

# KENTUCKY LTC FACILITIES EVACUATION TRANSPORTATION ASSESSMENT TOOL



## INSTRUCTIONS

### Dear Nursing Facility Administrator:

The attached tool will assist in determining the necessary transportation resources to evacuate your nursing facility residents in a disaster.

This tool will determine emergency evacuation transport needs for nursing facilities, with information broken down by resident population. This process will provide Fire, EMS and Emergency Management with a strong knowledge of the resources needed to evacuate single or multiple nursing facilities simultaneously and will help improve the pre-planning work currently underway in your community.

**Due Date:** ONGOING (attempt to incorporate at the end of fire drills)

**Scope:** We expect this tool to take approximately 30 minutes – 1 hour to complete.

#### Objectives:

- Identify the number of residents who need transport due to evacuation and those that can be discharged.
- Evaluate transportation needs based on resident acuity and mobility.

#### Instructions (for Administrator) – READ DIRECTIONS BEFORE COMPLETING:

1. Provide the Nurse / Physician Decision-Making Guide (Pages 3-4) to all clinical departments along with Pages 5-7. Instruct the Unit Coordinators to complete the Clinical Area Totals for Evacuation Planning on Pages 5-6 and return it to you.
2. Administrator/DON: Prepare a checklist of all department/units that should be submitting in the Clinical Area Totals for Evacuation Planning form and verify all have responded before completing #3 below.
3. Administrator/DON: Collect all forms, combine all numbers, and enter them onto the “Facility Totals” document (Page 7-9).
4. Resident/Medical Records/Staff/Equipment Tracking Sheet (pages 10-11) should be copied double-sided. Multiple copies of this form will be needed.

**DISCLAIMER: This is not customized to the State of Kentucky or specific paramedic protocols in KY and should be used as a baseline tool to determine transportation needs for planning and during a disaster.**

## Resident Transportation Decision-Making Guide Based on Clinical Criteria

### Transportation Levels by Clinical Categories:

#### a. Residents requiring Critical Care Transportation (RN-staffed)

Count of residents requiring Critical care transport= \_\_\_\_\_

- Need any medications administered via Physician orders by any means in any dosage prescribed
- Neurosurgical ventricular drains
- Invasive hemodynamic monitoring which cannot be temporarily or permanently discontinued (i.e. intra-arterial catheter if noninvasive blood pressure have not been reliable for Residents, they are hemodynamically unstable, and they have a continuing chance of survival.)

#### b. Residents requiring ALS transport (Paramedic)

Count of Residents requiring ALS transport= \_\_\_\_\_

- IVs with medication running that are within paramedic protocols
- IV pump(s) operating (can be provided by the transport crew)
- IV with clear fluids (no medications)
- Need limited medications administered via Physician orders by limited means in limited dosage prescribed
- Cardiac monitoring/pacing (only external pacing can be provided by the transport crew) / intra-aortic counter pulsation device / LVAD
- Ventilator dependent (vent can be provided by the transport crew or home vent)
- Prone or supine on stretcher required.

#### c. Residents requiring BLS transport (EMT)

Count of Residents requiring BLS transport= \_\_\_\_\_

- O2 therapy via nasal cannula or mask (can be provided by the transport crew)
- Saline lock and Heparin lock
- Visual monitoring / Vitals (BP/P/Resp)
- Prone or supine on stretcher required or unable to sustain
- If Behavioral Health, provide information regarding danger to self or others.

#### d. Residents requiring Chair Car/Wheelchair Accessible Bus (Medically knowledgeable person to ride on the transport)

Count requiring Chair Car/ Wheelchair Accessible Bus transport= \_\_\_\_\_

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- Not prone or supine, no stretcher needed.
- No O2 needed, unless resident has own prescribed portable O2 unit safely secured en route.
- If Behavioral Health, provide information regarding danger to self or others.

NOTE: Some wheelchair van companies provide a standard wheelchair, if needed, for the duration of the trip. Buses do not provide wheelchairs. Some electric wheelchairs cannot be secured in wheelchair vans due to size or design. These are NOT to be transported with the resident.

**e. Residents requiring Normal Means of Transport (typically a bus – resident must be limited assist transfer or no assist required – Medically knowledgeable person to ride on the transport)**

**Count requiring Chair Car/ Wheelchair Accessible Bus transport=\_\_\_\_\_**

- No medical care or monitoring needed, unless they have their own trained caregiver rendering the care.
- No O2 needed, unless resident has own prescribed portable O2 unit that can be safely secured en route.
- Not prone, supine, or in need of a wheelchair (can ambulate well enough to climb bus steps)
- If Behavioral Health, provide information regarding danger to self or others.
- Limited assist transfers or no assist required.

NOTE: A person with a folding wheelchair, who can ambulate enough to get in and out of a car, could go by car if there was room to bring/pack the wheelchair.

