REPORTING YOUR STATUS
Welcome to the Connecticut Hospital and Long Term Care Mutual Aid Plan Facility Information Website

Long Term Care Mutual Aid Plan (LTC-MAP) and Healthcare Mutual Aid Plan (HMAP) for Evacuation and Resources / Assets

This plan establishes a course of action and an agreed commitment among participating hospitals, nursing homes and assisted living residences to assist each other as needed in the time of a disaster.

Assistance may come in the form of:

- Providing pre-designated evacuation locations for patients during a disaster; and/or
- Providing or sharing supplies, equipment, transportation, staff or pharmaceuticals to a facility when a disaster overwhelms their own community or exceeds the capability of internal emergency operations plans.

Why is this initiative underway?

It has been identified in local, regional and national disasters that each community must have a proactive disaster plan and all disasters start locally. To supplement the State of Connecticut Emergency Support Function 8 (ESF 8 - Health & Medical) operations, this unique plan, coordinated in Region 3 through the Capitol Region Council of Governments (CRCOG)/Capitol Region Emergency Planning Committee (CREPC) and in Regions 1, 4 & 5 through the Regional ESF 8 group, will work to prepare all of the healthcare facilities to stand together in a disaster with preplanned resources and assets.

Benefits to the plan include:

- Preplanned Evacuation Strategy - fast evacuation (i.e. Fire/Gas Leak) and delayed evacuation (i.e. Hurricane/Loss of Emergency Power.)
- Preplanned Staffing, Supplies, Equipment and Pharmaceutical Support when isolated.
- Provide local public safety incident commanders with easy on-site access to user-friendly plans including contact information for evacuation resources and key personnel.
- Provide local EMS commander with resources needed to efficiently identify, transfer and track patients to pre-designated receiving sites.
- Development of proactive Communications for ALL parties (healthcare, emergency agencies).
- Ensures coordination with CMED, Local Emergency Operations Centers (EOCs) and the Regional Emergency Support Function 8 (ESF 8 - Health & Medical) Planning Committees.
Emergency Reporting System (ERS) - Step 1. Your Facility

**INSTRUCTIONS:** Choose the Plan Facility you are going to report on by typing part of the name in the box below. Then choose your facility from the list when it appears.

Your Facility Name: 

[Select this Facility] 

- or -

Enter information about a Non-Plan Facility

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INSTRUCTIONS: Choose the Plan Facility you are going to report on by typing part of the name in the box below. Then choose your facility from the list when it appears.

Your Facility Name: Hebrew Healthcare, West Hartford (Region 3)

- or -

As you type your facility’s name, options will be offered in the drop-down menu.
INSTRUCTIONS: Choose the Plan Facility you are going to report on by typing part of the name in the box below. Then choose your facility from the list when it appears.

Your Facility Name: Hebrew Healthcare, West Hartford (Region 3)

Verify Selected facility

Hebrew Healthcare
1 Abrahms Boulevard
West Hartford, CT 06117

Select this Facility >>

- or -

Enter Information about a Non-Plan Facility >>
INSTRUCTIONS: Please provide information for the facility's primary contact at this time.

First Name: Mary
Last Name: Smith
Title: Administrator
Email Address: mary.smith@gmail.com
Primary Phone: 860-333-1111
**INSTRUCTIONS:** Please describe any Operational Issues you are experiencing at your facility.

Are you operating on commercial/street power?  
(Select 'No' if you are operating on full or partial generator power)

- [ ] Yes  
- [x] No

Operational Impact to your Facility:  
- [ ] None  
- [x] Moderate

Please describe the status of your generator:  
(e.g. generator down for part of the building, inability to get fuel vendor, etc.)

- We have had some intermittent failures. Everything appears to be working OK right now, but there is concern by our clinical team that we consider relocation of our higher acuity patients.

Please describe your fuel status:  
(full, empty, half, etc. and when is your next projected refill)

- Full with 3 days supply

Do you have issues with any of the following?

- [ ] Building Damage
- [ ] Medical Gases
- [ ] Air Conditioning
- [ ] Heating
- [ ] Water (potable)
- [ ] Water (fire protection)
- [ ] Flooding

Do you have issues with any of the following?

- [ ] Telephone
- [ ] Internet
- [ ] Clinical Staff (e.g. staff reporting to work, getting to facility)
- [ ] Support Staff
- [ ] Food Supply
- [ ] Linens
- [ ] Pharmaceutcals

[Save & Next>>]
5. Operational Issues

6. LTC Open Beds

7. Hospital Open Beds

8. LTC Surge Capacity / Resource Needs

9. Hospital Surge Capacity / Resource Needs

10. Equipment and Supplies

11. Transportation

12. LTC Staff

13. Hospital Staff

14. Complete

(Select 'No' if you are operating on full or partial generator power)

Operational Impact to your Facility: Moderate

Please describe the status of your generator:
(e.g. generator down for part of the building, inability to get fuel vendor, etc.)

We have had some intermittent failures. Everything appears to be working OK right now, but there is concern by our clinical team that we consider relocation of our higher acuity patients.

Please describe your fuel status:
(full, empty, half, etc. and when is your next projected refill)

Full with 3 days supply

Do you have issues with any of the following?

- Building Damage
- Medical Gases
- Air Conditioning
- Heating
- Water (potable)
- Water (fire protection)
- Flooding

Operational impact to your Facility: Choose Impact

Please describe the issues selected above:

Do you have issues with any of the following?

- Telephone
- Internet
- Clinical Staff (e.g. staff reporting to work, getting to facility)
- Support Staff
- Food Supply
- Linens
- Pharmaceuticals

Save & Next >>
Operational Impact to your Facility: Moderate

Please describe the status of your generator:
(e.g. generator down for part of the building, inability to get fuel vendor, etc.)
We have had some intermittent failures. Everything appears to be working OK right now, but there is concern by our clinical team that we consider relocation of our higher acuity patients.

Please describe your fuel status:
(full, empty, half, etc. and when is your next projected refill)
Full with 3 days supply

Do you have issues with any of the following?
- Building Damage
- Medical Gases
- Air Conditioning
- Heating
- Water (potable)
- Water (fire protection)
- Flooding

Operational impact to your Facility: Moderate

Please describe the issues selected above:
If temperatures hit 78 degrees plus tomorrow, we may have significant cooling issues.

Do you have issues with any of the following?
- Telephone
- Internet
- Clinical Staff (e.g. staff reporting to work, getting to facility)
- Support Staff
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- Pharmaceuticals

Save & Next >>
9. Hospital Surge Capacity / Resource Needs
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14. Complete

Please describe your fuel status:
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Do you have issues with any of the following?

- Building Damage
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- Water (fire protection)
- Flooding

Operational impact to your Facility:

Moderate

Please describe the issues selected above:
If temperatures hit 78 degrees plus tomorrow, we may have significant cooling issues.

Do you have issues with any of the following?

- Telephone
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Operational Impact to your Facility

Please describe the issues selected above:
Please describe your fuel status: Full with 3 days supply

Do you have issues with any of the following?
- Air Conditioning

Operational impact to your Facility: Moderate

Please describe the issues selected above: If temperatures hit 78 degrees plus tomorrow, we may have significant cooling issues.

Do you have issues with any of the following?
- Food Supply

Operational Impact to your Facility: Moderate

Please describe the issues selected above: We are having some issues getting food delivery due to the flooding in the area. We are OK for 2 more days.
### Emergency Reporting System (ERS) - Step 6. LTC Open Beds

**INSTRUCTIONS:** Please enter the information about Long Term Care Beds at your Facility.

#### Long Term Care Beds

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Licensed Beds</th>
<th>Total Open Beds</th>
<th>Male</th>
<th>Female</th>
<th>Either</th>
<th>Dementia Secured</th>
<th>Vent Dependent</th>
<th>Beds Specifications (Type Of Care, etc.)</th>
<th>Additional Beds 2-4 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>277</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>110</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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[<< Back](#)  
[Save & Next >>](#)
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</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>277</td>
<td>12</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>2 can be tube feeders; 5 in dementia secured unit can be either male or female</td>
<td>6</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>110</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
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<< Back  Save & Next >>
### Long Term Care Beds

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<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
INSTRUCTIONS: Please enter the information about Hospital Beds at your Facility.

