



SHERIFF DAVID HARPER

MADISON COUNTY

Project Lifesaver

Standard Operating Procedures

Enrollment:

Transmitters will be placed with participants only at the request of a legally responsible party i.e.:

1. Spouse
2. Son or daughter, in the absence of a spouse
3. Family member having legal primary caregiver responsibility
4. Assisted living or nursing home administrator requiring transmitter for participant to reside at the facility.
5. Father or Mother, if participant is a minor

*In the event there is no spouse and there is disagreement on placement, no placement will be done until requested by the family member having legal authority via power of attorney or court order naming him/her as the responsible caregiver. This will also apply in the case of minors with no parents available.

*Caregivers will be provided with the instructions and emergency contact phone numbers.

*Caregivers will be provided with a tester and given instructions on its use and the procedures to test the transmitter daily and record the rescues on the monthly inspection sheet.

*The caregivers will be given a contract and the terms and agreements explained. The contract must be signed and filed with the Sheriff's Office.

Participant Number: _____

Frequency: _____

Project Lifesaver Participant 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.

Participant: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Date Transmitter Placed: _____

Facility/Organization: : _____ Phone: _____

Address: _____

PL Servicer filling out this form: _____

PL Servicer that places transmitter on: _____

Participant's Personal Data

Birthday: _____ Sex: Male or Female _____ Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Name of Spouse: _____

Living or deceased: _____

Family/Friend Information

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

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Diagnosis: _____

Physical Description

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

Hair color _____ Hair Style _____ Eye Color _____

Complexion _____

Advise yes or no to the following:

Beard _____ Sideburns _____ Mustache _____ Balding _____ False Teeth _____

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

Distinguishing marks, scars, tattoos, etc. Describe _____

General Appearance _____

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

Spoken word only: _____ Written/Spoken: _____

Does Participant wear glasses? _____ Contacts? _____ Sunglasses _____

If yes to any of the above what style: _____

If Participant wears glasses or corrective eyewear what degree of vision does he/she have not using the eyewear? _____ (None/Poor/Fair)

Personal Data Questionnaire

Does Participant wear a hearing aid? _____ What style? _____

If yes, what type of hearing without Aid? (None/Poor/Fair) _____

Health/Psychological Condition

Any known physical handicaps? _____
(Describe please)

Any known medical problems? _____
(Describe please)

Medications taken regularly? _____

List any medication using correct name of drug and dosage being taken:

Consequences of NOT taking medications? _____

Attending Physician _____ Phone No. _____

Any Psychological Problems? _____ Nature _____

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

1. Does the Participant remain oriented to Time and Person?
Explain:

2. Does the Participant recognize familiar persons and faces?
Explain:

3. Can the Participant travel to familiar locations?
Explain:

4. Does the Participant have deceased knowledge of current events or tend to re- live events in his/her life?
Explain:

5. Does the Participant sometimes clothe himself/herself improperly?
_____ (Example: Putting shoes on the wrong feet, adding underwear over clothing?)
Explain if necessary:

6. Does the Participant remember his/her own name and the names of spouse and or children?
Explain:

7. Are the Participant's sleep patterns frequently?
Explain:

8. Does the Participant suffer from frequent personality and emotional changes?
Explain:

9. Does the Participant suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?)
Explain:

10. How good is the Participant's communication ability? Description:

Personal Articles Normally Carried by the Participant

Advise yes or no to the following:

Tobacco Products: _____ Type _____ Brand _____

Candy/Gum: _____ Brand _____

Matches: _____ Lighter: _____ Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Equipment

Cane _____ Walker _____ Hunting/Fishing, Etc. (Please describe) _____

Other:

Experience

Advise yes or no to the following:

Familiar with area? _____ How recently _____ Days/Months/Years

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

Taken outdoor classes? _____ Where? _____ When? _____

Taken first-aid training? _____ Where? _____ When? _____

Involved in Scouting? _____ Explain _____

Military Experience? _____ Where? _____ When? _____

Recreational Outdoor Experience? _____

Overnight Camping Experience? _____

Ever been lost before? _____ Where _____

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location found _____

Actions taken _____

Ever go out alone? _____ Stay on trails? _____

General Athletic Interest/Abilities

Personality Habits

Advise yes or no to the following:

