

San Joaquin County



Long Term Care Facility Evacuation Plan Training



San Joaquin County

Emergency Medical Services Agency



■ Welcome

■ Objective:

- Provide participants with an understanding of the San Joaquin County LTCF Evacuation Plan, and their role in the plan.

Long Term Care Evacuation Plan



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■ At the conclusion of this training session participants will be able to:

- Identify the purpose, scope and authority of the plan
- Identify the related concepts of operation (ICS, mutual aid, etc.)
- Explain the three Emergency Evacuation Destination Categories (Levels I, II, III)

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■ be able to

- Explain the four Evacuation Status Categories (Status A, B, C & D)
- Identify the difference between an emergent and planned evacuation
- Identify the difference between a single and multiple facility evacuation

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■ be able to

- Explain how to activate this plan and the required notifications
- Describe how to “Shelter-in-Place” and explain when this action would be preferred over an evacuation
- How to incorporate the county plan into your facility’s evacuation plan

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■ be able to

- Complete the forms (LTC 401, 402, 403, etc.)
- Use the Facility Evacuation Checklist and Flowchart
- Signup to receive alerts from the California Health Alert Network (CAHAN)

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■ be able to

- Explain why you want to activate the plan early
- Explain that you do not loose control of your facility by activating this plan



TEAM WORK

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■ Purpose and Scope

- The purpose of this plan is to ensure the orderly and timely movement of patients/residents from single or multiple facilities which need to be evacuated to a safe location.
- This plan is intended for all Skilled Nursing Facilities, as defined by Title 22 CCR Section 72103, located within San Joaquin County.

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■ Authority

- This plan is issued under the joint authority of the San Joaquin County Emergency Medical Services Agency Administrator and the San Joaquin County Public Health Officer.

(California Health and Safety Code, Division 2.5, Article 4, Sections 1797.150)

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■ Planning Assumptions

- All facilities are vulnerable to internal and external threats that could require a facility to evacuate or shelter-in-place, e.g., fire, utility failure, disease outbreak, hazardous materials spill.
- Threatening events can happen suddenly without warning or may develop slowly over a period of hours, days or weeks.
- This plan doesn't replace or supersede the emergency operations and/or evacuation plans of individual facilities.

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■ Concept of Operations

- Use of the Incident Command System (ICS)
- Information Sharing
- Control of Patient/Resident Dispersal
- Mutual Aid
- Emergency Evacuation Destination Categories
- Evacuation Status Categories

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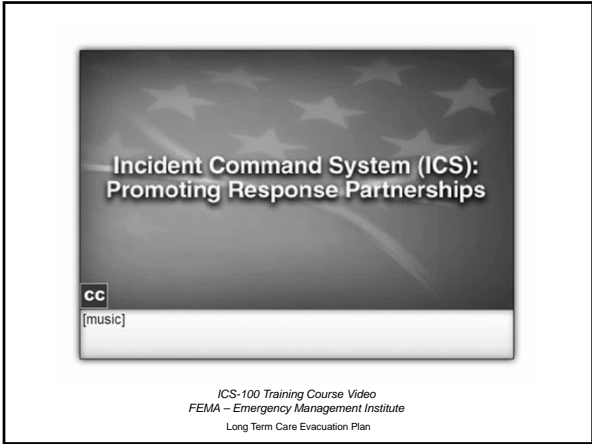


