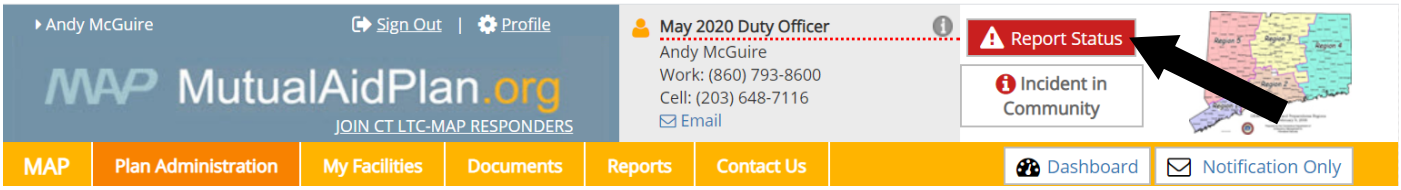
Quick Reference Guide

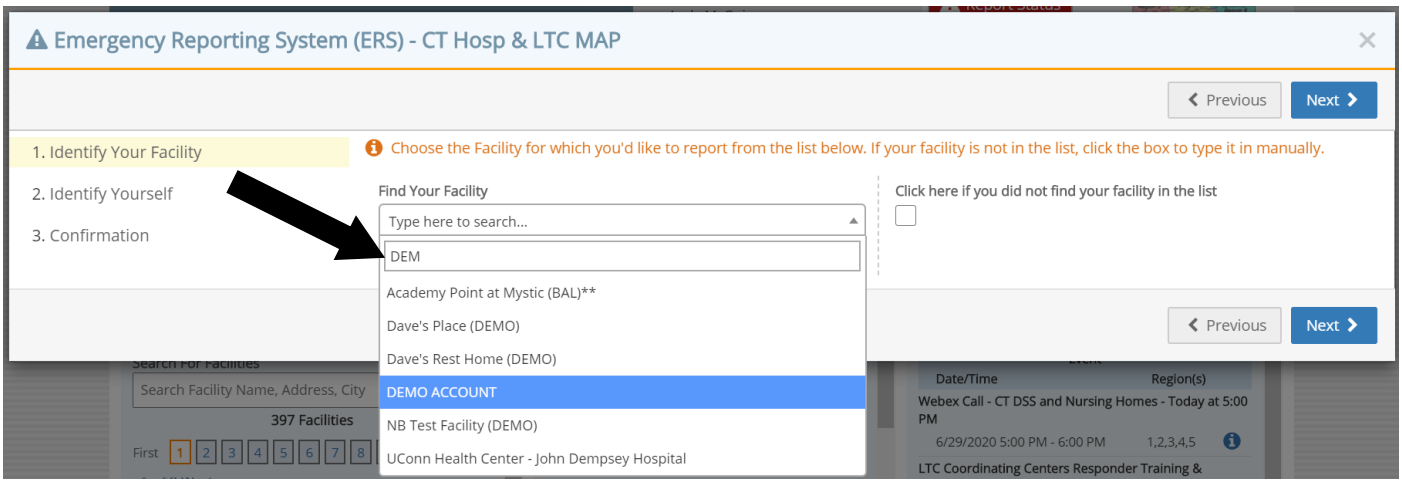
Internal Situation Status Report

(How to Complete Your Reporting at www.**MutualAidPlan.org**)

