|  |  |
| --- | --- |
| 1. Incident Name | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Patient Evacuation Information** |
| **Patient Name**  | **Medical Record #** | **Evacuation Triage Category**Immediate Delayed Minor | **Mode of Transport**CCT ALS BLS Van Bus Car AIRCRAFT |
|  | **Disposition**Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | **Time hospital contacted & report given** |
| **Transfer Initiated** (Time/Transport Co./ #) | **Medical Record Sent**Yes No | **Medication Sent**Yes No | **Family Notified**Yes No | **Arrival Confirmed**Yes No | **Admit Location**Floor ICU ER morgue | **Expired** (time) |
| **Patient Name**  | **Medical Record #** | **Evacuation Triage Category**Immediate Delayed Minor | **Mode of Transport**CCT ALS BLS Van Bus Car aircraft |
|  | **Disposition**Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | **Time hospital contacted & report given** |
| **Transfer Initiated** (Time/Transport Co./ #) | **Medical Record Sent**Yes No | **Medication Sent**Yes No | **Family Notified**Yes No | **Arrival Confirmed**Yes No | **Admit Location**Floor ICU ER morgue | **Expired** (time) |
| **Patient Name**  | **Medical Record #** | **Evacuation Triage Category**Immediate Delayed Minor | **Mode of Transport**CCT ALS BLS Van Bus Car aircraft |
|  | **Disposition**Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | **Time hospital contacted & report given** |
| **Transfer Initiated** (Time/Transport Co./ #) | **Medical Record Sent**Yes No | **Medication Sent**Yes No | **Family Notified**Yes No | **Arrival Confirmed**Yes No | **Admit Location**Floor ICU ER morgue | **Expired** (time) |
| **Patient Name**  | **Medical Record #** | **Evacuation Triage Category**Immediate Delayed Minor | **Mode of Transport**CCT ALS BLS Van Bus Car aircraft |
|  | **Disposition**Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | **Time hospital contacted & report given** |
| **Transfer Initiated** (Time/Transport Co./ #) | **Medical Record Sent**Yes No | **Medication Sent**Yes No | **Family Notified**Yes No | **Arrival Confirmed**Yes No | **Admit Location**Floor ICU ER morgue | **Expired** (time) |
| **4. Prepared by**  | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Purpose:** The HICS 255 - Master Patient Evacuation Tracking form records the disposition of patients during a facility evacuation.

 **ORIGINATION:** Completed by Planning Section Situation Unit Leader or designee (Patient Tracking Manager).

 **copies to:** Distributed to the Planning Section Chief and the Documentation Unit Leader.

 **Notes:** The form may be completed with information taken from each HICS 260 - Patient

Evacuation Tracking form. If additional pages are needed, use a blank HICS 255

 and repaginate as needed.

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| 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** | **Patient Evacuation Information** |
| **Patient Name** | Enter the full name of the patient. |
| **Medical Record #** | Enter medical record number. |
| **Evacuation Triage Category** | Indicate the categories as defined by the facility (not necessarily the same as emergency department admitting triage system). |
| **Mode of Transport** | Indicate the mode of transport or write in if not indicated. |
| **Disposition** | Indicate the patient’s disposition. |
| **Accepting Hospital or Location** | Enter the accepting hospital or location (e.g., Alternate Care Site, holding site). |
| **Time hospital contacted & report given** | Enter time prepared (24-hour clock). |
| **Transfer Initiated**  | Enter time, vehicle company, and identification number. |
| **Medical Record Sent** | Indicate yes or no. |
| **Medication Sent**  | Indicate yes or no. |
| **Family Notified** | Indicate yes or no. |
| **Arrival Confirmed** | Indicate yes or no. |
| **Admit Location**  | Indicate the applicable site.  |
| **Expired**  | Enter time (24-hour clock) of deceased if necessary. |
| **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. |