Saskatchewan
Health Authority

Community Evacuation Information Template

This form is to be filled out AS SOON AS POSSIBLE at the onset of an evacuation. Should the incident require additional community members to be evacuated, a new form is to be filled out at that time with the information of the additional community members being evacuated.

GENERAL INFORMATION

Date of Evacuation Notification:	Click here to enter a date.
Community Name(s):	Click here to enter a date.
Expected Number of Evacuees:	Click here to enter text.
Tribal Council Affiliation:	Click here to enter text.
Name of Chief/Leader:	Click here to enter text.
Language(s) Spoken:	Click here to enter text.
Health Services Delivery	☐ SHA ☐ Health Canada
Receiving Site(s):	Click here to enter text.
Anticipated Arrival Date:	Click here to enter a date.

HEALTH NEEDS OF COMMUNITY MEMBERS

Volume of evacuees designated "Health Priority Level 1" (if known)	Click here to enter text.
Volume of evacuees designated "Health Priority Level 2" (if known)	Click here to enter text.
Volume of evacuees designated "Health Priority Level 3" (general population) (if known)	Click here to enter text.

Health Need	Yes	No	Unknown	# if known
Prenatal	☐	☐	☐	Click here to enter text.
Post-natal: within 3 months of delivery	☐	☐	☐	Click here to enter text.
Dialysis	☐	☐	☐	Click here to enter text.
CPAP/biPAP	☐	☐	☐	Click here to enter text.
Home oxygen	☐	☐	☐	Click here to enter text.
Home care services	☐	☐	☐	Click here to enter text.
Limited/zero mobility	☐	☐	☐	Click here to enter text.
Communicable disease (TB, COVID, Other)	☐	☐	☐	Click here to enter text.
Intellectual disability/special needs	☐	☐	☐	Click here to enter text.
Intensive mental health supports	☐	☐	☐	Click here to enter text.
Opioid assisted recovery program	☐	☐	☐	Click here to enter text.
Other	☐	☐	☐	Click here to enter text.

INFORMATION ON HEALTH SERVICES IN THE COMMUNITY

Does the Community have a health care facility?: Yes ☐ No ☐ If yes, health care contact name(s) and number: Click here to enter text.
Are there any health care providers being sent to support the Community?: Yes ☐ No ☐ If yes, health care contact name(s) and cell number(s): Click here to enter text.
Are there any health support staff being sent to support the Community?: Yes ☐ No ☐ If yes, name(s) and cell number(s): Click here to enter text.
Does the Community have a pharmacy?: Yes ☐ No ☐ If yes, name and number:

ADDITIONAL COMMUNITY INFORMATION (IF AVAILABLE)

Names and Contact Information of health leaders from evacuating community (so we can connect directly to coordinate health services here in receiving community): Click here to enter text.

Notes: