



*Connecticut  
Long Term Care Mutual Aid Plan  
(LTC-MAP)  
Annual Education Conference*

June 13 – June 15, 2023

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SAFETY BRIEFING



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## OPENING REMARKS

### *The Jensen Hughes Mutual Aid Team*



**Andrew D. McGuire**  
CEM, EMT-P Fire &  
Emergency Management  
Consultant

Andy has been with RPA since July, 2014 after working for 11 years in the hospital environment. As a healthcare emergency manager for Danbury and Norwalk Hospitals, he coordinated comprehensive healthcare emergency management programs involving all aspects of preparedness, mitigation, response and recovery for "All Hazards" incidents and events. He has more than 28 years of EMS experience as both a volunteer EMT and career paramedic. Andy managed a private medical transportation service for five years and continues to practice as a clinical paramedic in Westchester County, NY.

In 2008 Andy co-founded the Healthcare Caucus of the International Association of Emergency Managers (IAEM), a special interest group representing healthcare emergency management professionals. He also serves as President for Region 1 (New England) of the USA Council for IAEM.

He earned a B.S. in Biology from Syracuse University in 1992 and was Valedictorian of the 1995 Norwalk Community Technical College Paramedic Program. Andy serves RPA clients out of the Hartford, CT Office.

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## OPENING REMARKS

### *The Jensen Hughes Mutual Aid Team*



**Jim Garrow**  
Director, Hartford Office

Jim joined RPA in 2010 after serving with American Medical Response in Hartford as both a Paramedic Operations Supervisor and a Division Emergency Manager. Prior to that, he served as Director of Operations at Aetna Ambulance Service.

In addition to his local experience in operations and as a paramedic, Jim brings fresh and tested experience in national disaster response to RPA. As a member of the American Medical Response's National Disaster Response Team, a FEMA contractor, Jim has responded to many of our country's most recent natural disasters. During Hurricane Dean in 2007, he responded to San Antonio, Texas as a member of the Incident Management Team (IMT), where he was responsible for tracking and deploying multiple Ground Ambulances and Wheelchair/ Livery transportation units. In 2008, he was deployed to Louisiana and Texas for Hurricanes Ike and Gustav. During that 30-day deployment, he had assignments within the IMT and as a Task Force Leader, where he responded to dozens of healthcare facilities to coordinate their evacuations. During Superstorm Sandy, in 2012, Jim was deployed to New York City. He was part of the Incident Management Team that

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## OPENING REMARKS

### ***The Jensen Hughes Mutual Aid Team***



**Kim Joyce**  
**MAP Administrative  
Specialist**

Kim joined RPA in October of 2014. She has several years of full time Administrative Assistant experience in the healthcare industry, and worked for Avery Heights Retirement Community before starting a family. Prior to joining the RPA team she worked on a part-time basis in a variety of positions, earned a degree in Criminal Justice, participated in two mission trips to Haiti, completed her first 5K obstacle mud race, and was a stay-at-home mom for five years.

Kim provides daily support to our Hartford, CT office team and assists with Mutual Aid.

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## OPENING REMARKS

### ***The Jensen Hughes Mutual Aid Team***



**Joseph Reppucci**  
**Fire & Emergency  
Management Consultant**

Joseph Reppucci joined RPA in January 2020 and serves clients out of the New England Region office. Prior to joining RPA, Joseph was the Hospital Preparedness Program Coordinator (HPP) and Healthcare Emergency Management Director for the Center for Emergency Preparedness and Response at the Rhode Island Department of Health and the Co-Chair for the Healthcare Coalition of Rhode Island, RI's only statewide coalition. He has dual degrees from Northeastern University in Criminal Justice (MS) and Environmental Studies (BA) and a Master's degree in Emergency Management from Massachusetts Maritime Academy. Joseph is a Certified Emergency Manager for the International Association of Emergency Managers (IAEM) and has completed the National Emergency Management Advanced Academy, through the Federal Emergency Management Agency Emergency Management Institute.

As Co-Chair of the Healthcare Coalition of Rhode Island, Mr. Reppucci led the efforts to improve the interactions between Rhode Island's healthcare system and the Rhode Island Department of Health and other state, local, tribal and federal entities to streamline healthcare emergency management.

  
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## OPENING REMARKS

### ***WELCOME to the 2023 CT LTC-MAP Annual Education Conference***

CT LTC-MAP Steering Committee / Responders & Duty Officers



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## OPENING REMARKS

- + Connecticut Association of Health Care Facilities (CAHCF)
  - Matt Barret, President & CEO
- + Leading Age Connecticut (LAC)
  - Mag Morelli, President
- + Connecticut Assisted Living Association (CALA)
  - Chris Carter, President



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## CONFERENCE AGENDA

*Enhancing Your Preparedness for the next Emergency*

9:00 – 10:30 am	Top CMS Emergency Management (E-Tag) Citations The First Hour of Your Emergency Incident Command System (ICS) Positions and How They Interact
10:30 – 10:45 am	Break
10:45 – 12:00 pm	Fall Exercises Overview ProtectAdvisr™ The New Mutual Aid Plan Web-Based Management System
12:00 – 1:00 pm	Lunch
1:00 – 3:00 pm	Tabletop Exercise

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## Top Ten Cited 2022 Deficiencies for Emergency Preparedness (EP- Tags)

  
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## Why This Topic for 2023

- + **Heightened State-Level Enforcement** - The 2023 Congressional Budget Justification (2023 Budget Justification) submitted by HHS' Office of the Inspector General (OIG) outlines **key focal points for the OIG's enforcement efforts in 2023.**
- + The budget request includes significant funding for enforcement of individual state survey agency reporting on the basis that **more than half of states failed to meet nursing home surveying requirements between 2015 and 2018.**
- + Given OIG's emphasis on state-level enforcement in 2023, **nursing home facilities should anticipate deeper scrutiny and more frequent follow-up from state agencies this year.**



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## Why This Topic for 2023

### Emphasis on Emergency Preparedness:

- + The OIG also continues to devote attention to addressing **perceived deficiencies in nursing home emergency preparedness**, as highlighted by the COVID-19 pandemic's impact on nursing homes.
- + The 2023 Budget Justification **focuses on preparing nursing homes for future potential emergencies beyond pandemics, including natural disasters or environmental emergencies.**



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## Why This Topic for 2023

### Emphasis on Emergency Preparedness:

- + Enforcement activity in 2023 will likely look beyond whether nursing homes anticipate situations like the COVID-19 pandemic, as well as examine how nursing homes anticipate ***involving community leaders, including fire and rescue agencies, in emergency planning.***
- + **Revising and enhancing such emergency preparedness is now one way for nursing homes to avoid enforcement actions that allege inadequate policy drafting potentially.**



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 1. E0041 – LTC Emergency Power

The LTC facility must implement emergency and standby power systems based on the emergency plan. The generator must be installed, tested, and maintained in accordance with:

- + NFPA 101 Life Safety Code, 2012 edition,
- + NFPA 99 Health Care Facilities Code, 2012 edition, and
- + NFPA 110, 2010 edition, Standard for Emergency and Standby Power Systems.



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 1. E0041 – LTC Emergency Power

#### Common Deficiencies: The Lack Of:

- + Monthly load test
- + Run for 30 minutes
- + Diesel – 1.5-hour load test if don't achieve 30% kW
- + Transfer switch operated monthly
- + Transfer switch maintenance program
- + Document weekly inspections
- + Document gauge readings
- + Fuel testing
- + Battery monthly testing



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 2. E0039 – EP Testing Requirements

- + Conduct two exercises to test the EP plan annually, including unannounced staff drills using the emergency procedures.
- + *One community-based exercise.*
- + An additional exercise:
  - + Full-scale exercise that is community-based or facility-based.
  - + *Tabletop exercise.*
- + Analyze the facility's response.
- + **Maintain documentation of all drills and exercises for three years.**
- + Revise the emergency plan based on lessons learned.

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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 2. E0039 – EP Testing Requirements

#### Common Deficiencies:

- + Two drills were not conducted.
- + A community-based drill was not conducted, and the facility did not document the efforts to identify a full-scale, community-based exercise.
- + Dated, personnel, agencies contacted, the reason for the inability to participate.
- + **No documentation of the exercise (*After Action Report*).**
- + **No documentation of the analysis, facility response, and how the emergency program was updated (*Improvement Plan*).**

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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

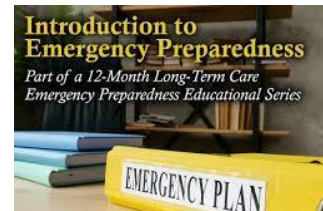
### 3. E0037 – EP Training Program

#### The training program must include all the following:

- + Initial training in emergency preparedness policies and procedures for all new and existing staff, contracted staff, and volunteers.
- + Demonstrate staff knowledge of emergency procedures.
- + Annual training.
- + Maintain documentation of the training.

#### Common Deficiencies:

- + No record of training.
- + No documentation of who was trained.
- + No documentation of the subject matter of the training.



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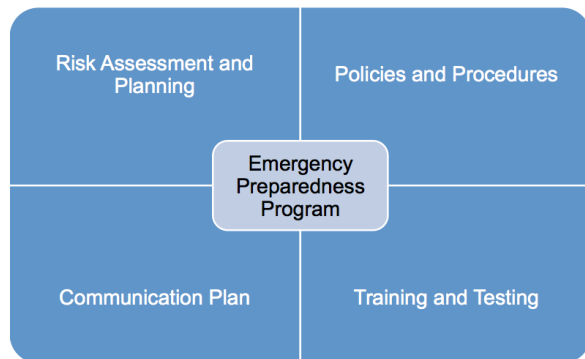
## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 4. E0004 – EP Development, EP Plan, Review, and Update Annually

Develop and maintain a comprehensive emergency preparedness program.  
Update the Emergency Plan **at least annually**.

