

Internal Situation-Status Report

(how to complete your reporting at www.massmap.org)



Question: Plan Facility - Once your facility name shows, click on “Select this Facility”

Question: Your Contact Information: Enter your name, title, email, primary & cell #

Question: Operational Issues

I. Are you Operating on Commercial / Street Power: Yes (we are) / No (on generator)

A. What is the severity of impact? (circle): Severe / Moderate / Minor / None

- **Severe (sends alert to MassMAP Leadership):** *Life Safety Concern* - residents and staff are in an unsafe situation or *imminent building failure* and high probability of the need to evacuate.
- **Moderate:** *Life Safety Concern* - residents and staff are safe; building has sustained damage or loss of utilities. *Significant resource need:* Critical vendors or staff being unable to access the facility. Issues are present due to being on emergency power (e.g., heating or cooling issue). Potential need to evacuate the building if a solution is not identified.
- **Minor:** Loss of phones/internet or potential issues from being on emergency power (long term).
- **None**

B. If on generator – What issues are you experiencing? _____

C. What is your current fuel level (Full, ½, etc.) & date of next delivery: _____

II. Do you have any issues with any of the below (check off each issue)?

- Building Damage
- Medical Gases
- Air Conditioning or Heating
- Water (potable) or Water (fire protection)
- Flooding
- Bed Issues / Outbreak
- Telephone or Internet
- Clinical Staff and Support Staff (e.g., staff reporting to work, getting to facility)
- Food Supply, Linens or Pharmaceuticals

A. Detail each item with any notes to explain the issue or solution: _____

B. What is the severity of impact? (circle): Severe / Moderate / Minor / None (**see I.A.**)

Question: LTC Open Beds

- III. What are your total open (available) beds? SNF ____ AL ____ RH ____
- 1) How many male beds? SNF ____ AL ____ RH ____
 - 2) How many female beds? SNF ____ AL ____ RH ____
 - 3) How many can be for either male or female? SNF ____ AL ____ RH ____
 - 4) How many (from above) are dementia-secured beds? SNF ____ AL ____
 - 5) How many (from above) are ventilator dependent beds? SNF ____
 - 6) How many *additional* residents could be taken in 2 - 4 hours (based on any discharges you may have today)? SNF ____ AL ____ RH ____

Question: LTC Surge Capacity / Resource Needs

IV. Are there any specific resources that your facility needs (to surge or to sustain operations – clinical and support level)?

Question: Transportation

- V. Vehicles (vehicles you own that could move residents, staff, equipment or supplies):
- a. # of vehicles that can transport residents? ____
 - b. # of vehicles that can transport supplies/equipment? ____
 - c. # of drivers available? ____
 - d. Total # of residents who can be transported by facility-owned vehicles?
 Vehicle #1 ____ #2 ____ #3 ____ #4 ____ #5 ____ #6 ____
 - e. Total number of residents that can be transported (while in their wheelchairs) by your vehicles that have lifts (included in total # above)?
 Vehicle #1 ____ #2 ____ #3 ____ #4 ____ #5 ____ #6 ____
 - f. What time could the vehicles depart your location, if necessary? _____

Question: LTC Staff - *also applies to LTC Surge Capacity / Resource Needs*

VI. Staffing: What staff do you need to support your facility? Or, if you are able to redeploy staff to another facility, how many staff, by category, could you send?

	<input type="checkbox"/> Staff we need	<input type="checkbox"/> Staff we can send to others	
	No. of Staff		No. of Staff
MD		Administrator / Asst. Administrator	
DON / DNS		Pharmacist	
RN		Registered Dietician	
LPN		Food Service Supervisor / Cook / Staff	
CNA		Housekeeping Super. / Housekeeper	
Resident Care Director		Laundry Supervisor / Staff	
Respiratory Therapist		Maintenance Super. / Staff	
PT / OT		Other (Please Specify Type Below)	

What time could the staff depart your location, if necessary? _____

Question: Complete (when online) - Click Finish and Close