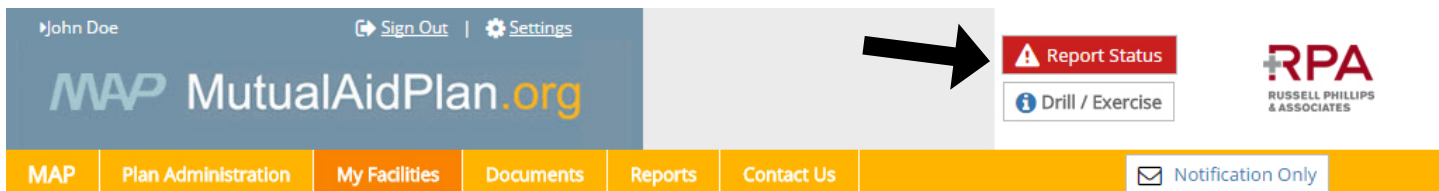


Quick Reference Guide

► Internal Situation Status Report

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



Upon activation of the plan, and after clicking the red Report Status button:

Question: Plan Facility - Begin entering the name of the facility status to report. Once your facility name shows, click on "Select this Facility".

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

Question: Operational Issues -

1. 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 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: _____

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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)?

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Question: Transportation

- V. Vehicles (vehicles you own that could move residents, staff, equipment or supplies):
- # of vehicles that can transport residents? _____
 - # of vehicles that can transport supplies/equipment? _____
 - # of drivers available?
 - Total # of residents who can be transported by facility-owned vehicles?
 Vehicle #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____
 - 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 _____
 - 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?

- Staff we need 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)	
		<input style="width: 200px; height: 20px;" type="text"/>	

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