|  |  |  |  |
| --- | --- | --- | --- |
| **Administrative information** | | | |
| **Staff member**  **Name & designation** |  | **Contact information** |  |
| **Direct manager** |  | **Contact information** |  |
| **Emergency contact** |  | **Contact information** |  |

**Purpose and instructions:** The purpose of this document is to ensure staff who are travelling with patient/client/residents during an evacuation/repatriation have all the relevant information they need for when they arrive at the receiving location. This checklist is completed by the sending team leader and given to the staff member who is travelling.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key contact information** | | | |
| **Sending team leader** |  | **Contact information** |  |
| **Transit team leader** |  | **Contact information** |  |
| **Receiving team leader** |  | **Contact information** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility information** | **Evacuation  Repatriation** | | |
| **Sending site** |  | | |
| **Receiving site** |  | | |
| **Alternate destination**  (if other than receiving facility) |  | | |
| **Accommodation information** | **Hotel  Family  Other** | | |
| **Hotel name** |  | | |
| **Address** |  | | |
| **Phone number** |  | | |
| **Check-in date** |  | **Check-out date** |  |
| **Transportation information** | **Staying for:  48 hours  72 hours  Until repatriation  Other: \_\_\_\_\_\_\_\_\_** | | |
| **How are they getting to the receiving site?** | With patient/client/residents  Different way (mode of transportation), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | |
| **How are they returning home?** | With patient/client/residents  Different way (mode of transportation): specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | |