

National Mass Evacuation Tracking Systems



FEMA News Photo

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*Individual Assistance
Conference*

April 29, 2010

Agenda

- Background
- The National Mass Evacuation Tracking Systems
- Planning for Unaccompanied Minors and Medical Needs
- Sharing of Data



FEMA

Background



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ESF #6 Mandate

Under the NRF, ESF #6 Mass Care/Emergency Assistance is responsible for providing “...support to evacuations (including registration and tracking of evacuees)...”

ESF #6 – FEMA is responsible registering/tracking the general population (and service animals / household pets)

A general population evacuee who becomes ill during evacuation will become the responsibility of ESF #8

ESF #8 – HHS is responsible for medical evacuees

Medical evacuees discharged/released from medical care become the responsibility of ESF #6



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Post Katrina Emergency Reform Act

- On September 29, 2006, Congress passed H.R. 5441, the FY 07 Homeland Security Appropriations Bill
- Title VI of this law is entitled the “Post-Katrina Emergency Management Reform Act of 2006”
- ***SEC. 512. EVACUATION PLANS AND EXERCISES.***
(also section 632, 653)
 - Requires FEMA to support mass evacuation planning
 - Requires FEMA to develop resources to support states precautionary evacuation



FEMA

State and Federal Challenges:

- There is no single National System for evacuation
 - Federal agencies are developing different system –DoD, FEMA, HHS
- Some states purchased or developed their own software
- Cost versus use
- Host State versus affected State
- Interoperability of systems
 - How can diverse systems can exchange data



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National Mass Evacuation Tracking Systems (NMETS)



FEMA

What is NMETS?

NMETS is composed of both manual and computer-based systems that are designed to assist States in tracking:

- Transportation-assisted evacuees
 - Household pets
 - Luggage
 - Medical equipment
-
- All software and basic training will be provided free of charge to States.
 - Any equipment and maintenance costs are the responsibility of the State.



FEMA

What is NMETS?

The system includes three distinct evacuation support tools

- (1) Paper-Based
- (2) Low-Tech (LT)
- (3) Advanced Tech (AT)

Each platform is designed to be used in combination with wristbands that include unique numbers and corresponding barcodes.

The system will also support corresponding Radio Frequency Identification (RFID) wristbands.



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Key Information Collected

- Name
- Date of Birth
- Gender
- Pre-Evacuation Address
- Medical Needs (Flag only)
- Service Animals
- Household Pets
- Luggage
- Medical Supplies/Equipment
- Additional Family Members



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Paper-Based Evacuation Support Tool



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NMETS: Paper-Based

- Can be used as a stand-alone system for States that choose not to adopt a technical solution due to cost considerations or infrequency of evacuation events;
- Can be used as:
 - as a back-up to existing technical systems when power, connectivity or system operations fail
 - as a supplement to existing systems when those capabilities are overwhelmed.
- Inexpensive to produce (8.5x11x4ply)
- Easy to manage and simple to pre-position and/or rapidly deploy.



FEMA

Version 3.3
Carbon Copy - Please USE INK, PRESS HARD and PRINT CLEARLY

EVACUATION RECORD SAMPLE

A Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Postal Code: _____ Contact Number 1: _____
Gender: Male Female Date of Birth: ____/____/____ Minor? YES NO Contact Number 2: _____

B DATE: ____/____/____ TIME: ____:____ AM / PM EVACUATION SITE: _____

Head of Household? If YES, indicate # of household members present/registering # of Household Members or
 If NO, write the Head of Household Barcode number here Barcode # Here

If YES to any of the below, direct evacuee to correct processing line in compliance with evacuation procedure

Medical Needs? YES NO Caregiver Required? YES NO
Unaccompanied Minor? YES NO Caregiver Present? YES NO

If evacuee is a Minor (accompanied) or has a Caregiver present, complete the box below

Parent / Guardian or Caregiver Information
Name: _____ Write Barcode # Here
Relationship: _____ Contact Number: () _____ - _____

