

TEEC Presentation

2009 ESRD Network Annual Meeting

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Texas ESRD Emergency Coalition

The mission of the Texas ESRD Emergency Coalition is to coordinate Planning, Preparedness, Response and Recovery to Emergency Events affecting the Texas ESRD community.

What is TEEC? How can we help with new Conditions of Coverage....

- Carry out TEEC Mission
- Emergency Preparedness Assistance
- Policy Manual
- Facility Specific Information
- Important points



Areas of Assistance

- Operations
- Data and Information
- Pre-event Planning and Education
- Technical
- After Disaster/Emergency
- Overall Information and tools



Access to Care- *EMSystems*

- A “real” time data and communications system
- Facilities will be able to provide critical updates and information during an emergency
- The Network and other administrators will be able to post information for all to view.
(ie. Forms from the state, waivers)
- All facilities in Texas have been populated into the 3 regions
- Each facility will be asked to update their facility information on a monthly basis.

Texas Trauma Service Areas



There are 22 TSA's in Texas. Using a special map each dialysis unit was matched to the corresponding TSA.



Mobile Command Center

- TEEC has established a toll free number for ESRD patients that will be used during emergencies.
- This command center will be staffed by representatives from the Network, LDO's, nurses, physicians and social workers
- Command center is the ESRD's voice to state officials during a time of need.



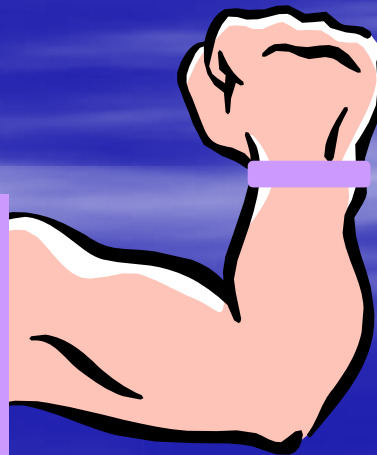
If they come... WE WILL BE READY

Your dialysis unit will give you a purple arm band to wear in case you have to evacuate from your home during a disaster. This band will help other healthcare professionals to identify you as someone needing dialysis care.



*Don't leave
home without
it!*

**Get
BANDED!**



A project by the Texas ESRD Emergency Coalition in collaboration with the ESRD NW # 14 and dialysis professionals in the Gulf Coast area.

Fanny packs?

Plan:

Each dialysis patient beginning with the Coastal area patients will receive a fanny pack during an emergency evacuation to keep their 7 day supply of medications, medical records and other important documents.



Ways to stay Prepared....



- Drills



**BE PREPARED...
PREPARE YOUR STAFF
AND PATIENTS!**

Where to find the Conditions..

Emergency and disaster-related Conditions for Coverage are outlined in the paragraphs §494.60 Condition: Physical environment.

494.60 Physical Environment

- **§494.60 Condition: Physical environment**

(d) Standard: Emergency preparedness. The dialysis facility must implement processes and procedures to manage medical and nonmedical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.

(1) Emergency preparedness of staff. The dialysis facility must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and include the following:

(i) Ensuring that staff can demonstrate a knowledge of emergency procedures, including informing patients of--

(A) What to do;

(B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;

(C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and

(D) How to disconnect themselves from the dialysis machine if an emergency occurs.

(ii) Ensuring that, at a minimum, patient care staff maintain current CPR certification; and

(iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.

(2) Emergency preparedness patient training. The facility must provide appropriate orientation and training to patients, including the areas specified in paragraph (d)(1)(i) of this section.

(3) Emergency equipment. Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.

(4) Emergency plans. The facility must--

(i) Have a plan to obtain emergency medical system assistance when needed;

(ii) Evaluate at least annually the effectiveness of emergency and disaster plans and update them as necessary; and

(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.

Fire and Safety

- **(e) Standard: Fire safety.**

(1) Except as provided in paragraph (e)(2) of this section, by [OFR - insert 300 days after publication in the Federal Register], the dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at §403.744(a)(1)(i) of this chapter).

(2) Notwithstanding paragraph (e)(1) of this section, dialysis facilities participating in Medicare as of [OFR - insert 180 days after publication in the Federal Register] utilizing non-sprinklered buildings on such date may continue to use such facilities if such buildings were constructed before January 1, 2008 and State law so permits.