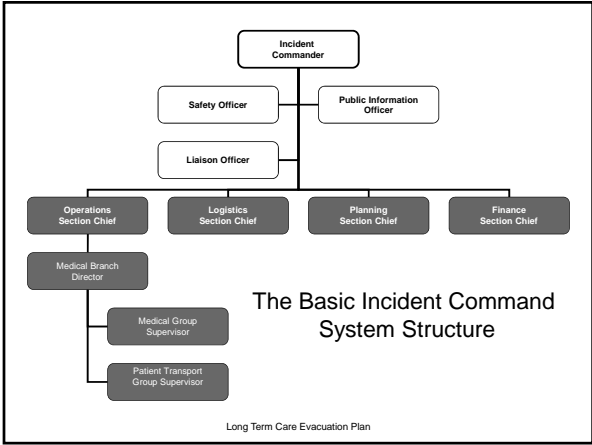
■ Incident Command System

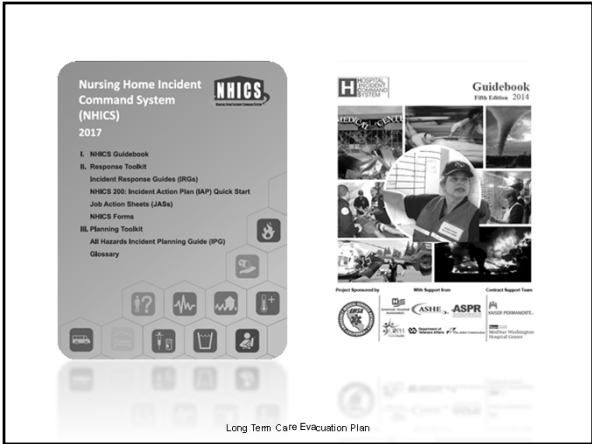
- Once the decision is made to evacuate a facility, the facility will be designated an incident site. A Unified Incident Command will be established at the facility, which will be comprised of facility officials and other public safety agencies with jurisdictional or statutory authority (EMS, Public Health, Fire, Law, etc.)



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■ Incident Command System

- For more information about ICS and FREE online training go to the FEMA website <http://training.fema.gov/IS/crslst.asp>
 - ❑ IS-100 Introduction to the Incident Command System (ICS)
 - ❑ IS-200 ICS for Single Resources and Initial Action Incidents
 - ❑ IS-700 National Incident Management System
 - ❑ IS-800 National Response Framework

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■ Information Sharing

- Information sharing is necessary for maintaining a common operating picture of emergency operations.
- The information sharing process is detailed in the San Joaquin Operational Area Healthcare Coalition Governance Document <https://sjgov.org/ems/coalition.htm>.

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WebEOC 8.3 Login

WebEOC is a secured online emergency management and information sharing platform for authorized agencies and organizations within the San Joaquin Operational Area.

Authorized use includes: emergencies, disasters, planned events, exercises, training, and daily operations.

The information contained on this site shall be treated as For Official Use Only (FOUO) and shall not be released to the public, media or other personnel who do not have a valid need to know. The only exception would be information specifically intended for public or media use, e.g., press releases.

User names and passwords are assigned to individuals and are never to be shared or used by others.

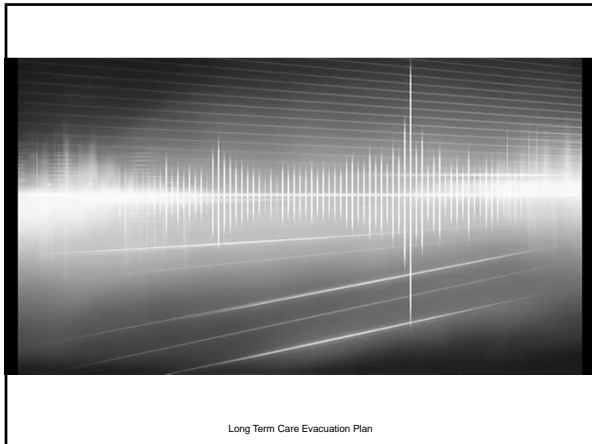
Users that do not log into WebEOC at least once every 180 days are considered inactive and are automatically deactivated.

To request access to this site submit an email to CJCwebEOCadmin@sjgov.org



Accept

Visit the San Joaquin Operational Area WebEOC Page For more information <https://www.sjgov.org/ems/webecinfo.htm>

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■ **Control of Patient Dispersal**

- During a single facility emergent evacuation San Joaquin General Hospital, acting as the Operational Area Disaster Control Facility, will determine all patient destinations other than movement to home settings.
- During single or multiple facility planned evacuations patient dispersal will be coordinated by the EMS Agency Duty Officer (Medical Health Operational Area Coordinator) in conjunction with the facility officials, and the Incident Commander(s).

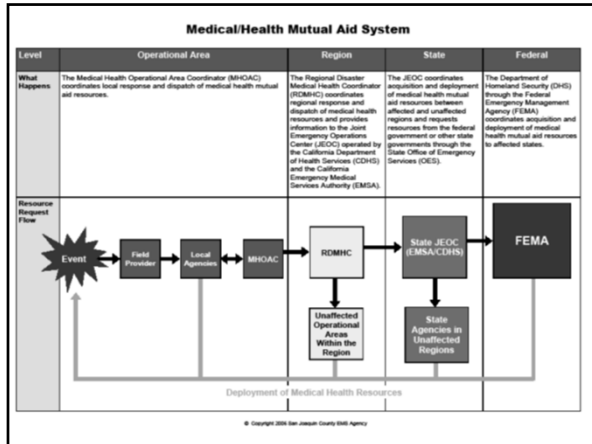
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■ **Mutual Aid**

- Medical mutual aid requests will be coordinated by the Medical Health Operational Area Coordinator (MHOAC) in compliance with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

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Emergency Evacuation Destination Categories

- Each facility will prepare a list of patient/resident Emergency Evacuation Destination Categories, which indicate the level of care needed, types of facility, and types of transportation required for each patient/resident. See Form LTC 401
- Provide a copy to the Incident Commander

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Emergency Evacuation Destination Categories

- LEVEL I: Patients/residents are usually transferred from inpatient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Sub-Acute Care Facilities. These patients/residents are transported by Advance Life Support (ALS) ambulances.

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■ **Emergency Evacuation Destination Categories**

- **LEVEL II:** 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. These patients/residents are transported by Basic Life Support (BLS) ambulances, wheel chair van, car, van or bus.

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■ **Emergency Evacuation Destination Categories**

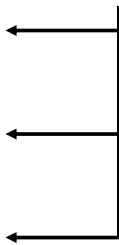
- **LEVEL III:** Patients/residents are able to meet own needs or has reliable caretakers to assist with personal and/or medical care. These patients/residents are transported by car, van or bus.

Long Term Care Evacuation Plan

FACILITY NAME: Best Dam Care In Town DATE: 6/27/17
COMPLETED BY: Ima Gonatakecareofyou TIME: 1145

EMERGENCY EVACUATION DESTINATION CATEGORIES for LONG TERM CARE FACILITY PATIENTS / RESIDENTS			
LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF PATIENTS / RESIDENTS
LEVEL I Description: Patients/residents are usually transferred from incident/medical treatment facilities and require a level of care only available in hospital or skilled nursing or Sub-Acute Care Facilities. Examples: • Bedridden, totally dependent, critically debility • Requires oxygen • Requires medical equipment to sustain life • Critical medications requiring 24 hr monitoring • Requires continuous IV therapy • Tracheostomy	Like Facility Sub-acute Acute Care Hospital	ALS	43
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. Examples: • Bedridden, unable, able to swallow • Intermittent medical equipment assistance • Incontinent • Requires assistance with tube feeding • Requires assistance with tube feeding • Changing wounds requiring frequent dressing changes • Oxygen dependent, requires respiratory therapy or tracheostomy • Incontinent, requires regular catheterization or bowel care	Like Facility Alternate Care Site	BLS Wheelchair Van Car/Van/Bus	14
LEVEL III Description: Patients/residents are able to meet own needs or has reliable caretakers to assist with personal and/or medical care. Examples: • Incontinent, self-managing or with walker • Intermittent medical equipment or medical assistance • Medication • Oxygen dependent, has no walking • Medical conditions controlled by self-administered medications • Incontinent, requires catheterization or bowel care • Intermittent, requires regular catheterization or bowel care	Like Facility Home Setting Alternate Care Site	Car/Van/Bus	73

Form LTC 401
Enter the number of Patients/Residents in each Category



FORM LTC 401 INSTRUCTIONS: Document the numbers of facility patients/resident in each category. Provide a copy of this form to the Incident Commander during evacuations.



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■ Evacuation Status Categories

- During planned multiple facility evacuations field level response personnel, under the direction of the Incident Commander, 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. See Form LTC 402

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■ Evacuation Status Categories

- STATUS A: The facility has a destination identified for its patients/residents and can evacuate/transport without assistance from outside agencies
- STATUS B: The facility does not have a destination identified for its patients/residents but can evacuate/transport its residents without assistance from outside agencies if provided a destination.

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■ Evacuation Status Categories

- STATUS C: The facility has a destination identified for its patients/residents and only requires evacuation/transportation assistance from outside agencies.
- STATUS D: The facility does not have a destination identified for its patients/residents and requires evacuation/transportation assistance from outside agencies.



