

San Joaquin County Long Term Care Facility Evacuation Plan

FACILITY NAME: _____ **DATE:** _____

RESPRESENTATIVE NAME: _____ **TIME:** _____

CONTACT MADE BY: _____
 (Name and Agency)

EVACUATION STATUS CATEGORIES <i>for</i> LONG TERM CARE FACILITIES	
EVACUATION STATUS DESCRIPTIONS	STATUS
<p align="center">STATUS A</p> <p>The facility <u>has a destination</u> identified for its patients/residents and <u>can evacuate/transport</u> without assistance from outside agencies.</p>	
<p align="center">STATUS B</p> <p>The facility <u>does not have a destination</u> identified for its patients/residents but <u>can evacuate/transport</u> its residents without assistance from outside agencies if provided a destination.</p>	
<p align="center">STATUS C</p> <p>The facility <u>has a destination</u> identified for its patients/residents and only <u>requires evacuation/transportation assistance</u> from outside agencies.</p>	
<p align="center">STATUS D</p> <p>The facility <u>does not have a destination</u> identified for its patients/residents and <u>requires evacuation/transportation assistance</u> from outside agencies.</p>	
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.