(3) If CMS finds that a fire and safety code imposed by the facility's State law adequately protects a dialysis facility's patients, CMS may allow the State survey agency to apply the State's fire and safety code instead of the Life Safety Code.

(4) After consideration of State survey agency recommendations, CMS may waive, for individual dialysis facilities and for appropriate periods, specific provisions of the Life Safety Code, if the following requirements are met:

(i) The waiver would not adversely affect the health and safety of the dialysis facility's patients; and

(ii) Rigid application of specific provisions of the Life Safety Code would result in an unreasonable hardship for the dialysis facility.

Conditions with Guidelines

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
V406	(3) The dialysis facility must make accommodations to provide for patient privacy when patients are examined or treated and body exposure is required.	<p>Privacy must be provided for the use of a bedpan or commode during dialysis, initiating and discontinuing treatment when the vascular access is placed in an intimate area, for physical exams, and for sensitive communications.</p> <p>There should be sufficient numbers of privacy screens or other methods of visual separation available and used to afford patients full visual privacy when indicated. Exam rooms should have a door or other method to ensure privacy can be provided. Arrangements for private conversations may need to be outside of the patient treatment area in a private location.</p>
V407	(4) Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement).	Each patient, including his/her face, vascular access site, and bloodline connections, must be able to be seen by a staff member throughout the dialysis treatment. Allowing patients to cover access sites and line connections provides an opportunity for accidental needle dislodgement or a line disconnection to go undetected. This dislodgement or disconnection could result in exsanguination and death in minutes.
V408	<i>(d) Standard: Emergency preparedness.</i> The dialysis facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.	<p>Medical emergencies which may be anticipated in the dialysis setting include, but are not limited to, cardiac arrest, air embolism, adverse drug reactions, suspected pyrogen reactions, profound hypotension or hypertension and significant blood loss. Direct care staff should be aware of how to recognize and respond to emergent patient medical conditions.</p> <p>Regularly-scheduled treatments are essential for dialysis patients. In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments. Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly. Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems as well as treatment specific</p>

Texas ESRD Emergency Coalition

Policy and Procedures

Recommendations by
Community Coalition
for ESRD Facilities



TEEC 2008

Policy Manual for your use as you see fit. You can make this facility specific.

All of the work has already been completed.

Just fill in the blanks.

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
		<p>failures such as the facility water treatment system or supply delivery.</p> <p>Dialysis facilities must consider the potential of and develop a plan for natural disasters in their geographic locations (e.g., hurricanes in FL and on the Gulf Coast, earthquakes in CA, ice storms in the northern states, floods near rivers) and man-made disasters (e.g., fires, power or water supply disruptions). Responsible staff and patients should be knowledgeable regarding the emergency plan should the facility be non-operational after a disaster.</p> <p>Non-expired emergency/evacuation supplies, including site dressings, saline, IV tubing, should be available to accommodate evacuated hemodialysis patients.</p>
V409	<p>(1) <i>Emergency preparedness of staff.</i> The dialysis facility must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and include the following:</p> <p>(i) Ensuring that staff can demonstrate a knowledge of emergency procedures, including informing patients of—</p> <p>(A) What to do;</p> <p>(B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;</p> <p>(C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and</p> <p>(D) How to disconnect themselves from the dialysis</p>	<p>Orientation for all staff must include emergency preparedness training, and annual training thereafter. “Evaluated” would require some feedback to ensure that the training was effective: either a passing score on a written test or demonstrated competency in the expected actions in an emergency situation.</p> <p>Staff must have sufficient knowledge of emergency procedures to educate patients/designees about how to handle emergencies, both in and outside of the facility. At a minimum, all of the listed components must be included in the staff and patient education programs.</p> <p>If problems are identified regarding training patients in emergency preparedness, refer to V412.</p>

