

Emergency situations, such as the current COVID-19 pandemic, present special challenges to those caring for a loved one with dementia. It is important to plan ahead for your loved one's care and safety in case you or someone in your family were to become sick with COVID-19. Thinking ahead about a back-up plan prepares you and your support network to handle complex decisions and take action as quickly as possible in an emergency. Consider the following tips:

- ✓ Both you and your loved one should have a health care proxy in place. Talk to your loved ones and healthcare proxy about your care wishes if you were to become seriously ill with COVID-19. If your loved one is able, discuss his or her care wishes. The Conversation Project guide for being prepared in the time of COVID-19 can help prompt your discussion. Talk to your primary care physician if you or your loved one needs help with putting a healthcare proxy in place.
- ✓ Emergency contacts and key medical documents should be prominently displayed on the refrigerator in case of an emergency. Something like the File of Life: COVID-19 Preparedness Form is a helpful tool.
- ✓ Both you and your loved one may wear some type of ID jewelry such as Medic Alert with Wandering Support. The caregiver's bracelet could indicate that you are caring for a person with dementia, so that if you were unexpectedly hospitalized, first responders or hospital staff would be prompted that there is a vulnerable adult that should not be left home alone.
- ✓ Call your doctor to ask about getting extra refills of needed medications for you and your loved one to keep on hand in the case that you need to be home for a prolonged period of time.

What are your loved one's needs?

In the event that you are unable to care for your loved one, you will need to make sure others will know what your loved one needs. Think, in detail, about 24 hours in the life of your loved one. Consider all of the tasks they need assistance with, and what type of assistance is needed. Assistance may take the form of hands-on help, supervision, reminders, prompting, or help organizing or setting up for tasks.

Create a Plan of Care (see example):

- ✓ Think about activities of daily living, including eating, bathing, hygiene, using the bathroom, dressing, and walking or getting from place to place.
- ✓ Consider the organizational tasks needed to set up for a safe and healthy life, like paying bills, grocery shopping and meal preparation, house cleaning, using the telephone, and managing medications.
- ✓ Write each of these tasks down, along with the type of support needed and who provides that support.

All content developed by the Alzheimer's Association MA/NH Chapter

Create a Personal Information Form about your loved one to be kept with other medical documents (see example). Information on the form can include:

- ✓ Cognitive abilities, motor skills, verbal processing and communication abilities and methods.
- ✓ Individual's preferred name (and pronouns); cultural background; religious or spiritual practices; and past hobbies and interests.
- ✓ What upsets the person and what calms him or her down.
- ✓ Sleep habits; eating and drinking patterns and abilities; typical patterns of behavior; and normal daily structure and routines.
- ✓ Safety risks such as wandering or falling.

Build your team

Who can help your loved one with the tasks and activities above if you become sick?

- ✓ In some situations, it may be clear that there is one clear "backup" caregiver (maybe an adult child) who could cohabitate with your loved one and provide all needed care.
- ✓ In other situations, individuals will need to assemble a number of people that could include family, friends and home care services. This team can cooperate by working in shifts or delegating specific tasks depending on a person's comfort level and availability. For example, an out-of-state family member may be able to arrange grocery delivery.
- ✓ Talk with your team to discuss whether they're willing to be contacted in an emergency, the best way to reach them, and how they are willing to help. Try *"I'm planning ahead for the care of me or my loved one, in case one of us were to become sick with COVID-19. Are you willing to be an emergency contact?"*
- ✓ Ideally, you should identify one point person to oversee the care team that you have arranged. The point person could be a family member, friend, healthcare proxy, or professional such as a care manager or attorney.

If outside services are needed

It may be possible to increase or adapt existing home care services or arrange for home care services or residential care to meet emerging needs. If you are already utilizing home care services, call your provider to explore:

- ✓ What are their policies for providing care in a home where someone has tested positive for COVID-19?
- ✓ What are the options for increasing services if you were to become ill?

If you do not already utilize any outside services, you may be able to arrange for home care services or residential care. Contact your elder services agency to inquire about care options and costs.

- ✓ In Massachusetts, call 800-243-4636
- ✓ In New Hampshire, call 866-634-9412
- ✓ In any other state, call 800-677-1116

If you or your loved one with dementia becomes sick

- ✓ You should not make decisions about next steps on your own. For guidance, it is very important for you to contact your and your loved one's physician.
- ✓ Read through CDC recommendations for caring for yourself or someone else in your home: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>
- ✓ When implementing CDC guidelines in your home, consider the abilities of your loved one and seek out the assistance of the 24/7 Helpline at 800.272.3900 to address your individual challenges. For example, a person with dementia may have difficulty understanding new hygiene protocols, and caregivers may benefit from consultation regarding their communication approach in order to avoid arguments and manage stress.
- ✓ If your loved one needs to go to the hospital, you may not be able to accompany him or her. You should have copies of the healthcare proxy and other advanced care directives, personal information form, and key emergency contact information to provide to hospital staff.

HELPFUL LINKS

[CDC Information on COVID-19: If You Are Sick or Caring for a Loved One](#)

[Massachusetts Dept. of Public Health Information on COVID-19](#)

[NH Dept. of Public Health and Human Services Information on COVID-19](#)

[Alzheimer's Association COVID-19 Caregiver Tips](#)

To consult about your unique situation, and to learn more about our programs and services, call our 24/7 Helpline at 800.272.3900

Plan of Care

Full name:

Preferred name *(include titles, nicknames)*:

Pronouns:

Age:

Task	Assistance Needed	Who Typically Helps
Eating	None, or Describe:	
Taking a bath or shower	None, or Describe:	
Hygiene (shaving, brushing teeth, etc.)	None, or Describe:	

Plan of Care

Task	Assistance Needed	Who Typically Helps
Using the bathroom	None, or Describe:	
Getting dressed	None, or Describe:	
Walking and getting in/out of a bed/chair	None, or Describe:	
Grocery shopping	None, or Describe:	

Plan of Care

Task	Assistance Needed	Who Typically Helps
Preparing meals	None, or Describe:	
Housecleaning	None, or Describe:	
Using the telephone	None, or Describe:	
Taking medication (managing refills, remembering, taking as prescribed)	None, or Describe:	

Plan of Care

Task	Assistance Needed	Who Typically Helps
Paying bills	None, or Describe:	
Other	Describe:	
Other	Describe:	
Other	Describe:	

Personal Information Form

Adapt this form to include the most relevant information pertaining to **your** loved one

Full name:

Preferred name (include titles, nicknames):

Pronouns:

Age:

Type of dementia:

Primary language:

Contacts (Include healthcare proxy, emergency contacts, important family or friends):

Contact 1 Name

Contact 1 Phone Number

Contact 2 Name

Contact 2 Phone Number

Describe cognitive abilities and challenges (memory and thinking, speaking and understanding communication, motor skills, etc.):

Describe normal daily routines and preferences, including sleep habits, eating and drinking patterns and abilities, and typical patterns of behavior:

Personal Information Form

*Adapt this form to include the most relevant information pertaining to **your** loved one*

Describe what is distressing and what is calming (including approach, environment, communication):

Describe relevant safety risks, such as wandering or falling:

Briefly describe relevant family background (hometown, family of origin, marriage, children, etc.):

Briefly describe relevant cultural background, religious or spiritual practices, and past career, interests and achievements:

Other notes: