Go to www.mutualaidplan.org, and choose your state.

Login and choose your facility.

Click on the “Transportation” tab and click on “Add a Transportation Survey.”

Click on your Level of Care (Hospital, Nursing Home, Assisted Living) and add an Area Description (e.g., Skilled Nursing - 3rd Floor A-Wing)

Fill out the required transportation for the total number of residents on the unit at the time.

Click “Save Changes & Close” then complete the next unit by updating an existing area (hover over the area and click “View/Edit Area”) or click “Add a Transportation Survey” for a new floor/area

All clinical units with residents should be listed.

Click on “Printable List”, insert in your Disaster Plan and provide to EMS/Fire Department.
Nurse / Physician Decision-Making Guide
Assigning Residents Transport Mechanism Based on Clinical Criteria

a. Residents requiring Critical Care Transportation (RN-staffed)
   - IV drips: vasoactive, those requiring titration, chemotherapy, blood products, etc.
   - Medication administration during transport, as needed, per MD orders.
   - Unstable Mech. Circulatory Support (Heart Assist) Devices: IABP, LVAD, Impeller, etc.
   - ECMO (adult, pediatric or neonatal).
   - Externalized ventricular drains, lumbar drains.
   - Arterial line with or without monitoring, monitored central lines (invasive hemodynamic monitoring which cannot be discontinued).

b. Residents requiring ALS transport (Paramedic)
   - IV drips: already running, stable rate, titration required (within paramedic protocols), Total Parenteral Nutrition (TPN), lipids.
   - IVs requiring pumps (determine if pump can be provided by the transport crew).
   - Minimal scheduled and prn medications during transport.
   - Cardiac monitoring, external pacing wires in use / back up pacer attached and on.
   - Ventilator dependent (determine if vent can be provided by the transport crew or home vent).
   - Not intubated with oxygen needs >50% by mask.

c. Residents requiring BLS transport (EMT)
   - Oxygen via nasal cannula or mask < 50% FiO2 (can be provided by the transport crew).
   - Saline lock, Heparin lock, Maintenance IV fluids, can be run to gravity.
   - Basic vital sign monitoring, ok off cardiac monitoring.
   - Supine on stretcher required or unable to tolerate transport in sitting position.
   - Behavioral issues: presents a danger to self or others.

d. Residents requiring Chair Car/Wheelchair Accessible Bus
   - (Medically knowledgeable person to ride on the transport)
   - No medical care or monitoring needed.
   - Stable patients with medical needs and trained caregiver in attendance.
   - Not prone or supine, no stretcher needed.
   - No O2 needed, unless resident has own prescribed portable O2 unit safely secured enroute.
   - If Behavioral Health, provide information regarding danger to self or others.

NOTE: Some wheelchair van companies provide a standard wheelchair, if needed, for the duration of the trip. Buses do not provide wheelchairs. Some electric wheelchairs cannot be secured in wheelchair vans due to size or design. These are NOT to be transported with the resident.

e. Residents requiring Normal Means of Transport (typically a bus – resident must be limited assist transfer or no assist required – Medically knowledgeable person to ride on the transport)
   - No medical care or monitoring needed.
   - Stable patients with medical needs and trained caregiver in attendance.
   - Not prone, supine, or in need of a wheelchair (can ambulate well enough to climb bus steps)
   - If Behavioral Health, provide information regarding danger to self or others.
   - Limited assist transfers or no assist required.

NOTE: A person with a folding wheelchair, who can ambulate enough to get in and out of a car, could go by car if there was room to bring/pack the wheelchair.

f. Residents requiring bariatric ambulance or Wheel Chair transport (>350lbs.)