DCI Elko

Dialysis Clinic, Inc.

EMERGENCY DISASTER PLAN

EMERGENCY PREPAREDNESS PLANNING

Table of Review and Approval

Date Reviewed/Reviewed By	Date Approved/Approved By

The Emergency Plan (EP) was originally written and approved on _____.

As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

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***FACILITY/ORGANIZATION* INFORMATION**

Facility and/or dba*:* Dialysis Clinic, Inc.

Address: 1995 Errecart Blvd. Suite 100

City: Elko **State:** NV **Zip code:** 89801

Phone Number: 775 738-4090 **E-mail:** NA

Owner*:* Dialysis Clinic, Inc. Corporate

Address: 1633 Church Street Suite 500

City: Nashville **State:** TN **Zip code:** 37203

Phone Number: 615 327-3061 **E-mail:** Ed.Creamer@dciinc.org

Area Operations Director: David Yost

Office Address: 778 Basque Way

City: Carson City **State:** NV, **Zip code:** 89706

Phone Number: 775 848-5356 **E-mail:** David.Yost@dciinc.org

I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and after incidents or planned exercises. This Emergency Disaster Plan (EDP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the patients, staff and visitors of this facility are kept safe from harm. The safety and wellbeing of the patients and staff take first priority over all other considerations.

Demographics:

A. This facility is located at 1995 Errecart Blvd. Suite 100. A map showing the location is attached as **Tab 1**.

B. The facility has one leased suite as part of the Medical Office Building attached to Northeastern Nevada Regional Hospital. Located on the first floor of a 3 story complex. There is no inside access to the roof. A floor plan is attached as **Tab 2**. The facility administrative office is located in Carson City.

.

C. This facility provides dialysis services to both peritoneal and hemodialysis patients that are *adults, older adults, over 85 years old.*

EMERGENCY PLAN

Risk Assessments

A. This facility does an annual facility-based and community-based all hazard vulnerability assessment (HVA Worksheet **Tab 3**). This EDP is written based on the risk assessments. Changes or additions to the EDP will be made based on the annual risk assessments, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVAs will be kept with the EDP.

B. A copy of the EDP plan will be kept in the hall outside Nurse Manger's office and posted on the Public Drive under Emergency Disaster Plan / Elko for employees to view.

C. The major hazards that could affect this facility as determined by the all hazard vulnerability assessment are listed in the Annex portion of this EDP.

Command and Control

A. The facility shall develop and document an **Organizational Chart** (**Tab 4**). The organizational chart will include a **Delegation of Authority** that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the in charge position.

B. Depending on the type of emergency, the person in charge will enact the **Orders of Succession (Tab 5)** for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all patients, visitors and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost or evacuation is required.

C. The person in charge will determine whether to lockdown the facility, shelter in place or evacuate based on the emergency. In the event that the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities **(Tab 6)**.

D. Only the person in charge can issue an "all clear" for the facility indicating that the facility is ready to assume normal operations.

Coordination

A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, like fire or threat of violence, call 911.

B. During activation for an incident or exercise, communications with State, regional and local authorities can be made by contacting authorities listed in **Tab 7**. The dialysis facility must contact the local OEM (Office of Emergency Management) at least annually to confirm the agency's needs during an emergency.
Nevada Division of Emergency Management
(775) 687-0300 (775) 687-0330 FAX www.dem.state.nv.us/

C. Arrangements or contracts should be made to re-establish essential utility services during an emergency and should describe the timeframe within which the contractor is required to initiate services after the start of the emergency, how they will be procured

and delivered in the facility's local area, and that the contractor will continue to supply the essential items throughout and to the end of emergencies of varying duration.

D. If one clinic is affected by a disaster and other surrounding clinics remain unaffected, the patients and staff from the affected clinic may be redirected to a backup clinic for dialysis.

II. POLICIES AND PROCEDURES

Patient, Staff and Visitor Tracking System

A. Charge Nurse will be responsible for identifying the patients, staff and visitors that are present in the facility at the time of an emergency or exercise.

B. Patients, staff and visitors will be tracked with a written sign in and out log. The list will be kept in a secured area at the reception desk.

C. Tracking should occur during and after an emergency and include those:
   1. Staying in place at the facility;
   2. Evacuated to another facility, include destination, mode of travel, assistance provide and time of departure;
   3. Patients leaving on their own to another destination.

Facility Lockdown

A. Facility Lock Down means that the staff, patients and visitors at the facility will remain in the facilities' building(s) with all doors and windows locked.

B. Facility Lock Down can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff, patients or visitors.

C. The facility will remain in lock down until the authorities or facility person in charge gives an all clear.

D. Each facility should review this plan carefully and ensure that doors are strong and have the ability to fend off someone that is attempting to gain access to the facility. It is recommended that staff, patients and visitors be secured behind at least two locked doors. (Main entrance door and interior room door.)

Shelter in Place (SIP)

A. Shelter in Place means that the staff, patients and visitors will remain in the facility's building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.

B. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, staff, patients and visitors will move to interior rooms and hallways.

C. In the event of a tornado warning, staff, patients and visitors will move to interior hallways.

D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.

E. The Facility will have a process by which the staff can confirm that emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs are present on the premises and available at all times.

F. The facility will stay in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in change.

Evacuation Plan

A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building(s), rising floodwaters or an evacuation order issued by the police, fire department or other governmental authority.

B. The facility person in charge will order an evacuation.

C. If the emergency is limited to a single building or area, staff, patients and visitors will move to a safe distance.

D. If the entire facility has to be evacuated staff, patients and visitors will move to a predestinated evacuation site listed in Receiving Facilities at **Tab 6**.