Smoke? _____ How often _____ What Type? _____ Brand _____

Drink Alcohol? _____ What Type? _____ Brand _____

Use Illicit Drugs? _____ How often _____ Type _____

Hobbies/Interests _____

Outgoing or Quiet; Likes Groups or being alone? _____

Evidence of Leadership _____

Explain: _____

Ever been in trouble with the law? _____

Explain: _____

Religious? _____ What faith _____

What does Participant value most? _____

Which family member is Participant closest to? _____ Relationship _____

Where was Participant born and raised?

Has Participant received any letter recently? _____

From whom _____

Is Participant afraid of Dogs? ___ The dark? ___ Noises? ___ Horses? ___

People? ___

Other (explain) _____

What actions taken hurt? (Cry, shout, etc.?) _____

Will Participant talk to strangers? _____

Is the Participant DANGEROUS to him/herself or others? _____

- PROJECT LIFESAVER®
- LOST SUBJECT PROFILE

• INCD. NAME	DATE	TIME	INCD. CMDR.
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• PERSONAL

• NAME	NICKNAME	AGE	RACE	SEX
• HOME ADDRESS		CITY	STATE	
• NAMES OF FAMILY OR				
• NEAREST RELATIVES				

• PHYSICAL DESCRIPTION

• HEIGHT	WEIGHT	COMPLEXION	HAIR COLOR
• HAIR STYLE	FACIAL HAIR	EYE COLOR	
• DISTINGUISHING MARKS			

• CLOTHING

• SHIRT	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• DRESS	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• SWEATER	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• PANTS	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• COAT	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• HAT	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• SHOES	<input type="checkbox"/>	STYLE & COLOR	•	• NOTES
• SHOES SIZE	SOLE STYLE	TREAD PATTERN		

• PERSONAL ITEMS IN POSSESSION

•	
• WALLET/PURSE	<input type="checkbox"/>
• JEWELRY	<input type="checkbox"/>
• TOBACCO	<input type="checkbox"/>
• CANDY/GUM	<input type="checkbox"/>
• EYE GLASSES	<input type="checkbox"/>
• KNIFE/TOOLS	<input type="checkbox"/>
• CANE STICK	<input type="checkbox"/>
• OTHER	<input type="checkbox"/>

ADDITIONAL NOTES OR PICTURE

• PHYSICAL/MENTAL CONDITION

• PHYSICAL	•
• MENTAL	•
• MEDICATION	• <input type="checkbox"/>
• ALCOHOL	• <input type="checkbox"/>
• ILLICIT DRUGS	• <input type="checkbox"/>
• NOTES	

Additional Information:



Project Lifesaver®
Program Contract

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver 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 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 is 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 understand that when I enroll an Applicant in 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 full responsibility for 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.
2. I understand that 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. 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 disabilities.
3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the bracelet has been removed or is defective, I will call Project Lifesaver immediately.

4. When I notice that the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to conduct a 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.

5. I understand that while Project Lifesaver is an electronic tracking device that assists 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 Project Lifesaver or any of its employees or volunteers, Provincial 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.

6. 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 will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].

7. I specifically waive any rights to confidentiality to the Applicant's medical records by Project Lifesaver International or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.

8. I understand that Project Lifesaver is a program administered by the Madison County Sheriff's Office. I agree to release and hold each agency and all 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 Project Lifesaver Program.

9. I understand that the transmitter/tester will remain the property of Project Lifesaver and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Project Lifesaver 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 returned to Project Lifesaver.

10. I understand that if I fail to use the tester device at least once per day and record the results on the supplied monthly test sheet, or if I fail to notify Project Lifesaver immediately when I discover the Applicant missing, or if I fail to notify Project Lifesaver if I test the device and find no signal indication or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Project Lifesaver, and I will return to the original security measures, which were in place prior to enrollment and without recourse to Project Lifesaver.

