

# PROTECTING NEIGHBORHOOD WATCH VOLUNTEERS



## **STEP ONE:** Practice “social distancing”

- Three feet separation between individuals
- No hand-shaking or embracing



## **STEP TWO:** Avoid public places and crowds



## **STEP THREE:** Avoid face-to-face meetings



## **STEP FOUR:** Avoid public transportation, especially during rush hour





# SPECIAL NEEDS INDIVIDUALS CHECKLIST AND CONTACT LOG

*Use the checklist in evaluating the type of assistance required by special-needs individuals in the event of a pandemic or other emergency. Use the log for recording contacts.*

Name of Resident: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Disability or Impairment (Circle)	YES	NO	COMMENTS
<b>Deaf/Hearing Impairment</b>			
· Does individual use a hearing aid?			
<b>Blind/Visual Impairment</b>			
· Is individual legally blind?			
· Does individual have a guide dog?			
<b>Mobility Impairment</b>			
· Is individual able to walk unassisted for short distances?			
· Does individual use a walker?			
· Does individual use a wheelchair?			
<b>Mental Impairment</b>			
· Does individual suffer from a mental impairment (such as Alzheimer's, dementia, senility, schizophrenia, etc.)?			
· If yes, is there a family member or other individual who is a caregiver?			
<b>Other Disability</b>			

DATE	CONTACT CODE	STATUS

**CONTACT CODES:**    E (Email)    P (Phone call)    V (Visit)

**NAME OF VOLUNTEER MAKING CONTACT:** \_\_\_\_\_



# EMERGENCY INFORMATION FILE FOLDER

This Residence Address: \_\_\_\_\_

Name of Adult Resident(s): \_\_\_\_\_

**NOTE:** List each adult on a **Detailed Information Form: Adult** and place form in folder

Number of Minor Children in Household: \_\_\_\_\_

**NOTE:** List each child on a **Detailed Information Form: Child** and place form in folder

## GENERAL MEDICAL INFORMATION

**NOTE:** Specific medical information should be provided on the Detailed Information Forms contained in this folder.

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy of Choice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## OTHER FRIEND/FAMILY MEMBER EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## HOUSEHOLD PETS

List type of animal, name, and description if necessary

\_\_\_\_\_  
\_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEVANT MEDICAL RECORDS, HEALTH INSURANCE INFORMATION, ETC.  
SHOULD BE STORED IN THIS FOLDER IN CASE OF PANDEMIC EMERGENCY.**

# DETAILED INFORMATION: ADULT

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition of which emergency provider should be aware (list conditions such as diabetes, high blood pressure, pacemaker, Alzheimer's, etc.):

---

---

---

---

---

Any known allergies? If so, list: \_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

Other important information: \_\_\_\_\_

---

---

---

# DETAILED INFORMATION: ADULT

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition of which emergency provider should be aware (list conditions such as diabetes, high blood pressure, pacemaker, Alzheimer's, etc.):

---

---

---

---

---

Any known allergies? If so, list: \_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

Other important information: \_\_\_\_\_

---

---

# DETAILED INFORMATION: ADULT

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition of which emergency provider should be aware (list conditions such as diabetes, high blood pressure, pacemaker, Alzheimer's, etc.):

---

---

---

---

---

Any known allergies? If so, list: \_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

Other important information: \_\_\_\_\_

---

---

---

# DETAILED INFORMATION: ADULT

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition of which emergency provider should be aware (list conditions such as diabetes, high blood pressure, pacemaker, Alzheimer's, etc.):

---

---

---

---

---

Any known allergies? If so, list: \_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

Other important information: \_\_\_\_\_

---

---



# DETAILED INFORMATION: CHILD

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to adult(s) in household? \_\_\_\_\_

Enrolled in school? Y N Grade: \_\_\_\_\_

If yes, give school name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition emergency providers should be aware of:

(list conditions such as asthma, juvenile diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies? If so, list: \_\_\_\_\_

\_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



---

# DETAILED INFORMATION: CHILD

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to adult(s) in household? \_\_\_\_\_

Enrolled in school? Y N Grade: \_\_\_\_\_

If yes, give school name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition emergency providers should be aware of:

(list conditions such as asthma, juvenile diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies? If so, list: \_\_\_\_\_

\_\_\_\_\_

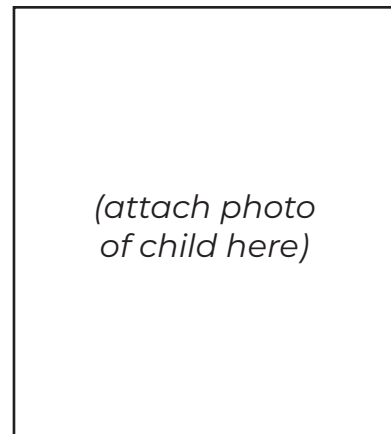
Prescription medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# DETAILED INFORMATION: CHILD

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to adult(s) in household? \_\_\_\_\_

Enrolled in school? Y N Grade: \_\_\_\_\_

If yes, give school name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition emergency providers should be aware of:

(list conditions such as asthma, juvenile diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies? If so, list: \_\_\_\_\_

\_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



---

# DETAILED INFORMATION: CHILD

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to adult(s) in household? \_\_\_\_\_

Enrolled in school? Y N Grade: \_\_\_\_\_

If yes, give school name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wear eyeglasses or contacts? Y N

Any medical condition emergency providers should be aware of:

(list conditions such as asthma, juvenile diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies? If so, list: \_\_\_\_\_

\_\_\_\_\_

Prescription medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.

**EMERGENCY RESPONDER ALERT 9-1-1**

Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.







