



LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.
Available at www.emsa.ca.gov/dms2/toolkit.doc

FACILITY NAME: _____ **DATE:** _____

COMPLETED BY: _____ **TIME:** _____

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
<p>LEVEL I Description: Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medications requiring daily or QOD lab monitoring ▪ Requires continuous IV therapy ▪ Terminally ill 	<p>Like Facility</p> <p>Hospital</p> <p>SNF or Subacute</p>	<p>ALS</p>	
<p>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.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ 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 	<p>Like Facility</p> <p>Medical Care Shelter</p> <p>In some circumstances, may be able to evacuate to family/caregiver home</p>	<p>BLS</p> <p>Wheelchair Van</p> <p>Car/Van/Bus</p>	
<p>NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.</p>			
<p>LEVEL III Description: Residents 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"> ▪ 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 (i.e. O2 concentrator) ▪ Medical conditions controlled by self-administered medications (caution: refrigeration may not be available at public shelters) ▪ Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment 	<p>Like Facility</p> <p>Home Setting</p> <p>Public Shelter</p>	<p>Car/Van/Bus</p>	