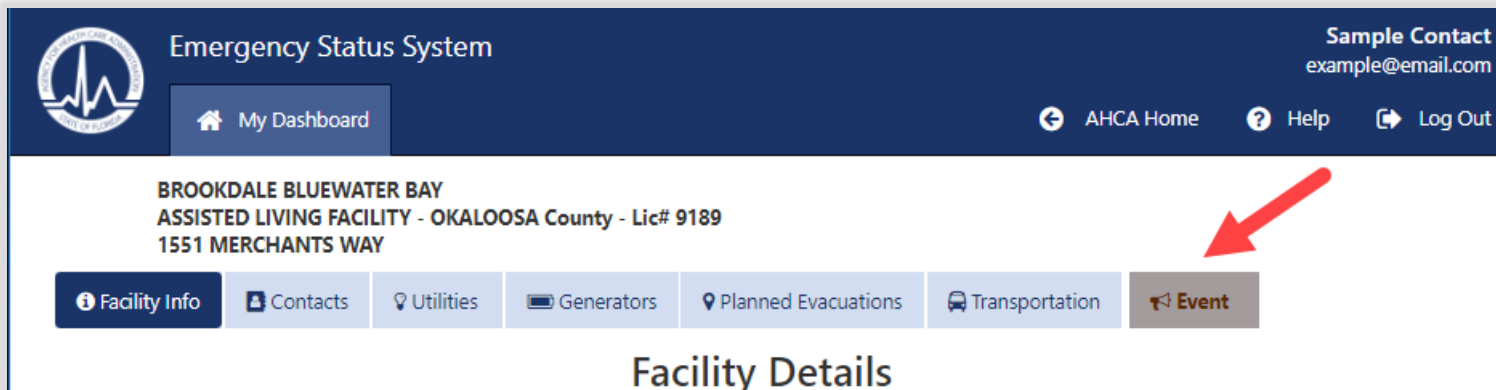


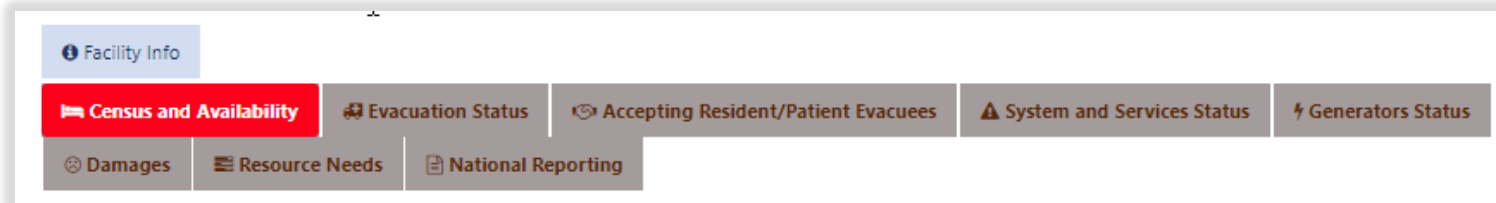
Entering Event/Situational Awareness Information in the Emergency Status System (ESS)

Audience: Providers, Partners, and AHCA Staff

1. Navigate to and log in at the website: <https://apps.ahca.myflorida.com/ess>
2. Once logged in, the tabs displayed vary based on the user account's permissions. Locate and select the provider. The provider's "Facility Details" screen will open. If the provider is part of the event, the "Event" tab will display.

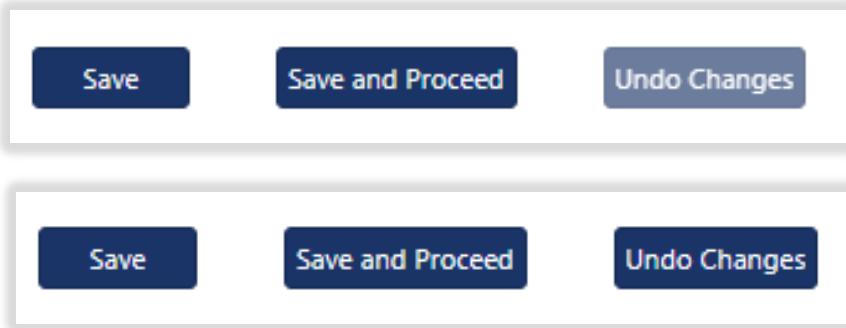


3. Click the "Event" tab to open the set of event-specific tabs for information entry. The tabs displayed vary based on the information entered/saved.

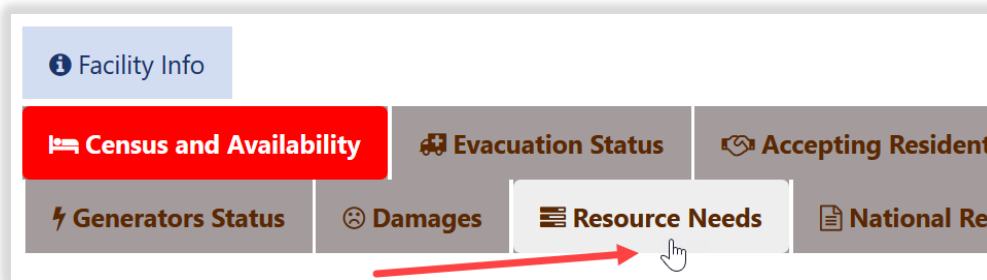


4. Basic information about the event tabs/screens:
 - a. "Save" button will save the information entered and keep the screen open.
 - b. "Save and Proceed" button will save the information entered and automatically open the next screen. Note: System users must click one of the save buttons or all information entered will be lost.

- c. “Undo Changes” button will only be active once something is entered; use this button to revert all fields to what they were before changes were made. Remember to save once the correct information is input, if needed.



- d. The event tabs may be navigated in order for entry by entering information and then clicking “Save and Proceed” or clicked individually to navigate to that particular screen to view or enter information.



- e. Each screen has a history table at the bottom. This table displays all submitted entries with information about who and when it was submitted. System users may click the “Details” button to view the entire entry, if desired.

History

	Date Submitted	User
Details	07/11/2018 11:26 AM	E [redacted] a
Details	07/11/2018 11:17 AM	Bi [redacted] a

⏪ ⏩ 1 ⏪ ⏩ 1 - 2 of 2 items

5. The “Census and Availability” tab is used to enter the provider’s current resident census and demographics; it is also used to enter availability for other residents/patients. The questions vary based on provider type.

a. **ESRDs (dialysis facilities):**

ESRD Stations Census and Availability

Total ESRD Stations

Peritoneal Patient Census

Home Peritoneal Patient Census

Hemodialysis Patient Census

Home Hemodialysis Patient Census

Percentage of Patients Accounted For %

Are you able to take displaced patients? ▼

Do you have isolation stations available? ▼

b. **Hospitals:**

i. If the hospital has an onsite emergency department (ED), a question about the ED’s status will display.

Hospital Census and Available Beds

Emergency Department Status: ▼

- ii. Bed availability is calculated based on the current census for each bed type and the hospital's staffed capacity, not number of staff, for each bed type. Be sure to enter both values for the calculations to be accurate. If the hospital is staffed to the census, then both numbers entered will be the same.

	Licensed Beds	Current Bed Census	Staffed Capacity	Available Beds
Total Beds	254	211	300	89
Total Acute Care	247	208	295	87
Adult ICU		48	57	9
Pediatric ICU		0	0	0
Adult Med Surg		123	168	45
Pediatric Med Surg		0	0	0
Burn		5	5	0
General Acute Care		32	65	33
NICU Level2	7	3	5	2
NICU Level3		0	0	0
Adult Psych		0	0	0
PediatricPsych		0	0	0
Adult Substance Abuse		0	0	0
Pediatric Substance Abuse		0	0	0
Skilled Nursing		0	0	0
Long Term Care	0	0	0	0
Comp Med Rehab		0	0	0

c. **Standalone Emergency Department:**

- i. Standalone EDs will only be asked for their status.

The screenshot shows a form titled "Stand Alone Emergency Department Status". It features a label "Emergency Department Status:" followed by a dropdown menu with the text "Select" and a downward arrow. Below the dropdown are three buttons: "Save", "Save and Proceed", and "Undo Changes".

d. **All other provider types (i.e. Nursing Homes, Residential Treatment Centers, etc.):**

- i. Census and bed availability are input. Availability is split up by bed type. If the provider has any gender specific beds, input those values; this situation arises from multi-occupancy rooms that are already inhabited by at least one other client. The remaining beds in that room will become gender-specific. All other available beds would be entered into the space for non-gender specific beds.

