

Dialysis Facility Disaster Plan Checklist

The following action steps can assist your facility through the steps of mitigation, preparedness, response, and recovery during an emergency. More details can be found in the [CMS Emergency Preparedness for Dialysis Facilities Manual](#).

Action Steps	Date Completed
Ensure Facility is Emergency Ready	
1. Determine which kinds of disasters your facility is likely to see	
2. Prepare a mitigation strategy for each disaster that may affect your dialysis facility: Hurricane, earthquake, winter storm, flood, etc.	
3. Develop communication tree to inform agencies, staff, patients, and families of emergency status and instructions	
<ul style="list-style-type: none"> Designate a person or title to take charge during a disaster 	
<ul style="list-style-type: none"> Develop a plan for how staff will contact one another. 	
<ul style="list-style-type: none"> Develop a plan for how patients and/or family will be contacted 	
<ul style="list-style-type: none"> Designate staff to notify Qsource ESRD Networks of emergency status 	
<ul style="list-style-type: none"> Designate staff to call local emergency planning, if necessary, to request assistance 	
4. Identify a facility which can serve as your back-up facility if service is interrupted:	
<ul style="list-style-type: none"> Develop written agreement with back-up facility; include how both facilities will share staff, share supplies, and bill for treatments 	
<ul style="list-style-type: none"> Ensure back-up facility has adequate capacity to serve your facility's patients 	
<ul style="list-style-type: none"> Consider having second back-up agreement with another facility further away in the event of a widespread disaster 	
5. Add back-up facility information in the ESRD Quality Reporting System (EQRS)	
6. Create a back-up plan to provide water to your dialysis facility. Ideas to consider include:	
<ul style="list-style-type: none"> Ask local milk or soft drink bottling company if they can provide back-up water (You will probably have to have an adapter made in advance so that you can hook your water system up to the four-inch fitting on the tanker truck) 	
<ul style="list-style-type: none"> Fire hydrants are often on separate feed line (Pre-arrangement would be necessary) 	
7. Secure the facility to prevent injuries during a disaster	
<ul style="list-style-type: none"> Secure ceiling TV's to prevent them from coming loose. Make sure that patients are not seated below TV's 	
<ul style="list-style-type: none"> Implement policy that dialysis machine and chair wheels are locked during dialysis treatments to prevent needle dislodgement 	
<ul style="list-style-type: none"> Secure oxygen tanks to prevent them from tipping 	
8. Develop generic list of dialysis orders and supplies in case of missing orders during evacuation	

Action Steps	Date Completed
9. Educate patients on:	
• Evacuation procedures	
• Three-day emergency diet	
• Who to contact if they are unable to reach physician or dialysis center	
• Shelter information	
• Who to contact for transportation	
• Keeping track of medication lists and dialysis orders	
10. Educate staff on:	
• Evacuation procedures	
• Hold evacuation drills and evaluate facility performance	
• Test communication plan periodically	
Develop Evacuation Plan	
1. Develop a procedure for getting patients off of dialysis quickly (clamp and cut or other emergency take-off procedures outlined in your internal policy and procedure)	
• Ensure clamp and cut kits are readily available	
• Review clamp and cut procedure with patients at least quarterly	
• Develop timeline to check and/or rotate items in kits so that they do not expire	
2. Assemble evacuation kit:	
• Develop list of items to be included in kit. Assign staff to review contents monthly so that items do not expire	
• Ensure the evacuation kit contains adequate supplies to service one shift of patients	
• Train staff on location of evacuation kit and which staff role is responsible to bring to pre-determined meeting site in the event of evacuation	
• Place a copy of patient's recent treatment orders and medication lists in evacuation kit. Develop process to replace with updated versions regularly per facility policy	
3. Set a pre-determined location outside of your facility where patients and staff will meet	
4. Develop list of staff responsibilities that would take effect during an emergency, disaster, or evacuation. Consider assigning evacuation duties based on staff role.	
• Designate staff to ensure all patients and staff are accounted for	
• Designate staff to take daily assignment sheet for roll call in safe zone	
• Designate staff to take the evacuation kit	
• Designate staff to take the automated external defibrillator (AED) to meeting place	
• Designate staff to activate emergency management services (Call 911)	
• Designate someone to call the utilities – program numbers into cell phones ahead of time	

Action Steps	Date Completed
5. Develop procedure for assessing patients after evacuation:	
• Assess patients for hypotension due to blood loss, administer saline as needed	
• Flush and heparinize catheters first, as they are more likely to clot	
• If additional treatment is needed, provide patients with information on location and time of next treatment. Provide them with treatment orders and medication lists if possible	
Develop Plan of Response During an Emergency	
Evacuate patients if necessary	
1. Assess immediate threat to patients	
2. Call Emergency Services (911)	
3. Evacuate patients and staff as necessary, prioritized based on <ul style="list-style-type: none"> Greatest risk (proximity to fire, etc) Self sufficient (those that can get themselves out) Patients requiring assistance 	
4. Meet in designated area outside of building	
5. Take emergency supply box	
6. Take emergency patient information	
Communicate emergency status	
1. Notify facility management of the situation	
2. Communicate facility status with patients	
3. Inform the ESRD Network if facility not completely operational. Use the ESRD Emergency/Event Status Report .	
4. If necessary, make contact with backup facility and arrange to transfer patients	
5. Determine if Extraordinary Circumstances Exemption for ESRD QIP is necessary and complete if applicable. What is an ECE? CMS offers a process for dialysis facilities to request, and for CMS to grant, exceptions when extraordinary circumstances arise that are beyond the facility's control and impact their regular operations. In the event of such a circumstance, the dialysis facility must submit an ECE Request. For detailed instructions on utilizing the ECE application in EQRS, please refer to the ESRD QIP ECE UI Guide . Answers to common questions are available in an ECE UI Frequently Asked Questions document.	
Assess building functionality	
1. Assess if utilities are functioning – water, electricity, sewer and gas	
2. Assess building for damage with the goal of determining if the facility is able to function and dialyze patients (you may need to bring in a professional depending on the extent of damage)	
3. Thoroughly document all damage to physical facility and its contents	
4. If necessary, call in needed expertise to evaluate damage and begin repairs; notify insurance company; document and photograph damage before cleanup starts	

Action Steps	Date Completed
5. Assess risk from exposure to hazardous chemical (Renalin or formaldehyde)	
6. Determine if the facility needs to be secured to prevent further losses	
<ul style="list-style-type: none"> Implement measures necessary to secure usable assets Secure all entrances and exits 	
7. Contact security services as needed	
8. If applicable, assess the building for structural damage after clearance is received from authorities. Do not enter a building until it has been declared safe!	
Assess equipment damage	
1. Evaluate the status of the dialysis machines and water treatment system	
2. If the equipment has been exposed to a fire or flood, take action to prevent the corrosion of electronic components	
3. Validate the functionality of non-damaged equipment. Repair or replace equipment that was damaged	
If necessary, arrange dialysis care for patients	
1. Make arrangements to dialyze patients. If your facility is closed, send your patients to your backup facility	
2. Prepare written instructions for each patient that lists facility where dialysis will take place, phone number to reach facility and nephrologist, dates and times when dialysis is scheduled, and any additional emergency information	
3. Assure that patient transportation plan is working effectively	
4. Communicate with, and provide assistance to backup facility	
5. Use generic treatment orders if needed due to unknown orders or supply availability	
6. Provide staff to the backup facility. Keep accurate time records	
7. Keep accurate records of supplies borrowed and loaned	
Prepare facility for reopening	
1. Hire the necessary contractors to start repairs after you have received clearance from your insurance company	
2. Estimate reopening date, and notify required regulatory agencies	
3. If the water treatment system has been idled for a prolonged period, the system will need to be disinfected prior to use	
4. Building Permits signed off by inspectors	
5. Regulatory resurvey completed if necessary	
6. Staff notified of opening date	
7. Patients notified of opening date and their treatment schedule	

This checklist was originally created by our colleagues at Midwest Kidney Network and adapted from the CMS Emergency Preparedness for Dialysis Facilities Manual. Qsource has adapted for use with our facilities in Networks 10 (IL) and 12 (IA, KS, MO, NE).

For more information, please visit our [Emergency Preparedness web page](#).

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This material was prepared by Qsource, an End-Stage Renal Disease (ESRD) Network under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 25.ESRD.04.059

