

**San Joaquin County Long Term Care Facility Evacuation Plan**

**FACILITY NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

| <b>EMERGENCY EVACUATION DESTINATION CATEGORIES<br/>for LONG TERM CARE FACILITY PATIENTS / RESIDENTS</b>  |  |   |                                     |
|--|--|---|-------------------------------------|
| <b>LEVEL OF CARE</b>   | <b>FACILITY TYPE</b>   | <b>TRANSPORT TYPE</b>                               | <b>NUMBER OF PATIENTS/RESIDENTS</b> |
| <p align="center"><b>LEVEL I</b></p> <p><i><b>Description:</b> 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.</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Bedridden, totally dependent, difficulty swallowing</li> <li>• Requires dialysis</li> <li>• Ventilator-dependent</li> <li>• Requires electrical equipment to sustain life</li> <li>• Critical medications requiring daily lab monitoring</li> <li>• Requires continuous IV therapy</li> <li>• Terminally ill</li> </ul>   | <p>Like Facility</p> <p>SNF or Sub-Acute</p> <p>Acute Care Hospital</p>        | <p>ALS</p>  |                                     |
| <p align="center"><b>LEVEL II</b></p> <p><i><b>Description:</b> 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.</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Bedridden, stable, able to swallow</li> <li>• Wheelchair-bound requiring complete assistance</li> <li>• Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject</li> <li>• Requires assistance with tube feedings</li> <li>• Draining wounds requiring frequent sterile dressing changes</li> <li>• Oxygen dependent; requires respiratory therapy or assistance with oxygen</li> <li>• Incontinent; requires regular catheterization or bowel care</li> </ul> | <p>Like Facility</p> <p>Temporary Medical Care Shelter</p>                     | <p>BLS</p> <p>Wheelchair Van</p> <p>Car/Van/Bus</p> |                                     |
| <p align="center"><b>LEVEL III</b></p> <p><i><b>Description:</b> Patients/residents are able to meet own needs or has reliable caretakers to assist with personal and/or medical care.</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Independent; self-ambulating or with walker</li> <li>• Wheelchair dependent; has own caretaker if needed</li> <li>• Medically stable requiring minimal monitoring (i.e., blood pressure monitoring)</li> <li>• Oxygen dependent; has own supplies</li> <li>• Medical conditions controlled by self-administered medications</li> <li>• Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment</li> </ul>  | <p>Like Facility</p> <p>Home Setting</p> <p>Temporary Medical Care Shelter</p> | <p>Car/Van/Bus</p>                                  |                                     |

**(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.