**San Joaquin County**
*Emergency Medical Services Agency*

Long Term Care Facility
Evacuation Plan
Training

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- Welcome
- Introductions
- Objective:
  - Provide participants with an understanding of the LTCF Evacuation Plan, and their role in the plan.

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- At the conclusion of this training session participants will be able to:
  - Identify the purpose and authority of the plan
  - Identify the related emergency management policies (ICS, mutual aid, etc.)
  - Explain the three Emergency Evacuation Destination Categories (Levels I, II, III)
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

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 with the facility’s evacuation plan

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)
be able to ....

- Explain why you want to activate the plan early

- Explain that you do not lose control of your facility by activating this plan

TEAM WORK

Long Term Care Evacuation Plan

Purpose and Authority

- This plan is intended for all Long Term Care Facilities in San Joaquin County.

- 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)

Long Term Care Evacuation Plan

Objective and Related Policies

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

Long Term Care Evacuation Plan
Objective

- The objective 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.

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.)
Incident Command System

• For more information about ICS and FREE online training go to the FEMA website http://training.fema.gov/IS/crslist.asp
  - IS-100.HCb Introduction to the ICS for Healthcare/Hospitals
  - IS-200.HCa Applying ICS to Healthcare Organizations
  - IS-700.a National Incident Management System
  - IS-800.b National Response Framework

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).

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

- 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.
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.

- **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.

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Form LTC 401

Enter the number of Patients/Residents in each Category

- Level I: 43
- Level II: 14
- Level III: 73

Instructions
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.

- 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.

- 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.
The facility can handle the evacuation on their own. Will start transporting patients/residents by 1500 hours.

Form LTC 402
Enter the Evacuation Status Category

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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.
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.

- 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.

- 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 Notifies
    - 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
    - Dept. of Social Services/Community Care Licensing
  - County Authorities:
    - EMS Agency Duty Officer
    - Public Health Services
    - Human Services Agency Ombudsman
    - Behavioral Health Services/Public Conservator Office
Evacuation Procedures

- Emergent Notifications:
  - Medical Group or Patient Transportation Supervisor notifies:
    - Disaster Control Facility – San Joaquin General Hospital
  - Disaster Control Facility (DCF) notifies:
    - Acute Care Hospitals
    - EMS Agency Duty Officer
  - Acute Care Hospitals notifies:
    - Designated Skilled Nursing Facilities

Appendix D
Assignment of Skilled Nursing Facilities to Acute Care Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Sonora Hospital</td>
<td>485-2288</td>
</tr>
<tr>
<td>Pacific General</td>
<td>485-2288</td>
</tr>
<tr>
<td>St. Joseph Garden</td>
<td>485-2288</td>
</tr>
<tr>
<td>San Joaquin General Hospital</td>
<td>485-2288</td>
</tr>
<tr>
<td>Donnelly’s Hospital Mckee</td>
<td>229-8591</td>
</tr>
<tr>
<td>Lodi Memorial Hospital</td>
<td>520-7101</td>
</tr>
<tr>
<td>Placer County Hospital</td>
<td>520-7101</td>
</tr>
<tr>
<td>Lodi Public Health District</td>
<td>520-7101</td>
</tr>
<tr>
<td>Lodi Community Hospital</td>
<td>520-7101</td>
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<tr>
<td>Kaiser Hospital Mckee</td>
<td>229-8591</td>
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<tr>
<td>Kaiser Health Services Mckee</td>
<td>229-8591</td>
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<tr>
<td>Saint Joseph’s Medical Center</td>
<td>675-6000</td>
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<tr>
<td>Lodi General Hospital</td>
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<tr>
<td>San Joaquin General Hospital</td>
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<td>Valley Oak View Inn</td>
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<td>St. Joseph’s Medical Center</td>
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<td>Kaiser Health Services Mckee</td>
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</tr>
</tbody>
</table>
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.

- 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.

- 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.
Evacuation Procedures

• Emergent Patient Movement:
  - Patients/residents will be evacuated to the closest safe area outside of the facility, e.g. parking lot, lawns, or other buildings, in accordance with the facility’s Emergency Operations Plan.
  - The Disaster Control Facility will be contacted for final patient/resident destination decisions, other than movement to a home setting. Contact with the Disaster Control Facility will be made by the Medical Group Supervisor or Patient Transportation Group Supervisor. See Form LTC 403
Evacuation Procedures

- Planned Evacuation Notifications:
  - Facility Notifies
    - EMS Agency Duty Officer
    - Applicable State and county authorities

- EMS Agency Duty Officer notifies:
  - Local fire and law enforcement
  - Other outside agencies and organizations as needed
    (Public Health Services, Ambulance providers, OES, etc.)

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.
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

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

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.
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

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

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.
Evacuation Procedures

- Shelter-In-Place (Chlorine Railcar Release)

Shelter-In-Place Checklist

- All employees, patients, and visitors must be instructed to shelter-in-place by appropriate officials.
- Do not lock doors or windows.
- Use only one entrance or exit.
- Do not use elevators.
- Stay away from windows and doors.
- Stay in a pre-designated safe area.
- Use air conditioning or other ventilation system to provide air if not damage.
- Close all doors and windows.
- Stay calm and remain calm.
- Follow instructions provided by authorities.

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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.
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.

Source: California Shake Map
State of California, Spring 2003
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.

River Stages

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.
  • See the CAHAN User Request Form
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Command and Control

- Upon activation of this plan, the EMS Agency Administrator and the Public Health Officer will 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.

Facility Contact & Evacuation Capability Assessment

- Affected jurisdictions will identify which Evacuation Zones are affected by the evacuation order

- The field level Incident Commander(s) will manage the evacuation within their jurisdiction(s).
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/

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.

Form LTC 402
Enter the Evacuation Status Category

GOOD

BAD

The facility can handle the evacuation on its own. Will start transporting patients/resident by 1500 hours.
Summary

• Evacuation Flowchart
• Facility Evacuation Checklist

Must Evacuate Immediately?

Event Occurs

Yes

Emergent Evacuation

No

Planned Evacuation

Evacuation Flowchart

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Long Term Care Evacuation Plan
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)
Any Questions?