



Last month, the Network deployed a disaster drill specifically to assess the overall readiness of the region. We were thrilled at the overwhelming response and the subsequent information your responses provided. In an effort to assist your facility in planning for unforeseen emergencies, we will continue our educational efforts over the course of the summer. The aggregate data reflected from your responses has been presented to our Medical Review Board. Three members have volunteered to take a closer look into the information and assist us in identifying community educational needs, regional practice patterns and opportunities for facility specific quality improvement initiatives.

The first step in our education was the disaster book mailed to you the last week in March, prior to the drill. The disaster book provided an overview of resources the facility can utilize when planning for different disaster situations. The material contained herein provides facility regulatory requirements (Conditions for Coverage, Subpart U, V-tags [CfC]), reviews the cases, the significance of the information from the Network's previous involvement in emergency situations, and rationale for your consideration when choosing responses and planning for emergencies. Please remember, there were no correct or incorrect answers, only opportunities to share information, provide you with a larger picture and assist each facility in being competently equipped to handle an emergency, regardless of origin.

From the results of the impact analysis, we are impressed and pleased with your actions subsequent to this drill. Eighty-four percent (84%) of the responses indicated that facilities were planning staff education, while seventy-six percent (76%) shared that they had conversations about their overall readiness and/or were planning education with patients. Conversations occurred with physicians and Medical Directors.

Now – on to the questions and scenarios!

Scenario #1 – Goal - The purpose and goal of this scenario was to encourage and increase staff and patient familiarity with facility specific emergency/disaster plans.

Questions

- A. Does your facility have a written plan for emergencies or disasters? §405.2140(d) of the Conditions for Coverage for providers of ESRD services states that the facility must have emergency plans.
- B. Has all the staff been trained? The regulation also states that all staff must be trained §405.2140(d)(2)
- C. When does the training occur? Training that occurs more frequently enhances retention. §405.2140(d)(2)
- D. Who is responsible for directing patients and staff in a disaster situation? Responses varied from all staff to Medical Director of the facility, however, the most common response was Charge Nurse, Director of Nursing or Facility Administrator.
- E. In the last 6 months, have you provided education on disaster preparedness? Training that occurs more frequently enhances retention.
- F. If yes, to whom? §405.2140(d) and §405.2140(d)(5) stipulates that patients and staff **must** be trained on emergency preparedness.

The Emergency

It is 10:00 am on a weekday morning. You are the Nurse Manager/Facility Administrator. Your dialysis facility is a freestanding 15-station chronic hemodialysis unit located in a strip mall. The unit is currently operating normally. Your current patient census is: 12 patients are dialyzing and 3 are in the waiting room. Your total facility census is 43. Ten of the patients are able to ambulate on their own. Five patients require wheelchairs. Two of the patients are blind. One is a bilateral BKA. A staff member alerts you that the local TV newscaster has just said that a chemical plant located half a mile from your unit is in flames and that it might explode. The fire department is encouraging homes and businesses to evacuate within a three mile area around the plant immediately.

*Note – in the event the answer choice was repeated during subsequent scenarios, the page and number of the previously listed response is indicated.

Response Choices

1. Contact the Medical Director of the facility. The Medical Director ultimately has responsibility for the facility. Consider discussing emergency plans to identify the expectations of the Medical Director before an emergency. Consider documenting these discussions in your CQI minutes and sharing the information with staff. Secondly, the CfC requires that the physician is available in emergency situations §405.2136 (g)
2. Ignore the Fire Department order since the patients' need their dialysis treatment and most are about 3/4 finished. Although the patient's treatments are almost complete, if a true emergency was in the relative vicinity and the fire department issued an evacuation order, it would not be in the best safety interests of the patients or staff to ignore the order.



