**Purpose and instructions:** This document is to facilitate continuity of care and safety for patient/client/residents during transit in the event of an evacuation or repatriation. The checklist is to be completed by the Transit Team Leader during transportation and shared with the Receiving Team Leader upon arrival.

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| **Administrative information** |
| **Transit team leader** |  | **Contact information** |  |
| **Sending team leader** |  | **Contact information** |  |
| **Receiving team leader** |  | **Contact information** |  |

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| **Checklist: During transport** | **Indicate when completed****(date, time)** | **Completed by** **(initials)** |
| **Essential personal care** |
| **Food and water** | Ensure routine access to hydration and snacks. Suggestion: offer water every hour; offer food every 2-4 hours. |  |  |
| **Toileting** | Ensure routine access to use bathroom facilities. Suggestion: consider planning to stop every 2 hours or when possible. |  |  |
| **Repositioning** | Reposition every 2 hours in order to prevent skin breakdown. Suggestion: consider ambulation break or using pressure-relieving equipment. |  |  |
| **Mental health support** | Provide reassurance regularly and as needed. |  |  |
| **Assessment and medication** |
| **Assessment** | Monitor for changes in patient/client/resident condition, including routine vital sign checks. |  |  |
| **Scheduled medications** | Administer routinely scheduled medications during transit. |  |  |
| **PRNs** | Assess hourly for pain, nausea, behavioural changes, and any other types of discomfort. Administer available PRN medication to ensure comfort. |  |  |
| **Oxygen** | Check oxygen canisters every hour to ensure sufficient amount. If less than a quarter tank remaining, replace to a new canister. |  |  |
| **Documentation** | Ensure all medications administered are clearly documented in patient/client/resident’s chart. |  |  |
| **Communication** |
| **Routine** | Give transportation update to receiving team including estimated time of arrival. Suggestion: identify designated check-in points/times with known cell phone coverage. |  |  |
| **Urgent** | Notify receiving and sending teams if any challenges arise during transportation (i.e. significant delays, changes in patient/client/resident condition). |  |  |
| **External partners** | Call 911 if any emergencies or events arise and impede the evacuation/transport (i.e. motor vehicle collision, washout, etc.). |  |  |