FACILITY NAME:_____ **DATE:** _____

COMPLETED BY: _____ **TIME:** _____

EMERGENCY EVACUATION DESTINATION CATEGORIES *for* LONG TERM CARE FACILITY PATIENTS / RESIDENTS			
LEVEL OF CARE	**FACILITY TYPE**	**TRANSPORT TYPE**	**NUMBER OF PATIENTS/ RESIDENTS**
LEVEL I ***Description:*** *Patients/residents are usually transferred from inpatient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Sub-Acute Care Facilities.* ***Examples***: • Bedridden, totally dependent, difficulty swallowing • Requires dialysis • Ventilator-dependent • Requires electrical equipment to sustain life • Critical medications requiring daily lab monitoring • Requires continuous IV therapy • Terminally ill	Like Facility SNF or Sub-Acute Acute Care Hospital	ALS	
LEVEL II ***Description:*** *Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters.* ***Examples*:** • Bedridden, stable, able to swallow • Wheelchair-bound requiring complete assistance • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject • Requires assistance with tube feedings • Draining wounds requiring frequent sterile dressing changes • Oxygen dependent; requires respiratory therapy or assistance with oxygen • Incontinent; requires regular catheterization or bowel care	Like Facility Temporary Medical Care Shelter	BLS Wheelchair Van Car/Van/Bus	
LEVEL III ***Description:*** *Patients/residents are able to meet own needs or has reliable caretakers to assist with personal and/or medical care.* ***Examples*:** • Independent; self-ambulating or with walker • Wheelchair dependent; has own caretaker if needed • Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) • Oxygen dependent; has own supplies • Medical conditions controlled by self-administered medications • Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment	Like Facility Home Setting Temporary Medical Care Shelter	Car/Van/Bus	

(FORM LTC 401) INSTRUCTIONS: Document the number(s) of facility patients/resident in each category. Provide a copy of this form to the Incident Commander during evacuations.

FACILITY NAME: _____ **DATE:** _____

RESPRESENTATIVE NAME: _____ **TIME:** _____

CONTACT MADE BY: _____
(Name and Agency)

EVACUATION STATUS CATEGORIES *for* LONG TERM CARE FACILITIES	
EVACUATION STATUS DESCRIPTIONS	STATUS
STATUS A The facility **has a destination** identified for its patients/residents and **can evacuate/transport** without assistance from outside agencies.	
STATUS B The facility **does not have a destination** identified for its patients/residents but **can evacuate/transport** its residents without assistance from outside agencies if provided a destination.	
STATUS C The facility **has a destination** identified for its patients/residents and only **requires evacuation/transportation assistance** from outside agencies.	
STATUS D The facility **does not have a destination** identified for its patients/residents and **requires evacuation/transportation assistance** from outside agencies.	
COMMENTS	

(FORM LTC 402) INSTRUCTIONS: During planned multiple facility evacuations, field level response personnel will make contact with each Long Term Care Facility in the evacuation zone. Each facility will be evaluated on their ability to evacuate and placed into one of four Evacuation Status Categories. Use this form to document your contact and assessment. Communicate your findings up the chain of command immediately.

PATIENT/RESIDENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT / FACILITY NAME:			2. DATE PREPARED	3. TIME PREPARED:	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	FACILITY DESTINATION	AMBULANCE CO. AND ID	PATIENT/RESIDENT NAME/ TAG NUMBER	OFF SCENE TIME	ETA	FACILITY ADVISED
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
FORM LTC 403		4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR and FACILITY REPRESENTATIVE)							

FACILITY EVACUATION CHECKLIST

EMERGENT EVACUATION

- ❑ **Implement Facility Emergency Evacuation Procedures**
  - Move patients/residents to safe area outside the facility
  - Recover pertinent personal and medical information, essential medications and medical equipment (if safe to do so).

- ❑ **Dial 9-1-1**

- ❑ **Establish Contact and Unified Command with First Responder agency**
  - Develop and Implement an Incident Action Plan

- ❑ **Determine the Emergency Evacuation Designation Categories for patients/residents**
  - Emergency Evacuation Destination Categories, Form LTC 401 (Appendix A)
  - Contact the families of Level III patients/residents for temporary transfer to a home setting

- ❑ **Document the names and destinations of each evacuated patient/resident**
  - Patient/Resident Transportation Summary Worksheet, Form LTC 403 (Appendix E)

- ❑ **Notify Applicable Licensing Agency**

PLANNED EVACUATION

- ❑ **Notify the San Joaquin County EMS Agency Duty Officer**
  - (209) 234-5032 or (209) 236-8339

- ❑ **Establish Unified Command with EMS Agency Duty Officer**
  - Develop and Implement an Incident Action Plan

- ❑ **Determine the Emergency Evacuation Designation Categories for patients/residents**
  - Emergency Evacuation Destination Categories, Form LTC 401 (Appendix A)
  - Contact the families of Level III patients/residents for temporary transfer to a home setting

- ❑ **Notify Applicable Licensing Agency**

- ❑ **Collect pertinent personal and medical information, 72 hours of medications, essential medical equipment, and a change of clothing for each patient/resident**

- ❑ **Notify contracted receiving facilities**

Facility Name	24 Hour Telephone Number
1.	
2.	
3.	
4.	

- ❑ **Document the names and destinations of each evacuated patient/resident**
  - Patient/Resident Transportation Summary Worksheet, Form LTC 403 (Appendix E)

EVACUATION FLOWCHART

FACILITY SHELTER-IN-PLACE CHECKLIST

Implement this plan for a chemical release, if advised to Shelter-In-Place by emergency officials.

- ❑ Notify employees, visitors, patients/residents and vendors to Shelter-In-Place. (Sample message: "May I have your attention, please. San Joaquin County emergency authorities have advised us of a chemical emergency nearby. For your safety, everyone is requested to stay inside and Shelter-In-Place until we are notified that the emergency is over.")

- ❑ If you have a designated sheltering location with few windows and doors, ask people to move to that area. The area should have access to restrooms and drinking water.

- ❑ Close and lock windows. Secure doors – a better seal is achieved by locking doors. Post sign "Shelter-In-Place in Effect – Controlled Entry" at main door or window. Location where sign is kept: _____.

- ❑ Shut off heating, air conditioning or other ventilation system so outside air is not drawn indoors.

List locations where HVAC must be shut down and vents closed:
1.
2.
3.
4.

- ❑ Turn on AM radio and tune to KFBK 1530 to listen for further instructions. Location of radio at this facility: _____.

- ❑ Seal cracks around doors and windows (and any vents that do not close) with damp towels, duct tape, plastic sheeting, etc. Location where sealing supplies are kept: _____.

- ❑ Do not dial 9-1-1 unless you have an emergency that requires an immediate response. Keep lines free for emergency communication.

- ❑ After the emergency is over and county officials announce an "all clear" via the Emergency Alert System (EAS) and/or news media. Open doors and windows and air out the facility. Account for all employees, visitors, patients/residents and vendors. Turn heating, air conditioning and/or ventilation systems back on. Remove "Controlled Entry" sign. Replace/restock all emergency supplies, radio batteries, etc.