Place the corresponding barcode sticker with/on Evacuee, Medical Equipment, Service Animal, Household Pet or Luggage

C PLACE EVACUEE BARCODE HERE → Write Evacuee Barcode # Here

Medical Equipment # 1 Description: _____ Place Barcode Here → Write Barcode # Here
Medical Equipment # 2 Description: _____ Place Barcode Here → Write Barcode # Here

Service Animal Name: _____ Species: _____ Male Female Spayed Neutered
Color: _____ Breed: _____ Place Barcode Here → Write barcode # here

Household Pet # 1 Name: _____ Species: _____ Male Female Spayed Neutered
Color: _____ Breed: _____ Place Barcode Here → Write Barcode # Here
Household Pet # 2 Name: _____ Species: _____ Male Female Spayed Neutered
Color: _____ Breed: _____ Place Barcode Here → Write Barcode # Here

Luggage # 1 Description: _____ Place Barcode Here → Write Barcode # Here
Luggage # 2 Description: _____ Place Barcode Here → Write Barcode # Here

1 1st Transport (Yellow Copy) Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: ____/____/____ Time: ____:____ AM / PM
Destination: _____

2 2nd Transport (Pink Copy) Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: ____/____/____ Time: ____:____ AM / PM
Destination: _____

WHITE - State Copy YELLOW - 1st Transport Copy PINK - 2nd Transport Copy GOLD - Evacuee Copy



4-ply carbon copy form

Paper-Based

The main components include:

1. Evacuation Record (4-ply carbon copy form)
2. Blank wristbands
3. Pre-printed barcode stickers with unique identifying numbers



Version 3.3		EVACUATION RECORD		SAMPLE		
Carbon Copy - Please USE INK, PRESS HARD and PRINT CLEARLY						
TO BE COMPLETED BY EVACUEE	A Last Name:		First Name:		MI:	
	Address:					
	City:	State:	Postal Code:	Contact Number 1: () - -		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /	Minor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Contact Number 2: () - -	
*** DO NOT WRITE BELOW THIS LINE, FOR OFFICIAL USE ONLY ***						
FOR OFFICIAL USE ONLY	B DATE: / / TIME: AM / PM EVACUATION SITE:					
	Head of Household? <input type="checkbox"/> If YES, indicate # of household members present/registering <input type="checkbox"/> If NO, write the Head of Household Barcode number here				# of Household Members - of Barcode # Here	
	If YES to any of the below, direct evacuee to correct processing line in compliance with evacuation procedure					
	Medical Needs? <input type="checkbox"/> YES <input type="checkbox"/> NO		Caregiver Required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Unaccompanied Minor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Caregiver Present? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If evacuee is a Minor (accompanied) or has a Caregiver present, complete the box below						
Parent / Guardian or Caregiver Information						
Name:					Write Barcode # Here	
Relationship:		Contact Number: () - -				
Place the corresponding barcode sticker with/on Evacuee, Medical Equipment, Service Animal, Household Pet or Luggage						
BARCODES PROVIDED BY EVACUATION STAFF	C PLACE EVACUEE BARCODE HERE			Write Evacuee Barcode # Here		
	Medical Equipment # 1		Medical Equipment # 2			
	Description:		Description:			
	Place Barcode Here →		Place Barcode Here →			
	Write Barcode # Here		Write Barcode # Here			
	Animal					
	Name:		Species:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
	Color:		Breed:		Place Barcode Here →	
	Write Barcode # Here		Write barcode # here			
	Household Pet # 1			Household Pet # 2		
Name:			Name:			
Color:			Color:			
Species: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered			Species: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered			
Place Barcode Here →			Place Barcode Here →			
Write Barcode # Here			Write Barcode # Here			
Luggage # 1			Luggage # 2			
Description:			Description:			
Place Barcode Here →			Place Barcode Here →			
Write Barcode # Here			Write Barcode # Here			
YELLOW	1 1st Transport (Yellow Copy)		<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Air <input type="checkbox"/> Medical <input type="checkbox"/> Vessel			
	Carrier Name:		Transport Number:		Date: / / Time: AM / PM	
PINK	2 2nd Transport (Pink Copy)		<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Air <input type="checkbox"/> Medical <input type="checkbox"/> Vessel			
	Carrier Name:		Transport Number:		Date: / / Time: AM / PM	



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Low-Tech (LT) Evacuation Support Tool



FEMA

NMETS: Low-Tech (*LT*)

- Designed for States that want a low-cost technical solution
 - Provides near real-time manifesting and reporting.
- Microsoft Access database
 - Can be quickly and easily deployed on laptops in the field. (*Enrollment speed can be Enhance enrollment speeds with the addition of optional tethered USB scanners.*)
- Can be used in combination with PBEST when enrollment demands exceed on-site laptop availability or staffing capacity.

The screenshot shows a software window titled "Evacuee Enrollment" with a light blue border. The interface is divided into three main sections labeled A, B, and C. Section A contains fields for Last Name, First Name, Address, Address 2, City, State, Postal Code, County, Contact Number 1, and Contact Number 2. It also includes radio buttons for Gender (Male/Female) and a Date of Birth field. Section B includes a Location dropdown, a "Head of Household?" checkbox with a "Household Members" button, and several yes/no questions about English proficiency and unaccompanied minors. Section C features an RFID/Barcode # field and four buttons: "Medical Supplies/Equipment", "Household Pets", "Service Animals", and "Luggage". At the bottom, there are three buttons: "Save and Add Another Household Member", "Save and Enroll New Household", and "Save and Return to Previous Screen", along with a "Cancel and Return to Previous Screen" button.



FEMA

LT Enrollment Screen

A Last Name: _____ First Name: _____

Address: _____ Address 2: _____ Contact Number 1: _____

City: _____ State: _____ Postal Code: _____ County: _____ Contact Number 2: _____

Gender: Male Female Date of Birth: _____ Is This a Minor? Yes No

B Location: _____ Head of Household? Yes No **Household Members**

Does an adult member of your household speak English? Yes No Language Spoken: _____

Other Language Spoken: _____

Is This an Unaccompanied Minor? Yes No Unaccompanied Minor Info: _____

Do you have medical needs? Yes No Are you on a medication? Yes No

Do you have a medical condition that will make it difficult to travel 8-12 hours? Yes No Do you have a sufficient supply for the trip and at least a few days after arrival at your destination? Yes No

Caregiver Required? Yes No Caregiver Name: _____

Caregiver Present? Yes No Caregiver Contact Number: _____

C RFID/Barcode #: _____ **Medical Supplies/Equipment** **Household Pets**

Service Animals **Luggage**

Save and Add Another Household Member **Save and Enroll New Household** **Save and Return to Previous Screen**

Cancel and Return to Previous Screen



FEN

LT Enrollment Screens

Transport

Carrier Name: Bus Train Air Medical Vessel

Transport Number:

Destination: Date: Time: AM/PM

Household Pet

Name: Species:

Color: Breed:

Male Female Spayed Neutered

Household Pet Barcode:

Service Animal

Species: Male Female Spayed Neutered

Name: Function:

Color: Breed: Service Animal Barcode:

Luggage

Description:

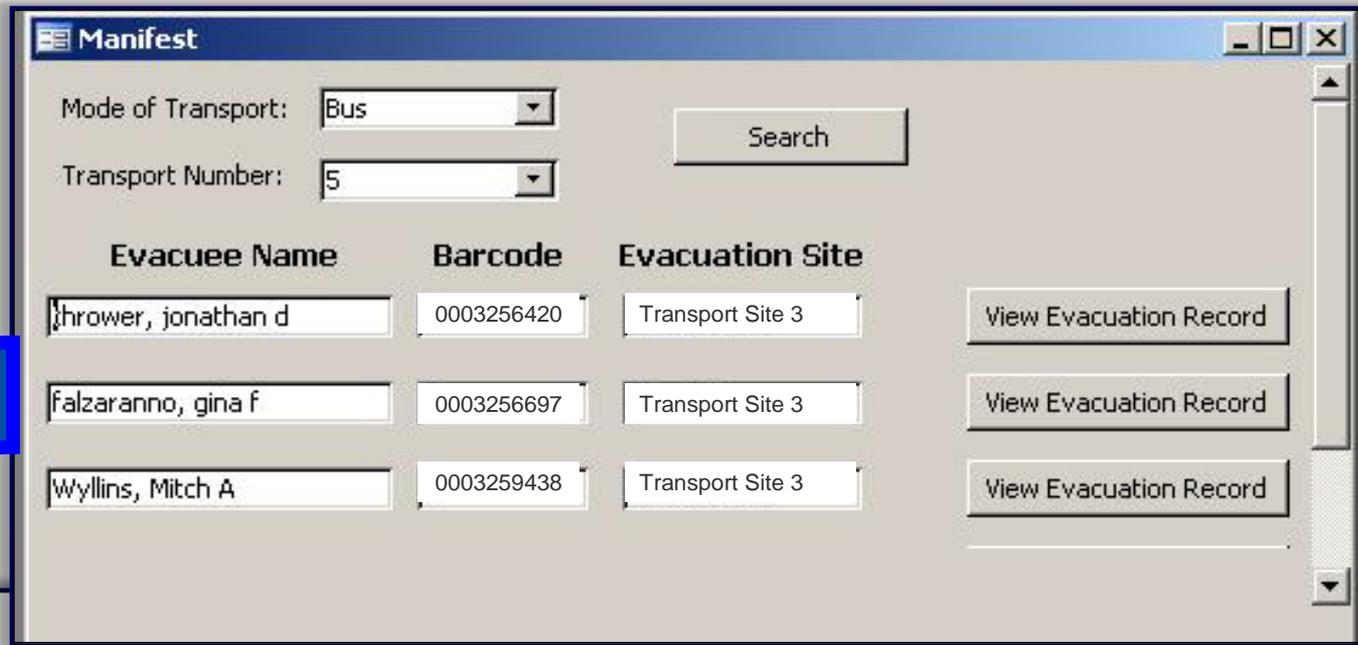
Medical Item Barcode:

Medical Equipment

Description:

Medical Item Barcode:

LT Manifesting



Manifest

Mode of Transport:

Transport Number:

Evacuee Name	Barcode	Evacuation Site	
thrower, jonathan d	0003256420	Transport Site 3	<input type="button" value="View Evacuation Record"/>
falzaranno, gina f	0003256697	Transport Site 3	<input type="button" value="View Evacuation Record"/>
Wyllins, Mitch A	0003259438	Transport Site 3	<input type="button" value="View Evacuation Record"/>

Manifest

Bus Number 5

Evacuee Name	Barcode	Evacuation Site
falzaranno, gina f	0003256420	Transport Site 3
thrower, jonathan d	0003256697	Transport Site 3
Wyllins, Mitch A	0003259438	Transport Site 3

Under Development



Parallel Systems

Low-Tech

Paper-Based

Evacuation Record

Version 3.1 **EVACUATION RECORD** **SAMPLE**

A Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Gender: _____ Date of birth: _____ Minor? Yes No

Contact Number 1: _____

Contact Number 2: _____

B Date: _____ Time: _____ AM/PM _____ Evacuation Site: _____

Head of Household? Yes No If YES, indicate # of household members present/registering _____
If NO, include the Head of Household barcode

Medical Needs? Yes No Caregiver Required? Yes No

Unaccompanied Minor? Yes No Caregiver Present? Yes No

Parent/Guardian or Caregiver Information

Name: _____ Barcode: _____

Relationship: _____ Contact Number: _____

C Evacuee Barcode: _____

Add Medical Equipment Add Household Pet Add Transport

Add Service Animal Add Luggage

Save and New Save and Exit

Version 3.3 **EVACUATION RECORD** **SAMPLE**

Carbon Copy - Please USE INK, PRESS HARD, and PRINT CLEARLY

A Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Contact Number 1: _____

Gender: Male Female Date of Birth: _____ Minor? YES NO Contact Number 2: _____

*** DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY ***

B DATE: _____ TIME: _____ EVACUATION SITE: _____

Head of Household? If YES, indicate # of household members present/registering _____ # of Household Members on Barcode # Here _____
 If NO, write the Head of Household Barcode number here

If YES to any of the below, direct evacuee to correct processing line in compliance with evacuation procedure

Medical Needs? YES NO Caregiver Required? YES NO

Unaccompanied Minor? YES NO Caregiver Present? YES NO

If evacuee is a Minor (accompanied) or has a Caregiver present, complete the box below

Parent / Guardian or Caregiver Information

Name: _____ Write Barcode # Here _____

Relationship: _____ Contact Number: () - -

Place the corresponding barcode sticker with/on Evacuee, Medical Equipment, Service Animal, Household Pet or Luggage

C PLACE EVACUEE BARCODE HERE → Write Evacuee Barcode # Here _____

Medical Equipment # 1 Description: _____ Place Barcode Here → Write Barcode # Here _____

Medical Equipment # 2 Description: _____ Place Barcode Here → Write Barcode # Here _____

Service Animal Name: _____ Species: _____ Male Female Spayed Neutered
Function: _____ Breed: _____ Place Barcode Here → Write barcode # here _____

Household Pet # 1 Name: _____ Species: _____ Male Female Spayed Neutered
Color: _____ Breed: _____ Place Barcode Here → Write Barcode # Here _____

Household Pet # 2 Name: _____ Species: _____ Male Female Spayed Neutered
Color: _____ Breed: _____ Place Barcode Here → Write Barcode # Here _____

Luggage # 1 Description: _____ Place Barcode Here → Write Barcode # Here _____

Luggage # 2 Description: _____ Place Barcode Here → Write Barcode # Here _____

1 1st Transport (Yellow Copy) Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: _____/_____/____ Time: _____ AM / PM
Destination: _____

2 2nd Transport (Pink Copy) Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: _____/_____/____ Time: _____ AM / PM
Destination: _____

WHITE - State Copy YELLOW - 1st Transport Copy PINK - 2nd Transport Copy GOLD - Evacuee Copy



FEMA

Advanced Tech (AT) Evacuation Support Tool



FEMA

NMETS: Advanced Tech (AT)

- Uses a combination of technologies:
 - Hand-held scanners
 - Laptop computers
 - Tethered USB scanners and/or RFID readers.
 - Wristbands with unique barcodes and if needed, corresponding RFID chips
- Designed to be used
 - Live over the web
 - As a stand-alone
 - Directly from a hand-held scanner
- Open source software and basic training will be provided free of charge to States
 - Any equipment and maintenance costs are the responsibility of the State.

The screenshot displays the 'MASS EVACUATION Tracking Systems - AT' web application. The interface includes a search section with fields for Incident, Locations, RFID Barcode, First Name, and Last Name. Below the search section is a table of results with columns for Edit, Print, View, RFID Barcode, First Name, Last Name, DOB, Address, City, State, County, # Possessions, and # in Group. The table contains 10 rows of data for various individuals.

