

PROGRAM DESCRIPTION

The Union County Sheriff ' s Office, Pilot Club of Monroe and Union County Crime Prevention Committees, Inc., have teamed up to offer this valuable rescue resource to citizens of Union County.

Project Lifesaver deploys specially trained teams with the most reliable technology available to quickly locate and return wandering adults and children to their families and caregivers.

Project Lifesaver relies on proven radio technology and a specially trained search and rescue team. Clients that are enrolled in the Project Lifesaver program wear a personalized wristband that emits a tracking signal. When caregivers notify the local Project Lifesaver agency that the person is missing, a search and rescue team responds to the wanderer's area and starts searching with the mobile locater tracking system. Search times have been reduced from hours and days to minutes. In over 1000 searches, there have been no reported serious injuries or deaths. Recovery times average less than 30 minutes.



Union County Crime Prevention Committees, Inc.

**A Cooperative Project Between
Union County Sheriff's Office
Sheriff Eddie Cathey
and the
Pilot Club of Monroe**

Union County Sheriff's Office
Project Lifesaver Initiative
3344 Presson Road

For More Information or to participate as a
Community Partner, Please Call:
704-283-3765



**UNION COUNTY
SHERIFF'S
OFFICE**
"The People's Law
Enforcement"

PROJECT LIFESAVER



A Cooperative Project Between
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Sheriff Eddie Cathey
and the
Pilot Club of Monroe

About Project Lifesaver International

Project Lifesaver International is a nationally recognized program that has helped locate and safely return over 1,000 persons nationwide who wandered away from home or care facilities due to mental disorders or brain injuries. The program is a cooperative effort between community organizations, local law enforcement and Project Lifesaver International.

The program is available to any person in Union County who suffers from debilitating mental conditions such as Alzheimer's Disease, Autism or brain injuries, and who may be subject to wandering away from their caregiver. There is a nominal cost associated with providing the service to residents of skilled care or nursing facilities, but it is the intent of the program not to deny the safety and security this equipment can provide to anyone because of financial reasons. Numerous civic and community partners have already come forward to support this initiative.

Pilot International, a world wide service organization, has adopted the Project Lifesaver program as part of its "Protecting our brains for life" campaign, and is committed to educational efforts to teach children to "Play Safe and Play Smart" in an effort to reduce debilitating brain injuries.

The Union County Crime Prevention Committees, Inc., have generously donated the initial funding to start the program in Union County, including the purchase of the tracking systems, and an initial quantity of tracking bracelets for persons who cannot otherwise afford the devices.

How the Program Works:

Members of the Sheriff's Office and the Pilot Club of Monroe have undergone training conducted by Project Lifesaver International in the application and maintenance of the equipment. Participants are fitted with a special radio transmitter bracelet that is tuned to a unique frequency assigned to the bracelet. The water and shock-resistant bracelets are about the size of an average wristwatch and are secured to the wearer by use of tamper-resistant clasps. Caregivers are trained in a daily regimen that documents and verifies proper operation of the device, and are provided with a diagnostic tool that verifies the bracelet is constantly transmitting the homing signal. Once a month, a Sheriff's Office employee or Pilot Club volunteer visits the client to replace the battery that powers the device. It is the intent of the Sheriff and the Pilot Club to continue to provide replacement batteries free of charge to program participants. An application process is available for private citizens who may not be able to afford the tracking bracelet, and those bracelets will be provided as funding is secured from our community partners on a first-come, first served basis. In the event the Project Lifesaver client is discovered missing, caregivers immediately notify 911, and a tracking team is dispatched from the Sheriff's Office.

History

Established in April 1999 as an initiative of the 43rd Virginia Search and Rescue Company of the Chesapeake, Virginia Sheriff's Office, Project Lifesaver is built on the work of the Stokes County (NC) Mountain Rescue program which pioneered the use of special equipment and procedures to locate lost and wandering patients with mental disorders. Amid the dramatic increase of people with Alzheimer's, Down's Syndrome, and Autism, Project Lifesaver has become one of the leading organizations addressing the need to protect these patients and bring comfort to their families and caregivers. Project Lifesaver is currently active in the following N.C. law enforcement agencies: Catawba County Sheriff's Office, Stanly County Sheriff's Office, Brunswick County Sheriff's Office, New Hanover County Sheriff's Office and the Manteo Police Department.

