

Navigate to [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) 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 >”.

The screenshot shows the 'Emergency Reporting System (ERS) - RI LTC-MAP' form. The first step, '1. Identify Your Facility', is highlighted in yellow. A black arrow points to the 'Find Your Facility' dropdown menu. The dropdown menu is currently empty, with the placeholder text 'Type here to search...'. To the right of the dropdown is a checkbox labeled 'Click here if you did not find your facility in the list'. The form also includes 'Previous' and 'Next >' navigation buttons.

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

The screenshot shows the 'Emergency Reporting System (ERS) - RI LTC-MAP' form. The first step, '1. Identify Your Facility', is highlighted in yellow. The 'Find Your Facility' dropdown menu now contains the text '\*\*DEMO FACILITY\*\*'. A black arrow points to a green box that displays the details for the selected facility: 'Verify Selected Facility', '\*\*DEMO FACILITY\*\*', '31 Cooke Street', and 'Plainville, CT 06776'. The form also includes 'Previous' and 'Next >' navigation buttons.

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

Emergency Reporting System (ERS) - RI LTC-MAP
✕

Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
 Plainville, CT 06776

1. Identify Your Facility ⓘ Please provide information for the facility's primary contact at this time.

2. Identify Yourself \* First Name:  \* Last Name:

3. Confirmation

Title:

\* Email Address:

\* Primary Phone:  \* Cell Phone:

- 3. Previous Response:** If your email address in the previous step matches the last emergency reporting submitted by your facility, then you will be provided the option to update that previous response, which may be less time consuming, since you will update your facility’s earlier report with more current information. (If you are using a different email address, you will not see this screen and will proceed to enter all data, as you did in previous versions of emergency reporting.) Click “Next >” to continue.

Emergency Reporting System (ERS) - RI LTC-MAP
✕

Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
 Plainville, CT 06776  
 Kim Joyce

1. Identify Your Facility ⓘ This facility has reported to the plan recently. You may be able to save time by reusing and editing that report as appropriate.

2. Identify Yourself 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.

3. Previous Response 
 Yes, pre-populate steps with previous answers  
 No, I want to create fresh report

4. Operational Issues

5. LTC Beds

6. LTC Surge Capacity

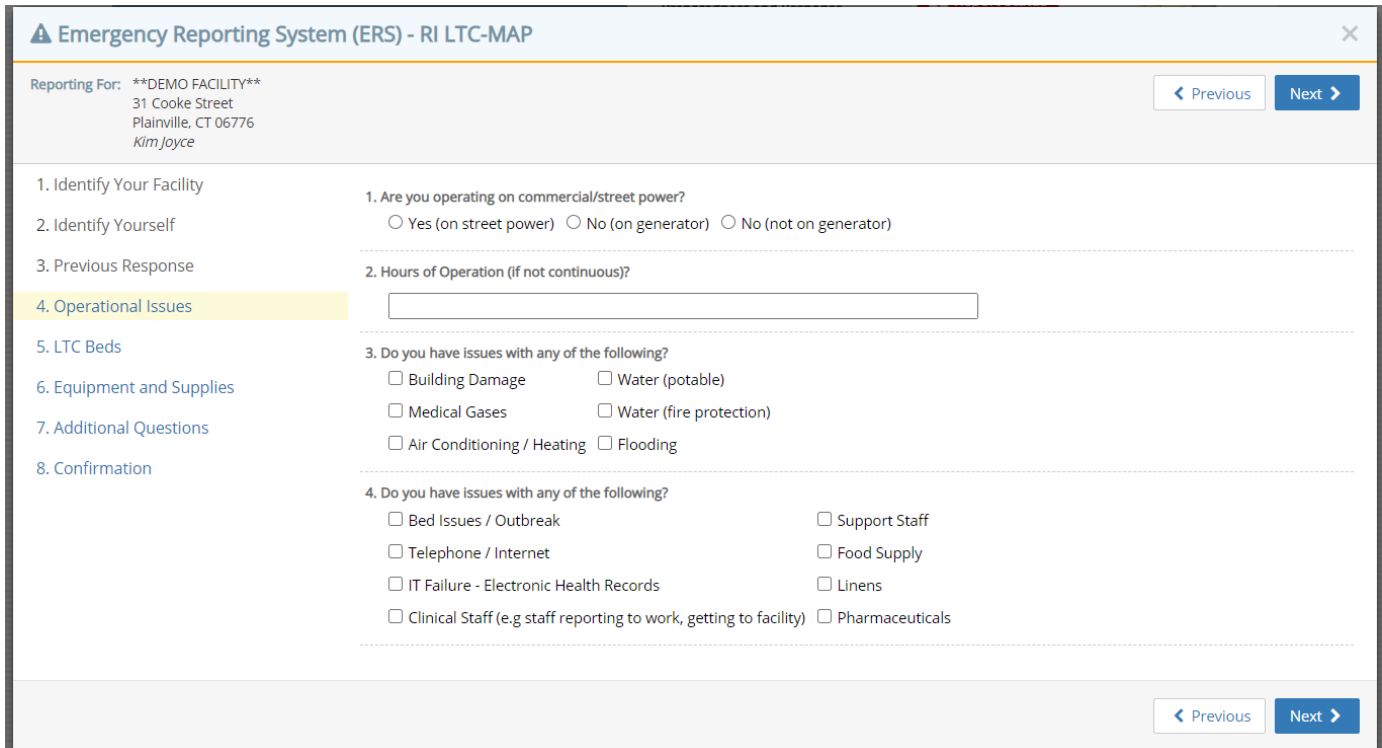
7. Equipment and Supplies

8. Transportation

9. Confirmation

**4. Operational Issues:** Enter any operational issues your facility is currently experiencing.

Click “Next >” to continue.



**Emergency Reporting System (ERS) - RI LTC-MAP**

Reporting For: **\*\*DEMO FACILITY\*\***  
31 Cooke Street  
Plainville, CT 06776  
Kim Joyce

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

1. Are you operating on commercial/street power?  
 Yes (on street power)  No (on generator)  No (not on generator)

2. Hours of Operation (if not continuous?)

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

4. Do you have issues with any of the following?  
 Bed Issues / Outbreak  Support Staff  
 Telephone / Internet  Food Supply  
 IT Failure - Electronic Health Records  Linens  
 Clinical Staff (e.g staff reporting to work, getting to facility)  Pharmaceuticals

**5. LTC Open Beds:** (see screenshot on next page) Provide the number of available beds inside your facility, as well as information about the current number of COVID-19 cases among your facility’s resident population. Specifically:

- 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)

Click “Next >” to continue.

⚠ Emergency Reporting System (ERS) - RI LTC-MAP
✕

Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
 Plainville, CT 06776  
 Kim Joyce

1. Identify Your Facility
2. Identify Yourself
3. Previous Response
4. Operational Issues
5. LTC Beds
6. Equipment and Supplies
7. Additional Questions
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**Special Reporting Request: COVID-19**

How Many Suspected Cases of COVID-19

How Many Confirmed Cases of COVID-19

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	-	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 30px;" type="text"/>
Assisted Living	-	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 30px;" type="text"/>

**6. Equipment and Supplies:** Provide information about gaps your facility is facing related to available equipment and supplies.

Click “Next >” to continue.

**Emergency Reporting System (ERS) - RI LTC-MAP** ✕

Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
 Plainville, CT 06776  
 Kim Joyce

- 1. Identify Your Facility
- 2. Identify Yourself
- 3. Previous Response
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**!** Please answer the following questions. If you have a severe alert, please fill in the form at the following link:  
<https://appengine.egov.com/apps/ri/csst> [appengine.egov.com] Instructions for completing the form may be found at the following link:  
<https://health.ri.gov/publications/factsheets/Congregate-Care-Team-FAQs.pdf>

Item Name	Unit of Measure	Number On Hand	Daily Consumption		Number Available	Number Needed	Urgency Of Need
Beds - Standard	Each	<input type="text"/>		<input 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"/>	Low <input type="button" value="v"/>
<hr/>							
Mattresses - Standard	Each	<input type="text"/>		<input 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"/>	Low <input type="button" value="v"/>
<hr/>							
Oxygen - Concentrators	Each	<input type="text"/>		<input 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"/>	Low <input type="button" value="v"/>
<hr/>							
Oxygen - Portable (Note Size D or E)	Each	<input type="text"/>		<input 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"/>	Low <input type="button" value="v"/>
<hr/>							
PPE - Fluid Barriers: Exam Gloves	Box	<input type="text"/>	<input type="text"/>	<input 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"/>	Low <input type="button" value="v"/>

1. Describe any additional Equipment and/or Supply needs below

Urgency of Need

**7. Additional Questions:** Depending on the reason for the Emergency Reporting System’s activation, there may be unique, incident-specific information requests for facilities to respond to. More questions may be added, or some removed or modified, as the situation evolves. Click “Next >” to continue.

⚠ Emergency Reporting System (ERS) - RI LTC-MAP
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Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
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 Kim Joyce

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ⓘ These are additional questions being asked by your plan specific to this activation.

1. Is your facility currently experiencing a COVID outbreak?  Yes  
 No

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2. How many open beds do you have for FEMALE COVID POSITIVE resident placement from a hospital tomorrow?

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3. How many open beds do you have for MALE COVID POSITIVE resident placement from a hospital tomorrow?

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4. How many open beds do you have for FEMALE COVID NEGATIVE resident placement from a hospital tomorrow?

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5. How many open beds do you have for MALE COVID NEGATIVE resident placement from a hospital tomorrow?

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Next >

**8. Confirmation:** The last screen of the Emergency Reporting System confirms that you have completed reporting. If needed, screenshot the confirmation, print the page, or document the confirmation number for your records.

Click “Close” to submit your report.

⚠ Emergency Reporting System (ERS) - RI LTC-MAP
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Reporting For: **\*\*DEMO FACILITY\*\***  
 31 Cooke Street  
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1. Identify Your Facility
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ⓘ Thank you for completing the ERS questionnaire. Your confirmation number is below.

**Confirmation Number:** 175214

**Confirmation Date:** 08/18/20 12:52 PM ET

If you need additional PPE, please order it from the State at: [health.ri.gov/ppe](http://health.ri.gov/ppe)

If you need support with planning for infection control, PPE use, testing, or staffing, please make a request for assistance from the Congregate Setting Support Team here: [appengine.egov.com/apps/ri/csst](http://appengine.egov.com/apps/ri/csst)

Close

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

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