

Dear Administrator:

This survey will determine emergency evacuation transport needs for your facility, with information broken down by resident population. This process will provide Fire, EMS and Emergency Management with strong knowledge of the resources needed to evacuate single or multiple facility's simultaneously.

**Objectives:**

- Identify the number of residents / patients who need transport due to evacuation and those that can be discharged.
- Evaluate transportation needs based on resident acuity and mobility.

**Instructions – READ DIRECTIONS BEFORE COMPLETING:**

1. Provide the ***Nurse / Physician Decision-Making Guide*** (Page 2) to all clinical departments along with Page 3. Instruct the Unit Coordinators to complete the ***Nursing Unit Aggregate Numbers for Evacuation Planning*** on Page 3 &4 and return it to you.
2. *Administrator/DON*: Prepare a checklist of all department/units that should be submitting in the ***Nursing Unit Aggregate Numbers for Evacuation Planning*** form and verify all have responded before completing #3 below.
3. *Administrator/DON*: Collect all forms, combine all numbers, and enter them onto the “Aggregate Numbers” document (Page 5 & 6). Add information about your Adult Day Health Care services or other residents at your facility (Senior Independent Living, Assisted Living), if applicable.
4. *Administrator/DON*: **Finalize the aggregate numbers on pages 5 & 6.**

## **Nurse / Physician Decision-Making Guide**

### **Assigning Resident Transport Mechanism Based on Clinical Criteria**

**a. Residents / patients requiring *Critical Care Transportation* (RN-staffed or Advanced-trained Paramedic)**

- IVs with medications running that exceed paramedic capabilities
- IV pump(s) operating (can be provided by the transport crew)
- Need any medications administered via Physician orders by any means in any dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew)
- Ventilator dependent (vent can be provided by the transport crew or home vent)
- Neurosurgical ventricular drains
- Invasive hemodynamic monitoring which cannot be temporarily or permanently discontinued (i.e. intra-arterial catheter if noninvasive blood pressure have not been reliable for Patient, they are hemodynamically unstable, and they have a continuing chance of survival.)

**b. Residents / patients requiring ALS transport (Paramedic)**

- IVs with medication running that are within paramedic protocols
- IV pump(s) operating
- IV with clear fluids (no medications)
- Need limited medications administered via Physician orders by limited means in limited dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew)
- BVM only in transport
- Prone or supine on stretcher required.

**c. Residents / patients requiring BLS transport (EMT)**

- O2 therapy via nasal cannula or mask (can be provided by the transport crew)
- Saline lock and Heparin lock
- Visual monitoring / Vitals (BP/P/Resp)
- Prone or supine on stretcher required or unable to sustain
- If Behavioral Health, provide information regarding danger to self or others.

**d. Residents / patients requiring Chair Car/Wheelchair Accessible Bus** (Medically knowledgeable person to ride on the transport)

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- Not prone or supine, no stretcher needed.
- No O2 needed, unless resident has own prescribed portable O2 unit safely secured en route.
- If Behavioral Health, provide information regarding danger to self or others.

NOTE: Some wheelchair van companies provide a standard wheelchair, if needed, for the duration of the trip. Buses do not provide wheelchairs. Some electric wheelchairs cannot be secured in wheelchair vans due to size or design. These are NOT to be transported with the resident.

**e. Residents / patients requiring Normal Means of Transport** (typically a bus – resident must be limited assist transfer or no assist required – Medically knowledgeable person to ride on the transport)

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- No O2 needed, unless resident has own prescribed portable O2 unit that can be safely secured en route.
- Not prone, supine, or in need of a wheelchair (can ambulate well enough to climb bus steps)
- If Behavioral Health, provide information regarding danger to self or others.
- Limited assist transfers or no assist required.

NOTE: A person with a folding wheelchair, who can ambulate enough to get in and out of a car, could go by car if there was room to bring/pack the wheelchair.

**f. Residents / patients requiring bariatric ambulance or transport (A good base is to start at >350lbs.)**

# Nursing Unit Aggregate Numbers for Evacuation Planning

*To be completed and sent internally to the Administrator/DON*

Nursing Unit Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_

Time and Date Completed: \_\_\_\_\_ Total Beds: \_\_\_\_\_

<b>1. TOTAL RESIDENTS:</b>		(Should match <b>TOTAL</b> box below)			
NOTE: Normal form of transportation is for Limited Assist Transfer residents.					
Using the data collected from clinical areas, provide the total number of residents requiring each level of transportation for evacuation:					
Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, etc.)	TOTAL

### SUPPLEMENTAL INFORMATION

# Requiring Continuous O <sub>2</sub>	# on Ventilators	# with special medical equip. (can't be discontinued)

**NOTE: Information in #2 & #3 below is supplemental and the # of residents below SHOULD already be included in the total above.**

2. BARIATRIC RESIDENTS					
Please provide additional information for each area below for the specific transportation needs of Bariatric Residents.					
NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as <500 lbs (if a resident exceeds 500 lbs, please note this).					
Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, etc.)	TOTAL BARIATRIC

3. DISCHARGE TO HOME			
Please provide additional information for each area below for the specific transportation needs of residents Discharged to Home:			
	Wheelchair Accessible Bus	Normal (bus, etc.)	TOTAL DISCHARGE TO HOME

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**4.** *Is there any other resident information or special notes you would like to include about your unit?*

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## Transportation Categories for Evacuation:

### ***Facility Aggregate Numbers***

*To be completed by the Administrator/DON (see Page 1)*

Facility Name and City: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Individual Completing Form/Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Time and Date Completed: \_\_\_\_\_ Total Beds: \_\_\_\_\_

<b>1. TOTAL RESIDENTS:</b>							(Should match <b>TOTAL</b> box below)			
NOTE: Normal form of transportation is for Limited Assist Transfer residents.										
Using the data collected from clinical areas, provide the total number of residents requiring each level of transportation for evacuation:										
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL</b>					

### SUPPLEMENTAL INFORMATION

<b># Requiring Continuous O<sub>2</sub></b>	<b># on Ventilators</b>	<b># with special medical equip. (can't be discontinued)</b>

**NOTE: Information in #2 & #3 below is supplemental and the # of residents below SHOULD already be included in the total above.**

<b>2. BARIATRIC RESIDENTS</b>					
Please provide additional information for each area below for the specific transportation needs of Bariatric Residents.					
NOTE: BLS Transport is categorized as >350 lbs, while the buses are categorized as <500 lbs (if a resident exceeds 500 lbs, please note this).					
<b>Critical Care Transport</b>	<b>ALS Transport</b>	<b>BLS Transport</b>	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL BARIATRIC</b>

<b>3. DISCHARGE TO HOME</b>			
<b>Please provide additional information for each area below for the specific transportation needs of residents Discharged to Home:</b>			
	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL DISCHARGE TO HOME</b>

<b>4. ASSISTED LIVING</b>			
<b>Total additional residents on-site for Assisted Living:</b>			
	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL ASSISTED LIVING</b>

<b>5. SENIOR INDEPENDENT LIVING</b>			
<b>Total additional residents on-site for Senior Independent Living:</b>			
	<b>Wheelchair Accessible Bus</b>	<b>Normal (bus, etc.)</b>	<b>TOTAL SENIOR INDEPENDENT LIVING</b>

<b>6. ADULT DAY HEALTHCARE</b>			
<b>Total additional residents on-site for Adult Day Health Care:</b>			
	<b>Wheelchair Accessible Bus</b>	<b>Normal (.)</b>	<b>TOTAL ADULT DAY HEALTH CARE</b>

7. Is there any other resident information or special notes you would like to include about your facility?

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