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**Union County Sheriff's Office
Project Lifesaver Initiative
3344 Presson Road
Monroe, NC 28112**

Client Number: _____ Frequency: _____

Union County Sheriff's Office Project Lifesaver Client Profile

Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

Resident: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date Transmitter Placed: _____

Facility / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

PL Servicer filling out form: _____

PL Servicer that places transmitter on: _____

Resident's Personal Data

Birthdate: _____ Sex: Male / Female Race: _____

Nickname(s): _____

Most Recent address: _____

City: _____ State: _____ Zip: _____

Most recent place of employment: _____

Most recent occupation: _____

Name of Spouse: _____ Living / Deceased

Children: _____

Family / Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Client: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Client: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Client: _____

Responsible Party Paying for client: _____

Diagnosis: _____

Additional Information that may be beneficial to the Search Team(s): _____

Physical Description

Height: _____ ft. _____ in. Weight: _____ lbs. Build: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Complexion: _____ Beard: Yes / No Sideburns: Yes / No

Mustache: Yes / No Balding: Yes / No False Teeth: Yes / No

Shape of facial features: Round / Square / Oval / Other _____

Glasses: Yes / No Contacts: Yes / No Sunglasses: Yes / No

If yes to glasses, contacts, sunglasses - describe: _____

If Resident wears glasses or corrective eyewear what degree of vision does he/she have without the eyewear?

None / Poor / Fair Describe: _____

Does Resident wear a hearing aid? Yes / No Style: _____

If yes, what type of hearing without aid? None / Poor / Fair Describe: _____

Distinguishing marks, scars, tattoos, etc. Describe: _____

General Appearance: _____

If Resident does not understand English, what language is understood? _____

Spoken: Yes / No Written: Yes / No Both spoken and written: Yes / No

Health / Psychological Condition

Any known physical handicaps? _____

Any known mental handicaps? _____

Any known medical problems? _____

Medications taken regularly: List any medication(s), using correct name of drug, dosage, and reason for taking:

Consequences of NOT taking medication? _____

Attending Physician _____ Phone Number: _____

Any psychological problems? Yes / No Explain: _____

If Alzheimer's disease has been diagnosed, answer the following:

1. Does the Resident remain oriented to time and person? Yes / No Explain: _____

2. Does the Resident recognize familiar persons and faces? Yes / No Explain: _____

3. Can the Resident travel to familiar locations? Yes / No Explain: _____

4. Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life?
Yes / No Explain: _____

5. Does the Resident sometimes clothe himself/herself improperly? Yes / No (Example: putting shoes
on the wrong feet, adding underwear over clothing?) Explain if necessary: _____

6. Does the Resident remember his/her own name and the names of spouse and/or children? Yes / No
Explain: _____
7. Are the Resident's sleep patterns frequently? Yes / No Explain: _____

8. Does the Resident suffer from frequent personality and emotional changes? Yes / No Explain: _____

9. Does the Resident suffer from delusions (see imaginary visitors, talk to his/her own reflection in the
mirror, imagine that their spouse is an imposter, etc.?) Yes / No Explain: _____

10. How good is the Resident's communication ability? None / Poor / Fair / Good / Excellent
Explain: _____

Personal articles normally carried by the Resident:

Tobacco products: Yes / No Type: _____ Brand: _____

Candy / Gum: Yes / No Brand: _____

Matches: Yes / No Lighter: Yes / No Type: _____

Food Items: _____

Facial tissue or other personal pocket / purse items: _____

Approximate amount of cash on hand? \$ _____ Where it's carried: _____

Handbag / purse / wallet : Yes / No Description: _____

Jewelry: Yes / No Description: _____

Watch: Yes / No Type: _____ Color: _____ Description: _____

Equipment

Cane / Walker or _____ Hunting / Fishing, Etc. _____

Other: _____

Experience

Familiar with area? Yes / No How recently? _____ Days / Months / Years

If not local, what other areas are known to the Resident? _____

Taken outdoor classes? Yes / No Where / When _____

Taken First Aid training? Yes / No Where / When _____

Involved in Scouting? Yes / No Explain: _____

Military experience? Yes / No Where / When _____

Recreational outdoor experience? Yes / No Overnight Camping Experience? Yes / No

Ever been lost before? Yes / No Explain (where, when, time of day, etc.): _____

Located by searchers or walk out by themselves? _____

Location found: _____

Actions taken: _____

Ever go out alone? Yes / No Stay on trails? Yes / No

General athletic interest/abilities: _____

Personality Habits

Tobacco products? Yes / No How often: _____ Brand: _____

Drink alcohol? Yes / No Type: _____ Brand: _____

Use illicit drugs? Yes / No How often: _____ Brand: _____

Hobbies/Interest: _____

(Please circle one of each) Outgoing personality / Quiet Likes being alone / groups

Comments: _____

Evidence of leadership? Yes / No Explain: _____

Ever been in trouble with the law? Yes / No Explain: _____

Is Resident DANGEROUS to himself/herself or others? Yes / No Explain: _____

Has Resident been known to possess or have access to sharp edge weapons, firearms, etc., that could be used to harm others? Yes / No Explain: _____