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
	machine if an emergency occurs.	
V410	(ii) Ensuring that, at a minimum, patient care staff maintain current CPR certification; and	All direct patient care staff (i.e., nurses and patient care technicians) must have current basic CPR certification.
V411	(iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.	<p>The minimum emergency equipment required is defined in V413. The emergency drugs to be kept onsite may be determined by the medical director and defined by facility policy.</p> <p>If the facility has chosen to use a defibrillator (rather than an Automated External Defibrillator [AED]), recognize that use of a defibrillator requires recognition of arrhythmias and knowledge of protocols to properly use the defibrillator. An AED can be used by any person with appropriate instruction. If a traditional defibrillator is present, written protocols approved by the medical director and a staff member trained and competent to use that equipment should be present whenever patients are dialyzing in the facility.</p>
V412	(2) <i>Emergency preparedness patient training.</i> The facility must provide appropriate orientation and training to patients, including the areas specified in paragraphs (d)(1)(i) of this section.	<p>Patients must have sufficient knowledge of emergency procedures to know how to handle emergencies, both in and out of the facility. Refer to V409 for the required areas of patient emergency education.</p> <p>Patients/designees should be instructed about the facility disaster/emergency plan. Patients/designees should know how to contact their facility during an emergency. Facilities should provide patients/designees with an alternate emergency phone number in case the facility phone is not answered and/or the facility is not functioning during a disaster. The patients/designees should be able to describe what they would do if they were not able to get to their regular dialysis treatment, including dietary precautions. Patients/designees should understand they must seek treatment promptly in the event that a natural or man-made disaster results in the closure of their facility.</p> <p>For emergencies occurring in the dialysis facility, patients should be able to verbalize how they would disconnect themselves from the machine and evacuate the facility, or if unable, how they will be</p>

November 19, 2007

Dear County Office of Emergency Services,

This is a letter of introduction regarding our dialysis centers.

Dialysis is a life-sustaining medical procedure. Our facilities listed below include number of stations, number of patients, number of staff and operation times:

Facility Name	# of stations	# of patients	Open days	Open hours	# of Staff
Brookriver	20	81	Monday-Saturday	4:30am – 4:30pm	16
UTSW Dallas	33	271	Monday-Saturday	5:00am – 9:30pm	54
Downtown Dallas	16	38	M – W – F	5:00am – 9:30pm	14
Lancaster	12	60	Monday - Saturday	5:00am – 9:30am	14
Dallas North	12	78	Monday – Sunday	5:00am – 7:00am Nocturnal facility	15
UTSW OakCliff	36	187	Monday – Saturday	5:00am – 9:30pm	45
DVA OakCliff	16	81	Monday – Saturday	5:00am – 9:30pm	22
Dallas East	17	90	Monday – Saturday	5:00am – 9:30pm	22
Carrollton	12	21	M – W – F	5:00am – 9:30pm	8
LakeCliff	20	1	M – W - F	5:00am – 9:30pm	8

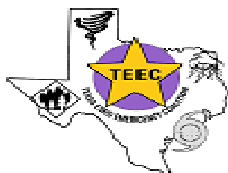
Dialysis requires electrical power and water. We have identified our minimum electrical needs as 480. We use on an average of 7200 gallons of water daily continuously running. We have contacted the City of Dallas Utilities, City of Carrollton Utilities and TXU Energy as to our needs and requirements.

I would like the opportunity to speak with you regarding our emergency plan and determine how we may fit into the county's plan during any major event.

I look forward to meeting and working with you in the future. My contact number is 972 965-6155.

Sincerely,

Harvey Sanders, RN, Regional Operations Director
Chairman of TEEC (Texas ESRD Emergency Coalition)



EXAMPLE of Letter to County
Official

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
		<p>evacuated. The facility should have a system in place to identify patients who will need assistance in disconnection and evacuation during an emergency.</p> <p>Medical records should include evidence of education in emergency evacuation and emergency preparedness, to include some measure of patient understanding, such as return teaching or demonstration.</p>
V413	<p>(3) <i>Emergency equipment.</i> Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.</p>	<p>The emergency equipment, as listed, must be clean, accessible, and ready to use at all times.</p> <p>“On the premises” and “immediately available” may include the use of an emergency response team if the facility is located inside a building which includes such a response team (e.g., a hospital-based facility). The response time of personnel and equipment should be demonstrated as being less than 4 minutes.</p> <p>Refer to V403 for problems with maintenance of emergency equipment.</p>
V414	<p>(4) <i>Emergency plans.</i> The facility must-</p> <p>(i) Have a plan to obtain emergency medical system assistance when needed;</p>	<p>All members of the facility staff must be able to demonstrate knowledge of how to obtain emergency medical assistance, e.g., 911 system or equivalent for the locality.</p>
V415	<p>(ii) Evaluate at least annually the effectiveness of the emergency and disaster plans and update them as necessary; and</p>	<p>This annual evaluation process should include review of any medical or non-medical emergencies that have occurred during the year to determine opportunities for improvement, as well as re-evaluation of the plans/procedures for current appropriateness and feasibility.</p> <p>The facility must conduct drills or mock emergencies at least annually in order to determine the staff's skill level/educational needs and effectiveness of their plan.</p>
V416	<p>(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.</p>	<p>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.</p>