**f. Residents requiring bariatric ambulance or transport. (A good base is to start at >350lbs.)**

**Count requiring Chair Car/ Wheelchair Accessible Bus transport=\_\_\_\_\_**

# Clinical Area Totals for Evacuation Transportation Planning

To be completed and sent internally to the Administrator/DON

Clinical Area Name: \_\_\_\_\_ (wings, units, etc.)

Individual Completing Form/Title: \_\_\_\_\_

Time(AM/PM) and Date Completed: \_\_\_\_\_

Total Beds: # \_\_\_\_\_

**# of Total Residents:** \_\_\_\_\_ (Should match TOTAL box below in 1.a.)

**Using the data collected from clinical areas, provide the total number of residents requiring each level of transportation for evacuation.** (Note: Normal form of transportation is for Limited Assist Transfer residents.)

## 1. a. TRANSPORTATION LEVELS

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL
#	#	#	#	#	#

## 1. b. SUPPLEMENTAL INFORMATION

#Requiring Continuous O2	# of Ventilators	#with special medical equipment (can't be discontinued)	# of Dementia or Psych Secured
#	#	#	#

*NOTE: Information in #2 and #3 below is supplemental and the # of residents below SHOULD already be included in the TOTAL in #1.*

## 2. DISCHARGE TO HOSPITALS

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL
#	#	#	#	#	#

## Clinical Area Totals for Evacuation Transportation Planning

### 3. BARIATRIC RESIDENTS

Please provide additional information for each area below for the specific transportation needs of Bariatric Residents. Note: BLS Transport is categorized as >350 lbs., while buses are categorized as <500 lbs.

Critical Care Transport		ALS Transport		BLS Transport		Wheelchair Accessible Bus		TOTAL BARIATRIC	
350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.
#	#	#	#	#	#	#	#	#	#

### 4. DISCHARGE TO HOME

Please provide additional information for each area below for the specific transportation needs of residents Discharged to Home.

Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL DISCHARGE TO HOME
#	#	#

#### 4. Resident information or special notes you would like to include about your wing/unit.

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## Facility Totals for Evacuation Transportation Planning

To be completed and sent internally to the Administrator/DON and used to support EMS & Fire (see page 1)

Facility Name and City: \_\_\_\_\_

Individual Completing Form/Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Time(AM/PM) and Date Completed: \_\_\_\_\_ Total Beds: # \_\_\_\_\_

**# of Total Residents: # \_\_\_\_\_ (Should match TOTAL box below in 1.a.)**

**Using the data collected from clinical areas, provide the total number of residents requiring each level of transportation for evacuation.** (Note: Normal form of transportation is for Limited Assist Transfer residents.)

### 1. a. TRANSPORTATION LEVELS

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, van, car, etc.	TOTAL
#	#	#	#	#	#

### 1. b. SUPPLEMENTAL INFORMATION

#Requiring Continuous O2	# of Ventilators	#with special medical equipment (can't be discontinued)	# of Dementia or Psych Secured
#	#	#	#

*NOTE: Information in #2 and #3 below is supplemental and the # of residents below SHOULD already be included in the TOTAL in #1.*

### 2. DISCHARGE TO HOSPITALS

Critical Care Transport	ALS Transport	BLS Transport	Wheelchair Accessible Bus	Normal (bus, van, car, etc.	TOTAL
#	#	#	#	#	#

## Facility Totals for Evacuation Transportation Planning

### 3. BARIATRIC RESIDENTS

Please provide additional information for each area below for the specific transportation needs of Bariatric Residents. Note: BLS Transport is categorized as >350 lbs., while buses are categorized as <500 lbs.

Critical Care Transport		ALS Transport		BLS Transport		Wheelchair Accessible Bus		TOTAL BARIATRIC	
350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.	350-500 lbs.	>500 lbs.
#	#	#	#	#	#	#	#	#	#

### 4. DISCHARGE TO HOME

Please provide additional information for each area below for the specific transportation needs of residents Discharged to Home.

Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL DISCHARGE TO HOME
#	#	#

### 5. ASSISTED LIVING

Total Additional residents on-site for Assisted Living

Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL ASSISTED LIVING
#	#	#

### 6. SENIOR INDEPENDENT LIVING

Total Additional residents on-site for Senior Independent Living

Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL SENIOR INDEPENDENT LIVING
#	#	#



# Facility Totals for Evacuation Transportation Planning

## 7. ADULT DAY HEALTHCARE

Total Additional residents on-site for Adult Day Healthcare

Wheelchair Accessible Bus	Normal (bus, van, car, etc.)	TOTAL ADULT DAY HEALTHCARE
#	#	#

**8. Please provide us with the breakdown of nursing facility residents, assisted living residents, residential care/adult home residents and senior independent residents to clarify the primary box in #1 on previous page (if multiple levels of care were entered in that box).**

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**9. Resident information or special notes you would like to include about your facility.**

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