#### Common Deficiencies:

- + No record of training.
- + No annual update and review.
- + **Generic plans.**
- + **Incomplete plans.**
- + **Outdated and inaccurate.**



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 5. E0030 – Name and Contact Information

The communication plan must include names and contact information for the following:

- + Staff
- + Entities providing services under arrangement
- + Resident's physicians
- + Other facilities
- + Volunteers

#### Common Deficiencies:

- + The names and contact information of staff and vendors were not correct/updated.
- + *The list was updated and replaced in one location, but old contacts and contact information were left in the plan as well.*

EMERGENCY CONTACT INFORMATION			
My Name:			
Address:			
City:	State:	Zip:	
Insurance:	Policy #:		
IN CASE OF EMERGENCY NOTIFY:			
Name:	Phone:		
Name:	Phone:		
Doctor:	Phone:		

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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 7. E0001 – Establishment of the Emergency Program

#### Common Deficiencies:

- + Facility leadership is unable to describe the facility's emergency preparedness program.
- + Lack of written policy and documentation on the emergency preparedness program.



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 8. E0015 – Subsistence Needs for Staff and Residents

The Provision of subsistence needs for staff and residents, whether they **evacuate or shelter in place**, shall include:

- + Food, water, medical and pharmaceutical supplies.
- + Alternate source of energy to maintain:
  - Temperatures to protect resident health and safety (heating and cooling) and for food storage.
  - Emergency lighting.
  - Fire detection, extinguishing, and alarm systems.
  - Sewage and waste disposal.

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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 8. E0015 – Subsistence Needs for Staff and Residents

Common Deficiencies:

- + Did not comply with all requirements of the regulation.



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 9. E0036 – EP Training & Testing

Develop and maintain an emergency preparedness training and testing program based on the emergency plan. The training and testing program must be updated at least annually.

Common Deficiencies:

- + Did not comply with all requirements of the regulation.
- + The program was not reviewed and updated annually.



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 10. E0036 – LTC Sharing Plan with Residents

Develop and maintain an emergency communication plan that includes a method for **sharing the information with the residents and their families** or representatives.

Common Deficiencies:

- + Plan not shared with residents.
- + Plan not shared with families or representatives.



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## Top Ten Cited Deficiencies For Emergency Preparedness in 2022

### 11. E0006 – Plan Based on All Hazards Risk Assessment

The Emergency Plan must be based on and include a documented:

- + Facility-based risk assessment.
- + Community-based risk assessment utilizing an all-hazards approach, including missing residents.

Common Deficiencies:

- + Generic – not based on actual facility.
- + Not current – annual update.
- + Vague descriptions.

EVENT	PROBABILITY	SEVERITY (MAGNITUDE, MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
MAJOR	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-100 1-1000 1-10000	1-10000
Minor Earthquake (Shallow)								1%
Major Earthquake (Shallow)								1%
Minor Bombing								1%
Major Bombing								1%
Minor Explosion								1%
Major Explosion								1%
Minor Gas Leak								1%
Major Gas Leak								1%
Minor Fire								1%
Major Fire								1%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1%

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# The First Hour of Your Emergency

## (including Incident Command System (ICS) Positions and How They Interact)

**MAP**  
MutualAidPlan.org

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## The First Hour of Your Emergency

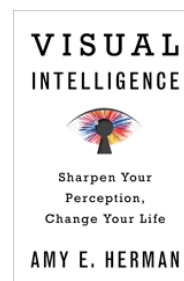
### *Recognition of an Emergency*



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### Perceptual Filters:

- + Confirmation Bias
- + Seeing what we're told to see
- + Change Blindness
- + Inattention Blindness



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## The First Hour of Your Emergency

**HANDOUT**

### Recognition of an Emergency

An emergency incident **has or is** occurring:

- + Fire/smoke condition
- + Internal Flooding
- + Loss of Power / Generator Failure
- + Loss of Heat or Air Conditioning
- + Others...



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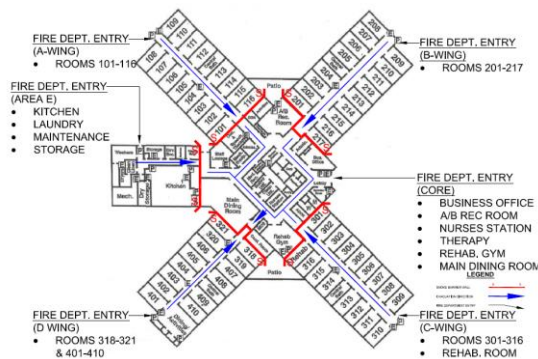
## The First Hour of Your Emergency

**HANDOUT**

### Life Safety Preservation Actions

Internal relocation of staff & residents (Areas of Safe Refuge):

- + R.A.C.E. fire plan
- + Defend in Place
- + Fire/smoke barriers & compartments



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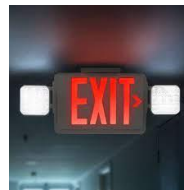
## The First Hour of Your Emergency

**HANDOUT**

### Life Safety Preservation Actions

Internal relocation of staff & residents (Areas of Safe Refuge):

- + Internal Flooding / Building damage
- + Loss of Power / Generator Failure
  - + Oxygen dependent residents
  - + Emergency Lighting
- + Loss of Heat or A/C
  - + Internal Warming / Cooling Stations



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## The First Hour of Your Emergency

**HANDOUT**

### Notifications

- + **911** – Immediate response from police, fire, EMS
- + Internal – Leadership Team (Administrator, DON, Maintenance, etc.)
  - Phone Tree, Electronic Notification System
- + CT LTC-MAP Duty Officer: **(860) 207-9270**
  - **SAVE THIS NUMBER AS A CONTACT IN YOUR PHONE**
- + CT DPH for the reportable incident:
  - <https://dphflisevents.ct.gov/>
  - (860) 509-8000 After Hours



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# The First Hour of Your Emergency

**HANDOUT**

## Activate Facility Incident Command Center

Administrator's Office / Conference Room

+ Assign NHICS Roles to Leadership Team

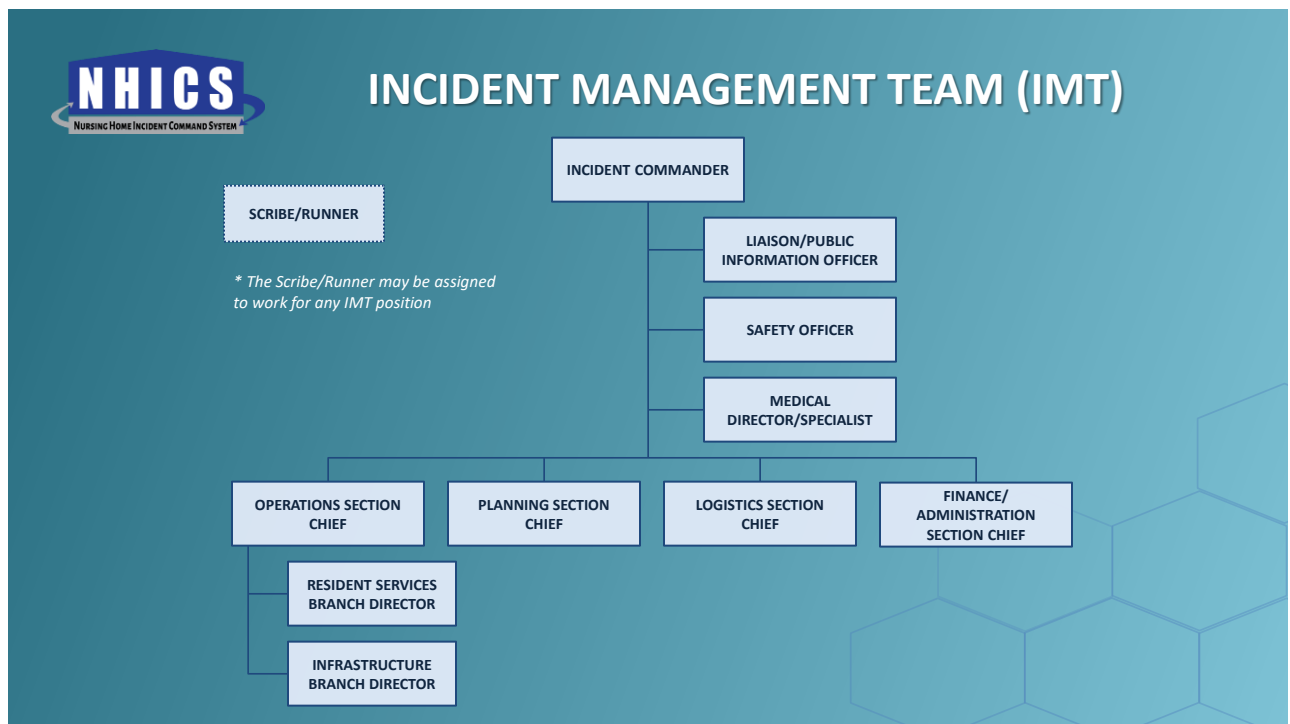
- Command Staff
  - **Incident Commander**
  - Safety / Security Officer
  - Liaison / Public Information Officer
  - Medical Director / Technical Specialist
- General Staff
  - Section Chiefs (Operations, Planning, Logistics, Finance)



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## Essential Responsibilities of the 5 NHICS Functions

NHICS FUNCTIONS	ESSENTIAL RESPONSIBILITIES
Incident Command	Lead/Manage
Operations	Carry out the actions that must be done
Planning	Collect Information, Analyze and Plan
Logistics	Get Stuff to support Operations
Finance and Administration	Finance, Administration and Clerical Support

