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- Power of Attorney and/or advance directives
 - Diet and special provisions, such as thickened liquids only
 - Mode of transfer (two-person assist, stand-by assist, etc.)

This emergency information shall be updated quarterly during care planning to ensure accurate information. Other triggers for an update may include:

- **Significant change in resident's condition**
- **Hospitalization**
- **Knowledge of changes in the family such as a death, illness, or relocation**

_____ (*facility name*) shall address upon admission and at a minimum annually with the family/responsible parties what arrangements would be made in the event of a planned evacuation, in which there is time for their assistance. **(See Sample Letter to Family/Responsible Party Regarding Evacuation Instructions in Appendix L)**

These arrangements shall be documented and maintained in the residents' medical records. ***(Facilities located in areas prone to hurricanes should update prior to and during hurricane peak season.)***

Resident Evacuation Identification Wristbands

During an evacuation, each resident will wear a clear/white identification wristband that includes the following information:

- a. Resident's full name/Date of Birth
- b. No known allergies (NKA) – or list food/medication allergies (in red)
- c. Critical diagnosis (Diabetic, Epileptic, Psychiatric Diagnosis, etc.)
- d. Facility name and contact number
- e. On back or inside of band add name of physician and name of responsible parties with contact numbers for each
- f. Note "Do Not Resuscitate (DNR), if applicable

An orange critical medical information band to be worn on the same wrist as the other wristband will be utilized for each resident with special needs. The orange band will include the following information:

- a. Resident's full name
- b. Facility name and contact number
- c. Note if resident is either insulin dependant—diabetes mellitus (DDM)—or non insulin dependant—diabetes mellitus (NIDDM)—if diabetic
- d. Note if resident is using a thickener product or mechanically altered diet (e.g., puree, mechanical, soft, etc.)
- e. Include other special needs (at risk for wandering, at risk for falls, at risk for skin breakdown, etc.)

_____ (*Staff Member*) shall be designated to assure that identification wristbands are generated for all residents.

Identification wristbands shall be reviewed during plan of care meetings to confirm accuracy.

(Florida Health Care Association Disaster Planning Guide 2005)

See Appendix M for additional information regarding Resident Evacuation Identification Wristbands.