

York Poquoson Williamsburg 911 Center

“HEADS UP” PROGRAM

The York Poquoson Williamsburg 911 Center has a special program to provide emergency response personnel with the knowledge of pre-existing conditions or situations present at emergency scenes, i.e., individual confined to a wheelchair, etc., while enroute to the scene. Providing them with this knowledge allows them to prepare for these conditions or situations and, if necessary, modify their plans to effect the most timely and positive outcome possible.

The program is called “Heads Up” to symbolize the effect the program has on emergency responders, causing them to be especially mindful of the special conditions or situations to which they have been alerted.

The special conditions/situations are entered into the existing Computer Aided Dispatch (C.A.D.) System via a special computer software program. The information is entered into the database according to the specific address. When an emergency is called into the York County 9-1-1 Emergency Communications Center from/for that address, the C.A.D. program will alert telecommunicators that there is special information for that address. The telecommunicators will then advise the emergency responder of the “Heads Up” information over the two-way radio.

The “Heads Up” program targets certain individuals:

- Individuals who are non-ambulatory (paralyzed, confined to beds, wheelchairs, or unable to walk without assistance)
- Individuals who are sensory impaired
- Individuals who are reliant on critical medical equipment (monitors, home dialysis units, etc.)
- Individuals who are mentally impaired or easily confused and disoriented and who require supervision and/or special assistance
- Individuals with special physical needs

The “Heads Up” program is available to all citizens in York County, the City of Williamsburg and the city of Poquoson. Information can be placed in the “Heads Up” program by a citizen completing the attached form and returning it to the York Poquoson Williamsburg 911 Center. Please contact the 911 center at 890-3621 if you have any questions. And if you have an emergency, dial 9-1-1 24 hours a day.

Name: _____
Last First Middle Nickname

Sex: _____ Age: _____ Height: _____ Approximate Weight: _____

DOB: _____

Street Address: _____
Number and Street Apt

City State Zip Code

Location: (Please give special directions to residence)

Telephone: _____
Home Work Other

Emergency Contact Persons:

1. _____

2. _____

3. _____

Special Medic Alert/Life Call Device:

Alarm Company: _____

Alarm Type: _____

Pre-Existing Medical Conditions:

Heart Disease Diabetes Respiratory Disease Other _____

Special Medical Problems: _____

Blood Type: _____

Special Needs:

Mobility Impaired

Needs: Cane Crutches Walker Wheelchair Bedridden

Other: _____

Visually Impaired:

Needs: TDD Signer

Other: _____

Mentally Impaired: Needs: _____

Does not speak/understand English Language Spoken: _____

Other Condition: _____

Needs: _____

Disclaimer: The "Heads Up" Program is designed to assist the York Poquoson Williamsburg 911 Center in rendering emergency services to its citizens. However, the department makes no warranties or guarantees of any kind and will not be responsible for power failures or breakdowns of computers or other equipment which may hinder the delivery of emergency services.

Signature

Date

Completed form can be mailed to:

**York Poquoson Williamsburg 911 Center
PO Box 532
Yorktown, VA 23690-0532**

For Office Use Only

Date Entered: _____

Remarks: _____