

# ***Emergency Preparedness: Are You Ready?***

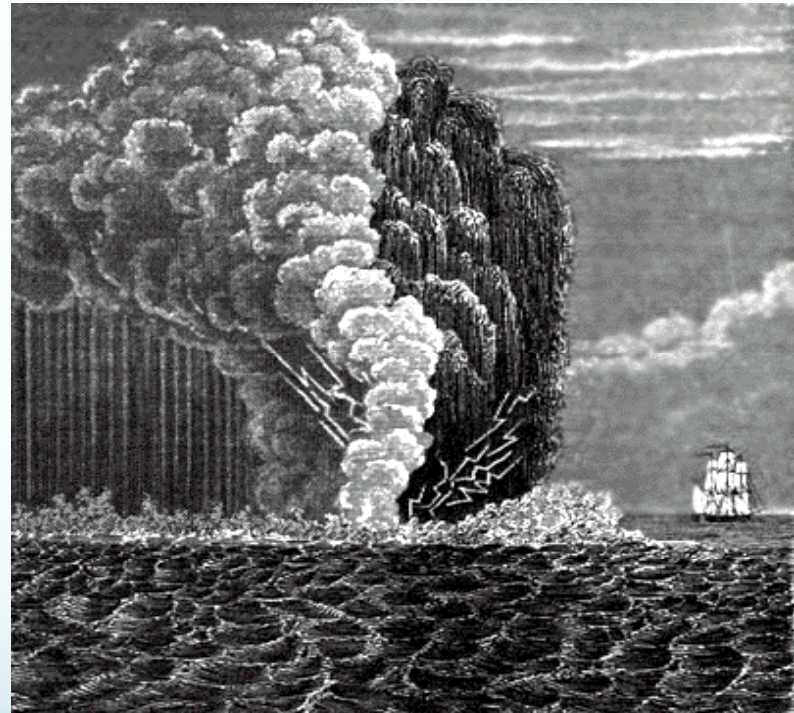
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# *Types of Natural Disasters*

- Earthquake
- Fire and Ice
- Flooding
- Hurricane
- Tsunami
- Terrorism



## *Other Types of Disasters*

- Broken main water line to your facility
- Failure of your Water Treatment System
- Chemical Spills
- Power outage

***Is Your Facility Ready for  
Emergency?***



# ***ESRD Regulations***

- Established written plan for dealing with fire and other emergencies
- All personnel are trained in all aspects of emergencies for any emergency or disaster
- Availability of a fully equipped emergency tray and staff are trained on its use
- Training of staff and patients on handling medical and non-medical emergencies

# *Affiliation Agreement or Arrangement*

- Between outpatient and hospital-based dialysis units
- With another outpatient facility
- Provides the basis for effective working relationships
- Assures continuity of care for your patients

# ***Protection of Medical Record Information***

- “The ESRD facility safeguards medical record information against loss, destruction, and unauthorized use”.

# *Where to Begin: Determine Your Potential Disaster*

- Many factors can increase your chance of an unexpected facility closure such as being near:
  - A Major Interstate Highway
  - Railway Line
  - Shipping Port or Air Port
  - Nuclear Power Plant
  - Chemical Storage Facility
  - Military Base



## ***Determine Your Potential Disaster (cont).***

- There are Also Many Things That Can Decrease your Chance Of An Unexpected Facility Closure Such As :
  - Having an on-site emergency electrical generator
  - An independent water supply
  - A Security System
  - A GOOD DISASTER PLAN!

**A good plan takes time to develop, review, modify, and implement. Take the time you need, and do it right the first time!**

# *Key Parts of a Dialysis Facility Disaster Plan*

- Mitigation of Hazards
- Response to the Emergency
- Recovery from the Emergency

# *Hazard Mitigation*

“An Emergency Stops Being One When You Are Prepared For It” – CMS Manual *Emergency Preparedness For Dialysis Facilities*

- The goal is to take positive steps *now* minimized the effect of a *future* disaster
  - Secure the physical facility
  - Develop a disaster plan
  - Training for **EVERYONE**

## *Secure The Physical Facility*

- Keep up on maintenance – don't let your facility *CAUSE* the disaster
- Put heavy items on lower shelves
- Secure oxygen tanks
- Make sure TV's are secured properly to the wall or ceiling
- Secure computers and monitors
- Lock the wheels on the chairs and machines!

## *Know Your Resources*

- Take the time to develop a personal relationship with the key people at your utility services: electrical, water and gas
  - Let them know that your patients well being depends on the electricity or water
  - Ask them to put you on a priority list on case of shortages
  - Find out if they have a backup plan that may help you – Get yourself included!!

## ***Know Your Resources (cont).***

- Meet with your Local Office of Emergency Management (OES)
  - Provide information on the needs of dialysis patients
  - Ask for them to include your facility and patients in their disaster plan
  - Find out who will set up and run emergency shelters, and have some designated as the GO-TO places for dialysis patients (This may or may not be the American Red Cross)

# ***Establish Communication Plan and Chain Of Command***

- Who will be responsible for what if disaster strikes?
- Will there a be corporate person you will report to / receive direction from?
- Who will send you the resources you need in the facility?
- Who will coordinate with the ESRD Network (widespread disasters)



# *Action Steps*

- Identified by role or position, not individual persons
  - Who is in charge of managing the disaster?
    - With the manager gone? If it happens on a weekend? In the middle of the night?
  - Who will contact the utilities?
  - Who will report to the Network / State Surveyor?
  - When will you send a PSA to the Media, and who will do that?

## *Helpful Communication Tips*

- Update contact information for all patients, key vendors and staff on a quarterly basis and store in an emergency box as well as off site
- Organize call trees for employees and patients
- Check internal phone system and obtain analog phone if your unit does not have one (requires no electricity)
- Consider adding a payphone to your center if there is not one now – they will have a dial tone first after any event
- Obtain a two-way radio (walkie-talkies)

# *Helpful Communication Tips (cont).*

- Establish an out-of state number (toll-free if possible) for your staff and patients to call to find out the status of your facility
- Print business cards with this number on it and give to patients and staff
- Communication via internet/website
- Identify your local media contacts
- Always have at least one battery powered radio on hand with plenty of fresh batteries
- Post emergency numbers in visible location
- Issue employee badges to identify your staff during an emergency

# *Medical Records*

- Provide a copy of treatment orders and medications to your patients regularly
- If possible, distribute a new copy to patients if you know a disaster is coming
- Have a copy of them in your emergency file
- If a disaster strikes, someone should have this information so they can give it over the phone (if HIPPA rules relaxed)

## ***Record Management – “The Emergency Box”***

- Copy of the Medical Evidence Form (CMS 2728), the hemodialysis orders, admitting face sheets for ALL patients, organized alphabetically, in a three-ring binder
- Advance Health Care Directives for all patients who have one
- Blank patient daily treatment records
- A schematic drawing of the flow patterns and operation of the treated water system
- A census of patients and staff by shift

# ***Record Management – “The Emergency Box”.***

- Phone numbers of staff and patients and emergency contacts - update quarterly
- Copy of mutual aid agreements
- List of critical services provided (vendors, suppliers, plumbers, electricians, etc).
- Disposable camera
- A flashlight with extra batteries
- Designate the person responsible for the Box and integrate it into emergency plan and disaster drills

## *Patient Training in Dialysis Unit (Patients)*

- Handing out a copy of a facility' s disaster plan
- Disaster drills (do not discontinue dialysis treatment during a drill)
- Emergency disconnect (***Clamp and Cut***)
- Distributing medical emblems identifying patients as dialysis patients
- Distributing a copy of the CMS booklet:  
***“Preparing for Emergencies: A Guide for People on Dialysis”***.

## *Patient Training in Dialysis Unit (cont).*

- Gather and carry important medical information
- Awareness about alternative arrangements for treatment
- Preparing an emergency stock of supplies, food, and medication
- Know “survival diet” to follow if dialysis treatment must be delayed



## *Emergency Medication Supply List*

- First aid kit
- 5-7 day supply of all medicine(s)
- 5-day supply of antibiotics (especially for PD patients)
- Diuretics (fluid pills), Sorbitol, and Kayexalate for Potassium control (if recommended by a doctor)
- If diabetic – 5-7 day supply of syringes, insulin, and glucose monitoring supplies

## *Establish a Back-up Facility*

- Have a *written* agreement with another dialysis facility to provide treatments to you patients if necessary
- The agreement should specify:
  - What supplies will be provided
  - Staff to be provided
  - Who will bill whom for treatments
  - Who will pay for staff and supplies
  - Means for keeping track of staff and supplies

## ***Establish a Back-up Facility (cont).***

- Facilities should not agree to back up more facilities than they can handle
- Consider having two agreements- one with a local facility, one with one farther away
  - The local facility can help with a power outage or fire
  - The distant facility will be needed in the event of a more widespread disaster

# *After disaster: Patient Safety First!*

- Assess the immediate danger to people
  - Remove patients and staff from potential danger
  - Evacuate the patients if the building seems unsound
  - Evaluate the patients and determine who may need immediate medical attention
  - Include patients who may have arrived for the second shift

## *Evacuation Strategy (Facility)*

- Triage theory recommends that those who are more able-bodied and ambulatory be evacuated first
- Analyze patients' status, rank them, and identify them on their medical charts as:
  1. Greatest Risk-patients and staff whose proximity to the emergency places them at greatest risk

## *Evacuation Strategy (Facility) cont.*

2. Self-Sufficient-Patients, families and visitors who can assist themselves and also assist others
3. Needs Assistance-Patients, staff and visitors who cannot get to a safe area without help

**You won't have time during a disaster  
to make this determination!**

## *After Evacuation:*

- Conduct a head count of patients and staff once outside
- Triage patients, staff and visitors
- If everyone is not accounted for, AND it is safe to do so, search the building again.
- If not safe – inform the first emergency responders on scene
- Re-triage the group again once away from the building

# *Evaluate the Damage to the Facility*

- Use good judgment – if there is any question at all as to whether the building is safe to enter, don't. Call in a professional
- If you can enter, evaluate utilities for dangerous conditions – gas leaks, exposed wires
- Make a determination as to the usability of the facility for immediate use.