**EMERGENCY RESPONDER ALERT 9-1-1**

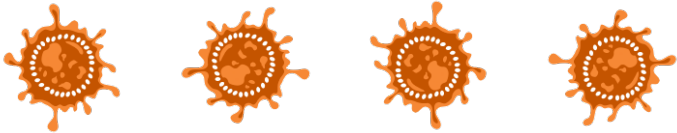
Resident/Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Location of Emergency Information Forms Folder: \_\_\_\_\_

Please place this magnet on upper-right hand corner of your refrigerator for emergency personnel use.  
Keep Emergency Info folder where it can be located quickly by emergency personnel.







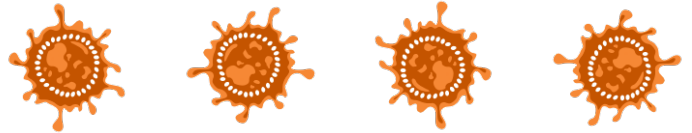
## INFLUENZA PLANNING CHECKLIST

- Facial/toilet tissue 
- Hand soap/sanitizer 
- Disposable respirator masks 
- Disinfectant cleansers 
- Pain reliever/medications 
- Food/water supplies 
- Emergency Information File Folder 










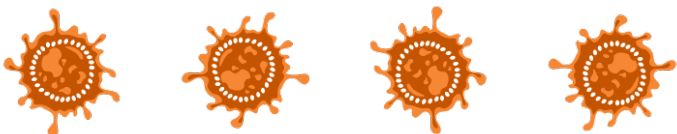
## INFLUENZA PLANNING CHECKLIST

- Facial/toilet tissue 
- Hand soap/sanitizer 
- Disposable respirator masks 
- Disinfectant cleansers 
- Pain reliever/medications 
- Food/water supplies 
- Emergency Information File Folder 










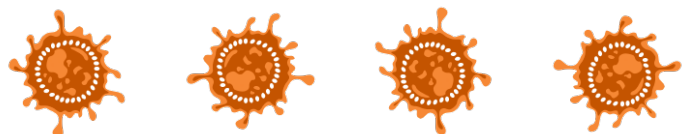
## INFLUENZA PLANNING CHECKLIST

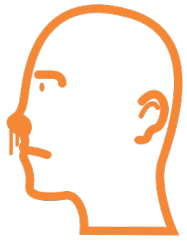
- Facial/toilet tissue 
- Hand soap/sanitizer 
- Disposable respirator masks 
- Disinfectant cleansers 
- Pain reliever/medications 
- Food/water supplies 
- Emergency Information File Folder 



## INFLUENZA PLANNING CHECKLIST

- Facial/toilet tissue 
- Hand soap/sanitizer 
- Disposable respirator masks 
- Disinfectant cleansers 
- Pain reliever/medications 
- Food/water supplies 
- Emergency Information File Folder 





# **PANDEMIC PROTECTION STRATEGIES**



- **Avoid close contact with others**
- **Stay at home when you're sick**
- **Cover your mouth and nose with a tissue when coughing or sneezing**
- **Avoid touching your mouth, nose, or eyes**
- **Wash your hands frequently**
- **At both work and home, clean surfaces with soap and water, or a disinfecting cleanser.**



# EVACUATE NOW!

## THIS IS AN EMERGENCY SITUATION

I am a neighborhood watch volunteer.  
I will be glad to show you my identification.

I am here to provide you with transportation to a safe place during this emergency situation: \_\_\_\_\_.  
*(define emergency)*

You will be transported to \_\_\_\_\_ until it is safe for you to return to your home.  
*(location)*

I need to know: (please write your answers)

- Is there anyone else in the home?

\_\_\_\_\_ No      \_\_\_\_\_ Yes: \_\_\_\_\_

- Do you have any medications that you need to bring with you?

\_\_\_\_\_ No      \_\_\_\_\_ Yes, I need: \_\_\_\_\_

- Do you have a pet?

\_\_\_\_\_ No      \_\_\_\_\_ Yes: \_\_\_\_\_

- Is there anyone I should call to tell that you are relocating?

\_\_\_\_\_ No      \_\_\_\_\_ Yes: \_\_\_\_\_  
*(name and phone number)*

Resident Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Neighborhood Watch Volunteer: Please use this form for any neighbor who is deaf or who is otherwise unable to verbally communicate with you.**

# SHELTER IN PLACE!

## A PANDEMIC EMERGENCY HAS BEEN DECLARED.

I am a neighborhood watch volunteer.  
I will be glad to show you my identification.

The authorities have declared a pandemic influenza emergency.  
It is important that you avoid public places and remain in your home.

I need to know: (please write your answers)

- Is there anyone else in the home?

\_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_

- Do you have the medications that you need for the next two weeks?

\_\_\_\_\_ No \_\_\_\_\_ Yes, I need: \_\_\_\_\_

- Do you have enough of the following essential items for the next two weeks?  
*Ready-to-eat food (such as soups, dry cereals, canned foods, peanut butter, crackers) · Bottled water · Flashlight and batteries · Portable radio · Paper goods (garbage bags, tissues, toilet tissue) · Medications (prescription, as well as pain relievers, cough and cold medicines, etc) · Sanitary supplies (disinfectant cleansers, bath/hand soap detergent · Pet food*

\_\_\_\_\_ Yes \_\_\_\_\_ No, I need: \_\_\_\_\_

- Is there someone I can call to assist you during this time?

\_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_

*(name and phone number)*

Resident Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

A neighborhood watch volunteer will remain in contact with you during this shelter-in-place period, and will let you know when it is safe to go out in public again.

If you would like us to stay in touch by e-mail, give your e-mail address:

\_\_\_\_\_

**Neighborhood Watch Volunteer: Please use this form for any neighbor who is deaf or who is otherwise unable to verbally communicate with you.**