Long Term Care Evacuation Plan

FACILITY NAME: Best Damn Care In Town DATE: 6/27/17
 REPRESENTATIVE NAME: Ima Gonatakecareofyou TIME: 1433
 CONTACT MADE BY: Joe Rescue, City Fire Department
(Name and Agency)

Form LTC 402
Enter the Evacuation Status Category



EVACUATION STATUS CATEGORIES for LONG TERM CARE FACILITIES	
EVACUATION STATUS DESCRIPTIONS	STATUS
STATUS A The facility <u>has a destination</u> identified for its patients/residents and <u>can evacuate/transport</u> without assistance from outside agencies.	X
STATUS B 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.	
STATUS C The facility <u>has a destination</u> identified for its patients/residents and only <u>requires evacuation/transportation assistance</u> from outside agencies.	
STATUS D The facility <u>does not have a destination</u> identified for its patients/residents and <u>requires evacuation/transportation assistance</u> from outside agencies.	
COMMENTS The facility can handle the evacuation on their own. Will start transporting patients/residents by 1500 hours.	

(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.



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■ Evacuation Procedures (Single & Multiple Facilities)

- Two Types of Evacuations:
 1. Emergent
 2. Planned

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■ Evacuation Procedures

- Emergent Evacuation

An unplanned spontaneous movement of patients/residents out of the facility due to an immediate threat that renders the facility unsafe for occupancy.

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■ Evacuation Procedures

- Example of an Emergent Evacuation:
 - A fire breaks out in the facility prompting the immediate evacuation of all patients/residents and staff. Property damage is severe and the facility is determined to be unsafe for occupancy. Patients/residents are transported to other facilities for care.



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■ Evacuation Procedures

• Planned Evacuation

A planned evacuation is defined as a situation where the threat to the facility is not immediate and time is available to conduct orderly patient/resident movement. Patients/residents can remain within the facility without danger to their well being for a limited amount of time until relocation arrangements are made.

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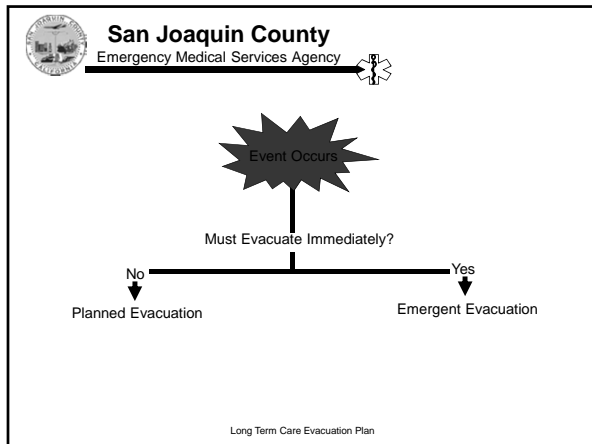


■ Evacuation Procedures

- Example of a Planned Evacuation:
 - A facility experiences an air conditioning system failure at 6:00 AM. Temperatures are forecasted to reach a high of 110 degrees by 4:30 PM. Facility officials determine that if they are unable to repair the air conditioning system in time they will need to evacuate patients/residents to another facility. Adequate time is available to make arrangements for patients/residents to be moved to other facilities in the area.



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■ Evacuation Procedures

- Emergent Notifications:
 - Facility Notices
 - 9-1-1
 - Once it is assured that all patients/residents have been removed from harm's way, the evacuating facility is responsible to notify applicable State and county authorities.

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■ Evacuation Procedures

- Emergent Notifications
 - State Licensing Authorities:
 - California Department of Public Health Licensing & Certification
 - County Authorities:
 - EMS Agency Duty Officer
 - Public Health Services
 - Human Services Agency Ombudsman

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Evacuation Procedures

- Emergent Notifications:
 - Medical Group or Patient Transportation Group Supervisor notifies:
 - Disaster Control Facility – San Joaquin General Hospital



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Evacuation Procedures

- Emergent Notifications:
 - Disaster Control Facility (DCF) notifies:
 - Acute Care Hospitals
 - EMS Agency Duty Officer
 - Acute Care Hospitals notifies:
 - Designated Skilled Nursing Facilities



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Disaster Control Facility/Acute Care Hospital - Skilled Nursing Facility Evacuation Procedures

- The Disaster Control Facility will contact all acute care hospitals in San Joaquin County.
- Each hospital Emergency Department will be notified by the Disaster Control Facility of the evacuation by EMSystem® and/or MCI "Blast Phone".
- Each acute care hospital will contact their assigned Skilled Nursing Facilities and obtain the number of patients/residents each can accept.


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Assignment of Skilled Nursing Facilities to Acute Care Hospitals

Dameron Hospital	461-3166
Lincoln Square Post-Acute Care	466-5341
Plymouth Square	466-6343
Wagner Heights Convalescent Hospital	477-5252
Riverside Healthcare Center	473-5004
Windsor Hampton Care Center	466-0456
Doctor's Hospital Manteca	239-8301
St. Jude Care Center	823-1788
Lodi Memorial Hospital	339-7576
Arbor Nursing and Rehabilitation Center	333-1222
Criscent Court Nursing Home	387-7400
Delta Nursing and Rehabilitation Center	334-3825
Fairmont Rehabilitation Center	368-9933
Veneta Nursing and Rehabilitation Center	368-7141
Wine Country Care Center	334-3700
Kaiser Hospital Manteca	825-3555
Bethany Home	589-4221
Kaiser OPISNE	825-3625
Manteca Care and Rehabilitation Center	239-1222
Saint Joseph's Medical Center	476-6400
Golden Living Center - Hypania	477-0271
La Sallette Rehabilitation Center	466-2096
Meadowood Health and Rehabilitation Center	956-3444
Valley Gardens Health Care Center	957-4538
San Joaquin General Hospital	485-6310
Creskade Care Center	478-6488
Creskade Manor	478-2090
Golden Living Center - Chateau	477-2664
Golden Living Center - Portside	466-3522
Good Samaritan Convalescent Hospital	548-8762
Windsor Elmhaven Care Center	477-4817
Sutter Tracy Community Hospital	832-4018
New Hope Care Center	832-2273
Tracy Nursing and Rehabilitation Center	835-6034




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- Disaster Control Facility/Acute Care Hospital - Skilled Nursing Facility Evacuation Procedures
 - The hospitals will report back to the Disaster Control Facility, on the MCI "Blast Phone", the number(s) of patients/residents each of their assigned Skilled Nursing Facilities can accept.
 - The DCF will instruct the Medical Group Supervisor, or Patient Transportation Group Supervisor if assigned, where to take each patient/resident.

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- Disaster Control Facility/Acute Care Hospital - Skilled Nursing Facility Evacuation Procedures
 - The DCF will track the number of patients/residents transported to each destination.
 - The Patient Transportation Group Supervisor and facility personnel share the responsibility for tracking the name(s) and destination(s) of each patient/resident.

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■ Evacuation Procedures

• Planned Evacuation Notifications:

■ Facility Notices

- EMS Agency Duty Officer
- Applicable State and county authorities



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■ Evacuation Procedures

• Planned Evacuation Notifications:

■ EMS Agency Duty Officer notifies:

- Local fire and law enforcement
- Other outside agencies and organizations as needed (Public Health Services, Ambulance providers, OES, etc.)



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■ Evacuation Procedures

• Planned Patient Movement:




- The evacuating facility will implement its Emergency Operations Plan. The senior facility administrator will remain available to work with the responding EMS Agency Duty Officer to form a Unified Command. The facility administrator working as part of the Unified Command must have the authority to evacuate the facility and make time critical financial decisions.

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■ Evacuation Procedures

- Planned Patient Movement:
 - There will be three destination options for patient/resident movement:
 1. Home Setting
 2. Like Facility
 3. Alternate Care Site



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■ Evacuation Procedures

- Planned Patient Movement:
 - Alternate Care Site

In this case, staff from the evacuating facility will accompany and stay with patients/residents in the Alternate Care Site


 

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■ Evacuation Procedures

- Medical Control (Planned Evacuations):
 - The patient's or resident's physician will continue to render care to their patient. The receiving facility will notify physicians of the temporary transfer of patients to the new facility.



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Evacuation Procedures

Planned Evacuation Medical Control:

- The evacuating facility is responsible for ensuring that all patients are moved with the following items physically with them:
 - Pertinent Personal and Medical information
 - Name of patient's or resident's physician and telephone number
 - Resident Identification (Arm Band or Disaster Tag)
 - Medications for a minimum of seventy-two hours
 - Change of clothes

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Evacuation Procedures

Shelter-In-Place

- Patients/residents remain indoors and are moved to a safe refuge area within the facility. Windows and doors are closed and the ventilation system closed to outside air.



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Evacuation Procedures

Shelter-In-Place

- **Example:** A train derailment occurs two miles upwind from the facility. One of the railcars, containing 180,000 pound of chlorine (a toxic gas), is leaking. Emergency personnel on scene estimate that the toxic gas will travel approximately five miles downwind, and advises the Incident Commander to issue a shelter-in-place order for all downwind residents and businesses within five miles of the release.