<table>
<thead>
<tr>
<th>Category</th>
<th>Open Beds</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU - Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Frequency Oscillator Ventilation (HFOV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothermic Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitric Oxide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICU - Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds Med / Surg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Cardiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemetry Beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trach Care w/Vent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds Behavioral Health (Adolescent)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Hospital Beds**

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<tr>
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<th>Notes</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>High Frequency Oscillator Ventilation (HFOV)</td>
<td>2</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<td>2</td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>PICU</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:** Please enter the information about Hospital Beds at your Facility.
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Weeks or Greater</td>
<td></td>
</tr>
<tr>
<td>29 Weeks or Greater</td>
<td></td>
</tr>
<tr>
<td>Adult Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Forensic</td>
<td></td>
</tr>
<tr>
<td>Involuntary - Correctional</td>
<td></td>
</tr>
<tr>
<td>Involuntary - General</td>
<td></td>
</tr>
<tr>
<td>Involuntary - Geriatric</td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation (Inpatient)</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>Yellow</td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health (Involuntary)</td>
<td></td>
</tr>
<tr>
<td>OR &amp; PACU</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>PACU</td>
<td></td>
</tr>
</tbody>
</table>

Behavioral Health (Involuntary) marked with orange border.
<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Weeks or Greater</td>
<td></td>
</tr>
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**Instructions:** If you are in need of resources or requested to surge to 110% of your licensed beds, what equipment, supplies or staffing would you need from the Disaster Struck Facility or other groups (Mutual Aid Plan, City EOC)?

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Save & Next>>
INSTRUCTIONS: If you are in need of resources or requested to surge to 110% of your licensed beds, what equipment, supplies or staffing would you need from the Disaster Struck Facility or other groups (Mutual Aid Plan, City EOC)?

Our facility will require 7 beds and mattresses if requested to surge. Additionally, we will require 2 RNs and 1 CNA if we are unable to get them from our staffing pool.
Emergency Reporting System (ERS) - Step 9. Hospital Surge Capacity / Resource Needs

**INSTRUCTIONS:** If you are in need of resources or requested to surge above your licensed beds, what equipment, supplies or staffing would you need from the Disaster Struck Facility or other groups (Mutual Aid Plan, City EOC)?

9. Hospital Surge Capacity / Resource Needs

10. Equipment and Supplies
11. Transportation
12. LTC Staff
13. Hospital Staff
14. Complete
Emergency Reporting System (ERS) - Step 9. Hospital Surge Capacity / Resource Needs

INSTRUCTIONS: If you are in need of resources or requested to surge above your licensed beds, what equipment, supplies or staffing would you need from the Disaster Struck Facility or other groups (Mutual Aid Plan, City EOC)?

Based on our situation, we are looking for 10 floor fans.
Emergency Reporting System (ERS) - Step 10. Equipment and Supplies

Wizard Steps

1. Plan Facility
2. Non-Plan Facility
3. Your Contact Information
4. Previous Response
5. Operational Issues
6. LTC Open Beds
7. Hospital Open Beds
8. LTC Surge Capacity / Resource Needs
9. Hospital Surge Capacity / Resource Needs
10. Equipment and Supplies
11. Transportation
12. LTC Staff
13. Hospital Staff
14. Complete

INSTRUCTIONS: If requested (e.g. Ice Storm or Flooding) what equipment / supplies could you provide to other Plan members?

Save & Next >>

<< Back
INSTRUCTIONS: If requested (e.g. Ice Storm or Flooding) what equipment / supplies could you provide to other Plan members?

Based on the request for evacuation equipment and beds, we can provide 2 stair chairs, 4 evacuation sleds and 10 beds with mattresses.
INSTRUCTIONS: Please enter the information requested below about the vehicles at your facility.

Indicate a number for each category:

*NOTE: The facility will receive a call to confirm transportation information prior to any requests being made to redeploy transportation vehicles.

# of Vehicles that can transport Patients (Hospitals) / Residents (Long Term Care)?

# of Vehicles that can transport Supplies/Equipment?

# Drivers available?

# of Total Patients/Long Term Care Residents (combined total) that can be transported by all of your vehicles?

# of Total Wheelchair Patients/Long Term Care Residents who can be transported by your vehicles that have lifts?

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)?

Date  Time

Provide additional details as necessary.
**INSTRUCTIONS:** Please enter the information requested below about the vehicles at your facility.

Indicate a number for each category:

*NOTE: The facility will receive a call to confirm transportation information prior to any requests being made to redeploy transportation vehicles.*

- **# of Vehicles that can transport Patients (Hospitals) / Residents (Long Term Care)?**
  - 1

- **# of Vehicles that can transport Supplies / Equipment?**
  - 0

- **# Drivers available?**
  - 1

- **# of Total Patients/Long Term Care Residents (combined total) that can be transported by all of your vehicles?**
  - 24

- **# of Total Wheelchair Patients/Long Term Care Residents who can be transported by your vehicles that have lifts?**
  - 2

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)?

