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| 1. **INCIDENT NAME** | | |  | | | | | | 1. **OPERATIONAL PEROD** | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** | | |
| 1. **RESIDENT EVACUATION INFORMATION** | | | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
| **MD/FAMILY NOTIFIED** | YES  NO | |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
| **MD/FAMILY NOTIFIED** | YES  NO | |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
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| **MD/FAMILY NOTIFIED** | YES  NO | |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
| **MD/FAMILY NOTIFIED** | YES  NO | |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
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| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
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| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
| **MD/FAMILY NOTIFIED** | YES  NO |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | **ARRIVAL CONFIRMED** | YES  NO |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
| **MD/FAMILY NOTIFIED** | YES  NO |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | **ARRIVAL CONFIRMED** | YES  NO |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| **MD/FAMILY NOTIFIED** | YES  NO |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | **ARRIVAL CONFIRMED** | YES  NO |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
| **MD/FAMILY NOTIFIED** | YES  NO |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  |  | |  | |  | **ARRIVAL CONFIRMED** | YES  NO |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | |
| **RESIDENT NAME** |  | | | **MEDICAL RECORD #** | |  | | **MED RECORD SENT** | YES  NO |
| **DISPOSITION** | | **MODE OF TRANSPORT** | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | YES  NO |
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| 1. **RESIDENT EVACUATION INFORMATION** *(continued)* | | | | | | | | | | | | | | |
| **RESIDENT NAME** |  | | | | | **MEDICAL RECORD #** | |  | | | | **MED RECORD SENT** | YES  NO | |
| **DISPOSITION** | | **MODE OF TRANSPORT** | | **ACCEPTING FACILITY  NAME & CONTACT INFO** | | | **TIME FACILITY CONTACTED & REPORT GIVEN** | | | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | | **MEDICATION SENT** | YES  NO | |
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| **MD/FAMILY NOTIFIED** | YES  NO | |
| HOME  FACILITY TRANSFER  TEMP. SHELTER | |  | |  | | |  | | |  | | **ARRIVAL CONFIRMED** | YES  NO | |
| 1. **PREPARED BY** | | | **PRINT NAME:** | |  | | | | **SIGNATURE:** | |  | | |  |
| **DATE/TIME:** | |  | | | | **FACILITY:** | |  | | |  |
|  | |  | | | |  | |  | | |  |

**INSTRUCTIONS**

|  |  |
| --- | --- |
| **PURPOSE:** | Records the disposition of residents during a facility evacuation. |
| **ORIGINATION:** | Resident Services Branch Director |
| **COPIES TO:** | Operations Section Chief and Planning Section Chief |
| **NOTES:** | Completed with information taken from each NHICS 260 - Resident Evacuation Tracking form. If additional pages are needed, use a blank NHICS 255 and repaginate as needed |

|  |  |  |
| --- | --- | --- |
| **NUMBER** | **TITLE** | **INSTRUCTIONS** |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Resident Evacuation Information** | |
| **Resident Name** | Enter the full name of the resident. |
| **Medical Record #** | Enter medical record number. |
| **Medical Record Sent** | Indicate yes or no. |
| **Disposition** | Indicate the resident’s disposition. |
| **Mode of Transport** | Indicate the mode of transport (CCT, ALS, BLS, Van, Bus, Car) |
| **Accepting Facility Name and Contact Info** | Enter accepting (receiving) facility name and contact information |
| **Time Facility contacted &**  **report given** | Enter time prepared (24-hour clock). |
| **Transfer Initiated (Time/ Transport Co.)** | Enter time, vehicle company, and identification number. |
| **Medication Sent** | Indicate yes or no. |
| **MD/Family Notified** | Indicate yes or no. |
| **Arrival Confirmed** | Indicate yes or no. |
| **4** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |