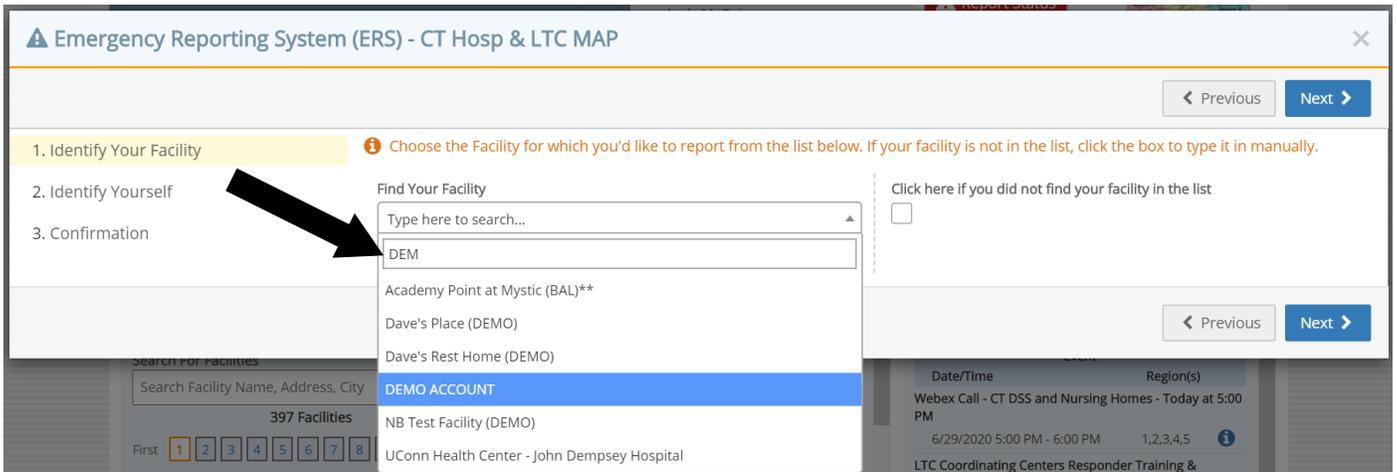


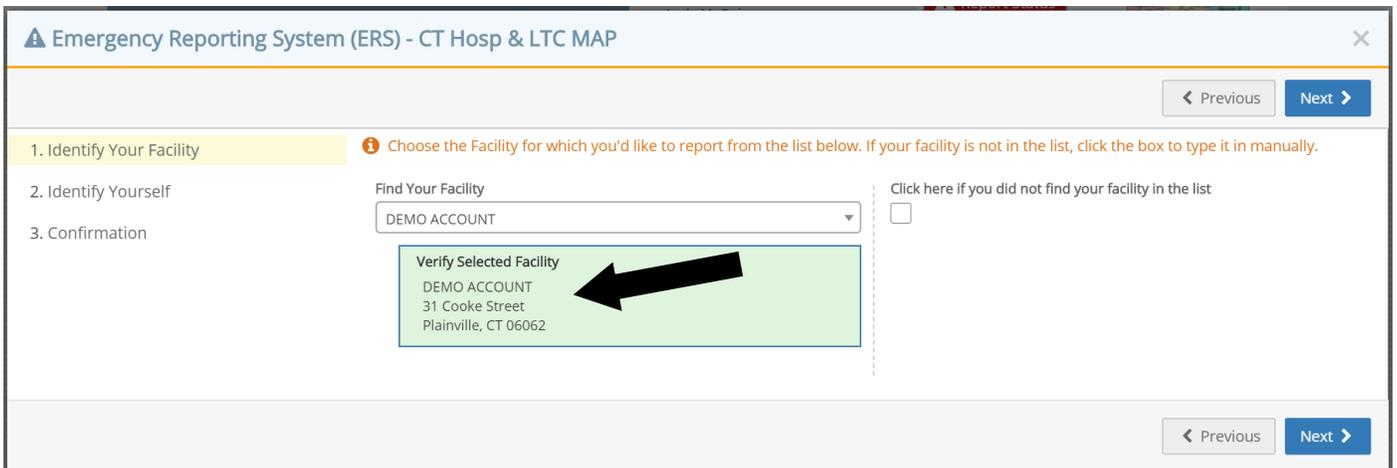


Navigate to [www.mutualaidplan.org](http://www.mutualaidplan.org), select your state and then click the red “Report Status” button (see above). The plan must be activated in order to report your facility’s status. To activate the plan, contact your state’s LTC-MAP Duty or Resource Officer.