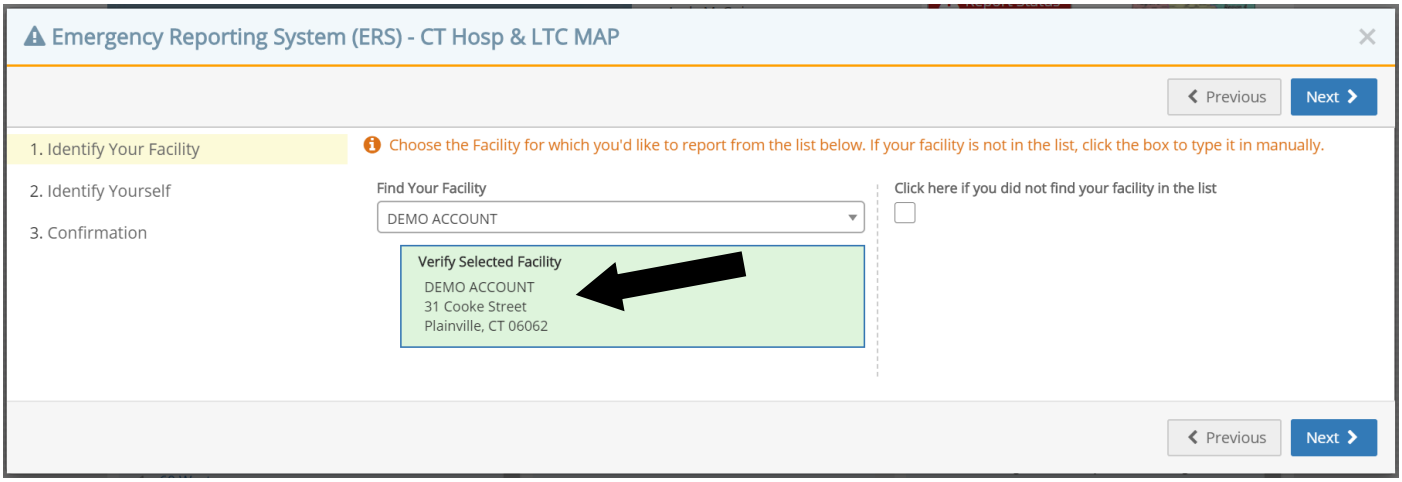


Navigate to www.mutualaidplan.org/ct and click the red “Report Status” button (see above)

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 >”.