Edit	Print	View	RFID Barcode	First Name	Last Name	DOB	Address	City	State	County	# Possessions	# in Group
			141254	Steven	Stanley	07051909		Louisia	Virginia	Louisia County	0	4
			178950	Charlote	Williams	04121878		Livingston	Virginia	Nelson County	0	2
			225088	Will	Wunster	02171882		Farmville	Virginia	Prince Edward County	0	1
			250018	Susan	Hicks	01151982		Fairfax	Virginia	Fairfax County	0	1
			435812	Colene	Lewis	07071878		Petersburg	Virginia	Giles County	0	2
			485025	Jennifer	Chu	04101986		Tappahannock	Virginia	Essex County	0	2
			405323	William	Smith	12011953		Blair	Virginia	Blair County	0	5
			590002	Donna	Winter	06021917		Amelea Court House	Virginia	Amelea County	0	2
			790208	Henry	Urbank	11051901		Marbleville	Virginia	Henry County	0	1



FEMA



Advanced Tech Hardware

RFID/Barcode
Wristbands



Tethered handheld scanner
and/or RFID Box attached
to laptop



Handheld
Scanners



Laptops with
SQL compact
edition



FEMA

Evacuee Enrollment

MASS EVACUATION Tracking Systems - AT

[Hide Navigation](#)

- ▶ **Enroll**
- ▶ Scan
- ▶ Search
- ▶ Manifest
- ▶ Report
- ▶ Administration

Welcome, National Admin!

12:03 PM



EVACUEE ENROLLMENT

Incident: * Required

Incident 2

Location: * Required

Select a Location

Evacuee Details

RFID/Barcode #: * Required

000111222

First Name:

Marion

Last Name:

James

DOB: (mm/dd/yyyy)

05 / 22 / 2005

Gender:

Male Female

Address:

1277 East Main St

Address 2:

Postal Code:

10548

State/Territory:

NY

County/Parish:

Westchester

City:

Montrose

Contact Number #1:

914 - 555 - 1122

Contact Number #2:

914 - 555 - 1212

Unaccompanied Minor:

Yes No

Unaccompanied Minor Information:

Evacuee Manifest

MASS EVACUATION
Tracking Systems - AT

Settings | Logout

Hide Navigation



Enroll

Scan

Search >

Manifest

Report >

Administration >

Welcome, National Admin!

03:11 PM



MANIFEST

Evacuee Manifest

Incident: Incident 1

Location: Location 1

Created on Mar 26, 2010 3:10 PM

Scanning Details

Action: Departure (Embark)

Mode: Vessel

Carrier: Spirit

Ship Name/Number: 5454

Departure Date: 03/02/2010

Estimated Departure Time: 6:58 PM

Total Number of Passengers: 6

Number of Men: 2

Number of Women: 1

Number of Minors: 1

Number of Service Animals: 2

Below are the evacuees that match the scanning details:

RFID/Barcode #	Last Name	First Name	DOB	Gender	Minor	Service Animal
85		Senior			No	No
84		Mom			No	No
83		Junior			No	No
20	Krespan	Kelly	02/12/2000	Female	Yes	Yes
50	Simon	Matthew	10/10/1985	Male	No	No
52	Simon	Andrew		Male	No	No

Back

Advanced Search

MASS EVACUATION
Tracking Systems - AT

Settings | Logout

Hide Navigation <>

- Enroll
- Scan
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- Administration >

Welcome, National Admin!

03:21 PM

Mar. 26

Evacuee Possession Location Scanning Details

EVACUEE SEARCH

Evacuee Search Criteria

Incident: All	Location: All
RFID/Barcode #: 23423	First Name:
Last Name: 	Head of Household: All
<input type="checkbox"/> Advanced Search	Address:
Date Of Birth: <input type="text"/> (mm/dd/yyyy)	City:
Gender: All	Postal Code:
Address 2: 	
State/Territory: All	
County/Parish: 	

Search Clear

Exporting Data

MASS EVACUATION Tracking Systems - AT

Settings | Logout

Hide Navigation <>

EVACUEE REPORT

Filter Criteria Entered

Created on Friday, Mar 26, 2010 3:14 PM EDT

Incident Name: Location Name:

Gender:

Export options: [CSV](#) | [Excel](#) | [XML](#) | [PDF](#)

Displaying 3 records

RFID/Barcode #	Evacuee Last Name	Evacuee First Name	DOB	Address	Address 2	City	County/Parish	State/Territory	Postal Code	Contact #1	Contact #2	Unaccompanied Minor
600000			12/01/2000									Yes
50	Simon	Matthew	10/10/1985			Madison	Dane	WI	53774	322-342-5232		No
52	Simon	Andrew				Madison	Dane	WI	53774	733-222-3533		No

Displaying 3 records

Create New Report

Welcome, National Admin!