E. Staff will verify that all staff, patients and visitors are accounted for either at the evacuation site or listing where they went.

F. In the event that services can be provided at an alternative care site, the ESRD will seek to continue operations under a waiver, declared by the Secretary, under section 1135 of the Act.

G. If an alternate means of transportation needs to be set up, please provide patients with an updated list of all transportation companies.

H. Notifications to others, by staff, will be done as needed.

I. Notification to proper authorities is the responsibility of the person in charge. ***A predetermined evacuation site should be listed in Receiving Facilities at Tab 6. Exempt from this responsibility as a short term care facility.***

Suspension of Services

A. In the event that the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.

B. Patients will be notified that the facility will not be able to provide services.

C. The facility has pre-identify facilities that can deliver required services. The facilities are listed in **Tab 6**.
Prearranged transfer agreements must be in writing, in order to demonstrate compliance. They may include written agreements or contracted agreements with these pre-identified facilities/providers are to receive patients in the event the facility is not able to care for them during an emergency.

D. ***The facility is part of an integrated healthcare system, and if the patient agrees, services may be transferred within the system. (If applicable, otherwise remove D. from your plan.)***

E. Notify Corporate Risk Management **(Tab 10)**, Network and State Department of Health if the facility will not be able to provide services. Use Emergency Situational Status Report (ESSR) located on DCI Intranet. *http://intranet.dciinc.org/Documents/Risk_Management/KCER_Emergency_Situational_Status_Report_ESSR.xlsx*

F. Notify the DCI Public Information Manager via email at Jessica.Emler@dciinc.org and CC information@dciinc.org, so they can update the information on the DCI website. **(Tab 10)**

Documentation

A. During an emergency, documentation should continue for all patients in the process of treatment.

B. During an emergency, evaluation should be made on whether to start treatment for patients at the facility when treatment has not been initiated. Document decision and plan of care based on patient's condition and facility's ability to provide treatment during the emergency.

C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency.

D. *If the facility is using an electronic documentation system, describe the method of documentation to be used during the emergency if the electronic system fails.*

Volunteers

A. Volunteers will not be used at this facility.

IV.COMMUNICATIONS

Internal

A. A list of all employees, including their contact number and emergency contact is located **Emergency Evacuation Bag.**

B. In the event of an emergency that requires notification to staff not on duty, physicians, vendors **(Tab 8)** or to patients expected to arrive at the facility when it is not operational, notification will be given by *Nurse Manager* A list of all physicians, including their contact number and emergency contact number is located **Emergency Evacuation Bag.** *A list of vendors and contact numbers that may be needed during an emergency is attached as Tab 8.*

C. In the event that telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in **Tab 9** with its location. All redundant communication systems are tested monthly. List all means that are used to communicate an emergency status such as: telephone tree, texting, radio, TV, etc.

D. The DCI Emergency Hotline (Emergency Command Center) will be staffed in the event of an emergency or disaster situation. The hotline number is 1-866-424-1900. The phone is not manned 24 hours/day, unless Corporate Risk Management (CRM) has been notified of an event that will require extended operational hours. If there is no active event, messages may be left, but there will not be a response until the next working day.

External

A. Call "911" for an emergency that threatens the safety or life of staff, patients or visitors.

B. This EDP contains the name of corporate and/or ownership persons that must be notified on page, FACILITY INFORMATION.

C. This EDP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at **Tab 6**.

D. This EDP contains a list of all state and local emergency management persons that should be notified at **Tab 7**.

E. This EDP contains the Corporate Risk Management (CRM) contacts that must be notified on **Tab 10**, Notification Call List**.**

Communications with Patients and Visitors

During an emergency, *Nurse Manger* is responsible for notifying patients and visitors about the emergency and what actions to take.

Communications with Healthcare Providers

Only the person in charge, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the patient and consistent with HIPAA regulations.

Healthcare Communications with Family Members, Personal Representative or Persons Responsible for Care

A. Under 45 CFR164.510 (b) (1) (ii), the facility can use protected information to notify or assist in notifying Family Members, Personal Representative or Persons Responsible for Care about the patient's location, general condition or death.

B. If the patient is present and able, the facility should obtain their consent or give an opportunity to object to the disclosure.

C. If the patient has been evacuated and/or is unable to give consent, the facility must exercise professional judgment to determine what protected information may be released.

Healthcare Communications with public or private organization

A. Under 45 CFR164.510 (b) (4), the facility may use or release information about the patient's location, general condition or death to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

B. If the patient is present and able, the facility should obtain their consent or give an opportunity to object to the disclosure.

C. If the patient has been evacuated and/or is unable to give consent, the facility must exercise professional judgment to determine what protected information may be released.

Surge Capacity and Resources

A. Based on staffing and active cases, this facility may be available to accept patients from other dialysis facilities requiring like services. The Network will be notified of surge capabilities.

B. As requested by local and regional OEM representatives, the facility will provide excess supplies and/or equipment not needed for their own use.

Requesting Assistance

A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows:

1. from the corporate, ownership entity;
2. from the OEM and/or Network representative(s). These representatives are listed on **Tab 7**. They work with the State to obtain assistance for facilities during and following emergencies.

III. TRAINING

A. The Facility will orient patients to emergency procedures for:

1. What to do;
2. Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;
3. Whom to contact if an emergency occurs while the patient is not at the dialysis center, including alternate emergency number;

4. How to disconnect themselves from the dialysis machine if an emergency occurs; and
5. How to prepare for emergencies.
    a. Template for Patient Booklet: Preparing for Emergencies Patient Booklet Template
    b. Patient ID Card or Wallet Info Patient ID Card

B. The current staff will be trained on the new or updated EDP at the time of its publication.

C. All new staff will be trained on the EDP in orientation.

D. Physicians, vendors performing services on site and volunteers must be trained on the EDP.

E. Emergency Preparedness training will be conducted annually.

F. Documentation of the training on the EDP and annual emergency preparedness training will be maintained by **(*state what position is responsible for maintaining the documentation of training, usually Nurse Educator).***

G. Documentation will be maintained that the patient care staff maintains current CPR certification.

H. Documentation will be maintained to show that the staff has been properly trained in the use of the emergency equipment and emergency drugs.

I. Documentation *(Signed Acknowledgement)* will be maintained in the patient chart that emergency procedures have been reviewed.

J. Knowledge of EDP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program and include staff knowledge of emergency procedures informing patients of:
    1. What to do;
    2. Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;
    3. Whom to contact if an emergency occurs while the patient is not at the dialysis center, including alternate emergency number;
    4. How to disconnect themselves from the dialysis machine if an emergency occurs; and
    5. How to prepare for emergencies.

a. Template for Patient Booklet: Preparing for Emergencies Patient Booklet Template
b. Patient ID Card or Wallet Info Patient ID Card

IV. TESTING

A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based full scale exercise will be done annually. Documentation will be kept of the facility's effort's to contact local official's to set this up. *See page 52 for definition of exercises.*

B. In the event that the facility experiences an actual natural or man-made emergency that requires activation of the EDP, the facility is exempt from engaging in an individual full scale exercise for 1 year following the onset of the actual event.

C. The facility must conduct a second exercise every year. The second exercise can be another individual full scale exercise or a tabletop exercise. *See page 52 for definitions of exercises.*

D. After full scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and updated the EDP, if required. A template for review is found at **Tab 11**.

TAB 1

Facility Location Map

Place a copy of the Facility Location Map at Tab 1. Google Map may be used to show Location.

TAB 2

Facility Floor Plan

Place a copy of the Facility Floor Plan at Tab 2.

TAB 3

Hazard Vulnerability Assessment (HVA) Worksheet

Place HVA Template

Hazard Vulnerability Analysis Tool

A hazard vulnerability analysis is usually the first step in disaster planning for an organization. The Hazard Vulnerability Analysis Tool is designed so organizations can evaluate their level of risk and preparedness for a variety of hazardous events. The following tool lists possible hazards that would require disaster planning and can be individually tailored to suit the needs of the organization.

List potential hazardous events for your organization. Evaluate and rate each event for probability, vulnerability, and preparedness using the following scales:

Ranking probability and vulnerability	Ranking preparedness
High = 3 Moderate = 2 Low = 1	High = 1 Moderate = 2 Low = 3

To calculate, multiply the ratings for each event: probability x vulnerability x preparedness = total score

Example

Probability	X	Vulnerability	X	Preparedness	= Total Score
(3) 2 1 **High** **Low**		3 (2) 1 **High** **Low**		1 (2) 3 **High** **Low**	12

The higher scores will represent the events most in need of planning. Using this method, 1 is the lowest possible score, while 27 is the highest possible score. *Remember the scale for preparedness is in reverse order from probability and vulnerability.*

> When evaluating probability, consider the frequency and likelihood an event may occur.
>
> When evaluating vulnerability, consider the degree with which the organization will be impacted, such as infrastructure damage, loss of life, service disruption, etc.
>
> When evaluating preparedness consider elements such as the strength of your preparedness plan and the organization's previous experience with the hazardous event.

Based on the results, determine which values represent an acceptable risk level and which events require additional planning and preparation.

TAB #3

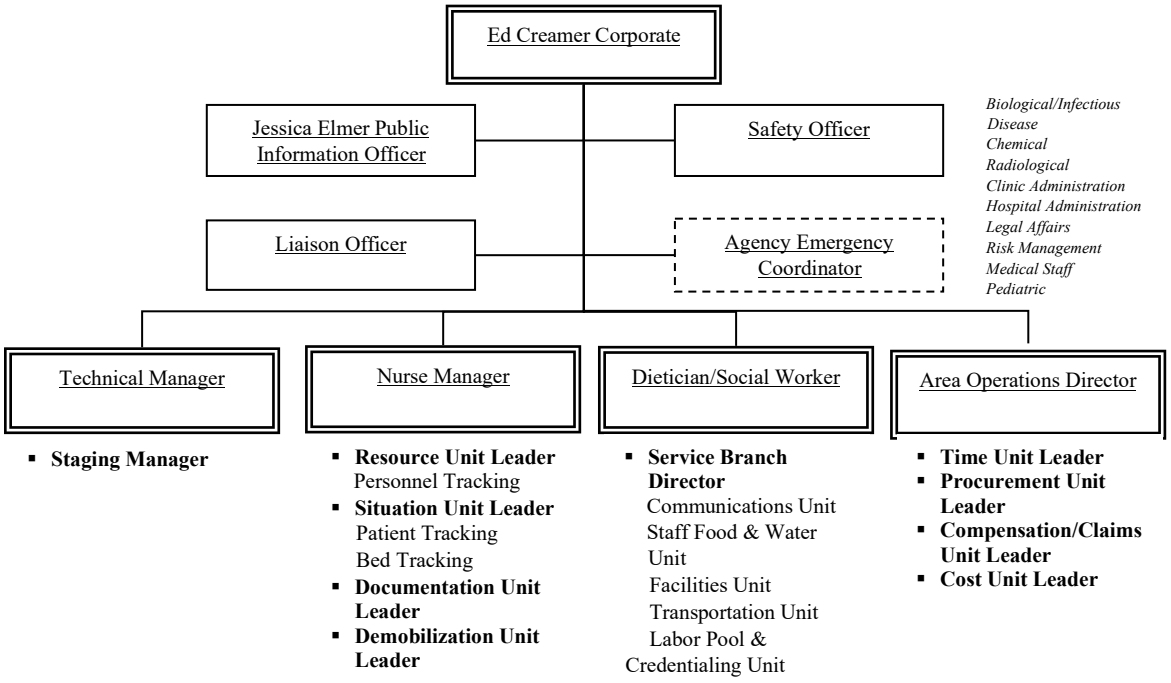
Event	Probability			Vulnerability Level/Disruption Degree			Preparedness			Score
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)	High (1)	Moderate (2)	Low (3)	
Ice/Snow	x				x		x			6
Flooding			x		X				X	6
Earthquake	X				x			x		12
Hurricane			x			x			X	3
Hazardous Material Accident			x		X			X		4
Fire			x		x			x		4
Tornado			x			x			X	3
Volcano			x			x			X	3
Civil Disturbance		x				x			X	6
Mass Casualty Event -plane			x		x			x		4
Terrorist Attack/Active Shooter		X			X			x		8
Pandemic/Infectious Disease Outbreak	x				x		x			6
Electrical Failure			x		x				X	6
Communications Failure			x		x				X	6
Information Systems Failure		x				x		x		4
Water Failure		X			X				X	12
Transportation Interruption		x				x			X	6
Environmental Pollution/ Altered Air Quality		X				x			X	9

TAB 4

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Activates Emergency Disaster Plan	Area Operations Director	Nurse Manager	AOD in Carson City
Personnel/patient tracking/Safety	Nurse Manager	Charge Nurse	None
Documentation/medication/treatment	Charge Nurse	Nurse Manager	None
Transportation/ patient finance assistance	Social Worker	Unit Clerk	Social Worker Part time
Facility readiness status/equipment operations/Emergency Equipment	Technical manager	Equipment Technician	Tech. Manger and ET 300 miles away.
Staff food/water/patient emergency diet	Dietician	Social Worker	Part Time

a) Organizational Chart



TAB 5

Orders of Succession

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Identify agency essential functions below and assign a primary person and three successors for each function identified.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
Emergency Funds/Corporate Communication	Area Operations Director	Nurse Manager	Technical Manager	Unit Clerk
Patient Care, Safety and Communication: patient and staff	Nurse Manager	Charge Nurse	Social Worker	Area Operations Director
Facility Equipment/ Facility Structure Integrity and Supplies	Technical Manager	Equipment Tech.	Nurse Manager	Area Operations Director

TAB 6

Receiving Facilities

Temporary Evacuation site for Office:

Long Term Evacuation Site for Office:

Hospitals and Contact Numbers:

Transfer Agreement Agencies and Contact numbers:

TAB 7

State and Local Governmental Contacts

(Example)

1. Parish Directors can be found at this link:
http://gohsep.la.gov/parishoepnumbers.aspx

Code:
ADM – Regional Administrator
MD – Regional Medical Director
PHERC – Public Health Emergency Response Coordinator
H-DRC – Hospital Designated Regional Coordinator
A-DRC – Administrative Hospital Designated Regional Coordinator
EMS-DRC – EMS Designated Regional Coordinator

ESF8 Network – July 27, 2016

EMS DRCS highlighted in GREEN

Region 8
MD: Shelley.Jones@la.gov 225-573-6473
Assist. Admin: Jeff.Toms@la.gov 318-475-1789
PHERC: Sheila.Hutson@la.gov 318-366-5828
A-DRC: Bramem@stfran.com 318-348-7096
E-DRC: Justin.Nowlin@amr.net 318-355-0498

Region 2
MD: Marilyn.Reynaud@la.gov 225-328-8831
PHERC: Schaun.Morgan@la.gov 225-354-5649
H-DRC: Richard.Boyer@ololrmc.com 401-338-7582
A-DRC Connie.Deleo@brgeneral.org 225-572-9658
E-DRC: pbrocato@acadian.com 225-931-1903

Region 7
MD: Martha.Whyte@la.gov 225-247-4988
PHERC: Frank.Robison@la.gov 225-252-3045
H-DRC: wandr1@lsuhsc.edu 318-465-9500
E-DRC: bpems505@bellsouth.net 318-464-7995
E-DRC: casey@balentineambulance.com 318-422-4226

Region 6
MD: David.Holcombe@la.gov 318-542-9790
PHERC: Patricia.White@la.gov 318-613-2854
H-DRC: Mary.Tarver@christushealth.org 318-664-0843
E-DRC: Detheridge@acadian.com 318-541-6395
Jandries@acadian.com 318-290-0447

Region 9
MD: Gina.Lagarde@la.gov 225-329-5919
PHERC: Thomas.Jordan@la.gov 985-200-2473
A-DRC: Keith Peek Region9DRC@yahoo.com 985-290-2642
E-DRC: Dmeche@acadian.com 985-974-4000
Tjacobsen@acadian.com 985-320-3944

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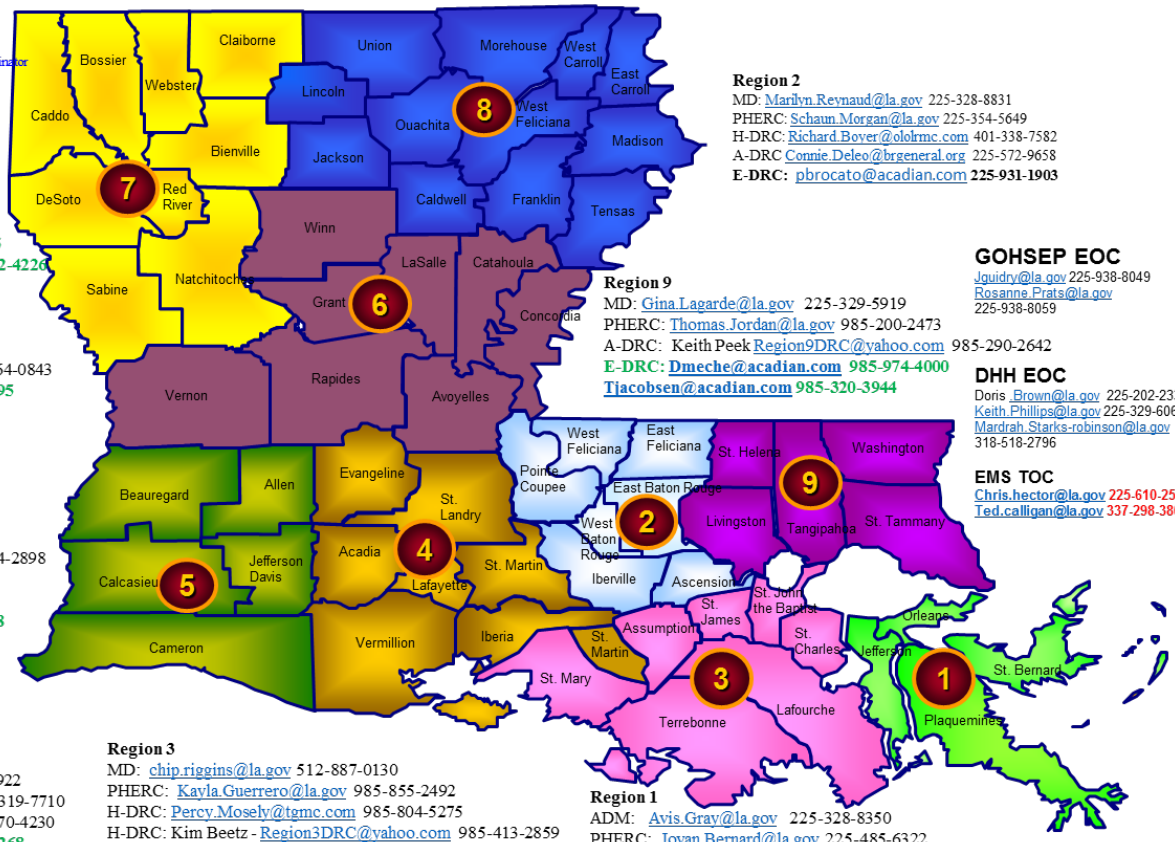
Rosanne.Prats@la.gov
225-938-8059

DHH EOC
Doris .Brown@la.gov 225-202-2336
Keith.Phillips@la.gov 225-329-6063
Mardrah.Starks-robinson@la.gov
318-518-2796

EMS TOC
Chris.hector@la.gov 225-610-2588
Ted.calligan@la.gov 337-298-3806

Region 5
MD: Bertrand.Foch@la.gov 225-573-6275
PHERC: Mike.Parent@la.gov 225-614-5051
H-DRC: Jeron.Kyle@christushealth.org 337-274-2898
H-DRC: Rfavre@wcch.com 337-563-6403
A-DRC: lharmon@lgh.org 337-570-4230
E-DRC: Mconner@acadian.com 337-912-2668
lowers@acadian.com 337-316-2974
wvincent@acadian.com 337-302-9275



Region 4
MD: Tina.Stefanski@la.gov 337-581-5847
PHERC: Carol.Broussard@la.gov 337-380-1922
H-DRC: Donald.simon@lourdesrmc.com 337-319-7710
A-DRC: Liz Harmon lharmon@lgh.org 337-570-4230
E-DRC: eburleigh@acadian.com 337-278-1268
E-DRC: kevin.buller@acadian.com 337-366-2375

Region 3
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E-DRC: Cdavis@acadian.com 985-637-0695
E-DRC: gnaquin@acadian.com 985-791-7496

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H-DRC: Brenda Bankston bbankston@ochsner.org; 504-228-3209
A-DRC: Cindy Davidson Region1adrc@gmail.com 225-939-1313
E-DRC: Fgraff@ejgh.org 504-234-7193
E-DRC: Wtsalmeron@nola.gov 504-250-2378

TAB 8

Vendor Contacts

1. Medical Equipment/Supplies

Name of Supplier: Fresenius Medical Acct. #109627 // Baxter Acct. #34350792

Supplier Address: P.O. Box 3936 Boston , MA 02241 // P.O. Box 70564 Chicago, IL 60673

Supplier Phone Number: 800 323-5188/ fax 781 372-9520 // 800 525-2623 / 800 525-1703

Alternate Supplier: Henry Schein Acct. #766848

Supplier Address: 135 Duryea Road Melville, NY 11747

Supplier Phone Number: 800 521-1472 / fax 800 372-5702

2. Pharmacy

Name of Supplier: Metro Medical Acct. # 22428

Supplier Address: 200 Cumberland Bend Nashville, TN 37228

Supplier Phone Number: 800 374-4499 / fax 615 256-4194

Alternate Supplier: DCI Pharmacy Acct. # 182

Supplier Address: 2911 Foster Creighton Nashville, TN 37204

Supplier Phone Number: 888 433-9212 / fax 615 259-2862

TAB 9

Communications Systems/Equipment

Emergency Resources - Number Available	**Indicate Location**	**Date of Safety Check**			
Portable radio/Weather radio -1	Treatment Floor Evacuation Bag				
Flashlights -2	Treatment Floor				
Suction Device -1	Emergency Cart/treatment floor				
AED -1	Emergency Cart/treatment floor				
LED Magnetic Lights -2	Water treatment				
Emergency lights					
UPS Smart Back-up Battery 1	Medical Records/Office				

Complete form "Date of Safety Check" the month of scheduled Quarterly Fire Drill

Tab 10

Notification Call List

A. Staff Notification

Ensure that call lists include 24-hour contact information for all key staff including home telephones, pagers, mobile phones, and electronic mail.

A list of telephone numbers of staff for emergency contact is located in Evacuation Bag on treatment floor.

During an emergency Alice Guzoukas/ Nurse Manager is responsible for contacting staff to report for duty. (Nam
The alternate contact is Kimberly Jackson/ PD Coordinator .

B. Patient Notification

A list of telephone numbers of patient emergency contacts is located in Evacuation Bag on treatment floor.

During an emergency Alice Guzoukas/Charge Nurse is responsible for contacting patients.
The alternate contact is Michelle Christmann/ Administrative Assistant.

C. Physician Notification

A list of telephone numbers for the Medical director is located on the posted Emergency Phone #'s Card.

During an emergency Alice Guzoukas/ Nurse Manager is responsible for contacting physicians.
The alternate contact is Kimberly Jackson / PD Coordinator.

D. Community Resources Call Protocol

During an emergency the Social Worker is responsible for contacting resources (i.e., Red Cross, Area Agency on Aging, etc.).

E. Network & Local Authorities Notification

During an emergency Nurse Manager is responsible for contacting the Network and local authorities. (**Tab 7**)

F. Corporate Risk Management Notification

During an emergency, the Area Operations Director or designee is responsible for contacting Corporate Risk Management.

Contact	Position	Office	Cell Phone	Email Address
Ed Creamer	Director of Risk Management	615-342-0425	615-335-1004	Ed.Creamer@dciinc.org
Shannon Jamison	Director of Insurance & Workers' Compensation	615-342-0423	615-752-9246	Shannon.Jamison@dciinc.org
Renee Mattos	Risk Management Nurse Consultant	615-963-9620	615-300-2225	Renee.Mattos2@dciinc.org
La'Shay Turner-Moore	Risk Management Coordinator	615-342-0547	N/A	La'Shay.Turner-Moore@dciinc.org
Chelsea Jones	Administrative Assistant	615-342-0470	N/A	Chelsea.Jones@dciinc.org

G. DCI Public Information Manager

During an emergency the Area Operations Director or designee is responsible for contacting Tina Sampson via email at Tina.Sampson@dciinc.org and CC information@dciinc.org.

TAB 11

After Action Review and Improvement Plan

A template for a Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report / Improvement Plan is available at:

https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007.pdf

ANNEX A
Active Shooter

Purpose:
It is the policy of Dialysis Clinic, Inc. (DCI) to provide guidance in the event an individual is actively shooting persons in the dialysis clinic or on the premises.

Policy:
It is the policy of DCI to provide an emergency response plan to alert clinic staff that an active shooter appears to be actively engaged in killing or attempting to kill people in the clinic or on the clinic premises.

Definitions:
For the purposes of this Policy: An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people in the clinic or on the clinic premises. In most cases, active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases, active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses or detonate on contact.

In the event an individual or individuals come into the facility displaying a firearm or as an "active shooter" as defined above, employees in the affected area should quickly determine the most reasonable way to protect patients, visitors and staff.

Procedures:

1. The first employee to identify an active shooter situation:
    a. Should lock the front door if the shooter is outside the clinic.
    b. Should call the emergency number 911 and announce an active shooter is on site, provide the location of the incident, a description of the person(s) with the weapon, and type of weapon if known.
    c. Evacuate patients, visitors and staff, if safe to do so.

2. If an active shooter comes into the area where you are and enters your clinic, office or meeting room, you should:
    a. Try to remain calm.
    b. Try not to do anything that will provoke the active shooter.
    c. If there is no possibility of escaping or hiding, only as a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter.
    d. If the active shooter(s) leaves the area, barricade the room or go to a safer location to protect patients, visitors and staff.

3. At a location distant from the active shooter, such as on a different unit or floor; or you are not able to leave the area safely:
    a. Remain calm.
    b. Warn other staff, visitors and patients to take immediate shelter.
    c. Go to a room that can be locked or barricaded.
    d. Lock and barricade doors or windows.
    e. Turn off lights.
    f. Close blinds.
    g. Block windows.
    h. Turn off radios or other devices that emit sound.
    i. Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets).
    j. Silence cell phones.
    k. Have one person call 911 and state: "DCI (give your exact location). We have an active shooter in the clinic, gunshots fired."

4. If you are in an outside area and encounter an active shooter, you should:
    a. Try to remain calm.
    b. Move away from the active shooter or the sound of gunshot(s) and/or explosion(s).
    c. Look for appropriate locations for cover/protection (i.e., brick walls, retaining walls, parked vehicles, etc.)
    d. Call 911 and provide the information listed above.

5. What should I expect from responding officers?
    a. The objectives of responding law enforcement officers are:
        - Immediately engage or contain the active shooter(s) in order to stop the killing
        - Identify threats such as improvised explosive devices.
        - Identify victims to facilitate medical care, interviews and counseling.
        - Investigate.

6. Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams; they may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns and handguns.

7. Do exactly as the team of officers instruct. The first responding officers will be focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.

8. How to react when the police arrive at your location:
    a. Remain calm, and follow officers' instructions.
    b. Put down any items in your hands (i.e., bags, jackets).
    c. Immediately raise hands and spread fingers.
    d. Keep hands visible at all times.

    e. Avoid making quick movements toward officers such as attempting to hold on to them for safety.
    f. Avoid pointing, screaming, and/or yelling.
    g. Do not stop to ask officers for help or direction when evacuating, just proceed in direction from which officers are entering area.

9. When the police arrive the following information should be available:
    a. Number of shooters
    b. Number of individual victims and any hostages
    c. The type of problem causing the situation
    d. Type and number of weapons possibly in the possession of the shooter
    e. All necessary individuals still in the area
    f. Identity and description of participants, if possible
    g. Keys to all involved areas, as well as floor plans
    h. Locations and phone numbers in the affected area

10. Available staff will supply the Police Department with a list of patients and staff known to be in the area of the incident.

11. DCI Public Information, Risk Management and corporate and local leadership will establish a media center in a designated location. All family members involved in the incident will be sent to the Family Information Center, located away from the public and media.

12. The designated DCI representative will:
    a. Provide floor plans of the hostage area for use by the police department.
    b. Plan for a situation that may take several hours to resolve. While the violence may be over quickly, there may be an extensive crime scene over a wide area.

13. The designated DCI representative will:
    a. Meet responding police and escort them to the incident.
    b. Assign additional staff to control access to the area as directed by the police.
    c. Assign additional staff to control access to the area as directed by the police.
    d. Identify witnesses, separate them from one another, and escort them to separate rooms, if available, to wait police interview.
    e. When the police department arrives, they assume jurisdiction over the event. DCI will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

14. Clinic staff, visitors, and patients will be kept away from the area until the situation is fully resolved. Once the police department announces resolution of the situation, the designated DCI representative will announce the “All Clear.”

References:

US Department of Homeland Security Active Shooter – How to Respond, October 2008

06/24/2022

Coordination:
This policy has been coordinated with the Skowhegan Police Department.

ANNEX B
Bioterrorism Threats

A Bioterrorism Threat is the accident exposure or deliberate release of viruses, bacteria and other agents that cause illness or death in people, animals or plants. Biological agents can be spread through the air, water or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents like smallpox can spread from person to person. Other agents like anthrax are not spread person to person

Procedure: The following is the procedure to be followed in the case of a biological threat.

1. Notice of a biological event usually comes from State Department of Health, Office of Public Health (OPH).

2. State OHSEPs are notified by OPH when a biological event occurs.

3. Directions will be received from OPH on how to proceed.

4. Patients with symptoms that may be the result of the biological exposure will be reported directly to OPH. The report is confidential.

5. Agencies may be directed by OPH to give information to their patients regarding the biological.

6. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

7. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX C
Bomb Threats

Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of patients, staff and visitors.

Procedure: If there is a bomb threat received over the phone, follow these procedures:

1. Use the Bomb Threat Checklist (link is listed below)
2. Remain calm and keep the caller on the line as long as possible. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. Record every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

If possible, during the call:

1. Call the Police Department at 911.
2. Call the Area Operations Director if not present.
3. Organize staff/patient to evacuate premises upon police or administrative order.

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

Notify Corporate Risk Management, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

Notify Public Information Manager of any changes made to the normal operating hours of the facility.

References:
Bomb Threat Checklist
(Source: Nursing > Manuals > Charge Nurse Manual)

ANNEX D
Civil Disorders

Civil disorder is a broad term that is typically used by law enforcement to describe one or more forms of disturbance caused by a group of people.

Civil disturbance is typically a symptom of, and a form of protest against, major socio-political problems. Typically, the severity of the action coincides with public outrage.

Examples of civil disorder include, but are not necessarily limited to: illegal parades; sit-ins and other forms of obstructions; riots; sabotage; and other forms of crime. It is intended to be a demonstration to the public and the government, but can escalate into general chaos.

Should you witness an unruly crowd or have someone threaten your safety, take these steps:

- Immediately dial 9-1-1.
- Use good judgment and remain calm.
- Direct staff on how to protect the patients.
- If necessary, find a safe place in the clinic for patients and staff.
- Warn the staff not to antagonize the aggressor or demonstrators. Inform patients to do likewise.
- Instruct someone to close all blinds in exterior rooms and then avoid window areas.
- Have someone lock all doors.
- Instruct all staff to stay off the phone.
- Secure all valuable materials in a vault, safe place or at least out of sight.
- If demonstrators enter the premises, keep calm, be courteous and cooperate within reason. Avoid actions or verbal responses that may provoke the situation.

Notify Corporate Risk Management, Senior Operations Director, Nurse Manager, Medical Director and *any other appropriate party you deem necessary.*

Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX E
Earthquakes

Procedure: The following is the procedure to be followed in the case of an earthquake.

1. While an earthquake is in progress, remain calm and reassure the patients. If possible, close blinds covering windows in the event of breaking glass. Instruct patients to remain seated, protect their access, and duck and cover their head with arm or blankets or pillows if possible. Move everyone away from areas where debris might fall.

2. If possible, remove patients from machines using appropriate blood return procedure as determined by the Charge Nurse.

3. Patients and staff should take cover under a doorway or table to prevent injury from falling objects. Face away from any windows and stay clear of tall objects that may tilt and topple over.

4. The Charge Nurse will assign a technical staff person to evaluate the need to evacuate the building.

5. If evacuation is necessary, follow the Evacuation Procedure. If gas odor is detected, technical person should:
    a. Turn off gas main
    b. Open all doors and windows
    c. Begin evacuation procedure
    d. Receptionist should notify the gas company.
    e. Do not use matches, lighters, or other open flame devices.

