



Instructional Pamphlet for Hospital/Care Facility Patient Evacuation

DMS-05905 • rev. 11-21-17



SAVING LIVES
THROUGH AGGRESSIVE
FIELD MANAGEMENT™

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COMPONENTS

1 Room Evacuation 2 Transportation 3 Destination

DMS-05880 Evac123 Evacuation Hospital Room Component 1



1



1 - Pk of 20 DMS-05854 Evacuation Tags



2 - DMS-05855 Room Evacuation Receipt Holders

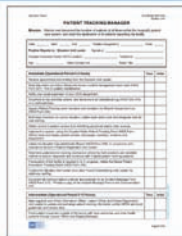
DMS-05860 Evac123 Evacuation Transportation Component 2



2



4 - 5 Pks of DMS-05858 HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holders



HICS Patient Tracking Manager Responsibility Card Printed on Synthetic Card Stock (DMS-05883)

DMS-05861 Evac123 Evacuation Destination Component 3



3



4 - 5 Pks of DMS-05859 Evacuation Destination Receipt Holders



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PRE-EVACUATION

In the Event of an Evacuation

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Remove tag from patient's chart and separate Evacuee Tag from Door Sticker.



Enter room number on yellow receipt, indicate movement status, then remove adhesive strip from back of label and affix to door.



Indicate ISO and DNR and place on patient.



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PATIENT EVACUATION

Documentation • Patient Accountability

1



1 Room Evacuation Receipt Holder

Originating Facility: MGH Nurse ID: RN283 Page 1 of 2

Incident Name: Hurricane Stella Date: 07/07/14 Time: 15:30

Disposition: Home Transfer	ALS BLS CCT ICU Bus/Van	Room #
OTIZ DENNIS B. 008 101501 008 101501 008 101501 008 101501 008 101501	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> ICU <input type="radio"/> Bus/Van	Room # <u>2130</u> ①
RICE ANGELA B. 008 101501 008 101501 008 101501 008 101501	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> ICU <input type="radio"/> Bus/Van	Room # <u>2128</u> ①
CLEARWATER CLARENCE 008 101501 008 101501 008 101501 008 101501	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> ICU <input type="radio"/> Bus/Van	Room # <u>2126</u> ①
LANGLEY ETHEL L. 008 101501 008 101501 008 101501 008 101501	<input type="radio"/> ALS <input type="radio"/> BLS <input checked="" type="radio"/> CCT <input type="radio"/> ICU <input type="radio"/> Bus/Van	Room # <u>2124</u> ①
Disposition: Home Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> ICU <input type="radio"/> Bus/Van	Room #

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As patients are evacuated, remove yellow receipt from door label and place in Room Evacuation Receipt Holder

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TRANSPORTATION

Staging • Patient Accountability

2

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As patients are staged for transport, remove blue receipt from Evacuee Tag and place receipt in Transportation Receipt Holder

Self-Evacuee



2 HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holder Page 3 of 10

Originating Facility: **MGH** Date: **07/07/14** Time: **17:45**

Incident Name: **Hurricane Stella** Patient Tracking Manager: **C. Fleisher**

Disposition	ALS	BLS	CCT	NIU	Bus/Van
<p>OTTE, DENIS DOB: 02/28/2008 ICU Level 2</p>	<p>Destination: AGC Time Destination Confirmed and Report Given: 15:40 Transfer Time: 15:00 Sert Via: AMB 251 Admission Location: 4th Flr ICU Phone: 617-725-1100 Medical Record Set: Family Notified</p>	<p>Actual Confirmed: 15:40 Triage Category: URGENT Status: RELAYED EXP: EXPIRED</p>			
<p>CLARKE, CLARENCE DOB: 02/28/2008 ICU Level 2</p>	<p>Destination: AGC Time Destination Confirmed and Report Given: 15:40 Transfer Time: 15:00 Sert Via: AMB 251 Admission Location: 4th Flr ICU Phone: 617-725-1100 Medical Record Set: Family Notified</p>	<p>Actual Confirmed: 15:40 Triage Category: URGENT Status: RELAYED EXP: EXPIRED</p>			
<p>RICE, ANGELA K. DOB: 02/28/2008 ICU Level 2</p>	<p>Destination: AGC Time Destination Confirmed and Report Given: 15:40 Transfer Time: 15:00 Sert Via: AMB 251 Admission Location: 4th Flr ICU Phone: 617-725-1100 Medical Record Set: Family Notified</p>	<p>Actual Confirmed: 15:40 Triage Category: URGENT Status: RELAYED EXP: EXPIRED</p>			
<p>LANGLEY, ETHEL L. DOB: 02/28/2008 ICU Level 2</p>	<p>Destination: AGC Time Destination Confirmed and Report Given: 15:40 Transfer Time: 15:00 Sert Via: AMB 251 Admission Location: 4th Flr ICU Phone: 617-725-1100 Medical Record Set: Family Notified</p>	<p>Actual Confirmed: 15:40 Triage Category: URGENT Status: RELAYED EXP: EXPIRED</p>			

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DESTINATION FACILITY

Patient Accountability

3



As patients arrive at destination, remove purple receipt from Evacuee Tag and place receipt in Destination Receipt Holder

3 Evacuation Destination Receipt Holder Page 5 of 8

Incident Name: Hurricane Stella Recorder Name: J. Hator Date: 07/07/14 Time: 17:45

Evacuee Name	Destination	Notes	Family Notified	Staff	DKR
ORTIZ DENNIS W	MGH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEL ANGLIA R	MGH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLARKE CLARENCE	MGH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAMLEY ETHELL	MGH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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EVACUATION TAG

Overview

Cotton Lanyard

Facility identifier

DNR and ISO indicators

Triage assessments

Destination receipt

Transport receipt

Room evacuation receipt

Bilingual and symbolic

Patient mobility indicators

SBAR documentation

ADHESIVE

Evac 1-2-3
Evacuation System for Hospitals and Care Facilities

Attn: Evacuation Personnel
① Tear-Off & Retain This Receipt as Patient is Evacuated from Room

Attn: Transportation Officer
② Tear-Off & Retain this Receipt as Patient Boards for Destination

Attn: Receiving Facility
③ Tear-Off & Retain This Receipt when Patient Arrives

SBAR

Situation

Background

Assessment

Recommendation

Recommended mode of transport:
 ALS BLS CCT NCU Bus/Van

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