



KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

Contacting Local Emergency Management

On April 15, 2008, the Centers for Medicare and Medicaid Services (CMS) updated the Conditions of Coverage. These regulations are the minimum health and safety rules that all Medicare and Medicaid participating dialysis facilities must meet. Some of these regulations outline the emergency procedures that facilities must implement, including having a facility disaster plan, providing staff training, and patient education. One condition requires that the dialysis facility make annual contact with the local emergency management agency.

§ 494.60 Condition: Physical environment, Section (4) (iii) Contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.

This requirement is to ensure that local disaster aid agencies are aware of the dialysis facility's patients' needs in the event of an emergency and to ensure that the agency is aware of the dialysis facility's needs in the event of an emergency. This pre-emptive contact could facilitate the meeting of dialysis patient needs during a disaster.

According to the Interpretive Guidelines:

The facility must contact and develop a communicative relationship with the local disaster management agency. This relationship will help expedite restoration of interrupted services due to an emergency or disaster. There should be some documented evidence of this contact.

In order to ensure life saving dialysis services will be available in the event of an emergency or disaster, facilities should collaborate with their ESRD Network, suppliers, utility service providers, and their State agencies for survey and for emergency preparedness as well as with other dialysis facilities. Resources available from the Kidney Community Emergency Response (KCER) Coalition can assist facilities in meeting this requirement.

Each county/parish emergency management procedures are different. Some emergency management agencies are organized under the police or fire department. Other jurisdictions have a free-standing agency. Remember that local emergency management agencies are not legislatively required to provide financial support to dialysis facilities, and may be financially unable to provide resources.

This regulation is not intended to take place of the regulation requiring dialysis facility disaster plans, staff education, and patient education. This regulation is intended to encourage dialysis facilities to collaborate on a local level with the agency that would provide/coordinate response

activities after a disaster, not only as practice in communicating, but to build a working relationship to ensure mutual understanding of local resources, roles, responsibilities, and limitations.

Dialysis facilities should provide education and data about their facility (location, number of patients, emergency contact information). The facility can use the following form to document the annual contact for their facility's records. Remember, this is only a recommended practice. You will need to build and maintain a relationship with your local emergency management agency and develop and practice your disaster plans in order to provide the highest quality patient care and safe working environment for your staff.

Local emergency management offices may not be aware of the existence of dialysis facilities and patients in their jurisdiction, or the importance for disaster planning for the kidney community. It is critical to develop a relationship with your local emergency management agency in order to participate in the local planning process, be aware of applicable emergency procedures, know what types of assistance may be available to your facility and patients, and who to call for assistance for an emergency/disaster.

Surveyors will be looking at your disaster plans for documentation or proof that you have contacted your local emergency management office.

There are many KCER resources available for facilities to use to educate emergency management and other stakeholders about ESRD. These tools are available on www.kcercoalition.com/cpp.htm and are free to download and reproduce. Some important tools are:

- **Save a Life:** This brochure outlines the basics requirements for dialysis treatment and outlines patient and provider responsibilities and recommendations for emergency management.
- **Community Partner Packet:** This toolkit provides an introduction letter with important data about the number of ESRD patients sorted by zip code. Emergency managers can use this data to better plan for ESRD needs in their jurisdiction.
- **Community Partner Meeting Resources:** These resources include PowerPoint presentations and sample agendas to facilitate dynamic meetings between emergency management and dialysis facilities.

If you have feedback or questions about this resource, please contact us at sburris@nw7.esrd.net or 813-865-3267.

CONTACT WITH LOCAL EMERGENCY MANAGEMENT

Date _____

Facility Name: _____

Medicare Provider Number _____

Name of person filling out this form _____

List of resources and information we sent to the local emergency management office:

- _____
- _____
- _____

Date the information was sent: _____

Information was sent to: Name/Title: _____

Agency: _____

Address: _____

Phone/Fax: _____ / _____

Email: _____

Other contact with the emergency management agency or emergency operations center (EOC): (examples: phone calls/ email including dates and who was involved):

Follow-up indicating information was received (i.e., return fax verification, email communication response, etc; attach proof if necessary):

Facility's plan for annual communication includes (attach additional sheets if necessary):

Attach supporting documents if necessary.



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County Emergency Management Support Form

The purpose of the following County Emergency Management Support form is to communicate your facility status to the county Emergency Management office servicing your area. This information will enable Emergency Management to determine what resources are available and what services might be needed in the event of an emergency affecting your facility. We recommend that you forward this information to the Emergency Support Function 8 Desk (ESF 8; Health and Medical Services) at your county Emergency Management office on an annual basis and/or any time there is a change in this information.

Instructions:

*****If you cover multiple clinics please be sure to complete a separate form for each clinic!***

1. Complete the facility demographic information. Indicate whether or not your facility is deemed a “hub” or “critical facility” for emergencies.
2. Complete Administrator, Corporate, and Medical Director names and contact information. Provide a minimum of 2 (main + alternate) contacts for each section. Be sure to include **all** available emergency phone numbers and e-mail addresses.
3. List your power utility provider (i.e. FPL, TECO, etc.) and the number of your electric meter. This number can be found on your utility bill and will expedite the diagnostic process if your facility loses power.
4. Complete information regarding alternate power sources/generators available at your facility, including the type of fuel used to power the generator. If you do not have a permanent generator, indicate whether you have a transfer switch installed for use of a temporary generator.
5. Complete information regarding water storage and hookup capabilities in your facility.
6. Provide the number of stations and total number of patients served in your facility.
7. Describe any other hurricane protection your facility has (i.e. hurricane shutters)
8. Indicate any/other special instructions that may be helpful to the county EOC office in facilitating services in the event of an emergency/disaster.
9. Indicate person completing the form and the date completed.
10. Forward to your county Emergency Management office, ATTN: ESF 8.
11. Retain a copy of this form for your records and document any follow-up actions or response from the EOC.

COUNTY EMERGENCY MANAGEMENT SUPPORT FORM

DIALYSIS CLINIC NAME: _____

IS THIS CLINIC A "CRITICAL FACILITY" OR "HUB"? Y N

CLINIC ADDRESS: _____

CLINIC PHONE/FAX: _____

EMERGENCY ALTERNATE NUMBERS: _____

ADMINISTRATOR NAME/CONTACT INFO: _____

CORPORATE CONTACT NAME/NUMBER: _____

MEDICAL DIRECTOR NAME/CONTACT INFO: _____

POWER COMPANY & METER #: _____

PERMANENT GENERATOR? Y N TYPE OF FUEL: _____

IF NO, IS TRANSFER SWITCH INSTALLED/AVAILABLE? Y N

WATER STORAGE? Y N GALLONS _____ WATER HOOKUP? Y N

NUMBER OF STATIONS: _____ ISOLATION STATIONS _____

TOTAL PATIENTS SERVED: _____

TYPE OF HURRICANE PROTECTION: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

COMPLETED BY: _____ DATE: _____