The screenshot shows a form titled "Census and Available Beds". It contains several input fields with numerical values:

Licensed Beds	50
Current Resident Census	63
Current Total Bed Available	13
Non-Gender Specific Beds Available	5
Male Beds Available	4
Female Beds Available	4

- ii. The “Resources” section is used to gather information about the availability of bariatric beds.

Resources

Does your facility have Bariatric Beds available?

How many are available?

- iii. The demographics of the residents/patients should also be entered, if applicable. These do not calculate and are not mutually exclusive.

What is the number of residents/patients with the following dependencies?

Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

- 6. The “Evacuation Status” tab is used to say if the provider is or is planning to evacuate.

Evacuation Status

Are you planning to or are you currently evacuating your facility?

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about who is evacuating and to what locations. Contact information for a staff member with the evacuated residents/patients should also be entered for each location.

Evacuation Status

Are you planning to or are you currently evacuating your facility?

Evacuation Status

Evacuation Start Date

Evacuation Complete Date

Are ALL residents/patients being evacuated?

Total Number of Residents/Patients Evacuating

Total Number of Staff Evacuating with Residents/Patients

How many of your facility's resident/patient evacuees are dependent on the following:

Electricity

Insulin

Life Support/Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments

Type	Name	Phone	Number of Residents/ Patients	Number of Staff
------	------	-------	-------------------------------	-----------------


- i. There are 3 ways to enter the evacuation location(s).

1. The “Select from Planned Evacuation Locations” button will allow the user to select from the locations entered during preseason; all locations saved in the preseason information section will appear in the “Location Name” dropdown menu. Once a location is selected, enter in the staff contact person and the number of people evacuating to this location.

Planned Evacuation Location ×

Select an evacuation destination from your previously entered planned evacuation locations.

Location Type

Location Name 

Street Address

Ste/Apt Number

City

State

Zip

Phone Number

Provider's Contact Person

Provider's Contact Person Phone Number

Number of Residents/Patients Evacuated

Number of Staff Evacuated

2. The “Add AHCA Licensed Evacuation Location” button will allow the user to enter a location that is AHCA-licensed. This location will not be saved to the list for future events unless the box to add it is checked and the question regarding a memorandum of understanding is answered. Start

typing the name of the location in the “Search...” field and a list will generate with matching options. Once a location is selected, enter in the staff contact person and the number of people evacuating to this location.

Non-Planned AHCA Licensed Evacuation Location ×

Search and select an AHCA licensed location as your evacuation site.

Location Type AHCA Licensed Facility Evacuation Location

Search and select an AHCA Licensed Facility manatee ×

- MANATEE RIVER ASSISTED LIVING LLC | 820 5TH ST W, PALMETTO, FL 34221
- MANATEE ASSISTED LIVING FACILITY, INC | 2524 9TH AVE E, BRADENTON, FL 34208
- MANATEE MEMORIAL HOSPITAL | 206 2ND ST E, BRADENTON, FL 34208
- MANATEE SPRINGS REHABILITATION AND NURSING CENTER | 5627 9TH ST E, BRADENTON, FL 34203

Phone Number

Provider's Contact Person

Provider's Contact Person Phone Number

Number of Residents/Patients Evacuated

Number of Staff Evacuated

Add to Planned Locations

Add **Cancel**

3. The “Add Other Evacuation Location” button will allow the user to enter a location that is not AHCA-licensed. This location will not be saved to the list for future events unless the box to add it is checked and the question regarding a memorandum of understanding is answered. Once a location is entered, enter in the staff contact person, if applicable, and the number of people evacuating to this location.

Non-Planned Evacuation Location




Select your evacuation location type and complete the requested information.

Location Type	<input type="text" value="Hotel"/>
Location Name	<input type="text" value="Happy Hotel"/>
Street Address	<input type="text" value="121 South St"/>
Ste/Apt Number	<input type="text"/>
City	<input type="text" value="Town"/>
State	<input type="text" value="FL"/>
Zip	<input type="text" value="30000"/>
Phone Number	<input type="text" value="(850) 222-3333"/>
Provider's Contact Person	<input type="text" value="Accompanying Staff"/>
Provider's Contact Person Phone Number	<input type="text" value="(850) 333-4444"/>
Number of Residents/Patients Evacuated	<input type="text" value="23"/>
Number of Staff Evacuated	<input type="text" value="2"/>
Add to Planned Locations	<input checked="" type="checkbox"/>
Does your facility have a Memorandum Of Understanding (MOU) with this Planned Evacuation Location?	<input type="text" value="No"/>


- ii. Information about the location may be edited by clicking the “Edit” button next to the location.

Select from Planned Evacuation Locations Add AHCA Licensed Evacuation Location

		Type	Name	Phone	Number of Residents/ Patients	Number of Staff	
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Planned Evacuation Location	LOWER KEYS MEDICAL CENTER	(305) 294-5531	43	2
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	AHCA Licensed Facility Evacuation Location	HIDDEN PINES RETIREMENT CENTER	(352) 854-7171	31	3
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Hotel	Happy Hotel	(444) 444-4444	25	5

- iii. The location may be removed if plans have changed by clicking the “Remove” button next to the location.

Select from Planned Evacuation Locations Add AHCA Licensed Evacuation Location


		Type	Name	Phone	Number of Residents/ Patients	Number of Staff	
		<input type="button" value="Remove"/>	Planned Evacuation Location	LOWER KEYS MEDICAL CENTER	(305) 294-5531	43	2
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	AHCA Licensed Facility Evacuation Location	HIDDEN PINES RETIREMENT CENTER	(352) 854-7171	31	3
	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	Hotel	Happy Hotel	(444) 444-4444	25	5


- iv. The “Re-Entry After Evacuation” section appears after the evacuation information. At the time of evacuation, the re-entry status should be set to “Not Started”. Update this and the other items at the time re-entry is started and completed.

Re-Entry After Evacuation

Is your facility Fully Operational?

Facility Re-Entry Status

Facility Re-Entry Start Date 

Facility Re-Entry Completed Date 

- 7. The “Accepting Resident/Patient Evacuees” tab is used to say if the provider is able to accept evacuees and how many. This tab will only display if the provider’s most recent “Evacuation Status” is not evacuating.

Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about how many residents/patients may be accepted.

Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?	<input type="text" value="Yes"/>
Number of resident/patient evacuees you are able to accept at your current staffing level	<input type="text"/>
Number of resident/patient evacuees you are able to accept with additional staffing	<input type="text"/>
Number of additional staff needed	<input type="text"/>
Number of Pediatric Ventilators Available	<input type="text"/>
Number of Adult Ventilators Available	<input type="text"/>

- c. The user may also provide information about what types of residents/patients may be accepted.

What is the number of resident/patient evacuees with the following dependencies your facility is able to accept?

Electricity	<input type="text"/>
Insulin	<input type="text"/>
Life Support/ Ventilator	<input type="text"/>
Oxygen	<input type="text"/>
Trach Care	<input type="text"/>
Dialysis	<input type="text"/>
Non-Ambulatory	<input type="text"/>
Mental Health/Cognitive Impairments	<input type="text"/>

8. The “System and Services Status” tab is used to provide details about the operational statuses of each utility and service (i.e. telephone, hot water heater, HVAC, etc.). This tab is also used to report if the provider is utilizing any generators.

Utilities, Systems, and Services Current Status

- If you have immediate health or life threatening issues or residents/patients are in danger, call 911.
- You must report any power outages directly to your utility provider.
- If your facility has any resource needs or requests for assistance, you must contact your local Emergency Operations Center: [County Emergency Management Contacts](#)

Are you currently running any generators at your facility?

What is the status of the following:

Electricity	<input type="button" value="Full Power on L"/>
<input type="checkbox"/>	Facility Lost Power from the Utility Company at any point During the Event
Water	<input type="button" value="Operational"/>
Sewer	<input type="button" value="Non-Operation"/>
Telephone	<input type="button" value="Operational"/>
Internet	<input type="button" value="Non-Operation"/>
Natural Gas	<input type="button" value="N/A"/>
Propane	<input type="button" value="Empty Tank"/>
Hot Water Heater	<input type="button" value="Non-Operation"/>
Heating & Air Condition Status	<input type="button" value="Partially Power"/>

Are you able to maintain a safe temperature for all residents/patients and staff in your facility?

- a. If any generators are being utilized, select what is being powered by the generator(s). Select all that apply.

Are you currently running any generators at your facility? ▼

What systems are currently running on generators:

- Entire Facility
- Life Safety Systems
- Life Support Systems
- Essential Equipment including select lighting
- Full HVAC (Heat & Air)
- Partial HVAC (Heat & Air)
- Food Refrigeration
- Medical Refrigeration

- b. Information being reported should not conflict; if so, an error message may display. The generators, electricity, and heating/air conditioning systems/services verify against each other.

Are you currently running any generators at your facility? ▼

What is the status of the following:


Electricity ▼

The 'Electricity Status' does not match the 'Systems Currently Running on Generators'. Please correct the appropriate answer.

- c. If the facility loses power at any time, the checkbox next to “Facility Lost Power from...” should be checked. This box will automatically check if the system user saves a selection indicating power loss.

What is the status of the following:

Electricity

 **Facility Lost Power from the Utility Company at any point During the Event**

- d. If the “Electricity” status indicates power loss, the system user will need to supply the date of power loss. The system user will be able to indicate the date of power restoration as well if it occurs prior to the event being closed in the ESS.

What is the status of the following:


Electricity


Facility Lost Power from the Utility Company at any point During the Event

Date Power Loss

Date of Power Restoration

- e. If the “Electricity” status indicates power loss, the system user will need to supply where the issue(s) reside. Check the box next to each that apply. If the electric company needs to restore power to the facility, check the first box. If the facility needs to make a repair to be able to accept power, check the second box. In some cases, both may need to be checked.

 **Waiting on Utility Company Repair**

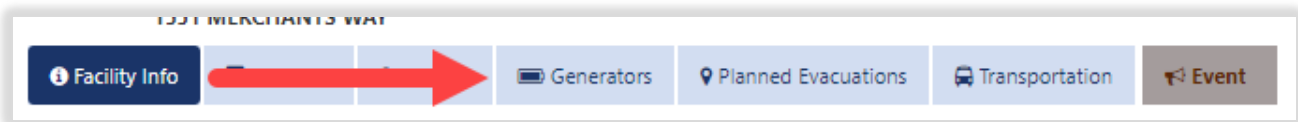
 **Waiting on Facility / Provider Repair**

- f. If the system user is a Partner user/superuser or AHCA staff, there will be an additional date field. This field should only be used if information is received directly from the electric company.

Anticipated Date of Restoration

9. The “Generators” status tab is used to report which generators are currently being utilized for powering the facility and information about the fuel status for each generator. All generators entered during preseason will be displayed.

- a. If a generator needs to be removed or updated, proceed to the “Generators” tab to make changes.



- b. If another generator needs to be added, click the “Add New Generator” button. The screen for adding a generator will open. Input the information and save.

- c. The generator will now display on this list. Enter the information requested about each generator.

Make/ Model	Type	Fuel Type	Currently Running Generator	Generator Run Time at Current Fuel Supply (Hours)	Refill Status	Next Refill Date
todays best	Permanently Installed	Diesel	Yes		Select	
Test Gen 4	Portable	Gasolin	Select		Select	

10. The “Damages” tab is used to report any damages sustained by the facility during the event.

- a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information including the type of damage and the severity.


Facility Damages


Did the facility sustain any damages?

Is the facility out of service due to damages?

Damage Type

Damage Severity

Date Damage Occurred 

Date Resolved 

Out of Service: Currently unable to occupy the facility due to damages.
Minor: Damage has occurred but does not affect the safety of patients, residents, or staff or the ability to deliver care; can be fixed at a later date.
Moderate: Damage has occurred but is isolated; partial patient/resident evacuation/relocation may be necessary, but the facility is safe and able to deliver care; repairs will be needed before the area or system affected can be used.
Major: Damage has occurred and safety and/or patient/resident care is effected; facility evacuation is necessary (if occupied); repairs will be needed before the facility can be reoccupied.

Damage Description

* For Damage Description - Character Limit: 500

c. Save an entry for each type of damage sustained.

Did the facility sustain any damages? Yes

Is the facility out of service due to damages? Select

Damage Type Select

Damage Severity Select

Date Damage Occurred Elevator

Date Resolved Floor

of Service: Currently unable to occupy the facility due to damage.

Minor: Damage has occurred but does not affect the safe delivery of care; can be fixed at a later date.

Moderate: Damage has occurred but is isolated; partial patient care necessary, but the facility is safe and able to deliver care; repairs needed can be used.

Major: Damage has occurred and safety and/or patient care necessary (if occupied); repairs will be needed before the facility can be used.

Roof

Wall/Structural

Water Intrusion/Flooding

Windows/Door

d. Include a brief description of the actual damage.

Damage Description

* For Damage Description - Character Limit: 500

- e. Each damage type will make an entry in the “History” table. If an entry needs to be updated/edited, select the “Details” button next to the damage type. Once the damage entry opens, select the “Edit” button to be able to enter the changes.

History						
	Date Submitted	User	Damages?	Out of Service	Damage Type	Severity
Details	07/25/2018 3:32 PM	Contact_Sample	Yes	No	Roof	Minor
Details	07/25/2018 3:31 PM	Contact_Sample	Yes	No	Elevator	Major

Did the facility sustain any damages?

Is the facility out of service due to damages?

Damage Type


Damage Severity

Date Damage Occurred

Date Resolved

Out of Service: Currently unable to occupy the facility due to damages.
Minor: Damage has occurred but does not affect the safety of patients, reside ability to deliver care; can be fixed at a later date.
Moderate: Damage has occurred but is isolated; partial patient/resident evacu be necessary, but the facility is safe and able to deliver care; repairs will be nei system affected can be used.
Major: Damage has occurred and safety and/or patient/resident care is effecte necessary (if occupied); repairs will be needed before the facility can be reoccl

Damage Description



- 11. The “Resource Needs” tab is used to inform AHCA that a provider has needs that the local emergency management officials should be assisting with.
 - a. If no, the user will be able to save the answer and move to the next tab.

- b. If yes, the user will be prompted for more detailed information about what types of things are needed, who to contact about these needs, and whether these have been reported to the local or state emergency management officials. If these have been reported to the emergency management officials, enter the available tracking or mission numbers provided.

Resource Needs

- If you have immediate health or life threatening issues call 911.
- If your facility has any needs or requests for assistance, you must contact your local Emergency Operations Center : [County Emergency Management Contacts](#)

As a result of the emergency, do you currently have any needs for the facility?

Select all needs that currently apply:

<input type="checkbox"/> Diabetes Supplies	<input type="checkbox"/> Food
<input type="checkbox"/> Dialysis Supplies	<input type="checkbox"/> Fuel
<input type="checkbox"/> Gases	<input type="checkbox"/> Generator
<input type="checkbox"/> Medical/Pharmaceuticals	<input type="checkbox"/> Ice
<input type="checkbox"/> Oxygen Equipment/Ventilators	<input type="checkbox"/> Personnel
<input type="checkbox"/> PPE Supplies	<input type="checkbox"/> Portable Toilets
<input type="checkbox"/> Other Medical Supplies	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Water
	<input type="checkbox"/> Other Resources Needed

Provide a point of contact who can be reached to answer questions about these needs:

Name

Telephone Number

Have your needs been reported to your local EOC?

12. The “National Reporting” tab is used to collect information that is requested by federal partners. This information is for reporting purposes only.

National Report Data

Thank you for submitting reports regarding your emergency status.
We do appreciate your continued compliance with Florida Statute 408.821. As part of our ongoing efforts to manage emergency circumstances, we request you fill out the information requested as accurately as possible.

Have any residents/patients been injured during this emergency event?	<input type="text" value="Yes"/>
How many residents/patients have been injured?	<input type="text" value="2"/>
Have any residents/patients expired during this emergency event?	<input type="text" value="Yes"/>
How many residents/patients have expired?	<input type="text" value="1"/>

13. All event/situational awareness information has been entered and saved. Please review and update by the specified reporting times and as the provider’s situation changes..