate the gesture, cherish the bracelet, and wear the bracelet even if not initially taken with the style.
- Ask the physician to give the jewelry. If the individual has a medical appointment soon after receiving the products, ask the physician to place the bracelet on the affected person during the appointment. It may be better received from a physician.
- Place the bracelet on the individual's dominant hand. This will make it more difficult for the individual to release the clasp.
- Make sure that it is not too big for the individual. A bracelet that is too loose may be easy to remove!
- Place the bracelet next to the individual's current bracelet or wristwatch. If the individual is comfortable wearing a watch or other jewelry on a particular wrist, place the bracelet on the same wrist to avoid any new adjustments.
- Try the necklace!

If the individual is not comfortable wearing the bracelet perhaps they would prefer the necklace.

• Order matching caregiver jewelry. Consider ordering a matching caregiver bracelet or necklace. This may signal the memory-impaired person that it is acceptable to wear the jewelry.

 $\Rightarrow$  over



Someone to Stand by You

#### Alzheimer's Association Safe Return Program

• Encourage the individual to wear the jewelry in alternate places.

If the individual does not want to wear jewelry around the wrist or neck, find a more creative place. Try attaching the bracelet to a belt loop, purse handles, on the ankle, or, lace it with their shoelaces. Remember however, the more visible the jewelry, the more likely it will be noticed when the individual is in need of assistance.

#### • Use "dog tags" for former military personnel

If the individual served in any branch of the armed forces, then the Safe Return bracelet or necklace may be accepted as a new form of "dog tags."

#### • Attach it to a wristwatch band.

If the individual will not wear the identification jewelry, it may be helpful to attach it to something such as a watch. (One caregiver took the back panel of the bracelet and had this attached to the individual's watch band!)

- Engrave the Safe Return information onto an existing piece of jewelry. Consider engraving all of the Safe Return information onto the individual's existing jewelry.
- Use the additional Safe Return identification products! The clothing labels, wallet card and key chain will also help identify a person who is lost.

For information about registering in Safe Return, information about the Alzheimer's Association, or the location of a chapter near you, call 800/272-3900.

05/18/98

#### Facsimile Transmission

DATE: # OF PAGES (including cover):

FROM: Alzheimer's Association Safe Return Phone: 1.800.572.1122 Fax: 1.314.647.2827

TO: Name: Chapter: Phone: Fax:

#### FAX NOTES:

#### **ENDANGERED WANDERER**

The following report involves a person who has been reported missing or discovered wandering and reported found to Safe Return. The family member or caregiver reporting the incident lives in your chapter service area. All missing reports involving people registered in Safe Return have been faxed to the "Helper" (i.e., law enforcement agency) indicated on the report.

Some suggestions for chapter follow up:

- Contact the family member/caregiver involved to provide emotional support and guidance.
- Contact the police to educate them on Alzheimer's disease and wandering.
- Brainstorm with family and police about places where a lost person may have gone (i.e., trying to meet a former obligation, childhood home, previous job, favorite places).
- Suggest local referrals to the family member/caregiver for assistance.
- After the person is returned safely, provide the family member/caregiver with tips on managing behavior and preventing future wandering. (See Understanding Difficult Behaviors)
- Contact Adult Protective Services if person at risk of wandering again (i.e., lives alone, lives in unsafe environment).
- Suggest Safe Return registration if wanderer is not registered.

#### DID YOU KNOW?

- ✓ 59% of people diagnosed with AD wander and become lost.
- ✓ 46% may die if not found within 24 hours.
- ✓ People with AD often are usually found within .5 mile radius from where they disappeared.
- ✓ People with AD are usually found a short distance from the road or open field.
- ✓ People with AD are usually found in creek or drainage areas and/or caught in briars and bushes.
- ✓ People with AD do not usually cry out for help.
- ✓ People with AD do not usually respond to shouts.
- ✓ People with AD leave few physical clues behind.
- ✓ People with AD may be in search of something from their past (i.e., job, childhood home).
- ✓ When communicating with a person with AD, remember to:
  - Ask closed-ended (i.e., yes/no) questions
    - Speak slowly, asking one question at a time
    - Use short, familiar words
    - Maintain good eye contact
    - Attempt to remove person from a noisy, stressful environment

Call Safe Return when the missing or found person is returned home or identified. If you have any questions, please contact your Safe Return Program Specialist or Safe Return at 1.800.572.1122.

#### Facsimile Transmission

DATE: # OF PAGES (including cover):

FROM: Alzheimer's Association Safe Return Phone: 1.800.572.1122 Fax: 1.314.647.2827

TO: Name: Agency: Phone: Fax:

#### FAX NOTES:

#### **ENDANGERED MISSING**

The following report involves a missing person diagnosed with Alzheimer's disease (AD) or a related dementia.

The person is registered in the Alzheimer's Association Safe Return program, which assists in the safe and timely return of individuals with AD and related dementias who wander and become lost. The caller has been informed to call police to file a missing person's report.

#### **DID YOU KNOW?**

- ✓ 59% of people diagnosed with AD wander and become lost.
- ✓ 46% may die if not found within 24 hours.
- ✓ People with AD often are usually found within .5 mile radius from where they disappeared.
- People with AD are usually found a short distance from the road or open field.
- People with AD are usually found in creek or drainage areas and/or caught in briars and bushes.
- ✓ People with AD do not usually cry out for help.
- ✓ People with AD do not usually respond to shouts.
- People with AD leave few physical clues behind.
- People with AD may be in search of something from their past (i.e., job, childhood home).
- ✓ When communicating with a person with AD, remember to:
  - Ask closed-ended (i.e., yes/no) questions

Speak slowly, asking one question at a time

- Use short, familiar words
- Maintain good eye contact
- Attempt to remove person from a noisy, stressful environment

Call Safe Return when the missing or found person is returned or identified. If you have any questions, please contact the local Alzheimer's Association chapter (name and number provided in report) or Safe Return at 1.800.572.1122.

DISCOVERY REPORT

REPORT For Internal Use Only EXAMPLE 2:L

Registrant: Mamie

> Pasadena, CA **Contract** Los Angeles County

Location:

Raymond & Howard Pasadena, CA 91103 County

Language Spoken: #NULL#

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home

Date Found: 3/18/98 Call Date: 3/18/98 Call Time: 4:27:00 PM CST

Previous Missing Reports:

Previous Discovery/Recovery Reports: 3/18/98;

Caller: Glynnis Charles School Raymond & Howard Pasadena, CA County ·

Home: Work: Relationship to Registrant: Security Guard

#### SR Call Number; 78: SR Call Date: 3/18/98 SR Call Time: 4:27:00 PM CST SR Clinician: Beckerle, Diane

Description: SR ID#: \*\*\*\*

> Social Security #: DOB: **Form of ID:** Unknown Height: 5.01 e.g. 5.7 = 5ft Weight: 130 Eyes: Brown Hair: Black Race: Black Sex: Female

Chapter Procedures Followed: Yes Date: 3/18/98, Time: 4:25:00 PM

Fax sent to: Chapter: Los Angeles Chapter (213) 938-3379 (213) 938-1036 Safe Return Program Coordinator

CareGiver Notified: CareGiver 1 = CG1

Comments:

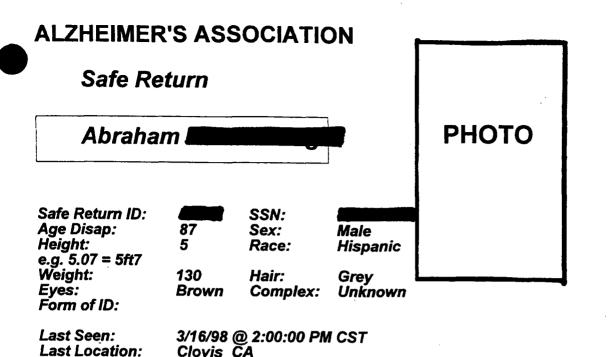
•

Glynnis **Marketon**, **Marketon School Campus Security**, phoned Safe Return to report that Mamie **Marketon** had been found on campus. She had been roaming around the campus for @ 1.5 hours when they noticed her Safe Return bracelet and called. This worker conferenced call with Rose **Marketon**, CG1, with whom registrant lives.

CG1 had just phoned the police and had been searching the area. CG1 had just phoned is only about 1/2 block from registrant's home, so CG1 said she'd come to get registrant and return her safely home. CG1 indicated that registrant had wandered to the same location in the past. Registrant's Caregivers: Rose Relation: Daughter Pasadena, CA Los Angeles County Home: Work: Relation: Gdsons Wif Laurie 📕 Altadena, CA #NULL# County Home: Work: #NULL# Ruby Relation: Daughter Altadena, CA #NULL# County Home: Work: #NULL#

DISCOVERY REPORT For Internal Use Only SR Call Number: SR Call Date: 3/18/98 SR Call Time: 4:27:00 PM CST SR Clinician: Registrant's Helpers: Pasadena Police Dept #NULL# #NULL#, CA #NULL# (626) 405-4501 Fax: #NULL# Huntington Memorial Hospital #NULL# #NULL#, CA #NULL# #NULL# Fax: #NULL# Sierra Madre Police Dept #NULL# #NULL#, CA #NULL#

> (626) 355-1414 Fax: #NULL#



#### ENDANGERED MISSING

Clothing: Black and white striped sweater, black pants, a charcoal gray hat Medical Conditions: Distinguishing Marks/Characteristics: glasses, moles on face and neck Language Spoken:

Additional Comments: Mr. Additional usually walks from his home down to the corner and comes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. Registration Notes: If you have any information on Abraham and the place call:

1-800-572-1122

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MISSING REPORT For Internal Use Only SR Call Number: 366 SR Call Number:

> SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant: Abraham

Clovis, CA

Fresno County

SR ID#:

Social Security #: DOB: 3/16/11 Form of ID: Unknown

Date Reported Missing: 3/16/98 Time Reported Missing: 2:33:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;

Caller:

Elizabeth Clovis, CA County Home: Work:

Relationship to Registrant: Daughter

Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:00:00 PM

Fax sent to: Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

#### Comments:

Mr. **Control** usually walks from his home down to the corner and cornes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. **Control** Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. MISSING REPORT For Internal Use Only

SR Call Number:

SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant's Caregivers: Elizabeth Relation: Daughter

Home: Work:

Elida Relation: Gmdaughtr

Clovis, CA

Home: Work: #NULL#

Rev. E. Relation: Grandson

#NULL# Home: Work: **Registrant's Helpers:** Clovis Police 1033 5th St. #NULL#, CA #NULL#

(209)297-2624 Fax: #NULL#

Fresno Police Dept. #NULL# #NULL#, CA #NULL#

(209)498-1414 Fax: #NULL# RECOVERY REPORT For Internal Use Only SR Call Number: 1 SR Call Date: 3/16/98 SR Call Time: 3:37:00 PM CST SR Clinician: Collins, Nancy

Missing Person: Abraham (Continue) Clovis, CA (Continue) Fresno County

SR ID#:

Date Reported Missing: 3/16/98 Missing Report Call Number: 366

Recovery Information: Location: Same As Caller

County

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home Address Date Found: 3/16/98 Call Date: 3/16/98 Call Time: 3:37:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;

Caller: Elizabeth Clovis, CA County Home: Work:

•\_

Relationship to Registrant: Daughter

Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:40:00 PM

Fax sent to: Chapter:

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Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

#### CareGiver Notified: CareGiver 1

Comments:

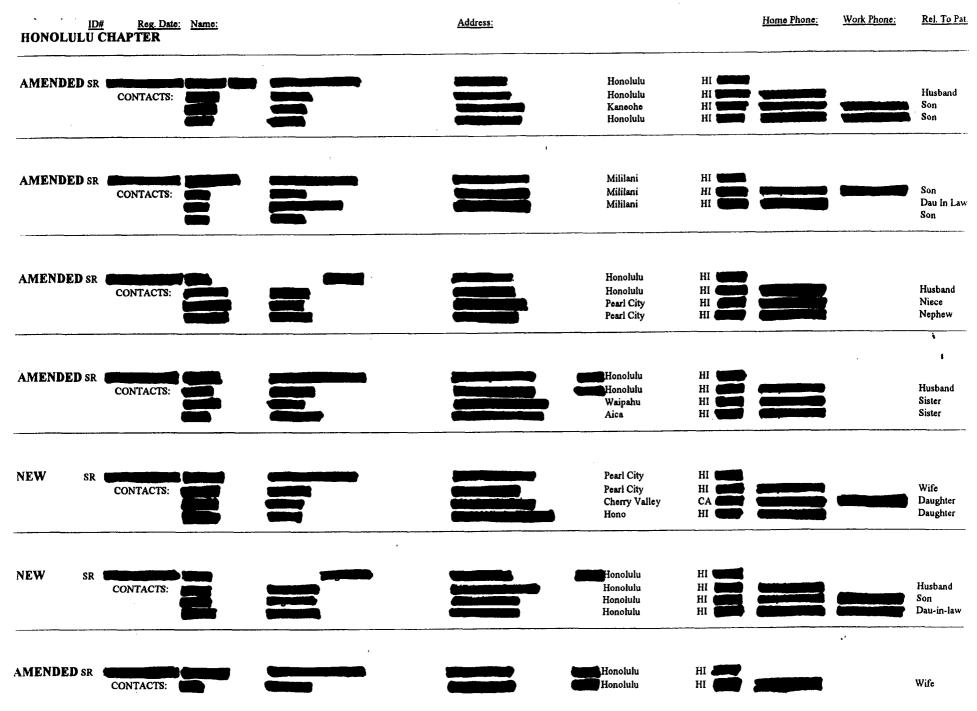
Caller reported that the Police brought her father home a few minutes ago. He is fine.



Alzheimer's Association Safe Return Registrant Report: Monthly Update

# DECEMBER 1997

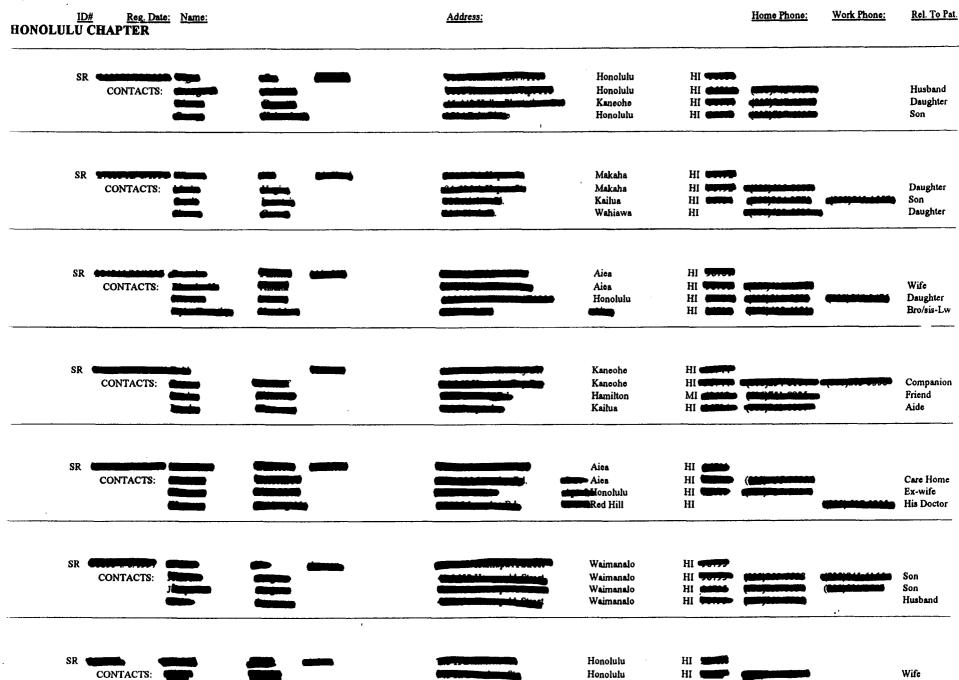
#### ALZHEIMER'S ASSOCIATION SAFE RETURN REGISTRANT REPORT: MONTHLY UPDATE



## Alzheimer's Association Safe Return Registrant Report:

## Cumulative as of 12/31/97

ALZHEIMER'S ASSOCIATION SAFE RETURN REGISTRANT REPORT: CUMULATIVE





### Language



## Identification

## Card

This card will help you identify what language a person speaks. It lists languages commonly encountered in the United States and Canada, grouped by regions of the world.

- When face-to-face with a non-English speaker, make your best guess as to what part of the world he or she comes from.
- Open the Language ID Card to that section, and show the person the languages listed.
- The message underneath each language tells the non-English speaker to point to his or her language and that an interpreter will be called.

#### Sample:

00 English Point to your language. An interpreter will be called.



- Call AT&T Language Line® Services and ask for the language you need, following the instructions on the next panel of this card. In most cases, an interpreter is available within moments.
- Tell us if you are unable to identify the language, and we will initiate a language identification process.

Please note: Listing of languages within this card does not guarantee availability of interpreters in these languages. This list is subject to change based upon demand.



CAT&T 1994 - For more information about our services in USA or Canada cali. 1.800.752-6096 Fenth Edition - AT&T Language Line" Services, 1 Lower Ragsdale Dr., Monterey, CA 93940 USA

#### How to reach an interpreter:

As an AT&T Language Line Services customer you have access to over-thephone interpretation 24 hours a day, 7 days a week. To reach an interpreter, dial your special access number:

(If possible, you may wish to program this number for speed dialing.)

Our Communications Center will ask for:



The language for which you need an interpreter. (If you're not sure, tell us; together we'll identify it.)



Your Client Identification Number. Your organization's name. Your personal code.

You'll be placed on hold while an interpreter is conferenced into the call. Do not hang up.



When the interpreter joins the conversation, provide any special instructions and explain which communication method you will be using (passing the telephone handset back and forth, using a speakerphone, or using an extension handset).



When the call is complete, tell the interpreter, "End of call".

As you would in any conversation, confirm or clarify details. Think how often miscommunication occurs when everyone is speaking English. Consider the potential for misunderstanding when you add another language.

Printed on recycled paper.

#### Europe

- 70 Albanlan Shqip Set Tregoni me gisht gjuhën që flitni. Do të gjejme nje përkthyes per ju.
- 72 Armenian Հայերէն 360 ծոյց տաես ո՞ր մեկ լեզան կը խսսվա՝ որպեսզի թարգմանիչ մը կանչել տանը.
- 136 Basque Euzkera Euzkera For Zeure izkuntza atzamarragaz erakutzi. Euzkeratzail bateri deituko deutsagu.
- 69 Bulgarlan Български сзик Эр Посочете Вашия сзик. Ние ще извикаме преводач за Вас.
- 132 Catalan Català 🔂 Assenyali amb el dit el seu idioma. Es trucarà a un intèrpret.
- 67 Croatian Hrvatski 😪 Molim Vas, pokažite nam Vaš jezik. Zvat ćemo tumača za Vas.
- 63 Czech Česky 201 Ukażte, který je váš jazyk. Zavoláme tlumočníka.
- 55 Danish Dansk Sei Peg på dit sprog. En tolk vil blive tilkaldt.
- 56 Dutch Nederlands Set Wijs uw taal aan. Wij zullen u een tolk geven.
- 77 Estonian Eesti Keel 501 Näidake oma emakeelele. Me muretseme teile tõlgi.
- 52 Finnish Suomí Suo Suomí Suomí
- 58 French Français Français
- 57 German Deutsch Seit Zeigen Sie auf Ihre Sprache. Wir rufen einen Dolmetscher an.
- Τι Greek Ελληνικά Έξη Δείξτε ποιά γλώσσα μιλάτε και θα κληθεί ένας διερμηνέας.
- 65 Hungarlan Magyar Su Válassza ki az ön által beszélt nyelvet. Kapcsoljuk a tolmácsot.
- 133 Icelandic Íslenska 🖘 Bentu á þitt tungumál. Það verður hringt í túlk. Italian Italiano 🕫 59 Faccia vedere qual è la sua lingua Un interprete sarà chiamato. 75 Lithuanian Lietuvių Kalba 😿 Parodyk tavo kalbamą kalbą. Vertejas bus pakviestas. Macedonian 68 Makedonski 💬 Posočete molim Vaš jezik Ke vikame prevodilac Vas da doide 54 Norwegian Norsk Set Pek på ditt språk En tolk vil bli tilkalt. Polski 🖅 62 Polish Proszę wskazać na swój język ojczysty Thumacz zostanie poproszony do telefonu 61 Portuguese Português 😥 Aponte seu idioma Providenciaremos um intérprete. 66 Romanian Românește 😥 Indicați limba pe care o vorbiți. Veti fi pus in legătură cu un interpret. Русский Язык 💬 78 Russian Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика. 148 Serbian Српски 🖅 Молим Вас, покажите нам Ваш језик. Зваћемо тумача за Вас. Slovak 64 Slovensky 201 Ukážte na vašu reč. Zavoláme tlmočníka. 60 Spanish Español 😥 Senale su idioma Se llamará a un intérprete. 53 Swedish Svenska 😪 Peka ut Ert språk. En tolk kommer att tillkallas. Українська Мова 🗐 76 Ukrainian Покажіть, якою мовою ви говорите. Зараз викличуть вам перекладача. 135 Yiddish וידיש אבר ווייזט אַן אויף אײַער שפּראָך. מע וועט אַנקלינגען אָן איבערזעצער

#### Pacific Islands

- 120 Akan Aklanon 🚱 Ituro mo ro atong hambae. Magtawag kami et mag-interprete.
- Dusia na nomu vosa. Ena qai kacivi edua mi vakavaka dewa.
- 115 Ilocano
   Ilokano 🐲

   Itudom iti saom.
   Umayab kam iti interprete.
- sa Indonesian Bahasa Indonesia 💬 Tunjukkan bahasamu. Jurubahasa akan disediakan.
- 51 Malay Bahasa Malaysia Sen Tunjukkan yang mana bahasa anda. Seorang jurubahasa akan diberitahu.
- 126 Samoan Gagana Samoa 🚱 Tusi lou 'a'ao i lau gagana. O le a vala'auína se tasi e fa'amatala 'upu mo 'oe.
- 117 Tagalog Tagalog Sen Pakituro nio nga ang iyong wika. Magpapatawag ako ng interprete.
- 128 **Tongan** Tuhu kihe lea 'oku ke lea 'aki. 'E fetu'utaki kihe fakatonulea.

#### India, Pakistan, and Southwest Asia

84 Bengali বাংলা প্ৰ্যা আপনি কোন ভাষায় কথা বলেন - মানান । আপনার সেবার জনে। একজন অনুবাদক আগবেন । Bhojpuri 85 भोजपुरी 🔂 🛛 रीआके पांतूपाहा का बा ? रोआलेल पुनी दुभाषिया बोलादेल जाईत । Gularati 83 Yorad SEI તમારી ભાષા ઈશારાથી ખતાવા. તમાસ માટે ભાષાંતર કરતાર ખોલાવી ગપાશે. ∞ Hindi हिन्दी 🥁 🛙 अपनी भाषा इशारे से दिखाइये । आपके लिए दुमाषिया बुलाया जाऐगा । Malayalam പ്രതാന പ്രി നിന്നവ്, വട ദാമന്തരില്ക്കു. തർജീര ക്ഷോനെവിളിക്കാനതാണ്: 81 Nepali नेपाली 🖅 🔝 आफ्नो भाषा चिनाउनु होस् । तपाईको भाषा बोल्ने व्यक्ति बोलाइने छ । 80 Puniabi ਪੰਜਾਬੀ ੱਛਾਹ ਅਪਣੀ ਬੋਲੀ ਇਸਾਰੇ ਨਾਲ ਦਸੋ । ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਇਆ ਜਾਐਗਾ । 89 Sinhalese පිංහල පුඩු එමේ නාසාව වෙයින් සෙන්වන්න. සිංහල සපා සටන පෙනෙක් හෝයනවා 137 Tamil ஆங்கிலம் 💬 ாத்த வெழியில் துஷியாவிகள் வேண்டுமோ அதை விரலால் காண்டித்தவும் 6455 paterategic at Bhara atoriala Processi 79 Urdu الکا أردر ب کرن سی زبان میں بات کرتا بسند کرینگی! بِ کی مدد کیئے ایتھی کی فرجسان کو بلایا جائے گا۔

#### Africa

27

 $c \alpha$ 

19

58

22

59

61

1+1

142

26

3

20

21

Amharic ወጸቁናቁዎ ያወልከቱ ስከተረናሚሲወጣነው	ስ⁰ፃረና ጭጋ	90	Ar:
Arabic أشر الى لفتك وسننادي المرجم حالاً.	اللغة العربية	72	<b>Ar</b> ։ Յոյց որպ
<b>Bambara</b> I bolo da i fakan kan. An benna kuma yelemabi	Bamanankan 😿	139	Ass Lac
French Montrez-nous quelle lang Nous vous fournirons un/		111	Da زنید ؟
Hausa Nûna yàrenkà/yàrenkì. A à kirà tafintà.	Hausa 😥	107	Far
<b>Italian</b> Faccia vedere qual è la su Un interprete sarà chiama	Italiano 🝘 ua lingua. to.	106	Hel שלך ייד
Portuguese Aponte seu idioma. Providenciaremos um inté	Português 🔂	140	Ku بەفران
Portuguese Creole Ponta pa bu lingua. Un intrepeto ta ser chuma	Cabo Verdiano 😥		Pas رکری.
<b>Somali</b> Tilmaan afka aad ku hada Tarjumaan ayaa la wacaya			Tur Ken Size
<b>Swahili</b> Onyesha lugha yako. Tutamwita mtu atakayekuf	Kiswahili 😴 🕽		
Tigrinya ናብቋናቋገ <b>አ</b> ወልከቶ ተረ <b>ጓሚኪወጽ</b> ስስዩ	+925 BU		
<b>Wolof</b> Wan ňu sa làkk. Negal dinaňu la wutal ab i	Wolof 🖅		

cat.
Yorùbá 😴

#### Middle East

90	Arabic	اللغة العربية
	أشر الى لغتك وسننادي المترجم حالاً.	
72	Armenian Յոյց տուշը ո՞ր մեկ լեզուն կը խօսխ որպեսզի թարգմանիչ մը կանչել տ	, Հայերէն 🕬 բ՝ ոնբ.
139	Assyrian مسرب لنعنه، ل مدر مدال محال محاط	L'3062 50
111	Dari شما بکدام زبان گپ میزنید؟ یک ترجمان میآید.	لک∰ دری
107	Farsi بزبانی که صحبت میکنید نشان دهید. برای شما مترجم میآوریم.	😭 فارسی
106	Hebrew הצבע על השפה שלך נקרא למתרגם מיד	עכרית 😪
140	Kurdish زمانی خلات دهسنیشان بکه تدرجومانینکت بو بانگ ده که بنه سهر تدله فران	ا 🐨 کوردی
110	Pashto خپله ژبه وبینه. ژربه ترجسان در سره خبری رکری.	الکی پشتر
	Turkish Kendi trus Size bir Dannan Giemerak	Türkçe 😴

#### Asia

		認您的語言 爲您請翻譯	诸指认您的迸宫 以便为您诸翻译	
31	Cantonese	廣東話	广东话	<b>FEI</b>
38	Chaochow	潮州話	潮州话	- FEI
32	Fuklenese	福建話	橫建话	TEI
35	' Mandarin	<b>B</b> 35	围语	<b>TEI</b>
37	Shanghai	上海話	上海话	FEI
33	Taiwanese	台灣話	台湾话	<b>FEI</b>
36	Toishanese	台山話	台山话	SEI

#### North America, South America, and Caribbean

- 58 French Français 🖅 Montrez-nous quelle langue vous parlez. Nous vous fournirons un/e interprète.
- 129 Haitlan Creole Kre Montre lang ou-a. Yap voye chèche yon entèprèt. Kreyòl Ayisyen 😿
- 144 Navajo Saad béé honisinígíí níla' bee bik'idiilnííh. Ata' halneë la' nábich'j' hodoonih. Diné 靋
- 61 **Portuguese** Aponte seu idioma. Providenciaremos um intérprete. Português 🐒
- Español 😪 Spanish 60 .Senale su idioma.
- Se llamará a un intérprete.

9	Vietnamese Chỉ rõ tiếng bạn nói.	Tiếng Việt bị chuyện với bạn ngay.
7	Thai บ่วยนี้ให้มาๆหน่อยว่ากาษาไหนคือ แล้วยาจะเจ้าหาล่ามให้กำน	<b>กษาชิย</b> กาษาที่ก่านสูก
5	<b>Mien</b> Nuqv meih nyei waac mi yie heuc faan waac mien	
1	<b>Malay</b> Tunjukkan yang mana ba Seorang jurubahasa akan	Bahasa Malaysia hasa anda. diberitahu.
3	Laotian ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາບພາສາໃຫ້	<b>บารา</b> อาว
1	Korean 당신이 쓰는 말을 지적하세요. 풍역관을 불러 드리겠어요.	한국말
0	Japanese あなたの話す言葉を指さし 通訳を呼びます。	日本語 てください。
0	<b>Indonesian</b> Tunjukkan bahasamu Jurubahasa akan disedial	Bahasa Indonesia kan.
6	<b>Hmong</b> Thov taw tes rau koj yan Peb yuav hu ib tug neeg	Hrnooh m lus: g txhais lus rau koj.
8	Cambodian សូមចង្អុលតាសាអ្នក យើងនឹងហៅអ្នកចកច្រែមកដូន	វាាសាខ្មែរ
2	Burmese ခင်မျာရဲဘာ သာ စ ကား ကို ေ စ ကား မြနီ အေ ေပးမယ်။	မြန်မာ့စကား စာက်ပြမ်း ———————————

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#### **3. CREATING A CHAPTER PLAN**

This section includes important questions for the chapter to consider and address when creating the first chapter plan for Safe Return or re-evaluating an existing plan. A well-developed plan will help guide Safe Return initiatives and move the chapter forward.

Hosting a planning session(s) that includes board members, staff, volunteers and community members is one way to begin to shape the plan. Discussing and addressing the following areas will help you define the plan:

#### INTEGRATING SAFE RETURN

 How will Safe Return be integrated into existing and future chapter programs and services?

See Section 4 for related information.

#### PROMOTING SAFE RETURN

- How will the chapter promote Safe Return through existing and future programs and services?
- How else will the chapter promote Safe Return?
- What will be the target audiences?
- How will information about Safe Return be communicated to these audiences?
- Are there partnerships that could be forged to promote Safe Return?

See Sections 4 and 6 for related information.

#### SAFE RETURN TRAINING

- What will be the target audiences for Safe Return training?
- What Safe Return-related training do the target audiences need?
- Who will conduct the training and how will it be evaluated?
- How regularly will such training occur?

#### SETTING A REGISTRATION GOAL

- Will the chapter set a Safe Return registration goal?
- How will the goal be determined?
- What steps will be taken to reach the goal?

#### MEETING FINANCIAL NEED

- Will the chapter offer a subsidy or scholarship fund to offset registration fees?
- If so, where will these funds come from (i.e. chapter budget, outside funding source)?
- To whom will subsidy or scholarship funds be made available?
- How will the availability of these funds be publicized?

See Section 6 for related information.

#### **RESPONDING TO INCIDENTS**

- What will be the chapter and community response during and after missing and discovery incidents?
- How will a response protocol be established and by whom?
- · When and how will the media be involved?
- Will a chapter representative be available during non-business hours to respond to incidents? If so, what will the response be?

See Section 5 for related information.

#### ASSISTING WITH REPEAT INCIDENTS

- How will the chapter track repeat incidents?
- What steps will the chapter take to address repeat incidents? See Section 5 for related information.

#### ASSISTING NON-REGISTRANTS

- How will the chapter assist missing or discovered individuals not registered in Safe Return?
- What steps will the chapter take to register non-registrants and provide information about the chapter?

See Section 5 for related information.

#### SERVING REGISTRANTS AND FAMILIES

• How will the chapter serve registrants and families? See Section 4 for related information.

#### STAFFING AND OVERSIGHT

- Who will oversee the implementation of the Safe Return plan?
- Who will be responsible for implementing day-to-day activities related to the plan?
- What staff and volunteer responsibilities will there be to carry out the plan?
- Will there be a need for additional staff or volunteers? If so, what will the recruitment process be? What will their job responsibilities be? Who will train and supervise these individuals?
- What cost will there be to the chapter to implement its Safe Return plan? How will the cost be covered?
- What program statistics will be maintained and how will they be used?

#### TRAINING STAFF AND VOLUNTEERS

- How will information about Safe Return be communicated to chapter staff and volunteers?
- What training related to Safe Return (i.e. wandering behavior, how Safe Return works and benefits chapters, registration process) do staff and volunteers need to receive?
- Who will conduct the training and how will it be evaluated? How regularly will such training occur?

See Section 4 for related information.

#### SAFE RETURN GOALS

Once the chapter discusses and addresses the above areas, goals, objectives and action steps may be developed. Goals define the purpose and expectations of the Safe Return plan. Goals should be:

- Clearly stated with a specific, measurable end result
- Realistic and challenging
- Supported by the chapter with time and resources

While a goal is an overall target, objectives and action steps set out how the chapter will go about reaching the goal. Following are examples of two Safe Return goals with objectives and action steps that meet the above criteria: **GOAL 1:** To increase Safe Return registrations in the chapter service area by October 1998.

**OBJECTIVE 1:** To conduct 2 registration days at Big Shopping Mall.

#### **ACTION STEPS:**

- 1. Set dates for registration days with Big Shopping Mall.
- 2. Prepare press releases for local media and Big Shopping Mall publications.
- 3. Send out chapter mailing to publicize registration days.
- 4. Recruit and train volunteers for registration days.
- 5. Contact Polaroid to donate camera and film.
- 6. Contact national office to arrange for use of Safe Return display.
- 7. Develop evaluation tool to measure the outcomes of the registration days.

**OBJECTIVE 2:** To make 6 Safe Return presentations to community groups.

#### **ACTION STEPS:**

- 1. Contact senior centers and ask for time to present on Safe Return.
- 2. Contact local citizens action council and request time on their next agenda.
- 3. Order Safe Return brochures and sample identification products from the national office.
- 4. Plan Safe Return presentation.

**GOAL 2:** To enhance community response to missing and discovery incidents.

**OBJECTIVE 1:** To train 25 law enforcement officials about Alzheimer's disease, wandering behavior and Safe Return.

#### **ACTION STEPS:**

- 1. Contact local police chief to discuss Safe Return and arrange for an in-service training for law enforcement officials.
- 2. Order training materials from the national office, including *Alzheimer's Disease: A Guide For Law Enforcement Officials.*
- 3. Review the *Law Enforcement Official Training Book* and tailor training for time available.
- 4. Develop and distribute a training evaluation form to participants to be completed one month after the training.

**OBJECTIVE 2:** To train 25 emergency medical technicians and firefighters about Alzheimer's disease, wandering behavior and Safe Return.

#### **ACTION STEPS:**

- 1. Contact local fire chief to discuss Safe Return and arrange for an in-service training for emergency medical technicians and firefighters.
- 2. Review the *Emergency Medical Response Personnel Training Book* and tailor training for time available.
- 3. Develop and distribute a training evaluation form to participants to be completed one month after the training.

#### PERFORMANCE MEASURES

Monitoring and evaluating chapter Safe Return activities is essential. **Monitoring** is the process of gathering information in an organized fashion. Monitoring systems are developed to provide continuous feedback and allow corrective action to be taken. **Evaluation** is the process of examining information gathered. Evaluation uses collected data to make comparisons to program goals and objectives. Evaluation can:

- Measure results against stated goals and objectives
- Provide data to reinforce current efforts or recommend new directions
- Furnish information that is important to promotion and funding efforts
- Contribute data on which program decisions can be based

Ongoing evaluation may be appropriate in some areas, while end of the year evaluation may be appropriate for others.

Monitoring Safe Return activities will help the chapter stay aware of issues and trends as they occur. Evaluation components will measure whether or not the chapter has met its goals. Both monitoring and evaluation are key to maximizing the benefits Safe Return provides to individuals, families, caregivers and the chapter.

#### CHAPTER STANDARDS

Chapter Standards outlines core standards for chapter participation in Safe Return. The standards were established to help provide consistency to all Association programs, services, activities and operations.

The Safe Return manual addresses various aspects of chapter participation in Safe Return but does not focus on specific standards. The standards are not specifically addressed here because they will continue to grow and change.

Chapter staff and volunteers need to be aware of the most current Association chapter standards. To obtain a copy of the Chapter Standards, contact the Chapter Services Division at 312-335-8700.

#### **SECTION 3 RESOURCES**

30 Effective Ideas for Increasing Safe Return RegistrationsExample 3:AChapter Safe Return Grant ProposalsExample 3:B

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#### 30 Effective Ideas for Increasing Safe Return Registrations

#### 1. Use Your Chapter Newsletter

Examples of articles include a success story, a letter from a grateful caregiver, a story about a Safe Return community hero, or a story about the chapter's involvement with local police training programs.

#### 2. Organize an Enrollment Campaign -- Sign Up For Safety!

Organize a Safe Return registration day with several enrollment sites. Possible enrollment sites include local police station, senior centers, day care centers, and assisted living/residential care facilities. Or, provide local day care centers with a Safe Return enrollment kit for ongoing registrations.

#### 3. Develop a Registration Campaign with Local In-Home Respite Agencies

Provide a Safe Return training session to participating in-home agencies and refer the names of families and caregivers who are interested in Safe Return enrollment to the agencies on a rotating basis. The agency will visit the interested caregiver in their own home and enroll the individual on the spot!

#### 4. Work with Support Group Leaders

Train support group leaders about the dangers of unsafe wandering and how the Safe Return program works. Provide them with information and handouts on wandering, the Safe Return program, and a product display board.

#### 5. Train Your Helpline Staff & Volunteers

Train your Helpline staff and volunteers to encourage Safe Return registration and to include Safe Return information in helpline/information packets.

#### 6. Organize a Community Advisory Council

A Community Advisory Council can help the chapter develop public awareness strategies and local emergency protocols.

#### 7. Increase Your Outreach

Families and care providers are sometimes more responsive to a referral to Safe Return from a third party. Train community professionals on how to use Safe Return -- audiences include law enforcement and other emergency response personnel, postal workers, bankers, and transit operators.

#### 8. Use Your Chapter Answering Machine

Increase awareness of Safe Return (and help facilitate emergency wandering incidents) by providing the Safe Return toll free crisis line number on the chapter answering machine.

#### 9. Train Local Adult Protective Service Workers

Train local aging services staff and Adult Protective Services workers about Safe Return.

#### 10. Be a Model for Other Direct Service Providers

Mandate Safe Return registration in chapter adult day care or in-home respite services.

#### 11. Highlight Facility & Agency Safe Return Participation

Highlight the facilities/agencies in your chapter helpline (I&R) book that encourage or require Safe Return registration or have received Safe Return training and give callers this information.

#### 12. Set a Chapter Registration Goal

Develop Safe Return chapter goals. For example, set a goal to reach a certain number of Safe Return registrations and/or a goal to train local law enforcement about Safe Return.

#### 13. Organize a Community Safe Return "Train-the-Trainer" Session

Contact national Safe Return staff for information and assistance.

#### 14. Include Safe Return in Every Presentation and Educational Program

Safe Return can easily work its way into a discussion about your chapter's programs and services, or a discussion about how to handle difficult behaviors.

#### 15. Make Safe Return a Part of Your Chapter Display

Include Safe Return in your chapter display for health fairs and other community events.

#### 16. Display Safe Return Sample ID Products in the Chapter Office

Select a visible space in your chapter office to display the Safe Return brochure, poster and sample products.

#### 17. Pitch Safe Return Stories to Reporters Who Cover Public Safety Issues

Call the editor of your local newspapers and ask who covers public safety issues. Also, remember neighborhood newspapers and publications for seniors!

#### 18. Establish a Safe Return Fund

Establish a fund to provide partial or full enrollment for those who can not afford the fee. Possible providers of funds or grants include local charitable organizations, police departments, local foundations, and the local chapter of the Catholic Daughters of America.

#### 19. Make Good Use of Memory Walk Events

Make Safe Return part of your chapter display at Memory Walk -- include applications, handouts on wandering, and a product display board. Make it easy to enroll individuals at Memory Walk.

#### 20. Develop Local Safe Return Awards

Refer to the Safe Return Chapter Media Kit for easy and useful award ideas.

#### 21. Set up a Safe Return Display at Chapter Programs

Education programs also provide possible enrollment sites.

#### 22. Develop Partnerships with Local Respite Services to Publicize

Develop an arrangement with local in-home respite and day care agencies to include a Safe Return flyer or registration form with the billing to families.

#### 23. Train the Staff at Geriatric Assessment Clinics

Provide the staff at local geriatric assessment clinics a short training on how the Safe Return program works. Supply Safe Return applications and information for them to distribute.

#### 24. Develop a Media Plan for Safe Return

Develop a chapter media plan for both general Safe Return publicity and how/when to use the media when a person is missing. (See your Safe Return Chapter Media Kit).

#### 25. Hang Up Safe Return Posters

Safe Return posters are available for purchase from national to place in senior centers, assessment clinics, post offices, adult day centers, police departments, and pharmacies. The posters include a space for your chapter name and telephone number.

#### 26. Educate Licensing Staff

Create advocates for requiring Safe Return registration for all individuals with dementia in state-funded or licensed programs and facilities, such as day care centers, residential and nursing facilities. Train licensing staff about the benefits of Safe Return and ask for their active support.

#### 27. Promote Safe Return as a "Standard of Industry Care"

Encourage state associations of day care centers, residential or nursing facilities to adopt Safe Return as a "standard of industry care" and urge their members to use it as such.

#### 28. Build Partnerships with Nursing Providers

Approach top management of national and regional nursing home or assisted living providers about adopting Safe Return as a corporate-wide policy or requirement for admission of Alzheimer patients. Ideally, the facility will assume the enrollment fee and use Safe Return enrollment as a marketing tool (i.e. a higher standard of quality care).

#### 29. Make Safe Return and Wandering An In-Service Topic

Provide Safe Return in-service training programs to hospitals and care facilities.

#### 30. Maintain a List of Local Individuals Who Were Helped by Safe Return

Develop a list of caregivers who were helped by Safe Return and are willing to tell their story to the media or to other caregivers. They might also want to be a part of a community advisory council, attend presentations on Safe Return, volunteer at senior fairs or registration sites, or speak out!

Do you have suggestions that should be added to the list? Please share them with national Safe Return staff. The information contained herein is dated. Please contact Safe Return staff for current information.

#### Generic Grant Proposal for Safe Return--"Community Partners"

#### **Objectives:**

1. Increase public awareness and education about the Safe Return program.  $_{\odot}$ 

2. Reach special populations within the chapter territory.

#### **Outcomes:**

1. #\_\_\_Scholarships (see budget)

**2. #\_\_\_\_Registrations** (this number should be to double your current registration level, so if you have 100, the goal should be another 100 in ne xt 9-12 months)

3. #\_\_\_Community members reached (see evaluation section).

#### la. National Background

The Alzheimer's Association is the national voluntary health organization dedicated to increasing awareness about Alzheimer's Disease, supporting programs to benefit those afflicted, and promoting research for the cure and treatment of this devastating disorder.

The Alzheimer's Association Safe Return Program is the only national wanderer's program specifically designed for victims of memory loss. The program is funded by the Department of Justice and uses computer technology to identify and return registrants. Registrants are enrolled by a caregiver, and information is entered into a national data base in Washington, D.C. People registered with Safe Return are then assigned a bracelet with first name and coded information, an ID number and an 800-telephone number, plus iron-on clothing labels, wallet ID cards and other materials. When an individual wanders away from home or a facility, a call to the #800 begins the search process. Similarly, when an individual is found, whether by the police or a good samaritan, a call to the #800 alerts the caregiver as to the patient's location, so he can be returned home quickly.

The Safe Return program has a proven record of success--98.5% "Safe Returns" for all registered patients, nationally, some involving individuals lost for several days and wandering for as many as 2,000 miles.

#### **1b. Local Background** (Fill in the blanks)

The \_\_\_\_\_ Chapter, one of 215 chapters, was founded by concerned family members and incorporated as a non-profit agency in \_\_\_\_\_. Our Federal Tax ID is \_\_\_\_\_. Enclosed is a copy of the IRS letter recognizing our non-profit status.The \_\_\_\_\_ Chapter has been providing Safe Return services to (name your counties served) since (give date you began providing information). Current staff is \_\_\_\_\_\_ full time, \_\_\_\_\_ part-time, and \_\_\_\_\_\_ volunteers.

The \_\_\_\_\_Chapter estimates (name number of Alzheimer victims in your chapter territory) \_\_\_\_\_\_are afflicted with Alzheimer's Disease and are at risk of wandering. Currently only \_\_\_\_\_\_(give current number of registrants) are registered in (name chapter territory) \_\_\_\_\_\_, despite ongoing publicity of the program, including newspaper articles, press releases and (name any specific activities for Safe Return).

#### 2. Problem Statement

We know there is a need to identify and register Alzheimer's patients because of the numerous "roadblocks to registration." We have found that: (get the statistics below from your county/city department of aging and your state or local licensing body)

o \_#\_\_\_ of seniors live in poverty. Many families do not have the funds to register a patient.

o \_#\_\_\_ individuals live in Board and Care facilities, Many residents have no funds or relatives to pay the \$25 registration fee.

o Many of the non-English speaking population (give %)) do not know about the Safe Return program, because program materials have not been distributed in materials other than English. (name other languages in your chapter territory)

o At least 10% of Alzheimer victims live alone and have no families to help them access programs and services.

o The registration form requires several steps and time to complete (filling out the application, measure patient's wrist, find a recent photograph all takes approximately 30 minutes). Many caregivers are too overwhelmed by the caregiving duties to take time to complete the application.

#### Staffing

Staffing will consist of one part-time (10 hours per week) individual recruited to coordinate this program. Likely candidates will be graduate students (interns) from local colleges and universities and the healthcare network in the chapter territory. A job description will be developed and distributed.

#### Public Education

The Outreach Worker will have two roles: outreach and training. The outreach worker will take an active role in increasing public awareness of Safe Return through talks to community groups about Safe Return; such as health fairs, senior centers, hospitals, day care. The outreach worker will enlist other community agencies to be "community partners."

The information contained herein is dated. Please contact Safe Return staff for current information.

#### Community Partners

Each community partner will set agree to register current residents/clients at risk (such as in a Board and Care or Skilled Nursing Facility), or will agree to be an "Ongoing Community Partner" who provides information to clients on a regular, ongoing basis; such as part of the admission process, at an information desk, etc.

#### **Goals and Objectives**

The goals of this project are:

1) to double the number of registrations in the Chapter Safe Return program to

2) Offer \_\_\_\_\_ scholarships to families on Medicaid or SSI

3) Educate \_\_\_\_\_ community members about wandering and the benefits of the Safe Return program.

To achieve these goals, the following objectives have been set: 1) Increase public awareness and education about the Safe Return program.

a) The Outreach Worker will develop a list of targeted agencies within the chapter territory which serve as "points of contact" with seniors. Staff will develop a 20 minute presentation to deliver to agency staff.

b) 25 senior agencies will be visited and receive training from the Outreach worker.

c) Agencies will be asked to participate as a "Community Partner." The Outreach Worker will assist in "on-site" registrations, if necessary.

2) Reach special populations within the chapter territory.

a) The Outreach Worker will identify neighborhoods of non-English speaking populations and include these as key "points of contact," providing Safe Return information in an alternative language.

b) The Outreach Worker will identify Board and Care (residential) facilities within the Chapter territory and include these as key "points of contact," offering scholarships to needy residents.

c) The Chapter will identify agencies having contact with families living below the poverty level, such as senior centers, or senior meal programs, and include these key "points of contact."

d) The Outreach Worker will identify clergy or other "gatekeepers" who may have access to individuals living alone and include these as key "points of contact."

# Project Timeline

Timeline	Activities
July-August	Recruit and hire Outreach Worker Training of Outreach Worker by Chapter and Safe Return Area Resource Center
	Begin developing list of target agencies
September-November	Continue developing list of target agencies
	Develop Chapter materials for Safe Return registration packets
-	Seek translation of materials, if necessary
December-May	Offer Safe Return "In-service" to agencies (key points of contact)
	Enlist agencies as "Community Partners" through June
	Conduct "on-site" registrations with senior agencies or provide camera/film on as-needed basis
	Enlist assistance of clergy or other "gatekeepers" who have access to individuals living alone
June	Evaluate the project

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#### Materials to be Used

Materials provided as part of "in-service" training will include: Safe Return brochure (and information in a different language, if necessary), Chapter brochure, Scholarship Request Form, Community Partner Commitment, Community Partner Report Form and paper ruler. The information contained herein is dated. Please contact Safe Return staff for current information.

#### **Project Monitoring and Evaluation Methods**

Participants in the "in-service" trainings will be asked to complete an evaluation form to access the learning experience. The Community Partner Report Form will be used to track the number of registrations completed by each Community Partner. Registrations requiring a scholarship will be sent to the chapter with a Scholarship Request form, rather than to the National Office in Chicago. The Chapter will track the increase in registrations through monthly report received from the Area Resource Center.

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The Chapter will keep statistics on:

- a. The number of participants in the training sessions.
- b. The number of outreach visits completed.
- c. The number of requests for scholarships.
- d. The number of individuals registered living alone.
- e. The number of individuals registered in Board and Care facilities.
- f. The total increase in registrations at the end of the year.

#### **Community Partners**

This project will not only increase Safe Return registrations, but increase the Chapter's contact with senior agencies in the chapter territory. Chapter contacts will include, but not be limited to clergy, senior centers, day care centers, support groups, board and care facilities, skilled nursing facilities, diagnostic centers, hospitals, senior health plans and police and emergency personnel.

The Safe Return Community Partners program will strengthen the Chapter's relationship with these agencies and offer a win-win opportunity for all those involved: the agency will benefit from offering a client increased security, the caregiver benefits from the peace of mind, that a family member is protected, and the Chapter benefits from visibility in the community.

# Total Project Budget

G	rant Chp	<u>t.</u>			
		<u>M</u>	<u>atch</u>	<u>To</u>	tal
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\$2	2,600	0		\$2	600
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¢	96	0		\$	96
•				•	300
•	0	\$	625	\$	625
\$	324	•		\$	324
\$	0	\$	300	\$	300
\$	0	\$	323	\$	323
\$	0	\$	100	\$	100
\$	280	\$	0	•	280
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If someone you love Can't Remember the Way Home.... Safe Return Campaign, Los Angeles Chapter

Steps	Example	Your Chapter
How to Conduct a Registration Campaign		
1. Establish parameters (time, goals).	February 14-September 1 Increase registrations from 453 to 1,000.	
2. Form geographical teams with team leaders.	Nine teams in Los Angeles Area. Team leaders became part of Safe Return Committee, meeting monthly.	
3. Select "Campaign Partners" Agencies who reach caregivers and seniors.	Team leaders, working with staff, suggested campaign partners who were part of their own geographical network. Examples: day care centers, senior centers, hospitals, home health agencies, and retirement facilities.	
4. Train campaign partners in geographical groups about Safe Return, registration, publicity.	Campaign partners were trained in their own geographical area by staff.	
5. Provide ready-made publicity materials and registration kits, cameras, film, scholarships.	Staff put together registration "kits," publicity kits with "copy-ready" art, and provided scholarships. Cameras, film and chapter materials were distributed to team leaders, who loaned it to partners when they conducted registration events.	

# PROJECT GOALS AND OBJECTIVES

## GOAL 1 - *REGISTER*. INCREASE THE NUMBER OF PERSONS WITH DEMENTIA REGISTERED IN THE SAFE RETURN PROGRAM FROM THE CURRENT 40 TO A MINIMUM OF 200 BY MARCH 1999.

#### Objective 1.a. Identify mechanisms to access appropriate candidates for the program.

An essential aim is to identify potential candidates for the program and assist them in the registration process. This can be partly accomplished through existing networks, but new avenues are also needed.

Existing networks to be utilized include:

- Southern Tier ADRDA help line, newcomer trainings, newsletter, support groups, community education, and respite programs.
- Alzheimer's Disease Assistance Center, Decker School of Nursing, Binghamton University referral of new clients
- Broome and Tioga County Office for Aging referral of new and existing clients
- Action for Older Persons
- area home health agencies referral of new and existing clients
- adult day care centers
- community homes, assisted living programs
- nursing home settings (clients have wandered from these settings and may wander when they are on passes)

Currently these agencies are generally aware of the program, but getting the caregivers to comply with recommendations has limited success. It will be important to encourage a rededication of effort toward registration of community-dwelling and institutionalized persons with dementia. This can be done through inservice education, and greater awareness of benefits of the program. However, additional networks must be tapped to effect a significant increase in registered participants as many caregivers are not involved with the above agencies.

New networks to be utilized include:

- Community awareness campaign
  - Increase awareness of community individuals who have contact with persons with Alzheimer's disease and could facilitate a registration
  - Target: (1) caregivers themselves and, (2) the adult children of the dementia person
  - Increase contacts through community service organizations (such as Junior League, Rotary Club, Elk's Club), Veteran's Organizations, Senior Citizen Centers, and the workplace.
  - Involve religious organizations to provide direct resource to the caregiver involve in-place structures, such as parish nursing, to identify and register appropriate individuals
- Media campaign
  - promote community awareness through promotional spots, paid advertisements, and community service announcements using TV, radio, and printed media

- Registration events at popular public outings or sites
  - Alzheimer's Awareness month, Memory Walk, community festivals, etc.

## Objective 1.b. Identify mechanisms that promote compliance with recommended registration procedures.

Education and dispersion of information is only one step in prompting someone into a beneficial behavior. Other mechanisms often contribute to the actual performance of the task. Likely a number of dementia caregivers are aware of the program without identifying this as a necessary intervention for their situation. Thus a variety of tactics will be utilized that are often associated with behavior change.

- contact national talk shows to spotlight our community efforts regarding Safe Return. Currently one of the most powerful influences on our behavior is the television medium. Particularly, the power of the suggestion seems to increase when someone you respect is sponsoring a product (e.g., the power of Oprah).
- campaigns can be initiated on local radio stations and in newspapers. It would be important to do guest spots on a variety of locally produced shows, including local news and talk shows. Possibly a well known local personality might have a personal experience with a relative with Alzheimer's (37 million Americans know someone with Alzheimer's disease) and find this project important.
- contact prominent community figures, mayor and police chief, to relay the message. The association of the program with trusted individuals could improve the confidence that this program could save an individual in Broome and surrounding counties.
- educate caregivers about the frequency and severe consequences of the dementia person becoming lost since caregivers may not be aware of the severity of the problem. Unfortunately, the first loss may have tragic consequences, thus caregivers need to be educated about the high incidence of the problem and that the wandering is not a predictable behavior. When educating caregivers, it is important to emphasize that wandering is a function of the disease and not a reflection on their caregiving. Also, emphasis should be placed on Safe Return as an insurance policy in case wandering should occur.
- address other members of the family besides the typical spouse caregiver who has on overwhelming responsibility
- recruit clergy, parish nurses to identify and register appropriate clients.
- provide Safe Return registration fee subsidies. The fee of \$30.00 may be unaffordable to elderly on fixed incomes.
- national ADRDA has agreed to facilitate a survey of all registered individuals. Questions would be asked to determine what strategies were most effective in spurring an individual to registration.

# Implementation of GOAL 1:

# 1. Identify a task force to coordinate the recruitment and registration project.

- initiate a Safe Return Committee that would be a combined effort between the Junior League and Southern Tier ADRDA chapter to coordinate all efforts
- initiate a subcommittee on recruitment and registration between Junior League, sponsoring professionals and community resources

• recruit committee members that represent the targeted organizations and representatives of the sponsoring organizations.

# 2. Educate and prepare a volunteer force committed to this goal.

- Junior League volunteers would greatly expand the capability of contacting and working with the afore mentioned networks
- target adult children of dementia persons to follow-through with the registration process

#### 3. Create educational and public awareness materials for public use.

- assemble community education kits that could be utilized by a variety of organizations, with the assistance of trained volunteers, to inform the community about this program. The information packets would contain a videotape with an overview of the Alzheimer's Disease process, incidence of dementia persons becoming lost and consequences, information about the Safe Return program, and registration materials.
- disperse information via a media campaign. This would include feature articles in the local newspapers, paid advertisements in local newspapers, and public service announcements on television and radio. Again, this work will involve an infusion of manpower and funds in the beginning of the project. Decreased resources are required for long-term maintenance of the networks and can be managed by the ADRDA local chapter and a smaller group of ongoing Junior League volunteers.

#### GOAL 2 - RESCUE. TO HELP PREVENT INJURIES OR DEATH IN PERSON WITH DEMENTIA LOST IN THE COMMUNITY.

# Objective 2.a. To educate individuals in public jobs about the problem of wandering in persons with Alzheimer's disease, and about safe ways to manage the situation

An important component of the Safe Return program is to educate persons who frequently interact with the public to recognize a lost person with dementia and begin the return process. The bracelet means little by itself; the program relies on the response of the public. Law enforcement personnel have facilitated the most rescues in the program. This program has been widely supported in various states (Massachusetts, New Jersey) with the Attorney Generals strongly recommending the training of all law enforcement personnel. We would seek similar support from the administration of the local law enforcement agencies.

The next most frequent rescuers are good samaritans. Thus, a community-wide education effort must be undertaken to ensure that a lay citizen could facilitate a rescue when needed.

At the current time, the ADRDA local chapter is able to provide only limited education about the program at the police academy and some emergency medical service personnel. A major infusion of volunteer energy is needed to educate existing law enforcement and emergency services personnel.

The national ADRDA has kits available for educating policeman and emergency service personnel. Additional education kits could be created for the lay public. These would consist of videotape that introduces the disease, the problem of wandering, and mechanisms for safe return including the Safe Return program.

The lay public is a critical asset to the program. A community-wide effort is required to increase the awareness of the program. Access to these lay public can be through a variety of organizations, such as: service organizations, school organizations, information booths at

Courtesy of the Southern Tier Chapter of the Alzheimer's Association.

public gatherings, etc.

# Objective 2b. - Assist communities to develop a community response plan in the event a person with dementia is reported lost.

In general, an emergency response team is not engaged rapidly when an adult is reported missing. Rapid response is essential as chances of survival decrease dramatically after 24 hours.

# Implementation of GOAL 2:

# 1. Identify a task force to coordinate the education of law enforcement and emergency services personnel.

- initiate a subcommittee on law enforcement education between Junior League, sponsoring professionals and community resources
- contact the Attorney General of New York State to enlist his support
- recruit local law enforcement officers to support and assist in the education of the Safe Return program
- recruit an individual within each agency to provide ongoing information and reminders about the Safe Return program

# 2. Educate and prepare a volunteer force of trainers

- utilize Junior League and professional volunteers to train law enforcement personnel about the program
- provide education kits to local agencies
- create poster and wallet cards for ongoing reminders about the program

# 3. Develop a plan of action for educating the lay public about the program

- initiate a subcommittee on lay education between Junior League, sponsoring professionals and community resources
- develop education kits with lay public focus
- institute a media campaign

The information contained herein is dated. Please contact Safe Return staff for current information.

#### SPECIFIC NEEDS

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- 1. Provide a safer environment for persons with dementia who wander from their caregiver.
- 2. Increase the registration of dementia persons in the community in the Safe Return to reduce the risk of injuries or death that may occur when a dementia person is lost.
- 3. Ensure widespread awareness of the program for potential rescuers to increase the chances of a safe return of a lost dementia person.
- 4. Identify mechanisms that will increase the likelihood of a caregiver registering a dementia individual. This will help focus future efforts into productive strategies.

Courtesy of the Southern Tier Chapter of the Alzheimer's Association.

# COMMUNITY ORGANIZATION OR AGENCY INVOLVEMENT

# A & C. Other community agencies included and their involvement

The following organizations are currently involved in the care of persons with dementia and have agreed to provide help to this project. These include:

Organization	Type of involvement
National ADRDA	Volunteer education; support services
Southern Tier ADRDA	Coordination of efforts; volunteer educa-
	tion; professional guidance; long term
	maintenance of program
Alzheimer's Disease Assistance Center,	Patient identification and caregiver edu-
Decker School of Nursing, Binghamton	cation; professional guidance
University - COSPONSOR	
Alzheimer's Education Center, Decker	Community and caregiver education; pro-
School of Nursing, Binghamton Univer-	fessional guidance
sity - COSPONSOR	
Decker School of Nursing, Binghamton	Professional guidance; development and
University	implementation of 2 surveys: barriers to
	registration and strategies effective for
	registration
Office for Aging	Patient identification and caregiver edu-
	cation
Action for Older Persons	Patient identification and caregiver edu-
	cation

A variety of other community agencies could be enlisted.

#### **B.** Other funds

No other funds have been solicited.

The information contained herein is dated. Please contact Safe Return staff for current information.

#### PROJECT BUDGET AND TIMELINE

#### 1. Fees and Salaries for professionals

- The following professionals are available to this project on a volunteer or contributed position basis: Meredeth Rowe, RN, PhD - Assistant Professor, Decker School of Nursing - in-kind contribution 10% FTE; nursing researcher in Alzheimer's disease; previously funded by Decker Foundation and Binghamton University for research projects on nighttime wandering of persons with dementia - \$10,000. Clinical Nurse Specialist/Consultant - Alzheimer's Disease Assistance Center.
  - Kaye Newbury Director, local ADRDA chapter Executive Director, Southern Tier Chapter ADRDA; chapter provides a number of services for persons with dementia including, Helpline, support groups, education, respite services, volunteer respite.
  - Linda Buettner, PhD Director of Alzheimer's Education Center; certified recreation therapist specializing in Alzheimer's research; funded by Decker Foundation, national ADRDA, New York State Alzheimer's grants \$100,000; in-kind contribution from Alzheimer's Disease Center, Decker School of Nursing of 25-35 hours of consultation.
  - Anne Walls Coordinator, Alzheimer's Disease Assistance Center; project director Simple Pleasures grant on activities to be used with dementia clients; in-kind contribution from Alzheimer's Disease Center, Decker School of Nursing of 25 hours consultation.
  - Molly Brault National ADRDA, services coordinator for Safe Return contribution from national ADRDA for inservice for the trainers to be held locally.

#### 2. Volunteer staff training

The initial training of the Junior League volunteers can be done using the professional individuals. Molly Brault, a Safe Return program specialist at the national ADRDA office, has agreed to provide training for the volunteers. She has a wealth of knowledge about the program, the problem of wandering, methods that have successfully increased registration, motivating human interest stories, and education about the disease. Her training would be funded by the national ADRDA. In addition, local professional experts would be available throughout the project for consultation. The consultation would be provided as a function of their job or on a volunteer basis. Training could be provided about Alzheimer's and other dementing diseases, recognizing and communicating with someone who has a dementing disease, the problem of wandering or getting lost, and mechanisms to facilitate a safe return including Safe Return program. The professional staff also would be responsible for formulating the content outlines and determining the educational materials that would go into the educational kits mentioned above.

As designated individuals are assigned to specific projects, additional training might be needed in television presentations, the development of videotaped instruction, and poster construction. The expertise within the volunteers of the Junior League would be a valued resource to implement these objectives.

#### 3. Audio-visuals

The following audiovisuals would be created:

Television spots - \$50.00/30 second spot (including production) x 40 spots = \$2000 Radio spots - \$35.00/60 second spot (including production) -

x 60 spots = \$2100

Public service announcements = no charge for radio for 10 sec

Courtesy of the Southern Tier Chapter of the Alzheimer's Association.

announcements

Instructional videotape = \$600

Polaroid cameras and film - it is recommended that a current picture accompany the registration form; purchase of several Polaroid cameras would make on-site registration feasible - \$300

Videotape/TV player - this would useful for volunteers at training sites that do not own the equipment - \$300

#### 4. Printed Materials

Informational posters for community agencies - \$450 for 200 posters Materials in kits wallet cards for all first responders - have Safe Return info on one side and

signs and symptoms of dementia on the other - \$100 for 500 cards printed curricular guides to assist trainers and encourage the organization to do their own ongoing training

#### 5. Office expenses

Secretarial support from trained personnel at the local ADRDA - \$7.50/hr - 3 hours/week x 52 weeks = \$1950

#### 6. Public relations

Supplemented registration - \$30.00 dementia person + caregiver -x 30 people = \$900 An initial reward for individuals facilitating a Safe Return - \$100.00 to first 5 rescues in our area

#### 7. Other

Postage, copying, stationary - \$400.00

#### TOTAL BUDGET = \$9200

(Many of the TV and radio stations were interested in doing this as a community service project and would donate services.)

Timeline		-	Safe Return nating Committee			March 98- February 99
Ū	on Subcommittee	Subcomm		Lay Education tee	on Subcommit-	April 98 - February 99
✓ Initiating plans and contacts	<u> </u>	Ľ	<b>Y</b>	<b>.</b>		April- May 98
Training the trainers		<u></u>	14			April- May 98
Preparing materials						May-June 98
Contacting agencies with direct contact of caregivers	Contacting community groups with adult children of dementia per- sons	Contacting law en- forcement agencies	Contacting emer- gency services	Contacting service organi- zations, clubs, community or- ganizations	Media cam- paign	May-December 98
Training of individuals			<u></u>			September 98- March 99
Registering dementia persons and caregivers						May 98 - March 99

Development of community response plan would proceed throughout this time.

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#### JUNIOR LEAGUE VOLUNTEERS

There are a number of different opportunities for Junior League volunteers. The largest number is needed to provide the training sessions to register dementia persons, and training to the community. Volunteers are needed to assist the professionals in developing the training curricula and materials, making contacts, implementing training and evaluating the training session. Committee coordinators and members will be needed for those not interested in training. There also will be some nice opportunities to develop a media campaign. We look forward to melding the our expertise of dementia with the Junior League's expertise on community programs. This project would need a minimum of 15 volunteers, but could easily use a larger number.

#### ADDITIONAL COMMENTS

Three ADRDA chapters in the state of New Jersey are currently engaged in a similar campaign to increase registration in Safe Return. The chapters received funding from the New Jersey State Federation of Women's Clubs for a 2 year project. In April they began the bulk of the media and public awareness campaign. Registrations have increased from 125 of an estimated 40,000 individuals to 300 in about 6 months in the Southern region, a 240% increase. In the Northern region, registrations increased by approximately 200 individuals. The chapter is willing to share-their ideas and resources that have been developed.

Attached is material from the national ADRDA about increasing registration and types of materials available on Safe Return. The program is well administered at the national level, but requires a significant amount of effort in facilitate in a local community.

Thank you very much for your time and effort in considering this proposal.

We propose to hire a part time person to work collaboratively with Salt Lake County Aging Services, police jurisdictions, adult day care centers, in-home health care agencies, senior centers, and the Safe Return program of the national Alzheimer's Association. The part time Safe Return coordinator would develop news stories for the print and electronic media, write PSA's for radio, give presentations on Safe Return to audiences ranging form senior centers, civic organizations, and police departments for continuing education. The Safe Return coordinator will promote opportunities for registering in Safe Return and enlist the assistance of volunteers to publicize the program and register in Safe Return. There is a one-time fee to register of \$25. A fund will be available for anyone who would find the fee to be an obstacle to registering.

# PROGRAM PLAN

The Utah Chapter of the Alzheimer's Association will hire a part time Safe Return Coordinator whose sole responsibility will be to publicize the dangers of wandering for Alzheimer's victims, and the availability and merits of Safe Return, train specific groups about appropriately dealing with someone with Alzheimer's disease who wanders, and to develop opportunities for registering Salt Lake County residents into Safe Return.

# **PROPOSED JOB DESCRIPTION**

**JOB DEFINITION**: The Safe Return Coordinator is a part time position of the Utah Chapter of the Alzheimer's Association with the responsibility to publicize, promote and register Salt Lake County residents who have Alzheimer's disease or a related disorder and have a risk of wandering into the Safe Return program of the national Alzheimer's Association.

### DUTIES AND RESPONSIBILITIES

- Become familiar with the Safe Return program, materials, and national program staff.
- Work collaboratively with outreach staff of the Salt Lake County Aging Services to train them in the merits of Safe Return, develop common objectives to promote Safe Return.
- Contact the Salt Lake County Sheriff's office and all other police jurisdictions within Salt Lake County to become part of their ongoing, continuing education program for the purpose of training police officers in appropriate ways to deal with the Alzheimer's victim, caregivers, community resources for the Alzheimer's family and Safe Return for the person who wanders.
- Develop media releases to publicize the availability and merits of Safe Return using the Safe Return media kit for guidance.
- Create mailers for promotion of Safe Return to caregivers in the Salt Lake County area.
- Participate in the development of Utah Chapter newsletters and public relations activities.
- Attend support group meetings as directed to speak on the merits of Safe Return and other Chapter resources.
- Develop a cadre of volunteers specifically to assist with Safe Return promotion and registration.
- Maintain all records for the Safe Return program in Salt Lake County and respond to requests for periodic reports.

- Communicate regularly with the executive director, and Utah Chapter committees and Board of Directors as needed.
- Perform other tasks as directed for the advancement of the Safe Return program in Salt Lake County.

QUALIFICATIONS: Have a minimum of a four year college diploma or equivalent in school training and work experience with non-profit health related organizations. Must have very good writing and oral skills for reports, presentations and trainings, and articles. A team worker who seeks out others to work collaboratively to assure greatest availability of Safe Return in the Salt Lake County area. Must be able to use the office computer for presentation preparation, reports, correspondence, etc. Private transportation is required. A self-starter with ability to work alone with minimum supervision to develop contacts for presentations and ideas for promoting Safe Return.

ACCOUNTABILITY: Executive Director of the Alzheimer's Association, Utah Chapter.



Courtesy of the Eastern Massachusetts Chapter of the Alzheimer's Association. The information contained herein is dated. Please contact Safe Return staff for current information.

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July 31, 1995

Diane Lopes, Commissioner Commission on Affairs of the Elderly Boston City Hall, 8th floor Boston, MA 02201

Dear Commissioner Lopes:

I am writing to request funding from the Commission on Affairs of the Elderly/Region VI Area Agency on Aging, through Title III-B of the Older Americans Act. Funding would be used to design and print a 24 page police guidebook entitled, "Law Enforcement, Alzheimer's Disease & the Lost Elder," together with a laminated "Cruiser Call Sheet: The Lost Elder." Both publications are designed for law enforcement use and, with the aid of the state Attorney General's Office, are to be distributed to police officers in the Boston area.

Publication of the two documents is scheduled for late August, with dissemination by mid-September 1995.

Writing the guidebook and call sheet was a joint venture between our *Safe Return* program staff and staff with the state Attorney General's Elderly Protection Project, in consultation with your staff at the Commission (in their role, among other things, as liaison to the Boston Police Department's Senior Response Unit).

All people with Alzheimer's disease who are ambulatory are at risk of wandering, which is clearly the most life-threatening behavior associated with dementia. Of the 270 missing patient cases we have handled over the past four years, 10 patients have died, with six of those either missing from or found in the city of Boston. These cases routinely cross city and town lines. They are interjurisdictional. Of the 65 cases we have handled so far this year, 49% were:

- 1) both missing from and found in the city of Boston;
- 2) missing from the city of Boston but found in another municipality; or
- 3) missing from another municipality but found in the city of Boston.

Much to its credit, the Commission has been one of the country's pioneering agencies in efforts to educate law enforcement about the high risks of wandering behavior. In fact, the prevalence of reports from Boston is in large part due to the Commission's efforts to put in place the Boston Police Department's Special Order 92-2, an Addendum to Rule 317, which greatly enhances police response to reports of missing elders, and which to our knowledge is unique in law enforcement in the United States.

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION OF EASTERN MASSACHUSETTS, INC. One Kendall Square, Building 200 • Cambridge, Massachusetts 02139 • Phone: (617) 494-5150 • Fax: (617) 494-5146 Dementia primarily effects the elderly, who represent the fastest growing population in the nation. There are an estimated 100,000 people in Massachusetts suffering from dementia—some 9,000 of them in the city of Boston. Our missing patient caseload so far this year is already 30% above last year's, with one death. Our current proposal for the police guidebook and cruiser call sheet would magnify the critical outreach efforts to law enforcement which we have so far been able to initiate in concert with the Commission.

Specifically, we are requesting \$8,000. Funds would be used to design and print:

▶ 10,000 copies of a one color, 8<sup>1</sup>/<sub>2</sub>x11, 24 page, saddle-stitched guidebook entitled, "Law Enforcement, Alzheimer's Disease & the Lost Elder"

▶ 10,000 copies of a one color, 8<sup>1</sup>/<sub>2</sub>x11, double-sided, three-hole laminated flyer entitled, "Cruiser Call Sheet: The Lost Elder."

Writing of the two documents, as mentioned, represents an in-kind contribution by the Association and the Attorney General's Office, as does the cost of distribution.

The primary target population is interjurisdictional, and includes approximately 5,000 officers in the Boston, State and MBTA Police Departments who perform duties in and adjacent to the city of Boston.

The secondary population is the approximately 9,000 other officers in police jurisdictions outside of Boston who are contending daily with missing or found elder cases, any one of which could at any point involve Boston officers. (So far this year, we have had cases resolved in Boston which involved residents of Martha's Vineyard, Worcester, Malden, Brookline and Quincy, and cases resolved in California, Texas, Somerville and Cambridge which involved residents of Boston.)

Last year, with the support of your office and that of Attorney General Scott Harshbarger, we were able to produce *Safe Return*, a 10 minute roll call training video for police. Our collaboration on that project was so successful that the *Safe Return* video is about to become the premiere police training tool—nationwide—on the growing issue of missing elders. We are confident that we can, with your continued help, repeat this extraordinary success in our current proposal.

Sincerely,

Daniel J. O'Leary Executive Director

# 4. SERVING REGISTRANTS AND INTEGRATING SAFE RETURN

Registration in Safe Return guarantees that the program will be available throughout the life of the registrant. Chapters have an opportunity to provide additional assistance to individuals registered in Safe Return.

# ENTRÉE TO CHAPTER PROGRAMS AND SERVICES

As a national program, Safe Return offers many benefits. Whether a registrant becomes lost locally or in another state, assistance is available. The toll-free crisis number makes it easy to call from anywhere. And the computerized database allows for quick changes to contact information, so that Safe Return knows how to get in touch with anyone from a vacationing family member to a friend who just moved across town.

At the same time, Safe Return works at the community level. When a registrant is missing, Safe Return often supplements the efforts of local law enforcement. And chapters may provide much needed emotional support to worried family members and friends (see Section 5). Chapters may also support registrants and their families in other ways.

Registrant reports may be used to provide important information to registrants and/or primary contacts, including information about chapter programs and services. Some examples include placing the primary contact on the chapter mailing list, sending a "welcome letter" explaining how Safe Return works, and calling to confirm receipt and registrant use of the identification products. Additional examples are included in *How to Use Safe Return Registrant Reports*, which is included at the end of this section.

#### **REGISTRANT REPORTS**

Safe Return regularly provides chapters with information about registrants living in your service area. On a monthly basis, the chapter will receive a *Registrant Report: Monthly Update*. The monthly update includes registrant and contact information entered into the database since the previous month. The monthly update also includes amendments, or information changes reported to Safe Return about existing registrants since the previous month.

A chapter will **not** receive a monthly update if (1) no one from the chapter service area registered in Safe Return the previous month or (2) no changes have been reported about existing registrants since the previous month. Deceased registrants will also be listed in the report. A sample monthly update report is included at the end of Section 2.

On a quarterly basis, the chapter will receive a *Registrant Report: Quarterly Update*. The quarterly update includes registrant and contact information entered into the database since the program's inception. Deceased registrants will also be listed in the report. A sample quarterly update report is included at the end of Section 2.

**Registrant zip codes** It is important that zip code information always be provided for registrants.

#### **REGISTRANT ZIP CODES**

Registrant reports are generated by registrant zip code information. If a registrant zip code falls within your chapter service area, the registrant will appear on chapter registrant reports. If no zip code information is provided for the registrant, the registrant will not appear on chapter registrant reports. It is important that zip code information always be provided for registrants.

Registrant information is accessible via the Safe Return computerized database, even if a registrant does not appear on chapter registrant reports. The chapter will be notified if a missing or discovery incident occurs in your service area and is reported to Safe Return, even if a registrant does not appear on chapter registrant reports.

# **REGISTRATION STATISTICS**

Each month, chapters receive statistical information about Safe Return registrations. Chapters may use this information to track monthly progress and compare results to other chapters. A sample *Safe Return Registrant Report: Chapter Summary* is included at the end of this section.

# **INTEGRATING SAFE RETURN**

An effective way to promote and support Safe Return is to integrate it into all chapter initiatives. Some examples include:

- · Chapter answering machine greeting
- Chapter mailing list
- Chapter newsletter
- Helpline
- Support groups
- Education programs
- Speakers bureau
- Caregiver training
- Memory Walk
- Alzheimer's Connections Demonstration Program

#### Chapter Answering

Machine Greeting If this call concerns a missing or found memoryimpaired adult, please call the Alzheimer's Association Safe Return Program immediately at 1-800-572-1122.

# CHAPTER ANSWERING MACHINE GREETING

Incorporating the Safe Return toll-free crisis line number into the chapter answering machine greeting helps promote the program and directs after-hours callers of what to do if someone is missing. The greeting may include a message such as:

If this call concerns a missing or found memory-impaired adult, please call the Alzheimer's Association Safe Return Program immediately at 1-800-572-1122.

#### CHAPTER NEWSLETTER

Highlighting a local Safe Return success story personalizes the program for newsletter readers. A copy of the Safe Return registration form may also be included. Articles on wandering behavior and tips on home safety are other ways to share important information and promote Safe Return.

#### HELPLINE

Safe Return information may be incorporated into all Helpline packets, as well as Helpline operator trainings and materials. When Helpline callers specifically express concern about wandering behavior, operators might find it appropriate to provide the toll-free number for Safe Return registration (1-888-572-8566), in addition to providing information about wandering behavior, home safety tips and how Safe Return works. Callers may be advised that telephone registration requires information about the registrant, contacts, jewelry selection and payment (i.e. credit card). If the caller prefers registration by mail, a Safe Return brochure or twosided registration form may be sent. Those with internet access may be advised to check the national Association website at **www.alz.org**, *About Us*, *What We Do* for more information.

Since Helpline callers are often times overwhelmed, problems associated with wandering may never come up -- even though it is one of the most common and potentially life-threatening behaviors associated with Alzheimer's disease. When developing Helpline operator scripts or talking points, it is important to include specific questions related to wandering and Safe Return. If the chapter conducts Helpline follow-up calls or mailings, these questions may be asked at that time.

## SUPPORT GROUPS

Safe Return information may be incorporated into support group meetings, as well as facilitator trainings and materials. Displaying sample Safe Return identification products during meetings or at a resource table helps connect individuals to the program and the Association. Support group members who are Safe Return registrants might be encouraged to share with the group why they are registered. Early-stage individuals may particularly value Safe Return if they are able to use the bracelet to help themselves. And caregivers who participate in Safe Return may help other caregiver support group members understand the value of the program by sharing their experiences.

On the way home from a holiday party with the New York City Chapter Early Stage Person's Support Group, Elizabeth realized she had forgotten her purse. It was a cold mid-December day so she decided to go into a shop to get warm. Unsure of what to do next, she approached the store security guard and asked for help. Elizabeth recalls, "I realized at that moment that I had this thing on my arm: my bracelet. I asked him to read what was on the other side. The woman who owned the place, a lovely woman, got the (number) off the bracelet, and called. I am so glad I remembered I had my Safe Return bracelet."

#### EDUCATION PROGRAMS

Education programs present a terrific opportunity to provide information about wandering behavior and promote Safe Return. Displaying sample Safe Return identification products during programs and conferences helps connect individuals to the program. When addressing professional caregivers, suggest that they add Safe Return to the menu of services they offer.

#### SPEAKERS BUREAU

Safe Return information may be incorporated into speakers bureau trainings and materials. Chapters may make sample Safe Return identification products available to speakers bureau volunteers.

#### CAREGIVER TRAINING

Caregiver training is an ideal time to discuss wandering behavior and Safe Return. Often times, memory-impaired adults are not registered in Safe Return simply because the caregiver does not know about the program. Caregivers that do register a loved one may be interested in promoting Safe Return, especially if the registrant was helped by the program.

#### MEMORY WALK

Memory Walk presents yet another opportunity to promote Safe Return. At the same time, Safe Return may help promote Memory Walk. Following a missing incident, community members' sensitivity to and interest in Alzheimer's disease is heightened. Often individuals and organizations are looking for a way to help. Chapters may establish Memory Walk teams using family members, law enforcement officials and volunteers that were involved in a search for a missing individual. In addition, Safe Return registration brochures and sample identification products may be displayed at an Association booth.

# ALZHEIMER'S CONNECTIONS DEMONSTRATION PROGRAM

Chapters participating in the Alzheimer Connections Demonstration Program have another opportunity to integrate Safe Return. Connections' primary components (family assistance) and secondary components (public education, Helpline, outreach) make it possible for families to learn about and participate in Safe Return.

#### TRAINING STAFF AND VOLUNTEERS

Incorporating Safe Return information into staff orientation and training will enable the chapter to serve registrants and integrate Safe Return into all programs and services. This manual may be used as a training tool. Additional training handouts are included at the end of this section.

# **SECTION 4 RESOURCES**

How to Use Safe Return Registrant Reports	Example 4:A
Safe Return Registrant Report: Chapter Summary	Example 4:B
Sample Safe Return Statistics	Example 4:C
Responding to Caregiver Comments	Example 4:D
Answers to Frequently Asked Questions	Example 4:E



Someone to Stand by You

The Alzheimer's Association Safe Return Program

# HOW TO USE SAFE RETURN REGISTRANT REPORTS

#### • SEND A WELCOME LETTER

Send a standard letter to the Primary Contact explaining how Safe Return works, and how to update contact information. Include information about other chapter programs and services in the letter.

# • SEND CHAPTER SERVICES INFORMATION

Include Primary Contacts on your chapter mailing list, and send them newsletters, public policy announcements, educational program flyers, and support group lists. *Important reminder: Primary Contacts must be carefully coded in the chapter database so they are not solicited for contributions.* 

# • TRACK SAFE RETURN REGISTRATIONS

Track your Safe Return registration numbers each month, as well as the total number of registrants in your chapter service area.

# CHECK THOSE ZIP CODES! CONFIRM REPORT ACCURACY

Check the accuracy of report information, either by calling the Primary Contact or, if you keep a completed application on file, by checking report information against the application. Alert Safe Return at 1-888-572-8566 of any corrections or updates.

## • FOLLOW-UP WITH THE PRIMARY CONTACT BY PHONE

Call the Primary Contact to:

A. Confirm that the Safe Return products have been received and are satisfactory.

B. Confirm that the registrant is wearing the bracelet or necklace. If not, discuss creative ways to encourage the registrant. Call your Safe Return Program Specialist if you need a list of helpful tips. Also emphasize that the clothing labels, wallet card, and key chain, are great back-up identifications.

C. Remind the Primary Contact of what to do if the registrant is missing:

- 1. Search the immediate area
- 2. Call the police and make a missing person report
- 3. Call Safe Return at 1-800-572-1122

Let the Primary Contact know that while the police search for the registrant, the chapter will be available to provide support and guidance.

D. Ask how the Primary Contact first learned about Safe Return. Share this information with your Program Specialist and use it to plan outreach efforts.

E. Determine if the Primary Contact needs to access other services, such as adult day care, in-home respite, support group, or legal advice. Provide any necessary follow-up information.

F. Ask if the Primary Contact would like a chapter information packet.

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CHAPTER:	NEW	AMENDED	TOTAL
Akron Tri - County Chapter	14	. 0	124
Alaska Chapter	1	1	39
Atlanta Chapter	2	11	257 94
Augusta Chapter	2 2 5 1	1	201
Big Sioux Chapter	5	2 1	201
Blue Ridge Of Virginia			29 61
Boise / Treasure Valley Chapter	2 2 2 2 2 2 5	1 2 0 0 6 1	105
Broward County Chapter	2	2	105
Canton Area Chapter	2	U	151
Cape Cod And The Islands Chapter	2	C C	120
Cascade / Coast Chapter	· 2	4	46
Central Arkansas Chapter	5 1	Ŏ	50
Central Georgia Chapter	14	10	265
Central Illinois Chapter	3	5	250
Central Indiana Chapter	12	11	412
Central Maryland Chapter	8	10	331
Central New Jersey Chapter	2		121
Central New York Chapter	19	2 8 1 1 7 8 3	415
Central Ohio Chapter	0	1	258
Central Oklahoma Chapter	0		12
Central Virginia / Lynchburg Chapte	0	7	11
Charlotte / Desoto Counties Chapter	Ö	8	27
Charlottesville / Piedmont Chapter	1	3	38
Clark - Champaign - Logan Chapter	10	26	693
Cleveland Area Chapter	1	0	20
Coastal Bend Chapter Columbia / Willamette Chapter	10	45	762
Corn Belt Chapter		1	53
Delaware Chapter	2 3 5	Ō	36
Detroit Area Chapter	5	10	700
East Central Florida Chapter	1	1	45
East Central Illinois Chapter	1	Ó	14
East Central Iowa Chapter	1	4	119
East Central Michigan Chapter	1	0	56
East Central Ohio Chapter	Ō	1	14
Eastern Massachusetts Chapter	49	51	2164
Eastern North Carolina Chapter	4	4	178
Eastern North Dakota Chapter	0 ′	0	10
Eastern Shore Chapter	0	0	15
Eastern Tennessee Chapter	1	1	58
Eastern Washington Chapter	4	3	70
El Paso Chapter	2 2	33	236
Fairfield County Chapter	2	1	88
Four Rivers Chapter	1	0 2 1	18
Fresno/madera Counties Chapter- Dis	2	2	151
Greater Austin Chapter	7	1	104
Greater Baton Rouge Chapter	2	1	40
Greater Beaumont Area Chapter	3	1	42
Greater Billings Area Chapter	0	0	31
Greater Chicagoland Chapter	15	12	670
Greater Cincinnati Chapter	9	4	204
Greater Columbus Chapter	0	0	12
Greater Dallas Chapter	7	8	321
Greater East Texas Chapter	1	0	15 10
Greater Grand Junction Area Chapter	o	1	409
Greater Houston Chapter	5	13	409 259
Greater Kansas City Chapter (Kans	5	4	259 690
Greater Miami Chapter	12	11	050

Greater Mid - Ohio Valley Chapter	0	0	3
Greater New Hampshire Chapter	6 7 0	4	77
Greater New Orleans Chapter	7	3	104
Greater North Valley Chapter	0	32	59
Greater Norus Valley Chapter	4	9	180
Greater Orlando Area Chapter	24	19	1110
Greater Palm Beach Area Chapter	7	15	644
Greater Phoenix Chapter	7 8	11	347
Greater Pittsburgh Chapter	Ö	3	123
Greater Richmond Chapter	1	3 1	105
Greater Sacramento Area Chapter	T		1089
Greater San Francisco Bay Area Chap	19	29	
Greater Texarkana Area Chapter	3 9 1 1 3 1	0	19
Greater Washington Chapter	9	8	577
Greater West Texas Chapter	1	0	21
Greater Wichita Falls Chapter	1	1	24
Greater Youngstown Chapter	3	1	180
Green Mountain Chapter	1	3 2 2 2 3 0	90
Hampton Roads Chapter		2	167
Hampton Roads Chapter	1 7	2	145
Heart Of Iowa Chapter	1	2	25
Highland Rim Chapter	4	2	189
Honolulu Chapter	4	5	9
Indianhead Chapter	1	4	135
Iowa Golden Chapter	4		
Lake Superior Chapter	0	0	8
Land Of Lincoln Chapter	0 2 29	0	68
Laurel Mountains Chapter	2	0	67
Lexington / Bluegrass Chapter	29	1	93
Lincoln And Greater Nebraska Chapte	0 9	2 6	59
Long Island Chapter	9		658
Los Angeles Chapter	53	52	3085
Louisville Chapter	3	12	560
Lowcountry Chapter	Ō	0	17
Maine Chapter	3	5	97
Manatee / Sarasota Counties Chapter	3 0 3 0	1	119
Marin Chapter	5	3	145
Marquette / Alger Chapter	õ	Ō	2
Mary's Peak Chapter	0 1	ŏ	45
	6	5	184
Miami Valley Chapter	2	2	106
Mid - Hudson Chapter	2 1 7	ō	8
Mid - Michigan Chapter	7	16	231
Mid - South Chapter	Ó	0	31
Mid - State South Carolina Chapter	0 0	2	83
Mid - Willamette Chapter	1	1	61
Mid Missouri Chapter	•	0	21
Middle Mississippi Chapter	0		16
Middle Tennessee Chapter	1	0	7
Midstate Wisconsin Chapter	0	0	218
Minnesota Lakes Chapter	12	5	
Mississippi Valley Chapter	21	8	432
Mohawk Valley Chapter	0	1	11
Monroe / Northeast Louisiana Chapte	0	2	46
Monterey County Chapter	0	1	15
New Mexico Chapter	4	2	88
New York City Chapter	49	34	2344
North Central Florida Chapter	0	1	25
North Central Ohio Chapter	1	Ō	42
North Central West Virginia Chapter	0	ŏ	12
	Ő	Ö	12
North Central Wisconsin Chapter	0	Ő	21
Northeast Tennessee Chapter	U A	0	61
Northeast Texas Chapter		0 1	49
Northeastern Florida Chapter	0		29
Northeastern Michigan Chapter	4	0 3	218
Northeastern New York Chapter	2	3	210

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	Northeastern Pennsylvania Chapter	2	0	61
	Northeastern Wisconsin Chapter	Ō	0	24
	Northern Alabama Chapter	2	Ă	125
· . •	Normern Alabama Chapter	1	1	62
	Northern Arizona Chapter	ò	4	64
	Northern Connecticut Chapter	.1	4	13
	Northern Idaho Chapter		4	13
	Northern Indiana Chapter	0		
	Northern Nevada Chapter	3		89
	Northern New Jersey Chapter	13	15	784
	Northern Virginia Chapter	4	5 0	287
	Northwest Florida Chapter	0		27
	Northwest Georgia Chapter	1	0	24
	Northwest Louisiana Chapter	0	0	17
	Northwest Michigan Chapter	1	0	54
:	Northwest Ohio Chapter	1	1	75
	Northwestern Missouri Chapter	0	0	25
	Northwestern Pennsylvania Chapter	0	0 0	27
	Omaha And Eastern Nebraska Chapter	3	3	90
	Orange County Chapter	10	14	606
	Panhandle Area Chapter	2	2	65
	Diadment Triad North Carolina Chapt	2 2	4	70
	Piedmont Triad North Carolina Chapt	ō	1	52
	Rhode Island Chapter	0		26
	Rio Grande Valley Chapter	. 0	i	8
	Riverland Chapter	0 2 2 1	1 0 7 3 2	215
	Riverside / San Bernardino Counties	2	1	
	Rochester Chapter	2	3	161
	Rockland County Chapter			95
	Rocky Mountain Chapter	12	16	565
	San Diego Chapter	16	32	1158
	Santa Barbara Chapter	6	4	242
	Santa Cruz County Chapter	0	1	18
	Shenandoah Valley Chapter	0	0	22
	Siouxland Chapter	0	1	35
	South Central Connecticut Chapter	2	7 0 3 1	188
	South Central Indiana	0	0	22
	South Central Michigan Chapter	4	3	103
	South Central Pennsylvania Chapter	7		135
	South Central Texas	5	1	161
	South Central Wisconsin Chapter	1	0	49
	South Jersey Chapter	3	0 5	159
	South Misssissippi Chapter	1	1	38
	South Plains Chapter	0	0	12
	Southeast Alabama Chapter	0	0	47
	Southeast Tennessee Chapter	1	2	37
	Southeastern Pennsylvania Chapter	28	0 0 2 19 5 6 1	661
	Southeastern Wisconsin Chapter	6	5	245
	Southern Arizona Chapter	11	6	327
	Southern Illinois Area Chapter	0	1	17
	Southern Nevada Chapter	ŏ	3	150
	Southern Piedmont Chapter	21	3 2 4	144
	Southern Tier Chapter	1	Ā	47
	Southern West Virginia Chapter	2	1	41
	Southside Virginia Chapter	ō	ò	5
	Southwest Alabama Chapter	1	1	56
	Southwest Georgia Area Chapter	0	4	20
	Southwestern Michigan Chapter	0	1	90
	Southwestern Missouri Chapter			32
	Southwestern Montana Chapter			20
	St Louis Chapter	0	0	
	Staten Jeland Chanter	19	15	724
	Staten Island Chapter Sullivan / Delaware Chapter	0	2	83
	Sunflower Chapter	0	1	17
	Tampa Bay Chapter	2	٦ م	<b>43</b> 65
	pa Day Unaples	0	7	00

Tarrant County Chapter Topeka Chapter Tulsa / Green Country Chapter Upstate South Carolina Chapter Utah Chapter Ventura County Chapter Volusia / Flagler Counties Chapter West Central Florida Chapter West Central Michigan - Disaffiliat West Central Michigan - Disaffiliat West Central Minnesota Chapter West Central Ohio Chapter West Central Texas Chapter West Central Texas Chapter West Central Texas Chapter West Shore Chapter West Shore Chapter Western And Central Washington Chap Western Arkansas Chapter Western Maryland Chapter Western Massachusetts Chapter Western New York Chapter Western North Carolina Chapter Western North Dakota Chapter Western South Dakota Chapter Western South Dakota Chapter Wyoming Chapter	17 7 3 0 10 10 0 0 1 6 3 0 1 5 7 1 2 1 3 2 0 0 0	2 1 0 26 6 0 2 1 0 2 4 2 0 6 13 1 2 1 3 3 0 0 0 0 0	199 61 108 14 240 233 11 31 48 31 65 30 28 15 263 431 40 81 113 240 59 9 4 16
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Totals:

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SAFE RETURN STATISTICS May 1997	
DECISTDATIONS.	
REGISTRATIONS:	
Total number of people registered since April 1993:	32,087
FACILITATED SAFE RETURNS:	
Total number of facilitated Safe Returns since April 1993:	2,055
REGISTERED MISSING:	
Total number of registrants reported missing since April 1993:	631
<b>REGISTERED RECOVERED:</b>	
Total number of missing registrants recovered since April 1993:	557
Percentage of missing registrants recovered since April 1993:	88.3%
REGISTERED DISCOVERED:	
Total number of registrants discovered since April 1993:	1,228
REGISTERED RETURNED:	
Total number of discovered registrants returned since April 1993:	1,219
Percentage of discovered registrants returned since April 1993:	99.3%
NON-REGISTERED MISSING:	
Total number of non-registrants reported missing since April 1993:	323
NON-REGISTERED RECOVERED:	
Total number of missing non-registrants recovered since April 1993:	189
Percentage of missing non-registrants recovered since April 1993:	58.5%
NON-REGISTERED DISCOVERED:	
Total number of non-registrants discovered since April 1993:	271
NON-REGISTERED RETURNED:	
Total number of discovered non-registrants returned since April 1993:	90
Percentage of discovered non-registrants returned since April 1993:	33.2%

# Please note...

- The cumulative statistics are from <u>April 1993</u> to the present.
- A registered person is someone who has been registered in the Safe Return program and has been assigned an identification number.
- A <u>non-registered</u> person is someone who has not been registered in the Safe Return program and has not been assigned an identification number.
- A person is reported <u>missing</u> if a caller contacts the Safe Return hotline to notify us that someone is missing.
- A person is <u>discovered</u> if a citizen locates the person and calls the Safe Return hotline to notify us that they have found a lost person, but no one has previously called the hotline to report that person as missing.
- A person is <u>recovered</u> if they have been reported missing or discovered and returned to their caregiver.
- An <u>unresolved</u> case is one where the Safe Return hotline has never been notified if a missing or discovered person was ever returned to their caregiver.
- A <u>call to the hotline for assistance</u> is defined as any call to report a missing or discovered registrant or non-registrant.
- A <u>facilitated Safe Return</u> is when a missing individual is recovered or a discovered individual is returned safely.

This report was compiled by Brian Hance, Safe Return Program Coordinator, Alzheimer's Association, phone number 312/335-5756.

# SAFE RETURN STATISTICS

May 1997

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REGISTRATIONS:	
Total number of people registered in May 1997:	657
Total number of people registered 1997 YTD:	4,096
Total number of people registered since April 1993:	32,087
CALLS TO HOTLINE FOR ASSISTANCE:	<u>.</u>
Total number of calls received in May 1997:	106
Total number of calls received 1997 YTD:	444
Total number of calls received since April 1993:	2,450
FACILITATED SAFE RETURNS:	· · · · · · · · · · · · · · · · · · ·
Total number of facilitated Safe Returns in May 1997:	89
Total number of facilitated Safe Returns 1997 YTD:	317
Total number of facilitated Safe Returns since April 1993:	2,055
REGISTERED MISSING:	
Total number of registrants reported missing in May 1997:	19
Total number of registrants reported missing 1997 YTD:	101
Total number of registrants reported missing since April 1993:	631
REGISTERED RECOVERED:	
Total number of missing registrants recovered in May 1997:	16
Total number of missing registrants recovered 1997 YTD:	72
Total number of missing registrants recovered since April 1993:	557
Percentage of missing registrants recovered since April 1993:	88.3%

# **REGISTERED DISCOVERED:**

Total number of registrants discovered in May 1997:	58
Total number of registrants discovered 1997 YTD:	183
Total number of registrants discovered since April 1993:	1,228

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# **REGISTERED RETURNED:**

Total number of discovered registrants returned in May 1997:	58
Total number of discovered registrants returned 1997 YTD:	182
Total number of discovered registrants returned since April 1993:	1,219
Percentage of discovered registrants returned since April 1993:	99.3%

# **REGISTERED UNRESOLVED CASES:**

Total number of registered cases remaining unresolved in May 1997:	3
Total number of registered cases remaining unresolved as 1997 YTD:	30
Total number of registered cases remaining unresolved since April 93:	78

# NON-REGISTERED MISSING:

Total number of non-registrants reported missing in May 1997:	20
Total number of non-registrants reported missing 1997 YTD:	50
Total number of non-registrants reported missing since April 1993:	323

# NON-REGISTERED RECOVERED:

Total number of missing non-registrants recovered in May 1997:	15
Total number of missing non-registrants recovered 1997 YTD:	34
Total number of missing non-registrants recovered since April 1993:	189
Percentage of missing non-registrants recovered since April 1993:	<b>58.5</b> %

# Please note...

- The cumulative statistics are from April 1993 to the present. The year-to-date statistics are cumulative from January 1997 to present.
- A <u>registered</u> person is someone who has been registered in the Safe Return program and has been assigned an identification number.
- A <u>non-registered</u> person is someone who has not been registered in the Safe Return program and has not been assigned an identification number.
- A person is reported <u>missing</u> if a caller contacts the Safe Return hotline to notify us that someone is missing.
- A person is <u>discovered</u> if a citizen locates the person and calls the Safe Return hotline to notify us that they have found a lost person, but no one has previously called the hotline to report that person as missing.
- A person is <u>recovered</u> if they have been reported missing or discovered and returned to their caregiver.
- An <u>unresolved</u> case is one where the Safe Return hotline has never been notified if a missing or discovered person was ever returned to their caregiver.
- A <u>call to the hotline for assistance</u> is defined as any call to report a missing or discovered registrant or non-registrant.
- A <u>facilitated Safe Return</u> is when a missing individual is recovered or a discovered individual is returned safely.

This report was compiled by Brian Hance, Safe Return Program Coordinator, Alzheimer's Association, phone number 312/335-5756.

# NON-REGISTERED DISCOVERED:

Total number of non-registrants discovered in May 1997:	12
Total number of non-registrants discovered 1997 YTD:	75
Total number of non-registrants discovered since April 1993:	271

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## **NON-REGISTERED RETURNED:**

Total number of discovered non-registrants returned in May 1997:	3
Total number of discovered non-registrants returned 1997 YTD:	32
Total number of discovered non-registrants returned since April 1993:	90
Percentage of discovered non-registrants returned since April 1993:	33.2%

# NON-REGISTERED UNRESOLVED CASES:

Total number of non-registered cases remaining unresolved in May 1997:14Total number of non-registered cases remaining unresolved 1997 YTD:59Total number of non-registered cases remaining unresolved since April 93:315

#### **Responding to Caregiver Comments**

I watch my wife very closely. It only takes a moment for someone to wander away. This is as true in your own home as it is at the mall or grocery store. No one can be watched every second. Even the most diligent caregiver has to sleep, bathe or talk on the phone. While Safe Return cannot stop someone from wandering, it increases one's chance of being returned home safely.

My mother has never wandered. If your family member is memory-impaired and ambulatory, wandering can happen at any time. Studies report wandering in 4 to 26 percent of nursing home residents with dementia and in up to 59 percent of community-residing patients. One study found 46 percent of lost memory-impaired adults not located within 24 hours die, typically succumbing to hypothermia or dehydration.

My husband will not wear an ID bracelet. Safe Return is recommended even if your family member is reluctant to wear an ID bracelet. Your local Alzheimer's Association chapter can suggest creative ways to encourage use of the ID bracelet. Safe Return also offers several other identification products, including a necklace, wallet card, clothing labels and key chain.

We explained to dad why he should not go out by himself. Chances are he is not going to remember he was told not to go out alone. As the disease progresses, one's ability to make good judgments and think in a logical manner diminishes. Your family member will probably fail to understand why he should not go out alone and may place himself in an unsafe situation.

I do not have time to register my wife in Safe Return. One simple form makes registering in Safe Return quick and easy. You may also register by telephone by calling Safe Return at 1-888-572-8566.

**My mom is in a nursing home.** Your mom could just as easily wander away from a facility, even a locked one. There is always the possibility of an ambulatory, memory-impaired individual wandering and becoming lost. People with Alzheimer's disease have been known to climb out windows, memorize alarm codes and slip through electronically monitored doors unnoticed. Many facilities encourage registration in Safe Return; some require it.

My dad really likes to go for walks alone. It is very difficult when you realize that your family member cannot be left alone, even for a short time. As the disease progresses, even simple things such as taking a walk alone can become increasingly unsafe.

When my husband wandered, the police went out and found him. If your family member wandered and was returned home safely, you are fortunate. But you might not be so lucky next time. While Safe Return will not prevent wandering, it will assist law enforcement officials if the person become lost. A memory-impaired person might not be able to communicate his name or address to the person who finds him.

I have the Safe Return brochure, but I am not sure what to do with it. Please call Safe Return at 1-888-572-8566 if you have any questions about completing the registration form.

#### **Answers to Frequently Asked Questions**

#### When is the best time to register my loved one?

As soon as possible. If your loved one is ambulatory, it is time to register in Safe Return.

#### Why should I register my wife, she lives in a nursing home?

- If she is ambulatory, she is still at risk
- No electronic system is fool-proof
- Electronic systems are not effective when the person is out visiting family or friends
- Electronic systems may be compromised during power outages

#### Can we have a bracelet without the word "Alzheimer's" on it?

Yes. One style simply says "Safe Return." Another just has the Alzheimer's Association's logo – two purple people – on the front. The words "memory impaired" are inscribed on the back of all bracelets and necklaces.

#### Is the bracelet/necklace easy to remove?

The necklace is easier to remove than the bracelet. The bracelet requires coordination, agility and determination to remove, particularly when it is securely fastened on the dominant wrist. Safe Return recommends using all identification products all the time, including the wallet card, key chain and clothing labels.

#### What if I do not have a photo?

Register anyway. A photo is desirable, but it is even more important to register your loved one immediately. Contact your local Alzheimer's Association chapter to help you find a way to have a picture taken of your loved one.

#### Where do I send the Safe Return registration form?

Safe Return, P.O. Box 9307, St. Louis, MO, 63117-0307.

#### Can I register by phone?

Yes. Call Safe Return at 1-888-572-8566 to register by telephone. Be ready to provide information about your loved one, emergency contacts, jewelry selection and payment method. For speedy telephone registration, complete the registration form in advance and use it as a reference.

#### Do you accept credit card payment for registration?

Yes. Safe Return accepts both Visa and Master Card. Registration by mail may also be paid with a personal check or money order.

#### What if I cannot afford the \$40 registration fee?

Contact your local Alzheimer's Association chapter. They may be able to provide financial assistance. If such assistance is not available through your local chapter, Safe Return will help you.

#### What if the person will not wear the bracelet?

See Ideas to Encourage Someone to Wear the Safe Return Identification Products.

#### Can we get more Safe Return clothing labels?

Yes. Clothing labels can be re-ordered through the manufacturer: "Identifind" Iron-On Labels, P.O. Box 567, Canton, NC, 28716 or call the National Alzheimer's Association at 1-800-272-3000 for a copy of the order form.

#### What if my loved one damages or loses the Safe Return bracelet?

Jewelry re-orders may be made by calling Safe Return at 1-888-572-8566. The first replacement order is free. Additional orders are \$5 per replacement.

#### Should I order a caregiver bracelet for myself?

It's a good idea. For an additional \$5, you receive an engraved, stainless steel caregiver identification bracelet or necklace. It alerts others that you provide care for someone registered in Safe Return. Inscribed on the back are the words "I am a caregiver for SR[personalized identification number], please help by calling 1-800-572-1122."

#### Should I notify someone if I or my loved one moves or goes on vacation?

Yes. It is very important to let Safe Return know about any address/telephone changes. Call Safe Return at 1-888-572-8566 with information changes, even if they are only temporary.

#### Can I reach Safe Return from outside the United States?

Safe Return can be reached from anywhere in the United States and from both Mexico and Canada.

#### When was Safe Return started?

In 1993 the National Alzheimer's Association, through a grant from the U.S. Department of Justice, launched Safe Return to assist in the safe and timely return of missing memory-impaired adults.

# **5. RESPONDING TO INCIDENTS**

The Alzheimer's Association Safe Return Program is designed to respond immediately to reports of missing and discovered memoryimpaired adults. A computerized system of registrant and contact information is used to assist in their safe and timely return. Trained clinicians provide callers with emotional support whenever necessary. This sophisticated response system is the foundation on which chapters have an opportunity to build.

Section 3 of this manual provides a framework for creating or re-evaluating a Safe Return plan. Some of the most critical areas relate to the chapter and community response to missing and discovery incidents. Such a response may include:

- Developing chapter and community response protocols
- Supporting families, caregivers and the community
- Turning negatives into positives

# DEVELOPING CHAPTER AND COMMUNITY RESPONSE PROTOCOLS

The chapter will be most effective if response protocols are established *prior* to a missing or discovery incident. Many incidents are crisis situations and the best way to handle them is to be well prepared. Even incidents that may appear routine or easily remedied, may have been precipitated by an event or circumstances warranting chapter involvement. The fact that Safe Return receives a report of a missing or discovered individual may be an indication that the individual, family or caregiver could benefit from additional chapter support. Chapter and community response protocols may be developed during the creation or re-evaluation of the chapter Safe Return plan.

### CHAPTER INFORMATION SHEET

Once chapter and community response protocols are established, the chapter must advise Safe Return how it wishes to be notified when an incident occurs. The chapter may either complete a *Chapter Information Sheet* or call the toll-free Safe Return non-emergency number with the information. The chapter is responsible for advising Safe Return of information changes due to staffing changes or other reasons. If notification information is not provided, Safe Return will fax incident reports to the chapter and, for missing registrant incidents, the local law enforcement department. A *Chapter Information Sheet* is included at the end of this section.