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■ **Evacuation Procedures**

- Shelter-In-Place (Chlorine Railcar Release)



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Implement this plan for a chemical release, if advised to Shelter-in-Place by emergency officials.

- X Notify employees, visitors, patients/residents and vendors to Shelter-in-Place. (Sample message: "May I have your attention, please. San Joaquin County emergency authorities have advised us of a chemical emergency nearby. For your safety, everyone is requested to stay inside and Shelter-in-Place until we are notified that the emergency is over.")
 - X If you have a designated sheltering location with few windows and doors, ask people to move to that area. The area should have access to restrooms and drinking water.
 - X Close and lock windows. Secure doors – a better seal is achieved by locking doors. Post sign "Shelter-in-Place in Effect – Controlled Entry" at main door or window. Location where sign is kept: _____ Administration Office _____
 - X Shut off heating, air conditioning or other ventilation system so outside air is not drawn indoors.
- | List locations where HVAC must be shut down and vents closed. | |
|---|-------------------------|
| 1. | _____ |
| 2. | North Engine Room _____ |
| 3. | _____ |
| 4. | _____ |
- X Turn on AM radio and tune to KFBK 1530 to listen for further instructions. Location of radio at this facility: _____ Administration Office _____
 - X Seal cracks around doors and windows (and any vents that do not close) with damp towels, duct tape, plastic sheeting, etc. Location where sealing supplies are kept: _____ Engineering _____
 - Do not dial 9-1-1 unless you have an emergency that requires an immediate response. Keep lines free for emergency communication.
 - After the emergency is over and county officials announce an "all clear" via the Emergency Alert System (EAS) and/or news media. Open doors and windows and air out the facility. Account for all employees, visitors, patients/residents and vendors. Turn heating, air conditioning and/or ventilation systems back on. Remove "Controlled Entry" sign. Replace/restock all emergency supplies, radio batteries, etc.

Shelter-In-Place Checklist



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■ **Evacuation Procedures – Multiple Facilities**

- In the event that more than one facility must be evacuated due to threatening conditions affecting a large geographic area, these procedures will become the guide for response and evacuation operations.
- The procedures of the single facility evacuation will only remain operative to the extent that they conform to these procedures.

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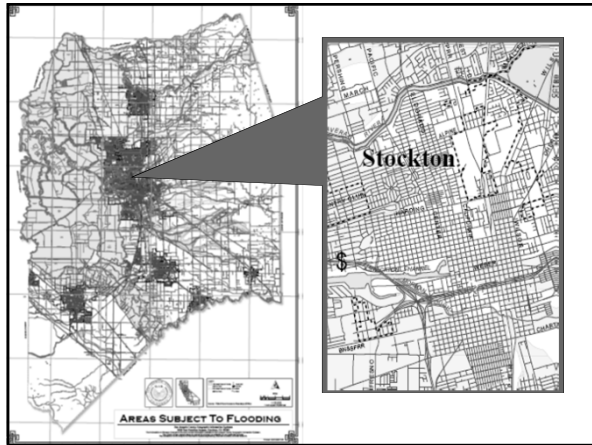
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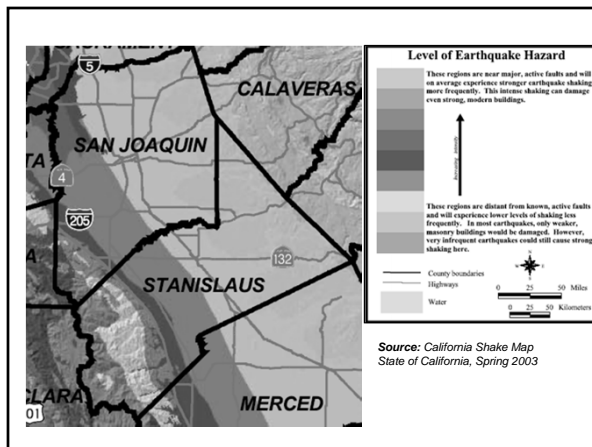


■ Evacuation Procedures – Multiple Facilities

- The most likely events that could require the nearly simultaneous evacuation of multiple facilities are as follows:
 - A flood or threatened flood within a geographic area of the county.
 - Extended loss of critical utilities over a large area that presents a health risk to patients/residents in more than one facility.
 - A major earthquake that creates the extended loss of critical utilities as discussed in item 2 above, and/or renders multiple facilities unsafe for occupancy due to structural damage.