- **6/19/2012 12:30 PM**

Provide additional details as necessary.

Please contact us to let us know where we should send this vehicle to if requested.
INSTRUCTIONS: Please enter the information requested below about the vehicles at your facility.

Indicate a number for each category:

*NOTE: The facility will receive a call to confirm transportation information prior to any requests being made to redeploy transportation vehicles.

# of Vehicles that can transport Patients (Hospitals) / Residents (Long Term Care)?

1

# of Vehicles that can transport Supplies / Equipment?

0

# Drivers available?

1

# of Total Patients / Long Term Care Residents (combined total) that can be transported by all of your vehicles?

24

# of Total Wheelchair Patients / Long Term Care Residents who can be transported by your vehicles that have lifts?

2

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)?

6/19/2012 12:30 PM

Provide additional details as necessary.

Please contact us to let us know where we should send this vehicle to if requested.

Save & Next >>
**INSTRUCTIONS:** Please enter the information requested below about the LTC Staff at your facility.

Indicate the number of staff available, in each category, to be loaned to the Disaster Struck Facility:

*NOTE: The facility will receive a call to confirm staffing information prior to any requests being made to redeploy staff.*

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Number Available</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td></td>
<td>Administrator / Asst. Administrator</td>
<td></td>
</tr>
<tr>
<td>DON/DNS</td>
<td></td>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td></td>
<td>Registered Dietician</td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td></td>
<td>Food Service Supervisor / Cook / Staff</td>
<td></td>
</tr>
<tr>
<td>CNA</td>
<td></td>
<td>Housekeeping Supervisor / Housekeeper</td>
<td></td>
</tr>
<tr>
<td>Resident Care Director</td>
<td></td>
<td>Laundry Supervisor / Staff</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td></td>
<td>Maintenance Supervisor / Staff</td>
<td></td>
</tr>
<tr>
<td>Physical / Occupational Therapist</td>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
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</tbody>
</table>

What time would you be able to loan staff to the Disaster Struck Facility (enter a specific time that your staff will be ready to depart - ex: 10:15 AM)?

**Date**  **Time**

[Save & Next >>]
**INSTRUCTIONS:** Please enter the information requested below about the LTC Staff at your facility.

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</table>

What time would you be able to loan staff to the Disaster Struck Facility (enter a specific time that your staff will be ready to depart - ex: 10:15 AM)?

6/19/2012 12:30 PM
**INSTRUCTIONS:** Please enter the information requested below about the LTC Staff at your facility.

Indicate the number of staff available, in each category, to be loaned to the Disaster Struck Facility:

*NOTE: The facility will receive a call to confirm staffing information prior to any requests being made to redeploy staff.*

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Number Available</th>
<th>Staff Type</th>
<th>Number Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td></td>
<td>Administrator / Asst. Administrator</td>
<td></td>
</tr>
<tr>
<td>DON/DNS</td>
<td>1</td>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>RN</td>
<td>3</td>
<td>Registered Dietician</td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td></td>
<td>Food Service Supervisor / Cook / Staff</td>
<td></td>
</tr>
<tr>
<td>CNA</td>
<td>5</td>
<td>Housekeeping Supervisor / Housekeeper</td>
<td></td>
</tr>
<tr>
<td>Resident Care Director</td>
<td></td>
<td>Laundry Supervisor / Staff</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td></td>
<td>Maintenance Supervisor / Staff</td>
<td>1</td>
</tr>
<tr>
<td>Physical / Occupational Therapist</td>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

What time would you be able to loan staff to the Disaster Struck Facility (enter a specific time that your staff will be ready to depart - ex: 10:15 AM)?

6/19/2012 12:30 PM
**Wizard Steps**

- 1. Plan Facility
- 2. Non-Plan Facility
- 3. Your Contact Information
- 4. Previous Response
- 5. Operational Issues
- 6. LTC Open Beds
- 7. Hospital Open Beds
- 8. LTC Surge Capacity / Resource Needs
- 9. Hospital Surge Capacity / Resource Needs
- 10. Equipment and Supplies
- 11. Transportation
- 12. LTC Staff
- 13. Hospital Staff
- 14. Complete

**INSTRUCTIONS:** Please enter the information requested below about the Hospital Staff at your facility.

Indicate the type and number of staff available to be loaned to the Disaster Struck Facility:

*NOTE: The facility will receive a call to confirm staffing information prior to any requests being made to redeploy staff.*

What time would you be able to loan staff to the Disaster Struck Facility (enter a specific time that your staff will be ready to depart - ex: 10:15 AM)?