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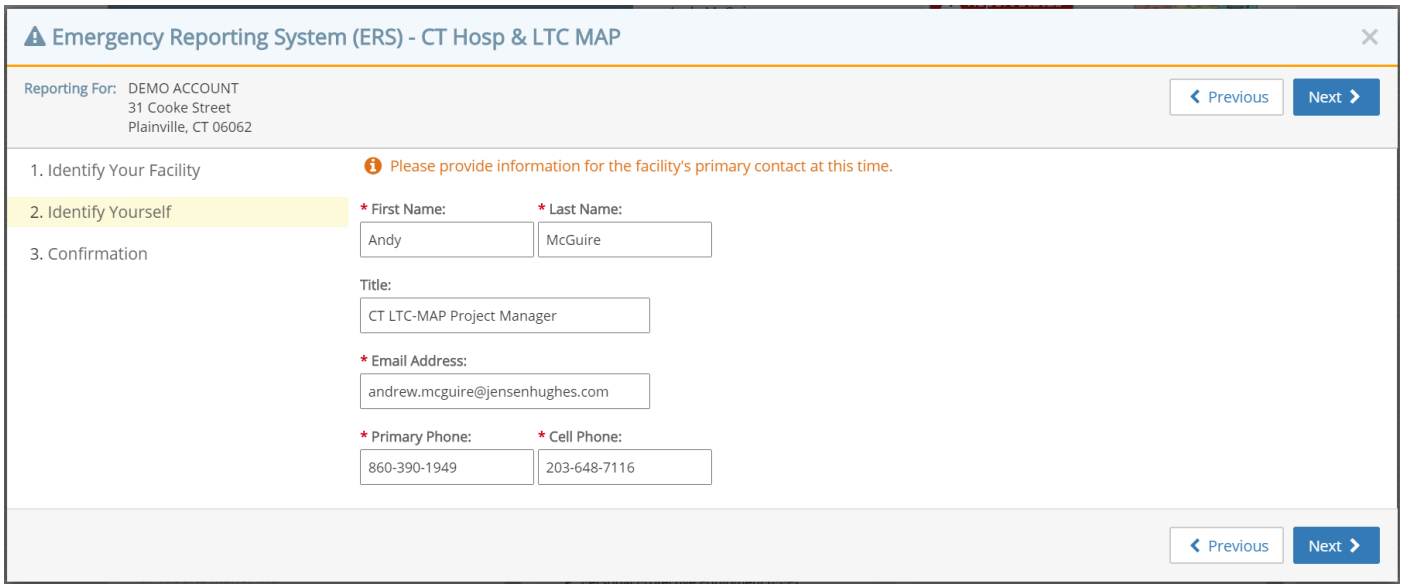
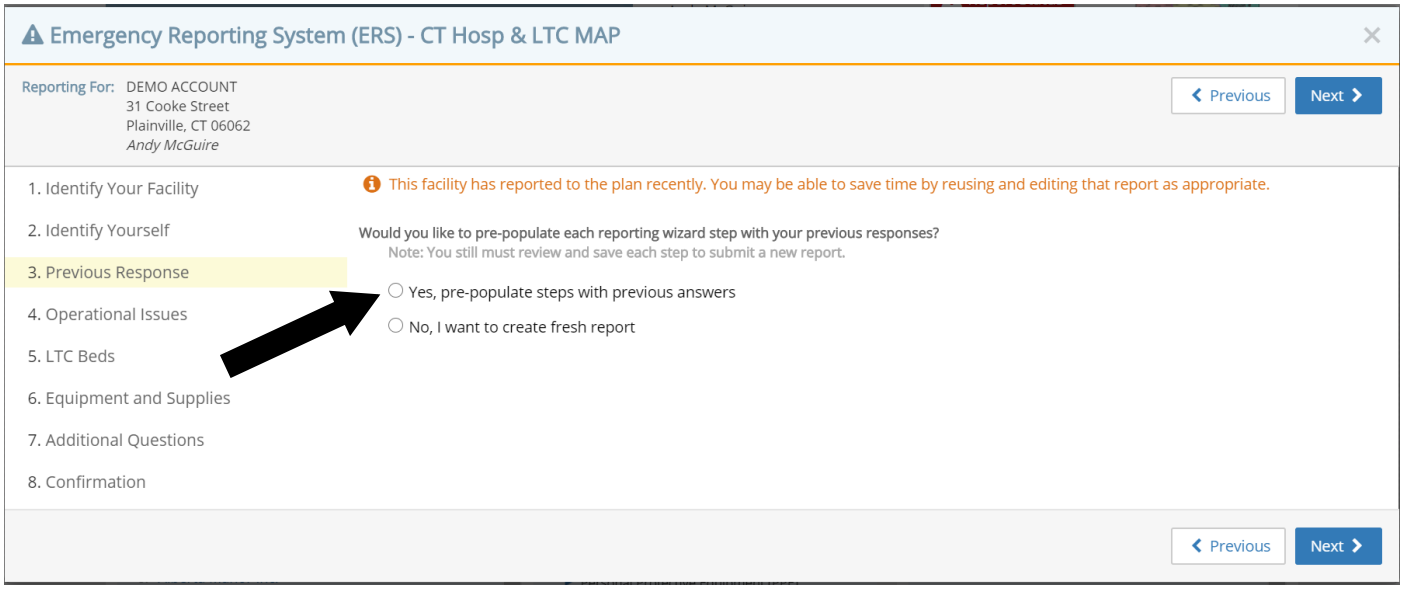
2. **Identify Yourself:** Enter your name, title, email, primary & cell #, click “Next >”. If you are logged in to the LTC-MAP website, then your contact information will already be populated.



3. **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. Click “Next >” to continue.



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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).

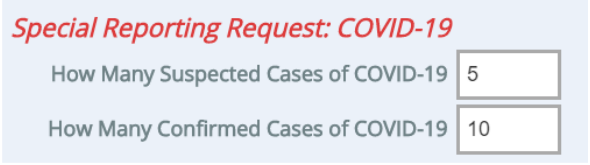
   b. Do you have any issues with the following (Check all that apply and choose the severity of impact);
      - Building Damage
      - Medical Gases
      - Air Conditioning / Heating
      - Water (Potable)
      - Water (Fire Protection)
      - Flooding
      - Bed Issues / Outbreak
      - Telephone / 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. 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)
   e. Dementia secured / Memory care open beds (a subset of total open beds)

   f. Click "Next >" to continue.



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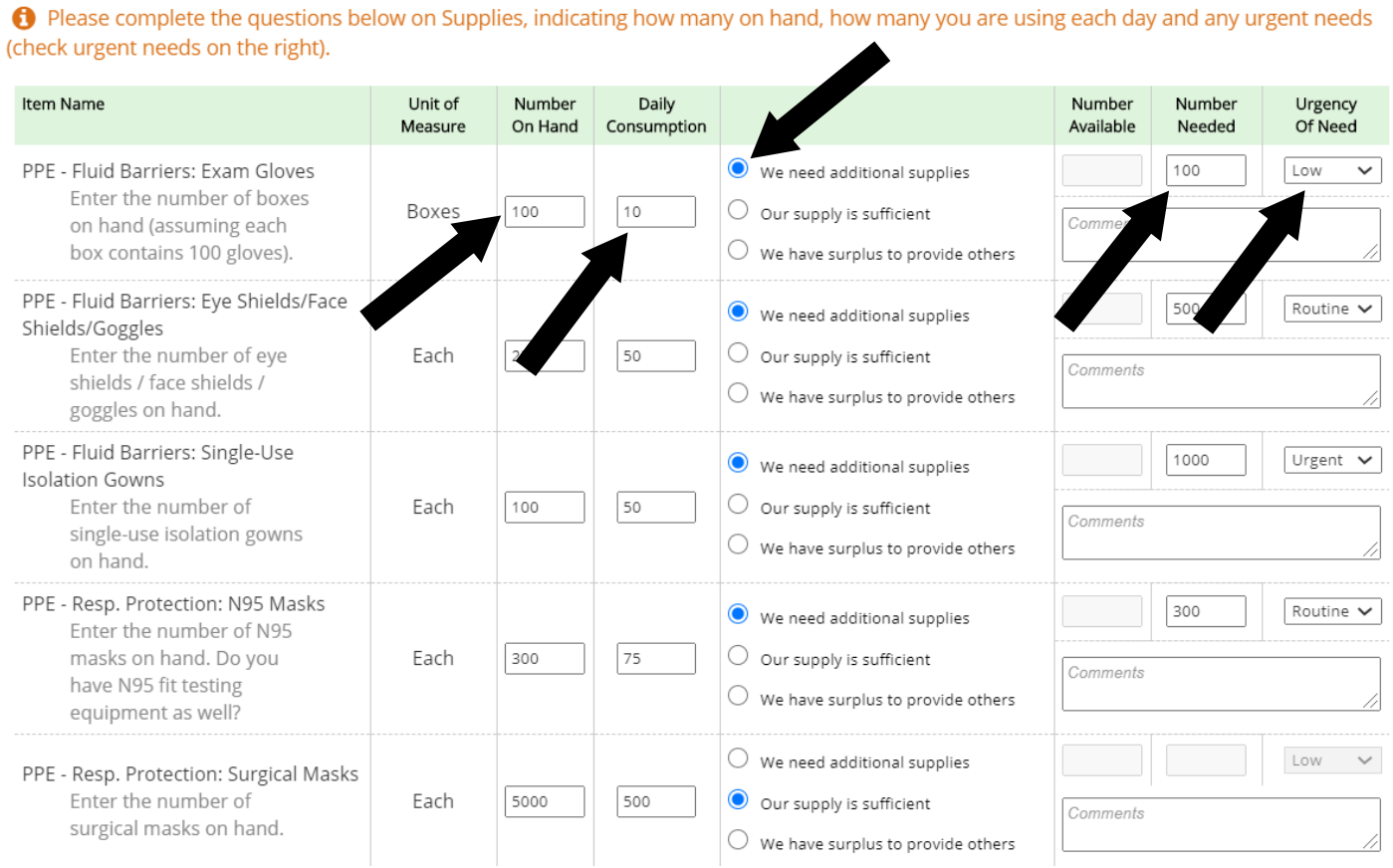
6. Equipment and Supplies

IMPORTANT!

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



b. Click “Next >” to continue.

7. Additional Questions – NEW

a. Assisted Living Communities will see this panel and are requested to answer these specific questions related to COVID-19. For additional definitions of each question, please refer to the document “New – Assisted Living COVID-19 Custom Questions Definitions 2020.06.29” in the COVID-19 folder in the Documents Section of the LTC-MAP website.

b. Click “Next >” to continue.

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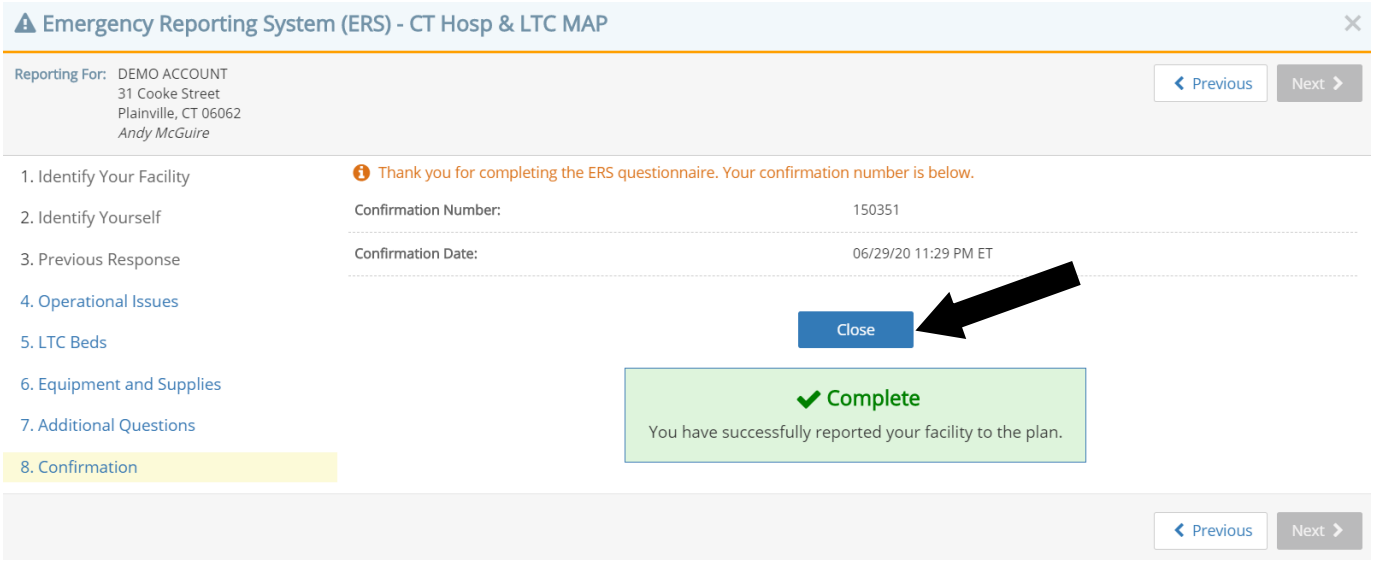
8. Confirmation

a. If needed screen print the confirmation or document the confirmation number for your records.
b. Click “Close” to submit your report.



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