## SUPPORTING FAMILIES, CAREGIVERS AND THE COMMUNITY

Every day chapters provide much needed support and information to families, caregivers and the community. Chapter participation in Safe Return is an integral part of this service. *Preparing For and Handling a Missing Incident*, included at the end of this section, outlines chapter questions for families and caregivers. Chapter representatives involved in incident response may want to keep a copy of these questions on hand at all times. The questions are designed to help:

- calm a distraught individual
- determine where the missing individual may be going
- establish important details related to the search process

After reviewing the questions with a family member or caregiver, the chapter may suggest that any information not previously provided to the local law enforcement department be shared at this time. Sometimes it may be helpful for the chapter to provide relevant information directly to those involved in the search. It is important to keep in mind that officials responsible for leading a search may not be familiar with Alzheimer's disease and its affects on behavior. In such cases, the chapter plays an important education and support role.

### NON-REGISTRANT INCIDENTS

Safe Return receives calls involving memory-impaired individuals not registered in the program. Law enforcement officials and others often know to call, even without the prompt of a Safe Return identification product. This opens the door for chapters to help register these individuals. Since the behavior is recent and problematic, Safe Return registration might be a welcome idea. Encourage law enforcement officials to recommend the program to families and caregivers and to distribute Safe Return brochures or two-sided registration forms.

### **REPEAT INCIDENTS**

A registrant who has been reported to Safe Return as missing or discovered more than once indicates a potential "red flag." Chapters are encouraged to follow-up with the primary contact/caregiver when this occurs. You may provide information and suggestions to help deter future incidents. Follow-up within no more than two days of the incident is recommended. Dates of past incidents, when they exist, are included on each incident report.

If the primary contact/caregiver can not be reached, try to reach another contact. If none of the contacts can be reached, consider calling Adult Protective Services. This notification is also recommended if you suspect the registrant is being neglected or abused. State laws govern reporting requirements applicable to these situations.

Following an incident, consider contacting those involved, including:

- Primary contact/caregiver
- Law enforcement official
- Good Samaritan

Following a missing incident involving an adult day care center participant, the New York City Chapter encouraged the center to register all of its clients in Safe Return. Soon after the incident, the chapter conducted a presentation for family members and center staff about Alzheimer's disease, wandering behavior and Safe Return. Now the center requires Safe Return registration for all clients. The chapter used this model to encourage five other adult day care centers to require Safe Return registration for their clients.

### PRIMARY CONTACT/CAREGIVER

A follow-up call from the chapter may be comforting to the primary contact/caregiver. Ask about the registrant's well-being and see if the primary contact/caregiver needs additional information or support. This may be a good time to confirm that the contact information in the database is current. If not, updated information should be provided to Safe Return immediately.

You may also ask the primary contact/caregiver if Safe Return worked as expected. If the response is positive, consider asking the individual to be a future media contact. Any concerns related to the handling of an incident should be promptly reported to Safe Return.

If the primary contact/caregiver is a healthcare professional at a facility, offer to conduct a training or provide information on Alzheimer's disease, wandering behavior and Safe Return. Also suggest that the facility register all memory-impaired residents in Safe Return.

### LAW ENFORCEMENT OFFICIAL

A missing or discovery incident may be a law enforcement official's first contact with Safe Return, and perhaps even with a memoryimpaired individual. Following an incident, contact the department to offer information and training. Law enforcement officials are often willing to participate in training, promote Safe Return, encourage registration of affected individuals and distribute Safe Return brochures and two-sided registration forms. The chapter may also consider sending a letter of thanks to law enforcement officials involved in an incident.

#### GOOD SAMARITAN

Many times, registrants are helped by concerned citizens. These Good Samaritans can go to great lengths to ensure the safety of the registrant. Recognizing the good deeds of such individuals is a way to express thanks and further promote the program. A letter from the chapter president or executive director, newsletter article or awards ceremony are just a few ways to recognize Good Samaritans.

# WORKING WITH MEDIA

One of the most valuable and immediate services a chapter can provide to families, caregivers and the community is to help locate a lost memory-impaired individual. One way chapters may provide this assistance is by working with the media. Newspapers and television and radio news can help locate a missing memory-impaired adult. Their ability to quickly alert community members about an incident makes them natural Safe Return partners.

Determine what kind of news media efforts, if any, are appropriate during an incident. Consider immediate notification of media outlets, particularly television stations, when any of the following apply:

- missing person has a life-threatening health problem
- severe weather
- it is dark outside, the person has been missing for more than two hours and efforts have been made to find him or her

If the chapter intends to bring the incident to the media's attention, permission from the missing individual's family or legal guardian is necessary.

# WHEN SOMEONE IS REPORTED MISSING

The chapter may help coordinate search efforts for a missing memoryimpaired adult and act as a liaison among law enforcement, news media and the family. Each incident may require a different role for the chapter, depending on the specific circumstances.

Safe Return will notify the chapter about all missing and discovery incidents in the chapter service area. Sometimes, however, you may learn about an incident from another source, such as:

- a family member
- a friend of the family
- the local police
- someone who thought they saw a lost memory-impaired adult
- the media

When the chapter learns about an incident from another source, it is important to call Safe Return with the related information.

Establish a time period in which to notify news media (i.e. 2 hours from the time the person was last seen). Variables such as weather and time of day may require some flexibility with the established time period. When contacting the media about an incident, include the following information:

- name, sex, age and physical and clothing description of the missing person
- photo of the missing person
- location of where the individual was last seen and where s/he may be going
- list of law enforcement or other agencies notified about the incident, including specific departments or precincts
- type of identification the person may be wearing or have in his/her possession
  - The chapter spokesperson may state that "...because this person is registered in the Alzheimer's Association Safe Return Program, s/he is wearing [identification product]..." or "Unfortunately, this person is not registered in the Alzheimer's Association Safe Return Program and has no known identification."
- what should be done if the person is found
  - With the family, the chapter may determine whether a call should be made to the family, police, chapter or Safe Return. It is recommended that, whenever possible, the initial "found" call be made to Safe Return. In any event, it is important that Safe Return be notified as soon as possible, even if the family, police or chapter has been notified.

Radio and television news are the most important media to contact first because they can broadcast the information quickly. As the search continues, keep the case before the news media by contacting them daily to report any new developments, or even to advise that there are no developments. Provide information such as where searchers are looking and how concerned relatives, friends and neighbors may be contacted for interviews.

While the news media can be helpful in locating lost persons, they might also make the family uncomfortable. Be sensitive to family needs and request the media's cooperation.

# WHEN THE MISSING REPORT IS NOT MADE TO SAFE RETURN OR THE CHAPTER

Consider what role the chapter will play when learning about a missing individual through the news media or by word of mouth. You may want to contact the family or caregiver to offer support and information. Since individuals involved in an incident may not know about Safe Return, chapter contact may be greatly appreciated. This may also be an opportunity to provide information about other chapter programs and services. A family that was once reluctant to seek help may be transformed by an incident. Or an incident may simply be their first contact with the Association.

Occasionally an incident will make national news. The news media may contact the chapter for comment about a particular case. All national media contact should be coordinated with the Media Relations Department at 312-335-8700.

If local media contacts the chapter for comment on a national incident, try to promote Safe Return. Stress that a memory-impaired adult could become lost at any time, and that it is best to be prepared by registering in the Alzheimer's Association Safe Return Program. When appropriate, mention that Safe Return is especially valuable for "interstate" cases because of the Association's network of more than 200 chapters nationwide and presence in every state. *A Missing Person* News Release is included at the end of this section.

### WHEN A LOST PERSON IS FOUND

The outcome of an incident should be reported to all reporters who covered it. Ideally, the lost person will be found and returned safely. However, lost individuals are sometimes found deceased. Either way, reporting the outcome closes the case for reporters and the public who have been following it. This is also an important opportunity to urge those who are not registered to register. Dropping a personal note to reporters who covered the case to thank them for their concern and assistance is also a good idea. A *Found Person* News Release is included at the end of this section.

### TURNING NEGATIVES INTO POSITIVES

Sometimes a missing or discovery incident may have a tragic ending. Lost memory-impaired adults have an increased chance of succumbing to dehydration or exposure. When an individual is injured or even dies as a result of an incident, it can be a difficult time for the entire community. Even such dire circumstances create opportunities to help support the family and educate the community.

Maintaining contact with the family following a tragedy is a great way to provide support. A simple phone call may make all the difference. After awhile, some families may be interested in using their experience as a way to help others. You may help them identify ways to tell their story to educate caregivers and the community about Alzheimer's disease, wandering behavior and Safe Return.

The Central Illinois Chapter supported the family of a missing man not registered in Safe Return. Unfortunately, the outcome of the situation was tragic; he was found deceased many months later. Hoping to help others recognize the potential dangers of wandering behavior, the family now talks about their experience, the ongoing support of the chapter, and the value of Safe Return. They have also underwritten registrations for others.

The injury or death of a memory-impaired adult will likely capture the community's attention. For many, it will be the first time they have heard about wandering behavior or their first connection with Alzheimer's disease. Use the media to help explain wandering behavior and the problems associated with it. Highlight chapter programs and services, such as Safe Return, available to families, caregivers and the community.

# **SECTION 5 RESOURCES**

Chapter Information Sheet	Example 5:A
Preparing For and Handling a Missing Incident	Example 5:B
Missing Person News Release	Example 5:C
Found Person News Release	Example 5:D

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	SAFE RETURN CHAPTER		
Chapter	:		
Address	::		
City/Stat	te/Zip:		
Telepho	ne: ()		
FAX: (	_)		
Mailing	Address:		
Executiv	/e Dir:		
SR Cont	act (name/title):		
Chapter	office hours?	Eastern Central (circ	
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### Preparing For and Handling a Missing Incident

#### Ways to Prepare for a Missing Incident

- Each day, note what the person is wearing. Keep in mind that brightly colored clothing may be easier to spot.
- Keep a recent, close-up photo on-hand to give to police should the person become lost.
- Make a list of the person's vital statistics, including age, height, weight, eye and hair color, scars and birthmarks.
- Limit access to and the amount of money the person carries.
- Alert trustworthy neighbors and police that you care for someone with dementia.

#### Questions to Ask and Answer During a Missing Incident

- Has the person wandered before? If so, where?
- Does the person have a favorite place?
- Where did the person live in the past?
- Where did the person work in the past?
- Would the person attempt to visit family or friends, even in other towns or states?
- Would the person answer to a nickname or maiden name?
- Are there any special interests or hobbies that may lead the person to a specific place?
- Can the person drive a car or a truck?
- Would the person accept a ride from a stranger?

#### **Checklist for Chapters and Families**

- Has the immediate vicinity been thoroughly searched?
- Have the police been contacted?
- Has a missing person report been completed and entered into the National Crime Information Computer (NCIC) Network?
- Has a call been made to Safe Return at 1-800-572-1122?
- Is the person wearing one or more Safe Return identification products?
- Are familiar places and favorite "hangouts" being included in the search?
- Have neighbors been notified and asked if they have seen the missing person?
- Have family, neighbors and community groups been contacted to help with the search?
- What other emergency response personnel have been contacted?
- Is a family member or caregiver at home by the phone?
- Does the family have the chapter and Safe Return telephone numbers?

# EXAMPLE 5:C

#### Missing Person News Release

This type of release should be used frequently, to raise community assistance in the search effort and awareness of wandering and Safe Return. Localize the information in bold italics within brackets. Reproduce on your chapter letterhead and fax it to your local media, especially television and radio stations.

FOR IMMEDIATE RELEASE [Date] CONTACT: [Contact Name and Phone Number]

#### [MAN/WOMAN] WITH ALZHEIMER'S DISEASE MISSING FROM [PLACE] HOME

[YOUR CITY] -- A [Age]-year-old [Man/Woman] with Alzheimer's disease from [Place] has been missing from [His/Her] home since [Date and Time], according to the Alzheimer's Association's [Name] Chapter.

[Name] is [Physical Description], and is wearing [Description of Clothing]. [He/She] was last seen at [Location]. The Alzheimer's Association [Name] Chapter is asking for assistance in locating [Name] and returning [Him/Her] safely to [His/Her] family.

[Name] is registered in the Alzheimer's Association Safe Return Program, and will be wearing a [Safe Return ID product]. People with information about [Name] can call the [Location] Police Department at [Phone Number].

Wandering is a common and potentially life-threatening behavior that may accompany Alzheimer's disease. Individuals with this disease may become disoriented and lost, in their own neighborhoods or far from home. Nearly 60 percent of the four million Americans with Alzheimer's disease may wander off and get lost sometime during the course of the disease. All persons with Alzheimer's disease who are ambulatory are at risk. Wandering behavior can be triggered by a variety of circumstances, including an individual's medication, stress level, time confusion, fear and lack of recognition of the surroundings.

The Alzheimer's Association Safe Return Program is the only nationwide program that assists in the identification and safe, timely return of individuals with Alzheimer's disease or other dementias who wander and become lost. For a one-time fee of \$40, program registrants receive a stainless steel identification bracelet or necklace, clothing labels and wallet cards. These identification products are inscribed with the Safe Return 24-hour crisis number and alert others that the individual is memory-impaired and may need assistance.

#### Missing Person with Alzheimer's Disease - page two

When a wanderer is discovered, the person who finds him or her can call the Safe Return toll-free number located on the wanderer's identification wallet card, jewelry or clothing labels. The Safe Return operator immediately alerts the family members or contacts listed in the database so the person who has wandered can be reunited with loved ones.

Since 1993, more than *[Number]* people nationally have registered in the Alzheimer's Association Safe Return Program, and more than *[Number]* people have been safely returned to their families and caregivers. There are *[Number]* people with Alzheimer's registered in Safe Return in the *[Name]* area, according to the association's *[Name]* Chapter.

To register in Safe Return or for more information, contact the Alzheimer's Association [Name] Chapter at [Phone Number].

The Alzheimer's Association is the only national voluntary health organization dedicated to-conquering Alzheimer's disease through research, and supporting this country's 4 million affected people and their families. The association's *[Name]* Chapter serves the *[Number]* people with Alzheimer's disease and their families in the *[Name]* area with programs and services including *[Briefly list services]*.

#

# EXAMPLE 5:D

#### Found Person News Release

Prompt use of a release like this may get you news coverage and the appreciation of the news media. Localize the information in bold italics within brackets. Reproduce on your chapter letterhead and fax it to your local media, especially those that may have covered the original missing incident.

#### FOR IMMEDIATE RELEASE

[Date] CONTACT: [Contact Name and Phone Number]

#### LOST [MAN/WOMAN] WITH ALZHEIMER'S DISEASE RETURNED QUICKLY AND SAFELY

[YOUR CITY] -- [Name], who has Alzheimer's disease and had been lost from [His/Her] home in [Location] since [Date], has been safely returned to [His/Her] family, according to the Alzheimer's Association [Name] Chapter.

"The alert and compassionate actions of [Name(s)] made this happy family reunion possible," said [Full Name and Title of Spokesperson].

[Name], [Age], is registered in the Alzheimer's Association Safe Return Program, and was wearing a [Safe Return ID product], according to [Spokesperson].

"I saw the Safe Return bracelet, and that enabled me to help quickly," said [Name]. "I simply called the 800 number on the back of the bracelet, and Safe Return made the connection to the family."

#### [Brief recounting of the details of the Safe Return episode.]

Wandering is a common and potentially life-threatening behavior that may accompany Alzheimer's disease. Individuals with this disease may become disoriented and lost, in their own neighborhoods or far from home. Nearly 60 percent of the four million Americans with Alzheimer's disease may wander off and get lost sometime during the course of the disease. All persons with Alzheimer's disease who are ambulatory are at risk. Wandering behavior can be triggered by a variety of circumstances, including an individual's medication, stress level, time confusion, fear and lack of recognition of the surroundings.

- more -

#### Found Person Release - page two

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To register in Safe Return or for more information, contact the Alzheimer's Association [Name] Chapter at [phone number].

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#

# 6. PROMOTING SAFE RETURN THROUGH PARTNERSHIPS

Through partnerships, the chapter may successfully promote Safe Return. Partnership benefits include increased Safe Return registrations, training opportunities and greater chapter visibility in the community. The chapter may incorporate Safe Return into existing partnerships and use Safe Return to open doors to new opportunities.

Consider partnerships with the following:

- Law enforcement and emergency responders
- Professional care providers
- Community service providers
- Businesses and corporations
- Media
- Other chapters

# LINKS TO LAW ENFORCEMENT AND EMERGENCY RESPONDERS

The likelihood of law enforcement and emergency responders encountering someone with dementia is great. Situations may include investigating reports of shoplifting, indecent exposure and victimization, responding to car or other accidents, searching for missing persons, and helping to return home confused individuals unable to communicate who they are or where they live. Unfortunately, most law enforcement and emergency responders are not formally trained on how to recognize, communicate with and respond to a memoryimpaired adult. And many may not be familiar with Safe Return.

Law enforcement and emergency responders tend to be very receptive to Alzheimer's disease information and training and the Safe Return program. Once informed, they are better equipped to handle a variety of situations.

- They can use their high-profile community role to spread the word about the chapter and Safe Return, and even use departments as registration sites.
- They may be effective in encouraging registration of affected individuals.
- When resolving incidents of lost or found individuals not registered in Safe Return, they may help to share Safe Return information and disseminate registration forms.
- Participating in Safe Return may be especially appealing to those involved in community policing.

Determine how links will be made to law enforcement and emergency responders. A variety of options exist.

- Statewide information and training initiatives may enjoy strong support from state leaders and have far-reaching effects.
- For multiple chapter states, collaboration among chapters may lead to increased resources and influence.
- Law enforcement and emergency response leaders may work with you to build the foundation for future initiatives.

Consider making connections with one or more of the following:

- Law enforcement officials
- Emergency medical response personnel
- Firefighters
- Office of the Attorney General
- Retired law enforcement officials
- Security officers
- Triad (American Association of Retired Persons, International Association of Chiefs of Police and National Sheriffs' Association partnership)
- Community policing groups
- Search and rescue groups

Chapters throughout the country have gained positive results when creating links to law enforcement and emergency responders. Following are some models you may replicate or expand upon:

### Detroit Area Chapter

General Motors underwrote the purchase of law enforcement pocket response guides to assist Detroit police officers when encountering individuals with dementia. The chapter provided information about Alzheimer's disease, wandering and Safe Return in "An Information and Resource Guide for Law Enforcement Officers." The guide, which was a collaborative effort between the chapter, representatives from the community mental health agencies and law enforcement personnel, is specific to the Detroit-Wayne County area and is useful to those working in the public sector.

### New Jersey Chapters

The New Jersey Chapters have coordinated a statewide law enforcement training initiative in cooperation with the New Jersey Attorney General and the Division of Law and Criminal Justice. Designed to train all New Jersey police personnel about Alzheimer's disease, the training kit, sent to all New Jersey police departments, includes a Safe Return videotape, training curriculum, "Victim, Not Criminal" booklet and wallet cards for each officer.

### Orange County Chapter

Chapter volunteers developed a pilot program called Emergency Personnel Inservice Coordination (EPIC). EPIC enables emergency personnel, the chapter and the community to work together to promote safety and security for individuals who are unable to care for themselves. Orange County law enforcement agencies and fire departments received pocket-sized cards describing how to identify and assist individuals with dementia and the Safe Return *Roll Call* video.

### Texas Chapters

The seventeen Texas chapters joined forces with the Texas Attorney General to disseminate information about Safe Return throughout the state. The Office of the Attorney General Consumer Education and Elder Outreach Division (CEEO) prepared and distributed the Safe Return *Roll Call* video (featuring The Honorable Dan Morales), program endorsement letter, contact information, Safe Return brochure, reference card and a training return card. Recipients of the information included Texas law enforcement departments, American Association of Retired Persons, Area Agencies on Aging, Triad, National Association of Retired Federal Employees and senior centers. Chapter and CEEO staff work together on an ongoing basis to educate Texans statewide about wandering behavior and Safe Return.

### Greater San Francisco Bay Area Chapter

A chapter partnership with Child Quest International, a search and rescue organization, has led to assistance with several missing incidents. Specific education handouts have also been developed for use in police, emergency medical technician and firefighter training programs.

### Western and Central Washington Chapter

A special training project was piloted in conjunction with the Office of the State Attorney General, the Criminal Justice Training Commission, and the chapter education department. A police training video was produced about missing person incidents, false reports and wandering, which includes information about Safe Return and dementia symptoms. The chapter education director completed formal trainings about dementia and related emergency reports with statewide police officer instructors and 911 dispatcher instructors. Information about memoryimpaired/confused persons was created for the statewide police personnel computer reference system. Over 1500 Safe Return brochures were distributed to police instructors.

# **CONNECTING WITH PROFESSIONAL CARE PROVIDERS**

Potential Safe Return registrants may receive formal care and/or services. Thus, professional care providers make natural Safe Return partners. Providing them with information and training about Alzheimer's disease and wandering behavior are important first steps. Even those who typically serve memory-impaired clients may not be fully aware of the potential risks associated with wandering. Those aware of the risks, and well versed in strategies for managing the behavior, may not be familiar with Safe Return.

Knowing about Safe Return enables professional care providers to offer clients and families an additional service. Care facilities may encourage or require Safe Return registration of memory-impaired clients. By doing so, they create an industry standard of care and emphasize their concern for client safety. Care facilities may also serve as registration sites. Care practitioners may educate clients and families about wandering behavior and promote Safe Return.

Consider making connections with one or more of the following:

- Adult day centers
- Home health agencies
- Nursing homes
- Assisted living facilities
- Social workers
- Nurses
- · Physicians
- Hospital discharge planners

Chapters throughout the country have gained positive results when creating links to care providers. The following are some models you may replicate or expand upon:

## Los Angeles Chapter

The chapter conducted a major registration campaign that doubled Safe Return registrations. Over 90 individuals were trained to conduct on-site registrations in various settings, including nursing homes, senior centers and adult day centers.

#### Louisville Chapter

The chapter board of directors adopted a mandatory enrollment policy requiring Safe Return registration for all chapter clients receiving direct services. This policy covers those who receive home health services and those who participate in the adult day program. The chapter makes scholarships available to those unable to afford the registration fee. Another adult day program in the chapter service area adopted a similar policy for its facility.

### New Mexico Chapter

In a period of six weeks, five individuals with Alzheimer's disease from the chapter service area were reported missing. The chapter used this unsettling statistic to build community awareness about wandering behavior, Safe Return and the need to identify sites to provide temporary care for lost memory-impaired adults whose caregivers have not yet been located. Letters were sent to area nursing homes and residential facilities asking them to serve as "safe havens." Now if law enforcement officials need to temporarily house someone with dementia, the chapter refers them to one of the 12 participating facilities in the state.

#### CONNECTING WITH COMMUNITY SERVICE PROVIDERS

The chapter may help educate persons who frequently interact with the public to recognize a lost memory-impaired adult and help begin the return process. Safe Return relies on the response of the public. The identification products can only help registrants if someone responds. Though such a response often involves law enforcement and emergency personnel, it also frequently comes from community service providers.

- Ask community service providers to disseminate Safe Return information and registration forms.
- Tap their expertise and resources during a search for a missing memory-impaired adult.
- Invite community service providers to contribute to the development of incident response protocols.

Consider making connections with one or more of the following:

- Transit operators
- Postal workers
- State Unit on Aging
- Area Agencies on Aging
- Aging organizations (i.e. Retired and Senior Volunteer Program, American Association of Retired Persons, Meals-on-Wheels)
- Adult Protective Services
- Senior centers
- Philanthropic groups (Catholic Daughters of America, Junior League)
- Social service agencies
- Shopping malls
- Airports
- Amusement parks and recreational facilities
- Churches, synagogues
- Utility companies

Chapters throughout the country have gained positive results when creating links to community service providers. Following are some models you may replicate or expand upon:

### <u>Omaha and Eastern Nebraska Chapter</u>

This chapter participated in an outreach program involving the local postal service. The Post Mistress personally attended more than a dozen educational sessions that trained over 600 postal workers about Alzheimer's disease and Safe Return. Safe Return information is now part of the Postal Carrier's Alert Program.

# Iowa Chapters

The lowa chapters partnered with Catholic Daughters of America to conduct a statewide Gummy Bear campaign. This fundraising effort cleared more than \$25,000, which was divided among the lowa chapters for use with Safe Return.

#### Greater Houston Chapter

Twelve billboards promoting Safe Return were placed throughout the community. The billboards depicted a cooperative effort among local organizations regarding Safe Return. Several local public officials, including the chief of police, fire chief and chapter executive director, were pictured.

### CONNECTING WITH BUSINESSES AND CORPORATIONS

The chapter has much to offer and gain through partnerships with area businesses and corporations. Alzheimer's disease and Safe Return information and training may be incorporated into employee assistance programs. Company newsletters and other publications may include articles about managing wandering behavior and registering in Safe Return. Businesses and corporations may be interested in making financial contributions to provide free registrations to those in need.

Consider what role area businesses and corporations may play in your Safe Return plan. They may contribute to the development of incident response protocols and provide assistance during a search for a missing memory-impaired adult. They may champion Safe Return as part of their philanthropic activities. Businesses and corporations may also use their influence to raise money to promote the chapter and Safe Return.

Consider making connections with one or more of the following:

- Small businesses
- Corporate headquarters
- Locally-owned businesses
- Health-related businesses

Chapters throughout the country have gained positive results when creating links to area businesses and corporations. Following are some models you may replicate or expand upon:

### San Diego Chapter

The San Diego chapter trains Sea World amusement park personnel about Alzheimer's disease, wandering behavior and Safe Return. In addition, a park identification system helps guests with special needs. An orange wristband alerts Sea World employees that the wearer should not be alone. An extra video camera at the park's exit helps determine if a missing person has left the premises. Following incidents involving missing memory-impaired adults, Sea World refers families to the Alzheimer's Association. As a result of this positive partnership, Sea World became involved in other chapter initiatives. The park hosted both Memory Walk and a Safe Return community partners recognition banquet. Similar partnerships have been formed with Barona Indian Casino and San Diego Transit.

#### West Michigan Chapter

A local, privately-owned coffee shop helped provide Safe Return registrations for those unable to afford the fee. Each month, money collected in the shop's counter tip jar is given to a worthy cause. Area residents benefited when funds were donated to the chapter for Safe Return. The chapter also receives ongoing financial support for registrations from several local churches.

#### Central New York Chapter

The chapter sent Safe Return informational flyers to over 100 companies listed with the Better Business Bureau. An invitation to become a Safe Return community partner was included in the mailing. Businesses could select to provide assistance with public awareness, registrations, education and/or financial support. By following up with a phone call, the chapter secured commitments from small and large businesses alike. One result was the scheduling of a Safe Return presentation for a company with over 10,000 employees.

### OTHER CHAPTERS

One feature built into Safe Return is the missing registrant incident report faxed to the local law enforcement agency. Some chapters supplement this free service with a local or regional fax system to alert other key community agencies when a memory-impaired person is lost. Several chapters in the northeast partner with the New York City chapter to access this add-on service. The chapter charges a small fee per fax to cover operational expenses.

#### ONGOING MEDIA RELATIONS

The news media reach a much larger audience than the chapter can reach directly. Moreover, the news media confer the credibility of a third party endorsement; that is, when the news media report on chapter activities, that tells the public the activities are newsworthy and important. The general public regards the news media as a trusted information source, so news coverage is an excellent way for the chapter to raise public awareness of wandering behavior and Safe Return.

The Alzheimer's Association Safe Return Program appeals to the news media because it offers:

- the strong human interest of innocent people at risk, worried loved ones, and rescuers
- information on a newsworthy health topic, Alzheimer's disease
- a positive solution to a little-known problem that could occur in any community

Address the following media-related questions:

- Determine chapter audiences (i.e. who needs to be reached?).
- Develop chapter Safe Return messages.
- Develop response mechanisms for different types of missing and discovery incidents and notification.
- Choose and train chapter Safe Return spokesperson(s).
- Locate families who have experienced unsafe wandering and are willing to be interviewed. These should be families registered in Safe Return who are able to vouch for its benefits.
- Create media lists to announce Safe Return news and publicize missing and discovery incidents.
- Be prepared to act immediately to a missing or discovery incident.

### SAFE RETURN RECOMMENDED MESSAGES

Following are the two basic points the chapter spokesperson(s) should communicate in every interview:

- The Alzheimer's Association Safe Return Program is the only nationwide program that assists in the identification and safe, timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.
- The Alzheimer's Association Safe Return Program provides a safety net for memory-impaired adults.

### SAFE RETURN "NEWS HOOKS"

Reporters need a "news hook" or idea to develop a story. Identify and meet with reporters to provide background on wandering behavior and Safe Return. This will assist them in understanding the problem and the program and you can work with them when an incident occurs. There are many "news hooks" throughout the year that can be used to tell the story of Safe Return, including:

## SAFE RETURN AS A GIFT

- February: Valentine's Day
- May: Mother's Day and Older Americans Month
- June: Father's Day
- December: Give the Gift of Safety This Holiday Season

## **OTHER SPECIAL OCCASIONS**

- April: Safe Return anniversary (launched in April, 1993)
- November: Thanksgiving and National Alzheimer's Disease Month

Basic proactive media relations help gain public awareness of Safe Return. A sample news release, two fact sheets and a sample Letter to the Editor are included at the end of this section. For additional information, contact the Media Relations Department at 312-335-8700. Chapters throughout the country have gained positive results when creating links to the media. Following are just some ideas you may replicate or expand upon:

# <u>Utah Chapter</u>

Coordination with local news print media resulted in an article being published about wandering behavior and the Safe Return program. The exposure allowed the chapter to promote its services to the community.

# North Central Wisconsin Chapter

This chapter secured placement of a news article promoting Safe Return in the Catholic Herald.

## Greater Cincinnati Chapter

Chapter staff and volunteer efforts have led to the publication of numerous Safe Return-related articles in the Cincinnati metropolitan area.

# Greater Phoenix Chapter

The chapter secured placement of an article in a communitywide resource booklet entitled "Nursing Care Center Guide." The guide provides detailed descriptions and photographs of nursing facilities along with informative articles about various health care issues. A descriptive article about Alzheimer's disease and Safe Return was co-authored by the chapter program manager and a Phoenix police officer. د مستو

# **SECTION 6 RESOURCES**

Give the Gift of Safety News Release	Example 6:A
Ten Tips to Reduce Wandering Fact Sheet	Example 6:B
Alzheimer's Association Safe Return Success Stories Fact Sheet	Example 6:C
Sample Letter to the Editor	Example 6:D

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Gift of Safety News Release

[Localize the information in bold italics within brackets. Then, reproduce on your chapter letterhead and fax or mail it to the editors of your local newspapers in early November.]

## FOR IMMEDIATE RELEASE

DATE: [Date] CONTACT: [Name],[Phone Number]

# GIVE YOURSELF PEACE OF MIND THIS HOLIDAY SEASON: GIVE YOUR LOVED ONES THE GIFT OF SAFETY

[CITY] - For families affected by Alzheimer's disease, the holidays can be a time of added stress and confusion. Because of the increased activity at this time, people with Alzheimer's disease are at higher risk of wandering away from their homes or nursing facilities in search of something that is familiar and reassuring. While wandering is always potentially dangerous, the harsh winter weather can prove fatal, putting wanderers at greater risk of dying of exposure or hypothermia.

"More than half of people with Alzheimer's disease will wander and get lost sometime during the course of the disease," said *[Name, Title]* of the Alzheimer's Association *[Name]* Chapter. "Registering a loved one in the Alzheimer's Association Safe Return Program this holiday season is a thoughtful gift that also will give you peace of mind."

Safe Return is the only nationwide program that assists in the identification and safe, timely return of individuals with Alzheimer's disease or other dementias who wander and become lost. Program registrants receive a stainless steel identification bracelet or necklace, clothing labels and wallet cards. These identification products are inscribed with the Safe Return 24-hour crisis number and alert others that the individual is memory-impaired and may need assistance.

(more)

# Gift of Safety Release - page two

When a wanderer is found, the person who finds him or her can call the Safe Return toll-free number located on the wanderer's identification wallet card, jewelry or clothing labels. Safe Return immediately alerts the family members or contacts listed in the database so the person who has wandered can be reunited with their loved ones. Local Alzheimer's Association chapters provide family support and assistance while police conduct the search and rescue.

Safe Return educates families, caregivers, emergency personnel and other community professionals about how to recognize signs of dementia, prevent unsafe wandering, and how to effectively use the program.

Since its creation in 1993, Safe Return has returned more than [Number] individuals to their homes or nursing facilities. To date, more than [Number] people have registered in the program nationally. [Insert local Safe Return statistics here, including the number of people with Alzheimer's in your area and the number of local Safe Return registrants.] For a fee, caregivers or family members can register their loved one in the program. For registration information, call the Alzheimer's Association's [Name] Chapter at [Phone Number].

The Alzheimer's Association, based in Chicago, is the only national voluntary health organization dedicated to funding research for the causes, treatments, preventions and cures of Alzheimer's disease, and providing support to the four million Americans with the disease, their families and caregivers. For more information on Alzheimer's disease or the Alzheimer's Association Safe Return Program, please call *[Phone Number]*.

# # #

# EXAMPLE 6:B

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"Ten Tips to Reduce Wandering" Fact Sheet Useful addition to news materials sent to media.

# FACT SHEET CONTACT: [Contact Name and Phone Number]

# TEN TIPS TO REDUCE ALZHEIMER WANDERING

There are many reasons for someone with Alzheimer's disease to wander. Here are tips to help caregivers reduce the risk of wandering and keep their loved ones safe.

- <u>Be Prepared</u>. There's no way to predict who will wander or when, or how it might happen. The best advice is to be prepared, and to register in the Alzheimer's Association Safe Return Program <u>before</u> a loved one gets lost.
- 2) <u>Encourage Movement And Exercise</u>. Make a shared exercise, such as walking, part of your daily routine together, and allow the person access to a safe, enclosed area.
- 3) <u>Be Objective</u>. Don't take the person's wandering behavior personally.
- 4) <u>Be Aware Of Hazards</u>. Places that look safe might be dangerous for someone with Alzheimer's. Look in and around your home for possible hazards fences and gates, bodies of water, pools, dense foliage, bus stops, steep stairways, high balconies and roadways where there is heavy traffic and change what you can or block access.
- 5) <u>Secure The Living Area</u>. Do what you can to make your home safe and secure. Place locks out of the normal line of vision – either very high or very low on doors. Use doorknobs that prevent the person with Alzheimer's from opening the door. Other safety actions include: placing locks on gates, camouflaging doors, fencing in the patio or yard, installing electronic alarms or chimes on doors, and using familiar objects, signs and nightlights to guide the person around a safe area.
- 6) <u>Communicate With The Person</u>. Regularly remind and reassure the person with Alzheimer's that you know how to find him and that he's in the right place.
- 7) <u>Identify The Person</u>. Have the person wear an identification bracelet or necklace. Use sew-on or iron-on labels, or permanent markers, to mark clothing. Place identification on shoes, keys and eyeglasses, and in wallets and handbags.

(more)

- 8) <u>Involve The Neighbors</u>. Inform your neighbors of your loved one's condition and keep a list of their names and phone numbers handy.
- 9) <u>Involve The Police</u>. Some police departments will keep a photo and fingerprints of people with Alzheimer's on file. Have this information ready in case of an emergency: the person's age, hair color, eye color, identifying marks, blood type, medical condition, medication, dental work, jewelry and allergies.
- 10) <u>Be Prepared For Other Modes of Wandering</u>. Although most wandering takes place on foot, some people with Alzheimer's have been known to drive hundreds of miles -- sometimes in a vehicle that belongs to someone else. Prevent this problem by keeping car keys out of sight, or temporarily disabling the car by removing the distributor cap. People with Alzheimer's also have traveled great distances by train or airplane, or have ridden public transportation for hours.

The Alzheimer's Association is the only national voluntary health organization dedicated to conquering Alzheimer's disease through research, and supporting affected families. The association's Safe Return program is the only nationwide program that helps identify and return to their loved ones individuals with Alzheimer's disease who wander off and get lost. For more information, call the Alzheimer's Association, *[Name]* Chapter at *[Phone Number]*.

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FACT SHEET Contact: [Name, Phone]

# Alzheimer's Association Safe Return Program Success Stories

The Alzheimer's Association Safe Return Program is the only nationwide program that assists in the identification and safe, timely return of individuals with Alzheimer's disease and related dementias who wander and become lost. The following are just a few of the 2,700 success stories in the program's five-year history.

#### John, Oregon

John, 79, abandoned his car and was found wandering along a busy highway, almost 10 miles away from his home. The Good Samaritan who found him noticed his Safe Return bracelet and called the 24-hour crisis line. The Safe Return operator contacted his daughter, who was unaware that her father had wandered. She arranged for a friend to pick him up and bring him home. John was missing for less than four hours.

#### Mitch, California

When Pam looked out her window and saw a confused-looking, elderly man in her yard, she went outside and talked with him. Mitch, 82, was disoriented and his arms were bleeding where he was cut by a barbed wire fence. Pam noticed his identification bracelet and called Safe Return. The operator contacted Mitch's daughter who picked him up and brought him home. Mitch was missing for less than four hours.

#### Anna, New York

Shopping mall security guards found Anna, 85, walking in the mall, wearing only a thin nightgown and bedroom slippers on a very cold fall day. After reading her Safe Return identification necklace, they called the Safe Return crisis line. The Safe Return operator immediately alerted Anna's daughter and grandson and arranged for them to meet the police and Anna back at her home, more than two miles away. Anna was missing for at least three hours.

#### Leslie, New York

As she had done a dozen times before Leslie, 76, walked to her doctor's office for an afternoon appointment. On the way home, she had gotten confused and lost and continued to walk. Concerned that her mother was not answering the phone at home, her daughter called the police, then Safe Return. A few hours later, two police officers noticed an elderly woman walking alone at night and stopped her. After reading her identification bracelet, they called the Safe Return crisis line. The phone operator contacted her daughter, who brought her home, more than four miles away from where she was found. Leslie was missing for less than four hours.

# Mary, New Jersey

Mary, 71, wandered into a pharmacy, wearing only her nightgown, robe and slippers. The pharmacist noticed her identification bracelet and called Safe Return. The operator called Mary's husband, who had only just realized that she was missing and was frantic. He picked her up and brought her home, less than one mile away. Mary was missing for less than one hour.

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# Sample Letter to the Editor

Newspapers are most likely to run a letter to the editor when it refers to a recent story in the news. Write and send your letter within one week of a reported incident. Localize the information in bold italics within brackets. Reproduce on your chapter letterhead and fax or mail it to the Letters to the Editor Page or editor of your local paper.

[Date]

Editor [Publication] [Address]

Dear Editor:

The recent case of [Refer to incident reported in the paper] represents a problem facing [Hundreds, Thousands] of individuals in [Your City]. Few realize that wandering off and getting lost is a common and potentially life-threatening behavior of persons with Alzheimer's disease.

People with Alzheimer's disease wander for a variety of reasons. They may be searching for someone or something familiar, such as where they used to live or work. They may need something, such as food, water, a bathroom or companionship, and can't communicate about it, so they set out to find it. Nearly 60 percent of the *[Number]* people with Alzheimer's disease in the *[Area Name]* area will wander at some point, often leaving home and unable to find their way back.

Confused and sometimes unable to ask for help, people with Alzheimer's like [reart case] who wander are at risk from weather, traffic and those who prey on the helpless. Some have driven thousands of miles from home, while others have died from exposure a short distance from their doorsteps.

The Alzheimer's Association Safe Return Program provides personalized ID bracelets and other identification materials, and stores contact information in a national computerized database. The program enables police, community service agencies and private citizens to identify people with Alzheimer's disease, and help them return home.

Nationally, the program has registered more than [Number] individuals and assisted in more than [Number] safe returns. In [Name] area, more than [Number] people are registered in Safe Return.

For more information, people can call the Alzheimer's Association [Name] Chapter at [Phone Number]. In addition to Safe Return, the chapter can help caregivers with information and techniques for preventing or reducing the likelihood of wandering.

Sincerely,

[Name] [Title], Alzheimer's Association [Name] Chapter .

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# 7. NATIONAL ORGANIZATIONS AND RESOURCES

# **NATIONAL ORGANIZATIONS**

American Ambulance Association 3800 Auburn Boulevard, Suite C Sacramento, CA 95821 916-483-3827

Community Transportation Association of America 1341 G Street NW, Suite 600 Washington DC 20005 202-628-1480

Emergency Response Institute 4537 Foxhall Drive NE Olympia, WA 98516 360-491-7785

Fraternal Order of Police National Headquarters 1410 Donaldson Pike, A-17 Nashville, TN 37217 800-451-2711

International Association of Chiefs of Police 515 North Washington Street Alexandria, VA 22314-2357 703-836-6767

National Association of Attorneys General 750 First Street NE, Suite 1100 Washington, DC 20002 202-326-6000 National Association for Search and Rescue 4500 Southgate Place, Suite 100 Chantilly, VA 20151 703-222-6277

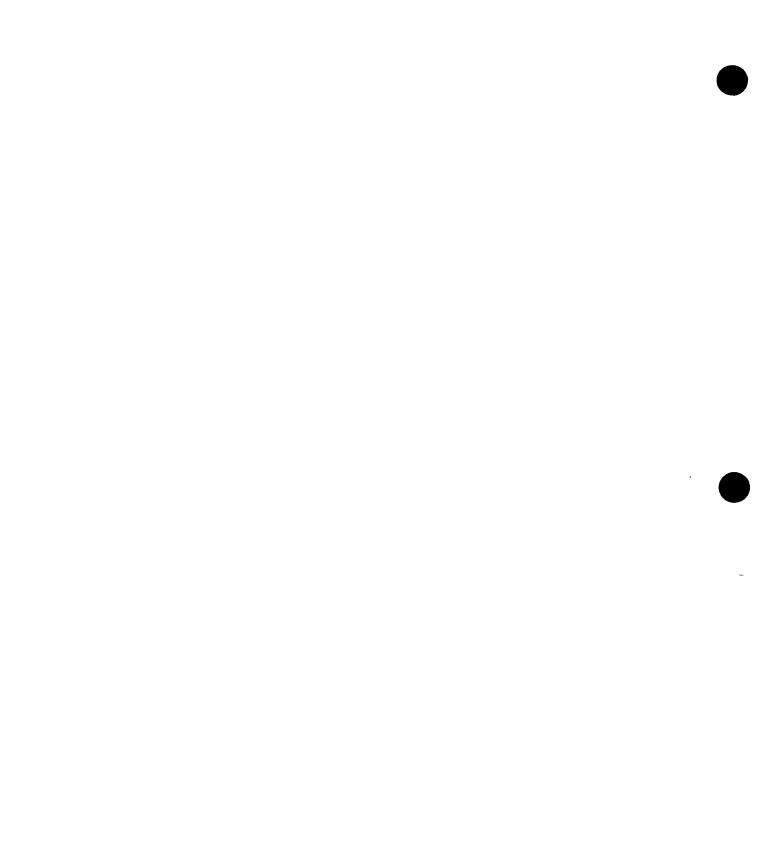
National Association of Emergency Medical Technicians 408 Monroe Street Clinton, MS 39056 800-34NAEMT

National Flight Paramedics Association 3716 S. Yale Avenue, Suite 300 Tulsa, OK 74136 800-381-6372

National Sheriffs' Association 1450 Duke St. Alexandria, VA 22314 800-424-7827

National Victim Resource Center PO Box 6000 Rockville, MD 20850 800-627-6872

Triad 1450 Duke Street Alexandria, VA 22314 703-836-7827



# **SECTION 7 RESOURCES**

Wandering in Alzheimer's Disease: A Selected List of Resources

Example 7:A

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# Wandering in Alzheimer's Disease A Selected List of Resources

Prepared by Celine Gura, Associate Director Benjamin B. Green-Field National Alzheimer's Library and Resource Center

and

Reviewed by Myra A. Shneider, Director Safe Return

and

Danny Cain Cain Consulting Associates This bibliography was developed for professionals, service providers, caregivers and researchers interested in learning more about wandering behavior in persons with dementia. Included are key articles, books, book chapters, reports, brochures and videos that provide information on:

- research
- management
- safety and design
- staffing/training
- law enforcement

This selective listing does not constitute endorsement of the material cited. This bibliography and others are also on the Alzheimer's Association web page at http://www.alz.org/

To obtain a copy of a listed item, first check for availability at your local library. Copies of most articles, sections of books, or complete books may be received or borrowed by contacting the Benjamin B. Green-Field Library at 312-335-9602 or email: greenfld@alz.org.

Due to copyright restrictions, some material may have to be ordered directly from the publishers. Association publications can be purchased through local Association Chapters or by calling 800-272-3900 for a catalog.

Contact the Benjamin B. Green-Field Library for a literature search on a specialized topic.

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# **CITATIONS**

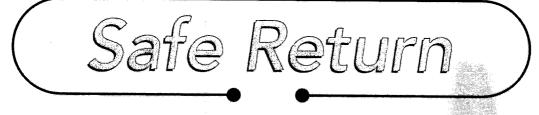
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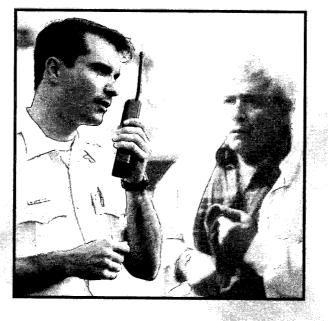
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1-800-272-3900 (312) 335-8882 (TDD) (312) 335-8700

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# ALZHEIMER'S ASSOCIATION





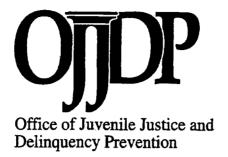
# EMERGENCY MEDICAL RESPONSE PERSONNEL TRAINING BOOK



Someone to Stand by You

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Prepared under Grant Number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or polices of the U.S. Department of Justice.

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# INTRODUCTION TO THE ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM

#### **EMERGENCY MEDICAL RESPONSE PERSONNEL TRAINING BOOK**

This training book was developed to standardize the information and process of providing emergency medical response personnel with basic information on Alzheimer's disease, the Alzheimer's Association and Safe Return Program in a format that can be readily adapted for use in a five-minute roll call, a thirty-minute session or a half-day workshop. All the necessary information (other than local resources) appears here, including handouts. The layout of the information allows for the duplication of single pages as needed.

The training book is based on the experiences of Alzheimer's Association staff and volunteers in providing training programs for emergency medical response personnel since the inception of the Safe Return program in 1993. Your comments and suggestions for future editions are welcome.

#### ACKNOWLEDGMENTS

The Emergency Medical Response Personnel Training Book was written by Safe Return Specialists Molly Brault, Christine Brough, Jennifer Liebich, and Karie Trumbo. Former Safe Return Specialists who assisted in the development of the book include Diane Beckerle, Karen Metz, and Pedro Rivera. Oversight for training book development was provided by Safe Return Program Director Myra A. Shneider, Patient and Family Services Director Kara Kennedy and Vice President of Patient, Family and Education Services Thomas Kirk. Other National Safe Return staff who assisted in the writing of this training book include Safe Return Program Associate Director Brian Hance, Administrative Assistant Veronica Chavez and General Communications Associate Director Michele Pellissier.

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- Mary Ellen DeArmitt, Alzheimer's Association, South Central Indiana Chapter
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- Sergeant Bill Key, Bowling Green Police Department in Kentucky
- Jan McGillick, Alzheimer's Association, St. Louis Chapter
- Don Wilson, El Paso Emergency Medical Services in Texas

Selections in this training book were adapted from the *Emergency Encounters Curriculum Guide* published by the Northern Virginia Chapter of the Alzheimer's Association (1993), *Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients* by Cain Consulting (1996), and *Law Enforcement, Alzheimer's Disease and the Lost Elder* published by the Eastern Massachusetts Chapter of the Alzheimer's Association (1995)

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#### NOTES ON USING THIS BOOK:

- 1) Handouts can be copied directly from this book.
- 2) Local Chapter Information can be supplied by the chapter.
- 3) For photocopying ease, please utilize the handouts included in the pocket of this binder. All "Overhead" pages are ready for copying onto acetate or can be copied and distributed as handouts.
- 4) Videos referred to are noted and are available from various sources listed on page 77 Ordering Safe Return Materials.

# PURPOSE OF THE EMERGENCY MEDICAL RESPONSE PERSONNEL TRAINING BOOK

As our population continues to age, the likelihood that emergency medical response personnel will encounter people with Alzheimer's disease increases. It is not uncommon for emergency medical response personnel to arrive at the scene of an emergency and encounter a person with Alzheimer's disease who either has no recollection of the accident, or refuses medical attention. The purpose of this training is to provide trainers with pertinent information to help educate emergency medical response personnel about Alzheimer's disease and related dementias, wandering behavior and the Alzheimer's Association Safe Return Program. Additionally, this training provides valuable information about recognizing persons with Alzheimer's disease, situations in which emergency medical response personnel might encounter a memory-impaired person, and recommendations for response protocols.

Appropriate audiences for this training may include but are not limited to the following:

- Emergency Medical Response Personnel
- Emergency Medical Technicians
- Paramedics
- Medical Dispatchers
- Medical Control Physicians
- Ambulance Corps
- Fire Department Emergency Rescue Squads
- Senior Response Teams
- Search and Rescue Ambulance Corps

# **TIPS FOR TRAINERS**

# **ORGANIZE YOUR TRAINING MATERIALS.**

- Have training notes, overheads and handouts accessible.
- Watch the clock and make needed changes.

# PREPARE THE ROOM.

- Set up room to be conducive to learning.
- Check audio visual equipment.
- Be sure visual materials can be seen by all.
- Make sure room temperature is comfortable.
- Locate restrooms, vending machines and break areas in advance.

# MAKE PARTICIPANTS FEEL COMFORTABLE.

- Introduce yourself to participants as they arrive.
- Talk with them before the session begins.
- Inform them about your background, expertise and qualifications.
- Be honest. Offer examples of situations and solutions from your own experience.
- Ask them about visuals, sound and temperature. Make adjustments as needed.
- Acknowledge their experience and contributions. Include their own experience in the training.

## USE A VARIETY OF VISUAL AIDS.

- Try using overheads.
- Use short videos when appropriate.
- Provide handouts.

# VARY TRAINING STYLES.

- Stand up, walk around and change your expression and tone of voice.
- · Make it interesting.
- Never read information.

# FOLLOW ADULT LEARNING PRINCIPLES.

- Involve the learner.
- Create a collaborative climate.

# **PROVIDE OPPORTUNITY FOR PARTICIPANT FEEDBACK.**

- Ask for their input after each section. Make adjustments if necessary.
- Provide opportunity for questions.
- Utilize written evaluations at the end of the training.

# **EMERGENCY MEDICAL RESPONSE PERSONNEL TRAINING OUTLINE**

- I. Introduction and Presentation of Training Goals
  - A. Introduce Speaker, Explain Training Process
  - B. Conduct Ice Breaker
  - C. Present Training Goals and Desired Outcomes
  - D. Distribute Handouts
  - E. Administer Pre-Test
- II. Overview
  - A. Alzheimer's Disease and Related Dementias
    - 1. Definition
    - 2. Symptoms
    - 3. Diagnosis
    - 4. Treatment
    - 5. Causes and Research
  - B. The Alzheimer's Association
    - 1. Mission
    - 2. Help for Individuals with Alzheimer's Disease
    - 3. Help for Those Who Care for People with Alzheimer's Disease
    - 4. Hope Through Research
    - 5. Making a Difference for Alzheimer's Families
    - 6. Local Chapters

#### C. Wandering

- 1. Description and Definition
- 2. Why People Wander
- 3. Findings from Search and Rescue Study

#### D. Alzheimer's Association Safe Return Program

- 1. Mission
- 2. How Safe Return Works
  - a. Registration
  - b. When Wandering Occurs
- 3. Safe Return Benefits
  - a. Identification Products
  - b. National Information/Photo Database
  - c. 24-Hour Toll-Free Crisis Line
  - d. Fax Alert Notification System
  - e. Local Alzheimer's Association Chapter Support
  - f. Wandering Behavior Information and Training
- 4. How Safe Return Responds
  - a. Discovery Incident
  - b. Missing Incident
  - c. Helping Individuals Not Registered in Safe Return
- III. Alzheimer's Disease and the Work of Emergency Medical Response Personnel
  - A. Recognizing a Person Who May Have Alzheimer's Disease
    - 1. Identification Clues
    - 2. Physical Clues
      - a. Blank Facial Expressions
      - b. Inappropriate Clothing
      - c. Age
      - d. Unsteady Gait
    - 3. Psychological Clues
      - a. Short-Term Memory Loss
      - b. Confusion
      - c. Communication Problems

- d. Delusions and Hallucinations
- e. Agitation
- f. Catastrophic Reaction
- B. Frequently Encountered Situations
  - 1. Wandering
  - 2. Automobile Accidents
  - 3. Indecent Exposure
  - 4. Homicide and Suicide
  - 5. Appearance of Intoxication
  - 6. Abuse and Neglect
  - 7. Poisoning and Choking
  - 8. Falls and Tripping
  - 9. Burns and Electrocution
- C. Responding to a Crisis Involving a Person with Alzheimer's Disease
  - 1. Radio Contact with a "Medical Control Physician"
  - 2. Be Aware of Patient Denial of Injury
- D. Interacting with a Person with Alzheimer's Disease
  - 1. Treat the Person with Respect and Dignity
  - 2. Avoid Restraints if Possible
  - 3. Approach from the Front and Introduce Yourself
  - 4. Speak Slowly and Calmly
  - 5. Keep the "Climate" Calm and Supportive
  - 6. Ask Only One Question at a Time
  - 7. Keep Instructions Positive
  - 8. Substitute Non-Verbal for Verbal Communication
  - 9. Avoid Shouting
  - 10. Keep Explanations Simple

- IV. Call to Action
  - A. Urgency
  - B. Getting Involved in Safe Return
    - 1. Utilizing Safe Return
    - 2. Informing Others
    - 3. Partnering with Safe Return Through the Local Chapter
- V. Presentation Conclusion
  - A. Question and Answer Period
  - B. Administer Post-Test
  - C. Distribute and Collect Speaker Evaluation
  - D. Thank You for Your Participation and Attention

# **TRAINING FORMAT OPTIONS**

As a trainer, you may find that you will be allotted different periods of time to conduct training programs. Below is a sample of what you may want to include from the full training outline, handouts and additional materials, depending on how much time you have to conduct the training.