Date: 12:30 PM

**Support Function 8 (ESF 8 - Health & Medical) operations, this unique plan, coordinated in Region 3 through the Capitol Region Council of Governments (CRCOG)/Capitol Region Emergency Planning Committee (CREPC) and in Regions 1, 4 & 5 through the Regional ESF 8 group, will work to prepare all of the healthcare facilities to stand together in a disaster with preplanned resources and assets.**

Benefits to the plan include:

- Preplanned Evacuation Strategy - fast evacuation (i.e. Fire/Gas Leak) and delayed evacuation (i.e. Hurricane/Loss of Emergency Power.)
- Preplanned Staffing, Supplies, Equipment and Pharmaceutical Support when isolated.
- Provide local public safety incident commanders with easy on-site access to user-friendly plans including contact information for evacuation resources and key personnel.
- Provide local EMS commander with resources needed to efficiently identify, transfer and track patients to pre-designated receiving sites.
- Development of proactive Communications for ALL parties (healthcare, emergency agencies).
- Ensures coordination with CMED, Local Emergency Operations Centers (EOCs) and the Regional Coordination Center (RCC - in Region 3) for management of resources and assets.
- Establishment of a Long Term Care (LTC) Coordinating Center and Regional Medical Coordinating Center (RMCC) to coordinate healthcare facility aggregate needs and ensure accountability for "closing the loop" with all member facilities.
- Plan requirements meet CT Department of Public Health (DPH) and The Joint Commission (JCI) community interaction and disaster exercise requirements for Emergency Management.
 Wizard Steps

1. Plan Facility
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9. Hospital Surge Capacity / Resource Needs
10. Equipment and Supplies
11. Transportation
12. LTC Staff
13. Hospital Staff
14. Complete

INSTRUCTIONS: Please enter the information requested below about the Hospital Staff at your facility.

Indicate the type and number of staff available to be loaned to the Disaster Struck Facility:

*NOTE: The facility will receive a call to confirm staffing information prior to any requests being made to redeploy staff.

Per your request, we can provide: 1 Open Heart Surgical Team; 2 Critical Care Nurses; 1 Pharmacist; 1 Safety Officer; 1 Neonatologist

What time would you be able to loan staff to the Disaster Struck Facility (enter a specific time that your staff will be ready to depart - ex: 10:15 AM)?

6/19/2012 12:30 PM

Save & Next >>
Thank you for completing the Emergency Reporting Questionnaire. Your answers have been saved.

Click the button marked "Finish and Close".
Thank you for completing the Emergency Reporting Questionnaire. Your answers have been saved.

Click the button marked "Finish and Close".
UPDATING YOUR STATUS
Welcome to the Connecticut Hospital and Long Term Care Mutual Aid Plan Facility Information Website

Long Term Care Mutual Aid Plan (LTC-MAP) and Healthcare Mutual Aid Plan (HMAP) for Evacuation and Resources / Assets

This plan establishes a course of action and an agreed commitment among participating hospitals, nursing homes and assisted living residences to assist each other as needed in the time of a disaster.

Assistance may come in the form of:

- Providing pre-designated evacuation locations for patients during a disaster; and/or
- Providing or sharing supplies, equipment, transportation, staff or pharmaceuticals to a facility when a disaster overwhelms their own community or exceeds the capability of internal emergency operations plans.

Why is this initiative underway?

It has been identified in local, regional and national disasters that each community must have a proactive disaster plan and all disasters start locally. To supplement the State of Connecticut Emergency Support Function 8 (ESF 8 - Health & Medical) operations, this unique plan, coordinated in Region 3 through the Capitol Region Council of Governments (CRCOG)/Capitol Region Emergency Planning Committee (CREPC) and in Regions 1, 4 & 5 through the Regional ESF 8 group, will work to prepare all of the healthcare facilities to stand together in a disaster with preplanned resources and assets.

