

Orange County Emergency Medical Services
Long Term Care Facility Survey

Facility name: _____

Address: _____

City: _____ Telephone: _____ Fax: _____

Contact person: _____ Email: _____

24 hour Emergency Telephone: _____

1.) Resident Census: Number of residents in facility: Male: _____ Female: _____

Ambulatory: _____ Non-Ambulatory: _____ Ventilator dependant: _____ Other Special Needs:

2.) Ability to help an evacuated facility: How many beds would your facility have available for placement of evacuated residents from another facility:

Male: _____ Female: _____ Ventilator dependant: _____

Do you have non-traditional **space** in your facility (i.e. dining area, common area) where evacuated residents could be placed? Yes or No

Do you have mattresses or cots available? Yes or No

3.) Resident evacuation plans:

Do you have evacuation transportation agreements in place? Yes or No

If No will you need assistance arranging transportation in the event of an evacuation? Yes or No

If YES, do you anticipate needing additional assistance? Yes or No

Do you have placement agreements in place for evacuated residents? Yes or No

If No will you need assistance placing residents in the event of an evacuation? Yes or No

If YES, do you anticipate that you will need help in order to place ALL of your residents if you needed to evacuate?

4.) Preparation for Loss of Services:

Emergency generators and reserve fuel available in the event of power loss? Yes or No
For how long?: _____

Non perishable food and bottled water available? Yes or No
For how long?: _____

Please fax completed form to: OCEMS at 714-834-6239