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■ **Evacuation Procedures – Multiple Facilities**

- **Example:** A nearby river has been at flood stage and is now forecasted to reach danger stage within twenty-four hours, creating a significant risk of a levee failure and widespread flooding. Government officials have issued an evacuation order for the area of greatest risk. The evacuation area includes a mixture of residential and commercial property, as well as five Long Term Care Facilities.

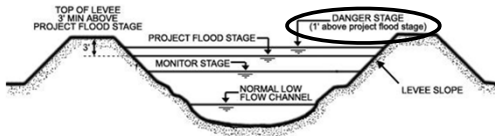
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■ **River Stages**



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■ **Evacuation Procedures**

- **Multiple Facility Emergent Evacuation Notifications:**
 - In addition the EMS Duty Officer will send out a California Health Alert Network (CAHAN) Alert to all Long Term Care Facilities in the county notifying them of the emergent evacuation and requesting information on how many patients/residents they are able to receive.
 - To request a CAHAN user account email your request to sjc-cahan@sicphs.org

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■ **Command and Control**

- Upon activation of this plan, the EMS Agency Administrator and the Public Health Officer may establish the Medical/Health Branch at the Operational Area Emergency Operations Center (EOC), or in close communications with the Operational Area EOC, to perform functions identified in this plan.
- The Medical/Health Branch will work with elements of the community medical system as well as city, regional, and State officials to coordinate and control operations affecting community medical and Long Term Care Facilities.

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■ **Facility Contact & Evacuation Capability Assessment**

- Affected jurisdictions will identify which Evacuation Zones are affected by the evacuation order
- The public safety Incident Commander(s) will manage the evacuation within their jurisdiction(s).

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■ **Facility Contact & Evacuation Capability Assessment**

- Evacuation Maps have been prepared for each Evacuation Zone and contain lists of known critical facilities, including Long Term Care Facilities.
- <http://www.sjmap.org/evacmaps/>

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■ Facility Contact & Evacuation Capability Assessment

- The Incident Commander will use these lists to ensure that contact is made with each Long Term Care Facility listed for the following purposes:
 - Ensure that the facility has received the evacuation order.
 - Assess the facility's ability to carry out the evacuation order. This assessment will place the facility in one of four Evacuation Status Categories (A to D). See Form LTC 402

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FACILITY NAME: Best Damn Care in Town DATE: 6/27/17
 REPRESENTATIVE NAME: Ima Gonatakecareofyou TIME: 1433
 CONTACT MADE BY: Joe Rescue, City Fire Department

Form LTC 402
Enter the Evacuation Status Category

EVACUATION STATUS CATEGORIES for LONG TERM CARE FACILITIES	
EVACUATION STATUS DESCRIPTIONS	STATUS
STATUS A The facility has a destination identified for its patients/residents and can evacuate/transport without assistance from outside agencies.	X
STATUS B The facility does not have a destination identified for its patients/residents but can evacuate/transport its residents without assistance from outside agencies if provided a destination.	
STATUS C The facility has a destination identified for its patients/residents and only requires evacuation/transportation assistance from outside agencies.	
STATUS D The facility does not have a destination identified for its patients/residents and requires evacuation/transportation assistance from outside agencies.	
COMMENTS The facility can handle the evacuation on their own. Will start transporting patients/residents by 1500 hours.	



(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.