Benefits to the plan include:

- Preplanned Evacuation Strategy - fast evacuation (i.e. Fire/Gas Leak) and delayed evacuation (i.e. Hurricane/Loss of Emergency Power.)
- Preplanned Staffing, Supplies, Equipment and Pharmaceutical Support when Isolated.
- Provide local public safety incident commanders with easy on-site access to user-friendly plans including contact information for evacuation resources and key personnel.
- Provide local EMS commander with resources needed to efficiently identify, transfer and track patients to pre-designated receiving sites.
- Development of proactive Communications for ALL parties (healthcare, emergency agencies).
- Ensures coordination with CMED, Local Emergency Operations Centers (EOCs) and the Regional
**Emergency Reporting System (ERS) - Step 1. Your Facility**

**Wizard Steps**

1. Plan Facility
2. Non-Plan Facility
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9. Hospital Surge Capacity / Resource Needs
10. Equipment and Supplies
11. Transportation
12. LTC Staff
13. Hospital Staff
14. Complete

**INSTRUCTIONS:** Choose the Plan Facility you are going to report on by typing part of the name in the box below. Then choose your facility from the list when it appears.

Your Facility Name:  

[Select this Facility >>]

- or -

[Enter information about a Non-Plan Facility >>]
As you type your facility’s name, options will be offered in the drop-down menu.
Emergency Reporting System (ERS) - Step 1. Your Facility

INSTRUCTIONS: Choose the Plan Facility you are going to report on by typing part of the name in the box below. Then choose your facility from the list when it appears.

Your Facility Name: Hebrew Healthcare, West Hartford (Region 3)

Verify Selected facility

Hebrew Healthcare
1 Abrahms Boulevard
West Hartford, CT 06117

Select this Facility >>
- or -

Enter information about a Non-Plan Facility >>
Emergency Reporting System (ERS) - Step 3. Your Contact Information

INSTRUCTIONS: Please provide information for the facility's primary contact at this time.

First Name: [input field]
Last Name: [input field]
Title: [input field]
Email Address: [input field]
Primary Phone: [input field]

<< Back  Next Step >>
Emergency Reporting System (ERS) - Step 3. Your Contact Information

**INSTRUCTIONS:** Please provide information for the facility's primary contact at this time.

- **First Name:** Mary
- **Last Name:** Smith
- **Title:** Administrator
- **Email Address:** mary.smith@gmail.com
- **Primary Phone:** 860-333-1111

<< Back  Next Step >>
Emergency Reporting System (ERS) - Step 4. Previous Response

**Wizard Steps**
- 1. Plan Facility
- 2. Non-Plan Facility
- 3. Your Contact Information
- **4. Previous Response**
- 5. Operational Issues
- 6. LTC Open Beds
- 7. Hospital Open Beds
- 8. LTC Surge Capacity / Resource Needs
- 9. Hospital Surge Capacity / Resource Needs
- 10. Equipment and Supplies
- 11. Transportation
- 12. LTC Staff
- 13. Hospital Staff
- 14. Complete

**INSTRUCTIONS:** It appears you have reported on this facility in the last 24 hours. Please choose the update method for this reporting session.

**Facility:** Hebrew Healthcare
1 Abrahms Boulevard
West Hartford, CT 06117

**Last Response time:** 6/18/2012 1:30:13 PM

- [ ] Update the previous entry
- [ ] Start a new entry

[ << Back ] [ Next Step >> ]
**INSTRUCTIONS:** Please describe any Operational Issues you are experiencing at your facility.

Are you operating on commercial/street power?  
(Select 'No' if you are operating on full or partial generator power)

- Yes  
- No

Operational Impact to your Facility:

- Moderate

Please describe the status of your generator:  
(e.g. generator down for part of the building, inability to get fuel vendor, etc.)

- We have had some intermittent failures. Everything appears to be working OK right now, but there is concern by our clinical team that we consider relocation of our higher acuity patients.

Please describe your fuel status:  
(full, empty, half, etc. and when is your next projected refill)

- Full with 3 days supply

Do you have issues with any of the following?

- Building Damage
- Medical Gases
- Air Conditioning
- Heating
- Water (potable)
- Water (fire protection)
- Flooding

Operational Impact to your Facility:

- Moderate

Please describe the issues selected above:

- If temperatures hit 78 degrees plus tomorrow, we may have significant cooling issues.

Do you have issues with any of the following?

- Telephone
- Internet
- Clinical Staff (e.g. staff reporting to work, getting to facility)
[the rest of the process is the same as presented before]