

Progress Valley of CAHF Member Facilities in Stanislaus, Merced and Tuolumne Counties
 Level of Care Capabilities:

EMERGENCY EVACUATION DESIGNATION CATEGORIES FOR MEDICALLY FRAGILE PATIENTS AND RESIDENTS		
LEVEL OF CARE	SHELTER TYPE	TRANSPORT TYPE
<p>Level I - Acute Care/Ventilator</p> <p>Description: Patients are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or extended care facilities.</p> <p>Examples:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedridden, Totally dependent, difficulty swallowing <input type="checkbox"/> Requires Dialysis <input type="checkbox"/> Ventilator-dependent <input type="checkbox"/> Requires electrical equipment to sustain life <input type="checkbox"/> Critical medications requiring daily or QOD lab monitoring <input type="checkbox"/> Requires continuous I.V. therapy <input type="checkbox"/> Terminally ill 	<p>Like Facility</p> <p>Hospital</p> <p>ECF</p>	<p>ALS</p>
<p>Level II - Subacute/Skilled Nursing</p> <p>Description: Patients have no acute medical condition but require medical monitoring, treatment or personal care beyond what is available in public shelters.</p> <p>Examples:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedridden, stable, able to swallow <input type="checkbox"/> Requires continuous I.V. therapy (prior 3 day hospital stay required) <input type="checkbox"/> Terminally ill <input type="checkbox"/> Wheelchair bound requiring complete assistance <input type="checkbox"/> Insulin-dependent diabetic unable to monitor own blood sugars or to self inject <input type="checkbox"/> Requires assistance with tube feedings <input type="checkbox"/> Draining wounds requiring frequent sterile dressing changes <input type="checkbox"/> Oxygen dependent, requires respiratory therapy or assistance with oxygen <input type="checkbox"/> Incontinent, requires regular catheterization or bowel care 	<p>Medical treatment unit</p> <p>Temporary infirmary</p> <p>Skilled Nursing Facility</p>	<p>BLS</p> <p>Wheelchair Van</p> <p>Car</p> <p>Van</p> <p>Bus</p>
<p>Level III - Convalescent/Custodial</p> <p>Description: Patients are able to meet own needs or has reliable caretakers to assist with personal and/or medical care.</p> <p>Examples:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent, self-ambulating or with walker <input type="checkbox"/> Wheelchair dependent, has own caretaker if needed <input type="checkbox"/> Medically stable requiring minimal monitoring (i.e.blood pressure monitoring) <input type="checkbox"/> Oxygen dependent, has own supplies <input type="checkbox"/> Medical conditions controlled by self-administered medications <input type="checkbox"/> Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment 	<p>Residential Care Facility</p> <p>Public Shelter</p>	<p>Car</p> <p>Van</p> <p>Bus</p>