­

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.  
Available at [www.emsa.ca.gov/disaster/files/TOOLKIT.pdf](http://www.emsa.ca.gov/disaster/files/TOOLKIT.pdf)

|  |
| --- |
| This form is used to periodically review and assess the facility population for evacuation transport and relocation, transport and relocation needs. How often it is updated is related how often the facility census changes. It can also be done as a “Just in Time” evaluation when a facility is put on an evacuation alert. |

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITY NAME:** |  | **DATE:** |  |
|  | | | |
| **COMPLETED BY:** |  | **TIME:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEVEL OF CARE** | **FACILITY**  **TYPE** | **TRANSPORT**  **TYPE** | **NUMBER OF**  **RESIDENTS** |
| **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.  **Examples**:   * 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 |  |
| **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, 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 |  |
| ***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.*** | | | |
| **LEVEL III**  **Description:** Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care.  ***Examples*:**   * 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 | Like Facility  Home Setting  Public Shelter | Car/Van/Bus |  |

Enter Contact Information Here | 555 Street Address, City, State 55555 | phone 555.555.5555 | fax 555.555.5555