

DU-COMM

DuPage Public Safety Communications

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DU-COMM Written Directive 9.24.00

Issue\Revision Date: 10/01/2020

Effective Date: 12/01/2009

PREMISE ALERT PROGRAM

Rescinds/Amends N/A

No. of Pages 3

Attachments: [PAP Enrollment Form](#)

Revision No. 2.0

1.0 PURPOSE

1.1 The purpose of this Written Directive is to establish guidelines for compliance with the Illinois Premise Alert Program (PAP) Act.

2.0 PERSONS AFFECTED

2.1 All Operations Personnel

3.0 POLICY

3.1 It is the policy of DU-COMM to ensure that the Illinois Premise Alert Program (PAP) Act (430 ILCS 132/) is followed and that consistently high levels of public safety services are available to all citizens including individuals with special needs or disabilities.

4.0 DEFINITIONS

4.1 **Disability:** An individual's physical or mental impairment that substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such impairment.

4.2 **Special Needs Individuals:** Individuals who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by individuals generally.

4.3 **Premise Alert Program (PAP):** A computer aided dispatch database of individuals with special needs maintained by public safety agencies.

5.0 RESPONSIBILITIES

- 5.1 The Executive Director is responsible to ensure compliance to this Written Directive and its associated policy and procedure.
- 5.2 The Deputy Director Operations is responsible to ensure compliance to this Written Directive and its associated policy and procedure within the Operations Department.
- 5.3 All Managers, Supervisors and on-duty supervisors are responsible to ensure compliance to this Written Directive and its associated policy and procedure on all employees under their direct supervision.
- 5.4 All Operations personnel are responsible to understand and comply with this Written Directive and its associated policy and procedure.
- 5.5 The Telecommunicator is responsible to check CAD premise flags and properly disseminate Premise Alert Program (PAP) information to the responders.

6.0 PROCEDURE

6.1 Reporting of Special Needs Individuals

- 6.1.1 DU-COMM and its member agencies shall make reasonable efforts to publicize the Premise Alert Program (PAP) including pamphlets and websites.
- 6.1.2 Families, caregivers, or the individuals with disabilities, or special needs, may contact their local law enforcement agency, fire department, or fire protection district to provide information regarding the Premise Alert Program (PAP).
 - 6.1.2.1 DU-COMM and its member agencies will provide the form, so information can be provided by the citizen in a uniform manner.
 - 6.1.2.2 It is preferable that written permission is obtained from a parent, guardian, family member, or caregiver of the individual prior to being entered into the Premise Alert Program (PAP) database.
- 6.1.3 DU-COMM Telecommunicators will be cognitive of special needs individuals when processing calls for service and attempt to identify what the special needs are for the responding member agencies.
- 6.1.4 All information entered into the Premise Alert Program (PAP) database will be reviewed by DU-COMM and if necessary updated every two (2) years or when such information changes.

6.2 PAP (Premise Alert Program) Review and Approval

- 6.2.1 PAP (Premise Alert Program) forms should be sent to a member agency police or fire department. The member agency will review the data, approve the form, and forward it to DU-COMM for entry into CAD.
- 6.2.2 DU-COMM personnel will received the approved PAP forms from our agencies and enter the information into the Special Situation field of CAD using a two (2) year expiration date.

6.3 Dissemination

- 6.3.1 When an address is flagged with Premise Alert Program (PAP) information, the Telecommunicator shall relay it to the responding member agencies via the radio channel.

6.4 Confidentiality

- 6.4.1 The information gathered as part of the Premise Alert Program (PAP) is strictly confidential.
- 6.4.2 The information is only to provide assistance to DU-COMM member agencies.
- 6.4.3 If a citizen feels that the information is misused, he or she may file a complaint with the U.S. Department of Health and Human Services (DHHS) via the Office of Civil Rights (OCR).

7.0 REVISION HISTORY, REVIEW SCHEDULE AND APPLICABLE STANDARDS

Date	Rev. No.	Drafted by:	Change(s)	Reference Section(s)	Review Date/Period	Applicable Standard(s)
12/01/2009	1.0		New Directive	N/A	Annually	430 ILCS 132
10/01/2020	2.0	Tegtmeyer	Updated Process	N/A	Annually	430 ILCS 132

Executive Director

Brian Tegtmeyer

10/01/2020

Brian Tegtmeyer, ENP

Date

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Illinois Premise Alert Program (PAP) Enrollment Form

New Change Information Remove

Name: _____	Date of Birth: _____	
Residential Address: _____	Apt # _____	
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Place of Employment: (if applicable) _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Educational Facility: (if applicable) _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		

Special Needs:

I understand the information given above is intended to offer guidance and assistance to responders aiding people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle or result in any form of preferential treatment. This information will be kept on file for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Public Safety Agency in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer, or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Public Safety Agency to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship _____

Signed: _____ Date: _____

PLEASE FORWARD THIS FORM TO YOUR LOCAL POLICE OR FIRE DEPARTMENT.

For Internal Use Only:					
AGENCY:		Approved By:		Date:	
DU-COMM		Entered By:		Date:	