### IF YOU HAVE FIVE-MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

| TRAINING SCRIPT:                  |               |
|-----------------------------------|---------------|
| Introduce speaker                 | (Page 18)     |
| Alzheimer's disease               | (Pages 21-22) |
| definition                        |               |
| symptoms                          |               |
| Wandering definition              | (Pages 25-26) |
| Safe Return mission               | (Page 30)     |
| Provide Safe Return crisis number | (Page 31)     |

#### HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 50-51) Local Alzheimer's Association Fact Sheet (Chapter will insert) Alzheimer's Association Safe Return Program Fact Sheet (Handout page 55)

Alzheimer's Association Safe Return Program Registration Form (Handout pages 56-57)

### OVERHEAD:

Consider copying and providing as a handout:

Safe Return toll-free crisis number (Overhead page 83)

ADDITIONAL RESOURCES AND MATERIALS: (SEE PAGE 77 FOR ORDERING MATERIALS)

• Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients

# IF YOU HAVE FIFTEEN-MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

#### TRAINING SCRIPT:

| Introduce speaker                                        | (Page 18)     |
|----------------------------------------------------------|---------------|
| Alzheimer's disease and related dementias                | (Pages 21-22) |
| • definition                                             |               |
| symptoms                                                 |               |
| Wandering definition                                     | (Pages 25-26) |
| Safe Return Mission                                      | (Page 30)     |
| Safe Return crisis number                                | (Page 31)     |
| Recognizing a person who may have<br>Alzheimer's disease | (Pages 34-38) |
| Frequently encountered situations                        | (Pages 38-40) |

Consider passing around Safe Return products. Question and answer period

#### HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 50-51) Local Alzheimer's Association Fact Sheet (Chapter will insert) Alzheimer's Association Safe Return Program Fact Sheet (Handout page 55)

Safe Return Registration Form (Handout pages 56-57)

### **OVERHEAD:**

Consider copying and providing as a handout: Safe Return toll-free crisis number (Overhead page 83)

# ADDITIONAL RESOURCES AND MATERIALS: (SEE PAGE 77 FOR ORDERING MATERIALS)

• Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients

# IF YOU HAVE THIRTY-MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

| TRAINING SCRIPT:                                                  |               |
|-------------------------------------------------------------------|---------------|
| Introduce speaker                                                 | (Page 18)     |
| Review training goals and desired outcomes                        |               |
| Alzheimer's disease and related dementias                         | (Pages 21-23) |
| definition                                                        |               |
| symptoms                                                          |               |
| • diagnosis                                                       |               |
| treatment                                                         |               |
| Wandering definition                                              | (Pages 25-26) |
| Findings of Search and Rescue Study                               | (Page 29)     |
| How Safe Return works                                             | (Page 30)     |
| Registration                                                      |               |
| When wandering occurs                                             |               |
| Safe Return benefits                                              | (Pages 31-32) |
| <ul> <li>Identification Products</li> </ul>                       |               |
| <ul> <li>National Information/Photo database</li> </ul>           |               |
| 24-hour toll-free crisis line                                     |               |
| <ul> <li>Fax alert notification system</li> </ul>                 |               |
| <ul> <li>Local Alzheimer's Association chapter support</li> </ul> |               |
| <ul> <li>Wandering behavior information and training</li> </ul>   |               |

Frequently encountered situations

(Pages 38-40)

- Wandering
- Driving
- False Reports
- Victimization
- Shoplifting
- Indecent Exposure
- Homicide and suicide
- Appearance of intoxication
- Abuse and neglect

#### Consider:

Showing *Emergency Encounters* (15 min.) (See page 77 for ordering video)

Passing around sample Safe Return products

Question and answer period

#### HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 50-51)

Alzheimer's Disease and Related Disorders Fact Sheet (Handout pages 52-53)

National Alzheimer's Association Fact Sheet (Handout page 54) Local Alzheimer's Association Fact Sheet (Chapter will insert) Alzheimer's Association Safe Return Program Fact Sheet (Handout page 55)

Safe Return Registration Form (Handout pages 56-57) Evaluation (Handout pages 69-70)

#### OVERHEAD:

Consider copying and providing as a handout: (Overhead page 83) Safe Return toll-free crisis number

# ADDITIONAL RESOURCES AND MATERIALS:

(SEE PAGE 77 FOR ORDERING)

• Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients

# IF YOU HAVE ONE HOUR, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

TRAINING SCRIPT: Consider following entire outline but omit:

Ice Breaker

(Pages 18-19)

Emergency Encounters (15 min.) video

# HANDOUTS:

Provide all

#### **OVERHEADS:**

Consider copying all overheads and providing as handouts.

# ADDITIONAL RESOURCES AND MATERIALS:

(SEE PAGE 77 FOR ORDERING MATERIALS)

• Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients

# IF YOU HAVE A HALF-DAY WORKSHOP, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

### TRAINING SCRIPT:

Follow entire training book outline (Ideally, you will have two trainers. One presenting the Alzheimer's disease and Association information and the other presenting the remainder of the training information.)

#### Show Emergency Encounters (15 min.) video

Show Safe Return Police Training Video for Roll Call & Other Briefings
(9 min.)
(See page 77 for information on how to order videos)

### HANDOUTS:

Provide all

### OVERHEADS:

Consider copying all overheads and providing as handouts

# ADDITIONAL RESOURCES AND MATERIALS:

(SEE PAGE 77 FOR ORDERING MATERIALS)

• Emergency Medical Technicians Pocket Response Guide for Alzheimer's Patients

#### ADDITIONAL SUGGESTIONS:

- Allow for a fifteen-minute break. This will help the trainers as much as the trainees.
- Provide ample time for questions and answers.

# TRAINING SCRIPT

# **I.** INTRODUCTION AND PRESENTATION OF TRAINING GOALS

### A. INTRODUCE SPEAKER, EXPLAIN TRAINING PROCESS

The presentation will include the following:

- A Pre-Test
- An overview of Alzheimer's disease, the role of the Alzheimer's Association, wandering behavior, and the Alzheimer's Association Safe Return Program
- How Alzheimer's disease may affect the work of emergency medical response personnel including likely encounters you may have and suggestions for interacting with a person with the disease; also included are suggestions for responding to missing incidents
- A question and answer period, post-test and an opportunity to evaluate the speaker

#### **B.** CONDUCT ICE BREAKER

This ice breaker will allow you the opportunity to:

- become acquainted with one another
- talk about your experiences with individuals and families affected by Alzheimer's disease and related dementias

Process: Ask participants to break into small groups (between 2-5 individuals per group). Request two volunteers from each group, one to be a recorder and one to be a spokesperson. Explain that you want the participants in each small group to introduce themselves to one another and to tell the small group where they work and what they do. Ask the recorder to jot down the first name and place of employment of each group member.

After the introductions, ask the participants to address the following two questions within their small group:

- Have you ever encountered someone with Alzheimer's disease on the job? If so, briefly share one experience.
- Have you ever received formal training about Alzheimer's disease? If so, briefly explain.

Ask the small group recorders to tally (1) the number of participants who have encountered someone with Alzheimer's disease on the job and (2) the number of participants who have received formal training about Alzheimer's disease.

When the small groups finish discussing the questions, ask them to share with the whole group. Explain that each small group spokesperson may use the notes taken by the recorder to introduce their group members and share what was learned from the two questions (i.e. "...everyone in our group has encountered someone with Alzheimer's disease on the job; no one has received formal training"). Keep track of the small group findings. You may also ask the spokesperson to share one or two small group stories about encounters with individuals with dementia.

When each of the small groups has participated, indicate the (1) total number of participants who have encountered someone with Alzheimer's disease on the job and (2) the total number of participants who have received formal training about Alzheimer's disease. If (1) is greater than (2), highlight the importance of the training and its benefits. If (2) is greater than (1), indicate the likelihood of future encounters and explain that the training will help participants recognize someone with Alzheimer's disease or a related dementia.

Approximate time required: 20 minutes (depending on group size)

### C. REVIEW TRAINING GOALS AND DESIRED OUTCOMES

After completing the presentation, you should be able to:

- Demonstrate an awareness of risks associated with wandering behavior.
- Identify benefits of the Alzheimer's Association Safe Return Program.
- List techniques for effectively interacting with a person who has Alzheimer's disease.
- Describe ways to recognize that a person may be affected by Alzheimer's disease.
- Demonstrate knowledge of situations you may frequently encounter involving a person with Alzheimer's disease.

• Identify local resources, including the Alzheimer's Association, available to help the individual with Alzheimer's disease and their families and/or caregivers.

# D. DISTRIBUTE HANDOUTS

# E. ADMINISTER PRE-TEST (HANDOUT PAGES 48-49)

# **II.** OVERVIEW

### A. ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (HANDOUT PAGES 50-53)

The difference between normal forgetfulness and dementia:

- Raise your hand if you've ever lost your car keys...
- Raise your hand if you've ever gone to the grocery store and forgotten your shopping list...
- Raise your hand if you've ever forgotten the name of a friend...

This is perfectly normal forgetfulness, and sometimes it's accentuated in stressful situations – perhaps you're introducing your friend to someone and you hope that they will get along. It's often the stressful situation itself that causes you to forget in the first place.

The concept to understand is that you **knew** you forgot. After a little while you eventually remember your friend's name and you remember most – maybe 95% – of the things on your shopping list. But, if you had Alzheimer's disease or some kind of dementia you might never remember your friend's name and you might never remember why you were even in the grocery store in the first place.

#### 1. DEFINITION (OVERHEAD PAGE 78)

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease is the most common form of dementia. Dementia is a loss of intellectual functioning (including thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. Alzheimer's disease is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with Alzheimer's disease are older than age 65; however, the disease can occur in people in their 30s, 40s and 50s.

#### 2. Symptoms

Symptoms of Alzheimer's disease include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impaired judgment and personality changes.

The rate of progression varies from person to person. The time from the onset of symptoms until death averages 8 years, but can range from 3 to 20 years. Eventually persons with the disease become totally incapable of caring for themselves.

#### 3. DIAGNOSIS

An early and careful evaluation is important because many conditions, including some that may be treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify Alzheimer's disease. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable Alzheimer's disease, confirmation requires examination of brain tissue, which is done by autopsy.

#### 4. TREATMENT

Although no cure for Alzheimer's disease is presently available, good planning and medical and social management can ease the burdens on the person and family. Health care directives and decisions can be made while the person has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the person to continue functioning. Intervention strategies and, if necessary, appropriate medication can lessen symptoms such as agitation and anxiety, and improve sleep and participation in activities. As of 1998, there are two drug treatments approved by the U.S. Food and Drug Administration specifically for Alzheimer's disease—tacrine (cognex) and donepezil hydrochloride (aricept) which are thought to slow the symptom progression for some people.

#### 5. CAUSES AND RESEARCH

The causes of Alzheimer's disease are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cure for Alzheimer's disease.

#### B. THE ALZHEIMER'S ASSOCIATION

(HANDOUT PAGE 54 AND INSERT LOCAL CHAPTER FACT SHEET)

#### 1. MISSION

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated to providing leadership to eliminate Alzheimer's disease through the advancement of research, while enhancing care and support services for individuals with the disease and their families.

### 2. HELP FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE

Through the Alzheimer's Association and its nationwide network of more than 200 chapters, with over 35,000 volunteers, those with the disease and their families can:

- Learn about Alzheimer's disease and what to expect.
- Gain understanding and emotional support.
- Find resources to help with legal, financial, and care planning.
- Access to information about clinical drug trials being conducted locally.

#### 3. HELP FOR THOSE WHO CARE FOR PEOPLE WITH

#### ALZHEIMER'S DISEASE

With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care.
- Receive assistance, information and support from telephone Helplines and support groups.
- · Learn how to reduce stress and manage lifestyle changes.
- Access professional and community services.

#### 4. HOPE THROUGH RESEARCH

The Association's research program, the Ronald & Nancy Reagan Research Institute, is the largest private funding source for Alzheimer's research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

#### 5. MAKING A DIFFERENCE FOR ALZHEIMER FAMILIES

The Alzheimer's Association works to increase public understanding and support through:

- Education of family and professional caregivers on quality care
- Advocacy for government funding for research and public policies to help families
- Public awareness of the disease, related issues and available help
- Fundraising for research, programs, services and support

#### 6. LOCAL CHAPTERS

(Speaker can provide chapter information from local Chapter Fact Sheet) For example:

- Mission
- Services
- Special events
- How to contact chapter for more information

### C. WANDERING (OVERHEAD PAGE 79)

#### 1. DESCRIPTION AND DEFINITION

Safe Return helps address wandering, one of the most common and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias. The program provides an extra level of protection for memory-impaired adults who wander and become lost. Prior to learning about Safe Return, it is important to have specific knowledge about wandering behavior.

Studies report wandering in 4 percent to 26 percent of nursing home residents with dementia and in up to 59 percent of community residing patients (Cohen-Mansfield, 1991; Zimmer, 1984; Burns, 1990; Teri, Larson & Reifler, 1998). Falls are more prevalent in dementia patients who wander (Rabins, Mace & Lucas, 1982). A memory-impaired person who wanders away from home or a care facility and becomes lost may encounter a variety of dangerous situations.

Individuals with Alzheimer's often become lost—sometimes within blocks of where they live—and are unable to find their own way home. Each year the number of reported cases increases. Some people are found quickly, while others remain lost for days, weeks, even months. In too many cases, the person is never recovered, or is deceased when recovered. One individual with Alzheimer's disease writes,

"How frightening it is to go into a large, familiar shopping center with crowds and blinking lights and become totally lost." (Davis, 1989)

Wandering defies standard categorization, and there is not a consensus definition. Most people know what wandering is but, not exactly how to define it. One research suggests it is "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990). Wandering may not have a meaningful pattern, or it may be purposeful in a direct path. For example, one individual may see railroad tracks and follow the tracks until their path is blocked. Another individual may leave a safe environment and wander aimlessly.

Regardless of how a person wanders, this behavior can be life-threatening and requires an immediate response.

#### 2. WHY PEOPLE WANDER

There is no way to predict who will wander, when and how. However, there are some identifiable reasons why a person with a memory-impairment may wander or walk away from home, a care facility or other places.

Wandering can be caused by:

- restlessness due to boredom or lack of exercise In such instances, wandering, within a safe environment can be a helpful form of exercise, as long as someone is with the individual.
- confusion about time
- change in the physical environment.
- over-stimulation from crowds, noise
- argument with a caregiver
- fear caused by a delusion or hallucination
- medication side effects

- a desire to meet former obligations that no longer exist (i.e. job, home, friend or family) Some individuals will pack a suitcase or attempt to carry their belongings when they leave for their destination.
- an inability to communicate basic needs (i.e. the person may be hungry, uncomfortable, in pain, or may just need to go to the bathroom)

Norris, a caregiver from New Albany, Indiana writes,

"When I look at these pictures of my Margie, I can truthfully say that this is the worst thing that has happened to us in our sixty years of marriage. My wife was a talented artist, a former photographer and an aircraft pilot. Now she can't find her way to the bathroom in the house we have lived for the past 38 years."

Most people can access the skill of "cognitive mapping," the ability to find the way from one point to another. However, people with Alzheimer's disease have impaired cognitive mapping very early in the disease process. This hinders their ability to retrace their steps, even in familiar environments, and increases the risk of becoming lost.

One woman with the disease describes her experience of becoming lost:

"On more than one occasion when my grandchildren were visiting, I forgot they were present and left them to their own devices. Moreover, on occasions when I had picked them up to come play at my house, the small children had to direct me home. Worst of all, my patience was nil. Much as I loved the children, I became anxious or nervous after a short visit." (McGowan, 1993). People with Alzheimer's disease often experience a behavioral problem that occurs in the late afternoon through early evening. This is often referred to as "sundowning" which may lead to unsafe wandering. It may be due to:

- The inability to see well in dim light, causing confusion
- A disturbance in the "biological clock," possibly due to a hormone imbalance
- Inability to cope with stress at the end of the day
- Restlessness from inactivity in the late afternoon or evening
- The caregiver experiencing fatigue and stress and communicating this to the person with Alzheimer's, who in turn becomes anxious

### 3. FINDINGS FROM SEARCH AND RESCUE STUDY

(KOESTER & STOOKSBURG, 1992) (OVERHEAD PAGE 80)

A study conducted by the Appalachian Search and Rescue Conference found the following critical observations about wandering:

- The median distance persons with Alzheimer's disease wandered was 0.5 miles.
- Subjects were usually found a short distance from a road or open field, and 63 percent of the subjects were found in creek or drainage areas and/or caught in briars or bushes.
- Persons with Alzheimer's disease will usually not cry out for help or respond to shouts; they leave few physical clues.
- Persons with Alzheimer's disease may attempt to travel to a former residence or to a favorite place.
- All persons with Alzheimer's disease located within 24 hours of the time last seen were found alive, while only 54 percent survived if more than 24 hours were required to locate them. The 46 percent not surviving usually succumbed to hypothermia or dehydration.

This study found that if it required more that 24 hours to locate a missing person, they were found deceased in almost 50 percent of the cases. Hence, a search for an individual with Alzheimer's disease must be immediate and aggressive .

# A MISSING PERSON WITH ALZHEIMER'S DISEASE REPRESENTS AN EMERGENCY SITUATION!

# D. ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM (HANDOUT PAGES 55-57) (OVERHEAD PAGE 81)

#### 1. MISSION

In response to the extreme, often life-threatening dangers associated with Alzheimer's disease and wandering, the Alzheimer's Association with the support of the U.S. Department of Justice, created Safe Return. The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

#### 2. HOW SAFE RETURN WORKS

#### A. REGISTRATION

A family member or caregiver can register a person in Safe Return by completing a registration form which requests information such as emergency contact information, identifying characteristics and medical considerations. It is also recommended that a recent photograph be included. Registrations can be completed by mail or by telephone. To register by telephone, the responsible party can call 1-888-572-8566.

#### **B. WHEN WANDERING OCCURS**

Safe Return provides assistance whether a person becomes lost locally or far from home. Once notified of a missing registrant, Safe Return can fax the person's information and photograph to the local law enforcement department. If you discover a confused, disoriented or lost adult, check for Safe Return or other identification products. Call the 800 number on the Safe Return identification products. Safe Return can access emergency contact information in the database. This is especially helpful if the registrant is alone and hurt or if the caregiver is incapacitated.

The local Alzheimer's Association chapter can provide information and support to the family or caregivers involved in the incident.

#### 3. SAFE RETURN BENEFITS

(DISTRIBUTE SAMPLE PRODUCTS) (OVERHEAD PAGE 82)

- a. **Identification Products:** Registrants receive a stainless steel identification bracelet or necklace, iron-on clothing labels, key chain, refrigerator magnet, lapel pin, telephone stickers and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory-impaired and may need assistance. Identification jewelry is also available for caregivers to wear to alert others to look after the memoryimpaired individual if the caregiver becomes incapacitated.
- b. National Information/Photo Database: Contact information is contained in a national, computerized database to help reunite lost memory-impaired adults with their caregivers. The database also has the capacity to store registrant photographs.
- c. 24-Hour Toll-Free Crisis Line: (Overhead page 83) Safe Return operates a nationwide toll-free crisis number 24 hours-a-day, 365 days-a-year. The number is used to report a memory-impaired adult as lost or found. All calls are responded to immediately by trained clinicians. The Safe Return Toll-Free Crisis Number is 1-800-572-1122.

Safe Return also operates a non-emergency number (1-888-572-8566) to handle telephone registrations, additional product requests and information updates which is available weekdays from 8 a.m. to 8 p.m. Central Standard Time.

To serve the hearing impaired, Safe Return operates a Telecommunications Device for the Deaf (TDD) line at 1-888-500-5759.

Safe Return's multi-lingual capabilities are available to callers whose first language is not English. Over 140 languages can be translated through an interpreter. Callers may dial the toll-free Safe Return crisis number and indicate the language they speak. The clinician will momentarily place the caller on hold and conference-in an interpreter.

d. **Fax Alert Notification System:** A fax alert system is capable of sending missing person information and photos anywhere in the country. For each incident reported to Safe Return, a report is faxed to the chapter and national office

of the Alzheimer's Association. When a registrant is reported missing, an incident report is also faxed to the local law enforcement agency. This fax includes details about the incident and the individual, as well as others involved in the incident. Missing registrant incident faxes include photos, when provided.

- e. Local Alzheimer's Association Chapter Support: A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers. Whether supporting a family during a missing incident, educating law enforcement officials about the unique tendencies of lost memory-impaired adults, or providing tips to encourage the use of the Safe Return identification bracelet, the chapter makes a real difference that counts.
- f. Wandering Behavior Information and Training: Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent wandering and effectively use Safe Return. For example, today's presentation will focus on such items.

#### 4. How SAFE RETURN RESPONDS

Safe Return generally works in one of two ways. The first is when a registrant is discovered in the community; the second is when a registrant is reported missing.

### a. Discovery Incident (Handout pages 58-61)

Typically, a professional like yourself or a Good Samaritan or will notice a confused, disoriented or lost adult, see a Safe Return identification product and call the toll-free crisis line. The clinician will then access the contact information in the computerized database and arrangements will be made to reunite the individual with a caregiver. An incident report is faxed to the Alzheimer's Association chapter where the registrant lives and the national office of the Alzheimer's Association.

A paramedic from the Prince Williams Fire and Rescue Squad called Safe Return to say that a registrant had been found laying by the side of the road and was being rushed to Potomac Hospital. The man was identified by his Safe Return bracelet. A Safe Return clinician contacted the man's family who left for the hospital immediately.

#### b. Missing Incident (Handout pages 62-66)

The second way the program typically works is when Safe Return receives a call about a missing registrant. When this occurs, the Safe Return clinician confirms with the caller that the local law enforcement department has been notified and a missing person report completed. Then the clinician takes the details of the incident and inputs them into the computerized database. The clinician also provides emotional support to the caller.

An incident report is faxed to the Alzheimer's Association chapter serving the area where the registrant lives, the local law enforcement department and the national office. When Safe Return receives notification that a missing incident is resolved, a recovery report is faxed to the same entities mentioned previously.

(Show the 15 minute Emergency Encounters video)

(Show the 9 minute Safe Return Police Training video)

### c. Helping Individuals Not Registered in Safe Return

Safe Return receives calls involving individuals with dementia not registered in the program. In keeping with the Alzheimer's Association mission, Safe Return attempts to assist these individuals as well. When such a call occurs, the clinician will request relevant details about the individual and the incident. Later, if Safe Return receives a related call, the clinician can access the information via the computerized database. A report is faxed to the local law enforcement and the appropriate chapter as well as the national office. The law enforcement departments receive detailed information about Alzheimer's disease, wandering behavior and Safe Return in the cover sheet that accompanies the report.

# III. ALZHEIMER'S DISEASE AND THE WORK OF EMERGENCY MEDICAL RESPONSE PERSONNEL

### A. RECOGNIZING A PERSON WHO MAY HAVE ALZHEIMER'S DISEASE (OVERHEAD PAGE 84)

There are no obvious visible or physical characteristics indicating that a person may have Alzheimer's disease or a related dementia. Many mildly and moderately impaired individuals appear as alert and physically fit as anyone else their age. The average person with Alzheimer's disease exhibits signs, which may help you to determine, with some degree of accuracy, that the individual has a memory-impairment.

#### **1. IDENTIFICATION CLUES**

The most immediate and clear way to know if someone has Alzheimer's disease is to look for an identification bracelet or necklace with the words "Memory Impaired" inscribed on it, or for a wallet card with the same message. You may also look for a Safe Return key chain or lapel pin to identify someone who has Alzheimer's disease. During an encounter, keep in mind that not all people will be wearing such identification. If there is no exterior ID, check for a driver's license or other ID. If the individual has no paper ID, check for personal ID labels on inner and outer clothing. Clothing labels are generally ironed on the inside collars of coats, shirts and sweaters, or inside hats. Individuals who are driving may have identification in the glove box of the car.

#### 2. PHYSICAL CLUES

#### a. Blank Facial Expressions

A person with dementia may exhibit a blank facial expression or one inappropriate for the situation. For example, a person may smile when talking about a serious issue, or avoid eye contact. The person may appear scared, nervous, indifferent, anxious or tearful.

#### b. Inappropriate Clothing

A person with a memory impairment may dress inappropriately for the season, wearing winter clothes in the summer and vice versa. The person may wear pajamas outdoors, or clothes that are mismatched or inside out. At the same time, if a person is cared for by a family member, she or he may be dressed quite appropriately.

c. Age

Age is a factor in Alzheimer's disease. Ten percent of people over age 65 are affected. The figure rises to nearly 50 percent in people age 85 and over.

### d. Unsteady Gait

Visual-spatial problems frequently associated with the disease can cause an unsteady step, and may help you recognize a person has a memory impairment.

This is demonstrated in the next example from an individual with Alzheimer's disease:

"If I press myself with greatest concentration to try to keep up, I feel as though something short circuits in my brain. At this point, I become disoriented, have difficulty with my balance if I am standing, my speech becomes slow, or I cannot find the right words to express myself." (Davis, 1989)

3. PSYCHOLOGICAL CLUES

a. Short-Term Memory Loss

Often a person with Alzheimer's will experience short-term memory loss, while memories from the distant past may be largely intact.

Norris, a caregiver from New Albany Indiana writes,

"I am keeping her at home as long as my failing 80 year old body permits. Thank the Lord we haven't lost faith in Christ, and we say the Lord's Prayer together every night. Yes, she still remembers every word of it, but not that she has lost five sisters, two of them to Alzheimer's disease." Forgetfulness may come and go, sometimes within minutes. Because of memory loss, the person may appear uncooperative, especially when answering questions about the present or very recent past. For example, when asked, "Where do you live?" or "Where does it hurt?" the impaired person may be unable to give a sensible answer because of memory loss. The person may also remember a former address and provide this as their current address.

#### b. Confusion

A person with Alzheimer's disease often loses the ability to understand what is heard. The disease blocks the person's ability to recognize and interpret correctly even the simplest sight and sound. The result is confusion, which may appear as any of these signs:

- inability to grasp and remember the current situation
- difficulty judging the passage of time
- agitation, withdrawal, or anger
- inability to sort out the obvious
- disorientation about their own and others' identities and roles

The following Safe Return incident involves a confused woman:

Safe Return was contacted by the Richmond, Virginia Rescue Squad regarding a confused and disoriented woman found in front of a shopping mall. She was injured so the rescue squad took her to St. Mary's Hospital and her husband notified.

#### c. Communication Problems

Alzheimer's disease hinders an individual's communication skills. As a result, the person may have difficulty understanding the meaning of words, keeping thoughts clear, speaking logically, and following simple instructions. For example, when asked, "What is your name?" The person may not understand the question and may provide an irrelevant answer.

In addition, the memory-impaired person may say the same thing or ask the same question over and over again, such as, "What time is it?" or, "Who are you?" The person does not repeat things to be annoying. He may not be able to understand your response, remember the answer to the question, or recognize that he has already asked the question.

The person you encounter may also have poor concentration abilities, especially in response to your attempts to help the person. Stress and trauma will further impair communication skills.

#### d. Delusions and Hallucinations

Alzheimer's disease may cause a person to develop false ideas, often involving paranoia, which can originate in a misrepresentation of a real event. For example, a person may falsely accuse you of stealing her handbag. The individual may firmly believe (in spite of obvious evidence to the contrary) that they were wronged, and may persist with the delusional paranoia.

Similarly, people with the disease may hallucinate. Hallucinations are mistaken sensory experiences. Because Alzheimer's disease blocks rational, ordered thinking and the ability to reach accurate conclusions, a person may see, hear or feel something incorrectly. The person could see your uniform and identification and not make the connection that you are a professional who is there to help. The person could mistakenly identify you as an intruder or even think that you are a relative coming for a visit.

#### e. Agitation

The disease can cause irritation and nervousness. This may cause a person to be fidgety. A person may be on medication to reduce these symptoms but, a medication dose may have been missed. It is important to remember the individual is not purposely attempting to agitate you or others. It is often simply part of the disease process.

### f. Catastrophic Reaction (see glossary)

Excessive stimuli may trigger a "catastrophic" reaction which is exhibited by increased symptoms of restlessness, pacing, agitation and anxiety. Additionally, the individual may break down crying when confronted by an authority figure. In extreme cases, the person may become aggressive and lash out verbally and physically at anyone who is trying to help. Sirens should be turned off if possible, and radio volume turned down.

If a catastrophic reaction occurs, remain calm. Move slowly and indicate your actions in advance. Try to soothe the person. Patting and/or gently holding the person may help, although some individuals may react negatively to another's touch. If possible, avoid any physical contact that may seem like a restraint to the person. For example, emergency monitoring devices may also be upsetting to the patient as well as the use of oxygen. When possible, use a nasal cannnula (defined in glossary) versus a mask. If this is not an option, consider allowing the patient to hold the mask in hand to provide them with a higher degree of control.

#### B. FREQUENTLY ENCOUNTERED SITUATIONS (OVERHEAD PAGE 85)

#### 1. WANDERING

As discussed earlier, wandering behavior may pose serious, life threatening concerns, especially if the person wanders off during inclement weather, into remote areas or into an area of high traffic intensity. Water related mishaps resulting in fatalities may occur in areas which have ponds or rivers. Wandering represents an emergency situation and immediate action is recommended. Search and rescue efforts should begin immediately.

#### 2. AUTOMOBILE ACCIDENTS

Rules of the road are often forgotten by people with Alzheimer's disease and may result in the failure to obey street signs, traffic lights and the maintenance of safe driving speeds. Patients involved in accidents may even leave the scene unaware of personal injuries or property damage.

While driving his blue Ford pick-up, Bob had an accident. The Kingsville, Texas Emergency Medical Technician saw his Safe Return bracelet and called the 800 number to obtain assistance in identifying the man and his caregivers. The technician talked to the Safe Return clinician and discovered that the man had driven over 100 miles from his home in Houston. The technician took him to Spahn Kleberg Hospital emergency room for treatment. The Safe Return clinician contacted the family to let them know Bob was found and they made arrangements to pick him up at the hospital.

#### 3. INDECENT EXPOSURE

Memory loss, confusion and poor judgement often result in inappropriate behavior such as taking clothes off in public or being sexually aggressive. The disease can cause repetitive motions and fidgeting such as playing with buttons and zippers. It also causes loss of impulse control. People with the disease may remove clothing in public because they are too warm or uncomfortable. They may have forgotten what they once knew about modesty or may not know where they are and understand their behavior is inappropriate. It is not recommended to reprimand or lecture the individual. Instead, use distraction to control the person's behavior.

#### 4. HOMICIDE AND SUICIDE

Unfortunately, without a cure for the disease, caregivers may find themselves unable to bear the burden of dealing with this devastating disease and may choose to end life. This may result in tragic suicide and/or homicide cases. People with Alzheimer's disease often experience paranoia. In rare cases this could lead them to kill someone they no longer recognize in their home. Someone they perceive as an "intruder."

#### 5. APPEARANCE OF INTOXICATION

The symptoms and behaviors associated with Alzheimer's disease can give the appearance of intoxication, substance abuse, or over-medication. These include confusion, disorientation, short-term memory loss, problems with language, coordination and combativeness. Where there are no obvious signs of intoxication (alcohol smell, dilated pupils) you may want to consider the individual's behavior as the consequence of Alzheimer's disease or other dementia and respond to the situation accordingly.

#### 6. ABUSE AND NEGLECT

Alzheimer's disease may cause personality changes and unprovoked aggressive behavior. The affected person may lash out physically and hurt family and professional caregivers. On the other hand, distraught caregivers may take their frustrations out on the affected person resulting in the following types of abuse:

- physical
- neglect
- psychological
- financial
- sexual

Follow your internal procedures for contacting adult protective services.

#### 7. POISONING AND CHOKING

As the disease progresses, the person becomes more vulnerable to household items such as chemicals and medications. Consumption of inedible materials place the person at significant risk for choking or poisoning.

#### 8. FALLS AND TRIPPING

Altered vision, hearing, and unsteady gait are all factors that increase the possibility of an accident for the person with Alzheimer's disease. Accidents are common in the home when electrical and telephone cords are in the passageways.

A Deerfield Beach paramedic called Safe Return about a man who had stumbled and fallen on 1st Street. He appeared to be fine, but was confused and unable to provide personal information. The paramedic noticed his Safe Return bracelet and called the crisis line. A clinician contacted the family and they went to pick him up.

#### 9. BURNS AND ELECTROCUTION

The person's impaired judgment and declining ability to recognize temperature sensitivity increases the potential serious injury. Smoking poses special risks for this population. The person may have numerous lit cigarettes throughout the house. Space heaters, stoves and electric ovens pose threats as well.

# C. RESPONDING TO A CRISIS INVOLVING A PERSON WITH ALZHEIMER'S DISEASE

#### 1. RADIO CONTACT WITH A MEDICAL CONTROL PHYSICIAN (SEE GLOSSARY)

Radio contact with a Medical Control Physician can assist you with field evaluations and options for treatment and follow up. Utilizing this resource may help you to gain the support of the caregiver in seeking additional medical assistance for the individual.

### 2. BE AWARE OF DENIAL OF INJURY

You should be aware that people with Alzheimer's disease may deny being injured or in need of emergency assistance no matter how obvious the injury. Most states have emergency detention laws which may be necessary to use should the person refuse treatment or pose a threat of danger to self or others. Should this be necessary, it is advisable to seek backup through your local law enforcement department.

Consider posing this question to the audience. Has anyone been involved in a situation where the person refused treatment? How was it resolved?

### D. INTERACTING WITH A PERSON WITH ALZHEIMER'S DISEASE

#### 1. REMEMBER TO TREAT THE PERSON WITH RESPECT AND DIGNITY

People with Alzheimer's disease lose their intellectual functioning, not their feelings, and not their need for your help.

#### 2. AVOID RESTRAINTS IF POSSIBLE

It is important to try to avoid handcuffs and other restraints when interacting with a person who has the disease. Restraints can elicit a catastrophic reaction. This will be discussed in more detail later in the presentation. However, it is important to maintain the safety of the individual, others in the area, as well as yourself. The majority of people affected by Alzheimer's disease are in their 70's and 80's, therefore, if restraining the person in unavoidable, practice techniques for preventing injury.

#### 3. APPROACH FROM THE FRONT AND INTRODUCE YOURSELF

Identify yourself as an emergency medical response personnel and state your purpose for being there, even if it appears to be obvious. Explain you are there to help. You may have to repeat your explanation several times because the person may not remember from moment to moment what was just explained. Making direct eye contact improves communication.

#### 4. SPEAK SLOWLY AND CALMLY

Alzheimer's greatly shortens an individual's attention span and increases suspicion. Speak slowly, calmly and in a non-threatening tone, looking directly into the person's eyes.

#### 5. KEEP THE "CLIMATE" CALM AND SUPPORTIVE

The person with Alzheimer's disease will often follow your lead. Be supportive and reassure the person that you are there to help. Removing the person from noisy or stressful situations may be your best course of action. Sirens should be turned off, if possible, and radio volume turned down.

#### 6. ASK ONLY ONE QUESTION AT A TIME

Ask simple questions. Use short familiar words and simple sentences, allowing plenty of time for a response. If the person does not respond to what you say, wait a moment and repeat it again using the exact same words. The person may only grasp parts of the question. Try not to ask questions that require a lot of thought or memory. Asking "yes" and "no" questions is generally the best approach.

Some people find it helpful to think of the brain of an affected person as an "overloaded switchboard" with incoming calls not always plugged into the right circuit. Keep in mind, the person's answers may not always reflect what is intended.

#### 7. KEEP INSTRUCTIONS POSITIVE

Keep your instructions positive and provide reassurance. For example, try saying, "Please try to lie very still. Everything will be okay." Avoid instructions requiring the person to do or think about more than one simple thing at a time. The person will not be able to process a lengthy description of your course of care. Continue to reassure the person and explain your actions.

### 8. SUBSTITUTE NON-VERBAL FOR VERBAL COMMUNICATION

It may be helpful to substitute non-verbal communication for verbal communication. For example, motioning and directing an individual where you want to sit, or even sitting down yourself and encouraging the person to do the same, is often more effective than verbalizing instructions.

#### 9. AVOID SHOUTING

Only some people with Alzheimer's disease have difficulty hearing. Shouting does not usually help these individuals understand the meaning of your words. It may even frighten or agitate them further because shouting could appear to convey anger.

#### 10. KEEP EXPLANATIONS SIMPLE.

Reasoning about the literal situation or arguing over details of the circumstances does not produce results. The confused person with Alzheimer's disease may be attempting to complete a compelling task such as "saving the kids," or "going to work." If the individual feels you are there to assist them with their obligation, they may be more cooperative.

# IV. CALL TO ACTION (OVERHEAD PAGE 86)

#### A. URGENCY

As the population continues to age, a growing number of people will be diagnosed with a memory impairment such as Alzheimer's disease and the problem of wandering and missing people will intensify. The Alzheimer's Association has taken an important step in creating an effective, nationwide identification system. We are informing the public about Alzheimer's disease and related dementias, the dangers associated with wandering, and how community professionals can help protect these vulnerable community members.

Now that you have received this critical information about Alzheimer's disease and Safe Return, there are ways that you can help the individuals in your community who have some kind of a memory impairment.

### **B. GETTING INVOLVED IN SAFE RETURN**

#### 1. UTILIZING SAFE RETURN

Safe Return is a resource that will help you do your job more effectively and efficiently. Remember to look for Safe Return identification if you suspect a person has a memory impairment. Safe Return will not only identify the person, but by calling the toll-free number on the back of the ID, you are able to quickly access medical information previously provided by caregivers, as well as emergency contact information.

#### 2. INFORMING OTHERS (FILL IN LOCAL STATISTICS)

\_\_\_\_\_\_ individuals in the \_\_\_\_\_\_ area have Alzheimer's disease or a related disorder. Some are registered with Safe Return, but many are not. Our challenge lies in informing the public about the dangers of wandering behavior and that Safe Return can help! The success of Safe Return relies on the collective efforts of this community to educate and inform the public about Safe Return. You can help register more people in Safe Return by telling families and caregivers you encounter about the benefits of the program. 3. PARTNERING WITH SAFE RETURN THROUGH THE LOCAL CHAPTER We encourage your department to work with the local Alzheimer's Association Chapter to promote Safe Return by:

- sponsoring a Safe Return Registration Day to encourage families to enroll their loved ones with a memory impairment will increase local registrations in Safe Return, and may also provide positive publicity for your department
- publishing information about Alzheimer's disease and Safe Return in your internal newsletter
- including Alzheimer's disease issues and speakers at local training conferences

In addition your local chapter may

- need emergency medical response personnel to serve on a committee that develops community response protocols for missing persons
- accept contributions for a scholarship fund that provides financial assistance to families and caregivers who otherwise may not be able to afford Safe Return registration
- have Safe Return fliers, posters or sample products to display in your offices or public bulletin boards–Safe Return brochures are also available for display or distribution
- provide your department with training materials for ongoing training for new employees

## **V. PRESENTATION CONCLUSION**

A. QUESTION AND ANSWER PERIOD

B. ADMINISTER POST-TEST (HANDOUT PAGES 67-68)

C. DISTRIBUTE AND COLLECT SPEAKER EVALUATION (HANDOUT PAGES 69-70)

D. THANK YOU FOR YOUR PARTICIPATION AND ATTENTION

## HANDOUTS

| Pre-Test                                                                            | (Page 48)     |
|-------------------------------------------------------------------------------------|---------------|
| Pre-Test Answers                                                                    | (Page 49)     |
| Alzheimer's Disease Fact Sheet                                                      | (Pages 50-51) |
| Alzheimer's Disease and Related Disorders<br>Fact Sheet                             | (Pages 52-53) |
| National Alzheimer's Association Fact Sheet                                         | (Page 54)     |
| Local Alzheimer's Association Fact Sheet<br>(not included-local chapter can insert) |               |
| Alzheimer's Association Safe Return Program<br>Fact Sheet                           | (Page 55)     |
| Alzheimer's Association Safe Return Program<br>Registration Form                    | (Pages 56-57) |
| Fax Cover Sheet for Safe Return Discovery Report<br>for Law Enforcement Official    | (Page 58)     |
| Safe Return Discovery Report for Law<br>Enforcement Official                        | (Pages 59-61) |
| Safe Return Missing Report for Law<br>Enforcement Official                          | (Pages 62-64) |
| Safe Return Recovery Report for Law<br>Enforcement Official                         | (Pages 65-66) |
| Post-Test                                                                           | (Page 67)     |
| Post-Test Answers                                                                   | (Page 68)     |
| Evaluation                                                                          | (Pages 69-70) |

## **PRE-TEST**

This exercise will help you recognize some of the myths and misconceptions surrounding Alzheimer's disease, wandering behavior. Answer true or false to the following questions.

1. People with Alzheimer's disease have no problem communicating with others.

2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.

3. When interacting with a person with Alzheimer's disease, it is helpful to use restraints.

4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.

5. People with Alzheimer's disease no longer drive, so, it is unlikely you will encounter them in automobile accidents.

6. Always approach a person with dementia from behind, in case you receive a negative response.

7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words.

8. The Alzheimer's Association Safe Return Program can help identify someone as having Alzheimer's disease.

9. The Alzheimer's Association Safe Return Program crisis line operates 24 hours a day seven days a week.

10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.

## **Answers to Pre-Test**

- **False** 1. People with Alzheimer's disease have no problem communicating with others.
- **True** 2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.
- **False** 3. When interacting with a person with Alzheimer's disease, it is helpful to use restraints.
- **True** 4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.
- **False** 5. People with Alzheimer's disease no longer drive, so, it is unlikely you will encounter them in automobile accidents.
- **False** 6. Always approach a person with dementia from behind, in case you receive a negative response.
- **False** 7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words.
- **True** 8. The Alzheimer's Association Safe Return Program can help identify someone as having Alzheimer's disease.
- **True** 9. The Alzheimer's Association Safe Return Program crisis line operates 24 hours a day seven days a week.
- **True** 10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.



**ALZHEIMER'S DISEASE: FACT SHEET** 

## **Definition:**

Alzheimer's disease (pronounced Alz'-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease (AD) is the most common form of dementia. Dementia is a loss of intellectual function (thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. AD is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain (plaques and tangles) and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with AD are older than age 65; however, AD can occur in people in their 40s and 50s.

## Symptoms:

Symptoms of AD can include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment and planning and personality changes. The rate of progression varies from person to person. The time from the onset of symptoms until death averages at 8 years, but can ranges from 3 to 20 years. Eventually persons with AD become totally incapable of caring for themselves.

### **Diagnosis:**

Early and careful evaluation is important because many conditions, including some that are treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify AD. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable AD, confirmation of AD requires examination of brain tissue, which is usually done by an autopsy.

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### Treatment:

Although no cure for AD is presently available, good planning and medical and social management can ease the burdens on the patient and family. Health care directives and decisions can be made while the patient has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the afflicted person to continue functioning. Intervention strategies and if necessary, appropriate medication can lessen symptoms such as agitation and anxiety, and improve sleep and participation in activities. There are to date two FDA-approved drug treatments specifically for AD – tacrine and donepezil hydrochloride.

## Causes & Research:

The causes of AD are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cures for AD.

#### Economic Impact:

At some point, a person with AD will require 24-hour care, including assistance with daily activities such as eating, grooming and toileting. The financing of care for AD – including costs of diagnosis, treatment, nursing home care and formal or paid care – is estimated to be at least \$100 billion each year. The federal government covers \$4.4 billion and the states another \$4.1 billion. Much of the remaining costs are borne by patients and their families.

The Alzheimer's Association is the only national voluntary health organization dedicated to research for the causes, treatments, cures and preventions of Alzheimer's disease and to providing education and support services to people with AD, their families and caregivers. A nationwide 24-hour information and referral line links families who need assistance with nearby Chapters. Those interested in help may call 800-272-3900. Those with Internet access can reach our home page at http://www.alz.org.

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### ALZHEIMER'S DISEASE AND RELATED DISORDERS FACT SHEET

### (AN OVERVIEW OF THE DEMENTIAS)

#### WHAT IS DEMENTIA?

Dementia is the loss of intellectual functions (such as thinking, remembering and reasoning) of sufficient severity to interfere with a person's daily functioning. It is not a disease in itself, but rather a group of symptoms which may accompany certain diseases or physical conditions. The cause and rate of progression of dementias vary. Some of the more well-known diseases that produce dementia include Alzheimer's disease, multi-infarct dementia, Huntington's disease, Pick's disease, Creutzfeldt-Jakob disease, and Parkinson's disease. Other conditions which may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions and thyroid problems. It is imperative that all persons experiencing memory deficits or confusion undergo a thorough diagnostic workup. This requires examination by a physician experienced in the diagnosis of dementing disorders and detailed laboratory testing. The examination should include a re-evaluation of all medications. This process will help the patient obtain treatment for reversible conditions, aid the patient and family in planning future care, and provide important medical information for future generations.

#### **ALZHEIMER'S DISEASE**

Alzheimer's disease is the most common of the dementing disorders, affecting as many as 4 million Americans. Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms of Alzheimer's disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgement, personality change, difficulty in learning, and loss of language and communication skills. As with all dementias, the rate of progression in Alzheimer's patients varies from case to case. From the onset of symptoms, the life span of an Alzheimer victim can range anywhere from 3 to 20 or more years. The disease eventually leaves its victims unable to care for themselves. While a definitive diagnosis of Alzheimer's disease is possible only through the examination of brain tissue, which is usually done at autopsy, it is important for a person suffering from any symptoms of dementia to undergo a thorough clinical examination. In fact, after such an evaluation, approximately 20% of suspected Alzheimer's cases prove to be a medical condition other than Alzheimer's, sometimes treatable.

#### **MULTI-INFARCT DEMENTIA**

Multi-infarct dementia (MID), or vascular dementia, is a deterioration of mental capabilities caused by multiple strokes (infarcts) in the brain. The onset of MID may be relatively sudden as many strokes can occur before symptoms appear. These strokes may damage areas of the brain responsible for a specific function as well as produce generalized symptoms of dementia. As result, MID may appear similar to Alzheimer's disease. Multiinfarct dementia is not reversible or curable, but recognition of an underlying condition (high blood pressure) often leads to a specific treatment that may modify the progression of that disorder. Multi-infarct dementia is usually diagnosed through neurological examination and brain scanning techniques, such as computerized tomography (CT scan) or magnetic resonance imaging (MRI), in order to identify strokes in the brain.

#### PARKINSON'S DISEASE

Parkinson's disease (PD) is a progressive disorder of the central nervous system which affects more than one million Americans. Individuals with PD lack the substance dopamine, which is important for the central nervous system's control of muscle activity. Parkinson's disease is often characterized by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiating physical movement. Late in the course of the disease, some patients develop dementia and eventually Alzheimer's disease. Conversely, some Alzheimer patients develop symptoms of Parkinson's disease. Medications such as levodopa, which converts itself into dopamine once inside the brain and depreynl, which prevents degeneration of dopamine-containing neurons, are used to improve diminished or reduced motor symptoms in PD patients but do not correct the mental changes that occur.

#### HUNTINGTON'S DISEASE

Huntington's disease is an inherited, degenerative brain disease which affects the mind and body. The disease usually begins during mid-life, and is characterized by intellectual decline, and irregular and involuntary movements of the limbs or facial muscles. Other symptoms of Huntington's disease include personality change, memory disturbance, slurred speech, impaired judgement and psychiatric problems. Huntington's disease currently affects more than 25,000 Americans. The diagnostic process for Huntington's disease includes an evaluation of family medical history, recognition of typical movement disorders and CAT brain scanning. A genetic marker linked to Huntington's disease has been identified on chromosome 4 and researchers are working on locating the gene itself. Although there is no treatment available to stop to progression of the disease, the movement disorders and psychiatric symptoms can be controlled by drugs.

#### CREUTZFELDT-JAKOB DISEASE

Creutzfeldt-Jakob Disease (CJD) is a rare, fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms of CJD include failing memory, changes in behavior, and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements (especially muscle jerks) appear, and the patient may become blind, develop weakness in the arms or legs, and ultimately lapse into a coma. The death of CJD patients is usually caused by infections in the bedridden, unconscious patient. Like Alzheimer's disease, a definitive diagnosis of CJD can be obtained only through an examination of brain tissue, usually at autopsy.

#### PICKS DISEASE

Pick's disease is also a rare brain disorder which, like Alzheimer's disease, is usually difficult to diagnose. Disturbances in personality, behavior and orientation may precede and initially be more severe than memory defects. Like Alzheimer's disease, a definitive diagnosis is usually obtained at autopsy.

## NORMAL PRESSURE HYDROCEPHALUS

Normal pressure hydrocephalus is an uncommon disorder which involves an obstruction in the normal flow of cerebrospinal fluid. This blockage causes a buildup of cerebrospinal fluid on the brain. Symptoms of normal pressure hydrocephalus include dementia, urinary incontinence and difficulty in walking. Presently, the most useful diagnostic tools are the neuroimaging techniques (ie., MRI). Normal pressure hydrocephalus may be caused by any of several factors including meningitis, encephalitis and head injuries. In addition to treatment of the underlying cause, the condition may be corrected by a neurosurgical procedure (insertion of a shunt) to divert the fluid away from the brain.

#### DEPRESSION

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Depression is a psychiatric disorder marked by sadness, inactivity, difficulty in thinking and concentration, feelings of hopelessness, and sometimes suicidal tendencies. Many severely depressed patients will have some mental deficits including poor concentration and attention. When dementia and depression are present together, intellectual deterioration may be exaggerated. Depression, whether present alone or in combination with dementia, can be reversed with proper treatment.

For further information about Alzheimer's disease or related disorders, contact the Alzheimer's Association at 1/800-621-0379 (In Illinois, 1/800-572-6037).



Someone to Stand by You

## **ALZHEIMER'S ASSOCIATION: FACT SHEET**

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated both to research for the causes, treatments, cures and preventions of Alzheimer's disease, as well as to provide education and support for people with the disease, their families and caregivers. It also is known as the Alzheimer's Disease and Related Disorders Association.

## **HELP for those with Alzheimer's disease**

Through the Alzheimer's Association and its nationwide network of more than 200 chapters with over 35,000 volunteers, those with the disease and their families can:

- Learn about the disease and what to expect
- Gain understanding and emotional support
- Find help for legal, financial and lifestyle needs
- Obtain information on care options
- Get access to clinical drug trials

## And those who care for them

With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care
- · Get assistance information and support from telephone Helplines and support groups
- Learn how to reduce stress and manage lifestyle changes
- Access professional and community services

## **HOPE through research**

The Association's research program, the Ronald and Nancy Reagan Research Institute, is the largest private funding source for Alzheimer research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

## Making a difference for Alzheimer families

The Alzheimer's Association works to increase public understanding and support through

- EDUCATION of family and professional caregivers on quality care
- ADVOCACY for government funding for research and public policy to help families
- PUBLIC AWARENESS of the disease, related issues and help available
- FUNDRAISING for research, programs, services and support

To learn more about the Alzheimer's Association, to assist in our important mission, or to locate the chapter nearest you, call (800) 272-3900, TDD access is (312) 335-8882. Those with Internet access can reach our home page at http://www.alz.org.

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ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC. INC.



Someone to Stand by You

The Alzheimer's Association Safe Return Program

## ALZHEIMER'S ASSOCIATION SAFE RETURN FACT SHEET

The Alzheimer's Association Safe Return program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

## SAFE RETURN BENEFITS INCLUDE:

## IDENTIFICATION PRODUCTS

Program participants receive an identification bracelet or necklace, clothing labels and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory impaired and may need assistance. Identification bracelets or necklaces are also available for caregivers to wear to alert others to look after the individual if the caregiver becomes incapacitated.

## NATIONAL INFORMATION/PHOTO DATABASE

Registration in a national database that includes important emergency contact information and photograph to help reunite lost individuals with their caregivers no matter where they wander.

## • 24 HOUR TOLL-FREE CRISIS LINE

A nationwide toll-free number is available 24 hours a day, 365 days a year, to contact when an individual is lost or found.

## FAX ALERT NOTIFICATION SYSTEM

A fax alert system is capable of sending missing person information and photos anywhere in the country.

## LOCAL ALZHEIMER'S ASSOCIATION CHAPTER SUPPORT

A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers.

## WANDERING BEHAVIOR INFORMATION AND TRAINING

One of the most alarming and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias is wandering. Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering, and effectively use the Safe Return program.

For information about registering in Safe Return, information about the Alzheimer's Association, or the location of a chapter near you, call 800/272-3900.

Alzheimer's Disease and Related Disorders Association, Inc.

919 North Michigan Avenue, Suite 1000 Chicago, IL 60611-1676 Phone: (312)335-8700 Fax: (312)335-1110 TDD: (312)335-8882 ©10/27/97 PF/226/R

## ALZHEIMER'S ASSOCIATION

# Safe Return



For safety and peace of mind register now in Safe Return

## Safe Return Assistance

Safe Return is a nationwide identification, support and registration program working at the community level. Assistance is available 24 hours, every day, whenever a person is lost or found.

When missing, Safe Return faxes the registrant's information and photo to local law enforcement. When found, a citizen or law official calls the 800 number and Safe Return notifies listed contacts. The local Alzheimer's Association chapter provides support.

# Safe Return Identification

With \$40 registration fee, you receive the following products\*:

- engraved identification bracelet or necklace, iron-on clothing labels, key chain, lapel pin, refrigerator magnet, stickers, wallet cards and Caregiver Checklist.
- for an additional \$5, receive caregiver jewelry.\* In an emergency, it alerts others that you provide care for a person registered in Safe Return.
- \* Identification products are sent to the physical address of the primary contact unless otherwise indicated.

2"

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their neighborhood or far from home. Although common. this behavior can be dangerous, even life-threatening to individuals and stressful for caregivers.

There is help. The Alzheimer's Association Safe Return program assists in the safe return of individuals with

Alzheimer's or a related dementia who wander and become lost.