Does Resident have any fear, aggression, apprehensions, etc. with any Law Enforcement, Medic, Fire, etc.? Yes / No Explain: _____

Religious? Yes / No What faith? _____

What does Resident value most? _____

Which family member is Resident closest to? _____ Relationship: _____

Where was Resident born and raised? _____

Has Resident received any letters recently? Yes / No From Whom? _____

Is Resident afraid of dogs? Yes / No Is Resident afraid of the dark? Yes / No

Is Resident afraid of noises? Yes / No Is Resident afraid of Horses? Yes / No

Is Resident afraid of People? Yes / No Will Resident talk to strangers? Yes / No

Other things Resident may be afraid of: _____

When Resident is hurt, what actions are taken (cry, shout, etc.?) _____

Project Lifesaver Program Contract

If applicant is accepted into the Union County Sheriff's Office Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver Program Contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Union County Sheriff's Office Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care and/or Order of Appointment as Guardian is available (attached) if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I certify that I have the legal right to enter into the Union County Sheriff's Office Project Lifesaver contract on behalf of the following individual _____.
2. I understand that when I enroll an Applicant in the Union County Sheriff's Office Project Lifesaver that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take fully responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
3. I understand that Union County Sheriff's Office Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. Union County Sheriff's Office Project Lifesaver equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
4. I understand I am required to supply the Union County Sheriff's Office with a current photo ID of the Applicant to keep on file, and update the photos as necessary.
5. I understand I am required to keep the Union County Sheriff's Office informed of the most current address, housing, phone numbers, daycare, etc. for reference, should a Search Team be activated. I also understand that the Union County Sheriff's Office Project Lifesaver Program is for current Union County Residents only. If the Applicant moves out of Union County, I am responsible for returning the Project Lifesaver's equipment and will revoke this application and the services of Union County Sheriff's Office Project Lifesavers Program.
6. In order for Union County Sheriff's Office Project Lifesaver to work, I have a responsibility to obey the instructions of the program, follow the training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the transmitter has been removed or is defective I will call Union County Sheriff's Office immediately.

7. When I notice that the Applicant enrolled has wandered off, I must immediately call 911 and report the Applicant as a missing person. Union County Sheriff's Office will respond to the search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
8. Should Applicant be seen by any Emergency Personnel (Police, Fire, Medic, Hospital, etc.), I understand I will be responsible for notifying the appropriate Agency (when the missing persons report is made) to avoid having the Project Lifesaver's equipment damaged, misplaced, destroyed, etc. I also understand there could be a minimum fee of \$250.00 to replace the equipment should the appropriate Agency not be made aware of the purpose and importance of the device.
9. There is no monthly maintenance fee at this time. Should funding run out within the Union County Sheriff's Office Project Lifesaver Program, a rental fee of \$250.00 (or amount deemed necessary) could be assessed.
10. I understand that while Union County Sheriff's Office Project Lifesaver is an electronic tracking device that assist in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Union County Sheriff's Office, Project Lifesaver or any of their employees or volunteers, Federal, State or City Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.
11. I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential or protected or private when used for the purposes of Union County Sheriff's Office Project Lifesaver, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
12. I specifically waive any rights to confidentially to the Applicant's medical records and personal information and confirm that I have the authority by which to waive such rights.
13. I understand that Project Lifesaver is a program administered by Union County Sheriff's Office. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Union County Sheriff's Office Project Lifesaver.
14. I understand that the transmitter and tester remain the property of Union County Sheriff's Office Project Lifesaver and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Union County Sheriff's Office to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until I return to Union County Sheriff's Office.
15. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Union County Sheriff's Office immediately when I discover the Applicant missing, or if I fail to notify Union County Sheriff's Office that I tested the transmitter device and found no signal indication, or if the Applicant refuses

to wear or removed the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Union County Sheriff's Office and I will return the original security measures, which were in place prior to enrollment in the Union County Sheriff's Office Project Lifesaver Program and without recourse to the Project Lifesaver Program or Union County Sheriff's Office.

By signing this application, I agree to guideline set before me by the Union County Sheriff's Office Project Lifesaver Program Agreement and I am aware this application can be revoked at any time deemed necessary by the Union County Sheriff's Office and/or by the Union County Sheriff's Office Project Lifesaver Program:

CAREGIVERS NAME (PRINTED)

CAREGIVERS SIGNATURE

DATE

WITNESS

APPLICANTS NAME (PRINTED)

UNION COUNTY SHERIFF'S OFFICE PROJECT LIFESAVER REPRESENTATIVE

AFFILIATE NAME