3. Return the patient's blood and discontinue treatment. As we know our population struggles with anemia, consider assessing the urgency of the emergency – you may or may not have time to return blood before exiting the facility.
4. Contact the Fire Department and ask the Captain for information. If a true emergency was in progress, contacting the fire department may not be fruitful as they may be assisting with the emergency. Consider contacting the FD BEFORE an emergency to share that your facility takes care of a special needs population and establish contacts. Discuss options for patient safety and evacuation.
5. Contact your corporate leaders and provide information as a courtesy call. Contacting your corporate leaders can facilitate emergency assistance at a higher level. In past emergencies, corporations have dispatched generators, supplies and transportation to ensure continuity of patient care.
6. Verify the event and assess your location relative to the event. The management team may want to consider discussing what they would do if a patient informed them of the broadcast versus a staff member and how the facility would verify the event if power was lost.
7. Arrange transportation for patients to a safe area. Although this may appear to be an excellent option – and some facilities have action plans in place supporting this option remember to consider informing the families, nursing homes and transportation companies. In the midst of an emergency you want all members involved in the patient's care to be informed and know the location of your designated safe area.
8. Contact your afternoon shift and notify them of new location for treatment. With good planning and education, patients will know where to go for treatment if your unit is closed. Consider remembering that you may not have power, telephone lines may be down as well as internet service. We encourage each facility to consider educating patients routinely on what they would do in the event your unit was closed or power was not available.
9. Contact your back-up dialysis facility to alert them that you might need their services the next day to complete dialysis treatments. (The back-up facility is located 15 miles away from yours.) Several facilities only operate MWF. Consider making contact with the backup facility to ensure it is open and operational and that patients can proceed to that facility for treatment.
10. Immediately evacuate your facility (staff and patients). Use the clamp and cut procedure. After assessing the emergency, your staffing and the urgency required, clamp and cut may be your only viable option. Consider discussing situations with the team under what circumstances would C&C be most appropriate – especially if an emergency occurred on the Saturday shift or when you (as the administrator) were out of town.
11. Contact the next day's shift and share where they need to go for treatment. This may or may not be warranted, depending on the situation. Consider discussing with staff and patients when and how they would be directed to go to another facility. Also share the location and contact information for the backup facility.
12. Contact 911 and state that you need help evacuating patients, visitors and staff members from your facility immediately. If an emergency arose, 911 may not be able to assist you in evacuating your patients. Although the CfC require you have staffing adequate to meet the medical and non-medical needs of the patients, sometimes-unforeseen events occur that skew your staffing for that day. 911 and emergency personnel may not be trained in assisting with dialysis patient evacuation, or may be flooded with calls from other individuals in the community. Consider preplanning for facility evacuation in the event of a staffing shortage.
13. Contact the Network and advise of your unit's closure. **The Network is required to track the open and closed status of all facilities in its area. To facilitate this objective, we ask that facility staff contact the Network and inform us if your unit is not operational, along with the type of emergency you are experiencing.** Armed with this information, the Network can contact additional resources and agencies to assist you and your patients. We can assess other facilities (and/or hospitals) that are operational so that patient care and safety are not jeopardized. Although sixty percent of our facilities are associated with a corporation, in times of emergencies and disasters, corporate lines fade and the needs of the patients have prevailed in the past. In addition, we can notify your patients of where they can go for backup treatment, post information to our website and attempt to notify the media on your behalf.



14. Take the list of patients, phone numbers, labs, etc. with you. If an evacuation occurred, you may desire to ensure that all patients were evacuated from your facility as well as all staff and the daily dialysis schedule can assist you in "checking off" patients and staff members. Phone numbers, alternate means of contacting patients

and labs are all resources you may desire to have in the event your facility remains evacuated. Lab data may be 28 days old, however, it may afford the best insight into triage needs if the situation presents.

Scenario #2 – Goal - The purpose and goal of this scenario was to encourage managerial staff to assess the functionality of their secondary plan (backup facility) and ensure patient and staff awareness of the 3-day emergency diet.

Questions

- A. Do you have an alternative for obtaining supplies? Regardless of whether or not you are part of a large dialysis organization or a hospital, supplies may be inadequate or delayed. When reviewing your emergency plans, consider adding an alternative mechanism for obtaining supplies. Don't assume that your sister unit or the hospital will have enough supplies to cover your unit and theirs.
- B. Are you familiar with the 3-day emergency diet? The 3-day emergency diet is a diet developed to assist patients in managing fluid, mineral and electrolyte imbalances in the event they are unable to dialyze for an extended time period.
- C. Do you know where to obtain the 3-day emergency diet? Heartland Kidney Network has the diet listed on-line and a brochure for both diabetics and non-diabetics will be coming out this year.
- D. Has it been given to patients? See pg. 1, question F. Consider adding the emergency diet into your patient education.
- E. Has the facility staff provided individual education to patient on the 3-day emergency diet? The Patient Advisory Committee of the Network encourages patient education. See pg. 1, question F.

The Emergency

You were able to provide treatment to all of the afternoon shift and part of the am shift scheduled for the next day, when you realize you are short on supplies. You and the other Nurse Manager discuss the situation and you offer to return to your facility to obtain additional supplies for the backup facility. When you attempt to return to your unit, the perimeter police stop you. They share that a two-mile radius around the chemical plant (including the location of your unit) will continue to remain quarantined to the public for the next several days while large fires are contained and chemicals and hazardous materials are removed from the site. You attempt to explain that you provide dialysis service to many individuals and are in need of additional supplies. You share that without dialysis, your patients are at risk of death, yet you are still not permitted to enter the site.

Response Choices

1. Remain in contact with the Medical Director. See pg. 1, #1
2. Have the Medical Directors (your facility and the backup facility) assist with coordination. See pg. 1, #1. Additionally, the CfC requires that the "physician responsible for the patient's medical supervision evaluate the patient's immediate and long-term needs". See §405.2136 (g)(1). Coordination between physicians is encouraged.
3. Instruct staff to report to work at the backup facility. Staffing is a **CONDITION LEVEL** requirement, consider incorporating staff arrangements into your emergency plans. See §405.2162 & §405.2162(b)(3).
4. Keep patients apprised of where to go for treatment. See pg. 1, question F.
5. Review labs and evaluate high-risk patients with the Medical Director. See pg. 1, #1. Additionally, the physician is responsible for evaluating the patient's immediate needs; §405.2136(g)(1), and that there is always available medical care for emergencies, 24 hours a day, 7 days a week; §405.2136(g)(2).
6. Triage immediate treatments needed versus non-immediate with the Medical Director. See previous.



7. Provide information to the local hospital about the immediate needs of renal patients.
Each facility is required to have an affiliation agreement. An affiliation agreement is a **CONDITION LEVEL** requirement. The agreement “provides a basis for effective working relationships under which inpatient hospital care or other hospital services are available promptly to the dialysis facility’s patients when needed. The dialysis facility has in its file documentation from the renal dialysis center to the effect that patients from the dialysis facility will be accepted and treated in emergencies. See §405.2160(a) and §405.2160(b).
8. Provide an Rx for Kayexelate® to all patients and instruct them to take as directed.
Some facilities shared that prior to the potentially bad months of winter ice storms, all patients are given an Rx for Kayexelate® and instructed to fill it and keep it at home, along with instructions of when to take it in the event they are unable to come in for treatment due to inclement weather.
9. Contact the local hospital emergency rooms to alert them of the possibility that your facility’s patients may come to the ED seeking dialysis services.
See pg. 3, #7.
10. Contact the police department and inquire about additional security surveillance to prevent looting of your facility during the evacuation. (Supplies and drugs)
This may or may not be feasible, dependent upon the type of disaster. Consider establishing relationships
See pg. 2, # 5.

- with the police and fire departments prior to an emergency. Communication between them and your facility allow a better understanding of our special needs population.
11. Remain in contact with the Network to continue coordinated efforts.
See pg. 2, #13.
12. Contact your corporate resource personnel and provide a status update.
13. Instruct patients to initiate the 3-day emergency diet.
See pg 3, B-E.
14. Advise patients to ignore the PSA encouraging them to remain “well hydrated”.
One of the lessons learned from previous emergencies was a disconnect between public information and special needs populations. During the Hurricanes, public service announcements (PSAs) were publicized encouraging individuals to remain “well-hydrated” and “drink plenty of fluids”. What quickly came to light was that many patients with renal, pulmonary or cardiac diseases were overloaded and in danger. Consider educating your patients that **regardless** of whether or not the t.v., radio, or newspaper encourages them to drink, they are a special population and their requirements and restrictions are significantly different from the general population – especially in an emergency. .

Scenario #3 – Goal - The purpose and goal of this scenario was to encourage all staff to consider emergency and disaster planning beyond secondary backup facility

Questions

- A. Do you have a secondary backup facility?
When winds and ice storms left hundreds of thousands without power in the St. Louis area, more than 40 dialysis facilities were affected. These facilities provide services to more than 2,500 patients. One of the lessons observed from this emergency was many of the facilities (if not all) had emergency plans that included a backup facility, however, the backup facility was also without power and essentially useless as a backup. Many of these facilities have already begun or established secondary backup facilities. Consider evaluating your location to your backup and investigating and secondary backup facility.
- B. Do you validate its operational status?
Although rare, some facilities are no longer in operation for a variety of reasons. Consider validating the location and operational status of your backup and secondary backup facilities at least annually.
- C. How often do you validate your patient contact database?
In most, if not all facilities, the patients are required to notify the staff if changes have occurred in their contact information, i.e. cell phone numbers. Consider communicating this request with patients at times in addition to annually or at admission.



- D. Do you have secondary/emergency contact information for patients?

Secondary contact information is not required by the regulatory requirements, however, consider asking your patients "In the event of a disaster, who would BEST know HOW or WHERE to get in touch with you?" (Remember power may be lost, roads may be blocked, cell phones may not work,

etc.) Consider trouble-shooting with the treatment team what and how you would reach your patients.

- E. If yes, how often do you validate it?

See C above.

The Emergency

Unfortunately, Mother Nature is not working in our favor. Winds have caused the chemical and hazardous smoke to spread to an even larger radius. This area is also being evacuated and includes your backup facility. Many of your staff lives within this extended area as well. Patients were previously given the 3-day emergency diet with the thought that your backup facility would be able to assist and patient treatments would be accommodated without any real threat to patient safety. This is no longer the case. The next closest facility is located 50 miles away from your backup facility and the local hospital has been evacuated.

1. Remain in contact with the Medical Director of the facility.
See pg. 1, #1
2. Contact your secondary backup facility to schedule patient treatments and assess supplies.
See pg. 2, #9
3. Consult with the utility company to shut off power and gas to your facility as a precaution.
Although rare, evaluate the emergency and assess for the possibility of gas or water leaks that could further damage the unit.
4. Review labs and evaluate high-risk patients with the Medical Director.
See pg. 1, #1 and pg. 3, #5
5. Triage immediate treatments needed versus non-immediate with the Medical Director.
See pg. 1, #1 and pg. 3, #5
6. Begin contacting patients and informing them of where to go for their next dialysis treatment.
See pg. 1, question F.
7. Contact your staff members and share the information you have.
See pg. 3, #3
8. Coordinate staffing with the secondary backup unit.
See previous
9. Contact local TV and radio stations and ask them to play public service announcements for your patients alerting them of where to go for their treatments.
Although this may appear to be a reasonable option, during the power outage in St. Louis last year, the Network office spent a considerable amount of time attempting to accomplish this from a request made by the affected facilities. As a result of our efforts and the inability to publicize this information, we are in the process of setting up an Emergency Alliance whereby more effective routes can be developed to publicize information for our population when needed. Rather than contacting your local media, alerting the Network can activate resources that extend beyond the facility.
10. Contact the local emergency management service and obtain hospital listing for the outside perimeter.
See pg. 2, #'s 4 and 13 and pg 4, #10.
11. Remain in contact with the Network to continue coordinated efforts.
See pg. 2, #13.
12. Contact your corporate resource personnel (if applicable) and provide a status update.
See pg. 2, # 5.
13. Share the responsibility of contacting staff and patients with other staff members.
See pg. 1, question F.
14. Notify the local police department regarding this special needs population.
See pg. 2, # 4 and pg 4, #10.



Scenario #4 – Goal - The purpose and goal of this scenario was to encourage and stimulate discussion to increase staff knowledge of possible constraints to consider when reopening a unit post emergency closure.

Questions

- A. Do you know the significance of a boil water order?

Less than half of all facility staff that responded knew the significance of a boil water advisory/order (BWA). This link provides the CDC's guideline for dialysis facilities when a BWA is issued.
http://www.cdc.gov/ncidod/hip/dialysis/boilwater_advisory.htm

- B. Do you have policies/procedures/guidelines for opening your unit post an evacuation?

A little less than two-thirds of all responding facilities shared that they had guidelines/procedures for opening post evacuation. More information can be found at <http://www.cms.hhs.gov/ESRDNetworkOrganizations/Downloads/EmergencyPreparednessforFacilities2.pdf>

The Emergency

The chemical fire has unfortunately spread and many wildfires are burning out of control. Mother Nature is now stepping in to assist. Torrential rains have begun with rainfall accumulation occurring quickly in low-lying areas. The State Emergency Response Team has issued a flood warning through the national weather service. The good news is the quarantine and evacuation have ended and you may now return to your home facility. However, concern has arisen that some of the chemicals may have contaminated the city's water system. As such, the water department issues a water advisory informing the public to avoid using city water until routine tests can be completed and safety assured. The water department has initiated a boil water order.

1. Remain in contact with the Medical Director of the facility. **See pg. 1, #1**
2. Contact the utility company to restore power and gas to your facility. **See pg. 5, #3.**
3. Increase water monitoring to hourly. **See pg 5, question A.**
4. Begin contacting patients and tell them they may return to the unit for treatment even though there is a boil water order. **See pg 1, question F.**
5. Contact your staff members and share the information you have. **See pg. 3, #3**
6. Contact your corporate resource personnel (if applicable) and provide a status update. **See pg. 2, # 5.**
7. Remain in contact with the Network to advise of reopen status and for continued coordinated efforts. **See pg. 2, #13.**
8. Share the responsibility of contacting staff and patients with other staff members **See pg. 1, question F.**



Heartland Kidney Network Mock-Disaster Drill Take Away Messages

1. Maintain contact with the Medical Director during an emergency
2. If patients must be sent to another facility for dialysis treatments, also send your staff members to assist the back-up unit.
3. Communicate-communicate-communicate with staff members patients and the Network.
4. Train and in-service staff members and patients regarding disaster/emergency planning. Document your training efforts.
5. Hold and document regular periodic disaster/emergency drills for staff members and patients.
6. Instruct the patients about the emergency 3-day diet and what foods to keep stocked at all times.
7. Have back-up facility arrangements determined in advance of an emergency. Consider local and extended arrangements.
8. Be sure the facility has written emergency/disaster plans and that staff members know where to locate them.
9. Keep thinking “ahead of the disaster” regarding what next steps must be taken.
10. Be sure patients and staff members can be contacted. Maintain an updated database.