

**THIS IS A DRILL. The MassMAP 2021 disaster exercise is currently underway.**

**Exercise injects are listed below. Please discuss and answer the inject questions with your leadership team.**

1. One of the Resident Accepting Facilities (RAFs) is asking how you plan to provide them with access to Electronic Medical Records (EMR) of the resident(s) you are evacuating to them. Use the Resident / MR / Staff / Equipment Tracking forms to determine the proper placement of the mock resident you are evacuating in today's exercise. Factor in open bed availability, appropriate levels of care, and other influences when selecting an evacuation site. Please review this with your leadership team and detail in the space below how you will provide the Medical Records to the RAFs.

2. One of the residents you plan to evacuate has medication (narcotics) that will need to be transported with them. Please review this with your leadership team, and detail in the space below how you will transport narcotics to the Resident Accepting Facilities.

3. To restore your building back to original condition you will need a restoration company. Do you have a contract with a Restoration Company? If so, please list their name and contact number.

4. What regulatory agencies would you need to notify if you evacuated your building? List the agency and phone numbers of who you would notify.

5. Who in your organization would be responsible to maintain all the pertinent records to file an insurance claim?

**Facility Name:** \_\_\_\_\_  
*(Do not abbreviate)*

**Region:** \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

**Submitted by:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOCUMENT AND PHOTO UPLOADING INSTRUCTIONS:** As part of the MassMAP 2021 Full-Scale Exercise, we will be providing a Participation Report. To receive full participation credit, please submit the below listed photos and documents. Please follow these instructions for uploading photos and documents.

1. **In ONE (1) EMAIL from your facility**, submit the documents and photos listed below to: [photos@mutualaidplan.org](mailto:photos@mutualaidplan.org)
  - a. **SUBJECT LINE: Your Facility Name and Region Number**
  
2. Attach these photos and documents:
  - a. Pages 1 and 2 with answers to the inject questions
  - b. Resident / Medical Record / Staff / Equipment Tracking Sheet
  - c. One (1) photo of the Command Center
  - d. One (1) photo of the Holding Area
  - e. One (1) photo of your process of evacuating mock residents

Please contact Kim Joyce, Mutual Aid Plan Administrative Specialist, Jensen Hughes, at [kim.joyce@jensenhughes.com](mailto:kim.joyce@jensenhughes.com) with questions regarding document submission.

**This completes the inject questions for the MassMAP 2021 Full-Scale Exercises.**

**Before submitting this document, please PRINT A COPY FOR YOUR RECORDS. MassMAP does not need a copy. File this document in your Emergency Preparedness Plan binder.**