## Safe Return Registration

- Mail completed registration form, payment\* and registrant photo\*\* to the address on the back.
- To register by phone, call toll-free 1-888-572-8566 (weekdays 8am - 8pm CST) with registration and credit card information. Call the 888 number to update any registration information. For TDD service, call 1-888-500-5759.

\* Registration fee is \$40. Add \$5 for caregiver jewelry.

\*\* Write registrant's name on the back of photo (not returned).

# Safe Return Jewelry Styles

Style A Please indicate jewelry type and style. Wrist measurement Safe Return required for bracelet. Style B Instructions: Use flexible tape Safe Return measure or encircle wrist with string Style C and measure against reference ruler. **Reference Ruler** 7" 57 6"



For more information on the Safe Return program, call your local Alzheimer's Association chapter or (800) 272-3900.

4"

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Prepared under grant number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. PF/200/F @1998 Alzheimer's Disease and Related Disorders Association, Inc. All Rights Reserved.

## Alzheimer's Association Safe Return Program Registration Form (please print)

| Full Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ne                                                                           |                                        |                 |  |  |  |  |
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| Critical Circle the<br>Glasses<br>Wig<br>Cane<br>Describe/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medications<br>e characteristics<br>Contacts<br>Beard<br>Other<br>/Location: | <i>that apply:</i><br>Hear<br>Mustache | ing Aid<br>Bald |  |  |  |  |
| Critical Circle the<br>Glasses<br>Wig<br>Cane<br>Describe/<br>Mole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Medications<br>e characteristics<br>Contacts<br>Beard<br>Other               | <i>that apply:</i><br>Hear<br>Mustache | ing Aid<br>Bald |  |  |  |  |

| Primary Contact/Careg                                     |                                       | . *             |
|-----------------------------------------------------------|---------------------------------------|-----------------|
| is found and may arra                                     | nge to ret                            | urn registrant. |
| Name                                                      | · .                                   | ···             |
| Address                                                   | · · · · · · · · · · · · · · · · · · · |                 |
| City                                                      | Coun                                  | ty              |
| State                                                     | Zip C                                 | Code            |
| Telephone: Home (                                         | )                                     |                 |
| Work (                                                    | )                                     |                 |
| Relation to Registrant                                    |                                       |                 |
| Additional Contacts car<br>information if a perso<br>Name | n is missin                           | g or found.     |
| Address                                                   |                                       |                 |
| City                                                      |                                       |                 |
| Telephone: Home (                                         | )                                     |                 |
| Work (                                                    | )                                     |                 |
| Relation to Registrant                                    |                                       |                 |
| Name                                                      |                                       |                 |
| Address                                                   |                                       |                 |
| City                                                      |                                       |                 |
| Telephone: Home (                                         |                                       |                 |
| Work (                                                    | )                                     |                 |
| Relation to Registrant                                    |                                       |                 |
| Law Enforcement<br>Police or Sheriff Dept. nea            |                                       |                 |
| Address                                                   |                                       |                 |
| City                                                      |                                       |                 |
| Telephone ( )                                             |                                       |                 |
| Fax ( )                                                   |                                       |                 |

## Refer to Jewelry Styles on the front

**REGISTRANT Jewelry** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_\_ inches (Measurement required if ordering bracelet.)

**CAREGIVER Jewelry Option** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_ inches

## Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services, Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

| Contact Signature<br>(Signature/Consent re        | Date<br>quired for registration.)                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Payment Method Check \$ Visa <sup>®</sup> □ Maste | <ul> <li>Telephone Registration</li> <li>Mail Registration</li> <li>ercard<sup>®</sup></li> </ul> |
| credit card number                                | exp. date                                                                                         |
| cardholder's name                                 | **                                                                                                |
| cardholder's signature                            |                                                                                                   |

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## Law Enforcement

## **Facsimile Transmission**

DATE: # OF PAGES (including cover):

FROM: Alzheimer's Association Safe Return Phone: 1.800.572.1122 Fax: 1.314.647.2827

TO:

Name: Agency: Phone: Fax:

#### FAX NOTES:

### **ENDANGERED MISSING**

The following report involves a missing person diagnosed with Alzheimer's disease (AD) or a related dementia.

The person is registered in the Alzheimer's Association Safe Return program, which assists in the safe and timely return of individuals with AD and related dementias who wander and become lost. The caller has been informed to call police to file a missing person's report.

#### DID YOU KNOW?

- ✓ 59% of people diagnosed with AD wander and become lost.
- ✓ 46% may die if not found within 24 hours.
- People with AD often are usually found within .5 mile radius from where they disappeared.
- People with AD are usually found a short distance from the road or open field.
- People with AD are usually found in creek or drainage areas and/or caught in briars and bushes.
- ✓ People with AD do not usually cry out for help.
- ✓ People with AD do not usually respond to shouts.
- ✓ People with AD leave few physical clues behind.
- People with AD may be in search of something from their past (i.e., job, childhood home).
- ✓ When communicating with a person with AD, remember to:
  - Ask closed-ended (i.e., yes/no) questions
    - Speak slowly, asking one question at a time
  - Use short, familiar words
  - Maintain good eye contact
  - Attempt to remove person from a noisy, stressful environment

Call Safe Return when the missing or found person is returned or identified. If you have any questions, please contact the local Alzheimer's Association chapter (name and number provided in report) or Safe Return at 1.800.572.1122.

### DISCOVERY REPORT

For Internal Use Only

| SR Call Number; | 78              |
|-----------------|-----------------|
| SR Call Date:   | 3/18/98         |
| SR Call Time:   | 4:27:00 PM CST  |
| SR Clinician:   | Beckerle, Diane |

Description: SR ID#: MANNER

> Social Security #: DOB: Form of ID: Unknown Height: 5.01 e.g. 5.7 = 5ft Weight: 130 Eyes: Brown Hair: Black Race: Black Sex: Female

Registrant: Mamie 🔳

> Pasadena, CA Los Angeles County

#### Location:

School Raymond & Howard Pasadena, CA 91103 County

Language Spoken: #NULL#

## Data (Information Known at time of discovery): How Far (Miles): < .25

How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home

Date Found: 3/18/98 Call Date: 3/18/98 Call Time: 4:27:00 PM CST

Previous Missing Reports:

Previous Discovery/Recovery Reports: 3/18/98;

Caller: Glynnis School Raymond & Howard Pasadena, CA County .

Home: Work:

Relationship to Registrant: Security Guard

Chapter Procedures Followed: Yes Date: 3/18/98, Time: 4:25:00 PM

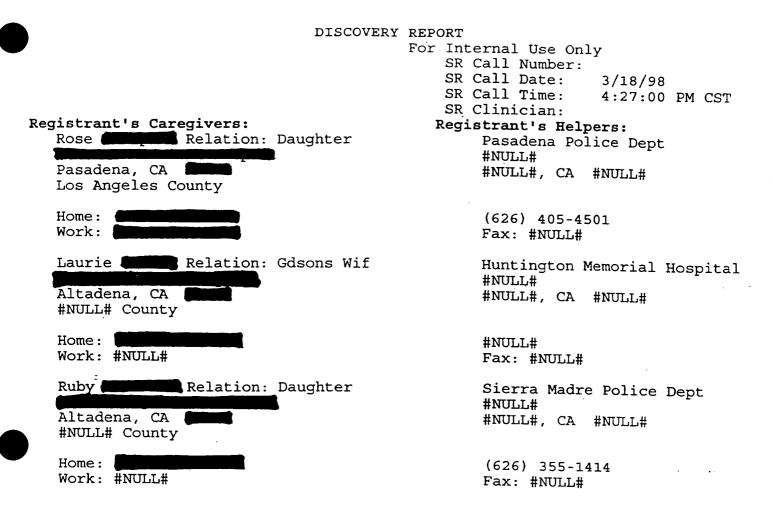
Fax sent to: Chapter: Los Angeles Chapter (213) 938-3379 (213) 938-1036 Safe Return Program Coordinator

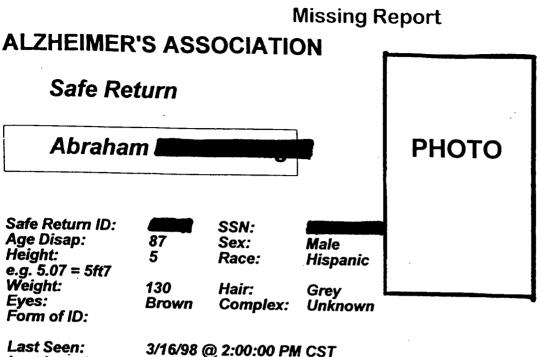
**CareGiver Notified:** CareGiver 1 = CG1

Comments:

Glynnis **Manual Andrew**, **Manual School** Campus Security, phoned Safe Return to report that Mamie **Manual** had been found on campus. She had been roaming around the campus for @ 1.5 hours when they noticed her Safe Return bracelet and called. This worker conferenced call with Rose **Manual**, CG1, with whom registrant lives.

CG1 had just phoned the police and had been searching the area. CG1 said she'd come to get registrant and return her safely home. CG1 indicated that registrant had wandered to the same location in the past.





Last Seen: Last Location:

Clovis CA

ENDANGERED MISSING

Clothing: Black and white striped sweater, black pants, a charcoal gray hat Medical Conditions: Distinguishing Marks/Characteristics: glasses, moles on face and neck Language Spoken:

Additional Comments: Mr. **Comments** usually walks from his home down to the corner and comes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. A Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. **Registration Notes:** 

If you have any information on Abraham

1-800-572-1122

MISSING REPORT For Internal Use Only SR Call Number: 366 SR Call Number:

> SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant: Abraham Clovis, CA

Fresno County

Social Security #: DOB: 3/16/11 Form of ID: Unknown

Date Reported Missing: 3/16/98 Time Reported Missing: 2:33:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;

Caller: Elizabeth Clovis, CA County Home: Work:

Relationship to Registrant: Daughter

Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:00:00 PM

Fax sent to: Chapter:

Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

#### Comments:

Mr. **Constant** usually walks from his home down to the corner and cornes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. MISSING REPORT For Internal Use Only SR Call Number:

> SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant's Caregivers: Elizabeth Relation: Daughter

Clovis, CA

Home: Work:

Elida

Clovis, CA

Home: Work: #NULL#

Rev. E. Relation: Grandson

#NULL# Home: Work: Registrant's Helpers: Clovis Police 1033 5th St. #NULL#, CA #NULL#

(209)297-2624 Fax: #NULL#

Fresno Police Dept. #NULL# #NULL#, CA #NULL#

(209)498-1414 Fax: #NULL# RECOVERY REPORT For Internal Use Only SR Call Number: 1 SR Call Date: 3/1 SR Call Time: 3:3 SR Clinician: Col

| Date:  | 3/16/98        |
|--------|----------------|
| Time:  | 3:37:00 PM CST |
| ician: | Collins, Nancy |

| Missing Pe<br>Abraham | :  |  |
|-----------------------|----|--|
| Clovis,<br>Fresno     | ty |  |

SR ID#:

Date Reported Missing: 3/16/98 Missing Report Call Number: 366

Recovery Information: Location: Same As Caller

County

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home Address Date Found: 3/16/98 Call Date: 3/16/98 Call Time: 3:37:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;

Caller: Elizabeth Clovis, CA Clovis, CA

÷.

Home: Work: Work: Relationship to Registrant: Daughter Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:40:00 PM

Fax sent to: Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

CareGiver Notified: CareGiver 1

Comments:

Caller reported that the Police brought her father home a few minutes ago. He is fine.

## Post-Test

Directions: Answer true or false to the following statements.

- 1. Alzheimer's disease is the fourth leading cause of death among adults.
- 2. A person with Alzheimer's disease may appear intoxicated.
  - 3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.
  - 4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.
  - 5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.
    - 6. The majority of people affected by Alzheimer's disease are 65 and older.
  - 7. People with Alzheimer's disease are often found wandering and may become lost even in their own neighborhood.
  - 8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.
    - 9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product, the individual does not have this disease or a related dementia.
  - <u>10</u>. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

## **Answers to Post-Test**

- **True** 1. Alzheimer's disease is the fourth leading cause of death among adults.
- **True** 2. A person with Alzheimer's disease may appear intoxicated.
- **False** 3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.
- **False** 4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.
- **False** 5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.
- **True** 6. The majority of people affected by Alzheimer's disease are 65 and older.
- **True** 7. People with Alzheimer's disease are often found wandering and may become lost even in their own neighborhood.
- **True** 8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.
- **False** 9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product, the individual does not have this disease or a related dementia.
- **True** 10. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

## SPEAKER EVALUATION

| the con | tent of f        | the pre                                                                        | sentatio                                                                                                    | on:                                                                        |
|---------|------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 4       | 3                | 2                                                                              | 1                                                                                                           | Not worthwhile                                                             |
| 4       | 3                | 2                                                                              | 1                                                                                                           | Not enough tin                                                             |
| 4       |                  |                                                                                | 1                                                                                                           | Not useful                                                                 |
|         |                  | ·····                                                                          |                                                                                                             |                                                                            |
|         |                  |                                                                                |                                                                                                             |                                                                            |
|         |                  |                                                                                |                                                                                                             |                                                                            |
| ·····   |                  |                                                                                |                                                                                                             | · · · · ·                                                                  |
|         |                  |                                                                                |                                                                                                             |                                                                            |
| -       |                  |                                                                                | •                                                                                                           | Unprepared                                                                 |
| •       |                  |                                                                                | •                                                                                                           | Unclear                                                                    |
|         |                  |                                                                                |                                                                                                             | Disorganized                                                               |
| 4       | 3                | 2                                                                              | 1                                                                                                           | Did not involve                                                            |
|         |                  |                                                                                |                                                                                                             |                                                                            |
|         |                  |                                                                                |                                                                                                             | . <u> </u>                                                                 |
|         | ·                |                                                                                |                                                                                                             | ······································                                     |
|         |                  |                                                                                |                                                                                                             |                                                                            |
|         | 4<br>4<br>4<br>4 | 4 3<br>4 3<br>4 3<br>4 3<br>the presenter(s<br>4 3<br>4 3<br>4 3<br>4 3<br>4 3 | 4 3 2<br>4 3 2<br>4 3 2<br>4 3 2<br>4 3 2<br>the presenter(s):<br>4 3 2<br>4 3 2<br>4 3 2<br>4 3 2<br>4 3 2 | the presenter(s):<br>$4 \ 3 \ 2 \ 1$<br>$4 \ 3 \ 2 \ 1$<br>$4 \ 3 \ 2 \ 1$ |



4. What part of the presentation would you like to have spent more time on?

5. Prior to today, had you received formal training related to Alzheimer's disease?

| Yes 🗆            | No 🗆     |          |          |          | • |         |  |
|------------------|----------|----------|----------|----------|---|---------|--|
| If yes, please s | pecify v | where    | <u>.</u> |          |   | <u></u> |  |
| 1. Overall evalu | ation c  | of the I | preser   | ntation: |   |         |  |
| Excellent        | 5        | 4        | 3        | 2        | 1 | Poor    |  |

## **GLOSSARY OF TERMS**

## CATASTROPHIC REACTION

A catastrophic reaction is an exaggerated response to a situation which results when a person's mental ability prevents them from rational action. A situation that is mildly upsetting to a normal person may grow out of proportion for an individual with Alzheimer's disease. The onset of a catastrophic reaction may be signaled by a sudden change in mood and increased restlessness. The behavior, however, can rapidly deteriorate into suspicion, stubbornness, inconsolable crying, anger and combativeness. The individual may lash out, verbally and/or physically at anyone who tries to help.

## COMPUTERIZED TOMOGRAPHY

Computer method of making x-ray pictures of a plane section of the brain.

### DELUSION

A delusion is a false idea, sometimes originating in mis-interpretation, but firmly believed and strongly maintained in spite of obvious proof or evidence to the contrary.

## ELECTROCARDIOGRAM (EKG)

A record of the electrical activity of the heart, shows certain waves called P.Q.R.S. and T waves.

### ELECTROENCEPHALOGRAPHY

Recording electrical activity in the brain.

## LONG-TERM MEMORY

Involves processes of consolidation, organization, association and recall.

## MEDICAL CONTROL PHYSICIAN

Licensed physicians that can, in some states, provide direct medical orders for care to emergency medical response personnel in the field. (This is similar to a nurse taking a phone order from a physician with the physician signing off on the order after the care has been provided.)

## MEMORY

Memory is the ability to process information that requires attention, encoding (bringing in and storing), storage (keeping it in), and retrieval (recall or finding the information). Memory involves several different brain processes, areas of the brain, and mechanisms. Signs, cueing and a consistent environment may assist people with early Alzheimer's disease memory problems.

## NASAL CANNULA

A small tube for insertion into the nose.

## NATIONAL CRIME INFORMATION CENTER (NCIC)

NCIC was created by the FBI in 1967 to assist criminal justice agencies in improving their operations by providing a nationwide information system to support investigations. It provides a computerized index of documented criminal justice information available to law enforcement professionals. Information on wanted or missing persons and stolen property is instantaneously accessible through police radios, dispatch personnel, and NCIC terminals.

### SHORT-TERM MEMORY

Working memory that involves attention and perception.

### WANDERING

The term defies standard categorization and a consensus definition has not yet been reached. One operational definition is "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990)

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Zimmer JG, Watson N, Treat A. Behavioral problems among patients in skilled nursing facilities. American Journal of Public Health 1984; 74:1118-1121.

## **ADDITIONAL RESOURCES AND MATERIALS**

## NATIONAL ORGANIZATIONS

American Ambulance Association 3800 Auburn Boulevard - Suite C Sacramento, CA 95821 916-483-3827

Community Transportation Association of America 1341 G Street NW, Suite 600 Washington DC 20005 202-628-1480

Emergency Response Institute 4537 Foxhall Drive NE Olympia, WA 98516 360-491-7785

Fraternal Order of Police National Headquarters 1410 Donaldson Pike, A-17 Nashville, TN 37217 800-451-2711

International Association of Chiefs of Police 515 North Washington Street Alexandria, VA 22314-2357 703-836-6767

National Association of Attorneys General 750 First Street NE, Suite 1100 Washington, DC 20002 202-326-6000 National Association for Search and Rescue 4500 Southgate Place - Suite 100 Chantilly, VA 20151 703-222-6277

National Association of Emergency Medical Technicians 408 Monroe Street Clinton, MS 39056 800-34NAEMT

National Flight Paramedics Association 3716 S. Yale Ave. - Suite 300 Tulsa, OK 74136 800-381-6372

National Sheriff's Association 1450 Duke St. Alexandria, VA 22314 800-424-7827

National Victim Resource Center PO Box 6000 Rockville, MD 20850 800-627-6872

Triad 1450 Duke Street Alexandria, VA 22314 703-836-7827

## **ORDERING SAFE RETURN MATERIALS**

| NEED TO                                                                              | ORDER                     | CONTACT                            | LOCATION     |
|--------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------|
| Brochures                                                                            | Order Processing - Office | National Office                    | 800/223-4405 |
| Posters                                                                              | Services                  |                                    |              |
| Print Public Service<br>Announcement (PSA)                                           |                           |                                    |              |
| Safe Return Fact Sheet                                                               |                           |                                    |              |
| Wandering or Sundowning and Shadowing "Just the Facts" Sheets                        |                           |                                    |              |
| Police Training Kit                                                                  |                           |                                    |              |
| Alzheimer's Disease:<br>A Guide for Law Enforcement<br>Officials Handbook            |                           |                                    |              |
| Safe Return Ad Slicks                                                                |                           |                                    |              |
| Sample Products                                                                      | Veronica Chavez           | Safe Return - National Office      | 312/335-5759 |
| Two-Sided Registration Form<br>(original copy to use for photo-<br>copying)          |                           |                                    |              |
| Ideas for Encouraging Someone<br>to use Their Safe Return<br>Identification Products |                           |                                    |              |
| 30 Ways to Use Your Registrant<br>Reports                                            |                           |                                    |              |
| Alzheimer's Association Safe<br>Return Program mission statement                     |                           |                                    |              |
| Laminated pocket response guides<br>for police, transit or EMT's                     | Danny Cain                | Cain Consulting Associates         | 502/241-9739 |
| Police Cruiser Call Sheet                                                            | Gerald Flaherty           | Eastern Massachusetts Chapter      | 617/494-5150 |
| Law Enforcement, A.D., and the Lost Elder Training Curriculum                        |                           |                                    |              |
| Safe Return Police Training Video                                                    | Communication Media Group | Newton, MA                         | 617/527-5077 |
| Innocent Offender Video                                                              | Marlene Pfenninger        | Rochester, NY Chapter              | 716/442-3820 |
| The Impact of Alzheimer's<br>Transit Training Video                                  | Project Action            |                                    | 800/659-642  |
| Emergency Medical Technician<br>(EMT) Training Video                                 | Betty Ransom              | Northern Virginia Chapter          | 703/359-4440 |
| Safe Return Chapter Media Kit                                                        | Nicolle Gajda             | Media Relations<br>National Office | 312/335-4037 |

# **ALZHEIMER'S DISEASE DEFINITION**

- 4 million Americans have Alzheimer's Disease
- It is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior

# WANDERING

Aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places.

# **SEARCH AND RESCUE**

- Median distance = .5 miles
- Short distance from road
- No cries for help
- No response to shouts
- Few physical clues
- Succumb to environment

# SAFE RETURN MISSION

The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

# SAFE RETURN BENEFITS

- Identification products
- National database
- 24-hour toll-free line
- Fax notification system
- Chapter support
- Information & training

# SAFE RETURN TOLL-FREE CRISIS LINE

# 1-800-572-1122

# **RECOGNIZING ALZHEIMER'S DISEASE**

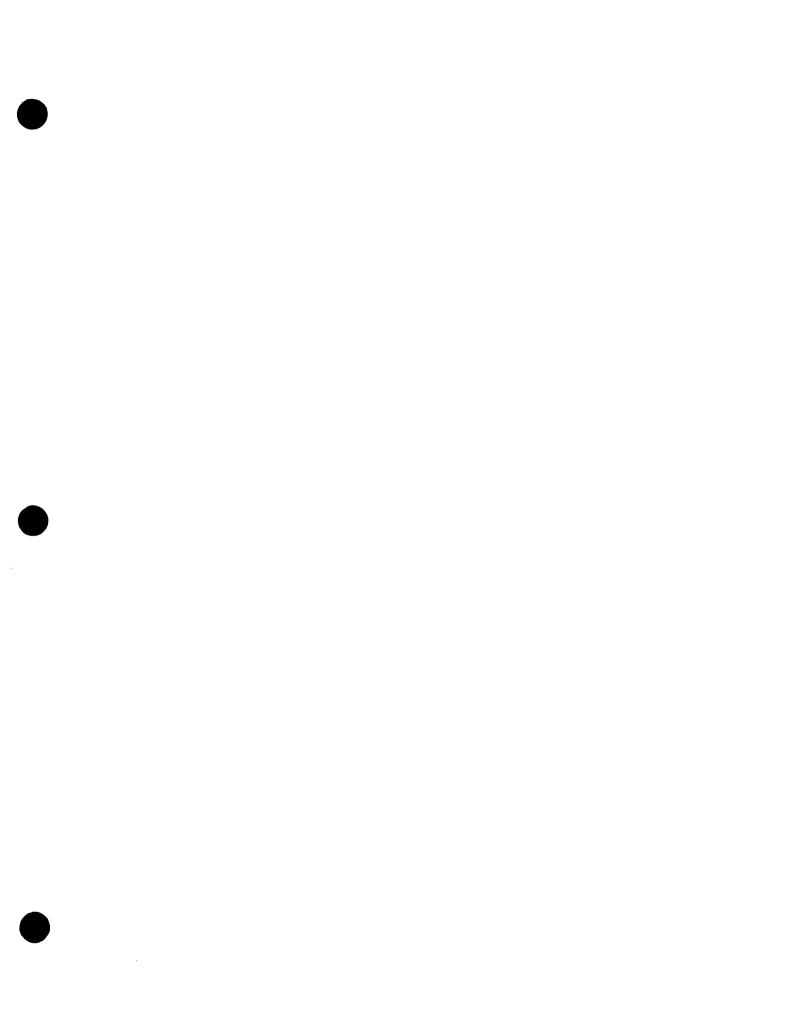
- Identification clues
- Physical clues
- Psychological clues

# **FREQUENTLY ENCOUNTERED SITUATIONS**

- Wandering
- Automobile Accidents
- Indecent Exposure
- Homicide and Suicide
- Appearance of Intoxication
- Abuse and Neglect
- Poisoning and Choking
- Falls and Tripping
- Burns and Electrocution

# CALL TO ACTION

- Look for identification
- Call number on identification
- Inform others
- Sponsor registration day
- Publish information in newsletter
- Provide financial assistance
- Display information in office
- Train new employees

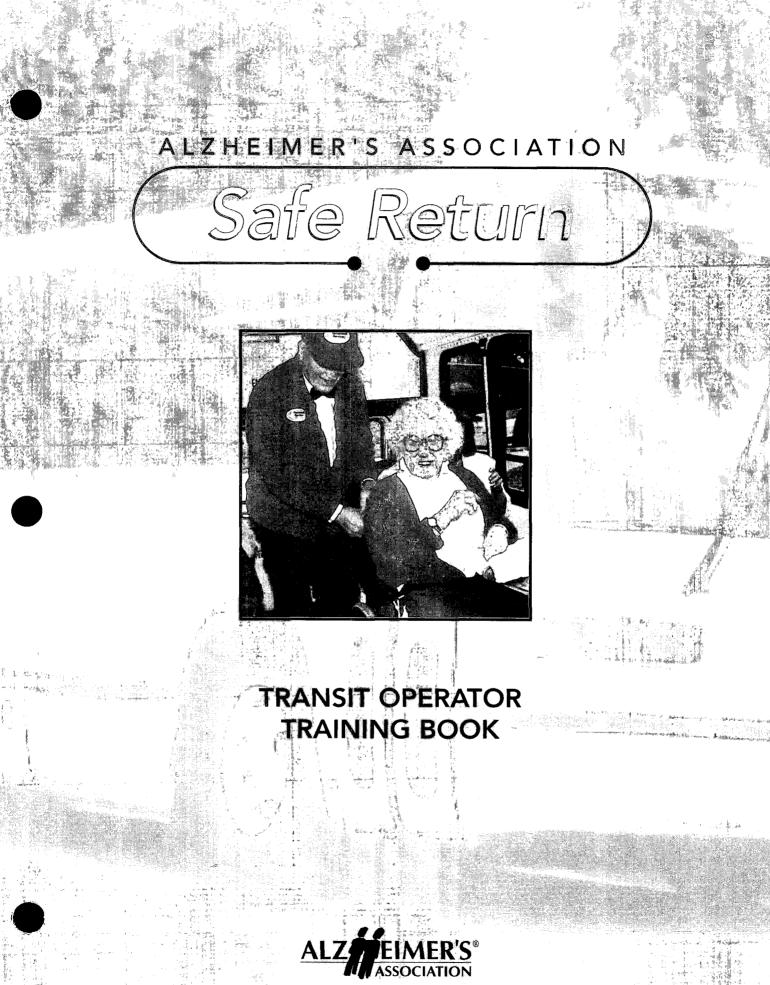


Alzheimer's Association Safe Return Program 919 North Michigan Avenue Suite 1000 Chicago, IL 60611-1676

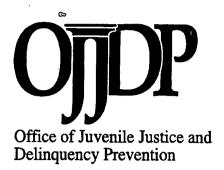
?

1-800-272-3900 (312) 335-8882 (TDD) (312) 335-8700

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Someone to Stand by You



Prepared under Grant Number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or polices of the U.S. Department of Justice.

# INTRODUCTION TO THE ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM

### TRANSIT OPERATOR TRAINING BOOK

This training book was developed to standardize the information and process of providing transit operators with basic information on Alzheimer's disease, the Alzheimer's Association and Safe Return in a format that can be readily adapted. Its design enables an individual to conduct a training session of varying length and varying degree of complexity, whether for a five-minute training, a thirty-minute session or a half-day workshop. All the necessary information (other than local resources) appears here, including handouts. The layout of the information allows for the duplication of single pages as needed.

The training book is based on the experiences of Alzheimer's Association staff and volunteers in providing training programs for transit operators since the inception of the Safe Return program in 1993. Your comments and suggestions for future editions are welcome.

#### ACKNOWLEDGMENTS

The Alzheimer's Association Safe Return Program, Transit Operator Training Book was written by Safe Return Specialists Molly Brault, Christine Brough, Jennifer Liebich, and Karie Trumbo. Former Safe Return Specialists who assisted in the development of the book include Diane Beckerle, Karen Metz, and Pedro Rivera. Oversight for training book development was provided by Safe Return Program Director Myra Shneider, Patient and Family Services Director Kara Kennedy, and Vice President of Patient, Family and Education Services Thomas Kirk. Other National Safe Return staff who assisted in the writing of this training book include Safe Return Program Associate Director Brian Hance, Administrative Assistant Veronica Chavez and General Communications Associate Director Michele Pellissier.

# <u>A SPECIAL THANK YOU TO THE FOLLOWING INDIVIDUALS FOR</u> CONTRIBUTIONS TO THIS BOOK:

Ken Ater, Special Medical Agency Response Team, New Albany, Indiana

Constance Barber, Alzheimer's Association, Detroit Area Chapter

Danny Cain, Cain Consulting Associates, Pewee Valley, Kentucky

Mary Ellen DeArmitt, Alzheimer's Association, South Central Indiana Chapter

Carolyn Jeskey, Community Transportation Association of America, Washington D.C.

Sergeant Bill Key, Bowling Green Police Department in Kentucky Jan McGillick, Alzheimer's Association, St. Louis Chapter Don Wilson, El Paso Emergency Medical Services in Texas

Selections in this training book were adapted from the *Professional Transit Operators Response Guide* by Cain Consulting (1991), *Law Enforcement, Alzheimer's Disease and the Lost Elder* (Flaherty & Scheft, 1995) published by the Eastern Massachusetts Chapter of the Alzheimer's Association, and *Victim, Not Criminal: The Alzheimer's Sufferer*, published by the Alzheimer's Association (1987). The Community Transportation Association of America provided the photograph for the training book cover.

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### NOTES ON USING THIS BOOK:

- 1. Handouts can be copied directly from this book.
- 2. Local Chapter Information can be supplied by the chapter.
- 3. For photocopying ease, please utilize the handouts included in the pocket of this binder. All "Overhead" pages are ready for copying onto acetate or can be copied and distributed as handouts.
- 4. Videos referred to are noted and are available from various sources listed on page 76 Ordering Safe Return Materials.

# PURPOSE OF THE TRANSIT OPERATOR TRAINING BOOK

Typical behaviors associated with Alzheimer's disease increase the likelihood of specific transportation encounters. Transit operators may encounter older, confused passengers who may not behave appropriately while inside the coach or may be unable to pursue their intended destinations.

The purpose of this book is to provide trainers with information to educate professional transit operators about Alzheimer's disease and related dementias, wandering behavior, and the Alzheimer's Association Safe Return Program. Additionally, the training will provide transit operators with valuable information about how to recognize passengers with memory impairments, specific situations in which they may encounter a passenger with dementia, and suggestions for what to do when interacting with a passenger who may have dementia.

Transit audiences may include, but are not limited to, the following:

- Bus Drivers
- Senior Transportation Drivers
- Adult Day Care Van Drivers
- Medical Care Center Drivers
- Airport Shuttle Operators
- Subway Staff
- Interstate Train Employees
- Public Transportation Authority Employees
- Taxi Drivers

# **TIPS FOR TRAINERS**

# **ORGANIZE YOUR TRAINING MATERIALS.**

- Have training notes, overheads and handouts accessible.
- Watch the clock and make needed changes.

# PREPARE THE ROOM.

- Set up room to be conducive to learning.
- Check audio visual equipment.
- · Be sure visual materials can be seen by all.
- Make sure room temperature is comfortable.
- Locate restrooms, vending machines and break areas in advance.

# MAKE PARTICIPANTS FEEL COMFORTABLE.

- Introduce yourself to participants as they arrive.
- Talk with them before the session begins.
- Inform them about your background, expertise and qualifications.
- Be honest. Offer examples of situations and solutions from your own experience.
- Ask them about the visuals, sound and temperature. Make adjustments as needed.
- Acknowledge their experience and contributions. Include their own experience in the training.

# USE A VARIETY OF VISUAL AIDS.

- Try using overheads.
- Use short videos when appropriate.
- Provide handouts.

# VARY TRAINING STYLES.

- Stand up, walk around and change your expression and tone of voice.
- Make it interesting.
- Never read information.

# FOLLOW ADULT LEARNING PRINCIPLES.

- Involve the learner.
- Create a collaborative climate.

# **PROVIDE OPPORTUNITY FOR PARTICIPANT FEEDBACK.**

- Ask for their input after each section. Make adjustments if necessary.
- Provide opportunity for questions.
- Utilize written evaluations at the end of the training.

# **TRANSIT OPERATOR TRAINING OUTLINE**

- I. Introduction and Presentation of Training Goals
  - A. Introduce Speaker, Explain Training Process
  - B. Conduct Ice Breaker
  - C. Present Training Goals and Desired Outcomes
  - D. Distribute Handouts
  - E. Administer Pre-Test
- II. Overview
  - A. Alzheimer's Disease and Related Dementias
    - 1. Definition
    - 2. Symptoms
    - 3. Diagnosis
    - 4. Treatment
    - 5. Causes and Research
  - B. The Alzheimer's Association
    - 1. Mission
    - 2. Help for Individuals with Alzheimer's Disease
    - 3. Help for Those Who Care for People with Alzheimer's Disease
    - 4. Hope Through Research
    - 5. Making a Difference for Alzheimer's Families
    - 6. Local Chapters
  - C. Wandering
    - 1. Description and Definition
    - 2. Why People Wander
    - 3. Findings from Search and Rescue Study

- D. Alzheimer's Association Safe Return Program
  - 1. Mission
  - 2. How Safe Return Works
  - a. Registration
  - b. When Wandering Occurs
  - 3. Safe Return Benefits
    - a. Identification Products
    - b. National Information/Photo Database
    - c. 24-Hour Toll-Free Crisis Line
    - d. Fax Alert Notification System
    - e. Local Alzheimer's Association Chapter Support
    - f. Wandering Behavior Information and Training
  - 4. How Safe Return Responds
    - a. Discovery Incident
    - b. Missing Incident
    - c. Helping Individuals Not Registered in Safe Return
- III. Transit Operators and Your Work with Individuals with Alzheimer's Disease
  - A. Recognizing a Passenger Who May Have Alzheimer's Disease
    - 1. Identification Clues
    - 2. Physical Clues
      - a. Blank Facial Expressions
      - b. Inappropriate Clothing
      - c. Age
      - d. Unsteady Gait
    - 3. Psychological Clues
      - a. Short-Term Memory Loss

# IF YOU HAVE THIRTY-MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

TRAINING SCRIPT: Introduce speaker (Page 17) Present training goals and desired outcomes (Page 19) Alzheimer's disease and related dementias (Pages 20-22) definition symptoms diagnosis treatment Wandering definition (Pages 24-25) Findings from Search and Rescue Study (Page 27) How Safe Return works (Pages 28-29) Registration When wandering occurs Safe Return benefits (Pages 29-30) Identification Products National Information/Photo database 24 hour toll free crisis line · Fax alert notification system Local Alzheimer's Association Chapter support Wandering behavior information and training Frequently encountered situations (Pages 38-40) Show Impact of Alzheimer's (20 min.) transit video (See page 76 for ordering video) Pass around sample Safe Return products Question and answer period

#### HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 49-50)

Alzheimer's Disease and Related Disorders Fact Sheet (Handout pages 51-52)

National Alzheimer's Association Fact Sheet (Handout page 53)

Local Alzheimer's Association Fact Sheet (Chapter can insert)

Alzheimer's Association Safe Return Program Fact Sheet (Handout page 54)

Safe Return Registration Form (Handout pages 55-56) Evaluation (Handout pages 68-69)

#### OVERHEAD

Consider copying and providing as a handout:

Safe Return toll-free crisis number (Overhead page 82)

# ADDITIONAL RESOURCES AND MATERIALS:

Professional Transit Operators Pocket Response Guide for Alzheimer's Patients (See page 76 for ordering materials)

# IF YOU HAVE ONE HOUR, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

#### TRAINING SCRIPT:

Follow entire outline but omit: Ice breaker

(Pages 17-18)

Show *Impact of Alzheimer's* (20 min.) transit video (See page 76 for ordering information)

#### HANDOUTS:

Provide all

### OVERHEADS:

Consider copying all overheads and providing as handouts

#### ADDITIONAL RESOURCES AND MATERIALS:

Transit Operators Pocket Response Guide for Alzheimer's Patients (See page 76 for ordering materials)

# IF YOU HAVE A HALF-DAY WORKSHOP, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

# TRAINING SCRIPT:

Follow entire training script. (Ideally, you will have two trainers. One presenting the Alzheimer's disease and Association information and the other presenting the remaining training information.)

Show Impact of Alzheimer's (20 min,) transit video (See page 76 for ordering videos)

Show Safe Return Police Training Video for Roll Call & Other Briefings (9 min.)

HANDOUTS: Provide all

OVERHEADS:

Consider copying all overheads and providing as additional handouts

ADDITIONAL RESOURCES AND MATERIALS: (SEE PAGE 76 FOR ORDERING MATERIALS) Professional Transit Operators Pocket Response Guide for Alzheimer's Patients

### ADDITIONAL SUGGESTIONS:

- Allow for a fifteen-minute break. This will help the trainers as much as the trainees.
- Provide ample time for questions and answers.

# **TRAINING SCRIPT**

# I. INTRODUCTION AND PRESENTATION OF TRAINING GOALS

### A. INTRODUCE SPEAKER, EXPLAIN TRAINING PROCESS

The presentation will include the following:

- A Pre-Test
- An overview of Alzheimer's disease, the role of the Alzheimer's Association, wandering behavior, and the Alzheimer's Association Safe Return Program
- How Alzheimer's disease may affect your work, including likely encounters you may have and suggestions for interacting with a passenger with the disease
- A question and answer period, a post-test, and an opportunity to evaluate the presenter(s)

### **B.** CONDUCT ICE BREAKER

This ice breaker will allow the opportunity for you to:

- become acquainted with one another
- talk about your experiences with individuals and families affected by Alzheimer's disease and related dementias

Process: Ask participants to break into small groups (between 2-5 individuals per group). Request two volunteers from each group, one to be a recorder and one to be a spokesperson. Explain that you want the participants in each small group to introduce themselves to one another and to tell the small group where they work and what they do. Ask the recorder to jot down the first name and place of employment of each group member.

After the introductions, ask the participants to address the following two questions within their small group:

- Have you ever encountered someone with Alzheimer's disease on the job? If so, briefly share one experience.
- Have you ever received formal training about Alzheimer's disease? If so, briefly explain.

Ask the small group recorders to tally (1) the number of participants who have encountered someone with Alzheimer's disease on the job and (2) the number of participants who have received formal training about Alzheimer's disease.

When the small groups finish discussing the questions, ask them to share with the whole group. Explain that each small group spokesperson may use the notes taken by the recorder to introduce their group members and share what was learned from the two questions (i.e. "...everyone in our group has encountered someone with Alzheimer's disease on the job; no one has received formal training"). Keep track of the small group findings. You may also ask the spokesperson to share one or two small group stories about encounters with individuals with dementia.

When each of the small groups has participated, indicate the (1) total number of participants who have encountered someone with Alzheimer's disease on the job and (2) the total number of participants who have received formal training about Alzheimer's disease. If (1) is greater than (2), highlight the importance of the training and its benefits. If (2) is greater than (1), indicate the likelihood of future encounters and explain that the training will help participants recognize someone with Alzheimer's disease or a related dementia.

Approximate time required: 20 minutes (depending on group size)

# C. PRESENT TRAINING GOALS AND DESIRED OUTCOMES

After completing the training, you should be able to:

- Demonstrate an awareness of risks associated with wandering behavior.
- Identify benefits of the Alzheimer's Association Safe Return Program.
- List techniques for effectively interacting with a passenger who has Alzheimer's disease.
- Describe ways to recognize a person may be affected by Alzheimer's disease.
- Identify transit situations in which you may encounter a person with Alzheimer's disease.
- Identify local resources, including the Alzheimer's Association, available to help individuals with Alzheimer's disease and their families and/or caregivers.

# D. DISTRIBUTE HANDOUTS

# E. ADMINISTER PRE-TEST (HANDOUT PAGES 47-48)

# **OVERVIEW**

# <u>A. Alzheimer's Disease and Related Dementias</u> (Handout pages 49-52)

The difference between normal forgetfulness and dementia:

- Raise your hand if you've ever lost your car keys...
- Raise your hand if you've ever gone to the grocery store and forgotten your shopping list...
- Raise your hand if you've ever forgotten the name of a friend...

This is perfectly normal forgetfulness, and sometimes it's accentuated in stressful situations – perhaps you're introducing your friend to someone and you hope that they will get along. It's often the stressful situation itself that causes you to forget in the first place.

The concept to understand is that you **knew** you forgot. After a little while you eventually remember your friend's name and you remember most – maybe 95 percent -- of the things on your shopping list. But, if you had Alzheimer's disease or some kind of dementia you might never remember your friend's name and you might never remember why you were even in the grocery store in the first place.

#### 1. DEFINITION (OVERHEAD PAGE 77)

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease is the most common form of dementia. Dementia is a loss of intellectual functioning (including thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. Alzheimer's disease is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with Alzheimer's disease are older than age 65; however, the disease can occur in people in their 30s, 40s and 50s.

#### 2. Symptoms

Symptoms of Alzheimer's disease include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impaired judgment and personality changes. The rate of progression varies from person to person. The time from the onset of symptoms until death averages 8 years, but can range from 3 to 20 years. Eventually persons with the disease become totally incapable of caring for themselves.

#### 3. DIAGNOSIS

An early and careful evaluation is important because many conditions, including some that may be treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify Alzheimer's disease. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable Alzheimer's disease, confirmation requires examination of brain tissue, which is done by autopsy.

#### 4. TREATMENT

Although no cure for Alzheimer's disease is presently available, good planning and medical and social management can ease the burdens on the person with Alzheimer's disease and their family. Health care directives and decisions can be made while the person has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the person to continue functioning. Intervention strategies and, if necessary, appropriate medication can lessen symptoms, such as agitation and anxiety, and improve sleep and participation in activities. As of 1998, there are two drug treatments approved by the U.S. Food and Drug Administration specifically for Alzheimer's disease--tacrine (cognex) and donepezil hydrochloride (aricept), which are thought to slow the symptom progression for some people.

#### 5. CAUSES AND RESEARCH

The causes of Alzheimer's disease are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cure for Alzheimer's disease.

# **B.** THE ALZHEIMER'S ASSOCIATION

(HANDOUT PAGE 53 AND CHAPTER CAN INSERT LOCAL FACT SHEET)

#### 1. MISSION

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated to providing leadership to eliminate Alzheimer's disease through the advancement of research, while enhancing care and support services for individuals with the disease and their families.

#### 2. HELP FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE

Through the Alzheimer's Association and its nationwide network of more than 200 chapters, with over 35,000 volunteers, those with the disease and their families can:

- Learn about Alzheimer's disease and what to expect.
- Gain understanding and emotional support.
- Find resources to help with legal, financial, and care planning.
- Access information about clinical drug trials being conducted locally.

3. HELP FOR THOSE WHO CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE

With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care
- Receive assistance, information and support from telephone Helplines and support groups
- Learn how to reduce stress and manage lifestyle changes
- Access professional and community services

### 4. HOPE THROUGH RESEARCH

The Association's research program, the Ronald & Nancy Reagan Research Institute, is the largest private funding source for Alzheimer's research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

# 5. MAKING A DIFFERENCE FOR ALZHEIMER FAMILIES

The Alzheimer's Association works to increase public understanding and support through:

- Education of family and professional caregivers on quality care
- Advocacy for government funding for research and public policies to help families
- Public awareness of the disease, related issues and available help
- Fundraising for research, programs, services and support

6. LOCAL CHAPTERS (SPEAKER CAN PROVIDE CHAPTER INFORMATION FROM LOCAL CHAPTER FACT SHEET) For example:

- Mission
- Services
- Special events
- How to contact chapter for more information

### C. WANDERING (OVERHEAD PAGE 78)

#### 1. DESCRIPTION AND DEFINITION

Safe Return helps address wandering, one of the most common and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias. The program provides an extra level of protection for memory-impaired adults who wander and become lost. Prior to learning about Safe Return, it is important to have specific knowledge about wandering behavior.

Studies report wandering in 4 percent to 26 percent of nursing home residents with dementia and in up to 59 percent of community residing patients (Cohen-Mansfield, 1991; Zimmer, 1984; Burns, 1990; Teri, Larson & Reifler, 1998). Falls are more prevalent in dementia patients who wander (Rabins, Mace & Lucas, 1982). A memory-impaired person who wanders away from home or a care facility and becomes lost may encounter a variety of dangerous situations.

Individuals with Alzheimer's often become lost -- sometimes within blocks of where they live -- and are unable to find their own way home. Each year the number of reported cases increases. Some people are found quickly, while others remain lost for days, weeks, even months. In too many cases, the person is never recovered, or deceased when recovered. One individual with Alzheimer's disease writes,

"How freightening it is to go into a large, familiar shopping center with crowds and blinking lights and become totally lost" (Davis, 1989).

Wandering defies standard categorization, and there is not a consensus in a definition. Most people know what wandering is -- but, not exactly how to define it. One researcher suggests it is " aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990). Wandering may not have a meaningful pattern, or it may be purposeful in a direct path. For example, one individual may see railroad tracks and follow the tracks until their path is blocked. Another individual may leave a safe environment and wander aimlessly.

Regardless of how a person wanders, this behavior can be lifethreatening and requires an immediate response.

#### 2. WHY PEOPLE WANDER

There is no way to predict who will wander, when and, how. However, there are some identifiable reasons why a person with a memory impairment may wander or walk away from home, a care facility or other places.

Wandering can be caused by

- restlessness due to boredom or lack of exercise In such instances, wandering, within a safe environment can be a helpful form of exercise, as long as someone is with the individual.
- confusion about time
- change in the physical environment
- over-stimulation from crowds, noise
- argument with a caregiver
- fear caused by a delusion or hallucination
- medication side effects

- a desire to meet former obligations that no longer exist (i.e. job, home, friend or family) Some individuals will pack a suitcase or attempt to carry their belongings when they leave for their destination.
- an inability to communicate basic needs (i.e. the person may be hungry, uncomfortable, in pain, or may just need to go to the bathroom)

Norris, a caregiver from New Albany writes,

"When I look at these pictures of my Margie I can truthfully say that this is the worst thing that has happened to us in our sixty years of marriage. My wife was a talented artist, a former photographer and an aircraft pilot. Now she can't find her way to the bathroom in the house we have lived for the past 38 years."

Most people can access the skill of "cognitive mapping," the ability to find their way from one point to another. However, people with Alzheimer's disease have impaired cognitive mapping very early in the disease process. This hinders their ability to retrace their steps, even in familiar environments, and increases the risk of becoming lost.

On more than one occasion when my grandchildren were visiting, I forgot they were present and left them to their own devices. Moreover, on occasions when I had picked them up to come play at my house, the small children had to direct me home. Worst of all, my patience was nil. Much as I loved the children, I became anxious or nervous after a short visit." (McGowan, 1993)

People with Alzheimer's disease often experience a behavioral problem that occurs in the late afternoon through early evening. This is often referred to as "sundowning." which may lead to unsafe wandering. It may be due to:

- the inability to see well in dim light, causing confusion.
- a disturbance in the "biological clock," possible due to a hormone imbalance.
- inability to cope with stress at the end of the day.
- restlessness from inactivity in the late afternoon or evening.

 the caregiver experiencing fatigue and stress and communicating this to the person with Alzheimer's, who in turn becomes anxious.

#### 3. FINDINGS FROM SEARCH AND RESCUE STUDY

(Koester & Stooksburg, 1992) (Overhead page 79)

A study conducted by the Appalachian Search and Rescue Conference found the following critical observations about wandering:

- The median distance persons with Alzheimer's disease wandered was 0.5 miles.
- Subjects were usually found a short distance from a road or open field, and 63 percent of the subjects were found in creek or drainage areas and/or caught in briars or bushes.
- Persons with Alzheimer's disease will usually not cry out for help or respond to shouts; they leave few physical clues.
- Persons with Alzheimer's disease may attempt to travel to a former residence or to a favorite place.
- All persons with Alzheimer's disease located within 24 hours of the time last seen were found alive, while only 54 percent survived if more than 24 hours were required to locate them. The 46 percent not surviving usually succumbed to hypothermia or dehydration.

This study found that if it required more that 24 hours to locate a missing person, they were found deceased in almost 50 percent of the cases. Hence, a search for an individual with Alzheimer's disease must be immediate and aggressive.

# A MISSING PERSON WITH ALZHEIMER'S DISEASE REPRESENTS AN EMERGENCY SITUATION!

# D. ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM (HANDOUT PAGES 54-56) (OVERHEAD PAGE 80)

#### 1. MISSION

In response to the extreme, often life-threatening dangers associated with Alzheimer's disease and wandering, the Alzheimer's Association, with the support of the U.S. Department of Justice, created Safe Return. The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

#### 2. HOW SAFE RETURN WORKS

#### A. REGISTRATION

A family member or caregiver can register a person in Safe Return by completing a registration form which requests information such as emergency contact information, identifying characteristics and medical considerations. It is also recommended that a recent photograph be included. Registrations can be completed by mail or by telephone.

To register by telephone, the responsible party can call 1-888-572-8566.

#### **B. WHEN WANDERING OCCURS**

Safe Return provides assistance whether a person becomes lost locally or far from home. Once notified of a missing registrant, Safe Return can fax the person's information and photograph to the local law enforcement department. If you discover a confused, disoriented or lost adult, check for Safe Return or other identification products. Call the 800 number on the Safe Return identification products. Safe Return can access emergency contact information in the database. This is especially helpful if the registrant is alone and hurt or if the caregiver is incapacitated.

The local Alzheimer's Association chapter can provide information and support to the family or caregivers involved in the incident. Debra contacted the Northern Virginia Chapter to find out how Safe Return might help her husband, Eddie. He had wandered several times and she was concerned for his safety. Since the couple was experiencing financial difficulties, Eddie was registered in Safe Return through the chapter's scholarship program. Several months later, Debra called Safe Return to report Eddie missing. Within an hour, a metro station attendant sighted Eddie wearing a long overcoat, pajama bottoms and slippers. Using the 800 number on the back of Eddie's bracelet, the attendant contacted Safe Return and a conference call was made to Debra. Upon receiving the missing registrant incident fax, the chapter called Debra. After some discussion, adult day care was identified as a way to help the couple. Through scholarships from both the chapter and the adult day center, Eddie is now a regular participant; he has not wandered since.

#### 3. SAFE RETURN BENEFITS

(Distribute Safe Return Sample Products) (Overhead page 81)

- a. Identification Products: Registrants receive a stainless steel identification bracelet or necklace, iron-on clothing labels, key chain, refrigerator magnet, lapel pin, telephone stickers and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory impaired and may need assistance. Identification jewelry is also available for caregivers to wear to alert others to look after the memory-impaired individual if the caregiver becomes incapacitated.
- National Information/Photo Database: Contact information is contained in a national, computerized database to help reunite lost memory-impaired adults with their caregivers. The database also has the capacity to store registrant photographs.
- c. 24-Hour Toll-Free Crisis Line: (Overhead page 82) Safe Return operates a nationwide toll-free crisis number 24 hours-a-day, 365-days-a-year. The number is used to report a memory-impaired adult as lost or found. All calls are responded to immediately by trained clinicians. The Safe Return Toll-Free Crisis Number is 1-800-572-1122.

Safe Return also operates a non-emergency number (1-888-572-8566) which is available from 8 a.m. to 8 p.m. to handle telephone registrations, additional product requests and information updates.

To serve the hearing impaired, Safe Return operates a Telecomm-unications Device for the Deaf (TDD) line at 1-888-500-5759.

Safe Return's multi-lingual capabilities are available to callers whose first language is not English. Over 140 languages can be translated through an interpreter. Callers may dial the toll-free Safe Return crisis number and indicate the language they speak. The clinician will momentarily place the caller on hold and conference-in an interpreter.

- d. Fax Alert Notification System: A fax alert system is capable of sending missing person information and photos anywhere in the country. For each incident reported to Safe Return, a report is faxed to the local law enforcement department, local chapter and national office of the Association. The fax includes details about the incident and the individual, as well as others involved in the incident. Missing registrant incident faxes include photos, when provided.
- e. Local Alzheimer's Association Chapter Support: A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers. Whether supporting a family during a missing incident, educating law enforcement officials about the unique tendencies of lost memory-impaired adults, or providing tips to encourage the use of the Safe Return identification bracelet, the chapter makes a real difference that counts.
- f. Wandering Behavior Information and Training: Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering and effectively use the Safe Return Program. For example, today's presentation focuses on such items.

#### 4. How SAFE RETURN RESPONDS

Safe Return generally works in one of two ways. The first is when a registrant is discovered in the community; the second is when a registrant is reported missing.

#### A. DISCOVERY INCIDENT (HANDOUT PAGES 57-60)

Typically, a professional like yourself or a Good Samaritan or will notice a confused, disoriented or lost adult, see a Safe Return identification product and call the toll-free crisis line. The clinician will then access the contact information in the computerized database and arrangements will be made to reunite the individual with a caregiver. An incident report is faxed to the Alzheimer's Association chapter where the registrant lives, the national office of the Alzheimer's Association and to the law enforcement department.

#### B. MISSING INCIDENT (HANDOUT PAGES 61-65)

The second way the program typically works is when Safe Return receives a call about a missing registrant. When this occurs, the clinician confirms with the caller that the local law enforcement department has been notified and a missing person report completed. Then the Safe Return clinician takes the details of the incident and inputs them into the computerized database. The clinician also provides emotional support to the caller.

