

Assiniboine Regional Health Authority Client Evacuation Re-Entry Tracking Form

Evacuating Facility: _____

Evacuation Date: _____

Reason to Evacuate: _____

Evacuation Planning - Client Accountability Section					Repatriation Planning Section							
	Client Name or Tracking #	Room #	Transporting Unit # or Type (EMS, Van, etc)	Depart Time	Initials Sending	Destination or Receiving Facility	Room #	Return to Original Site Date	Transporting Unit #	Depart Time	Client Returned To Room # & Arrived:	Initials Arrived
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												

Evacuation Client Tracking Instructions:

Sending Facility keeps original. Send a copy to receiving facilities and Area Manager. AM sends to Corporate Information Officer for tracking.

Corporate Information Officer updates bed tracking tool and maintains information for Corporate ICS Planning and client re-entry planning.

Evacuation Planning: Document information as is known at the point of planning (highlighted sections) and complete as information is confirmed.