

# Prepare, Plan, Practice

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**T**he Kidney Community Emergency Response (KCER) Coalition is a group of more than 150 volunteers across the United States who work collaboratively to develop and disseminate disaster preparedness and response information to the kidney community. It is vital for each member of the kidney community to develop and maintain all-hazards disaster plans.

Would your practice or dialysis facility be able to run smoothly if your nurses were unable to come to work due to a disaster? What if half the staff was unable to come to work? Incorporating personal and workplace disaster plans can help address these issues.

Disaster plans describe the actions to take in response to a natural or manmade disaster; additionally they describe the tasks to be performed—by whom, when, and where. The plans should be comprehensive and cover disaster mitigation, preparedness, response, and recovery.

Plans should address potential impacts from all types of hazards, such as tornadoes, floods, earthquakes, hazardous material spills, terrorist attacks, hurricanes, blackouts, and fires.

## Emergency Planning Process

There are 4 steps in the emergency planning process: hazard analysis, plan development, testing the plan, and maintaining/revising the plan.

Hazard analysis determines which hazards are likely to impact an area and ranks these hazards according to their likelihood of impact and their potential to impact normal functions. The first step is to identify each hazard and describe it. Next, determine how and why the organization (your family or business) is vulnerable to that hazard. Most emergency management agencies should have current and adequate hazard analyses you could use as a model. Contact your local emergency management agency for a copy of their plans.

A disaster plan outlines how your family, employees, or your office will be

protected in the event of an emergency or disaster. More extensive plans can have annexes, or additional sections, that focus on a specific type of disaster or business function, such as a hurricane annex for specifics related to hurricane threats or

**Disasters can strike anywhere, in any form. A well-prepared staff is pivotal to any workplace disaster plan—whether your office is a dialysis unit or transplant center.**

a medical records annex that describes how these documents would be protected. Annexes can also include maps, charts, tables, checklists, and phone trees.

The Centers for Medicare & Medicaid Services (CMS) Guide *Emergency Preparedness for Dialysis Facilities* is an important tool that can help an organization build a disaster plan. The KCER Coalition worked with CMS to update this manual, which will be available in late 2009.

Additionally, employees must have personal preparedness plans that include their family, pets, home, and any special needs so that their personal needs can be addressed quickly and in an organized fashion, as healthcare providers are often called on to quickly respond when disasters happen. Without adequate personal disaster plans, employees may be unable or unwilling to work after a disaster.

It is important that employees communicate their personal plans to their supervisor or a designee. Business managers need to know if an employee would evacuate given a certain situation, and to where. Most importantly, managers need at least 2 ways to contact each employee. Options would include a mobile telephone number, e-mail address, or through a friend or relative who serves as an out-of-area contact person.

Before a disaster, all employees should be trained on preparing adequate personal disaster plans, the facility's business plan, and the plan for patients. Managers should provide written disaster roles, responsi-

bilities, and expectations for each staff position. What hours would employees be expected to work? What are the duties expected of each position? Will any exceptions be made for certain staff members or certain situations?

## Training

After developing a plan, it should be tested through training and exercises, maintained, and revised. Testing and revising is a continuous cycle. It is vital to incorporate lessons learned from drills and exercises into updated disaster plans. Even the best written disaster plan is inadequate unless everyone is properly trained on the plan.

The CMS Conditions for Coverage for End-Stage Renal Disease facilities, effective October 14, 2008 require that staff be able to demonstrate the ability to manage emergencies that are likely to occur in the facility's geographic area.

Independent Study Programs from the Federal Emergency Management Agency (FEMA) are self-paced, online, and free. These courses, designed for the public and for those with a duty to respond to emergencies, offer a certificate of completion after passing a final exam. Many of the basic emergency management courses cater directly to the healthcare field; those available include:

- IS-100.HC: Introduction to the Incident Command System (ICS) for Health Care/Hospitals
- IS-200.HC: Applying ICS to Health Care Organizations
- IS-700: National Incident Management System (NIMS), An Introduction
- IS-808: Emergency Support Function (ESF) #8—Public Health and Medical Services

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Additional courses target hazard preparedness and planning, the National Disaster Medical System (NDMS), personal preparedness, disaster assistance, disaster exercise, and general emergency management principles. Course length varies from 30 minutes to 3 hours. These courses can be accessed at [www.training.fema.gov/is](http://www.training.fema.gov/is).

In addition to a cohesive training program, familiarity with the FEMA principles and language of the Incident Command System (ICS), the National Incident Management System (NIMS), and the National Response Framework will better equip dialysis facilities in contacting their local disaster management officials. Ongoing communications with local disaster management, at least annually, is another CMS Conditions for Coverage requirement.

## Practice Makes (Almost) Perfect

Disaster plans should be practiced and revised at least annually. They should also be updated and staff should be trained each time there is a supervisory or leadership change. The disaster plan should be practiced if there is a change in procedure, contact information, or staff turnover.

Other goals of disaster drills and exercises are to clarify roles and responsibilities, improve coordination, identify gaps, train staff, and improve the plan. There are many types of exercises that can achieve these goals. Choose a variety of exercises throughout the year to build a solid exercise program, drill schedule, and/or evaluation program.

Discussion-based exercises can be seminars, workshops, tabletop exercises, and games. These exercises are generally less complicated because they do not require actual response activities such as gathering supplies or evacuating. Operations-based exercises focus on activities. Drills (which physically test one specific function), functional exercises, and full-scale exercises simulate the execution of actual response activities.

The first step in all exercises is to set objectives that outline goals, the scenario, and how the exercise will be evaluated. A scenario is the story that guides the exercise. The story can be hazard-specific, such as a tornado impact, and serves to apply

“what if” scenarios to the implementation of the disaster plan.

No exercise is expected to be perfect. It is crucial to document the exercise outcomes using continuous quality improvement techniques in order to incorporate les-

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sons learned into the plan. Set a reasonable timeline to make necessary updates to the plan and practice the plan again after major changes are made.

The KCER Coalition performs annual disaster exercises and quarterly or monthly tests of response mechanisms such as telephone hotlines and reporting systems. Coalition members test the capability to establish communications via e-mail and telephone, collaborate in groups, and solve problems brought on by a disaster scenario. Often these hands-on scenarios reveal the need for additional policies and activities to solidify existing disaster plans.

## Be Mentally Prepared

Do not assume your employees can handle the stress of a disaster, whether they are nephrologists, nurses, technicians, or other trained healthcare professionals. Staff may not be able to contact their families, their pets may have been lost, or their homes may have been destroyed. Talking about these potential losses may help mentally prepare staff for a disaster, as well as set the stage to address employee mental-health concerns after a disaster impact.

It is important to understand, and convey to all staff members, that working in a disaster response may require irregular and extended working hours and working at a location other than the normal office location. A disaster may also demand that employees perform duties that are not a part of their normal job description. Additionally, disasters can cause intense physical and mental stress.

Because the emotional damage of disasters often overshadows the financial and

physical damage, it is important to incorporate a mental-health component into disaster plans. Supervisors and other employees should be able to recognize the signs and symptoms of disaster-related stress, know how to identify employees and patients who

may need assistance or crisis counseling, and how to provide that assistance. When planning for a disaster, include ways to help employees identify and ease stress in themselves as well as their patients.

## The KCER Coalition

The KCER Coalition is an active group of individuals working toward establishing and facilitating partnerships that provide a framework for disaster readiness and continuity of care for the kidney community.

The Coalition is comprised of healthcare professionals and partners in the community including utility companies, emergency operations personnel, regulatory agencies, and corporations. By uniting, the Coalition is forming working relationships to help provide uninterrupted dialysis and transplant care in the event of disasters.

There are 8 Response Teams focusing on different areas of preparedness and response. These teams hold bi-monthly teleconferences and communicate via e-mail distribution lists to develop educational materials, outreach, and response mechanisms for the kidney community.

The Coalition has created valuable educational tools for patients and providers, as well as fostered relationships, both on the state and federal level, which will help to ensure continuity of care for kidney patients in times of emergencies.

The KCER Coalition is dedicated to the purpose of providing public education and promoting public awareness regarding the needs of kidney patients during emergencies. Community participation is essential to the ongoing success of this Coalition. ☺

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## Disclaimer

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