

**PLAN FOR RETURN OF EVACUEES**

**Points of Emphasis Checklist**

Category	Task	Monitor
Returning Evacuees	<ul style="list-style-type: none"> <li>Head to toe skin assessments and pain assessments with vital signs completed on date of departure and resident treated/medicated as indicated.</li> <li>Residents are toileted prior to departure; a disposable protective pad is available for each resident.</li> <li>An airsick bag or comparable product is available to each resident during transportation.</li> </ul>	Regional Staff Administrator Director of Nursing
Medical Records	<ul style="list-style-type: none"> <li>An identifying pre-arranged sticker is placed on the medical record of each evacuee by the receiving facility and the records are stored securely at the receiving nurse's station.</li> <li>A new chart is created for each evacuee. Documentation generated during the stay (all assessments, evaluations, reports, test results, etc.) is maintained in the new chart.</li> <li>On day of departure a copy of this chart is placed in the original medical record and returned with the evacuee. The original "new chart" is then closed and maintained by the medical records department.</li> </ul>	Regional Staff Director of Nursing Charge Nurse Medical Records Unit Secretary
Personal Property and Equipment	<ul style="list-style-type: none"> <li>On arrival at the receiving facility all personal property/equipment is inventoried by the evacuating facility and the receiving facility, tagged for identification and an Inventory Sheet is completed and signed by both parties.</li> <li>On day of return all equipment is inventoried for return and validated with the inventory sheet. The sheet is then signed by both parties and a copy placed in the medical chart of the evacuee. The original is kept by the receiving facility.</li> </ul>	Regional Staff Administrator Director of Nursing
Personal Supplies	<ul style="list-style-type: none"> <li>An airway, ambu-bag and O2 supplies, disposable incontinent briefs, disposable sanitary wipes, disposable incontinent pads, disposable gloves, hand sanitizing gel, treatment supplies, pillows and blankets are available on each transportation vehicle.</li> </ul>	Regional Staff
Medications	<ul style="list-style-type: none"> <li>Medications are inventoried upon receipt by the receiving facility. All medications are checked against physician orders to ensure availability and accuracy.</li> <li>A new count sheet is initiated for each controlled substance by the receiving facility. The medications are counted by a licensed nurse from the evacuating facility and validated by a licensed nurse from the receiving facility and signatures documented appropriately.</li> <li>On day of return medications for administration during the trip are preset, labeled and bagged.</li> <li>On day of return Controlled Drugs are counted by licensed nurses from the receiving and evacuating facility, appropriate signatures are documented on the count sheet and a copy of the sheet is kept by the receiving facility in medical records. <b>Controlled drugs will be signed out ONLY to a licensed nurse for transportation.</b></li> </ul>	Regional Staff Director of Nursing
Hydration And Nutrition	<ul style="list-style-type: none"> <li>Return transportation times should be coordinated with regular meal times when possible to ensure that evacuees receive adequate hydration and nutrition and that any diet restrictions can be adhered to.</li> <li>One to two brown bag meals should be prepared and packaged for each evacuee for the return trip. An adequate supply of pureed foods and thickened beverages should be available on each transportation vehicle as indicated by diet restrictions.</li> <li>A minimum of three eight-ounce bottles of water should be available for each evacuee on each transportation vehicle.</li> </ul>	Regional Staff Director of Nursing Registered Dietitian

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

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