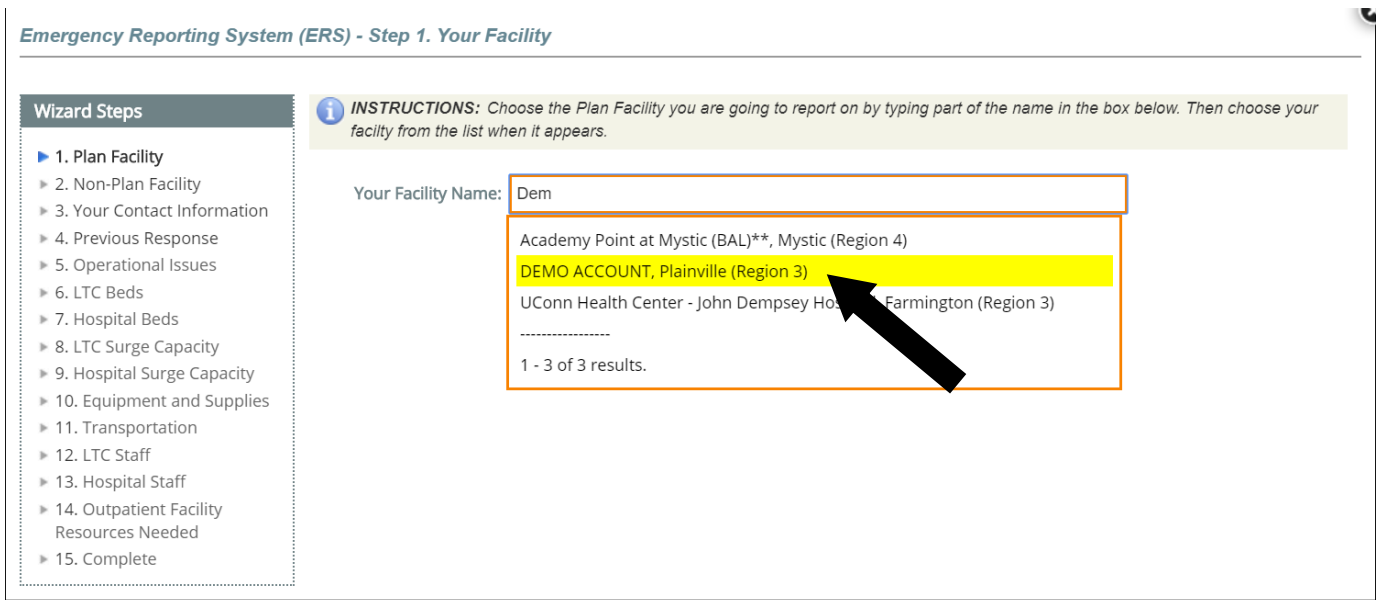


Navigate to www.mutualaidplan.org/ct and click the red “Report Status” button (see above)

- 1. Plan 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 “Select this Facility >>”.



Verify Selected facility


DEMO ACCOUNT
31 Cooke Street
Plainville, CT 06062



- or -




3. **Your Contact Information:** Enter your name, title, email, primary & cell #, click “Next Step >>”
4. **Previous Response:** If your e-mail address in the previous step matches yesterday’s response, you are given the option to update the previous response. This makes it easier to update your information for today’s reporting based on what your facility reported yesterday.

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

Facility: DEMO ACCOUNT
 31 Cooke Street
 Plainville, CT 06062

Last Response time: 5/5/2020 8:10:58 AM

- Update the previous entry
 Start a new entry
- 

<< Back

Next Step >>

5. **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 “Save & Next >>” to advance to the next screen.

6. LTC Open Beds:

- a. Suspected cases of COVID-19 (residents currently in your facility)
- b. Confirmed cases of COVID-19 (residents currently in your facility)
- c. Current Census (number of residents in your facility)
- d. Total Open Beds (number of beds/apartments available for occupancy)
 - Male open beds
 - Female open beds
 - Either open beds (male or female)

Special Reporting Request: COVID-19

How Many Suspected Cases of COVID-19	<input type="text" value="5"/>
How Many Confirmed Cases of COVID-19	<input type="text" value="10"/>

- e. Dementia secured / Memory care open beds (a subset of total open beds)

f. **Bed Specifications (text box) ***Assisted Living Only*****, report on the following in the text box:

- COVID-19+ (Cumulative) – Total # of positive cases of COVID-19 amongst residents since the beginning of the Pandemic.
- COVID-19 Deaths (Daily) – Number of COVID-19 related deaths in the last 24 hours, since your last report for the facility.
- COVID-19 Deaths (Cumulative) – Total number of COVID-19 related deaths amongst residents since the beginning of the Pandemic.

Assisted Living	45	<input type="text" value="40"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	COVID-19 + (Cumulative): 15 COVID-19 Deaths (Daily): 1 COVID-19 Deaths (Cumulative): 3	<input type="text" value="0"/>
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- *Nursing Homes / Skilled Nursing Facilities do not need to complete these questions as they will be answered in the CT DPH-FLIS portal daily report.*

- g. Click "Save & Next >>" to advance to the next screen.

10. 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

Special Instructions

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).


#	Category Name	Unit of Measure	Number On Hand	Daily Consumption		Number Available	Number Needed	Urgency Of Need
1	PPE - Fluid Barriers: Exam Gloves ?	Boxes	<input type="text" value="100"/>	<input type="text" value="10.00"/>	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others	<input type="text"/>	<input type="text" value="100"/>	<input type="text" value="Low"/>
2	PPE - Fluid Barriers: Eye Shields/Face Shields/Goggles ?	Each	<input type="text" value="250"/>	<input type="text" value="50.00"/>	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others	<input type="text"/>	<input type="text" value="500"/>	<input type="text" value="Routine"/>
3	PPE - Fluid Barriers: Isolation Gowns ?	Each	<input type="text" value="100"/>	<input type="text" value="50.00"/>	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others	<input type="text"/>	<input type="text" value="1000"/>	<input type="text" value="Urgent"/>
4	PPE - Resp. Protection: N95 Masks ?	Each	<input type="text" value="300"/>	<input type="text" value="75.00"/>	<input checked="" type="radio"/> We need additional supplies <input type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others	<input type="text"/>	<input type="text" value="300"/>	<input type="text" value="Routine"/>
5	PPE - Resp. Protection: Surgical Masks ?	Each	<input type="text" value="5000"/>	<input type="text" value="500.00"/>	<input type="radio"/> We need additional supplies <input checked="" type="radio"/> Our supply is sufficient <input type="radio"/> We have surplus to provide others	<input type="text"/>	<input type="text"/>	<input type="text" value="Low"/>

11. Transportation

- Skip this screen for now, during COVID-19 Pandemic. If we need to assess transportation assets we will provide specific messaging on it.
- Click "Save & Next >>" to advance to the next screen.

15. Complete

- Click "Finish & Close" to complete and submit your report.

 Thank you for completing the Emergency Reporting Questionnaire. Your answers have been saved.

Click the button marked "Finish and Close".

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Finish and Close