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: _______________________________________________________________