A social worker contacted Safe Return to report George missing from a nursing facility. George's family called the nursing facility 3 hours later indicating that the registrant returned to his former home in Silver Springs. The registrant had taken a taxicab to his previous address. The family made arrangements to return the individual to the facility. An incident report is faxed to the Alzheimer's Association chapter serving the area where the registrant lives, the local law enforcement department and the national office. When Safe Return receives notification that a missing incident is resolved, a recovery report is faxed to those listed above.

(Show the 9 minute Alzheimer's Association Safe Return Police Training Video & Other Briefings)

<u>c. HELPING INDIVIDUALS NOT REGISTERED IN SAFE RETURN</u> Safe Return receives calls involving individuals not registered in the program. In keeping with the Alzheimer's Association mission, Safe Return attempts to assist these individuals as well. When such a call occurs, the clinician will request relevant details about the individual and the incident. Later, if Safe Return receives a related call, the clinician can access the information via the computerized database. A report is faxed to the appropriate Alzheimer's Association chapter and the national Alzheimer's Association.

# III. TRANSIT OPERATORS AND YOUR WORK WITH INDIVIDUALS WITH ALZHEIMER'S DISEASE

# A. RECOGNIZING A PASSENGER WHO MAY HAVE ALZHEIMER'S DISEASE (OVERHEAD PAGE 83)

There are no obvious visible physical characteristics indicating that a person may have Alzheimer's disease or a related dementia. Many mildly and moderately impaired individuals appear as alert and physically fit as anyone else their age. The average person with Alzheimer's disease exhibits signs, which may help you to determine, with some degree of accuracy, that the individual has a memory impairment.

#### **1. IDENTIFICATION CLUES**

The most immediate and clear way to know if someone has Alzheimer's disease is to look for an identification bracelet or necklace with the words "Memory Impaired" inscribed on it, or for a wallet card with the same message. You may also look for a Safe Return key chain or lapel pin to identify someone who has Alzheimer's disease. During an encounter, keep in mind that not all people will be wearing such identification. If there is no exterior ID, check for a driver's license or other ID. If the individual has no paper ID, check for personal ID labels on inner and outer clothing. Clothing labels are generally ironed on the inside collars of coats, shirts and sweaters, or inside hats.

The following Safe Return incident highlights a situation involving a bus company:

Jim had symptoms of Alzheimer's disease but never received an evaluation. One day he decided he wanted to return to his childhood home. He left his house in Greenwood, Indiana and drove to a money machine to get cash for a bus ticket "home." He often had trouble remembering the pin number for his bank card but his wife taped the number to the back of the card so he would have it readily available when he needed money. Several hours later, his wife discovered he was missing and called the police. She also called the local chapter and reported the incident to the Safe Return 800 crisis line. He was not registered in Safe Return and was not wearing any identification jewelry. By this time, Jim managed to successfully purchase a bus ticket. It was three days before anyone knew his whereabouts. He called from a bus station in Phoenix, Arizona and said he wanted to come back home to Indiana. He told his wife he had wanted to call for several days but could not remember their telephone number. Arrangements were made with the transit company to get Jim home safely. The family was provided with information about how to register in Safe Return and about other local resources to help them care for Jim.

Consider asking the audience: Does anyone have an experience similar to that? If so, how was it resolved?

#### 2. PHYSICAL CLUES

#### a. Blank Facial Expressions

A person with dementia may exhibit a blank facial expression or one inappropriate for the situation. For example, a person may smile when talking about a serious issue, or avoid eye contact. The person may appear scared, nervous, indifferent, anxious or tearful.

#### b. Inappropriate Clothing

A person with a memory impairment may dress inappropriately for the season, wearing winter clothes in the summer and vice versa. The person may wear pajamas outdoors, or clothes that are mismatched or inside out. At the same time, if a person is cared for by a family member, she or he may be dressed quite appropriately.

#### c. Age

Age is a factor in Alzheimer's disease. Ten percent of people over age 65 are affected. The figure rises to nearly 50 percent in people age 85 and over.

#### d. Unsteady Gait

Visual-spatial problems frequently associated with the disease can cause an unsteady step, and may help you recognize a person has a memory impairment. "If I press myself with greatest concentration to try to keep up, I feel as though something short circuits in my brain. At this point, I become disoriented, have difficulty with my balance if I am standing, my speech becomes slow, or I cannot find the right words to express myself" (Davis, 1989).

#### **3. PSYCHOLOGICAL CLUES**

a. Short-Term Memory Loss

Often a person with Alzheimer's will experience short-term memory loss, while memories from the distant past may be largely intact.

Norris, a caregiver from New Albany, Indiana writes,

"I am keeping her at home as long as my failing 80 year old body permits. Thank the Lord we haven't lost faith in Christ, and we say the Lord's Prayer together every night. Yes, she still remembers every word of it, but not that she has lost five sisters, two of them to Alzheimer's disease."

Forgetfulness may come and go, sometimes within minutes. Because of memory loss, the person may appear uncooperative, especially when answering questions about the present or very recent past. For example, when asked, "Where are you trying to go?" or "Where do you live?" the impaired person may be unable to give a sensible answer because of memory loss. The person may also remember a former address and provide this as their current address.

#### b. Confusion

Often, a person with Alzheimer's disease loses the ability to understand what he hears. The disease blocks the person's ability to recognize and interpret correctly even the simplest sight and sound. The result is confusion, which may appear as any of these signs:

- inability to grasp and remember the current situation
- difficulty judging the passage of time

- agitation, withdrawal or anger
- inability to sort out the obvious (i.e. an unfamiliar vehicle)
- disoriented about their own and others' identities and roles

The person you encounter may also have poor communication abilities, especially in response to your attempts to help the person. Stress and trauma will further impair communication skills.

The following Safe Return incident highlights this situation:

Mrs. Ward contacted Safe Return and told the clinician her husband wandered out of their apartment without letting her know where he was going. She said she forgot to lock the front door and she did not hear him leave. About three hours later, Safe Return received a call from the Rapid Transit Authority at Windamere Station who had found Mr. Ward. The bus driver contacted the dispatcher about a confused man who did not know where he wanted to go. The driver gave the dispatcher the Safe Return 800 # inscribed on the man's bracelet. The dispatcher contacted Safe Return, who in turn called Mrs. Ward.

c. Communication Problems

Alzheimer's disease hinders an individual's communication skills. As a result, the person may have difficulty understanding the meaning of words, keeping thoughts clear, speaking logically, and following simple instructions. For example, when asked, "Let me see your bus pass," the person may produce some other items, such as car keys or a driver's license. In addition, the memory-impaired person may say the same thing or ask the same question over and over again, such as, "What time is it?" or, "Who are you?" The person does not repeat things to be annoying. He may not be able to understand your response, remember the answer to the question or recognize that he has asked the question.

The person you encounter may also have poor concentration abilities, especially in response to your assistance with directions.

#### d. Delusions and Hallucinations

Alzheimer's disease may cause a person to develop false ideas, often involving paranoia, which sometimes originate in a misrepresentation of a real event. For example, she may falsely accuse a fellow passenger or you of stealing her handbag. She may firmly believe (in spite of obvious evidence to the contrary) that someone wronged her, and may persist with this delusional paranoia. Entering an unfamiliar vehicle may cause the person to feel as though they are being kidnapped.

Similarly, people with the disease may hallucinate. Hallucinations are mistaken sensory experiences. Because Alzheimer's disease blocks rational ordered thinking and the ability to reach accurate conclusions, a person may see, hear or feel something incorrectly. For example, it is possible that a person might truly believe she is on a family vacation in their family car, when, in fact, she is on the bus.

#### e. Agitation

The disease can cause irritation and nervousness. This may cause a person to be unable to remain in their seat, and it may irritate you or other passengers. It is important to remember that the individual is not purposely attempting to agitate you or others. A person may be on medication to reduce these symptoms, but, a medication dose may have been missed. Agitation is often simply part of the disease. f. Avoiding a Catastrophic Reaction (see glossary)

It is important to try to avoid a super anxiety attack often called a "catastrophic reaction." The individual may break down crying when confronted by an authority figure. In extreme cases, the person may become aggressive and lash out verbally and physically at anyone who is trying to help.

If a catastrophic reaction occurs, remain calm. Move slowly and announce your actions in advance. Try to soothe the person. Patting and/or gently holding the person may help, although some individuals may react negatively to another's touch. If possible, avoid any physical contact that may seem like a restraint to the person. As the person calms down, move on to the next course of action (such as locating identification jewelry and contacting dispatch for assistance.) Should the passenger exit before assistance has arrived, you should note the physical description of the passenger, street location of exit, and the direction the passenger was headed when last seen.

#### B. FREQUENTLY ENCOUNTERED SITUATIONS (OVERHEAD PAGE 84)

#### 1. INAPPROPRIATE TRANSIT FARES

Alzheimer's disease destroys the person's ability to associate and recognize familiar objects. Person's with Alzheimer's disease may substitute bizarre items such as toilet tissue and paper clippings for transfer fares or use buttons or paper clips for tokens. The persistent use of these items should alert you to the possibility of Alzheimer's disease. People with memory impairments may also try to use outdated transit slips.

#### 2. FAILURE TO EXIT

The memory-impaired passenger may be unable to pursue his or her intended destination and may forget to exit the bus. They may be totally unaware that the bus has come to the end of the line, and may need additional assistance with finding their way. In some cases, law enforcement agencies may need to be contacted. Rules of the road are often forgotten by memory-impaired passengers. An individual may wander into busy streets unaware of traffic hazards. Attempting to board the coach at non-designated stops, especially in high traffic areas, should alert you to the possibility of Alzheimer's disease. If you are unable to pick up the passenger, it is recommended that you contact radio dispatch for assistance

#### 4. DIRECTIONAL ASSISTANCE

Be alert to those passengers who ask for information about destinations that do not exist. Out of town visitors are likely to mispronounce names of streets or local attractions. The person with Alzheimer's may be unable to recognize the fact that the location requested does not exist or is located in another city. The person with Alzheimer's may repeatedly ask for directional assistance, even if you have already responded. Be as supportive and reassuring as possible to these types of passengers.

#### 5. RINGING EXIT BELL

Behaviors associated with impulse control are sometimes erased or forgotten by people with Alzheimer's disease. Passengers with memory impairments may continuously ring the "bell" or may attempt to exit the bus while it is still in motion. Passengers with Alzheimer's disease may be fearful of getting lost.

#### 6. FAILURE TO BE SEATED

Memory impairment may hinder the ability of these passengers to seat themselves once they have boarded. The person with dementia might also change seats frequently. These behaviors pose serious risks of injury to both the passenger and other riders. Encourage the person with Alzheimer's to sit near you so you can better observe him or her.

#### 7. INDECENT EXPOSURE

Memory loss, confusion and poor judgement often result in inappropriate behavior such as taking clothes off in public or being sexually aggressive. The disease can cause repetitive motions and fidgeting such as playing with buttons and zippers. It also causes loss of impulse control. People with the disease may remove clothing in public because they are too warm or uncomfortable. They may have forgotten what they once knew about modesty or may not know where they are and understand their behavior is inappropriate. It is not recommended to reprimand or lecture the individual. Instead, use distraction to control the person's behavior.

#### **8. APPEARANCE OF INTOXICATION**

The symptoms and behaviors associated with Alzheimer's disease can give the appearance of intoxication, substance abuse, or over-medication. These behaviors include confusion, disorientation, short-term memory loss, problems with language, coordination and combativeness. Where there are no obvious signs of intoxication (alcohol smell, dilated pupils) you will want to consider the passenger's behavior as the consequence of Alzheimer's disease and handle the situation accordingly.

(Show Impact of Alzheimer's a 20 minute transit video)

# C. WHAT TO DO WHEN ENCOUNTERING A PASSENGER WITH ALZHEIMER'S DISEASE

#### 1. STAY CALM

When encountering a passenger with possible Alzheimer's disease, use a non-threatening tone of voice. Stay calm and be aware of your voice level so as not to give a false perception of anger or threat. A passenger with Alzheimer disease should be seated while on the bus because of risk of falling on you or others.

#### 2. REDUCE STRESS

Reduce, noisy or stressful environmental situations as much as possible. These distractions may increase symptoms of restlessness, pacing, seat changing, agitation and anxiety. You may need to pull over and stop in an attempt to reduce visual and motion activity.

#### 3. CONTACT DISPATCH

Dispatch should be contacted as soon as possible. It is very important that if the person has identification, the caregiver or family is contacted immediately. Many times the person takes an essential medication and is probably without it. If the person has no identification, police should be contacted immediately. Often times, the family has already called the police and reported the person missing and a search effort may be underway.

# D. INTERACTING WITH A PERSON WITH ALZHEIMER'S DISEASE

# 1. REMEMBER TO TREAT THE PERSON WITH RESPECT AND DIGNITY

People with Alzheimer's disease lose their intellectual functioning, not their feelings - and not their need for your assistance.

#### 2. AVOID PHYSICAL RESTRAINT

You may feel the need to physically restrain a person who is disrupting your bus route. Restraints can elicit a catastrophic reaction and should be avoided.

#### 3. IDENTIFY YOURSELF

Identify yourself as a transit operator, state your purpose for being there even if it appears to be obvious, and state that you are trying to help.

#### 4. SPEAK SLOWLY AND CALMLY

Alzheimer's greatly shortens attention span. Speak slowly, calmly and in a non-threatening tone.

#### 5. SEAT THE PASSENGER NEAR YOU

Attempt to get the passenger to sit near you for observation and maintain good eye contact while communicating.

# 6. KEEP THE "CLIMATE" CALM AND SUPPORTIVE

The person with Alzheimer's disease will often follow your lead. Be supportive and reassure the person that you are there to help. If possible, attempt to remove the person from noisy or stressful situations.

#### 7. ASK ONLY ONE QUESTION AT A TIME

Ask simple questions. Use short simple sentences allowing plenty of time for a response. If the person does not respond to what you said, wait a moment and repeat it again using the exact same words. The person may only grasp parts of the question. Try not to ask questions that require a lot of thought or memory. Asking "yes" and "no" questions is generally the best approach.

Some people find it helpful to think of the brain of an affected person as an "overloaded switchboard" with incoming calls not always plugged into the right circuit. Keep in mind, the person's answers may not always reflect what is intended.

#### 8. KEEP INSTRUCTIONS POSITIVE

Keep instructions positive and provide reassurance. For example, say "Please sit in this seat next to me," rather than, "Don't try to get up!"

#### 9. SUBSTITUTE NON-VERBAL FOR VERBAL COMMUNICATION

For example, motioning and directing a passenger where to sit is often more effective than verbalizing your instructions.

#### **10. AVOID SHOUTING**

Only some people with Alzheimer's disease have difficulty hearing. Shouting does not usually help these individuals understand the meaning of your words. It may even frighten or agitate them further because shouting could appear to convey anger.

#### **11. KEEP INSTRUCTIONS SIMPLE**

Reasoning about the literal situation or arguing over details of the circumstances does not produce results. The confused person with Alzheimer's disease may be attempting to complete a compelling task such as "saving the kids," or "going to work." If the individual feels you are there to assist them with their obligation, they may be more cooperative.

# IV. CALL TO ACTION (OVERHEAD PAGE 85)

#### A. URGENCY

As the population continues to age, a growing number of people will be diagnosed with a memory impairment, such as Alzheimer's disease, and the problem of wandering and missing people will intensify. The Alzheimer's Association has taken an important step in creating an effective, nationwide identification system. We are informing the public about Alzheimer's disease and related dementias, the dangers associated with wandering and how community professionals can help protect these vulnerable community members.

Now that you have received this critical information about Alzheimer's disease and Safe Return, there are ways you can help the individuals in your community who have some kind of memory impairment.

#### **B. GETTING INVOLVED IN SAFE RETURN**

#### 1. UTILIZING SAFE RETURN

With an extensive communication network and the ability of dispatch to alert drivers throughout the community, you are a critical link in helping to find missing people. Working collaboratively with the Alzheimer's Association Safe Return Program, you are now able to help in the safe and timely return of these people.

Please remember to look for Safe Return identification if you suspect a person has a memory impairment. Call the telephone number on the back of the identification product to report the person missing and to access important information.

#### 2. INFORMING OTHERS (ADD LOCAL STATISTICS)

\_\_\_\_\_\_\_people in the \_\_\_\_\_\_area have Alzheimer's disease or a related dementia. Some are registered with Safe Return, but many are not. Our challenge lies in informing the public about the dangers of wandering behavior and that Safe Return can help The success of Safe Return relies on the collective efforts of this community to educate and inform the public about Safe Return. You can help register more people in Safe Return by telling caregivers you encounter about the benefits of the program. 3. PARTNERING WITH SAFE RETURN THROUGH THE LOCAL CHAPTER We encourage your transit agency to work with the local Alzheimer's Association Chapter to promote Safe Return by:

- sponsoring a Safe Return registration day to encourage families to enroll their loved ones with a memory impairment. This will increase local registrations in Safe Return, and may provide positive publicity for your agency as well!
- publishing information about Alzheimer's disease and the Safe Return program in your internal newsletter.
- including Alzheimer's disease issues and speakers at local training conferences.

In addition your local chapter may

- have an opportunity for interested individuals to serve on a committee that develops community response protocols for missing persons.
- accept contributions for a scholarship fund that provides financial assistance to families and caregivers who otherwise may not be able to afford Safe Return registration.
- have Safe Return posters or flyers to display in your offices, bulletin boards or on buses–Safe Return registration brochures are also available for display or distribution.
- provide your agency with training materials for ongoing training for new employees.

# **V.** CONCLUSION

# A. QUESTION AND ANSWER PERIOD

B. ADMINISTER POST-TEST (HANDOUT PAGES 66-67)

C. DISTRIBUTE AND COLLECT SPEAKER EVALUATION (HANDOUT PAGES 68-69)

D. THANK YOU FOR YOUR PARTICIPATION AND ATTENTION

# HANDOUTS

| Pre-Test                                                                            | (Page 47)     |
|-------------------------------------------------------------------------------------|---------------|
| Pre-Test Answers                                                                    | (Page 48)     |
| Alzheimer's Disease Fact Sheet                                                      | (Pages 49-50) |
| Alzheimer's Disease and Related Disorders<br>Fact Sheet                             | (Pages 51-52) |
| National Alzheimer's Association Fact Sheet                                         | (Page 53)     |
| Local Alzheimer's Association Fact Sheet<br>(not included-local chapter can insert) |               |
| Alzheimer's Association Safe Return Program<br>Fact Sheet                           | (Page 54)     |
| Alzheimer's Association Safe Return Program<br>Registration Form                    | (Pages 55-56) |
| Fax Cover Sheet for Safe Return Discovery Report<br>for Law Enforcement Official    | (Page 57)     |
| Safe Return Discovery Report for Law<br>Enforcement Official                        | (Pages 58-60) |
| Safe Return Missing Report for Law<br>Enforcement Official                          | (Pages 61-63) |
| Safe Return Recovery Report for Law<br>Enforcement Official                         | (Pages 64-65) |
| Post-Test                                                                           | (Page 66)     |
| Post-Test Answers                                                                   | (Page 67)     |
| Evaluation                                                                          | (Pages 68-69) |

# **PRE-TEST**

This exercise will help you recognize some of the myths and misconceptions surrounding Alzheimer's disease and wandering behavior. Answer true or false to the following questions.

- \_\_\_\_\_ 1. People with Alzheimer's disease have no problem communicating with others.
- 2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.
- 3. It is recommended that you shout at the passenger with Alzheimer's disease who constantly rings the exit bell.
- 4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.
- 5. People with Alzheimer's disease no longer drive, so, it is not likely you will encounter them on the road.
- 6. Always seat the passenger with Alzheimer's disease far away from you so you are not distracted while driving.
- 7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words.
- 8. The Alzheimer's Association Safe Return Program helps you know if someone has Alzheimer's disease or a related dementia.
  - 9. Eventually most passengers with Alzheimer's disease will remember where they want to go and be able to communicate their correct destination.
- 10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.

# **Answers to Pre-Test**

- **False** 1. People with Alzheimer's disease have no problem communicating with others.
- **True** 2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.
- **False** 3. It is recommended that you shout at the passenger with Alzheimer's disease who constantly rings the exit bell.
- **True** 4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.
- **False** 5. People with Alzheimer's disease no longer drive, so it is unlikely you will encounter them on the road.
- **False** 6. Always seat the passenger with Alzheimer's disease far away from you so you are not distracted while driving.
- **False** 7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words
- **True** 8. The Alzheimer's Association Safe Return Program helps you know if someone has Alzheimer's disease or a related dementia.
- **False** 9. Eventually most passengers with Alzheimer's disease will remember where they want to go and be able to communicate their correct destination.
- **True** 10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.



Someone to Stand by You

## **ALZHEIMER'S DISEASE: FACT SHEET**

#### **Definition:**

Alzheimer's disease (pronounced Alz'-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease (AD) is the most common form of dementia. Dementia is a loss of intellectual function (thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. AD is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain (plaques and tangles) and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with AD are older than age 65; however, AD can occur in people in their 40s and 50s.

#### Symptoms:

Symptoms of AD can include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment and planning and personality changes. The rate of progression varies from person to person. The time from the onset of symptoms until death averages at 8 years, but can ranges from 3 to 20 years. Eventually persons with AD become totally incapable of caring for themselves.

#### **Diagnosis**:

Early and careful evaluation is important because many conditions, including some that are treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify AD. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable AD, confirmation of AD requires examination of brain tissue, which is usually done by an autopsy.

# ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC. INC.

#### Treatment:

Although no cure for AD is presently available, good planning and medical and social management can ease the burdens on the patient and family. Health care directives and decisions can be made while the patient has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the afflicted person to continue functioning. Intervention strategies and if necessary, appropriate medication can lessen symptoms such as agitation and anxiety, and improve sleep and participation in activities. There are to date two FDA-approved drug treatments specifically for AD – tacrine and donepezil hydrochloride.

#### Causes & Research:

The causes of AD are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cures for AD.

#### Economic Impact:

At some point, a person with AD will require 24-hour care, including assistance with daily activities such as eating, grooming and toileting. The financing of care for AD – including costs of diagnosis, treatment, nursing home care and formal or paid care – is estimated to be at least \$100 billion each year. The federal government covers \$4.4 billion and the states another \$4.1 billion. Much of the remaining costs are borne by patients and their families.

The Alzheimer's Association is the only national voluntary health organization dedicated to research for the causes, treatments, cures and preventions of Alzheimer's disease and to providing education and support services to people with AD, their families and caregivers. A nationwide 24-hour information and referral line links families who need assistance with nearby Chapters. Those interested in help may call 800-272-3900. Those with Internet access can reach our home page at http://www.alz.org.

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#### ALZHEIMER'S DISEASE AND RELATED DISORDERS FACT SHEET

(AN OVERVIEW OF THE DEMENTIAS)

#### WHAT IS DEMENTIA?

Dementia is the loss of intellectual functions (such as thinking, remembering and reasoning) of sufficient severity to interfere with a person's daily functioning. It is not a disease in itself, but rather a group of symptoms which may accompany certain diseases or physical conditions. The cause and rate of progression of dementias vary. Some of the more well-known diseases that produce dementia include Alzheimer's disease, multi-infarct dementia, Huntington's disease, Pick's disease, Creutzfeldt-Jakob disease, and Parkinson's disease. Other conditions which may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions and thyroid problems. It is imperative that all persons experiencing memory deficits or confusion undergo a thorough diagnostic workup. This requires examination by a physician experienced in the diagnosis of dementing disorders and detailed laboratory testing. The examination should include a re-evaluation of all medications. This process will help the patient obtain treatment for reversible conditions, aid the patient and family in planning future care, and provide important medical information for future generations.

#### **ALZHEIMER'S DISEASE**

Alzheimer's disease is the most common of the dementing disorders, affecting as many as 4 million Americans. Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms of Alzheimer's disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgement, personality change, difficulty in learning, and loss of language and communication skills. As with all dementias, the rate of progression in Alzheimer's patients varies from case to case. From the onset of symptoms, the life span of an Alzheimer victim can range anywhere from 3 to 20 or more years. The disease eventually leaves its victims unable to care for themselves. While a definitive diagnosis of Alzheimer's disease is possible only through the examination of brain tissue, which is usually done at autopsy, it is important for a person suffering from any symptoms of dementia to undergo a thorough clinical examination. In fact, after such an evaluation, approximately 20% of suspected Alzheimer's cases prove to be a medical condition other than Alzheimer's, sometimes treatable.

#### MULTI-INFARCT DEMENTIA

Multi-infarct dementia (MID), or vascular dementia, is a deterioration of mental capabilities caused by multiple strokes (infarcts) in the brain. The onset of MID may be relatively sudden as many strokes can occur before symptoms appear. These strokes may damage areas of the brain responsible for a specific function as well as produce generalized symptoms of dementia. As result, MID may appear similar to Alzheimer's disease. Multiinfarct dementia is not reversible or curable, but recognition of an underlying condition (high blood pressure) often leads to a specific treatment that may modify the progression of that disorder. Multi-infarct dementia is usually diagnosed through neurological examination and brain scanning techniques, such as computerized tomography (CT scan) or magnetic resonance imaging (MRI), in order to identify strokes in the brain.

#### PARKINSON'S DISEASE

Parkinson's disease (PD) is a progressive disorder of the central nervous system which affects more than one million Americans. Individuals with PD lack the substance dopamine, which is important for the central nervous system's control of muscle activity. Parkinson's disease is often characterized by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiating physical movement. Late in the course of the disease, some patients develop dementia and eventually Alzheimer's disease. Conversely, some Alzheimer patients develop symptoms of Parkinson's disease. Medications such as levodopa, which converts itself into dopamine once inside the brain and depreynl, which prevents degeneration of dopamine-containing neurons, are used to improve diminished or reduced motor symptoms in PD patients but do not correct the mental changes that occur.

#### HUNTINGTON'S DISEASE

Huntington's disease is an inherited, degenerative brain disease which affects the mind and body. The disease usually begins during mid-life, and is characterized by intellectual decline, and irregular and involuntary movements of the limbs or facial muscles. Other symptoms of Huntington's disease include personality change, memory disturbance, slurred speech, impaired judgement and psychiatric problems. Huntington's disease currently affects more than 25,000 Americans. The diagnostic process for Huntington's disease includes an evaluation of family medical history, recognition of typical movement disorders and CAT brain scanning. A genetic marker linked to Huntington's disease has been identified on chromosome 4 and researchers are working on locating the gene itself. Although there is no treatment available to stop to progression of the disease, the movement disorders and psychiatric symptoms can be controlled by drugs.

#### **CREUTZFELDT-JAKOB DISEASE**

Creutzfeldt-Jakob Disease (CJD) is a rare, fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms of CJD include failing memory, changes in behavior, and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements (especially muscle jerks) appear, and the patient may become blind, develop weakness in the arms or legs, and ultimately lapse into a coma. The death of CJD patients is usually caused by infections in the bedridden, unconscious patient. Like Alzheimer's disease, a definitive diagnosis of CJD can be obtained only through an examination of brain tissue, usually at autopsy.

#### PICKS DISEASE

Pick's disease is also a rare brain disorder which, like Alzheimer's disease, is usually difficult to diagnose. Disturbances in personality, behavior and orientation may precede and initially be more severe than memory defects. Like Alzheimer's disease, a definitive diagnosis is usually obtained at autopsy.

#### NORMAL PRESSURE HYDROCEPHALUS

Normal pressure hydrocephalus is an uncommon disorder which involves an obstruction in the normal flow of cerebrospinal fluid. This blockage causes a buildup of cerebrospinal fluid on the brain. Symptoms of normal pressure hydrocephalus include dementia, urinary incontinence and difficulty in walking. Presently, the most useful diagnostic tools are the neuroimaging techniques (ie., MRI). Normal pressure hydrocephalus may be caused by any of several factors including meningitis, encephalitis and head injuries. In addition to treatment of the underlying cause, the condition may be corrected by a neurosurgical procedure (insertion of a shunt) to divert the fluid away from the brain.

#### DEPRESSION

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Depression is a psychiatric disorder marked by sadness, inactivity, difficulty in thinking and concentration, feelings of hopelessness, and sometimes suicidal tendencies. Many severely depressed patients will have some mental deficits including poor concentration and attention. When dementia and depression are present together, intellectual deterioration may be exaggerated. Depression, whether present alone or in combination with dementia, can be reversed with proper treatment.

For further information about Alzheimer's disease or related disorders, contact the Alzheimer's Association at 1/800-621-0379 (In Illinois, 1/800-572-6037).



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# ALZHEIMER'S ASSOCIATION: FACT SHEET

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated both to research for the causes, treatments, cures and preventions of Alzheimer's disease, as well as to provide education and support for people with the disease, their families and caregivers. It also is known as the Alzheimer's Disease and Related Disorders Association.

# HELP for those with Alzheimer's disease

Through the Alzheimer's Association and its nationwide network of more than 200 chapters with over 35,000 volunteers, those with the disease and their families can:

- Learn about the disease and what to expect
- Gain understanding and emotional support
- Find help for legal, financial and lifestyle needs
- Obtain information on care options
- Get access to clinical drug trials

# And those who care for them

With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care
- Get assistance information and support from telephone Helplines and support groups
- Learn how to reduce stress and manage lifestyle changes
- Access professional and community services

# HOPE through research

The Association's research program, the Ronald and Nancy Reagan Research Institute, is the largest private funding source for Alzheimer research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

# Making a difference for Alzheimer families

The Alzheimer's Association works to increase public understanding and support through

- EDUCATION of family and professional caregivers on quality care
   ADVOCACY for compression of the second second
- ADVOCACY for government funding for research and public policy to help families
- PUBLIC AWARENESS of the disease, related issues and help available
- FUNDRAISING for research, programs, services and support

To learn more about the Alzheimer's Association, to assist in our important mission, or to locate the chapter nearest you, call (800) 272-3900, TDD access is (312) 335-8882. Those with Internet access can reach our home page at http://www.alz.org. © 1996 IRS 228Z



Someone to Stand by You

The Alzheimer's Association Safe Return Program

# ALZHEIMER'S ASSOCIATION SAFE RETURN FACT SHEET

The Alzheimer's Association Safe Return program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

#### SAFE RETURN BENEFITS INCLUDE:

#### IDENTIFICATION PRODUCTS

Program participants receive an identification bracelet or necklace, clothing labels and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory impaired and may need assistance. Identification bracelets or necklaces are also available for caregivers to wear to alert others to look after the individual if the caregiver becomes incapacitated.

#### NATIONAL INFORMATION/PHOTO DATABASE

Registration in a national database that includes important emergency contact information and photograph to help reunite lost individuals with their caregivers no matter where they wander.

#### • 24 HOUR TOLL-FREE CRISIS LINE

A nationwide toll-free number is available 24 hours a day, 365 days a year, to contact when an individual is lost or found.

#### FAX ALERT NOTIFICATION SYSTEM

A fax alert system is capable of sending missing person information and photos anywhere in the country.

#### LOCAL ALZHEIMER'S ASSOCIATION CHAPTER SUPPORT

A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers.

#### WANDERING BEHAVIOR INFORMATION AND TRAINING

One of the most alarming and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias is wandering. Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering, and effectively use the Safe Return program.

For information about registering in Safe Return, information about the Alzheimer's Association, or the location of a chapter near you, call 800/272-3900.

# ALZHEIMER'S ASSOCIATION

Safe Return



For safety and peace of mind register now in Safe Return

# Safe Return Assistance

Safe Return is a nationwide identification, support and registration program working at the community level. Assistance is available 24 hours, every day, whenever a person is lost or found.

When missing, Safe Return faxes the registrant's information and photo to local law enforcement. When found, a citizen or law official calls the 800 number and Safe Return notifies listed contacts. The local Alzheimer's Association chapter provides support.

# Safe Return Identification

With \$40 registration fee, you receive the following products\*:

- engraved identification bracelet or necklace, iron-on clothing labels, key chain, lapel pin, refrigerator magnet, stickers, wallet cards and Caregiver Checklist.
- for an additional \$5, receive caregiver jewelry.\* In an emergency, it alerts others that you provide care for a person registered in Safe Return.

Identification products are sent to the physical address of the primary contact unless otherwise indicated.

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their neighborhood or far from home. Although common, this behavior can be dangerous, even life-threatening to individuals and stressful for caregivers.

There is help. The Alzheimer's Association Safe Return program assists in the safe return of individuals with

Alzheimer's or a related dementia who wander and become lost.



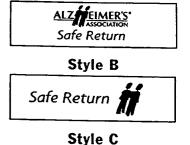
# Safe Return Registration

- Mail completed registration form, payment\* and registrant photo\*\* to the address on the back.
- To register by phone, call toll-free 1-888-572-8566 (weekdays 8am - 8pm CST) with registration and credit card information. Call the 888 number to update any registration information. For TDD service, call 1-888-500-5759.
- \* Registration fee is \$40. Add \$5 for caregiver jewelry.
- \*\* Write registrant's name on the back of photo (not returned).

# Safe Return Jewelry Styles

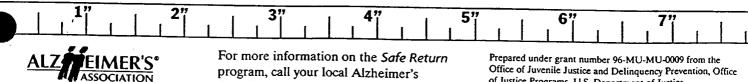
Please indicate jewelry type and style. Wrist measurement required for bracelet.

Instructions: Use flexible tape measure or encircle wrist with string and measure against reference ruler.



Style A





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program, call your local Alzheimer's Association chapter or (800) 272-3900. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. PF/200/F ©1998 Alzheimer's Disease and Related Disorders Association, Inc. All Rights Reserved.

# Alzheimer's Association Safe Return Program Registration Form (please print)

| REGISTRA                |                |                      |         |
|-------------------------|----------------|----------------------|---------|
| Full Name               | · ·            |                      |         |
|                         |                | on identification pr |         |
| Address<br>(Physical ad | ldress)        |                      | <u></u> |
| City                    |                | County               |         |
|                         |                | Zip Code             |         |
|                         |                |                      |         |
|                         |                |                      |         |
|                         |                |                      |         |
|                         |                | Weight               |         |
| Eye Colo                | r              | Hair Color           | ·       |
|                         |                |                      |         |
| Complexi                | ion: Fair      | Medium               | Dark    |
| Male                    | Female         | Language _           |         |
| Medical (               |                |                      |         |
| Critical M              |                |                      |         |
| Circle the              | characteristic | es that apply:       |         |
| Glasses                 | Contact        | s Hear               | ing Aid |
| Wig                     | Beard          | Mustache             | Bald    |
| Cane                    | Other          |                      |         |
| Describe/I              | Location:      |                      |         |
| Mole                    | T              | attoo                |         |
| Scar                    | E              | Birth Mark           |         |
| -                       | hotograph pro  | wided: Yes           | No      |

| Name                 |                                                      |
|----------------------|------------------------------------------------------|
| Address              |                                                      |
|                      | County                                               |
| State                | Zip Code                                             |
| Telephone: Home (    | )                                                    |
| Work (               | )                                                    |
| Relation to Registra | nt                                                   |
|                      | an be called and receive<br>son is missing or found. |
| Name                 |                                                      |
| Address              |                                                      |
| City                 | StateZip                                             |
| Telephone: Home (    | )                                                    |
| Work (               | )                                                    |
|                      | nt                                                   |
| Name                 | <u></u>                                              |
| Address              |                                                      |
|                      | StateZip                                             |
| Telephone: Home (    | )                                                    |
| Work (               | )                                                    |
|                      | nt                                                   |
| Law Enforcement      | nearest registrant's residence                       |
| Address              |                                                      |
| •                    | StateZip                                             |
| Telephone ( )        |                                                      |
|                      |                                                      |

CONTACT INFORMATION

# Refer to Jewelry Styles on the front

**REGISTRANT Jewelry** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_\_ inches (Measurement required if ordering bracelet.)

#### **CAREGIVER Jewelry Option** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_ inches

#### Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services, Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

| Contact Signature           | Date                                  |
|-----------------------------|---------------------------------------|
| (Signature/Consent rec      | uired for registration.)              |
| Payment Method              | Telephone Registration                |
| Check                       | □ Mail Registration                   |
| □ Visa <sup>®</sup> □ Maste | rcard®                                |
| credit card number          | exp. date                             |
| cardholder's name           |                                       |
| cardholder's signature      | <u></u>                               |
|                             | l payment to:<br>e Return<br>Box 9307 |

St. Louis, MO 63117-0307

# ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM-TRANSIT OPERATOR TRAINING BOOK

56

# Law Enforcement

#### **Facsimile Transmission**

DATE: # OF PAGES (including cover):

## FROM: Alzheimer's Association Safe Return Phone: 1.800.572.1122 Fax: 1.314.647.2827

TO: Name: Agency: Phone:

Fax:

FAX NOTES:

#### **ENDANGERED MISSING**

The following report involves a missing person diagnosed with Alzheimer's disease (AD) or a related dementia.

The person is registered in the Alzheimer's Association Safe Return program, which assists in the safe and timely return of individuals with AD and related dementias who wander and become lost. The caller has been informed to call police to file a missing person's report.

#### DID YOU KNOW?

- ✓ 59% of people diagnosed with AD wander and become lost.
- ✓ 46% may die if not found within 24 hours.
- ✓ People with AD often are usually found within .5 mile radius from where they disappeared.
- People with AD are usually found a short distance from the road or open field.
- People with AD are usually found in creek or drainage areas and/or caught in briars and bushes.
- People with AD do not usually cry out for help.
- People with AD do not usually respond to shouts.
- ✓ People with AD leave few physical clues behind.
- People with AD may be in search of something from their past (i.e., job, childhood home).

When communicating with a person with AD, remember to:

Ask closed-ended (i.e., yes/no) questions

Speak slowly, asking one question at a time

Use short, familiar words

Maintain good eye contact

Attempt to remove person from a noisy, stressful environment

Call Safe Return when the missing or found person is returned or identified. If you have any questions, please contact the local Alzheimer's Association chapter (name and number provided in report) or Safe Return at 1.800.572.1122.

DISCOVERY REPORT

For Internal Use Only SR Call Number; 78 SR Call Date: 3/18/98 SR Call Time: 4:27:00 PM CST SR Clinician: Beckerle, Diane

> Description: SR ID#: **Cont**

> > Social Security #: DOB: Form of ID: Unknown Height: 5.01 e.g. 5.7 = 5ft Weight: 130 Eyes: Brown Hair: Black Race: Black Sex: Female

Registrant: Mamie

Pasadena, CA Los Angeles County

Location:

Raymond & Howard Pasadena, CA 91103 County

Language Spoken: #NULL#

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs

Mode: Foot Safely Returned? Yes Starting Location: Home

Date Found: 3/18/98 Call Date: 3/18/98 Call Time: 4:27:00 PM CST

Previous Missing Reports:

Previous Discovery/Recovery Reports: 3/18/98;

Caller:

Glynnis School Raymond & Howard Pasadena, CA County

Home:

Work:

Relationship to Registrant: Security Guard

Chapter Procedures Followed: Yes Date: 3/18/98, Time: 4:25:00 PM

Fax sent to: Chapter: Los Angeles Chapter (213) 938-3379 (213) 938-1036 Safe Return Program Coordinator

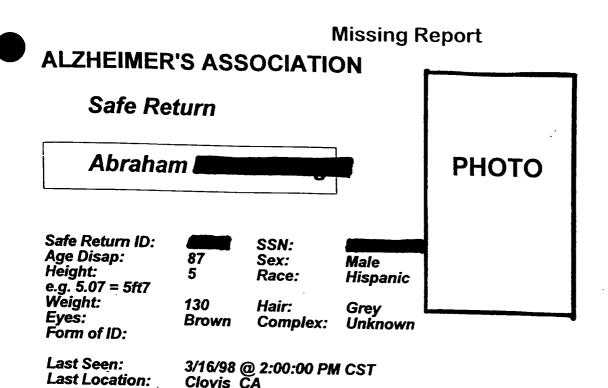
CareGiver Notified: CareGiver 1 = CG1

Comments:

Glynnis Manual, Manual School Campus Security, phoned Safe Return to report that Mamie Manual had been found on campus. She had been roaming around the campus for @ 1.5 hours when they noticed her Safe Return bracelet and called. This worker conferenced call with Rose Manual, CG1, with whom registrant lives.

CG1 had just phoned the police and had been searching the area. CG1 said she'd come to get registrant and return her safely home. CG1 indicated that registrant had wandered to the same location in the past.

|                                                                                                      | DISCOVERY  | REPORT<br>For Internal Use Only<br>SR Call Number:<br>SR Call Date: 3/18/98<br>SR Call Time: 4:27:00 PM CST |
|------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------|
| Registrant's Caregivers:<br>Rose Analysis Relation: I<br>Pasadena, CA Analysis<br>Los Angeles County | Daughter   | SR Clinician:<br><b>Registrant's Helpers:</b><br>Pasadena Police Dept<br>#NULL#<br>#NULL#, CA #NULL#        |
| Home: Work:                                                                                          |            | (626) 405-4501<br>Fax: #NULL#                                                                               |
| Laurie Relation: (<br>Altadena, CA Relation: (<br>#NULL# County                                      | Gdsons Wif | Huntington Memorial Hospital<br>#NULL#<br>#NULL#, CA #NULL#                                                 |
| Home: Work: #NULL#                                                                                   |            | #NULL#<br>Fax: #NULL#                                                                                       |
| Ruby Relation: I<br>Altadena, CA<br>#NULL# County                                                    | Daughter   | Sierra Madre Police Dept<br>#NULL#<br>#NULL#, CA #NULL#                                                     |
| Home: Work: #NULL#                                                                                   |            | (626) 355-1414<br>Fax: #NULL#                                                                               |



ENDANGERED MISSING Clothing: Black and white striped sweater, black pants, a charcoal gray hat Medical Conditions: Distinguishing Marks/Characteristics: glasses, moles on face and neck Language Spoken:

Additional Comments: Mr. Additional usually walks from his home down to the corner and comes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Elizabeth has been told to stay at her mother's house Mr. A until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. **Registration Notes:** If you have any information on Abraham

1-800-572-1122

MISSING REPORT For Internal Use Only SR Call Number: 366 SR Call Number:

| SR Call Date: | 3/16/98         |
|---------------|-----------------|
| SR Call Time: | 2:33:00 PM CST  |
| SR Clinician: | Ragsdale, Janis |

| Registrant: |  |
|-------------|--|
| Abraham 🚛   |  |
|             |  |

Clovis, CA

1

SR ID#:

Social Security #: DOB: 3/16/11 Form of ID: Unknown

Date Reported Missing: 3/16/98 Time Reported Missing: 2:33:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98:

| Caller:                   |
|---------------------------|
| Elizabeth <b>Annu</b>     |
|                           |
| Clovis, CA                |
| County                    |
| Home:                     |
| Work:                     |
| Deletionetin to Desistant |

Relationship to Registrant: Daughter

Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:00:00 PM

Fax sent to: Chapter:

Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

#### Comments:

Mr. In the usually walks from his home down to the corner and comes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. MISSING REPORT For Internal Use Only SR Call Number:

> SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant's Caregivers: Elizabeth Relation: Daughter

Clovis, CA

Home: Work:

Elida Relation: Grndaughtr

Clovis, CA

Home: Work: #NULL#

Rev. E. Relation: Grandson

#NULL# Home: Work: Registrant's Helpers: Clovis Police 1033 5th St. #NULL#, CA #NULL#

(209)297-2624 Fax: #NULL#

Fresno Police Dept. #NULL# #NULL#, CA #NULL#

(209)498-1414 Fax: #NULL# ۰.

RECOVERY REPORT

| For | Internal Use Only | v              |
|-----|-------------------|----------------|
|     | SR Call Number:   | . 1            |
|     | SR Call Date:     | 3/16/98        |
|     | SR Call Time:     | 3:37:00 PM CST |
|     | SR Clinician:     | Collins, Nancy |

| Missing Person:<br>Abraham                                       |
|------------------------------------------------------------------|
| Clovis, CA <b>Fresno</b> County                                  |
| SR ID#:                                                          |
| Date Reported Missing: 3/16/98<br>Missing Report Call Number: 34 |
| Recovery Information:<br>Location:                               |

County

Same As Caller

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home Address Date Found: 3/16/98 Call Date: 3/16/98 Call Time: 3:37:00 PM CST

366

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;

Caller: Elizabeth Clovis, CA

•.

Home: Work: Work: Relationship to Registrant: Daughter Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:40:00 PM

Fax sent to: Chapter:

Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

CareGiver Notified: CareGiver 1 Comments: Caller reported that the Police brought her father home a few minutes ago. He is fine.

# **Post-Test**

Directions: Answer true or false to the following statements.

1. Alzheimer's disease is the fourth leading cause of death among adults.

2. A person with Alzheimer's disease may ring the exit bell repeatedly to get attention.

3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.

4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.

5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.

6. The majority of people affected by Alzheimer's disease are 65 and older.

7. People with Alzheimer's disease are often found wandering and may become lost even in their own neighborhood.

8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.

9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product the individual does not have this disease or a related dementia.

10. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

### **Answers to Post-Test**

- **True** 1. Alzheimer's disease is the fourth leading cause of death among adults.
- **False** 2. A person with Alzheimer's disease may ring the exit bell repeatedly to get attention.
- **False** 3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.
- **False** 4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.
- **False** 5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.
- **True** 6. The majority of people affected by Alzheimer's disease are 65 and older.
- **True** 7. People with Alzheimer's disease are often found wandering and may become lost even in their own neighborhood.
- **True** 8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.
- **False** 9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product the individual does not have this disease or a related dementia.
- **True** 10. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

.

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| Speaker | EVALUATION |
|---------|------------|
|---------|------------|

| Presenter                    |             |              |              |          |           |                  |
|------------------------------|-------------|--------------|--------------|----------|-----------|------------------|
| Subject                      |             |              |              | <u> </u> |           |                  |
| 1. Your reaction             | to the      | content      | t of the     | e prese  | ntation:  |                  |
| Worthwhile                   | 5           | 4            | 3            | 2        | 1         | Not worthwhile   |
| Enough time                  |             |              | 3            | 2        | 1         | Not enough time  |
| Handouts useful              | 5           | 4            | 3            | 2        | 1         | Not useful       |
| Comments                     |             |              |              |          |           |                  |
|                              |             |              |              |          |           |                  |
| 2. Your reaction<br>Prepared | to the<br>5 | present<br>4 | ter(s):<br>3 | 2        | 1         | Unprepared       |
| Clear                        | 5           | 4            | 3            | 2        | 1         | Unclear          |
|                              | 5           | -            | 3            | 2        | 1         | Disorganized     |
| Involved<br>Audience         | 5           | 4            | 3            | 2        | 1         | Did not involve  |
| Comments                     |             |              |              | <u></u>  |           |                  |
|                              |             |              |              |          |           | ······           |
| 3. What do you tl            | hink wa     | as the n     | nost va      | luable   | part of t | he presentation? |
|                              |             |              |              |          | <u></u>   |                  |
|                              |             |              |              |          |           |                  |

4. What part of the presentation would you like to have spent more time on?

5. Prior to today, had you received formal training related to Alzheimer's disease?

| Yes 🗌                                      | No [    |       |   |   |   |      |  |
|--------------------------------------------|---------|-------|---|---|---|------|--|
| lf yes, please                             | specify | where | ; |   |   |      |  |
| 1. Overall evaluation of the presentation: |         |       |   |   |   |      |  |
| Excellent                                  | 5       | 4     | 3 | 2 | 1 | Poor |  |

### **GLOSSARY OF TERMS**

#### CATASTROPHIC REACTION

A catastrophic reaction is an exaggerated response to a situation which results when a person's mental ability prevents them from rational action. A situation that is mildly upsetting to a normal person may grow out of proportion for an individual with Alzheimer's disease. The onset of a catastrophic reaction may be signaled by a sudden change in mood and increased restlessness. The behavior, however, can rapidly deteriorate into suspicion, stubbornness, inconsolable crying, anger and combativeness. The individual may lash out, verbally and/or physically at anyone who tries to help.

#### COMPUTERIZED TOMOGRAPHY

Computer method of making x-ray pictures of a plane section of the brain.

#### DELUSION

A delusion is a false idea, sometimes originating in misinterpretation, but firmly believed and strongly maintained in spite of obvious proof or evidence to the contrary.

#### ELECTROCARDIOGRAM (EKG)

A record of the electrical activity of the heart, shows certain waves called P.Q.R.S. and T waves.

#### ELECTROENCEPHALOGRAPHY

Recording electrical activity in the brain.

#### LONG-TERM MEMORY

Involves processes of consolidation, organization, association and recall.

#### MEMORY

Memory is the ability to process information that requires attention, encoding (bringing in and storing), storage (keeping it in), and retrieval (recall or finding the information). Memory involves several different brain processes, areas of the brain, and mechanisms. Signs, cueing and a consistent environment may assist people with early Alzheimer's disease memory problems. NCIC was created by the FBI in 1967 to assist criminal justice agencies in improving their operations by providing a nationwide information system to support investigations. It provides a computerized index of documented criminal justice information available to law enforcement professionals. Information on wanted or missing persons and stolen property is instantaneously accessible through police radios, dispatch personnel, and NCIC terminals.

### SHORT-TERM MEMORY

Working memory that involves attention and perception.

### WANDERING

The term defies standard categorization and a consensus definition has not yet been reached. One operational definition is "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990).

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# **ADDITIONAL RESOURCES AND MATERIALS**

### **NATIONAL ORGANIZATIONS**

American Ambulance Association 3800 Auburn Boulevard - Suite C Sacramento, CA 95821 916-483-3827

Community Transportation Association of America 1341 G Street NW, Suite 600 Washington DC 20005 202-628-1480

Emergency Response Institute 4537 Foxhall Drive NE Olympia, WA 98516 360-491-7785

Fraternal Order of Police National Headquarters 1410 Donaldson Pike, A-17 Nashville, TN 37217 800-451-2711

International Association of Chiefs of Police 515 North Washington Street Alexandria, VA 22314-2357 703-836-6767

National Association of Attorneys General 750 First Street NE, Suite 1100 Washington, DC 20002 202-326-6000 National Association for Search and Rescue 4500 Southgate Place - Suite 100 Chantilly, VA 20151 703-222-6277

National Association of Emergency Medical Technicians 408 Monroe Street Clinton, MS 39056 800-34NAEMT

National Flight Paramedics Association 3716 S. Yale Ave. - Suite 300 Tulsa, OK 74136 800-381-6372

National Sheriff's Association 1450 Duke St. Alexandria, VA 22314 800-424-7827

National Victim Resource Center PO Box 6000 Rockville, MD 20850 800-627-6872

Triad 1450 Duke Street Alexandria, VA 22314 703-836-7827

# **ORDERING SAFE RETURN MATERIALS**

| NEED TO                                                                              | Order                                 | CONTACT                            | LOCATION     |
|--------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|--------------|
| Brochures<br>Posters                                                                 | Order Processing - Office<br>Services | National Office                    | 800/223-4405 |
| Print Public Service<br>Announcement (PSA)                                           |                                       |                                    |              |
| Safe Return Fact Sheet                                                               |                                       |                                    |              |
| Wandering or Sundowning and<br>Shadowing "Just the Facts" Sheets                     |                                       |                                    |              |
| Police Training Kit                                                                  |                                       |                                    |              |
| Alzheimer's Disease:<br>A Guide for Law Enforcement<br>Officials Handbook            |                                       |                                    |              |
| Safe Return Ad Slicks                                                                |                                       |                                    |              |
| Sample Products                                                                      | Veronica Chavez                       | Safe Return - National Office      | 312/335-5759 |
| Two-Sided Registration Form<br>(original copy to use for photo-<br>copying)          |                                       |                                    |              |
| Ideas for Encouraging Someone<br>to use Their Safe Return<br>Identification Products |                                       |                                    |              |
| 30 Ways to Use Your Registrant<br>Reports                                            |                                       |                                    |              |
| Alzheimer's Association Safe<br>Return Program mission statement                     |                                       |                                    |              |
| Laminated pocket response guides<br>for police, transit or EMT's                     | Danny Cain                            | Cain Consulting Associates         | 502/241-9739 |
| Police Cruiser Call Sheet                                                            | Gerald Flaherty                       | Eastern Massachusetts Chapter      | 617/494-5150 |
| Law Enforcement, A.D., and the Lost Elder Training Curriculum                        |                                       |                                    |              |
| Safe Return Police Training Video                                                    | Communication Media Group             | Newton, MA                         | 617/527-5077 |
| Innocent Offender Video                                                              | Marlene Pfenninger                    | Rochester, NY Chapter              | 716/442-3820 |
| The Impact of Alzheimer's<br>Transit Training Video                                  | Project Action                        |                                    | 800/659-642  |
| Emergency Medical Technician<br>(EMT) Training Video                                 | Betty Ransom                          | Northern Virginia Chapter          | 703/359-4440 |
| Safe Return Chapter Media Kit                                                        | Nicolle Gajda                         | Media Relations<br>National Office | 312/335-4037 |

# **ALZHEIMER'S DISEASE DEFINITION**

- 4 million Americans have Alzheimer's Disease
- It is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior

# WANDERING

Aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places.

# **SEARCH AND RESCUE**

- Median distance = .5 miles
- Short distance from road
- No cries for help
- No response to shouts
- Few physical clues
- Succumb to environment

# SAFE RETURN MISSION

The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

# SAFE RETURN BENEFITS

- Identification products
- National database
- 24-hour toll-free line
- Fax notification system
- Chapter support
- Information & training

# SAFE RETURN TOLL-FREE CRISIS LINE

# 1-800-572-1122

# **Recognizing Alzheimer's Disease**

- Identification clues
- Physical clues
- Psychological clues

# **FREQUENTLY ENCOUNTERED SITUATIONS**

- Inappropriate Transit Fares
- Failure to Exit
- Boarding at Non-Designated Stops
- Directional Assistance
- Ringing the Exit Bell
- Failure to be Seated
- Indecent Exposure
- Appearance of Intoxication

# CALL TO ACTION

- Look for identification
- Call number on identification
- Inform others
- Sponsor registration day
- Publish information in newsletter
- Provide financial assistance
- Display information in office
- Train new employees

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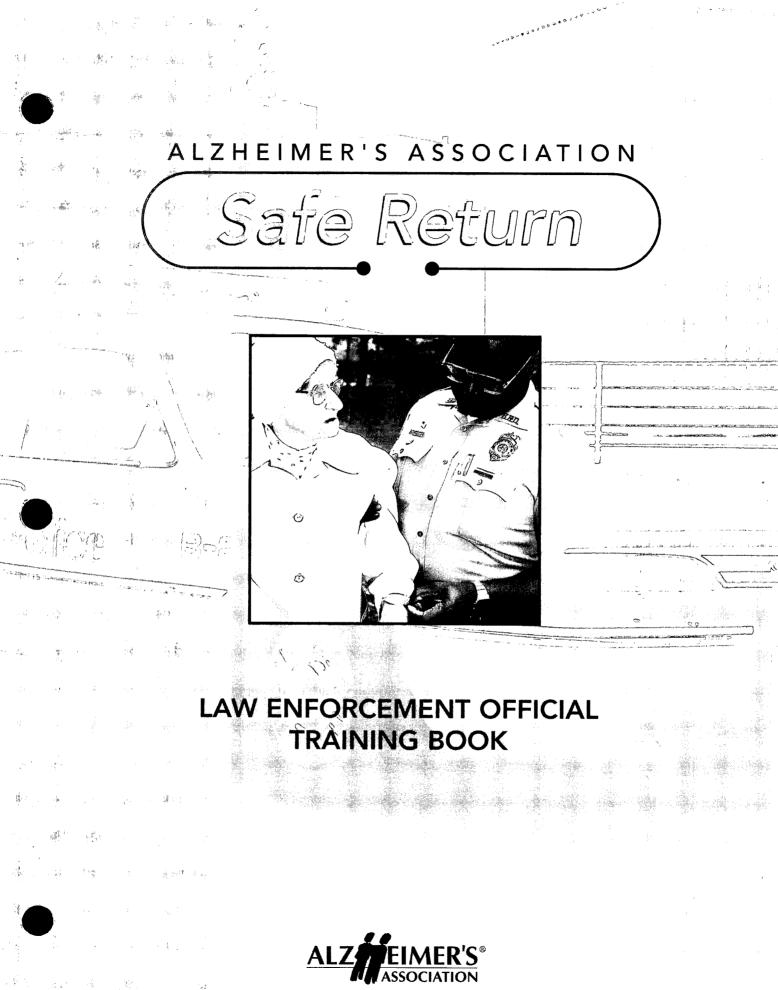
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Alzheimer's Association Safe Return Program 919 North Michigan Avenue Suite 1000 Chicago, IL 60611-1676

> 1-800-272-3900 (312) 335-8882 (TDD) (312) 335-8700

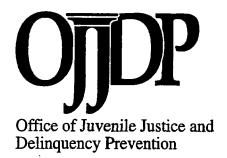
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Someone to Stand by You



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# INTRODUCTION TO THE ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM

### LAW ENFORCEMENT OFFICIAL TRAINING BOOK

This training book was developed to standardize the information and process of providing law enforcement officials with basic information on Alzheimer's disease, the Alzheimer's Association and Safe Return in a format that can be readily adapted. Its design enables an individual to conduct a training session of varying length and varying degree of complexity, whether for a five-minute roll call training, a thirty-minute session or half-day workshop. All the necessary information (other than local resources) appears here, including handouts. The layout of the information allows for the duplication of single pages as needed.

The training book is based on the experiences of Alzheimer's Association staff and volunteers in providing training programs for law enforcement officials since the inception of the Safe Return program in 1993. Your comments and suggestions for future editions are welcome.

#### ACKNOWLEDGMENTS

The Alzheimer's Association Safe Return Program, Law Enforcement Official Training Book was written by Safe Return Specialists Molly Brault, Christine Brough, Jennifer Liebich, and Karie Trumbo. Former Safe Return Specialists who assisted in the development of the book include Diane Beckerle, Karen Metz, and Pedro Rivera. Oversight for training book development was provided by Safe Return Program Director Myra A. Shneider, Patient and Family Services Director Kara Kennedy, and Vice President of Patient, Family and Education Services Thomas Kirk.

Other National Safe Return staff who assisted in the writing of this training book includes Safe Return Program Associate Director Brian Hance, Administrative Assistant Veronica Chavez and General Communications Associate Director Michele Pellissier.

## <u>A SPECIAL THANK YOU TO THE FOLLOWING INDIVIDUALS FOR</u> CONTRIBUTIONS TO THIS BOOK:

- Ken Ater, Special Medical Agency Response Team in New Albany, Indiana
- Constance Barber, Alzheimer's Association, Detroit Area Chapter
- Danny Cain, Cain Consulting Associates in Pewee Valley, Kentucky
- Mary Ellen DeArmitt, Alzheimer's Association, South Central Indiana Chapter
- Carolyn Jeskey, Community Transportation Association of America, Washington, DC
- Sergeant Bill Key, Bowling Green Police Department in Kentucky Jan McGillick, Alzheimer's Association, St. Louis Chapter Don Wilson, El Paso Emergency Medical Services in Texas

Selections in this training book were adapted from *Law Enforcement, Alzheimer's Disease and the Lost Elder* (Flaherty & Scheft, 1995) published by the Eastern Massachusetts Chapter of the Alzheimer's Association, and *Victim, Not Criminal: The Alzheimer's Sufferer*, published by the Alzheimer's Association (1987). The Boston Police Department provided the cover photo.

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### NOTES ON USING THIS BOOK:

- 1) Handouts can be copied directly from this book.
- 2) Local Chapter Information can be supplied by the chapter.
- 3) For photocopying ease, please utilize the handouts included in the pocket of this binder. All "overhead" pages are ready for copying onto acetate or can be copied and distributed as additional handouts.
- 4) Videos and other materials must be ordered. Please see page 82 "Ordering Safe Return Materials."

# PURPOSE OF THE LAW ENFORCEMENT OFFICIAL TRAINING BOOK

The purpose of the training book is to provide trainers with pertinent information to utilize when training law enforcement officials about Alzheimer's disease, wandering behavior and the Alzheimer's Association Safe Return Program. This information will help officials to effectively respond to missing person reports involving individuals with Alzheimer's disease. In addition, the material provides officials with valuable information about specific encounters they are likely to have with an individual affected by the disease, as well as effective communication tools to use when working with these persons.

Law enforcement official audiences may include, but are not limited to the following:

- City Police
- County Police
- Sheriffs
- Municipal Law Enforcement
- State Police Highway Patrol
- Shopping Mall Security
- Campus Law Enforcement
- Tribal Law Enforcement
- Airport and Harbor Police

# **TIPS FOR TRAINERS**

### **ORGANIZE YOUR TRAINING MATERIALS.**

- Have training notes, overheads and handouts accessible.
- Watch the clock and alter your presentation as necessary.

### **PREPARE THE ROOM.**

- Set up room to be conducive to learning.
- Check audio visual equipment.
- Be sure visual materials can be seen by all.
- Make sure room temperature is comfortable.
- Locate restrooms, vending machines and break areas in advance.

### MAKE PARTICIPANTS FEEL COMFORTABLE.

- Introduce yourself to participants as they arrive.
- Talk with them before the session begins.
- Inform them about your background, expertise and qualifications.
- Be honest. Offer examples of situations and solutions from your own experience.
- Ask them about the visuals, sound and temperature. Make adjustments as needed.
- Acknowledge their experience and contributions. Include their own experience in the training.

### USE A VARIETY OF VISUAL AIDS.

- Try using overheads.
- Use short videos when appropriate.
- Provide handouts.

# VARY TRAINING STYLES.

- Stand up, walk around and change your expression and tone of voice.
- Make it interesting by involving the attendees.
- Never read information.

### FOLLOW ADULT LEARNING PRINCIPLES.

- Involve the learner.
- Create a collaborative climate.

# PROVIDE OPPORTUNITY FOR PARTICIPANT FEEDBACK.

- Ask for their input after each section. Make adjustments if necessary.
- Provide an opportunity for questions.
- Utilize written evaluations at the end of the training.

# LAW ENFORCEMENT OFFICIAL TRAINING OUTLINE

- I. Introduction and Presentation of Training Goals
  - A. Introduce Speaker, Explain Training Process
  - B. Conduct Ice Breaker
  - C. Present Training Goals and Desired Outcomes
  - D. Distribute Handouts
  - E. Administer Pre-Test
- II. Overview
  - A. Alzheimer's Disease and Related Dementias
    - 1. Definition
    - 2. Symptoms
    - 3. Diagnosis
    - 4. Treatment
    - 5. Causes and Research
  - B. The Alzheimer's Association
    - 1. Mission
    - 2. Help for Individuals with Alzheimer's Disease
    - 3. Help for Those Who Care for People with Alzheimer's Disease
    - 4. Hope Through Research
    - 5. Making a Difference for Alzheimer's Families
    - 6. Local Chapters
  - C. Wandering
    - 1. Description and Definition
    - 2. Why People Wander
    - 3. Findings from Search and Rescue Study
    - 4. Suggested Search Techniques

### D. Alzheimer's Association Safe Return Program

- 1. Mission
- 2. How Safe Return Works
  - a. Registration
  - b. When Wandering Occurs
- 3. Safe Return Benefits
  - a. Identification Products
  - b. National Information/Photo Database
  - c. 24-Hour Toll-Free Crisis Line
  - d. Fax Alert Notification System
  - e. Local Alzheimer's Association Chapter Support
  - f. Wandering Behavior Information and Training
- 4. How Safe Return Responds
  - a. Discovery Incident
  - b. Missing Incident
  - c. Helping Individuals Not Registered in Safe Return
- III. Law Enforcement Officials and Your Work with Citizens with Alzheimer's Disease
  - A. Recognizing a Person Who May Have Alzheimer's Disease
    - 1. Identification Clues
    - 2. Physical Clues
      - a. Blank Facial Expressions
      - b. Inappropriate Clothing
      - c. Age
      - d. Unsteady Gait
    - 3. Psychological Clues
      - a. Short-Term Memory Loss
      - b. Confusion
      - c. Communication Problems

- d. Delusions and Hallucinations
- e. Agitation
- f. Catastrophic Reaction
- **B.** Frequently Encountered Situations
  - 1. Wandering
  - 2. Driving
  - 3. Faise Reports
  - 4. Victimization
  - 5. Shoplifting
  - 6. Indecent Exposure
  - 7. Homicide and Suicide
  - 8. Appearance of Intoxication
  - 9. Abuse and Neglect
- C. Interacting with a Person with Alzheimer's Disease
  - 1. Treat the Person with Respect and Dignity
  - 2. Avoid Restraints if Possible
  - 3. Approach from the Front and Introduce Yourself
  - 4. Speak Slowly and Calmly
  - 5. Keep the "Climate" Calm and Supportive
  - 6. Ask Only One Question at a Time
  - 7. Keep Instructions Positive
  - 8. Substitute Non-Verbal for Verbal Communication
  - 9. Avoid Shouting
  - 10. Keep Explanations Simple
- D. Responding to Incidents Involving a Missing Person Who May Have Alzheimer's Disease
  - 1. Take Action Immediately
  - 2. Initiate Search
    - a. Check the Immediate Area
    - b. Check Familiar Places

## 3. Use Search Techniques

- a. Early use of trackers at the point last seen
- b. Early use of tracking dogs at the point last seen
- c. Early deployment of air-scent dogs into drainages and streams nearest point last seen
- d. Thorough searching of heavy briars or bushes by ground search teams
- 4. Enter a Report on the National Crime Information Center (NCIC)
- 5. Issue a Radio Report to Surrounding Communities
- 6. Notify Change Shifts at Your Own Department
- Ask Nearby Police Departments to Include a Report in all Shift Briefings
- 8. If Necessary, Request Assistance from the Special Operation Unit in Your State
- 9. Inform Media Outlets
- 10. When Appropriate, Contact the Division of Disaster and Emergency Services
- 11. If Possible, Notify Local Postal Officials and Other Gatekeepers in the Community
- IV. Call to Action
  - A. Urgency
  - B. Getting Involved in Safe Return
    - 1. Utilizing Safe Return
    - 2. Informing Others
    - 3. Partnering with Triad
    - 4. Partnering with Safe Return Through the Local Chapter

V. Conclusion

- A. Question and Answer Period
- B. Administer Post-Test
- C. Distribute and Collect Speaker Evaluation
- D. Thank You for Your Participation and Attention



# **TRAINING FORMAT OPTIONS**

As a trainer, you may find that you will be allotted different periods of time to conduct training programs. Below is a sample of what you may want to include from the full training outline, handouts and additional materials, depending on how much time you have to conduct the training.

# IF YOU HAVE FIVE MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

## TRAINING SCRIPT:

| Introduce speaker                 | (Page 19)     |
|-----------------------------------|---------------|
| Alzheimer's disease               | (Pages 22-23) |
| definition                        |               |
| symptoms                          |               |
| Wandering definition              | (Pages 26-27) |
| Safe Return mission               | (Page 30)     |
| Provide Safe Return crisis number | (Page 31)     |

# HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 55-56)

Local Alzheimer's Association Fact Sheet

(Chapter will insert)

Alzheimer's Association Safe Return Program Fact Sheet (Handout page 60)

Alzheimer's Association Safe Return Program Registration Form (Handout pages 61-62)

## OVERHEAD:

Consider copying and providing as a handout:

Safe Return toll-free crisis number (Overhead page 88)

ADDITIONAL RESOURCES AND MATERIALS: (SEE PAGE 82 FOR ORDERING MATERIALS)

- Law Enforcement Officers Response Guide
- Alzheimer's Disease: A Guide for Law Enforcement Officials

# IF YOU HAVE FIFTEEN MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

TRAINING SCRIPT:

Introduce speaker Alzheimer's disease (Page 19)

(Pages 22-23)

definition

• symptoms

Wandering definition

(Pages 26-27)

Consider: (Page 82 for ordering materials)

Showing Safe Return Police Training Video for Roll Call & Other Briefings (9 min.)

Passing around sample Safe Return products

Question and answer period

#### HANDOUTS:

Consider distributing:

Alzheimer's Disease Fact Sheet (Handout pages 55-56)

Local Alzheimer's Association Fact Sheet (Chapter will insert)

Alzheimer's Association Safe Return Program Fact Sheet (Handout page 60)

Alzheimer's Association Safe Return Program Registration Form (Handout pages 61-62)

## **OVERHEAD:**

Consider copying and providing as a handout:

Safe Return toll-free crisis number (Overhead page 88)

# Additional Resources and Materials: (See page 82 for ordering materials)

- Law Enforcement Officers Response Guide
- Alzheimer's Disease: A Guide for Law Enforcement Officials

# IF YOU HAVE THIRTY MINUTES, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

# TRAINING SCRIPT:

| Introduce speaker                                               | (Page 19)     |
|-----------------------------------------------------------------|---------------|
| Present training goals and desired outcomes                     | (Page 21)     |
| Alzheimer's disease and related dementias                       | (Pages 22-24) |
| definition                                                      |               |
| symptoms                                                        |               |
| • diagnosis                                                     |               |
| treatment                                                       |               |
| Wandering definition                                            | (Pages 26-27) |
| Findings of Search and Rescue Study                             | (Page 29)     |
| How Safe Return works                                           | (Page 30)     |
| Registration                                                    |               |
| When wandering occurs                                           |               |
| Safe Return benefits                                            | (Pages 31-32) |
| Identification Products                                         |               |
| <ul> <li>National Information/Photo database</li> </ul>         |               |
| 24-hour toll-free crisis line                                   |               |
| <ul> <li>Fax alert notification system</li> </ul>               |               |
| Local Alzheimer's Association Chapter support                   |               |
| <ul> <li>Wandering behavior information and training</li> </ul> |               |
| Frequently encountered situations                               | (Pages 39-43) |
| Wandering                                                       |               |
| Driving                                                         |               |
| False Reports                                                   |               |

- Victimization
- Shoplifting
- Indecent exposure
- Homicide and suicide
- Appearance of intoxication
- Abuse and neglect

Consider: (See page 82 for ordering materials)

Showing the Safe Return Police Training Video for Roll Call & Other Briefings (9 min.)

Passing around sample Safe Return products

Question and answer period

# HANDOUTS:

Consider using these:

Alzheimer's Disease Fact Sheet (Handout pages 55-56)

Alzheimer's Disease and Related Disorders Fact Sheet (Handout pages 57-58)

National Alzheimer's Association Fact Sheet (Handout page 59)

Local Alzheimer's Association Fact Sheet (Chapter will insert)

Alzheimer's Association Safe Return Program Fact Sheet (Handout page 60)

Safe Return Registration Form (Handout pages 61-62)

Evaluation (Handout pages 74-75)

## OVERHEAD:

Consider copying and providing as a handout: (Overhead page 88) Safe Return toll-free crisis number

ADDITIONAL RESOURCES AND MATERIALS:

(SEE PAGE 82 FOR ORDERING MATERIALS)

- Law Enforcement Officers Pocket Response Guide
- Alzheimer's Disease: A Guide for Law Enforcement Officials



# IF YOU HAVE ONE HOUR CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

TRAINING SCRIPT:

Consider following entire script but omit:

Ice Breaker

(Pages 19-20)

Innocent Offender Police Training Video (20 min.)

Show Safe Return Police Training Video for Roll Call & Other Briefings (9 min.) (See page 82 for ordering video)

HANDOUTS:

Provide all

**OVERHEADS:** 

Consider copying all overheads and providing as handouts

ADDITIONAL RESOURCES AND MATERIALS: (SEE PAGE 82 FOR ORDERING MATERIALS)

- Law Enforcement Officers Response Guide
- Alzheimer's Disease: A Guide for Law Enforcement Officials

# IF YOU HAVE A HALF-DAY WORKSHOP, CONSIDER PROVIDING THIS INFORMATION FROM THE FULL TRAINING OUTLINE:

# TRAINING SCRIPT:

- Follow entire training book script (Ideally, you will have two trainers. One presenting information on Alzheimer's disease and the Association and the other presenting the remaining training information.)
- Show Safe Return Police Training Video for Roll Call & Other Briefings (9 min.)

Show Innocent Offender Police Training Video (20 min.) (See page 82 for information on how to order videos)

## HANDOUTS:

Provide all

#### OVERHEADS:

Consider copying all overheads and providing as handouts

## ADDITIONAL RESOURCES AND MATERIALS:

(SEE PAGE 82 FOR ORDERING MATERIALS)

- Law Enforcement Officers Response Guide
- Alzheimer's Disease: A Guide for Law Enforcement Officials

## ADDITIONAL SUGGESTIONS:

- Allow for a fifteen-minute break. This will help the trainers as much as the trainees.
- Provide ample time for questions and answers

# TRAINING SCRIPT

# **I. INTRODUCTION AND PRESENTATION OF TRAINING GOALS**

## A. INTRODUCE SPEAKER, EXPLAIN TRAINING PROCESS

The presentation will include:

- A Pre-Test
- An overview of Alzheimer's disease, the role of the Alzheimer's Association, wandering behavior, and the Alzheimer's Association Safe Return Program
- How Alzheimer's disease may affect your work, including likely encounters you may have and suggestions for interacting with a person with the disease; also included are recommendations for responding to missing incidents
- A question and answer period, post-test, and an opportunity to evaluate the presenter(s)

# **B.** CONDUCT ICE BREAKER

This ice breaker will allow the opportunity for you to:

- become acquainted with one another
- talk about your experiences with individuals and families affected by Alzheimer's disease and related dementias

Process: Ask participants to break into small groups (between 2-5 individuals per group). Request two volunteers from each group, one to be a recorder and one to be a spokesperson. Explain that you want the participants in each small group to introduce themselves to one another and to tell the small group where they work and what they do. Ask the recorder to jot down the first name and place of employment of each group member.

After the introductions, ask the participants to address the following two questions within their small group:

- Have you ever encountered someone with Alzheimer's disease on the job? If so, briefly share one experience.
- Have you ever received formal training about Alzheimer's disease?
   If so, briefly explain.

Ask the small group recorders to tally (1) the number of participants who have encountered someone with Alzheimer's disease on the job and (2) the number of participants who have received formal training about Alzheimer's disease.

When the small groups finish discussing the questions, ask them to share with the whole group. Explain that each small group spokesperson may use the notes taken by the recorder to introduce their group members and share what was learned from the two questions (i.e. "...everyone in our group has encountered someone with Alzheimer's disease on the job; no one has received formal training"). Keep track of the small group findings. You may also ask the spokesperson to share one or two small group stories about encounters with individuals with dementia.

When each of the small groups has participated, indicate the (1) total number of participants who have encountered someone with Alzheimer's disease on the job and (2) the total number of participants who have received formal training about Alzheimer's disease. If (1) is greater than (2), highlight the importance of the training and its benefits. If (2) is greater than (1), indicate the likelihood of future encounters and explain that the training will help participants recognize someone with Alzheimer's disease or a related dementia.

Approximate time required: 20 minutes (depending on group size)

# C. PRESENT TRAINING GOALS AND DESIRED OUTCOMES

After completing the training, you should be able to:

- Demonstrate an awareness of the risks associated with wandering behavior.
- Identify benefits of the Alzheimer's Association Safe Return Program.
- List techniques for effectively interacting with a person who has Alzheimer's disease.
- Describe ways to recognize a person who may be affected by Alzheimer's disease.
- Demonstrate knowledge of situations you may frequently encounter involving a person with Alzheimer's disease.
- Identify local resources, including the Alzheimer's Association, available to help the individual with Alzheimer's disease and their families and caregivers.

# D. DISTRIBUTE HANDOUTS

# E. ADMINISTER PRE-TEST (HANDOUTS PAGES 53-54)

# **II.** OVERVIEW

# A. ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (HANDOUTS PAGES 55-58)

The difference between normal forgetfulness and dementia:

- Raise your hand if you've ever lost your car keys...
- Raise your hand if you've ever gone to the grocery store and forgotten your shopping list...
- Raise your hand if you've ever forgotten the name of a friend...

This is perfectly normal forgetfulness, and sometimes it's accentuated in stressful situations – perhaps you're introducing your friend to someone and you hope that they will get along. It's often the stressful situation itself that causes you to forget in the first place.

The concept to understand is that you **knew** you forgot. After a little while you eventually remember your friend's name and you remember most – maybe 95 percent -- of the things on your shopping list. But, if you had Alzheimer's disease or some kind of dementia, you might never remember your friend's name and you might never remember why you were even in the grocery store in the first place.

#### 1. DEFINITION (OVERHEAD PAGE 83)

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease is the most common form of dementia. Dementia is a loss of intellectual functioning (including thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. Alzheimer's disease is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with Alzheimer's disease are older than age 65; however, the disease can occur in people in their 30s, 40s and 50s.



Symptoms of Alzheimer's disease include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impaired judgment and personality changes. The rate of progression varies from person to person. The time from the onset of symptoms until death averages 8 years, but can range from 3 to 20 years. Eventually persons with the disease become totally incapable of caring for themselves.

#### 3. DIAGNOSIS

An early and careful evaluation is important because many conditions, including some that may be treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify Alzheimer's disease. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable Alzheimer's disease, confirmation requires examination of brain tissue, which is done by autopsy.

#### 4. TREATMENT

Although no cure for Alzheimer's disease is presently available, good planning and medical and social management can ease the burdens on the person with Alzheimer's disease and their family. Health care directives and decisions can be made while the patient has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the person to continue functioning. Intervention strategies and, if necessary, appropriate medication can lessen symptoms, such as agitation and anxiety, and improve sleep and participation in activities. As of 1998, there are two drug treatments approved by the U.S. Food and Drug Administration specifically for Alzheimer's disease--tacrine (cognex) and donepezil hydrochloride (aricept), which are thought to slow the symptom progression for some people.

#### 5. CAUSES AND RESEARCH

The causes of Alzheimer's disease are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cure for Alzheimer's disease.

# **B.** THE ALZHEIMER'S ASSOCIATION

(HANDOUT PAGE 59, AND INSERT LOCAL CHAPTER FACT SHEET) 1. MISSION

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated to providing leadership to eliminate Alzheimer's disease through the advancement of research, while enhancing care and support services for individuals with the disease and their families.

# 2. HELP FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE

Through the Alzheimer's Association and its nationwide network of more than 200 chapters, with over 35,000 volunteers, those with the disease and their families can:

- Learn about Alzheimer's disease and what to expect.
- · Gain understanding and emotional support.
- · Find resources to help with legal, financial, and care planning.
- Access information about clinical drug trials being conducted locally.

<u>3. HELP FOR THOSE WHO CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE</u> With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care.
- Receive assistance, information and support from telephone Helplines and support groups.
- · Learn how to reduce stress and manage lifestyle changes.
- Access professional and community services.

#### 4. HOPE THROUGH RESEARCH

The Association's research program, the Ronald & Nancy Reagan Research Institute, is the largest private funding source for Alzheimer's research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

#### 5. MAKING A DIFFERENCE FOR ALZHEIMER FAMILIES

The Alzheimer's Association works to increase public understanding and support through:

- Education of family and professional caregivers on quality care
- Advocacy for government funding for research and public policies to help families
- Public awareness of the disease, related issues and available help
- Fundraising for research, programs, services and support

## 6. LOCAL CHAPTERS

(Speaker can provide chapter information from local Chapter Fact Sheet) For example:

- Mission
- Services

- Special events
- How to contact chapter for more information

#### C. WANDERING (OVERHEAD PAGE 84)

#### **1. DESCRIPTION AND DEFINITION**

Safe Return helps address wandering, one of the most common and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias. The program provides an extra level of protection for memory-impaired adults who wander and become lost. Prior to learning about Safe Return, it is important to have specific knowledge about wandering behavior.

Studies report wandering in 4 to 26 percent of nursing home residents with dementia and in up to 59 percent of community residing patients (Cohen-Mansfield, 1991; Zimmer, 1984; Burns, 1990; Teri, Larson & Reifler, 1998). Falls are more prevalent in dementia patients who wander (Rabins, Mace & Lucas, 1982). A memory-impaired person who wanders away from home or a care facility and becomes lost may encounter a variety of dangerous situations.

Individuals with Alzheimer's often become lost – sometimes within blocks of where they live -- and are unable to find their own way home. Each year the number of reported cases increases. Some people are found quickly, while others remain lost for days, weeks, even months. In too many cases, the person is never recovered, or is deceased when recovered.

One individual with Alzheimer's disease writes,

"How frightening it is to go into a large, familiar shopping center with crowds and blinking lights and become totally lost." (Davis, 1989)

Wandering defies standard categorization, and there is not a consensus definition. Most people know what wandering is -- but, not exactly how to define it. One researcher suggests it is "aimless or purposeful motor activity that causes a social problem

such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990). Wandering may not have a meaningful pattern, or it may be purposeful in a direct path. For example, one individual may see railroad tracks and follow the tracks until their path is blocked. Another individual may leave a safe environment and wander aimlessly.

Regardless of how a person wanders, this behavior can be life-threatening and requires an immediate response.

#### 2. WHY PEOPLE WANDER

There is no way to predict who will wander, when and how. However, there are some identifiable reasons why a person with a memory impairment may wander or walk away from home, a care facility or other places.

Wandering can be caused by:

- restlessness due to boredom or lack of exercise In such instances, wandering, within a safe environment can be a helpful form of exercise, as long as someone is with the individual.
- confusion about time
- change in the physical environment
- over-stimulation from crowds, noise
- argument with a caregiver
- · fear caused by a delusion or hallucination
- medication side effects
- a desire to meet former obligations that no longer exist (i.e. job, home, friend or family) Some individuals will pack a suitcase or attempt to carry their belongings when they leave for their destination.
- an inability to communicate basic needs (i.e. the person may be hungry, uncomfortable, in pain, or may just need to go to the bathroom)

Norris, a caregiver from New Albany, Indiana writes:

"When I look at these pictures of my Margie, I can truthfully say that this is the worst thing that has happened to us in our sixty years of marriage. My wife was a talented artist, a former photographer and an aircraft pilot. Now she can't find her way to the bathroom in the house we have lived for the past 38 years."

Most people can access the skill of "cognitive mapping," the ability to find the way from one point to another. However, people with Alzheimer's disease have impaired cognitive mapping very early in the disease process. This hinders their ability to retrace their steps, even in familiar environments, and increases the risk of a person becoming lost.

One individual describes the experience of being lost:

"On more than one occasion when my grandchildren were visiting, I forgot they were present and left them to their own devices. Moreover, on occasions when I had picked them up to come play at my house, the small children had to direct me home. Worst of all, my patience was nil. Much as I loved the children, I became anxious or nervous after a short visit" (McGowan, 1993).

People with Alzheimer's disease often experience a behavioral problem that occurs in the late afternoon through early evening. This is often referred to as "sundowning," which may lead to unsafe wandering. It may be due:

- the inability to see well in dim light, and causing confusion
- a disturbance in the "biological clock," possibly due to a hormone imbalance
- the inability to cope with stress at the end of the day
- restlessness from inactivity in the late afternoon or evening
- the caregiver experiencing fatigue and stress and communicating this to the person with Alzheimer's, who in turn becomes anxious

#### 3. FINDINGS FROM SEARCH AND RESCUE STUDY

(KOESTER & STOOKSBURG, 1992) (OVERHEAD PAGE 85)

A study conducted by the Appalachian Search and Rescue Conference found the following critical observations about wandering:

- The median distance persons with Alzheimer's disease wandered was 0.5 miles.
- Subjects were usually found a short distance from a road or open field, and 63 percent of the subjects were found in creek or drainage areas and/or caught in briars or bushes.
- Persons with Alzheimer's disease will usually not cry out for help or respond to shouts; they leave few physical clues.
- Persons with Alzheimer's disease may attempt to travel to a former residence or to a favorite place.
- All persons with Alzheimer's disease located within 24 hours of the time last seen were found alive, while only 54 percent survived if more than 24 hours were required to locate them. The 46 percent not surviving usually succumbed to hypothermia or dehydration.

This study found that if it required more that 24 hours to locate a missing person, they were found deceased in almost 50 percent of the cases. Hence, a search for an individual with Alzheimer's disease must be immediate and aggressive.

# A MISSING PERSON WITH ALZHEIMER'S DISEASE REPRESENTS AN EMERGENCY SITUATION!

# D. ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM (HANDOUTS PAGES 60-62) (OVERHEAD PAGE 86)

## 1. MISSION

In response to the extreme, often life-threatening dangers associated with Alzheimer's disease and wandering, the Alzheimer's Association, with the support of the U.S. Department of Justice, created Safe Return. The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

#### 2. HOW SAFE RETURN WORKS

# A. REGISTRATION

A family member or caregiver can register a person in Safe Return by completing a registration form which requests information such as emergency contact information, identifying characteristics and medical considerations. It is also recommended that a recent photograph be included. Registrations can be completed by mail or by telephone.

To register by telephone, the responsible party can call 1-888-572-8566.

#### B. WHEN WANDERING OCCURS

Safe Return provides assistance whether a person becomes lost locally or far from home. Once notified of a missing registrant, Safe Return can fax the person's information and photograph to the local law enforcement department. If you discover a confused, disoriented or lost adult, check for Safe Return or other identification products. Call the 800 number on the Safe Return identification products. Safe Return can access emergency contact information in the database. This is especially helpful if the registrant is alone and hurt or if the caregiver is incapacitated.

The local Alzheimer's Association chapter can provide information and support to the family or caregivers involved in the incident. 3. SAFE RETURN BENEFITS (DISTRIBUTE SAMPLE PRODUCTS) (OVERHEAD PAGE 87)

- a. Identification Products: Registrants receive a stainless steel identification bracelet or necklace, iron-on clothing labels, key chain, refrigerator magnet, lapel pin, telephone stickers and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory-impaired and may need assistance. Identification jewelry is also available for caregivers to wear to alert others to look after the memory-impaired individual if the caregiver becomes incapacitated.
- b. **National Information/Photo Database:** Contact information is contained in a national, computerized database to help reunite lost memory-impaired adults with their caregivers. The database also has the capacity to store registrant photographs.
- c. 24-Hour Toll-Free Crisis Line: (Overhead page 88) Safe Return operates a nationwide toll-free crisis number 24 hours-a-day, 365 days-a-year. The number is used to report a memory-impaired adult as lost or found. All calls are responded to immediately by trained clinicians. The Safe Return Toll-Free Crisis Number is 1-800-572-1122.

Safe Return also operates a non-emergency number (1-888-572-8566) to handle telephone registrations, additional product requests and information updates which is available weekdays from 8 a.m. to 8 p.m. Central Standard Time.

To serve the hearing impaired, Safe Return operates a Telecommunications Device for the Deaf (TDD) line at 1-888-500-5759.

Safe Return's multi-lingual capabilities are available to callers whose first language is not English. Over 140 languages can be translated through an interpreter. Callers may dial the toll-free Safe Return crisis number and indicate the language they speak. The operator will momentarily place the caller on hold and conference-in an interpreter.

- d. Fax Alert Notification System: A fax alert system is capable of sending missing person information and photos anywhere in the country. For each incident reported to Safe Return, a report is faxed to the chapter and national office of the Alzheimer's Association. When a registrant is reported missing, an incident report is also faxed to the local law enforcement agency. The fax includes details about the incident and the individual, as well as others involved in the incident. Missing registrant incident faxes include photos, when provided.
- e. Local Alzheimer's Association Chapter Support: A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers. Whether supporting a family during a missing incident, educating law enforcement officials about the unique tendencies of lost memory-impaired adults, or providing tips to encourage the use of the Safe Return identification bracelet, the chapter makes a real difference that counts.
- f. **Wandering Behavior Information and Training:** Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent wandering and effectively use Safe Return. For example, today's presentation focuses on such items.

#### 4. HOW SAFE RETURN RESPONDS

Safe Return generally works in one of two ways. The first is when a registrant is discovered in the community; the second is when a registrant is reported missing.

#### A. DISCOVERY INCIDENT (HANDOUTS PAGES 63-66)

Typically, a law enforcement official or Good Samaritan will notice a confused, disoriented or lost adult, see a Safe Return identification product and call the toll-free crisis line. The clinician will then access the contact information in the computerized database and make arrangements to reunite the individual with a caregiver. An incident report is faxed to the Alzheimer's Association chapter where the registrant lives and the national office of the Alzheimer's Association. The following story is an example of a discovery incident:

Palm Beach Police Department Deputy Smith pulled a woman over for driving sporadically. When he questioned the woman she had no idea who she was, where she belonged, who her family was or where she was at the time she was stopped. She told the deputy that her home was right around the corner. The woman's drivers license had expired in 1987 and the address was different than the one she provided. Deputy Smith then noticed her Safe Return bracelet. He called the Safe Return 800 number and found out where she lived and information about her family. After contacting her family, the officer returned her to them.

# B. MISSING INCIDENT (HANDOUTS PAGES 67-71)

The second way the program typically works is when Safe Return receives a call about a missing registrant. When this occurs, the Safe Return clinician confirms with the caller that the local law enforcement department has been notified and a missing person report completed. Then the clinician takes the details of the incident and inputs them into the computerized database. The clinician also provides emotional support to the caller.

An incident report is faxed to the Alzheimer's Association chapter serving the area where the registrant lives, the local law enforcement department and the national office. When Safe Return receives notification that a missing incident is resolved, a recovery report is faxed to the same entities mentioned previously.

(Show the 9 minute Alzheimer's Association Safe Return Police Training Video & Other Briefings.)

## C. HELPING INDIVIDUALS NOT REGISTERED IN SAFE RETURN

Safe Return receives calls involving individuals with dementia not registered in the program. In keeping with the Alzheimer's Association mission, Safe Return attempts to assist these individuals as well. When such a call occurs, the clinician will request relevant details about the individual and the incident. Later, if Safe Return receives a related call, the clinician can access the information via the computerized database.

The following story demonstrates how Safe Return can assist individuals not registered in Safe Return:

Officer Jones from the Lexington, Kentucky Police Department contacted Safe Return regarding a missing person with Alzheimer's disease. Though the woman was not registered in Safe Return, Officer Jones called looking for additional resources that might help find her. He reported her name as Ruth Moore. The clinician informed him that the day before Safe Return received a discovery report on a woman named Ruth Wall from the Lexington area. The woman did not have any identification, but the reporting officer, also from the Lexington Police Department, had called Safe Return for assistance. The woman was taken to a nearby hospital for evaluation. From the information Safe Return provided, Officer Jones was able to identify the woman at the hospital as the same person he was looking for. Her maiden name was Wall; her married name was Moore. After sharing the good news with Ruth's husband, Officer Jones gave him information about how to register in Safe Return.

# **III.** LAW ENFORCEMENT OFFICIALS AND YOUR WORK WITH CITIZENS WITH ALZHEIMER'S DISEASE

# A. RECOGNIZING A PERSON WHO MAY HAVE ALZHEIMER'S DISEASE (OVERHEAD PAGE 89)

There are no obvious visible physical characteristics indicating that a person may have Alzheimer's disease or a related dementia. Many mildly and moderately impaired individuals appear as alert and physically fit as anyone else their age. However, the average person with Alzheimer's disease exhibits signs which may help you to determine, with some degree of accuracy, that the individual has a memory-impairment.

#### **1. IDENTIFICATION CLUES**

The most immediate and clear way to know if someone has Alzheimer's disease is to look for an identification bracelet or necklace with the words "Memory Impaired" inscribed on it, or for a wallet card with the same message. You may also look for a Safe Return key chain or lapel pin to identify someone who has Alzheimer's disease. During an encounter, keep in mind that not all people will be wearing such identification. If there is no exterior ID, check for a driver's license or other ID. If the individual has no paper ID, check for personal ID labels on inner and outer clothing. Clothing labels are generally ironed on the inside collars of coats, shirts and sweaters, or inside hats. Individuals who are driving may have identification in the glove box of the car.

As she had done a dozen times before, seventy-six year old Adele walked to her doctor's office for an afternoon appointment. On the way home, she had gotten confused and lost and continued to walk. Meanwhile, concerned that her mother was not answering the phone at home, her daughter called the police and Safe Return. A few hours later, two police officers noticed an elderly woman walking alone at night and stopped her. After seeing her identification bracelet, they called the Safe Return crisis line. The clinician contacted Adele's daughter, who picked her up, more than four miles away from where she lived. Adele was missing for less than four hours. If Adele had not been wearing her Safe Return identification or the officers had not looked for it, the end of this story may have been very different.

#### 2. PHYSICAL CLUES

### a. Blank Facial Expressions

A person with dementia may exhibit a blank facial expression or one inappropriate for the situation. For example, a person may smile when talking about a serious issue, or avoid eye contact. The person may appear scared, nervous, indifferent, anxious or tearful.

#### b. Inappropriate Clothing

A person with a memory impairment may dress inappropriately for the season, wearing winter clothes in the summer and vice versa. The person may wear pajamas outdoors, or clothes that are mismatched or inside out. At the same time, if a person is cared for by a family member, she or he may be dressed quite appropriately.

#### c. Age

Age is a factor in Alzheimer's disease. Ten percent of people over age 65 are affected. The figure rises to nearly 50 percent in people age 85 and over.

#### d. Unsteady Gait

Visual-spatial problems frequently associated with the disease can cause an unsteady step, and may help you recognize a person has a memory impairment.

"If I press myself with greatest concentration to try to keep up, I feel as though something short circuits in my brain. At this point, I become disoriented, have difficulty with my balance if I am standing, my speech becomes slow, or I cannot find the right words to express myself" (Davis, 1989).

#### 3. PSYCHOLOGICAL CLUES

a. Short-Term Memory Loss

Often a person with Alzheimer's will experience short-term memory loss, while memories from the distant past may be largely intact.

Norris, a caregiver from New Albany, Indiana writes,

"I am keeping her at home as long as my failing 80 year old body permits. Thank the Lord we haven't lost faith in Christ, and we say the Lord's Prayer together every night. Yes, she still remembers every word of it, but not that she has lost five sisters, two of them to Alzheimer's disease."

Forgetfulness may come and go, sometimes within minutes. Because of memory loss, the person may appear uncooperative, especially when answering questions about the present or very recent past. For example, when asked, "Where do you live?" the impaired person may be unable to give a sensible answer because of memory loss. The person may also remember a former address and provide this as their current address.

#### b. Confusion

A person with Alzheimer's disease often loses the ability to understand what is heard. The disease blocks the person's ability to recognize and interpret correctly even the simplest sight and sound. The result is confusion, which may appear as any of these signs:

- inability to grasp and remember the current situation
- difficulty judging the passage of time
- agitation, withdrawal, or anger
- inability to sort out the obvious
- · disoriented about their own and others' identities and roles

## c. Communication Problems

Alzheimer's disease hinders an individual's communication skills. As a result, the person may have difficulty understanding the meaning of words, keeping thoughts clear, speaking logically, and following simple instructions. For example, when asked, "Let me see your driver's license," the person may produce some other item such as car keys or a checkbook.

In addition, the memory-impaired person may say the same thing or ask the same question over and over again, such as, "What time is it?" or, "Who are you?" The person does not repeat things to be annoying, but may not be able to understand your response, remember the answer to the question, or recognize that he has already asked the question.

The person you encounter may also have poor concentration abilities, especially in response to your attempts to provide assistance. Stress and trauma will increase communication problems.

# d. Delusions and Hallucinations

Alzheimer's disease may cause a person to develop false ideas, often involving paranoia, which sometimes originate in a misrepresentation of a real event. For example, a person may falsely accuse a friend or family member of stealing her handbag. She may firmly believe (in spite of obvious evidence to the contrary) that someone wronged her, and may persist with this delusional paranoia.

Similarly, people with the disease may hallucinate. Hallucinations are mistaken sensory experiences. Because Alzheimer's disease blocks rational, ordered thinking and the ability to reach accurate conclusions, a person may see, hear or feel something incorrectly. For example, a person may see a neighbor's dog and believe it is a ferocious wolf about to attack. Or, a person may mistake a friend for a relative.

## e. Agitation

The disease can cause irritation and nervousness. This may cause a person to be fidgety. A person may be on medication to reduce these symptoms, but, a medication dose may have been missed. It is also possible that a person may simply perceive the situation to be too overwhelming, and as a result become agitated. Excessive stimuli may trigger a "catastrophic" reaction which is exhibited by increased symptoms of restlessness, pacing, agitation and anxiety. Additionally, the individual may break down crying when confronted by an authority figure in a uniform. In extreme cases, the person may also become aggressive and lash out, verbally and physically, at anyone who is trying to help. It may help calm the person if you turn off the siren and if possible, turn down the radio volume.

If a catastrophic reaction occurs, remain calm. Move slowly and announce your actions in advance. Try to soothe the person. Patting and/or gently holding the person's hand may help, although some individuals may react negatively to another's touch. If possible, avoid any physical contact that may seem like a restraint to the person. As the person calms down, move on to the next course of action such as locating identification.

## **B.** FREQUENTLY ENCOUNTERED SITUATIONS (OVERHEAD PAGE 90)

#### 1. WANDERING

As discussed earlier, wandering is one of the most common situations in which you will encounter a person with Alzheimer's disease. This represents an emergency situation and immediate action is merited. An individual may wander onto busy streets unaware of traffic hazards. Other individuals may wander into parks or wooded areas. Suggested response techniques will be addressed later in this presentation.

## 2. DRIVING

Alzheimer's disease affects reaction time and visual-spatial perception. Because someone may be driving, yet unaware of the severity of the disease, a person with Alzheimer's can easily become lost or even leave the scene after an accident, literally forgetting what happened. A study of people in the early stages of the disease who were still driving indicates that over 40 percent had been in an accident and 44 percent routinely became lost while driving (Flaherty & Scheft, 1995). Some people with the disease may drive erratically and appear to be under the influence of alcohol. If you can detect no positive signs of alcohol or drug use, consider the possibility of Alzheimer's disease.

Keep in mind that a person with Alzheimer's may look drunk even though that is not the case. Moreover, the person may fail roadside sobriety tests simply because of an inability to understand or remember your instructions.

Once you have determined that an individual may have Alzheimer's disease, alert the person's family/caregiver to the unsafe driving. Suggest they may need to restrict or take away driving privileges. It is often your intervention that prompts families/caregivers to seek help. Laws vary on the right of the memory-impaired person to drive, but a request for re-examination should be made. Drive the person home, or arrange with a family member or friend to pick up the person, if possible.

## One Safe Return example highlights a dangerous driving situation:

John's family physician thought it was no longer safe for him to continue driving so he discussed it with John and his wife Jane. John was reluctant to quit driving so his wife simply took away his car keys. One day while Jane was in the bathroom, John found her purse and took her car keys. He left the house and drove away in the car. When Jane discovered he was gone, she called Safe Return and the local police in Louisville. Two hours later, John was found driving 70 miles an hour the wrong way down a one way street in downtown Louisville. When officers pulled him over, they knew he was the man reported missing and were able to approach him as a person with Alzheimer's disease.

#### 3. FALSE REPORTS

People with Alzheimer's disease may report an "intruder" in the house who is actually a family member. In addition, the person may easily misplace valuables and accuse others -- friends, family or an in-home respite worker -- of stealing them. Neighbors may contact your department upon hearing shouts or screams, especially at night, from an individual who claims she has been kidnapped or attacked. One law enforcement official received a phone call from a woman with Alzheimer's disease who saw her reflection in the mirror and was no longer able to recognize herself. As a result, she thought the person in the mirror was a prowler and called for assistance.

#### 4. VICTIMIZATION

Not only are people with this disease easy prey for con artists, robbers and muggers, they may also come to your attention because of legal action such as evictions, repossessions, and the discontinuation of utility services resulting from delinquent (often forgotten) payments.

#### 5. SHOPLIFTING

Alzheimer's disease does not cause criminal behavior but it does hinder a person's memory and ability to think logically. As a result, the individual may forget that in order to take something from a store, it must be paid for first. The person may be reliving the past by taking food because they think they need it to survive. The person may "shoplift" without intending to do anything unlawful. Confronting a person with Alzheimer's is not recommended and officers are encouraged to work out such situations with the store owner, if given the latitude.

### 6. INDECENT EXPOSURE

Memory loss, confusion and poor judgement often result in inappropriate behavior such as taking clothes off in public or being sexually aggressive. The disease can cause repetitive motions and fidgeting such as playing with buttons and zippers. It also causes loss of impulse control. People with the disease may remove clothing in public because they are too warm or uncomfortable. They may have forgotten what they once knew about modesty or may not know where they are and do not understand their behavior is inappropriate.

It is recommended to not reprimand or lecture the individual. Instead, use distraction to control the person's behavior. For example, offer to buy the person a cup of coffee as you gently wrap a coat around his body.

#### 7. HOMICIDE AND SUICIDE

Unfortunately, without a cure for the disease, caregivers may find themselves unable to bear the burden of dealing with its devastating affects and choose to end life. This may result in tragic suicide and/or homicide cases. People with Alzheimer's disease often experience paranoia. In rare cases, this could lead them to kill someone they no longer recognize in their home. Someone they perceive as an "intruder".

#### **8. APPEARANCE OF INTOXICATION**

Symptoms and behaviors associated with Alzheimer's disease can give the appearance of intoxication, substance abuse, or over-medication. These include confusion, disorientation, shortterm memory loss, problems with language coordination and combativeness. Where there are no obvious signs of intoxication (alcohol smell, dilated pupils) you may want to consider the individual's behavior as the consequence of Alzheimer's disease or other dementia and respond to the situation accordingly.

#### 9. ABUSE AND NEGLECT

Alzheimer's disease may cause personality changes and unprovoked aggressive behavior. The affected person may lash out physically and hurt family and professional caregivers. On the other hand, distraught caregivers may take their frustrations out on the affected person resulting in the following types of abuse:

- physical
- neglect
- psychological
- financial
- sexual

Follow your internal procedures for contacting adult protective services. (Show the 20 minute *Innocent Offender* video.)

# C. INTERACTING WITH A PERSON WITH ALZHEIMER'S DISEASE

#### 1. REMEMBER TO TREAT THE PERSON WITH RESPECT AND DIGNITY

People with Alzheimer's disease lose their intellectual functioning, not their feelings, and not their need for your protection.

#### 2. AVOID RESTRAINTS IF POSSIBLE

It is important to try to avoid handcuffs and other restraints when interacting with a person who has the disease. Restraints can elicit a catastrophic reaction. It is important to maintain the safety of the individual, others in the area, as well as yourself. The majority of people affected by Alzheimer's disease are in their 70's and 80's, therefore, if restraining the person in unavoidable, practice techniques for preventing injury.

#### 3. APPROACH FROM THE FRONT AND INTRODUCE YOURSELF

Identify yourself as a law enforcement official and state your purpose for being there, even if it appears to be obvious. Explain you are there to help. You may have to repeat your explanation several times because the person may not remember from moment to moment what was just explained. Making eye contact greatly improves communication.

#### 4. SPEAK SLOWLY AND CALMLY

Alzheimer's greatly shortens attention span and increases suspicion. Speak slowly, calmly and in a non-threatening tone, looking directly into the person's eyes.

#### 5. KEEP THE "CLIMATE" CALM AND SUPPORTIVE

The person with Alzheimer's disease will often follow your lead. Be supportive and reassure the person that you are there to help. Removing the person from noisy or stressful situations may be your best course of action. Sirens should be turned off, if possible, and radio volume turned down.

## 6. ASK ONLY ONE QUESTION AT A TIME

Ask simple questions. Use short familiar words and simple sentences allowing plenty of time for a response. If the person does not respond to what you say, wait a moment and repeat it again using the exact same words. The person may only grasp parts of the question. Try not to ask questions that require a lot of thought or memory. Asking "yes" and "no" questions may be the best approach.

Some people find it helpful to think of the brain of an affected person as an "overloaded switchboard" with incoming calls not always plugged into the right circuit. Keep in mind, the person's answers may not always reflect what is intended.

## 7. KEEP INSTRUCTIONS POSITIVE

Keep your instructions positive and provide reassurance. For example, "Please sit here in the car. Everything will be okay." Avoid instructions requiring the subject to do or think about more than one simple thing at a time. It might be confusing for a person with Alzheimer's disease to hear, "Sit there and be quiet until I come back and don't get out of the car."

# 8. SUBSTITUTE NON-VERBAL FOR VERBAL COMMUNICATION

It may be helpful to substitute non-verbal communication for verbal communication. For example, motioning and directing an individual where to sit, or even sitting down yourself and encouraging the person to do the same, is often more effective than verbalizing instructions.

## 9. Avoid Shouting

Only some people with Alzheimer's disease have difficulty hearing. Shouting does not usually help them understand the meaning of your words. It may even frighten or agitate them further because shouting could make you appear angry. Reasoning about the literal situation or arguing over details of the circumstances does not produce results. The confused person with Alzheimer's disease may be attempting to complete a compelling task such as "finding the kids," or "going to work." If the individual feels you are there to assist them with their obligation, they may be more cooperative.

# D. RESPONDING TO INCIDENTS INVOLVING MISSING PERSONS WHO MAY HAVE ALZHEIMER'S DISEASE

#### **1. TAKE ACTION IMMEDIATELY**

A missing person with Alzheimer's disease represents an emergency situation. This cannot be emphasized enough. It is recommended that action be taken immediately to find the missing person at risk.

#### 2. INITIATE SEARCH

# a. Check the Immediate Area

Search the immediate and surrounding areas first and double check the person's residence. If possible, return every few hours to the area where the person was last seen. When on foot, most missing persons with the disease are located within a fairly short distance, usually within a mile or two of where they disappeared.

Safe Return received a call from a caregiver reporting his wife, a Safe Return registrant, as missing. Bob was out working in the yard and when he came back inside Martha was gone. Martha was missing about 10 minutes before Bob called Safe Return. Martha had not taken any identification with her. Bob notified the local police. About a half hour later, Bob found his wife in their back yard. She was hiding in the bushes, a little dehydrated but otherwise okay.

## b. Check Familiar Places

Be sure to check the places most familiar to the person, such as a former neighborhood or past place of employment, a relative's home, a regularly attended place of worship, a favorite shopping place, or a restaurant.

Mrs. Young called Safe Return in reference to her husband who became missing from their home. Mrs. Young thought her husband was in their backyard. Mr. Young was wearing his Safe Return bracelet and thought to have money with him. The family did not know where he might go.

Mr. Young was found by police unharmed, three hours later. He was sitting in the Canaan Baptist Church, where he regularly attended services.

# 3. ENTER A REPORT TO NATIONAL CRIME INFORMATION CENTER (NCIC) (SEE GLOSSARY)

Specific NCIC entry is important to ensure the missing person with Alzheimer's disease is entered into a national registry rather than a single state registry (as is the case when a person is entered into the computer system as 'voluntary'). Moreover, the appropriate missing person entry should reflect the person with Alzheimer's Disease as having a disability. The NCIC Operating Manual indicates the criteria for entry into file is a disability classified as (MKE/EMD) which states "a person of any age who is missing and under proven physical/mental disability or is senile\*, thereby subjecting himself/herself or others to personal immediate danger." (\*Note -The current terminology within the Alzheimer's Association does not include the words 'senile' or 'senility.' Dementia is the appropriate term.)

Additionally, if the person with Alzheimer's disease did not leave on foot, the missing person's entry should include pertinent vehicle identifiers.

### **4. Use Search Techniques**

- a. Early use of trackers at the point last seen
- b. Early use of tracking dogs at the point last seen

- c. Early deployment of air-scent dogs to drainages and streams nearest point last seen
- d. Thorough searching of heavy briars or bushes by ground search team

# 5. ISSUE A RADIO REPORT TO SURROUNDING COMMUNITIES

Issuing a radio report to nearby law enforcement agencies may assist in the safe return of a missing individual. The radio is an immediate source of information, especially in the case of a missing person with Alzheimer's disease when every minute is valuable.

6. NOTIFY CHANGE SHIFTS AT YOUR OWN DEPARTMENT Informing future shifts will ensure continuity of the search.

7. ASK NEARBY POLICE DEPARTMENTS TO INCLUDE A REPORT IN ALL SHIFT BRIEFINGS

8. IF NECESSAR EQUEST ASSISTANCE FROM THE SPECIAL OPERA' JN UNIT IN YOUR STATE

This unit may be able to provide invaluable support during a search initiated by your department. This unit may mobilize helicopters, mounted or K-9 units and other specialists.

### 9. INFORM MEDIA OUTLETS

The media can broadcast alerts and assist in mobilizing community resources. The local Alzheimer's Association may be available to help mobilize the media. It is advisable, with permission of the family or responsible party, to notify television stations when any of the following conditions apply:

- The missing person has a life-threatening health problem.
- The weather is severe.
- It is dark out, the person has been missing for more than two hours and an effort has already been made to find the individual.

# 10. WHEN APPROPRIATE, CONTACT THE DIVISION OF DISASTER AND EMERGENCY SERVICES

# 11. IF POSSIBLE, NOTIFY LOCAL POSTAL OFFICIALS AND OTHER GATEKEEPERS IN THE COMMUNITY

Postal officials can alert mail carriers, who are an excellent network of eyes and ears in the community. Other gatekeepers might include utility workers and package carriers.



# IV. CALL TO ACTION (OVERHEAD PAGE 91)

# A. URGENCY

As the population continues to age, a growing number of people will be diagnosed with a memory impairment such as Alzheimer's disease, and the problem of wandering and missing people will intensify. The Alzheimer's Association has taken an important step in creating an effective, nationwide identification system. We are informing the public about Alzheimer's disease, the dangers associated with wandering, and how community professionals can help protect these vulnerable community members.

Now that you have received this critical information about Alzheimer's disease and Safe Return, there are a few ways you can help the individuals in your community who may wander and become lost.

# **B. GETTING INVOLVED IN SAFE RETURN**

### 1. UTILIZING SAFE RETURN

A quick and coordinated response is critical in the safe recovery of lost elderly people. Safe Return is a resource available to you. Remember to look for Safe Return identification if you suspect a person has a memory impairment. The Alzheimer's Association Safe Return Program provides critical emergency contact information essential to the safe and timely return of lost individuals. Safe Return can save your department time and money. Remember the number to call to report a missing person lost or found: 1-800-572-1122.

#### 2. INFORMING OTHERS (FILL IN LOCAL STATISTICS)

\_\_\_\_\_\_individuals in the \_\_\_\_\_area have Alzheimer's disease or a related disorder. Some are registered with Safe Return, but many are not. Our challenge lies in informing the public about the dangers of wandering behavior and that Safe Return can help! The success of Safe Return relies on the collective efforts of the community to educate and inform the public about Safe Return. You can help register more people in the Safe Return by telling the families and caregivers you encounter about the benefits of the program.

#### 3. PARTICIPATING IN TRIAD

Triad is a three-way commitment among the chief(s) of police in a county, the sheriff and the older or retired leaders. Triad originated in 1988 and almost 40 states have organized such partnerships to reduce the criminal victimization of the elderly and enhance the delivery of law enforcement services to older persons. You can find out if there is a Triad in your state, or learn how to form one, by calling 1-800-424-7827. If you do have a Triad in your state, identify a Triad leader with whom you can discuss Safe Return as the premier program designed specifically to assist the memory-impaired citizens in your community.

# 4. PARTNERING WITH SAFE RETURN THROUGH THE LOCAL CHAPTER

We encourage your department to promote Safe Return by:

- sponsoring a Safe Return Registration Day to encourage families to enroll their loved ones with a memory impairment will increase local registrations in Safe Return, and may also provide positive publicity for your department
- publishing information about Alzheimer's disease and Safe Return in your internal newsletter
- including Alzheimer's disease issues and speakers at local training conferences

In addition your local chapter may:

- need law enforcement officials to serve on a committee that develops community response protocols for missing persons
- accept contributions for a scholarship fund that provides financial assistance to families and caregivers who otherwise may not be able to afford Safe Return registration
- have Safe Return posters, fliers or sample products to display in your offices or on public bulletin boards. Safe Return registration brochures are also available for display or distribution
- provide your department with training materials for ongoing training for new officers

# **V. CONCLUSION**

A. QUESTION AND ANSWER PERIOD

B. Administer Post-Test (Handouts pages 72-73)

C. DISTRIBUTE AND COLLECT SPEAKER EVALUATION (HANDOUT PAGES 74-75)

D. THANK YOU FOR YOUR PARTICIPATION AND ATTENTION

# HANDOUTS

| Pre-Test                                                                         | (Page 53)     |
|----------------------------------------------------------------------------------|---------------|
| Pre-Test Answers                                                                 | (Page 54)     |
| Alzheimer's Disease Fact Sheet                                                   | (Pages 55-56) |
| Alzheimer's Disease and Related Disorders<br>Fact Sheet                          | (Pages 57-58) |
| National Alzheimer's Association Fact Sheet                                      | (Page 59)     |
| Local Alzheimer's Association Fact Sheet<br>(Chapter can insert this handout)    |               |
| Alzheimer's Association Safe Return Program<br>Fact Sheet                        | (Page 60)     |
| Alzheimer's Association Safe Return Program<br>Registration Form                 | (Pages 61-62) |
| Fax Cover Sheet for Safe Return Discovery Report<br>for Law Enforcement Official | (Page 63)     |
| Safe Return Discovery Report for Law<br>Enforcement Official                     | (Pages 64-66) |
| Safe Return Missing Report for Law<br>Enforcement Official                       | (Pages 67-69) |
| Safe Return Recovery Report for Law<br>Enforcement Official                      | (Pages 70-71) |
| Post-Test                                                                        | (Page 72)     |
| Post-Test Answers                                                                | (Page 73)     |
| Evaluation                                                                       | (Pages 74-75) |

# PRE-TEST

This exercise will help you recognize some of the myths and misconceptions surrounding Alzheimer's disease and wandering behavior. Answer true or false to the following questions.

- 1. People with Alzheimer's disease have no problem communicating with others.
- 2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.
  - 3. Restraints, such as handcuffs, should usually be used when interacting with someone who has Alzheimer's disease.
- 4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.
- 5. People with Alzheimer's disease no longer drive, so, it is unlikely you will encounter them on the road.
- 6. Always approach the person with dementia from behind, in case you receive a negative response.
- 7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words.
- 8. The Alzheimer's Association Safe Return Program may save you considerable time in responding to incidents involving memory-impaired individuals.
- 9. It is best to wait 24 hours before taking a missing person report on an individual with Alzheimer's disease.
- 10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.

# **Answers to Pre-Test**

- **False** 1. People with Alzheimer's disease have no problem communicating with others.
- **True** 2. Wandering and becoming lost can be a life-threatening behavior associated with Alzheimer's disease and may often occur during the early evening and night.
- **False** 3. Restraints, such as handcuffs, should usually be used when interacting with someone who has Alzheimer's disease.
- **True** 4. A person with Alzheimer's disease may be suspicious of others because of confusion or memory loss.
- **False** 5. People with Alzheimer's disease no longer drive, so, it is unlikely you will encounter them on the road.
- **False** 6. Always approach the person with dementia from behind, in case you receive a negative response.
- **False** 7. Since most people with Alzheimer's disease have difficulty hearing, it is important to shout your instructions at them so they will understand the meaning of your words.
- **True** 8. The Alzheimer's Association Safe Return Program may save you considerable time in responding to incidents involving memory-impaired individuals.
- **False** 9. It is best to wait 24 hours before taking a missing person report on an individual with Alzheimer's disease.
- **True** 10. The Alzheimer's Association has local resources available to help the person with Alzheimer's disease and their families and caregivers.



# **ALZHEIMER'S DISEASE: FACT SHEET**

#### **Definition:**

Alzheimer's disease (pronounced Alz'-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease (AD) is the most common form of dementia. Dementia is a loss of intellectual function (thinking, remembering and reasoning) so severe that it interferes with an individual's daily functioning and eventually results in death. AD is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain (plaques and tangles) and behavioral changes that characterize the disease. Identified risk factors are age and family history. Most people diagnosed with AD are older than age 65; however, AD can occur in people in their 40s and 50s.

#### Symptoms:

Symptoms of AD can include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment and planning and personality changes. The rate of progression varies from person to person. The time from the onset of symptoms until death averages at 8 years, but can ranges from 3 to 20 years. Eventually persons with AD become totally incapable of caring for themselves.

#### **Diagnosis:**

Early and careful evaluation is important because many conditions, including some that are treatable or reversible, can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify AD. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behavior over time, in a diary fashion, will help physicians understand the person's illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalography (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable AD, confirmation of AD requires examination of brain tissue, which is usually done by an autopsy.

## **Treatment:**

Although no cure for AD is presently available, good planning and medical and social management can ease the burdens on the patient and family. Health care directives and decisions can be made while the patient has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the afflicted person to continue functioning. Intervention strategies and if necessary, appropriate medication can lessen symptoms such as agitation and anxiety, and improve sleep and participation in activities. There are to date two FDA-approved drug treatments specifically for AD – tacrine and donepezil hydrochloride.

## Causes & Research:

The causes of AD are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein build-up in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cures for AD.

## **Economic Impact:**

At some point, a person with AD will require 24-hour care, including assistance with daily activities such as eating, grooming and toileting. The financing of care for AD -- including costs of diagnosis, treatment, nursing home care and formal or paid care -- is estimated to be at least \$100 billion each year. The federal government covers \$4.4 billion and the states another \$4.1 billion. Much of the remaining costs are borne by patients and their families.

The Alzheimer's Association is the only national voluntary health organization dedicated to research for the causes, treatments, cures and preventions of Alzheimer's disease and to providing education and support services to people with AD, their families and caregivers. A nationwide 24-hour information and referral line links families who need assistance with nearby Chapters. Those interested in help may call 800-272-3900. Those with Internet access can reach our home page at http://www.alz.org.

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#### ALZHEIMER'S DISEASE AND RELATED DISORDERS FACT SHEET

#### (AN OVERVIEW OF THE DEMENTIAS)

#### WHAT IS DEMENTIA?

Dementia is the loss of intellectual functions (such as thinking, remembering and reasoning) of sufficient severity to interfere with a person's daily functioning. It is not a disease in itself, but rather a group of symptoms which may accompany certain diseases or physical conditions. The cause and rate of progression of dementias vary. Some of the more well-known diseases that produce dementia include Alzheimer's disease, multi-infarct dementia, Huntington's disease, Pick's disease, Creutzfeldt-Jakob disease, and Parkinson's disease. Other conditions which may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions and thyroid problems. It is imperative that all persons experiencing memory deficits or confusion undergo a thorough diagnostic workup. This requires examination by a physician experienced in the diagnosis of dementing disorders and detailed laboratory testing. The examination should include a re-evaluation of all medications. This process will help the patient obtain treatment for reversible conditions, aid the patient and family in planning future care, and provide important medical information for future generations.

#### **ALZHEIMER'S DISEASE**

Alzheimer's disease is the most common of the dementing disorders, affecting as many as 4 million Americans. Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms of Alzheimer's disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgement, personality change, difficulty in learning, and loss of language and communication skills. As with all dementias, the rate of progression in Alzheimer's patients varies from case to case. From the onset of symptoms, the life span of an Alzheimer victim can range anywhere from 3 to 20 or more years. The disease eventually leaves its victims unable to care for themselves. While a definitive diagnosis of Alzheimer's disease is possible only through the examination of brain tissue, which is usually done at autopsy, it is important for a person suffering from any symptoms of dementia to undergo a thorough clinical examination. In fact, after such an evaluation, approximately 20% of suspected Alzheimer's cases prove to be a medical condition other than Alzheimer's, sometimes treatable.

#### MULTI-INFARCT DEMENTIA

Multi-infarct dementia (MID), or vascular dementia, is a deterioration of mental capabilities caused by multiple strokes (infarcts) in the brain. The onset of MID may be relatively sudden as many strokes can occur before symptoms appear. These strokes may damage areas of the brain responsible for a specific function as well as produce generalized symptoms of dementia. As result, MID may appear similar to Alzheimer's disease. Multiinfarct dementia is not reversible or curable, but recognition of an underlying condition (high blood pressure) often leads to a specific treatment that may modify the progression of that disorder. Multi-infarct dementia is usually diagnosed through neurological examination and brain scanning techniques, such as computerized tomography (CT scan) or magnetic resonance imaging (MRI), in order to identify strokes in the brain.

#### PARKINSON'S DISEASE

Parkinson's disease (PD) is a progressive disorder of the central nervous system which affects more than one million Americans. Individuals with PD lack the substance dopamine, which is important for the central nervous system's control of muscle activity. Parkinson's disease is often characterized by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiating physical movement. Late in the course of the disease, some patients develop dementia and eventually Alzheimer's disease. Conversely, some Alzheimer patients develop symptoms of Parkinson's disease. Medications such as levodopa, which converts itself into dopamine once inside the brain and depreynl, which prevents degeneration of dopamine-containing neurons, are used to improve diminished or reduced motor symptoms in PD patients but do not correct the mental changes that occur.

#### HUNTINGTON'S DISEASE

Huntington's disease is an inherited, degenerative brain disease which affects the mind and body. The disease usually begins during mid-life, and is characterized by intellectual decline, and irregular and involuntary movements of the limbs or facial muscles. Other symptoms of Huntington's disease include personality change, memory disturbance, slurred speech, impaired judgement and psychiatric problems. Huntington's disease currently affects more than 25,000 Americans. The diagnostic process for Huntington's disease includes an evaluation of family medical history, recognition of typical movement disorders and CAT brain scanning. A genetic marker linked to Huntington's disease has been identified on chromosome 4 and researchers are working on locating the gene itself. Although there is no treatment available to stop to progression of the disease, the movement disorders and psychiatric symptoms can be controlled by drugs.

#### **CREUTZFELDT-JAKOB DISEASE**

Creutzfeldt-Jakob Disease (CJD) is a rare, fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms of CJD include failing memory, changes in behavior, and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements (especially muscle jerks) appear, and the patient may become blind, develop weakness in the arms or legs, and ultimately lapse into a coma. The death of CJD patients is usually caused by infections in the bedridden, unconscious patient. Like Alzheimer's disease, a definitive diagnosis of CJD can be obtained only through an examination of brain tissue, usually at autopsy.

#### PICKS DISEASE

Pick's disease is also a rare brain disorder which, like Alzheimer's disease, is usually difficult to diagnose. Disturbances in personality, behavior and orientation may precede and initially be more severe than memory defects. Like Alzheimer's disease, a definitive diagnosis is usually obtained at autopsy.

#### NORMAL PRESSURE HYDROCEPHALUS

Normal pressure hydrocephalus is an uncommon disorder which involves an obstruction in the normal flow of cerebrospinal fluid. This blockage causes a buildup of cerebrospinal fluid on the brain. Symptoms of normal pressure hydrocephalus include dementia, urinary incontinence and difficulty in walking. Presently, the most useful diagnostic tools are the neuroimaging techniques (ie., MRI). Normal pressure hydrocephalus may be caused by any of several factors including meningitis, encephalitis and head injuries. In addition to treatment of the underlying cause, the condition may be corrected by a neurosurgical procedure (insertion of a shunt) to divert the fluid away from the brain.

#### DEPRESSION

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Depression is a psychiatric disorder marked by sadness, inactivity, difficulty in thinking and concentration, feelings of hopelessness, and sometimes suicidal tendencies. Many severely depressed patients will have some mental deficits including poor concentration and attention. When dementia and depression are present together, intellectual deterioration may be exaggerated. Depression, whether present alone or in combination with dementia, can be reversed with proper treatment.

For further information about Alzheimer's disease or related disorders, contact the Alzheimer's Association at 1/800-621-0379 (In Illinois, 1/800-572-6037).



Someone to Stand by You

# **ALZHEIMER'S ASSOCIATION: FACT SHEET**

The Alzheimer's Association, founded in 1980, is the only national voluntary health organization dedicated both to research for the causes, treatments, cures and preventions of Alzheimer's disease, as well as to provide education and support for people with the disease, their families and caregivers. It also is known as the Alzheimer's Disease and Related Disorders Association.

# **HELP for those with Alzheimer's disease**

Through the Alzheimer's Association and its nationwide network of more than 200 chapters with over 35,000 volunteers, those with the disease and their families can:

- Learn about the disease and what to expect
- Gain understanding and emotional support
- Find help for legal, financial and lifestyle needs
- Obtain information on care options
- Get access to clinical drug trials

#### And those who care for them

With the help of the Association and its chapters, family members can:

- Build caregiving skills to provide quality care
- Get assistance information and support from telephone Helplines and support groups
- Learn how to reduce stress and manage lifestyle changes
- Access professional and community services

#### HOPE through research

The Association's research program, the Ronald and Nancy Reagan Research Institute, is the largest private funding source for Alzheimer research. With adequate funding, we hope to see in coming years:

- A simple, quick and inexpensive diagnostic test to enable families to get help sooner
- Treatments to delay onset of symptoms
- Treatments to help diagnosed individuals maintain their abilities as long as possible

# Making a difference for Alzheimer families

The Alzheimer's Association works to increase public understanding and support through

- EDUCATION of family and professional caregivers on quality care
- ADVOCACY for government funding for research and public policy to help families
- PUBLIC AWARENESS of the disease, related issues and help available
- FUNDRAISING for research, programs, services and support

To learn more about the Alzheimer's Association, to assist in our important mission, or to locate the chapter nearest you, call (800) 272-3900, TDD access is (312) 335-8882. Those with Internet access can reach our home page at http://www.alz.org.

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC. INC.



Someone to Stand by You

The Alzheimer's Association Safe Return Program

# ALZHEIMER'S ASSOCIATION SAFE RETURN FACT SHEET

The Alzheimer's Association Safe Return program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

## SAFE RETURN BENEFITS INCLUDE:

#### IDENTIFICATION PRODUCTS

Program participants receive an identification bracelet or necklace, clothing labels and wallet cards. These items are inscribed with the toll-free crisis number and alert others that the individual is memory impaired and may need assistance. Identification bracelets or necklaces are also available for caregivers to wear to alert others to look after the individual if the caregiver becomes incapacitated.

## NATIONAL INFORMATION/PHOTO DATABASE

Registration in a national database that includes important emergency contact information and photograph to help reunite lost individuals with their caregivers no matter where they wander.

#### 24 HOUR TOLL-FREE CRISIS LINE

A nationwide toll-free number is available 24 hours a day, 365 days a year, to contact when an individual is lost or found.

## • FAX ALERT NOTIFICATION SYSTEM

A fax alert system is capable of sending missing person information and photos anywhere in the country.

# LOCAL ALZHEIMER'S ASSOCIATION CHAPTER SUPPORT

A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers.

### WANDERING BEHAVIOR INFORMATION AND TRAINING

One of the most alarming and potentially life-threatening behaviors associated with Alzheimer's disease and related dementias is wandering. Safe Return educates families, caregivers, emergency personnel, and other community professionals about how to recognize the signs of dementia, prevent unsafe wandering, and effectively use the Safe Return program.

For information about registering in Safe Return, information about the Alzheimer's Association, or the location of a chapter near you, call 800/272-3900.

# ALZHEIMER'S ASSOCIATION

# Safe Return



For safety and peace of mind register now in *Safe Return* 

# Safe Return Assistance

Safe Return is a nationwide identification, support and registration program working at the community level. Assistance is available 24 hours, every day, whenever a person is lost or found.

When missing, *Safe Return* faxes the registrant's information and photo to local law enforcement. When found, a citizen or law official calls the 800 number and *Safe Return* notifies listed contacts. The local Alzheimer's Association chapter provides support.

# Safe Return Identification

With \$40 registration fee, you receive the following products\*:

- engraved identification bracelet or necklace, iron-on clothing labels, key chain, lapel pin, refrigerator magnet, stickers, wallet cards and *Caregiver Checklist*.
- for an additional \$5, receive caregiver jewelry.\* In an emergency, it alerts others that you provide care for a person registered in *Safe Return*.

\* Identification products are sent to the physical address of the primary contact unless otherwise indicated.

SSOCIATION

neone to Stand by You

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their neighborhood or far from home. Although common, this behavior can be dangerous, even life-threatening to individuals and stressful for caregivers.

There is help. The Alzheimer's Association Safe Return program assists in the safe return of individuals with

Alzheimer's or a related dementia who wander and become lost.



# Safe Return Registration

- Mail completed registration form, payment\* and registrant photo\*\* to the address on the back.
- To register by phone, call toll-free 1-888-572-8566 (weekdays 8am - 8pm CST) with registration and credit card information. Call the 888 number to update any registration information. For TDD service, call 1-888-500-5759.

\* Registration fee is \$40. Add \$5 for caregiver jewelry.

\*\* Write registrant's name on the back of photo (not returned).

# ♦ Safe Return Jewelry Styles

Please indicate jewelry type and style. Wrist measurement required for bracelet.

Instructions: Use flexible tape measure or encircle wrist with string and measure against reference ruler.

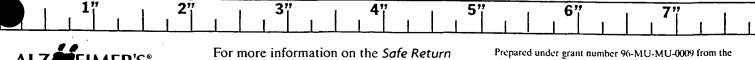


Style A

Style C



# **Reference Ruler**



For more information on the Safe Return program, call your local Alzheimer's Association chapter or (800) 272-3900. Prepared under grant number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. PF/200/F ©1998 Alzheimer's Disease and Related Disorders Association, Inc. All Rights Reserved.

# Alzheimer's Association Safe Return Program Registration Form (please print)

# REGISTRANT INFORMATION

# Full Name

| Tun name      |                  |                                         |          |
|---------------|------------------|-----------------------------------------|----------|
|               |                  | n identification pro                    | oducts ) |
|               | n ne princu or   | n actingication pro                     | Junenny  |
| Address       | ess)             | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |          |
|               |                  | County                                  |          |
| State         | <u></u>          | Zip Code                                |          |
|               |                  |                                         |          |
| -             |                  |                                         |          |
|               |                  |                                         |          |
|               |                  |                                         |          |
| Height        |                  | Weight                                  | ·····    |
| Eye Color_    |                  | Hair Color                              | <u> </u> |
| Race          |                  |                                         | <u> </u> |
| Complexion    | n: Fair          | Medium                                  | Dark     |
| Male          | Female           | Language _                              |          |
| Medical Co    | onditions        |                                         |          |
|               |                  |                                         |          |
|               |                  |                                         |          |
| Critical Me   | dications        |                                         |          |
| Critical Me   |                  | ·                                       |          |
| Circle the cl | haracteristic    | s that apply:                           |          |
| Glasses       | Contacts         | s Heari                                 | ing Aid  |
| Wig           | Beard            | Mustache                                | Bald     |
| Cane O        | ther             |                                         |          |
| Describe/Lo   |                  |                                         |          |
| Mole          | Ta               | attoo                                   |          |
| Scar          | B                | irth Mark                               |          |
|               | tograph prov     |                                         | No       |
|               | oto, passport si |                                         |          |

is found and may arrange to return registrant. Name Address County \_\_\_\_\_ City State \_\_\_\_\_ Zip Code\_\_\_\_\_ Telephone: Home ( Work ( ) Relation to Registrant\_\_\_\_\_ Additional Contacts can be called and receive information if a person is missing or found. Name Address City State Zip Telephone: Home ( ) Work ( ) \_\_\_\_\_ Relation to Registrant Name Address City State Zip ) Telephone: Home ( Work ( ) Relation to Registrant Law Enforcement (Police or Sheriff Dept. nearest registrant's residence) Address\_\_\_\_\_ City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_ · \_\_\_\_\_ Telephone ( Fax ( )

CONTACT INFORMATION

Primary Contact/Caregiver is called first if a person

# Refer to Jewelry Styles on the front

**REGISTRANT** Jewelry (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_\_ inches (Measurement required if ordering bracelet.)

| CAREGIVER Jewelry Option (please circle type and style) |          |    |          |         |   |   |   |
|---------------------------------------------------------|----------|----|----------|---------|---|---|---|
| Type:                                                   | Bracelet | or | Necklace | Style : | Ą | В | С |
| Exact Wrist Measurement: inches                         |          |    |          |         |   |   |   |

#### Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services, Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

| Contact Signature<br>(Signature/Consent red | Date<br>quired for registration.)        |  |  |  |
|---------------------------------------------|------------------------------------------|--|--|--|
| Payment Method Check \$                     | Telephone Registration Mail Registration |  |  |  |
| □ Visa <sup>®</sup> □ Maste                 | _ 0                                      |  |  |  |
| credit card number                          | exp. date                                |  |  |  |
| cardholder's name                           |                                          |  |  |  |
| cardholder's signature                      | . <u>,</u>                               |  |  |  |
|                                             | d payment to:<br>e Return<br>. Box 9307  |  |  |  |

St. Louis, MO 63117-0307

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# Law Enforcement

## **Facsimile Transmission**

DATE: # OF PAGES (including cover):

# FROM: Alzheimer's Association Safe Return Phone: 1.800.572.1122 Fax: 1.314.647.2827

TO: Name: Agency: Phone: Fax:

# FAX NOTES:

#### **ENDANGERED MISSING**

The following report involves a missing person diagnosed with Alzheimer's disease (AD) or a related dementia.

The person is registered in the Alzheimer's Association Safe Return program, which assists in the safe and timely return of individuals with AD and related dementias who wander and become lost. The caller has been informed to call police to file a missing person's report.

#### DID YOU KNOW?

- ✓ 59% of people diagnosed with AD wander and become lost.
- ✓ 46% may die if not found within 24 hours.
- People with AD often are usually found within .5 mile radius from where they disappeared.
- People with AD are usually found a short distance from the road or open field.
- ✓ People with AD are usually found in creek or drainage areas and/or caught in briars and bushes.
- ✓ People with AD do not usually cry out for help.
- People with AD do not usually respond to shouts.
- ✓ People with AD leave few physical clues behind.
- ✓ People with AD may be in search of something from their past (i.e., job, childhood home).
- ✓ When communicating with a person with AD, remember to:
  - Ask closed-ended (i.e., yes/no) questions
  - Speak slowly, asking one question at a time
  - Use short, familiar words
  - Maintain good eye contact
  - Attempt to remove person from a noisy, stressful environment

Call Safe Return when the missing or found person is returned or identified. If you have any questions, please contact the local Alzheimer's Association chapter (name and number provided in report) or Safe Return at 1.800.572.1122.

# DISCOVERY REPORT

For Internal Use Only SR Call Number; 78 SR Call Date: 3/18/98 SR Call Time: 4:27:00

|    | Call Time: | 4:27:00 PM CST  |
|----|------------|-----------------|
| SK | Clinician: | Beckerle, Diane |

Description: SR ID#: **Mainter** 

| Social Security #:          |
|-----------------------------|
| DOB:                        |
| Form of ID: Unknown         |
| Height: 5.01 e.g. 5.7 = 5ft |
| Weight: 130                 |
| Eyes: Brown                 |
| Hair: Black                 |
| Race: Black                 |
| Sex: Female                 |

Registrant: Mamie

> Pasadena, CA **Handa** Los Angeles County

Location:

Raymond & Howard Pasadena, CA 91103 County

Language Spoken: #NULL#

Data (Information Known at time of discovery): How Far (Miles): < .25 How Long Missing (Hours/Days): <4hrs Mode: Foot Safely Returned? Yes Starting Location: Home

Date Found: 3/18/98 Call Date: 3/18/98 Call Time: 4:27:00 PM CST

Previous Missing Reports:

Previous Discovery/Recovery Reports: 3/18/98;

Caller:

Glynnis School Raymond & Howard Pasadena, CA (County -

Home:

Work:

Relationship to Registrant: Security Guard

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Chapter Procedures Followed: Yes Date: 3/18/98, Time: 4:25:00 PM

Fax sent to: Chapter:

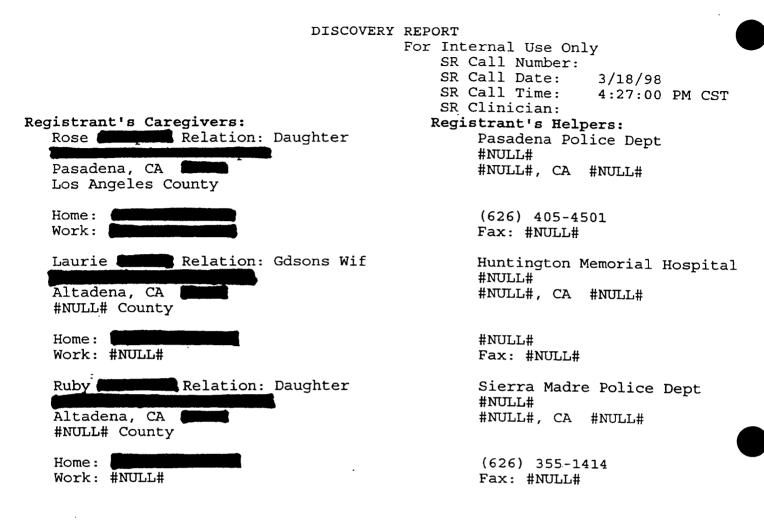
Chapter: Los Angeles Chapter (213) 938-3379 (213) 938-1036 Safe Return Program Coordinator

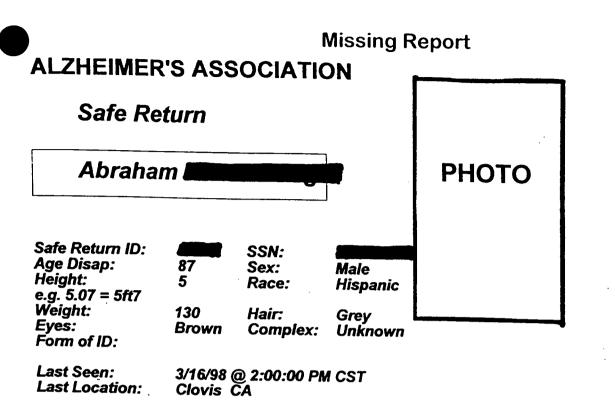
CareGiver Notified: CareGiver 1 = CG1

Comments:

Glynnis **Contraction**, **Contraction** School Campus Security, phoned Safe Return to report that Mamie **Contraction** had been found on campus. She had been roaming around the campus for @ 1.5 hours when they noticed her Safe Return bracelet and called. This worker conferenced call with Rose **Contraction**, CG1, with whom registrant lives.

CG1 had just phoned the police and had been searching the area. CG1 said she'd come to get registrant and return her safely home. CG1 indicated that registrant had wandered to the same location in the past.





#### ENDANGERED MISSING

Clothing: Black and white striped sweater, black pants, a charcoal gray hat Medical Conditions: Distinguishing Marks/Characteristics: glasses, moles on face and neck Language Spoken:

Additional Comments: Mr. **Addition** usually walks from his home down to the corner and comes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Elizabeth has been told to stay at her mother's house Mr. A until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Élizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. **Registration Notes:** 

If you have any information on Abraham

1-800-572-1122

MISSING REPORT For Internal Use Only SR Call Number: 366 SR Call Number:

| SR Call Date: | 3/16/98         |
|---------------|-----------------|
| SR Call Time: | 2:33:00 PM CST  |
| SR Clinician: | Ragsdale, Janis |

| Registrant: |  |
|-------------|--|
| Abraham     |  |
|             |  |
| Clovis, CA  |  |

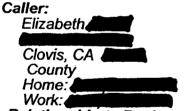
Fresno County

SR ID#:

Social Security #: DOB: 3/16/11 Form of ID: Unknown

Date Reported Missing: 3/16/98 Time Reported Missing: 2:33:00 PM CST

Previous Missing Reports: 3/16/98; Previous Discovery/Recovery Reports: 3/16/98;3/16/98;



Relationship to Registrant: Daughter

Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:00:00 PM

Fax sent to: Chapter:

FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447

Safe Return Program Coordinator

## Comments:

Mr. **Margin** usually walks from his home down to the corner and cornes back home. He had been gone longer than usual and his wife could not find him. She called their daughter, who has reported this to the police and called us. Elizabeth's daughter has been out looking for Mr. Elizabeth has been told to stay at her mother's house until the police officer gets there to take a report. Elizabeth has already checked the grocery store where they walk sometime. She wonders if he may be at a mall near there. Elizabeth says her father does get very upset when he is away from his wife for very long, and starts to call for her. He may even be crying. MISSING REPORT For Internal Use Only SR Call Number:

> SR Call Date: 3/16/98 SR Call Time: 2:33:00 PM CST SR Clinician: Ragsdale, Janis

Registrant's Helpers: Clovis Police 1033 5th St. #NULL#, CA #NULL#

(209)297-2624 Fax: #NULL#

Fresno Police Dept. #NULL# #NULL#, CA #NULL#

(209)498-1414 Fax: #NULL#

Registrant's Caregivers: Elizabeth Relation: Daughter

Clovis, CA

Home: Work:

Elida \_\_\_\_\_Relation: Grndaughtr

Clovis, CA

Home:-Work: #NULL#

Rev. E. Relation: Grandson

#NULL# Home:

Work:

| RECOVERY REPORT<br>For Internal Use<br>SR Call Numbe<br>SR Call Date:<br>SR Call Time:<br>SR Clinician:                                                                                                                                                             | er: 1<br>3/16/98<br>3:37:00 PM CST |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Missing Person:<br>Abraham Abraham<br>Clovis, CA<br>Fresno County                                                                                                                                                                                                   |                                    |
| SR ID#:                                                                                                                                                                                                                                                             |                                    |
| Date Reported Missing: 3/16/98<br>Missing Report Call Number: 366                                                                                                                                                                                                   |                                    |
| Recovery Information:<br>Location:<br>Same As Caller                                                                                                                                                                                                                |                                    |
| County                                                                                                                                                                                                                                                              |                                    |
| Data (Information Known at time of discovery):<br>How Far (Miles): < .25<br>How Long Missing (Hours/Days): <4hrs<br>Mode: Foot<br>Safely Returned? Yes<br>Starting Location: Home Address<br>Date Found: 3/16/98<br>Call Date: 3/16/98<br>Call Time: 3:37:00 PM CST | -                                  |
| Previous Missing Reports:<br>3/16/98;<br>Previous Discovery/Recovery Reports:<br>3/16/98;3/16/98;                                                                                                                                                                   | -                                  |
| Caller:<br>Elizabeth Clovis, CA                                                                                                                                                                                                                                     |                                    |
| Home: Work:<br>Work:<br>Relationship to Registrant: Daughter                                                                                                                                                                                                        |                                    |

Relationship to Registrant: Daughter

·.

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Chapter Procedures Followed: Yes Date: 3/16/98, Time: 3:40:00 PM

Fax sent to: Chapter: FRESNO/MADERA COUNTIES CHAPTER (209) 229-2891 (209) 225-8447 Safe Return Program Coordinator

CareGiver Notified: CareGiver 1 Comments: Caller reported that the Police brought her father home a few minutes ago. He is fine.

# Post-Test

Directions: Answer true or false to the following statements.

- 1. Alzheimer's disease is the fourth leading cause of death among adults.
- 2. A person with Alzheimer's disease may appear intoxicated.
- 3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.
- 4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.
- 5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.
  - 6. The majority of people affected by Alzheimer's disease are 65 and older.
- 7. People with Alzheimer's disease are often found shoplifting because they have little money left over after paying for their medications.
- 8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.
  - 9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product, the individual does not have this disease or a related dementia.
- 10. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

# **Answers to Post-Test**

- **True** 1. Alzheimer's disease is the fourth leading cause of death among adults.
- True 2. A person with Alzheimer's disease may appear intoxicated.
- **False** 3. Catastrophic reactions are unavoidable when interacting with a person with Alzheimer's disease.
- **False** 4. People with Alzheimer's disease who wander and become lost usually find their way home on their own within 24 hours.
- **False** 5. The Safe Return bracelet has the person's home address and phone number engraved on the back to assist in their safe return should they become lost.
- **True** 6. The majority of people affected by Alzheimer's disease are 65 and older.
- **False** 7. People with Alzheimer's disease are often found shoplifting because they have little money left over after paying for their medications.
- **True** 8. Speaking slowly and calmly to a person with Alzheimer's disease will likely put them at ease.
- **False** 9. All people with Alzheimer's disease are registered in Safe Return, so if I do not see a Safe Return identification product, the individual does not have this disease or a related dementia.
- **True** 10. Asking too many questions at a time can cause additional confusion to someone affected by Alzheimer's disease.

# **SPEAKER EVALUATION**

| Presenter                    |            |              |              | ····    | _        |                      |
|------------------------------|------------|--------------|--------------|---------|----------|----------------------|
| Subject                      |            |              |              |         | _        |                      |
| 1. Your reaction             | to t       | he conte     | ent of t     | he pres | sentatio | on:                  |
| Worthwhile                   |            | 4            | 3            | 2       |          | Not worthwhile       |
| Enough time                  | 5          | 4            | 3            | 2       | 1        | Not enough time      |
| Handouts usefu               | 15         | 4            | 3            | 2       | 1        | Not useful           |
| Comments                     | ·          |              |              |         |          |                      |
|                              |            | un:          |              |         |          |                      |
|                              | 4 - 4      |              |              |         |          |                      |
| 2. Your reaction<br>Prepared | 10 li<br>5 | e prese<br>4 | anter(s<br>3 | ):<br>2 | 1        | Unprepared           |
| -                            | 5          | 4            | 3            | 2       | 1        | Unclear              |
|                              |            | 4            |              | 2       | 1        | Disorganized         |
| Involved<br>Audience         | 5          | 4            | 3            | 2       | 1        | Did not involve      |
| Comments                     |            |              | . <u>.</u>   |         |          |                      |
|                              |            |              |              |         |          |                      |
|                              |            |              |              |         |          |                      |
| 3. What do you t             | hink       | was the      | most         | valuabl | e part o | of the presentation? |
|                              |            |              | · - · -      |         |          |                      |

4. What part of the presentation would you like to have spent more time on?

5. Prior to today, had you received formal training related to Alzheimer's disease?

| Yes 🗆                                      | No 🗆 |   |   |   |   |      |  |  |
|--------------------------------------------|------|---|---|---|---|------|--|--|
| If yes, please specify where               |      |   |   |   |   |      |  |  |
| 1. Overall evaluation of the presentation: |      |   |   |   |   |      |  |  |
| Excellent                                  | 5    | 4 | 3 | 2 | 1 | Poor |  |  |

# **GLOSSARY OF TERMS**

# CATASTROPHIC REACTION

A catastrophic reaction is an exaggerated response to a situation which results when a person's mental ability prevents rational action. A situation that is mildly upsetting to a normal person may grow out of proportion for an individual with Alzheimer's disease. The onset of a catastrophic reaction may be signaled by a sudden change in mood and increased restlessness. The behavior, however, can rapidly deteriorate into suspicion, stubbornness, inconsolable crying, anger and combativeness. The individual may lash out (verbally and/or physically) at anyone who tries to help.

### COMPUTERIZED TOMOGRAPHY

Computer method of making x-ray pictures of a plane section of the brain.

#### DELUSION

A delusion is a false idea, sometimes originating in misinterpretation, but firmly believed and strongly maintained in spite of obvious proof or evidence to the contrary.

#### ELECTROCARDIOGRAM (EKG)

A record of the electrical activity of the heart, shows certain waves called P.Q.R.S. and T waves.

#### ELECTROENCEPHALOGRAPHY

Recording electrical activity in the brain.

## LONG-TERM MEMORY

Involves processes of consolidation, organization, association and recall.

### MEMORY

Memory is the ability to process information that requires attention, encoding (bringing in and storing), storage (keeping it in), and retrieval (recall or finding the information). Memory involves several different brain processes, areas of the brain, and mechanisms. Signs, cueing and a consistent environment may assist people with early Alzheimer's disease memory problems. NCIC was created by the FBI in 1967 to assist criminal justice agencies in improving their operations by providing a nationwide information system to support investigations. It provides a computerized index of documented criminal justice information available to law enforcement professionals. Information on wanted or missing persons and stolen property is instantaneously accessible through police radios, dispatch personnel, and NCIC terminals.

# SHORT-TERM MEMORY

Working memory that involves attention and perception.

# WANDERING

The term defies standard categorization and a consensus definition has not yet been reached. One operational definition is "aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places" (Morishita, 1990).

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# **ADDITIONAL RESOURCES AND MATERIALS**

# **NATIONAL ORGANIZATIONS**

American Ambulance Association 3800 Auburn Boulevard - Suite C Sacramento, CA 95821 916-483-3827

Community Transportation Association of America 1341 G Street NW, Suite 600 Washington DC 20005 202-628-1480

Emergency Response Institute 4537 Foxhall Drive NE Olympia, WA 98516 360-491-7785

Fraternal Order of Police National Headquarters 1410 Donaldson Pike, A-17 Nashville, TN 37217 800-451-2711

International Association of Chiefs of Police 515 North Washington Street Alexandria, VA 22314-2357 703-836-6767

National Association of Attorneys General 750 First Street NE, Suite 1100 Washington, DC 20002 202-326-6000 National Association for Search and Rescue 4500 Southgate Place - Suite 100 Chantilly, VA 20151 703-222-6277

National Association of Emergency Medical Technicians 408 Monroe Street Clinton, MS 39056 800-34NAEMT

National Flight Paramedics Association 3716 S. Yale Ave. - Suite 300 Tulsa, OK 74136 800-381-6372

National Sheriff's Association 1450 Duke St. Alexandria, VA 22314 800-424-7827

National Victim Resource Center PO Box 6000 Rockville, MD 20850 800-627-6872

Triad 1450 Duke Street Alexandria, VA 22314 703-836-7827

### **ORDERING SAFE RETURN MATERIALS**

| NEED TO                                                                                       | ORDER                                 | CONTACT                            | LOCATION     |
|-----------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|--------------|
| Brochures<br>Posters                                                                          | Order Processing - Office<br>Services | National Office                    | 800/223-4405 |
| Print Public Service<br>Announcement (PSA)                                                    |                                       |                                    |              |
| Safe Return Fact Sheet                                                                        |                                       |                                    |              |
| Wandering or Sundowning and Shadowing "Just the Facts" Sheets                                 |                                       |                                    |              |
| Police Training Kit                                                                           |                                       |                                    |              |
| Alzheimer's Disease:<br>A Guide for Law Enforcement<br>Officials Handbook                     |                                       |                                    |              |
| Safe Return Ad Slicks                                                                         |                                       |                                    |              |
| Sample Products                                                                               | Veronica Chavez                       | Safe Return - National Office      | 312/335-5759 |
| Two-Sided Registration Form<br>(original copy to use for photo-<br>copying)                   |                                       |                                    |              |
| Ideas for Encouraging Someone<br>to use Their Safe Return<br>Identification Products          |                                       |                                    |              |
| 30 Ways to Use Your Registrant<br>Reports                                                     |                                       |                                    |              |
| Alzheimer's Association Safe<br>Return Program mission statement                              |                                       |                                    |              |
| Laminated pocket response guides<br>for police, transit or EMT's                              | Danny Cain                            | Cain Consulting Associates         | 502/241-9739 |
| Police Cruiser Call Sheet<br>Law Enforcement, A.D., and the<br>Lost Elder Training Curriculum | Gerald Flaherty                       | Eastern Massachusetts Chapter      | 617/494-5150 |
| Safe Return Police Training Video                                                             | Communication Media Group             | Newton, MA                         | 617/527-5077 |
| Innocent Offender Video                                                                       | Marlene Pfenninger                    | Rochester, NY Chapter              | 716/442-3820 |
| The Impact of Alzheimer's<br>Transit Training Video                                           | Project Action                        |                                    | 800/659-642  |
| Emergency Medical Technician<br>(EMT) Training Video                                          | Betty Ransom                          | Northern Virginia Chapter          | 703/359-4440 |
| Safe Return Chapter Media Kit                                                                 | Nicolle Gajda                         | Media Relations<br>National Office | 312/335-4037 |

## **ALZHEIMER'S DISEASE DEFINITION**

- 4 million Americans have Alzheimer's Disease
- It is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior

### WANDERING

Aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment, or intruding in inappropriate places.

### **SEARCH AND RESCUE**

- Median distance = .5 miles
- Short distance from road
- No cries for help
- No response to shouts
- Few physical clues
- Succumb to environment

### SAFE RETURN MISSION

The Alzheimer's Association Safe Return Program assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost.

## SAFE RETURN BENEFITS

- Identification products
- National database
- 24-hour toll-free line
- Fax notification system
- Chapter support
- Information & training

## SAFE RETURN TOLL-FREE CRISIS LINE

## 1-800-572-1122

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## **RECOGNIZING ALZHEIMER'S DISEASE**

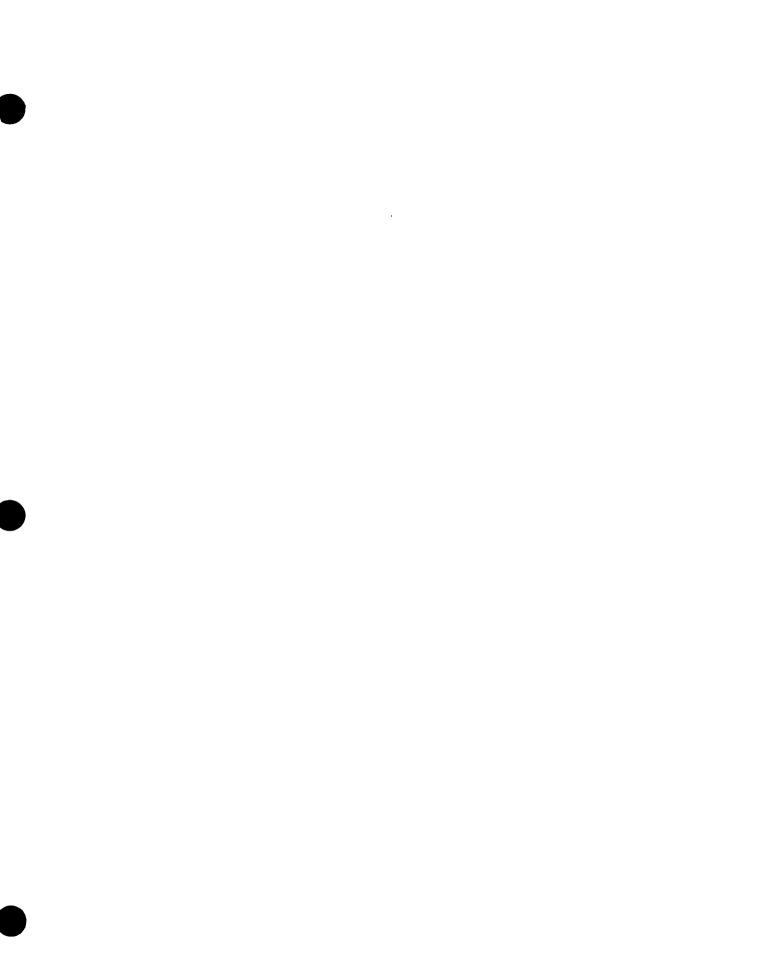
- Identification clues
- Physical clues
- Psychological clues

### **FREQUENTLY ENCOUNTERED SITUATIONS**

- Wandering
- Driving
- False Reports
- Victimization
- Shoplifting
- Indecent Exposure
- Homicide and Suicide
- Appearance of Intoxication
- Abuse and Neglect

## **CALL TO ACTION**

- Look for identification
- Call number on identification
- Inform others
- Sponsor registration day
- Publish information in newsletter
- Provide financial assistance
- Display information in office
- Train new employees



Alzheimer's Association Safe Return Program 919 North Michigan Avenue Suite 1000 Chicago, IL 60611-1676 (

1-800-272-3900 (312) 335-8882 (TDD) (312) 335-8700

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#### ALZHEIMER'S ASSOCIATION

Safe Return



## For safety and peace of mind

**Registration Brochure** 



Someone to Stand by You

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. Many people cannot even remember their name or address. They may become disoriented and lost in their neighborhood or far from home.

It is common for a person with Alzheimer's disease to wander, many repeatedly, during the disease process. This behavior can be dangerous, even lifethreatening to individuals and stressful for caregivers.

There is help. The Alzheimer's Association *Safe Return* program assists in the safe return of individuals with Alzheimer's or a related dementia who wander and become lost.

For safety and peace of mind, register now in *Safe Return*.

## Safe Return Assistance

Safe Return is a nationwide identification, support and registration program working at the community level. Safe Return provides assistance whether a person becomes lost locally or far from home. Assistance is available 24 hours, every day, whenever a person is lost or found.

## Safe Return Identification

With the \$40 registration fee, you receive the following products\*:

- engraved identification bracelet or necklace and iron-on clothing labels
- *Caregiver Checklist*, key chain, lapel pin, refrigerator magnet, stickers and wallet cards
- for an additional \$5, receive caregiver jewelry.\* In an emergency, it alerts others that you provide care for a person registered in *Safe Return*.

\* Identification products are sent to the physical address of the primary contact unless otherwise indicated.

### Safe Return Support

If a registrant is missing, *Safe Return* can fax the person's information and photo to the local law enforcement department.

If a registrant is found, a citizen or law official can call the 800 number on the identification products. *Safe Return* can access registrant information and notify listed contacts.

The local Alzheimer's Association chapter can provide information and support.

## Safe Return Registration

• Mail completed registration form, payment\* and registrant photo\*\* to:

Safe Return P.O. Box 9307 St. Louis, MO 63117-0307

- To register by phone, call toll-free 1-888-572-8566 (weekdays 8am - 8pm CST) with registration and credit card information. Please mail photo.\*\* To update any registration information, call the 888 number above.
- \* Registration fee is \$40. Add \$5 for caregiver jewelry.
- \*\* Write registrant's name on the back of photo. Photo will not be returned.





# Safe Return Identification Products

enable others to help individuals with Alzheimer's or a related dementia.



The Alzheimer's Association is the only national voluntary health organization dedicated to conquering Alzheimer's disease through research, and to providing education, support and advocacy for people with Alzheimer's disease, their families and caregivers. For more information or to contact the chapter nearest you, call **800/272-3900** or e-mail **info@alz.org.** 

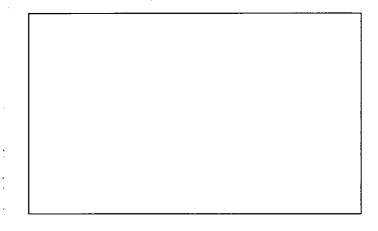


Someone to Stand by You

National office: 919 North Michigan Ave. Suite 1000 Chicago, IL 60611-1676 (800) 272-3900 TDD: (312) 335-8882

*Safe Return registration:* Safe Return P.O. Box 9307 St. Louis MO 63117-0307 (888) 572-8566 TDD: (888) 500-5759

Contact the chapter nearest you.



#### PF/200/RZ

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#### REGISTRANT INFORMATION

### Full Name\_\_\_\_\_

| First or<br>(This nam  | Nickname           | n identification pr | oducts.) |
|------------------------|--------------------|---------------------|----------|
| Address<br>(Physical d |                    |                     |          |
|                        |                    | County              |          |
|                        |                    |                     |          |
|                        | ne ( )             |                     |          |
|                        | ecurity #          |                     |          |
|                        | Birth              |                     |          |
|                        |                    |                     |          |
|                        | or                 |                     |          |
|                        |                    |                     |          |
|                        | xion: Fair         |                     | Dark     |
| Male                   | Female             | Language            |          |
|                        | Conditions         |                     |          |
|                        |                    |                     |          |
|                        |                    |                     |          |
| Critical               | Medications        |                     |          |
|                        |                    |                     |          |
| Circle th              | e characteristic:  | s that apply:       |          |
| Glasses                |                    |                     | ing Aid  |
| Wig                    | Beard              | Mustache            | Bald     |
| Cane                   | Other              | <u> </u>            |          |
| Describe               | /Location:         |                     |          |
|                        | Ta                 |                     |          |
| Scar                   | B                  | irth Mark           |          |
| -                      | photograph prov    |                     | No       |
| (Original              | photo, passport si | ze or larger)       |          |

### CONTACT INFORMATION

**Primary Contact/Caregiver** is called first if a person is found and may arrange to return registrant.

### Name \_\_\_\_\_\_

Name

| Address           |          |
|-------------------|----------|
| City              | County   |
| State             | Zip Code |
| Telephone: Home ( | )        |
| Work (            | )        |

Relation to Registrant

**Additional Contacts** can be called and receive information if a person is missing or found.

| Address              |                |                                       |
|----------------------|----------------|---------------------------------------|
| City                 |                | Zip                                   |
| Telephone: Home (    | )              |                                       |
| Work (               | )              | · · · · · · · · · · · · · · · · · · · |
| Relation to Registra | nt             |                                       |
| Name                 |                |                                       |
| Address              |                |                                       |
| City                 | State          | Zip                                   |
| Telephone: Home (    | )              |                                       |
| Work (               | )              |                                       |
| Relation to Registra |                |                                       |
| Law Enforcement      | nearest regist | rant's residence)                     |
| Address              |                | ·                                     |
| City                 |                | Zip                                   |
| Telephone ( )        |                |                                       |
| Fax ( )              |                |                                       |

### **REGISTRANT Jewelry** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

**Exact Wrist Measurement:** \_\_\_\_\_ inches (Measurement required if ordering bracelet.)

**CAREGIVER Jewelry Option** (please circle type and style)

Type: Bracelet or Necklace Style: A B C

Exact Wrist Measurement: \_\_\_\_\_ inches

#### Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services, Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

| <b>Contact Signature</b><br>(Signature/Consent rec          | <b>Date</b><br>quired for registration.)                              |
|-------------------------------------------------------------|-----------------------------------------------------------------------|
| Payment Method<br>□ Check \$<br>□ Visa <sup>®</sup> □ Maste | <ul> <li>Telephone Registration</li> <li>Mail Registration</li> </ul> |
| credit card number                                          | exp. date                                                             |
| cardholder's name                                           |                                                                       |
| cardholder's signature                                      |                                                                       |
|                                                             | d payment to:<br>fe Return, P.O.Box 9307<br>Louis, MO 63117-0307      |