03:15 PM

Aggregate Reporting

MASS EVACUATION Tracking Systems - AT

Settings | Logout

Hide Navigation <>

AGGREGATE REPORT

- Enroll
- Scan
- Search >
- Manifest
- Report >**
 - Evacuee
 - Possession
 - Aggregate
 - Customizable
- Administration >

Welcome, National Admin!

03:32 PM

Mar. 26

Evacuees
(Linked to Location Details)

Evacuee A
Incident: M
03/26/2010

Add Percentages and Numbers

incident

Category	Percentage
Midwest Floods	5%

Gender

Category	Percentage
Male	3%
Female	1%

Total Number of Evacuees Departed

NMETS Development Timeline

- Paper Based Evacuation Support Tool (PBEST)
 - PBEST is in the final stages of development
 - A prototype materials demonstration kit that will support 5,000 evacuees is currently being assembled
 - Following review and concurrence by DAD, PBEST will be submitted to NEMA (National Emergency Management Association)
- Low-Tech Evacuation Support Tool (LT)
 - LT is currently being updated to reflect changes made to PBEST based on stakeholder feedback
 - It is expected to be available for field testing in Spring 2010
- Advanced Technology Evacuation Support Tool (AT)
 - AT is undergoing revisions and currently under development
 - It is expected to be available for field testing in early Spring 2010



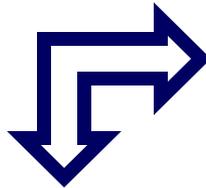
FEMA

Planning for Unaccompanied Minors and Medical Needs



FEMA

NMETS Paper-Based:



Version 3.3 EVACUATION RECORD
Carbon Copy - Please USE INK, PRESS HARD and PRINT CLEARLY

A Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Postal Code: _____ Contact Number 1: () - _____
Gender: Male Female Date of Birth: ____/____/____ Minor? YES NO Contact Number 2: () - _____

***** DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY *****

B DATE: ____/____/____ TIME: ____:____:____ EVACUATION SITE: _____
Head of Household? If YES, indicate # of household members present/registering _____ Members or Barcode # Here: _____
If NO, write the Head of Household Barcode number here _____

IF YES to any of the below, direct evacuee to correct processing line in compliance with evacuation procedure

Medical Needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Caregiver Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unaccompanied Minor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Caregiver Present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF evacuee is a Minor (accompanied) or has a Caregiver present, complete the box below

Parent / Guardian or Caregiver Information
Name: _____ Relationship: _____ Contact Number: () - _____
Write Barcode # Here: _____

C PLACE EVACUEE BARCODE HERE → Write Evacuee Barcode # Here _____

Medical Equipment # 1: _____ Medical Equipment # 2: _____

OFFICIAL USE ONLY

IF YES to any of the below, direct evacuee to correct processing line in compliance with evacuation procedure

Medical Needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Caregiver Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unaccompanied Minor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Caregiver Present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF evacuee is a Minor (accompanied) or has a Caregiver present, complete the box below

Parent / Guardian or Caregiver Information
Name: _____ Relationship: _____ Contact Number: () - _____
Write Barcode # Here: _____

YELLOW

1 1st Transport (Yellow Copy)
Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: ____/____/____ Time: _____
Destination: _____ AM / PM

PINK

2 2nd Transport (Pink Copy)
Carrier Name: _____ Bus Train Air Medical Vessel
Transport Number: _____ Date: ____/____/____ Time: _____
Destination: _____ AM / PM