## *Report Facility Status*

- To your Medical Director and administrative personnel
- To the ESRD Network
  - The network will post this information on their website and [www.dialysisclinics.com](http://www.dialysisclinics.com)
- To the State Survey agency
- In a wide spread disaster, the national disaster hotline will be activated:

1-888-33KIDNEY [www.kidney.org/help](http://www.kidney.org/help)

## *If Your Facility is Operational*

- Clean up the mess
- Communicate with the Network and/or other area facilities
  - You may be the only functional facility in the area, so you may have to start using emergency orders (shorter treatment times, triage and prioritize treatments based on patient need) even for your own patients

## *If Your Facility is Operational*

- If there is a wide spread disaster, you will need to report who came into your unit to the Network so that patients can be tracked
- During Katrina, CMS issued a policy that loosened many rules regarding payment for treatments, as well as some HIPPA rules on sharing basic information.

## *Rationing of Treatments*

- Facilities may be overwhelmed with displaced patients from other facilities
- The Medical Director and Governing Board may develop and approve a rationing system that provides the maximum number of patients with some dialysis until usual operations can be restored

# *Rationing of Treatments*

- Dictated by the nature of the emergency
- Recommended as a minimum when supported with a survival diet
- External support resources (refer to facility' s affiliation agreement)
- Number of dialysis days per week
- Extend operation days and/or hours
- Adult Emergency Dialysis Orders

## ***Patient Transportation***

- Patients are responsible for their own transportation
- Staff should never transport patients in their own private vehicles
- Pre-arranged contracts for patient/staff transport post emergency should be considered (cab companies, school buses, ambulances, etc)
- Emergency responders such as ambulances, paramedics or fire departments will not transport patients for maintenance dialysis following a disaster
- FEMA may be of some assistance

## *If Your Facility Is Damaged*

- Contact your back up facility or the Network to make arrangement for your patients to dialyze elsewhere
- Inform your patients
- Provide your patients with as much information as the situation will allow
  - Normal treatment orders
  - Medications (EPO especially important)
  - Last three log sheets (rarely possible)

## ***If Your Facility Is Damaged (cont).***

- Contact your insurance company
- Document damage with camera if possible
- When you KNOW it is safe to enter the building, salvage whatever undamaged equipment and supplies you can.
- Bring in the needed expertise to evaluate the building and begin repairs



# *Equipment Damage Assessment*

- If the equipment has been exposed to a fire or flood, take action to prevent the corrosion of electronic components
- If the water treatment system has been idled for a prolonged period, the system will need to be disinfected prior to use
- Validate the functionality of non-damaged equipment
- Repair or replace equipment that was damaged

# *Reopen Your Facility*

- Work completed and needed permits signed off by inspectors
- Regulatory agencies notified, as necessary
- Date determined, schedule developed and patients notified
- Back to Normal!

# *Patient Provider Tracking*

- Facility Open & Closed Web site on [dialysisunits.com](http://dialysisunits.com)
- Emergency Data Set
  - LDO' S to produce for all patients bi-annually (pre-hurricane season in coastal areas)
  - NRAA to inform independents and hospitals
- Disaster Patient Activity Report
  - Through ESRD Networks
  - Begins DAY 5 post emergency
  - Continues twice a week

## *Possible Resources*

- Centers for Medicare & Medicaid Services (CMS)
- ESRD Networks
- Federal & State Emergency Response Agencies
- The rule of thumb-**for the first 72 hours after a major disaster, don't expect outside help of any kind!**

# *Office of Emergency Services-OES*

- Every State and Local Government has, or is affiliated with, an Office of Emergency Services
- Your facility needs to be in contact with them before an emergency happens to make sure that you are part of their plan.
- **REMEMBER:** The OES goal is to help the largest number of people possible in an emergency. They will not adapt their plan to fit the dialysis community needs. **WE MUST** make our plans fit into theirs

## *Possible Resources (cont.)*

### PrepareNow.org

- A volunteerism project, Ready to Respond, to mobilize and deploy volunteers for disaster response
- These websites link to many other important and helpful agency websites

## *The Bottom Line*

- In the end, it all comes down to taking responsibility for our own safety
- Think about the unthinkable
- Preparedness is the most effective way to eliminate panic
- An emergency stops being one when you prepare for it

Thank You!

and

**BE PREPARED**