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
		<p>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.</p>
V417	<p><i>(e) Standard: Fire safety.</i> (1) Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at § 403.744 (a)(1)(i) of this chapter).</p>	<p>Effective February 9, 2009, dialysis facilities must comply with Chapter 20 (for new dialysis facilities) or Chapter 21 (for existing dialysis facilities) of the 2000 edition of the Life Safety Code (LSC) for Ambulatory Health Care Occupancies of the National Fire Protection Association (NFPA), 101.</p> <p>An “existing” facility is defined as a facility that has received approval of all of the required building permits (or completed all of the plan reviews in jurisdictions that do not require building permits) prior to February 9, 2009. A “new” facility is defined as a facility that has received approval of all of its building permits (or completed all of its plan reviews in jurisdictions that do not require building permits) after February 9, 2009. A facility that is undergoing major renovations or a facility that is relocating after February 9, 2009, is also classified as a “new” facility.</p> <p>These chapters of the LSC were written for ambulatory health care occupancies. Because dialysis facilities do not use anesthesia and only use life-support equipment intermittently for emergency purposes, certain sections of these chapters do not apply. The non-applicable portions are part of section 20.2.9.2 and the part of section 21.2.9.2 which require the facility to provide an “essential electrical system (EES)” in accordance with NFPA 99 if “general anesthesia or life support equipment” is used. “Life support equipment” is defined as electrically-powered equipment whose continuous operation is</p>

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		<p>necessary to maintain a patient's life.</p> <p>Alternatively, Chapter 5 of the LSC allows a dialysis facility a performance-based option for meeting the LSC occupant protection, structural integrity, and systems effectiveness goals and objectives.</p> <p>The Fire Safety Evaluation System (FSES), NFPA 101A, a fire safety equivalency system, cannot be used in place of compliance with the requirements of Chapters 20/21 New/Existing Ambulatory Health Care Occupancies, 2000 edition, NFPA 101 since there is no FSES for Ambulatory Health Care Occupancies.</p> <p>A dialysis facility is classified as an "ambulatory health care occupant." However, a dialysis facility may be located in a mixed occupancy building. If a dialysis facility is located in a building with other tenants, it must be separated from the other tenants on the same floor by a one-hour fire wall. For purposes of this regulation, when a portion of the dialysis facility is used intermittently by another entity (e.g., an exam room is used for the nephrologist's office practice) it is not intended that the portion used intermittently would be separated from the dialysis facility by a one-hour fire wall.</p> <p>If the dialysis facility is located within a hospital, but not separated from the hospital by 2-hour fire wall construction, the dialysis facility must meet the hospital LSC requirements. If a hospital-based chronic outpatient facility provides acute services for hospitalized patients in the same space and within the hospital walls, the outpatient dialysis facility must meet the more-stringent hospital chapters of the LSC.</p> <p>Survey instructions found in State Operations Manual (SOM), Appendix I, are used as applicable, along with the Fire Safety Survey Report Form, 2786U to survey for fire safety. The fire safety standard will be surveyed by a fire specialist from the State Agency; generally,</p>

Condition: Special Purpose Dialysis Facility

Special certification: CMS/RO approval required

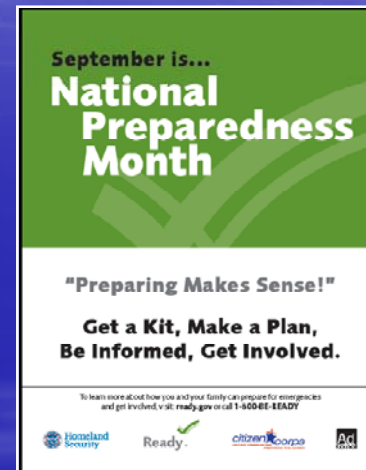
- Vacation camps
- Emergency circumstances
 - Natural or man-made disaster
 - Cases where dialysis services can not otherwise be provided because of extreme physical/mental conditions
- Certification limited to maximum of 8 months
- May provide services **only** to those patients who would otherwise be unable to obtain treatment in that geographic locality

