|  |  |  |
| --- | --- | --- |
| 1. **INCIDENT NAME**
 |      *NHICS 255 –B* **MASTER BEHAVIORAL RESIDENT EVACUATION TRACKING** | 1. **OPERATIONAL PEROD**
 |
|  | **DATE: FROM:**       **TO:**      **TIME: FROM:**       **TO:**       |
| 1. **BEHAVIORAL RESIDENT EVACUATION INFORMATION**
 |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **ARRIVAL CONFIRMED** | [ ]  YES [ ]  NO |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       | **MED RECORD SENT** | [ ]  YES [ ]  NO |
| **DISPOSITION** | **MODE OF TRANSPORT** | **ACCEPTING FACILITY NAME & CONTACT INFO** | **BEHAVIORAL UNIT PLACEMENT** | **TIME FACILITY CONTACTED & REPORT GIVEN** | **TRANSFER INITIATED** (TIME/ TRANSPORT CO.) | **MEDICATION SENT** | [ ]  YES [ ]  NO |
| **MD/FAMILY NOTIFIED** | [ ]  YES [ ]  NO |
| [ ]  HOME[ ]  FACILITY TRANSFER[ ]  TEMP. SHELTER |       |       | [ ]  YES [ ]  NO |       |       | **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. |
| **Behavioral Resident Evacuation Information** |
| **3** | **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. |
| **Behavioral Unit Placement** | Indicate if the receiving facility has placed resident in a behavioral unit. |
| **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. |