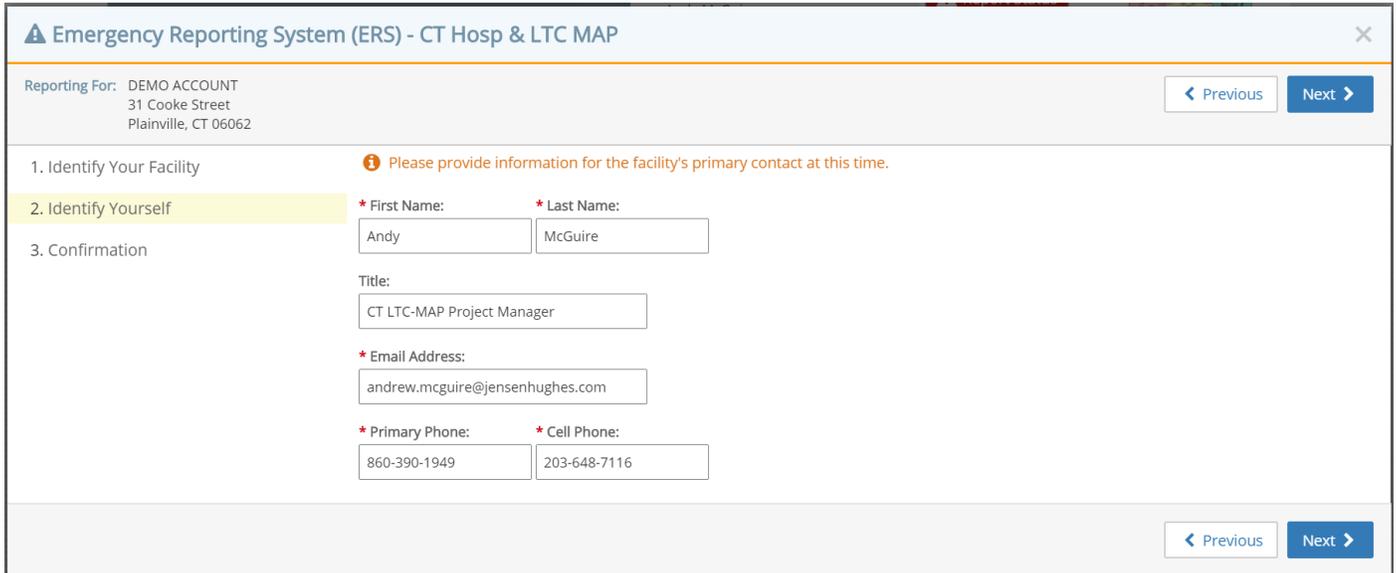
- 1. Identify Your Facility:** Begin entering the name of your facility (3 or 4 letters). Once your facility name shows, click on your facility name and then click “Next >”.



Verify that you have selected the correct facility and then click “Next >”.



**2. Identify Yourself:** Enter your name, title, email, primary & cell #, click “Next >”. If you are logged in to the LTC-MAP website, then your contact information will already be populated.



**Emergency Reporting System (ERS) - CT Hosp & LTC MAP**

Reporting For: DEMO ACCOUNT  
31 Cooke Street  
Plainville, CT 06062

1. Identify Your Facility

2. Identify Yourself *Please provide information for the facility's primary contact at this time.*

\* First Name:  \* Last Name:

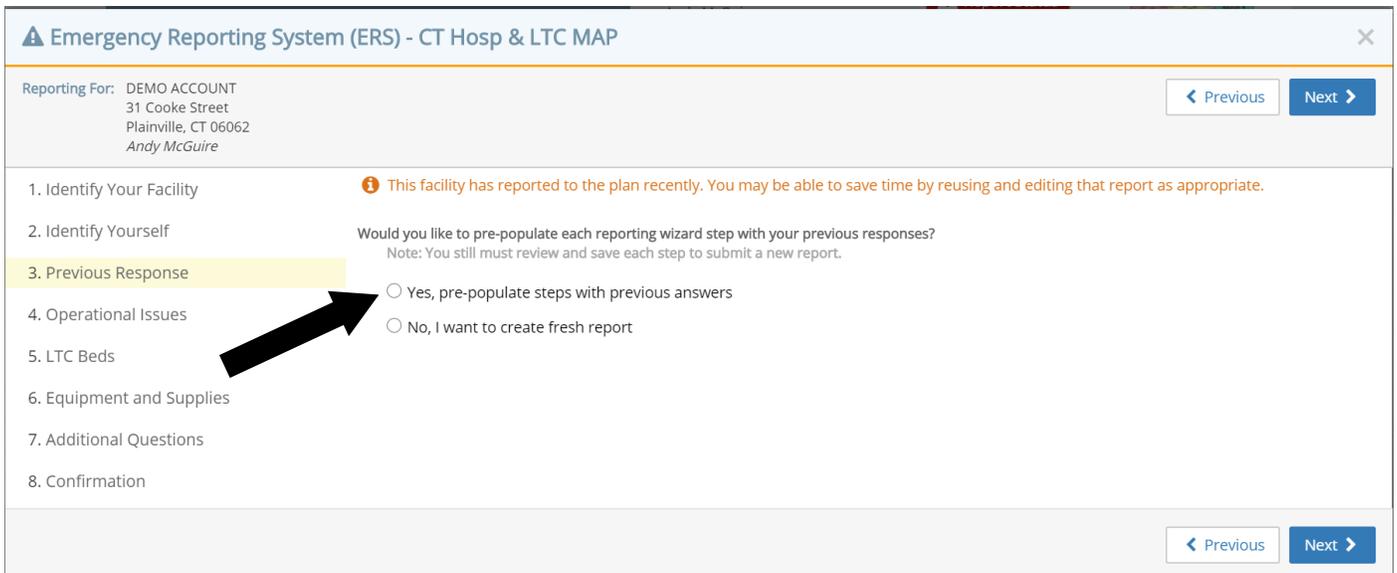
3. Confirmation

Title:

\* Email Address:

\* Primary Phone:  \* Cell Phone:

**3. Previous Response:** If your e-mail address in the previous step matches a response within the past eight days, you are given the option to update the previous response. This makes it easier to complete today’s reporting based on what your facility reported last time. Click “Next >” to continue.



**Emergency Reporting System (ERS) - CT Hosp & LTC MAP**

Reporting For: DEMO ACCOUNT  
31 Cooke Street  
Plainville, CT 06062  
*Andy McGuire*

1. Identify Your Facility

2. Identify Yourself

3. Previous Response *This facility has reported to the plan recently. You may be able to save time by reusing and editing that report as appropriate.*

Would you like to pre-populate each reporting wizard step with your previous responses?  
Note: You still must review and save each step to submit a new report.

Yes, pre-populate steps with previous answers

No, I want to create fresh report

4. Operational Issues

5. LTC Beds

6. Equipment and Supplies

7. Additional Questions

8. Confirmation

### 4. Operational Issues:

- a. Are you Operating on Commercial / Street Power: Yes (On Street Power - Everything is normal) / No (On Generator - The power is out, and we are operating on generator power) / No (Not on Generator – The power is out, and the generator has failed, or we don't have one).
- b. Do you have any issues with the following (Check all that apply and choose the severity of impact);
  - Building Damage
  - Medical Gases
  - Air Conditioning / Heating
  - Water (Potable)
  - Water (Fire Protection)
  - Flooding
  - Bed Issues / Outbreak
  - Telephone / Internet
  - IT Failure – Electronic Health Records
  - Clinical Staff (e.g. staff reporting to work, getting to facility)
  - Support Staff
  - Food Supply
  - Linens
  - Pharmaceuticals
- c. What is the Operational Impact to your Facility: Severe / Moderate / Minor / None
  - **Severe:** Requires immediate outside assistance (send e-mail alert to RPA, DPH and Regional Emergency Management)
  - **Moderate:** Issue that may require support from outside responders or Community Partners
  - **Minor:** No threat to life safety
  - **None:** No impact
- d. Click “Next >” to continue.

### 5. LTC Open Beds:

- a. Current Census (number of residents in your facility)
- b. Total Open Beds (number of beds/apartments available for occupancy)
  - Male open beds
  - Female open beds
  - Either open beds (male or female)
- c. Dementia secured / Memory care open beds (a subset of total open beds)
- d. Answer any “additional questions” that may be on this screen
- e. Click “Next >” to continue.

Category	Total Licensed Beds	Current Census	Total Open Beds ?	Male	Female	Either	Dementia Secured	Vent Dependent	Beds Specifications (Type Of Care, etc.) * If Reporting Patients Received ?	Additional Beds 2-4 Hours ?
Nursing Home	100	<input type="text"/>	<input type="text"/>							
Assisted Living	45	<input type="text"/>	<input type="text"/>							

### 6. Equipment and Supplies

a. For each Supply / Equipment listed, fill in the following:

- Number on Hand (pay attention to the units of measure)
- **Daily Consumption (how many are you using per day / 24 hours)**
- Click one of the following:
  - i. Need additional supplies;
    - Indicate quantity needed and priority of need (Urgent is <2 days of supply on hand, Routine is >2 days and <7 days on hand, Low is >7 days on hand)
  - ii. Supply levels are sufficient;
  - iii. Have surplus on hand to give to another facility

**IMPORTANT!**

**i** Please complete the questions below on Supplies, indicating how many on hand, how many you are using each day and any urgent needs (check urgent needs on the right).

Item Name	Unit of Measure	Number On Hand	Daily Consumption		Number Available	Number Needed	Urgency Of Need
PPE - Fluid Barriers: Exam Gloves Enter the number of boxes on hand (assuming each box contains 100 gloves).	Boxes	100	10	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others		100	Low
PPE - Fluid Barriers: Eye Shields/Face Shields/Goggles Enter the number of eye shields / face shields / goggles on hand.	Each	2	50	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others		500	Routine
PPE - Fluid Barriers: Single-Use Isolation Gowns Enter the number of single-use isolation gowns on hand.	Each	100	50	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others		1000	Urgent
PPE - Resp. Protection: N95 Masks Enter the number of N95 masks on hand. Do you have N95 fit testing equipment as well?	Each	300	75	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others		300	Routine
PPE - Resp. Protection: Surgical Masks Enter the number of surgical masks on hand.	Each	5000	500	<input type="radio"/> We need additional supplies <input checked="" type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others			Low

b. Click "Next >" to continue.

### 7. Transportation:

- # of Vehicles that can transport Patients?
- # of Vehicles that can transport Supplies/Equipment?
- # of Drivers Available?
- Total capacity (combined total) of all your facility-owned vehicles that can transport patients?
- Wheelchair capacity of all your facility-owned vehicles that have wheelchair lifts (# included in previous question)?
- What time would you be able to send vehicles to the Disaster Struck Facility (enter a specific time that your vehicles will be ready to depart - ex: 10:15 AM)?
- Click "Next >" to continue.

### 8. Staffing:

- Answer any event specific questions related to staffing.
- Click "Next >" to continue.

### 9. Additional Questions

- Occasionally, there may be additional questions that facilities are asked to answer, based on the nature of the emergency incident. Answer any questions that are on this panel.
- Click "Next >" to continue.

### 10. Confirmation

- If needed screen print the confirmation or document the confirmation number for your records.
- Click "Close" to submit your report.

**Emergency Reporting System (ERS) - CT Hosp & LTC MAP**

Reporting For: DEMO ACCOUNT  
31 Cooke Street  
Plainville, CT 06062  
Andy McGuire

1. Identify Your Facility

2. Identify Yourself

3. Previous Response

4. Operational Issues

5. LTC Beds

6. Equipment and Supplies

7. Additional Questions

8. Confirmation

Thank you for completing the ERS questionnaire. Your confirmation number is below.

Confirmation Number: 150351

Confirmation Date: 06/29/20 11:29 PM ET

Close

**Complete**  
You have successfully reported your facility to the plan.