Caregiver's Name (Printed)

Caregiver's Signature

Date

(Witness)

Applicant's Name

For Project Lifesaver

(Affiliate Name)



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Project Lifesaver Caregiver Instructions Emergency Phone

1. Check the transmitter every day with the tester provided.
2. If a problem exists or the transmitter is not indicating transmission (no pulsing or steady red light), notify us right away.
3. Always remember to sign and date the tester sheet
4. If the participant is missing, notify your Project local Lifesaver Agency
 - A. If at home, you may give your participant number and contact information. We will call you back while we are responding.
 - B. If you are not at home, be sure to give the telephone number where you can be reached as well as your participant number.
5. While the Project Lifesaver member agency is responding, check obvious places around the home.

Date From: _____ thru _____

Project Lifesaver International 60 Day Participant Check Sheet

Sheet # _____ Participant Name _____ Address _____ Frequency _____ Participant # _____ ID
Code _____

Caregiver Contact _____ Caregiver Phone _____ Caregiver Relationship _____

- Facility
 House
 Apt.
 Duplex
 Trailer
 Hospital
 Nursing Home
 Asst. Living
 Secured
 Fenced

Day	Month	Time	Person Inspecting Equipment	Comments	Day	Month	Time	Person Inspecting Equipment	Comments
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
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30					30				
31					31				

Visit1) _____
Caregiver Signature _____ Date _____

Responder Signature _____ Date _____

Visit2) _____
Caregiver Signature _____ Date _____

Responder Signature _____ Date _____

Sheet _____ Frequency# _____ Participant Name _____ Participant # _____ ID Code _____

	Transmitter	Battery	Case	"O" Ring	Band	Tester	Sheet
Install/New	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace/Modify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responder Information:

	Yes	No
1) Battery Working When Inspected/Changed	<input type="checkbox"/>	<input type="checkbox"/>
2) Transmitter Working When Inspected/Changed	<input type="checkbox"/>	<input type="checkbox"/>
3) Case Damaged Prior to Inspection/Change	<input type="checkbox"/>	<input type="checkbox"/>
4) Band Damaged Prior to Inspection/Change	<input type="checkbox"/>	<input type="checkbox"/>
5) Unauthorized Removal of Transmitter/Band	<input type="checkbox"/>	<input type="checkbox"/>
6) "O" Ring replaced	<input type="checkbox"/>	<input type="checkbox"/>

Participant Condition since Last Visit:

1) **Personality or Behavior**

- Change
- No Change
- Violent
- Paranoid
- Mood Swings
- Aggressive
- Depressed
- Fidgety
- Agitated
- Withdrawn
- Hides Things
- Argumentative
- Pleasant
- Disrobes in Public
- Passive
- Accusatory
- Assault
- Theft
- Criminal Conduct
- Traffic Violation
- Other _____

2) **State of Mind**

- Change
- No Change
- Memory Loss Short Term
- Cannot recognize friends
- Other _____
- Memory Loss Long Term
- Cannot recognize family members
- Confused
- Trouble Thinking

3) **Life State**

- Change
- No Change
- Needs help dressing
- writing deteriorating
- Not taking medicine
- Personal Hygiene Deteriorating
- Speech deteriorating
- Declining potty habits
- Appetite declining
- Stopped Eating
- Confused
- Cannot Travel Alone
- Cannot Navigate
- Wanders
- Cannot be Left Alone
- Cannot Drive
- Trouble Thinking

4) **Sleep**

- Change
- No Change
- Morning (0600-1159)
 - Morning to Afternoon
 - Afternoon to Evening
 - Evening to night
 - Night to morning
- Afternoon (1200-1800)
 - Morning to Evening
 - Afternoon to Night
 - evening to morning
 - Night to afternoon
- Evening (1800-2359)
 - Morning to night
 - Afternoon to Morning
 - Evening to afternoon
 - Night to evening
- Night (2400-0559)
 - Sleeps 2 hours
 - Sleeps 4 hours
 - Sleeps 6 hours

5) **Equipment**

- Participant does not like to wear transmitter
- Transmitter uncomfortable
- Band/case chafing/irritating
- Participant removed transmitter

Other Comments of Information: