

Inject #4

THIS IS A DRILL. The RI LTC-MAP 2022 disaster exercise is currently underway.

The 2022 Exercise injects are listed below. Please discuss and answer the inject questions with your leadership team.

1. How will you transfer your resident's Medical Records to the Resident Accepting Facilities (RAFs)? Please document a response to each:

- The resident is sent to a sister facility using the same Electronic Medical Record system:

- The resident is sent to a non-sister facility that uses the same medical record system as yours:

- The resident is sent to a facility that does not use the same Electronic Medical Records system as your or does not use an Electronic Medical Record system:

2. List the Community Partners you have onsite for the exercise.

3. Working with your Community Partners and or your team, identify:

- Where is your Transportation Staging Area? (the area where any incoming Ambulance and Wheelchair Vans will stage)

- How will you communicate between the Facility Command Center and/or Holding Area and the Vehicle Staging Area?

- Who are your Commercial Ambulance and Wheelchair Transportation providers? Please provide their name(s) and 24/7 contact information. If you don't have a vendor, write none:

- Commercial Ambulance Provider:

- Wheelchair Van Provider:

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

5. Describe your Recovery Process:

- Describe the payment process with the receiving facilities when your residents will return within 7-10 days.

- List the Authority's Having Jurisdiction (AHJs) with contact information that would be required to inspect and sign off upon completion of the restoration. (i.e., Local Public Health to inspect your Dietary Department)

Document and Photo Email Instructions for Participation Credit

As part of the RI LTC-MAP 2022 Full-Scale Exercises, we will be providing a Participation Report for each region. To receive full participation credit, please submit the below listed photos and documents.

1. **In ONE (1) EMAIL from one person in your facility**, submit the documents and photos listed below to: photos@mutualaidplan.org
2. **SUBJECT LINE: Your Facility Name and Region (Northern or Southern)**
3. **Attach these photos and documents:**
 - a. Completed Inject Questions (pages 1 and 2 above)
 - b. Completed Resident / Medical Record / Staff / Equipment Tracking Sheet(s)
 - c. One (1) photo of your Facility Command Center (with team members)
 - d. One (1) photo of your Evacuation Holding Area (setup)
 - 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 with questions regarding document submission process.

Facility Name: _____ **Region:** ___ Northern ___ Southern
(Do not abbreviate)

Submitted by: _____ **Job Title:** _____

Email: _____ **Date:** _____