Emergency Coverage

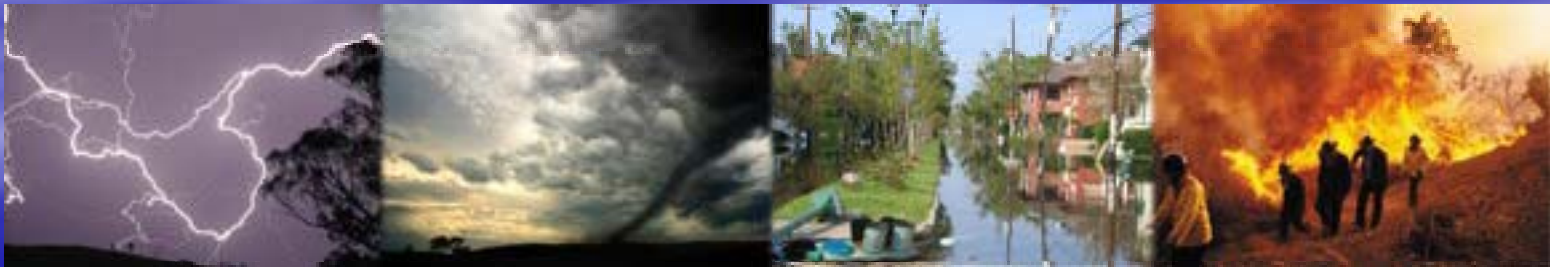
- V768: Written instructions to patients & staff for obtaining emergency medical care
- V769: Roster of physicians
- V770: Agreement with a hospital that provides inpatient dialysis (Separate certification for “ESRD” for the hospital is NOT required)

KCER Tools & Resources

- www.kcercoalition.com
- Response Team Pages
 - Information & education
- Drills & education
- Helpful links
 - ESRD & disaster-related information
 - www.kidney.org/help



Emergency
Management
Institute



Kidney Community Emergency Response (KCER) Coalition

- Initiated in 2005
- >125 individuals representing the kidney community: nurses, dietitians, technicians, social workers, physicians, patients, ESRD Networks, government agencies, industry representatives
- Eight Response Teams focus on specific areas:

Communications	Facility operations
Patient assistance	Coordination of staff & volunteers
Federal response	Physician's assistance
Facility/patient tracking	Pandemic preparedness

Kidney Community Emergency Response (KCER) Coalition

- **Mission:** Collaboratively develop, disseminate, implement & maintain a coordinated preparedness & response framework for the kidney community in the event of any type of emergency or disaster.
- **Vision:** KCER is the leading authority on emergency preparedness & response for the kidney community by providing organization & guidance that seamlessly bridges emergency management stakeholders & the ESRD community nationwide.

Emergency Coverage

- Emergency preparedness – Implement processes & procedures to manage medical & non-medical emergencies (V408)
- Staff & patient training – Training & orientation, including what to do, where to go, & who to contact (V409)
- Emergency plans – Evaluate/update annually, make contact with local Emergency Management (V416)





**2007 Hurricane / Emergency Preparedness
May Drill**

Patients, it is time to prepare for hurricane season! We want to remind you to check the information the clinic has for you for: emergency contacts, home phone, cell phone, medications, and possible locations of evacuation. Please review this checklist with your family and update us as soon as possible. Remember that the clinic will provide you with an educational handout for getting ready for hurricanes, current treatment sheets, labs, updated medication list, routes of evacuation, as well as clinics and any shelters in the area you plan to evacuate to.

The clinic will perform a hurricane drill. We want to ensure that you as well as the staff are ready in an emergency situation.

Please update this checklist and return it to your clinic Social Worker:
Current phone and address:

Cell
phone _____

—
Possible locations of evacuation:

Phone number of household evacuating to:

If you do not plan on evacuating or cannot evacuate please list a name and number of a family member or friend to contact:

We will also be providing you with an “800” number to contact staff with the company you dialyze with in the event that the clinic phone number is not working. That number is: _____



**Participate in all Drills and Have a few of
your own.....document them.**

TEEC Updates

- Watch the postings via EMSystems
- ESRD Network will send blast fax
- You can always call anyone of the TEEC leadership



HELPFUL CONTACT INFORMATION

WWW.TEXASEMERGENCYESRD.ORG

