

# San Joaquin County Emergency Medical Services Agency

## LONG TERM CARE FACILITY STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://emresource.emsystem.com>

### INSTRUCTIONS

The Long Term Care Facility Status Report is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan and/or Command Center.

1. Use this form to collect your facility's status information
2. Log onto the EMResources website <https://emresource.emsystem.com>
3. Enter your username and password
4. Click on the User Links located in the upper right-hand corner of the web page and select the **ORANGE Long Term Care Icon** from the drop-down menu. (Note: your computer must be setup to allow pop-ups from this site to be able to see the online long term care facility status report form)
5. Complete the online long term care facility status report
6. Click on the "Submit Form" button located at the bottom of the page

If you have any questions or need assistance completing this form please page the EMS Agency Duty Officer at 209-234-5032.

Incident Overview	Instructions
#1	Enter the event type – <b>Real World</b> or <b>Exercise</b>
#2	Enter the complete <b>name</b> of your long term care health facility
#3 to #5	Enter the physical <b>address</b>
#6 and #7	Enter the <b>date</b> and <b>time</b> the report was completed
#8	Check if this is an <b>Initial, Revised</b> or <b>Final</b> Report
#9	Check the type(s) of incident that is occurring at your facility
#10	Check if your situation is: <b>Worsening, No Change</b> (stable), or <b>Improving</b>
#11	Provide a brief description of the situation
#12	Check the applicable facility status: <b>Fully, Partially,</b> or <b>Not Functional</b>
#13 to #19	Enter the <b>name</b> , the <b>NHICS position</b> , and <b>contact information</b> for the person who can answer questions regarding the information on this form.
#20 to #22	Check Yes or No, if Command Center has been activated and enter the telephone and fax numbers
<b>Bed Availability</b>	<b>Enter your current and estimated future bed status</b>
#22 to #31	Enter the number of licensed beds, currently available beds, and estimated available beds in 24 hours
<b>Evacuation</b>	<b>Enter information regarding an evacuation</b>
#32	Check if you evacuating status, <b>No, Yes - Partially,</b> or <b>Yes - Completely</b>
#33	If you are evacuating, enter how many <b>ambulatory</b> patients are you evacuating
#34	If you are evacuating, enter how many <b>non-ambulatory</b> patients are you evacuating
<b>Impacts</b>	<b>List the impacts of this incident on:</b>
#35	List the impact ( <i>actual and potential</i> ) to <b>Services</b>
#36	List the impact ( <i>actual and potential</i> ) to <b>Health and Safety</b> . Refer to the NHICS-261 Form.
#37	List the impact ( <i>actual and potential</i> ) to <b>infrastructure</b> . Refer to the NHICS-251 Form
#38	Enter a description of any resources that you can share with other healthcare facilities

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<b>Facility and Incident Overview</b>	
<b>1. Event Type:</b>	<input type="checkbox"/> Real World <input type="checkbox"/> Exercise
<b>2. Name of Long Term Care Facility:</b>	
<b>3. Street Address:</b>	
<b>4. City:</b>	<b>5. Zip Code:</b>
<b>6. Date:</b>	<b>7. Time (24-Hr. Clock):</b>
<b>8. Report Type:</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final
<b>9. Incident Type:</b>	<input type="checkbox"/> Communications / IT Failure <input type="checkbox"/> Patient Surge <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Security Threat <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Severe Weather <input type="checkbox"/> Labor Disruption <input type="checkbox"/> Utility Failure <input type="checkbox"/> Other, specify:
<b>10. Prognosis:</b>	<input type="checkbox"/> Worsening <input type="checkbox"/> No Change <input type="checkbox"/> Improving
<b>11. Provide a brief description of the situation:</b>	
<b>12. Overall Facility Status:</b>	<input type="checkbox"/> Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions) <input type="checkbox"/> Partially Functional (moderate to significant reductions in patient services) <input type="checkbox"/> Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)
<b>Primary Point of Contact Information</b>	
<b>13. Contact Name:</b>	
<b>14. Contact NHICS Position:</b>	
<b>15. Contact Phone Number:</b>	
<b>16. Contact Fax Number:</b>	
<b>17. Contact Cell Phone Number:</b>	
<b>18. Contact Pager Number:</b>	
<b>19. Contact Email:</b>	

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<b>Command Center Activation</b>			
20. Command Center Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Command Center Phone:			
22. Command Center Fax:			
<b>Bed Availability</b>			
	a. Licensed Beds	b. Currently Available Beds	c. Estimated Available Beds in 24 Hours
23. Skilled Nursing Facility (SNF)			
24. Sub-Acute Care			
25. Intermediate-Care Facility (ICF)			
26. Intermediate-Care Facility for the Developmentally Disabled (ICF/DD)			
27. Intermediate Care Facility for the Developmentally Disabled Habilitative (ICF/DDH)			
28. Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DDN)			
29. Congregate Living Health Facility (CLHF)			
30. Residential Care Facility for the Elderly (RCFE)			
31. Adult Residential Facility (ARF)			
<b>Evacuation Information</b>			
32. Are you Evacuating: <input type="checkbox"/> No, not evacuating <input type="checkbox"/> Yes*, partially evacuating <input type="checkbox"/> Yes*, completely evacuating			
*If you are evacuating patients, complete Form LTC-401, Emergency Evacuation Destination Categories for Long Term Care Facility Patients / Residents <a href="http://sjgov.org/ems/PDF/LongTermCareFacilityForms.pdf">http://sjgov.org/ems/PDF/LongTermCareFacilityForms.pdf</a>			
33. Number of Ambulatory Patients Evacuating:			
34. Number of Non-ambulatory Patients Evacuating:			

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**Impacts**

**35. Impact on Services:**

**36. Health & Safety Impact:**

**37. Infrastructure Impact:**

**Resources Available**

**38. Resources Available:**

**NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT**

<b>1. INCIDENT NAME:</b>		<b>2. FACILITY NAME:</b>	
<b>3. DATE PREPARED:</b>		<b>4. TIME PREPARED:</b>	
		<b>5. OPERATIONAL PERIOD:</b>	

<b>6. SYSTEM STATUS CHECKLIST</b>		
<b>COMMUNICATION SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
<b>FAX</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>INFORMATION TECHNOLOGY SYSTEM</b> (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>NURSE CALL SYSTEM</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>PAGING – PUBLIC ADDRESS</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>RADIO EQUIPMENT</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>SATELLITE SYSTEM</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>TELEPHONE SYSTEM</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>TELEPHONE SYSTEM – CELL</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>VIDEO-TELEVISION-INTERNET-CABLE</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>OTHER</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

**NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT**

5. SYSTEM STATUS CHECKLIST (CONTINUED)		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE DETECTION/SUPPRESSION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ICE MACHINES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
DIETARY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

**PURPOSE:** RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT

**ORIGINATION:** INFRASTRUCTURE BRANCH DIRECTOR

**COPIES TO:** SAFETY OFFICER, OPERATIONS SECTION CHIEF, BRANCH DIRECTOR, PLANNING SECTION CHIEF, & DOCUMENTATION LEADER

**NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT**

5. SYSTEM STATUS CHECKLIST (CONTINUED)		
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

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ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

<b>7. CERTIFYING OFFICER:</b>	
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