WHITE - State Copy YELLOW - 1st Transport Copy PINK - 2nd Transport Copy GOLD - Evacuee Copy



FEMA

NMETS Low-Tech:

The image illustrates the transition from a low-tech to a high-tech version of a form. On the left, a 'Low-Tech' form is shown with a grey background and a blue border. It contains the following fields:

- Is This an Unaccompanied Minor? Yes No Unaccompanied Minor Info:
- Do you have medical needs? Yes No Are you on a medication? Yes No
- Do you have a medical condition that will make it difficult to travel 8-12 hours? Yes No Do you have a sufficient supply for the trip and at least a few days after arrival at your destination? Yes No
- Caregiver Required? Yes No Caregiver Name:
- Caregiver Present? Yes No Contact Number:

A blue arrow points from this form to a 'High-Tech' version on the right. The high-tech form is a web application window with a white background and a blue border. It contains the same fields as the low-tech version, but with additional features:

- First Name:
- County:
- Contact Number 1:
- Contact Number 2:
- Minor? Yes No
- Head of Household? Yes No Household Members:
- Language Spoken:
- Other Language Spoken:
- Does an adult member of your household speak English? Yes No
- Is This an Unaccompanied Minor? Yes No Unaccompanied Minor Info:
- Do you have medical needs? Yes No Are you on a medication? Yes No
- Do you have a medical condition that will make it difficult to travel 8-12 hours? Yes No Do you have a sufficient supply for the trip and at least a few days after arrival at your destination? Yes No
- Caregiver Required? Yes No Caregiver Name:
- Caregiver Present? Yes No Contact Number:
- RFID/Barcode #:
- Medical Supplies/Equipment:
- Household Pets:
- Service Animals:
- Luggage:
- Save and Add Another Household Member:
- Save and Enroll New Household:
- Save and Return to Previous Screen:
- Cancel and Return to Previous Screen:

A blue oval highlights the medical and caregiver sections of the high-tech form, indicating that these sections are being compared or contrasted with the low-tech version.



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NMETS – Advanced Tech

Unaccompanied Minor:
 Yes No

Unaccompanied Minor Information:

Unaccompanied minors should immediately be directed to the proper authorities in compliance with State evacuation procedure.

Medical Needs (If medical needs require immediate attention, direct to appropriate resource)
Do you have medical needs?
 Yes No

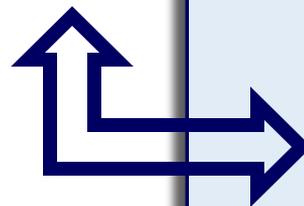
Caregiver Information
Caregiver required? Yes No
Caregiver present? Yes No

Address:

Postal Code:

County/Parish:

Contact Number #1: - -



- -

Unaccompanied Minor:
 Yes No

Unaccompanied Minor Information:

Unaccompanied minors should immediately be directed to the proper authorities in compliance with State evacuation procedure.

Medical Needs (If medical needs require immediate attention, direct to appropriate resource)
Do you have medical needs?
 Yes No

Caregiver Information
Caregiver required? Yes No
Caregiver present? Yes No



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Interoperability



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Interoperability

- Building systems that communicate effectively is a critical step to provide the best support to the States and to the Evacuees.
- Concerns to deal with:
 - Maintaining field names
 - Defining the number of fields
 - What data is important
 - How to transfer the data
 - Encryption needed
 - How will the data be imported



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Current Partners

- Health and Human Services
 - Planning to exchange data on:
 - Medical evacuees released from hospitals
 - Evacuees who become injured during the evacuation
 - First field test planned for May/June 2010
- Texas Special Needs Evacuation Tracking System (*TXSNETS*)
 - Requested by the State of Texas
 - Planning to exchange data between NMETS and State of Texas evacuation support tool
 - Field tests planned for late Summer 2010



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Questions



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