



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 align="center">LEVEL I</p> <p>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 	Like Facility Hospital SNF or Subacute	ALS	
<p align="center">LEVEL II</p> <p>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 	Like Facility Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	
<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 align="center">LEVEL III</p> <p>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 <i>may</i> not be available at public shelters) • Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment 	Like Facility Home Setting Public Shelter	Car/Van/Bus	