San Joaquin County
Emergency Medical Services Agency

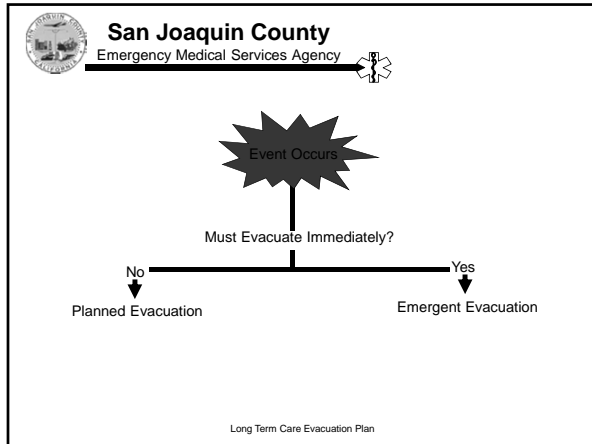


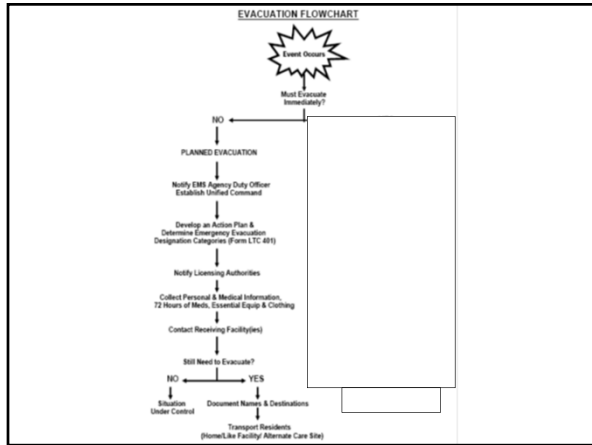
■ Summary

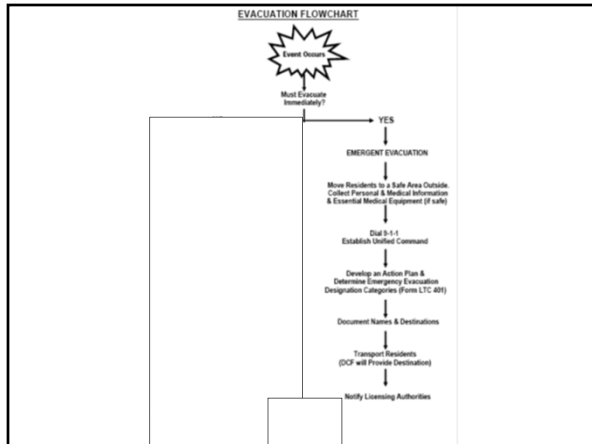
- Evacuation Flowchart
- Facility Evacuation Checklist



Long Term Care Evacuation Plan







FACILITY EVACUATION CHECKLIST

EMERGENCY EVACUATION


- ☐ **Implement Facility Emergency Evacuation Procedures**
 - Move patients/residents to safe area outside the facility
 - Recover pertinent personal and medical information, essential medications and medical equipment (if safe to do so).
- ☐ **Call 9-1-1**
- ☐ **Establish Contact and Unified Command with First Responding agency**
 - Develop and Implement an Incident Action Plan
- ☐ **Determine the Emergency Evacuation Destination Categories for patients/residents**
 - Emergency Evacuation Destination Categories, Form LTC 401 (Appendix A)
 - Contact the families of Level II patients/residents for temporary transfer to a home setting
- ☐ **Document the names and destinations of each evacuated patient/resident**
 - Patient/Resident Transportation Summary Worksheet, Form LTC 403 (Appendix E)
- ☐ **Notify Applicable Licensing Agency**

PLANNED EVACUATION


- ☐ **Notify the San Joaquin County EMS Agency Duty Officer**
 - (209) 234-6032 or (209) 236-6329
- ☐ **Establish Unified Command with EMS Agency Duty Officer**
 - Develop and Implement an Incident Action Plan
- ☐ **Determine the Emergency Evacuation Destination Categories for patients/residents**
 - Emergency Evacuation Destination Categories, Form LTC 401 (Appendix A)
 - Contact the families of Level II patients/residents for temporary transfer to a home setting
- ☐ **Notify Applicable Licensing Agency**
- ☐ **Collect pertinent personal and medical information, 72 hours of medications, essential medical equipment, and a change of clothing for each patient/resident**
- ☐ **Notify contracted receiving facilities**

#	Facility Name	San Joaquin County
1.		
2.		
3.		
4.		

- ☐ **Document the names and destinations of each evacuated patient/resident**
 - Patient/Resident Transportation Summary Worksheet, Form LTC 403 (Appendix E)



San Joaquin County
Emergency Medical Services Agency




■ **A Keep It Simple Tip!**

- Keep extra copies of the Evacuation Flowchart and Facility Evacuation Checklist on a clipboard for easy access.

- Keep extra copies of the forms on a clipboard; especially the Emergency Evacuation Destination Categories Form (LTC 401)

Long Term Care Evacuation Plan



San Joaquin County
Emergency Medical Services Agency

Questions?

Long Term Care Evacuation Plan