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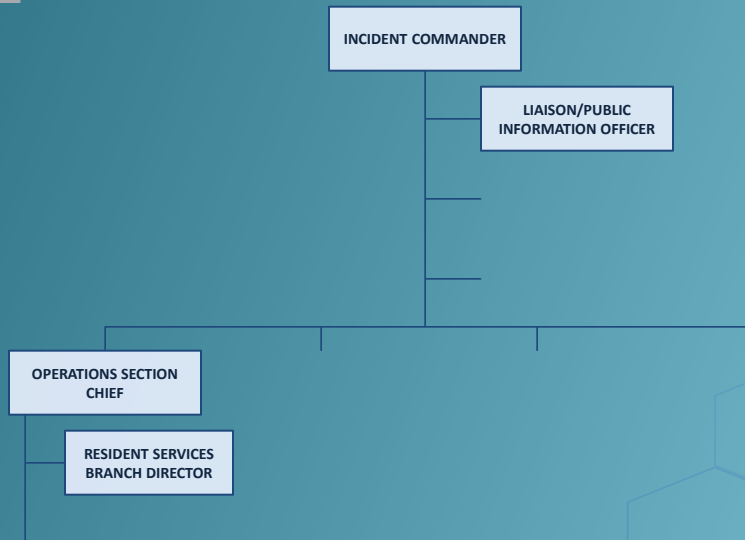
## Incident Command System

- Virtually all disaster response agencies utilize Incident Command
- Key Concepts –
  - **Unity of Command**
  - **Unified Command**
  - **Common Terminology**
  - **Management by Objectives**
  - **Flexible and Scalable**

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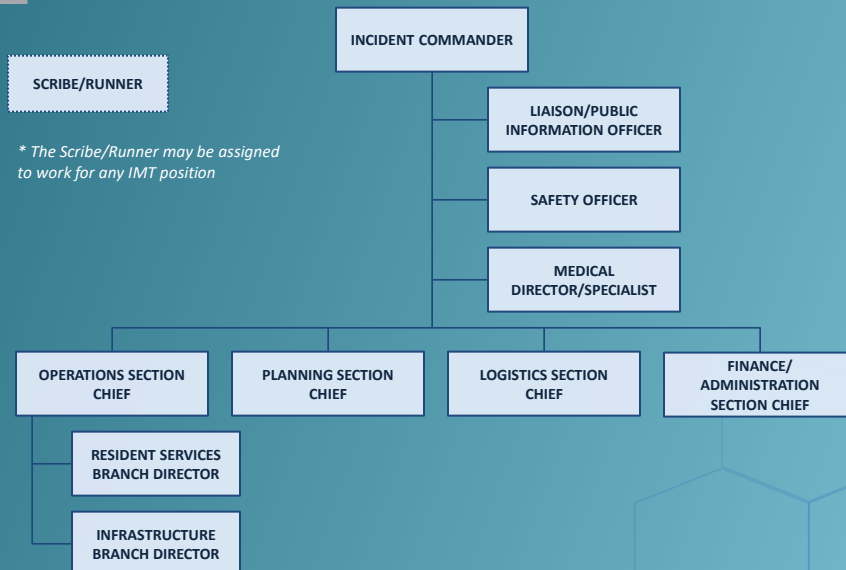
## Missing Resident IMT



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## Full Evacuation IMT



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## The First Hour of Your Emergency

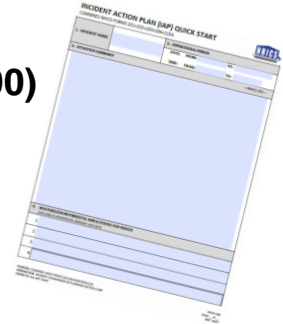
**HANDOUT**

### Activate Facility Incident Command Center

Administrator's Office / Conference Room

#### + Develop Incident Action Plan (IAP) (NHICS Form 200)

- Incident Name
- Operational Period (Date/Time)
- Situational Summary
- Weather / Environmental Implications
- NHICS Organization Chart (*Names in Boxes*)
- Incident Objectives (Strategies, Tactics, Resources, Assigned to)
- Health & Safety Briefing



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## The First Hour of Your Emergency

**HANDOUT**

### Decision Point

#### + Shelter in Place Vs. Evacuation

- ***Is your facility safe for the continued occupancy of staff and residents?***



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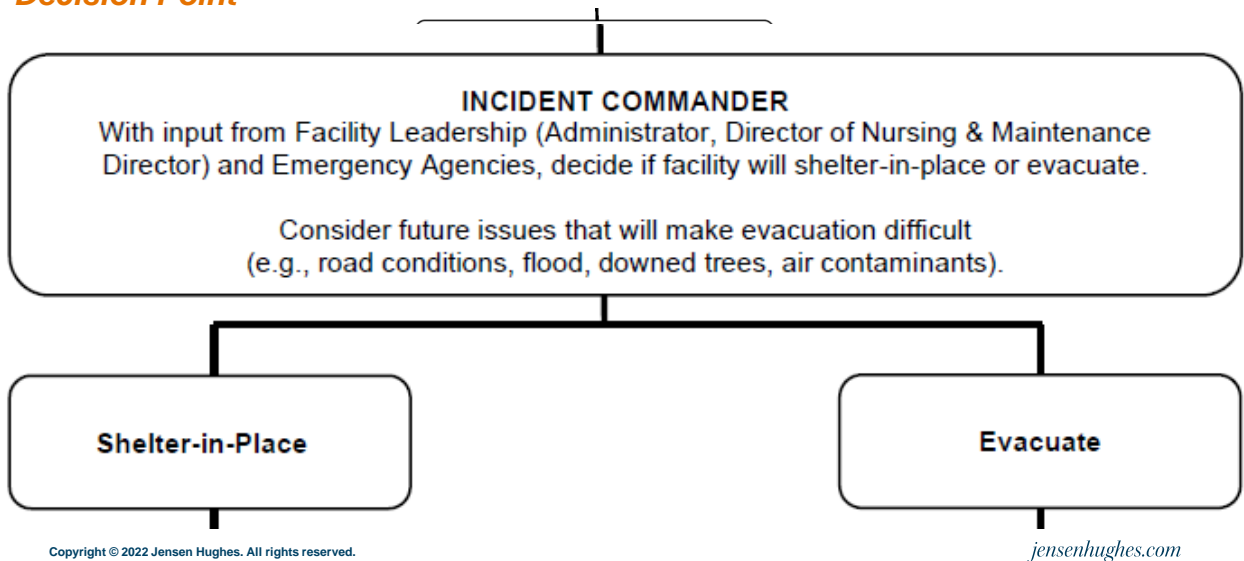
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## The First Hour of Your Emergency

**HANDOUT**

### Decision Point



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## The First Hour of Your Emergency

**HANDOUT**

### Evacuation Actions

- + **Communicate with the CT LTC-MAP Duty Officer the decision to evacuate.**
  - Evacuating census & Categories of Care
  - Transportation Requirements (Ambulatory, Wheelchair, Ambulance)
- + Establish Holding Area(s)
- + Establish Vehicle Staging Area(s)
- + **Prepare residents for evacuation / relocation**
- + Use LTC-MAP Forms (Resident Emergency Evacuation Forms & Tracking Sheets)

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# The First Hour of Your Emergency

**HANDOUT**

## Quick Reference Guide – The First Hour of Emergency

- ▶ **4. Activate Facility Incident Command Center** (Administrator's Office, Conference Room):
  - Assign roles to your leadership team (Incident Commander, Safety/Security Officer, Liaison Officer, Public Information Officer, Section Chiefs (Operations, Planning, Logistics, Finance). Only assign positions needed for the response.
  - Develop an Incident Action Plan (IAP), using the NHICS 200 Form (IAP Quick Start).
- 5. Decision Point: Shelter-in-Place vs. Evacuation**
  - Reference "Evacuation Decision Making Guide", algorithm page 1.3 (See MAP Binder).
  - *NOTE: Decision point should be continually reassessed during the first hour of the incident and may change based on worsening or improving conditions.*
- 6. Evacuation Actions:**
  - Communicate with LTC-MAP the decision to evacuate.
    - Evacuating census and any specific categories of care: Bariatric, dementia secured / memory care, trach / suction, central / PICC line, TPN, vents, etc.
    - Transportation Requirements: Number of residents requiring stretcher (ambulance), wheelchair, and ambulatory. See "Quick Reference Guide, Transportation & Evacuation Resource Tool".
  - Establish Holding Area(s) for evacuation and assign Holding Area Coordinator(s). See "Quick Reference Guide – Holding Area Coordinator Checklist".
  - Establish Staging Area (on or off campus) for arriving transportation vehicles (work with local police and fire department to assist with managing vehicle staging).
- ▶ • Prepare residents to evacuate on the units. See "Quick Reference Guide, Resident Evacuation Preparation".

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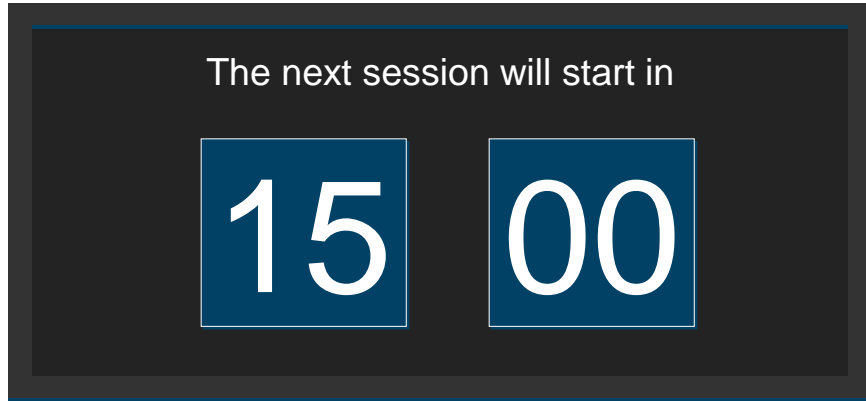
**Break**
**Break (15 Minutes)**


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## 15 Minute Countdown Timer



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13 00

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12 00

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11 00

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10 00

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09 00

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08 00

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07 00

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06 00

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05 00

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04 00

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The next session is ready to start

00 : 00 00

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*Connecticut  
Long Term Care Mutual Aid Plan  
(LTC-MAP)  
Annual Education Conference*

June 13 – June 15, 2023

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## 2023 Goals & Objectives

### + Plan Benchmarks / Metrics

#### – Annual Education Attendance (Virtual)

- 2021: 207/315 plan member facilities attended = **66%**
- **2022: 160/315 plan member facilities attended = 51%** ↓



#### – Annual Full-Scale Exercises Participation

- 2021 Overall: 174/318 plan members participated = **55%**
  - 2021 Nursing Homes: 154/208 plan members participated = **74%**
  - 2021 Assisted Living Communities: 20/129 = **16%**
- **2022 Overall: 196/323 plan members participated = 61%** ↑
- **2022 Nursing Homes: 177/204 plan members participated = 87%** ↑
- **2022 Assisted Living Communities: 42/134 = 31%** ↑



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## 2023 Goals & Objectives

### + Plan Benchmarks / Metrics

#### - Regional Steering Committees / Responders

- 2021: 38 members (down from 45 in 2020)
- **2022: 46 members (up from 38 in 2021)**

#### - Facility Data Management

##### ▪ Contacts

- <3 Contacts listed per facility:  $46/315 = 15\%$  ↓

##### ▪ Stop Over Point

- No Stop Over Point identified:  $110/315 = 35\%$  ↓

##### ▪ Transportation / Evacuation Survey

- >2 Years since T/E Update or Missing:  $138/315 = 44\%$  ↓

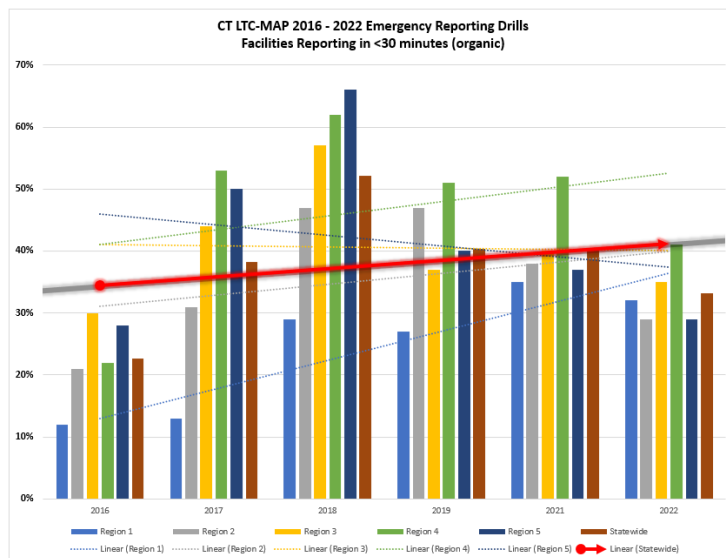


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## Emergency Reporting Compliance

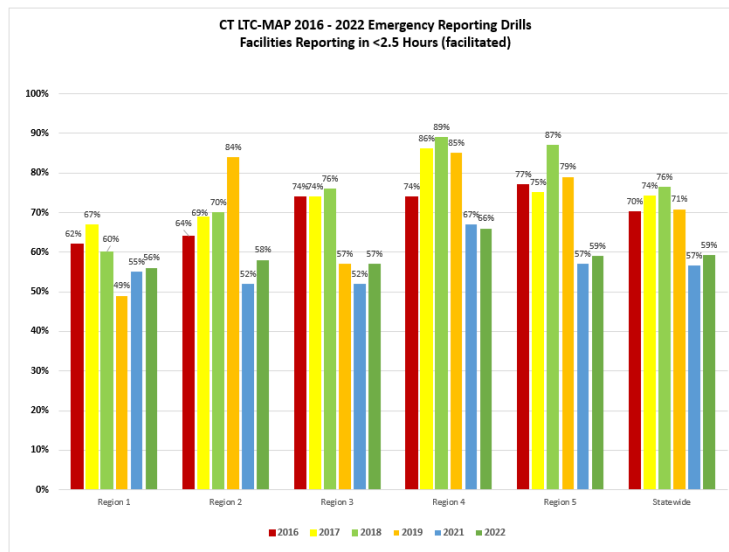


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## Emergency Reporting Compliance



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## MEMORANDUM OF UNDERSTANDING (MOU)

- Revised in March 2020
- Finalized in April 2022
- Facility transfer agreement
- Payer Process – No Discharge / No Admit
  - Maximum of 30 days / Decision by day 15
- State Plan Amendment (SPA) – CT DSS
- Statewide Educational Webinars
  - Tuesday, May 24, 2022
    - Session was recorded and posted

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



### Financial Management Group

March 9, 2020

Kathleen Brennan, Deputy Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105-3710

Reference: TN 19-0032

Dear Deputy Commissioner Brennan:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0032. This amendment proposes to update the payment rates for nursing facility residents to provide for reimbursement when a resident of a Disaster Struck Nursing Facility must be temporarily evacuated to another facility due to a disaster for a period of up to thirty (30) days.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 19-0032 is approved effective November 1, 2019. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or [Novena.James-Hailey@cms.hhs.gov](mailto:Novena.James-Hailey@cms.hhs.gov).

Sincerely,

*Jeremy Silanachis*  
Kristin Fan  
Director

Enclosures

[jensenhughes.com](http://jensenhughes.com)

## CT LTC-MAP DUTY OFFICER

### Connecticut Long Term Care Mutual Aid Plan

#### Duty Officer Contact Information

**Effective June 1, 2022**

#### Contact Information:

Phone: 860-207-9270

Email: [ctdutyofficer@mututalaidplan.org](mailto:ctdutyofficer@mututalaidplan.org)

**Back-Up Resource Officer:** Andy McGuire

Cell: 203-648-7116

Office: 860-390-1949

Email: [andrew.mcguire@jensenhughes.com](mailto:andrew.mcguire@jensenhughes.com)

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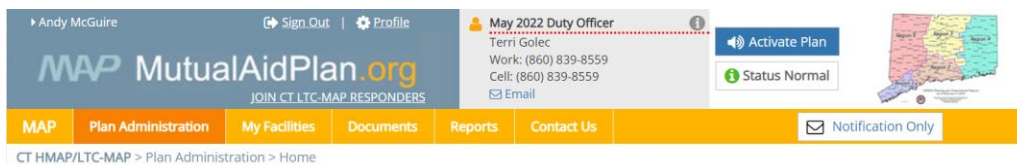
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## CT LTC-MAP RESPONDERS RECRUITMENT

### Objectives of the CT LTC-MAP Response Team (RT):

- Support a CT LTC-MAP member in need of assistance by coordinating supplies, equipment, staffing, and supporting a facility evacuation (LTC Coordinating Center Operations) by finding open beds, available transportation resources, and tracking all resident movement.
- Maintain 100% accountability for all CT LTC-MAP facilities if they are experiencing operational issues from a community event such as a snowstorm, hurricane, or tornado.
- Responders are fluent in the use of the CT LTC-MAP website, specifically in the use of the Emergency Reporting Dashboard.



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## ANNUAL FULL-SCALE EXERCISES

## HANDOUT

## Connecticut Long-Term Care Mutual Aid Plan (LTC-MAP)



### 2023 Full-Scale Exercises:

Region 3 – Monday, October 23, 2023 (12:00 pm – 3:30pm)  
 Region 2 – Tuesday, October 24, 2023 (9:00am-12:30pm)  
 Region 4 – Wednesday, October 25, 2023 (9:00am-12:30pm)  
 Region 1 – Thursday, October 26, 2023 (9:00am-12:30pm)  
 Region 5 – Friday, October 27, 2023 (9:00am-12:30pm)

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## EXERCISE INFORMATION

- The focus of this year's exercises is for plan members to test their ability to perform the actions necessary of a ***Disaster Struck Facility (DSF)***. This will create an opportunity for all participating members to:
  - Review facility evacuation plans.
  - Stand up Command Centers, with participation from ***community partners***.
  - Understand the processes to support the safe relocation of residents, including the **Transportation Evacuation Survey** to identify transportation requirements for each resident.

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## EXERCISE INFORMATION

- Manage **Holding Areas** with mock residents.
- Complete a **Transportation Evacuation Survey** as well as determine proper placement of mock residents and fill out appropriate documents.

**INSTRUCTIONS:** Please provide a breakdown of all patient transportation resources your facility will need in the event of a full evacuation. Please create at least one row for each level of care your facility provides (e.g., Acute Care Hospital, Assisted Living, Nursing Home). You may make more than one row and complete this by wing / clinical unit if you wish to subdivide/track it by area (e.g., 3 North NICU, Medical/Surgical Unit – 9th Floor Patient Care Tower, Assisted Living – South Wing, Skilled Nursing – North Wing). See attached transportation evacuation survey for guidance to each clinical area completing this status report.

**Transportation Requirements** [Add a Transportation Survey](#) [Printable List](#) Most Recent Update: 07 Oct 2022 9:51:46 AM

Sort By:

Level of Care / Area	Total Patients	Transportation Requirements								Special Needs					Notes		
		CCT	CCT - NICU	CCT - PICU	CCT - Bariatric	ALS	ALS - Bariatric	BLS	BLS - Bariatric	Chair Car / Wheelchair	Chair Car / Wheelchair Bariatric	Normal Means - Bus / Car	Continuous O <sub>2</sub>	Vent		Medical Equipment (unable to discontinue)	Dementia Secured
Nursing Ho... SNF	0							29	1	181	11	86	7	0	5	72	

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## EXERCISE INFORMATION

HANDOUT

### Exercise Preparation Conference Calls

**ALL CT LTC-MAP MEMBERS** must participate in one (1) of the Exercise Preparation Conference Calls. Four (4) opportunities will be provided to members statewide:

Date	Morning Session	Afternoon Session
September 13, 2023	10:00am – 11:00am	1:00pm – 2:00pm
September 14, 2023	10:00am – 11:00am	1:00pm – 2:00pm

**Conference Calls will be via the Microsoft TEAMS Platform.**  
**Links and Dial-in Numbers will be sent 30 days prior.**

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## *MutualAidPlan.org → ProtectAdvisr*

*Transitioning Technology*

### **Innovation in Technology**

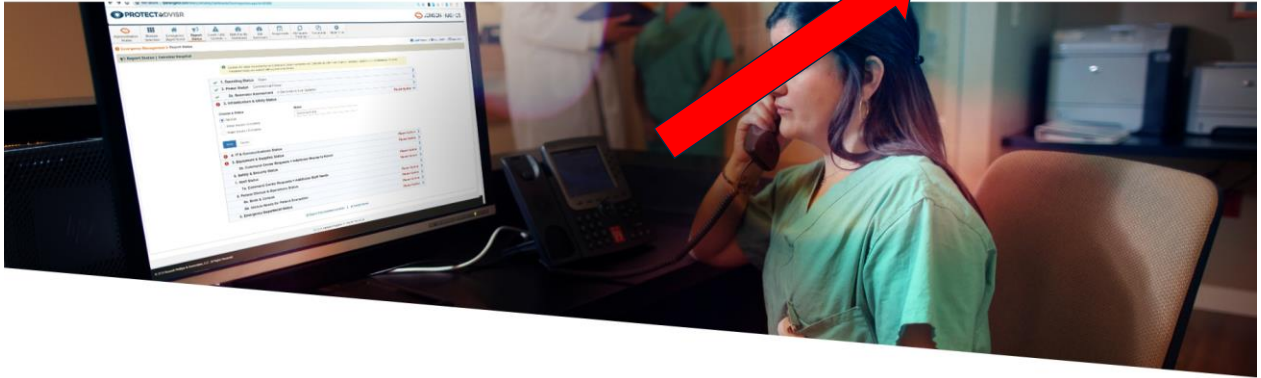
- + In 2008, Jensen Hughes developed the MutualAidPlain.org technology to support and empower the healthcare industry to collaborate during times of crisis.
- + Since the original development, technology innovations have significantly improved the ability for organizations to better plan for, respond to and recover from emergencies.
  - Data Capture Methodologies
  - Speed and Accuracy
  - Cyber Security
  - Improved Incident Management Tools

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SIGN IN TO ACCESS PROTECTADVISR



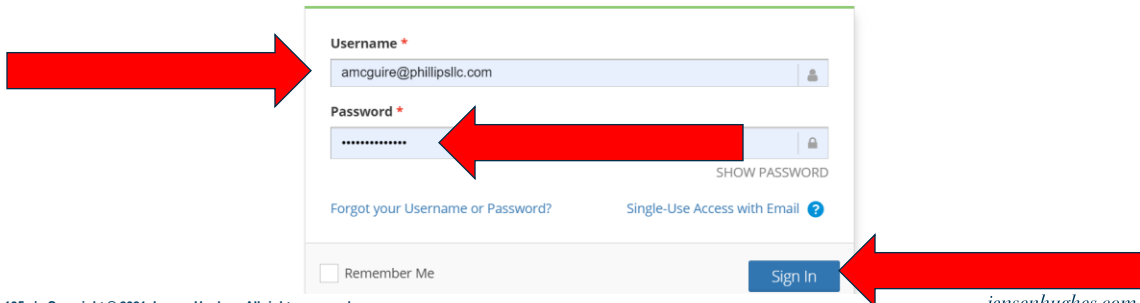
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## ProtectAdvisr – Logging in

 JENSEN HUGHES

**Username \***

amcguire@phillipsllc.com

**Password \***

\*\*\*\*\*

SHOW PASSWORD

[Forgot your Username or Password?](#) [Single-Use Access with Email ?](#)

☐ Remember Me

**Sign In**

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## ProtectAdvisr – Healthcare Coalition Module

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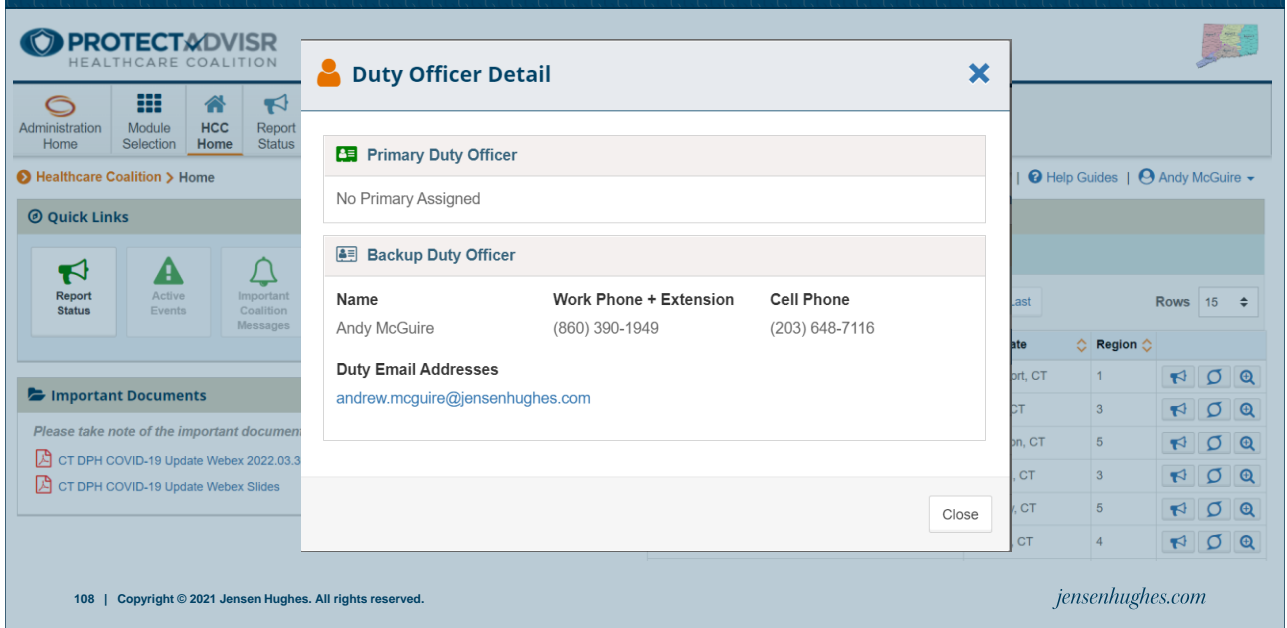
## ProtectAdvisr – Healthcare Coalition Module Home Page

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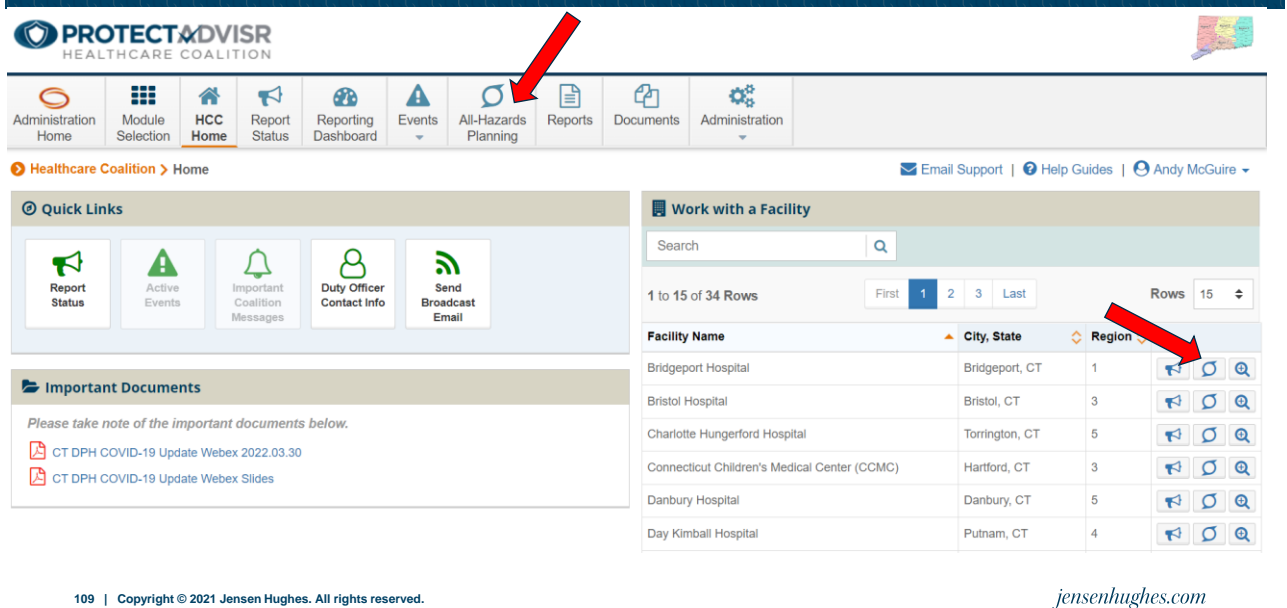
## ProtectAdvise – Home Page



The screenshot shows the ProtectAdvise Home Page. At the top, there's a navigation bar with 'Administration Home', 'Module Selection', 'HCC Home' (highlighted), and 'Report Status'. Below this, a 'Healthcare Coalition > Home' breadcrumb is visible. A 'Quick Links' section contains 'Report Status', 'Active Events', and 'Important Coalition Messages'. An 'Important Documents' section lists 'CT DPH COVID-19 Update Webex 2022.03.30' and 'CT DPH COVID-19 Update Webex Slides'. A 'Duty Officer Detail' modal is open, showing 'Primary Duty Officer' as 'No Primary Assigned' and 'Backup Duty Officer' as 'Andy McGuire' with contact information. A 'Close' button is at the bottom right of the modal. The footer includes '108 | Copyright © 2021 Jensen Hughes. All rights reserved.' and 'jensenhughes.com'.

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## ProtectAdvise – Facility Planning Data



The screenshot shows the ProtectAdvise Facility Planning Data page. The navigation bar includes 'Administration Home', 'Module Selection', 'HCC Home' (highlighted), 'Report Status', 'Reporting Dashboard', 'Events', 'All-Hazards Planning' (highlighted with a red arrow), 'Reports', 'Documents', and 'Administration'. Below the navigation bar, a 'Healthcare Coalition > Home' breadcrumb is visible. A 'Quick Links' section contains 'Report Status', 'Active Events', 'Important Coalition Messages', 'Duty Officer Contact Info', and 'Send Broadcast Email'. An 'Important Documents' section lists 'CT DPH COVID-19 Update Webex 2022.03.30' and 'CT DPH COVID-19 Update Webex Slides'. A 'Work with a Facility' section contains a search bar and a table with 34 rows. The table has columns for 'Facility Name', 'City, State', and 'Region'. A red arrow points to the 'Region' column header. The table lists facilities like Bridgeport Hospital, Bristol Hospital, Charlotte Hungerford Hospital, Connecticut Children's Medical Center (CCMC), Danbury Hospital, and Day Kimball Hospital. The footer includes '109 | Copyright © 2021 Jensen Hughes. All rights reserved.' and 'jensenhughes.com'.

Facility Name	City, State	Region
Bridgeport Hospital	Bridgeport, CT	1
Bristol Hospital	Bristol, CT	3
Charlotte Hungerford Hospital	Torrington, CT	5
Connecticut Children's Medical Center (CCMC)	Hartford, CT	3
Danbury Hospital	Danbury, CT	5
Day Kimball Hospital	Putnam, CT	4

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## ProtectAdvisr – Facility Planning Data

**PROTECT ADVISOR**  
HEALTHCARE COALITION

Administration Home Module Selection HCC Home Report Status Reporting Dashboard Events **All-Hazards Planning** Reports Documents Administration

Healthcare Coalition > All-Hazards Planning > Facility List [Email Support](#) | [Help Guides](#) | [Andy McGuire](#)

**Facility List** [What's this?](#)

Filters Search [Reports](#) [Selected \(0\)](#)

1 to 15 of 34 Rows First 1 2 3 Last Rows 15

	Facility Name	City, State	Region	All Hazards Planning Data Gap Analysis (Item Count / Last Updated)							Vendors
				Contacts	Generators	HVA Responses	Receiving Facilities	Resources	Supply Delivery Locations	Trucks	
1	<input type="checkbox"/> Bridgeport Hospital	Bridgeport, CT	1	5 2/6/2021	—	—	5 2/6/2021	1 1/26/2021	2 2/1/2021	—	—
2	<input type="checkbox"/> Bristol Hospital	Bristol, CT	3	6 6/15/2021	—	—	—	—	2 12/11/2020	—	—
3	<input type="checkbox"/> Charlotte Hungerford Hospital	Torrington, CT	5	6 2/6/2021	4 1/12/2021	—	7 2/6/2021	1 7/31/2020	2 12/11/2020	9 2/4/2021	—
4	<input type="checkbox"/> Connecticut Children's Medical Center (CCMC)	Hartford, CT	3	4 4/11/2022	—	—	—	3 4/18/2022	2 8/11/2020	—	—

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## ProtectAdvisr – Facility Planning Data

Healthcare Coalition > All-Hazards Planning > Facility List [Email Support](#) | [Help](#)

**Facility Planning Detail** [ref # 800479](#)

Bridgeport Hospital

**Facility Basics** Resources + Assets HVA Surge + Evacuation Prep

**Essential Info** Buildings (9) Units (60) Contacts (5) Generators (0)

Essential Info		Internal Communication		External Communication	
<b>Address</b> 267 Grant St Bridgeport CT 06610 <b>Facility Category / Type(s)</b> Hospital Acute Care Hospital <b>Number of Employees</b> 2600 <b>Licensed Beds</b> 425 <b>Avg. Patient Census</b> 340 <b>Avg. Staff Census</b>  <b>Avg. Visitor Census</b>  <b>Emergency Alert System</b>  <b>Fire Department</b> City of Bridgeport Fire Department		<b>Main Facility Phone</b> (203) 384-3000 <b>Main Facility Fax</b>  <b>Command Center Phone</b> (203) 330-7400 <b>Command Center Fax</b>  <b>Command Center Email</b>  <b>Command Center Location</b> Marsh 1 <b>Fallsafe Phone</b>  <b>Emergency Department Phone</b> (203) 384-3566 <b>Emergency Department Fax</b> (203) 384-4037 <b>800 Mhz Phone</b> <a href="#">Save &amp; Close</a> <a href="#">Save &amp; Next</a> <a href="#">Save</a>		<b>Local Police</b> (203) 576-7671 <b>County Police</b>  <b>State Police</b>  <b>Fire (emergency)</b>  <b>Fire (non-emergency)</b> (203) 576-7830 <b>EMS</b>  <b>Local Emergency Operations Center</b> (203) 579-3822 <b>County Emergency Operations Center</b>  <b>State Emergency Operations Center</b> (860) 566-3100 <b>Red Cross</b> (877) 287-3327 <b>CSP Troop G, Bridgeport</b> (800) 575-6330 <b>CSP Troop G, Bridgeport</b> (203) 696-2500	

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## ProtectAdvisr – Facility Planning Data

Facility Basics Resources Assets HVA Surge Evacuation Prep

Essential Info Buildings (11) Units (27) **Contacts (3)** Generators (9)

New Emergency Contact

**Essential Info**

Facility \*  
Danbury Hospital

Prefix First Name \* Last Name \*

Title

Email Include in Emergency Notifications ☒ NO ☐ YES

Contact Level **?**  
☒ None ☐ Primary ☐ Secondary

**Contact Groups** **?**

☐ Federal Emergency Preparedness Partners  
☐ Tribal Emergency Preparedness Partners  
☐ Local Emergency Preparedness Partners  
☐ Incident Management Team  
☐ State Emergency Preparedness Partners  
☐ Regional Emergency Preparedness Partners  
☐ Other Emergency Preparedness Partners

**Phone/Pager Info**

Work Phone - Extension  
Ext

Cell Phone 1  
Cell Phone 2

Numeric Pager  
Text Pager

Home Phone  
Other Phone

Cell Phone 1 Carrier  
Cell Phone 2 Carrier  
Numeric Pager Carrier  
Text Pager Carrier

Other Phone Notes

Save & New Save & Close Save & Next Save

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## ProtectAdvisr – Facility Planning Data

Facility Basics Resources Assets HVA Surge Evacuation Prep

Essential Info Contacts (7) **Generators (1)**

Generator Detail

**Essential Info**

Facility \*  
Jensen Hughes Long Term Care - Demo

Identifier **?** \*  
Generator

Location \*  
Back of Facility

Area(s) Serviced \*  
Red Plugs and Emergency Lighting

Voltage  
209

Amperage  
100

Killowatts  
275

Has Quick Connect  
☒ NO ☐ YES

Operates in Parallel with other Generator(s)  
☒ NO ☐ YES

Contingency Plan Notes  
Red Plugs only.

**Fuel Info**

Primary Fuel Type  
Diesel

Primary Fuel Tank Capacity  
1000

Normal Runtime (Hours) **?**  
30

Contingency Runtime (Hours) **?**  
60

Secondary Fuel Type  
Select

Secondary Fuel Tank Capacity  
1000

**Generator Documents (0)**

No Documents Present

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## ProtectAdvisr – Facility Planning Data

Facility Basics Resources + Assets

Resource Inventory (28) Critical Assets (0) Supply Delivery (1) **Vendors (11)** Vehicle Inventory (2)

**Vendors**

Filters Search

1 to 11 of 11 Rows

Vendor Name	Address	Categories	Primary Phone	24 Hour Phone
1 Academy Bus Lines	76 Industrial Lane West Warwick, RI 02893	Transportation	(401) 628-4100	(800) 442-7272 x 2253
2 ACE Fire & Water Restoration, INC.	18 Elizabeth Street West Springfield, MA 01089	Water - Fire Protection	(413) 750-5200	(413) 750-5200
3 Advance Air & Heat Co, Inc	177 Bullock Road East Freetown, MA 02717	Air Conditioning - Fuel	(508) 763-3738	(508) 763-3738
4 Advanced Linen Services	65 Manchester St Lawrence, MA 01841	Linen Supplies	(978) 681-5542	(978) 681-5542
5 Airgas	6055 Rockside Wood Blvd N Independence, OH 44131	Medical Air Systems Oxygen - Bulk Oxygen - Portable E Tanks	(800) 242-0105	(800) 242-0105
6 All American Foods	1 All American Way North Kingstown, RI 02861	Food (Dry Stock and Perishables) Supply on Hand	(401) 294-5455	(401) 294-5455
7 AMR - American Medical Response	58 Middletown Ave New Haven, CT 06513	Transportation	(800) 379-7700	(800) 379-7700
8 Avon Water Co.	P.O. Box 424 14 W Main St Avon, CT 06001	Water - Potable	(860) 678-0001	(860) 678-0001

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## ProtectAdvisr – Facility Planning Data

**PROTECT&ADVISE**  
HEALTHCARE COALITION

Administration Home Module Selection HCC Home Report Status Reporting Dashboard Events All-Hazards Planning Reports Documents Administration

Healthcare Coalition > All-Hazards Planning > Facility List

Facility Planning Detail

Hospital of Central Connecticut (New Britain Campus)

Facility Basics Resources + Assets

Resource Inventory (29) Critical Assets (0) Supply Delivery (2) Vendors (0) **Vehicle Inventory (28)**

**Vehicle Inventory**

Search

1 to 15 of 28 Rows

Vehicle Type	Description	Year	Make	Model	# of Wheelchairs	# of Seats
1 Car	Base 4dr 4x4	2012	Ford	Explorer		3
2 Car	Base 4dr 4x4	2013	Ford	Explorer		3
3 Car	S 4dr Sedan	2013	Ford	Focus		3
4 Car	S 4dr Front-wheel Drive Sedan	2013	Ford	Fusion		3
5 Car	SE 4dr Hatchback	2014	Ford	Focus		3
6 Car	Base All-wheel Drive	2020	Ford	Police Interceptor Utility		3
7 Car	Base All-wheel Drive	2020	Ford	Police Interceptor Utility		3
8 Car	Base All-wheel Drive	2020	Ford	Police Interceptor Utility		3
9 Car	CAR	2012	FORD	FOCUS	0	4

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## ProtectAdvisr – Facility Planning Data

Facility Basics Resources + Assets HVA **S**

**Hazard and Vulnerability Assessment**

Completed: Not Set Documents (0) Add Documents Reports

Instructions Scoring Scale **Natural Hazards** Technological Hazards Human Hazards All Hazards Facility Summary Top 10 Hazards Top 10 Mitigation Plans

Top 10 Mitigation Plans Download Instructions

Category	Event	Risk	Comments	Mitigation Plans
1 Natural Hazards	Infectious Disease (Norovirus, Seasonal Flu, Measles, etc.)	67%		
2 Technological Hazards	Commercial Power Failure	58%		1) Testing of generators performed per policy 2) Supply Chain Management regarding fuel on site. 3) Regularly ensure MOUs are up-to-date with vendors and community. 4) Utility Management Plan 800
3 Technological Hazards	Cyber Attack	50%		1) The analysis of potential cyber security threats is an ongoing process. 2) Policies, procedures and controls are in place for preventing unauthorized access or modification to the organizations devices and systems 3) Technical security controls are in place, such as firewalls, passwords, multiple authentication methods, and anti-virus / malware. 4) Policies and procedures exist to control and limit employee access to information technologies and systems.
4 Technological Hazards	EHR/Information Systems Disruption	46%	Meditech	1) Documentation of downtime procedures and forms available

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## ProtectAdvisr – Facility Planning Data

Facility Planning Detail

Bridgeport Hospital

Facility Basics Resources + Assets HVA **Surge + Evacuation Prep**

Receiving Facilities (5) Vehicle Needs for Evacuation (20) Hospital Surge Capacity (33)

Receiving Facilities for Evacuation

Search

1 to 5 of 5 Rows First 1 Last Rows 15

Priority	Receiving Facility Name	Facility Category	Use	Address, City, State, Zip	Map	Primary Phone	Notes
1	Yale New Haven Hospital (York Street Campus)	Hospital	Evacuation Site	20 York Street New Haven, CT 06504		(203) 689-4242	YNHH System Facility
2	Yale New Haven Hospital (Saint Raphael Campus)	Hospital	Evacuation Site	1450 Chapel Street New Haven, CT 06511		(203) 789-3000	YNHH System Facility
3	Greenwich Hospital	Hospital	Evacuation Site	5 Perryridge Road Greenwich, CT 06830			YNHH System Facility
4	Milford Hospital	Hospital	Evacuation Site	300 Seaside Avenue Milford, CT 06460		(203) 876-4000	YNHH System Facility
5	Lawrence & Memorial Hospital	Hospital	Evacuation Site	365 Montauk Ave New London, CT 06320		(860) 442-0711	YNHH System Facility

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## ProtectAdvisr – Facility Planning Data

Facility Planning Detail  
Bridgeport Hospital

Facility Basics | Resources • Assets | HVA | Surge • Evacuation Prep

Receiving Facilities (1) **Vehicle Needs for Evacuation (10)** Hospital Surge Capacity (16)

Vehicle Needs for Evacuation

Search [ ] [Q]

1 to 10 of 10 Rows First 1 Last Rows 25

Unit Group	Unit Type	Unit Name	Total Patients	Non-EMS Transport (32%)				EMS Transport (68%)								Special Considerations (already included in totals)		Notes
				Passenger Vehicle	Wheelchair	Wheelchair Bariatric	BLS	BLS Bariatric	ALS	ALS Bariatric	CCT	CCT Bariatric	CCT ICU	CCT ICU	Ventilators	Continuous O <sub>2</sub>	Constant Observation	
Summary Totals			100	30	3	0	23	0	28	0	8	0	0	0	11	1	27	10
% of Totals			100%	29%	3%	0%	22%	0%	27%	0%	8%	0%	0%	11%				
1 Adult	Behavioral Health	Behavioral Health Unit (Adolescent)	6	6	0	0	0	0	0	0	0	0	0	0	0	0	5	
2 Adult	Behavioral Health	Behavioral Health Unit (Geriatric)	13	0	3	0	10	0	0	0	0	0	0	0	0	0		
3 Adult	Critical Care	Critical Care Suite	14	2	0	0	0	0	8	0	4	0	0	0	1	12	2	
4 Adult	Critical Care	Intensive Care Unit (ICU)	14	5					5		4							
Adult	Medical/Surgical	1 East	12	6	0	0	2	0	4	0	0	0	0	0	12	1		
Adult	Medical/Surgical	2 East	90	10	0	0	10	0	10	0	0	0	0	0	0	2		

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## ProtectAdvisr – Facility Status Reporting

PROTECTADVISR HEALTHCARE COALITION

1 Active Event

Administration Home Module Selection **HCC Home** Reporting Reporting Dashboard Events All-Hazards Planning Reports Documents Administration

Emergency Management > Report Status

Email Support | Help Guides | Andy McGuire

Report Status

Identify Reporting Location

For which facility are you reporting? \*

Select A Facility

- Jensen Hughes - Behavioral Health Hospital [31 Cooke Street, Plainville, CT]
- Jensen Hughes - Children's Hospital [32 Cooke Street, Plainville, CT]
- Jensen Hughes - Critical Access Hospital [32 Cooke Street, Plainville, CT]
- Jensen Hughes Ambulatory Surgery Center - Demo [7831 Levee Road, Waterbury, CT]
- Jensen Hughes Hospital - Demo [1937 Red Clover Road, Waterbury, CT]
- Jensen Hughes Long Term Care - Demo [6752 Skyline Drive, Bristol, CT]**

Identify Yourself

First Name \* Last Name \*

Andy McGuire

Title Email Address

Lead Fire & Emergency Management Consultant andrew.mcguire@jensenhughes.com

Work Phone Mobile Phone

(860) 390-1949 Ext (203) 648-7116

Go

Gaylord Specialty Healthcare / Gaylord Hospital

Wallingford, CT 2

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## ProtectAdvisr – Facility Status Reporting

Update the steps requested by the Command Center marked in red. Complete any additional steps as necessary based on your circumstances. Recently completed steps are marked with a green checkmark.

<b>1. Operating Status</b>	Please Update >
<p><b>Choose a Status *</b></p> <p><input checked="" type="radio"/> Open</p> <p><input type="radio"/> Evacuating</p> <p><input type="radio"/> Closed</p> <p><b>Save</b></p>	
<p><b>Notes</b></p> <p>Additional Notes</p>	
<b>7. Staff Status</b>	Please Update >
<b>7a. Command Center Requests + Additional Staff Needs</b>	Please Update >
<b>8. Census &amp; Clinical Operations Status</b>	Please Update >
<b>8a. Beds &amp; Census</b>	Please Update >
<b>8b. Vehicle Needs for Patient/Resident Evacuation</b>	Please Update >
<b>9. Emergency Department Status</b>	Please Update >

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## ProtectAdvisr – Facility Status Reporting

Update the steps requested by the Command Center marked in red. Complete any additional steps as necessary based on your circumstances. Recently completed steps are marked with a green checkmark.

<b>1. Operating Status</b>	Open	Updated >
<b>2. Power Status</b>	Please Update >	
<p><b>Choose a Status</b></p> <p><input checked="" type="radio"/> Commercial Power</p> <p><input type="radio"/> Commercial Power w/Concerns</p> <p><input type="radio"/> Partial Generator Power</p> <p><input type="radio"/> Full Generator Power</p> <p><input type="radio"/> No Power</p> <p><b>Save</b> <b>Cancel</b></p>		
<p><b>Notes</b></p> <p>Additional Notes</p>		
<b>8a. Beds &amp; Census</b>	Please Update >	
<b>8b. Vehicle Needs for Patient/Resident Evacuation</b>	Please Update >	
<b>9. Emergency Department Status</b>	Please Update >	

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## ProtectAdvisr – Facility Status Reporting

Update the steps requested by the Command Center marked in red. Complete any additional steps as necessary based on your circumstances. Recently completed steps are marked with a green checkmark.

1. Operating Status Open Updated >

2. Power Status Please Update >

Choose a Status

☐ Commercial Power

☐ Commercial Power w/Concerns

☐ Partial Generator Power

☒ Full Generator Power

☐ No Power

Save

Choose a Secondary Status \*

☐ We are OK right now

☐ Need fuel within 36 hours

☐ Need fuel within 18 hours

☐ We need IMMEDIATE assistance

Notes

Additional Notes

3. Infrastructure & Utility Status Please Update >

4. IT & Communications Status Please Update >

5. Equipment & Supplies Status Please Update >

5a. Command Center Requests + Additional Resource Needs Please Update >

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## ProtectAdvisr – Facility Status Reporting

Update the steps requested by the Command Center marked in red. Complete any additional steps as necessary based on your circumstances. Recently completed steps are marked with a green checkmark.

1. Operating Status Open Updated >

2. Power Status Full Generator Power (We are OK right now) Updated >

3. Infrastructure & Utility Status Normal Updated >

4. IT & Communications Status Normal Updated >

5. Equipment & Supplies Status Normal Updated >

5a. Command Center Requests + Additional Resource Needs Please Update >

Resource Name	Number On Hand	Number Available for Re-Deployment	Number Needed	Notes	Add Row
Evacuation Equipment - Sleds (each) *Request from Command Center	20	10	0	Come and get them	
Evacuation Equipment - Stair Chairs (each) *Request from Command Center	10	5	0	Where should we deliver them too?	

Save

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## ProtectAdvisr – Facility Status Reporting

**8. Census & Clinical Operations Status** Please Update >

**8a. Beds & Census** Please Update ✓

	Facility Type	Current Census	Open Male Beds	Open Female Beds	Open Either Beds	Open Secured Dementia Beds	Open Vent Beds	Notes
1	Residential Care Facility	40	10	10	20			
2	Skilled Nursing	50	25	25	0	10	1	

**Save**

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## ProtectAdvisr – Facility Status Reporting

**PROTECT&ADVISE** HEALTHCARE COALITION 1 Active Event

Administration Home Module Selection HCC Home **Report Status** Reporting Dashboard Events All-Hazards Planning Reports Documents Administration

Update the steps requested by the Command Center marked in red. Complete any additional steps as necessary based on your circumstances. Recently completed steps are marked with a green checkmark.

✓ 1. Operating Status	Open	Updated >
✓ 2. Power Status	Full Generator Power (We are OK right now)	Updated >
✓ 3. Infrastructure & Utility Status	Normal	Updated >
✓ 4. IT & Communications Status	Normal	Updated >
✓ 5. Equipment & Supplies Status	Normal	Updated >
✓ 5a. Command Center Requests + Additional Resource Needs	2 Resources Just Updated	Updated >
✓ 6. Safety & Security Status	Normal	Updated >
✓ 7. Staff Status	Normal	Updated >
✓ 7a. Command Center Requests + Additional Staff Needs	2 Staff Positions Just Updated	Updated >
✓ 8. Census & Clinical Operations Status	Normal	Updated >
✓ 8a. Beds & Census	40 Bed/Room Values Updated	Updated >
✓ 8b. Vehicle Needs for Patient/Resident Evacuation	0 Patients/Residents Classified For Vehicle Needs	Updated >

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## ProtectAdvisr – Back to the HCC Home Page

**PROTECT&ADVISE** HEALTHCARE COALITION 1 Active Event

Administration Home | Module Selection | **HCC Home** | Report Status | Reporting Dashboard | Events | All-Hazards Planning | Reports | Documents | Administration

Healthcare Coalition > Home Email Support | Help Guides | Matthew Icenroad

**Quick Links**

- Report Status
- Active Events
- Important Coalition Messages
- Duty Officer Contact Info
- Volunteer for the Coalition
- Send Broadcast Email

**Important Documents**

Please take note of the important documents below.

- 01\_ProtectAdvisr EM Snapshot (1).pdf
- Infograph\_ProtectAdvisr\_2021\_V03 (1).pdf
- JH\_CaseStudy\_Software\_EmergMgmt-Healthcare\_254-2021.pdf
- JH\_CaseStudy\_Software\_EmergMgmt-Healthcare\_255-2021.pdf
- JH\_FAQ\_ProtectAdvisr\_2021.pdf

**Work with a Facility**

Search

1 to 6 of 6 Rows First 1 Last Rows 250

Facility Name	City, State	Region	
Jensen Hughes - Behavioral Health Hospital	Plainville, CT	*No Region Assigned	
Jensen Hughes - Children's Hospital	Plainville, CT	*No Region Assigned	
Jensen Hughes - Critical Access Hospital	Plainville, CT	*No Region Assigned	
Jensen Hughes Ambulatory Surgery Center - Demo	Waterbury, CT	*No Region Assigned	
Jensen Hughes Hospital - Demo	Waterbury, CT	*No Region Assigned	
Jensen Hughes Long Term Care - Demo	Bristol, CT	*No Region Assigned	

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## EMERGENCY REPORTING STATUS DASHBOARD

Overview | **Reporting Status** | & Utilities | IT & Comms | Resources | Safety & Security | Staffing | Census & Clinical Ops | Emergency Department | Supplemental Questions | Reporting Compliance

Search

Show ☒ All Facilities ☐ Facilities Reporting Any Status ☐ Facilities Reporting Issues

1 to 6 of 6 Rows First 1 Last Rows 15

	Facility Name	Region	FACILITY-LEVEL RAPID ASSESSMENTS										Last Update	
			Operating Status	Power	Infrastructure & Utilities	IT & Communications	Resources	Safety & Security	Staffing	Patient Clinical	Emergency Department			
1	Jensen Hughes - Behavioral Health Hospital	*No Region Assigned	● 43h	□ 43h	● 43h	● 43h	● 43h	● 43h	□ 43h	● 43h	-	43h		
2	Jensen Hughes - Children's Hospital	*No Region Assigned	● 2d	● 2d	● 2d	● 2d	□ 2d	● 2d	● 2d	● 2d	● 2d	2d		
3	Jensen Hughes - Critical Access Hospital	*No Region Assigned	● 2d	● 2d	● 2d	● 2d	● 2d	● 2d	● 2d	● 2d	● 2d	2d		
4	Jensen Hughes Ambulatory Surgery Center - Demo	*No Region Assigned	● 2d	● 2d	● 2d	● 2d	● 2d	● 47h	□ 47h	● 47h	-	47h		
5	Jensen Hughes Hospital - Demo	*No Region Assigned	● 2d	● 2d	● 45h	● 44h	● 44h	● 47h	● 44h	● 44h	● 45h	44h		
6	Jensen Hughes Long Term Care - Demo	*No Region Assigned	● 10m	● 6m	● 41h	● 41h	● 2d	● 41h	□ 41h	● 2d	-	6m		

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## ERS DASHBOARD – POWER STATUS

Overview

Operating Status

Power

Resources

Safety & Security

Staffing

Census & Clinical Ops

Emergency Department

Supplemental Questions

Reporting Compliance

Search

Reports

Show

All Facilities

Facilities Reporting Any Data

Facilities Reporting Issues

Facility	Region	FACILITY-LEVEL POWER RAPID ASSESSMENTS						Generator Status	Last Update	
		Commercial Power	Commercial Power w/ Concerns	Partial Generator	Full Generator	No Power	No Status Reported			
	Totals	3	1	0	2	0	0			
1 Jensen Hughes Hospital - Demo	*No Region Assigned				<div><div></div><div>2d</div><div>We are OK right now</div></div>			<div><div></div><div></div><div></div><div></div></div>	47h	<div><div></div><div></div></div>
2 Jensen Hughes Long Term Care - Demo	*No Region Assigned				<div><div></div><div>9m</div><div>We need IMMEDIATE assistance</div></div>			<div><div></div><div>12</div></div>	9m	<div><div></div><div></div></div>
3 Jensen Hughes - Behavioral Health Hospital	*No Region Assigned		<div><div></div><div></div><div></div></div>	<div><div></div><div>43h</div></div>				<div><div></div><div>96</div><div>96</div></div>	43h	<div><div></div><div></div></div>
4 Jensen Hughes - Children's Hospital	*No Region Assigned	<div><div></div><div>2d</div></div>							2d	<div><div></div><div></div></div>
5 Jensen Hughes - Critical Access Hospital	*No Region Assigned	<div><div></div><div>2d</div></div>							2d	<div><div></div><div></div></div>
6 Jensen Hughes Ambulatory Surgery Center - Demo	*No Region Assigned	<div><div></div><div>2d</div></div>						<div><div></div><div>12</div></div>	47h	<div><div></div><div></div></div>

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## ERS DASHBOARD

Overview

Operating Status

Power

Infrastructure & Utilities

IT & Comms

Resources

Safety & Security

Census & Clinical Ops

Emergency Department

Supplemental Questions

Reporting Compliance

Search

Reports

Show

All Facilities

Facilities Reporting Any Data

Facilities Reporting Issues Or Needs

Resource Reported

1 to 6 of 6 Rows

First

1

Last

Rows

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Facility Name ▶ Resource Reported	Region	FACILITY-LEVEL RESOURCE BREAKDOWN				FACILITY-LEVEL RESOURCE DETAILS				Last Update		
		Normal	Minor Issues	Major Issues	No Status Reported	On Hand	Available for Redeployment	Additional Needed	Resource Request Specific Notes			
	Totals	5	1	0	0							
1 Jensen Hughes - Children's Hospital	*No Region Assigned		□ ● 2d			Y	Y	Y	□	2d		
2 Jensen Hughes - Behavioral Health Hospital	*No Region Assigned	● 43h				Y	Y	-		43h		
3 Jensen Hughes - Critical Access Hospital	*No Region Assigned	● 2d				-	-	-		2d		
4 Jensen Hughes Ambulatory Surgery Center - Demo	*No Region Assigned	● 2d				Y	Y	-		47h		
5 Jensen Hughes Hospital - Demo	*No Region Assigned	● 44h				Y	Y	Y	□	41h		
6 Jensen Hughes Long Term Care - Demo	*No Region Assigned	● 2d				Y	Y	Y	□	9m		
Batteries - General (size & quantity available)						50			AAA	2d		
Beds - Bariatric (each)						3	3		3 bariatric beds available	41h		
Beds - Standard (each)						23		2		9m		
Clinical Equipment - IV Pump (each)						10				41h		
Communications - Portable Radios						10				2d		

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## ERS DASHBOARD – RESOURCES + CHAT LOG

**Facility Chat Log**  
Jensen Hughes Long Term Care - Demo

Enter a New Chat Element for **Equipment & Supplies** \*

Contact Administrator ABC LTC for required beds. Beds received within the hour. Updating status to reflect.

**Chat History (2 in Equipment & Supplies Category / 3 in All Categories)**

1 to 2 of 2 Rows First 1 Last Rows 15

Chat Text	Category	Date / Time	Entered By
Contact Administrator ABC LTC for required beds. Beds received within the hour. Updating status to reflect.	Equipment & Supplies	4/18/2022 12:29 PM EDT	Matthew Icenroad
Request received for beds. ABC LTC providing the requested 2. Contact administrator.	Equipment & Supplies	4/18/2022 12:29 PM EDT	Matthew Icenroad

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## *MutualAidPlan.org → ProtectAdvise*

### *Transitioning Technology*

### Implementation Timeline

- + July 1, 2024 – Jensen Hughes begins development of CT LTC-MAP App in ProtectAdvise (merge of mutualaidplan.org data to CT Health Care Coalition in ProtectAdvise)
- + July 1, 2024, to December 31, 2024:
  - + Facility Users training (On-site visits and remote training opportunities)
  - + Super Users training (LTC Coordinating Centers teams & CT DPH)
  - + All facility planning data will be maintained in ProtectAdvise beginning October 1, 2024.
- + **January 1, 2025 – GO LIVE with ProtectAdvise for CT LTC-MAP**

**NOTE: All above dates are tentative and based on CT LTC-MAP contract renewal.**

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*Questions?*



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*Program: EM – MAP Program*

*Presenters: Jim G & Andy M.*

*Facility You Represent: List your Facility*

*Thank you!*



**Long-Term Care Mutual Aid Plan  
2023 Annual Education Survey**



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