6. Patient chairs and machines should always be maintained in locked position so that they don't roll in the event of an earthquake.

7. After the earthquake is over, check patients and other staff for injuries that may need immediate attention. Keep everyone together.

8. Notify Corporate Risk Management, Public Information Manager, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

9. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX F
Electrical Power Outages

Procedure: In the event of a power outage, the following steps should be followed:

1. Have the Chief Technician investigate. The Chief Technician may be able to throw the circuit breaker in an attempt to restore power. He/she may be able to find the source of the problem.

2. Determine:
    a. Amount of time that power is expected to be out.
    b. Whether the power company will take immediate steps to restore power to patient.

3. Check if back-up generator is working and supplying power.

4. Determine if secession of services is necessary.

5. Determine if transfer of patients is necessary.

6. Notify Corporate Risk Management, Public Information Manager, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

7. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX G
Equipment Failures

Procedures:

1. If the dialysis machine fails, remove the blood-line from venous line clamp. You can manually hand-crank the blood-pump to return the patient's blood and disconnect them from the machine.

2. The dialysis technician should investigate and repair the malfunctioning machine.

3. Technicians should never work on a machine while a patient is connected to the machine.

4. If the machine cannot be quickly fixed, the patient may need to be transferred to another machine.

5. Ensure that the malfunctioning machine is properly marked if it is to be left stored in an area waiting to be repaired.

6. For all other equipment failures, you need to contact your Chief Technician. The Chief Technician's phone number should be posted in the emergency contact list.

ANNEX H
External Hazmat Incidents

Procedure: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

1. Notify the patients that a hazmat incident has occurred.
2. Shut down outside intake ventilation.
3. Close all doors to the outside and close and lock all windows.
4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
5. Turn off all exhaust fans in kitchens and bathrooms.
6. Close as many internal doors as possible in the building.
7. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
11. Call “911” if patient has difficulty breathing or other life threatening condition occurs.
12. Notify OEM and Network if evacuation of patient is necessary.
13. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.
14. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

State officials will make a determination regarding possible evacuation of Facility.

ANNEX I
Extreme Temperatures

The purpose of this policy is to provide precautionary and preventative measures for staff and patients during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

Definitions:
Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.
4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.

If symptoms of Heat Exhaustion is experienced by staff report symptoms to in Charge staff.

Notify Nurse Manager, Medical Director, Area Operations Director *and any other appropriate party you deem necessary*.

ANNEX J
Fires

POLICY: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all staff to follow in the event of a fire.

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. If an extinguisher is available, it should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

- Never aim high at the middle or top of the flames as this will cause the fire to spread.
- If you cannot extinguish the fire, **evacuate** the building/home immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Assist with patients and visitors if evacuation is necessary.
3. Assign a staff member to meet the fire department in order to direct them to the fire.
4. Assign a staff member to keep a roster of patients, staff and visitors if evacuation is necessary.
5. Notify Area Operations Director, Corporate Risk Management, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary.*
6. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

When evacuating, keep these tips in mind:

- Carefully check for heat with the back of your hand by lightly touching the door near the top. Then check the doorknob for heat. If it is hot, go to an alternate exit.
- Brace yourself and open the door slowly, even if it is cool to the touch. You may need to shut it quickly if you encounter flame or smoke.
- Enter the area carefully and close the door behind you if you find it filled with smoke.
- Drop to your hands and knees and keep your face near the floor where the air is better whenever there is heavy smoke. Smoke contains hot and toxic gases.
- Know your emergency exit route. Follow the wall to the nearest exit and leave the building.

If you are trapped in a building:

- First of all, stay calm. Try to go to a room with an outside window and stay there.
- If there is a working telephone in the room, call the Fire Department, 9-1-1 and tell them exactly where you are, even if you see fire trucks below.
- To help rescuers find you, stay where they can see you and wave something bright and light-colored to attract their attention.
- To keep smoke out of your refuge area, use clothing, towels, newspapers, etc. to stuff the cracks around the door.
- Patient and personal safety is always first.

ANNEX K
Floods

If a flood is imminent: Stay updated on weather alerts and take these steps:

1. Turn off all utilities at the main power switch and close the main gas valve if evacuation is necessary.

2. If you have a fuel tank, you will want to see that it is anchored.

3. Fill sanitized sinks and containers with clean water.

4. If possible, store all critical records at least 24" off the floor in case flooding occurs during a facility closure.

If flash flooding occurs:

1. Listen to commercial radio or TV, or NOAA Weather Radio for Watch and Warning Bulletins. Watch for rising water levels.
    a. Flash Flood Watch means it is possible that rains will cause flash flooding in the specified area. Be alert and prepared for a flood emergency.
    b. Flash Flood Warning means flash flooding has been reported, is occurring or is imminent in the specified area. Move to safe ground immediately and take the necessary precautions.

2. In the event that flooding makes the roads hazardous for the patients and staff to travel to the clinic, the *Nurse Manager, Medical Director and Area Operations Director* may change the operating hours of the facility.

3. After the decision has been made, the information will be communicated to the patients and staff via telephone. The *Nurse Manager* will keep an updated log.

4. Notify Corporate Risk Management, Public Information Manager, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

5. Care for patients as necessary. Follow standard nursing/medical procedures.

6. Evacuate facility as advised. If leaving the facility, keep the following things in mind:
    a. Know where high ground is and get there immediately if you see or hear rapidly rising water.
    b. Get out of areas subject to flooding.
    c. Avoid already flooded and high velocity flow areas. Do not attempt to cross a flowing stream on foot where water is above your knees.
    d. Do not drive through flooded areas or cross water that may be more than knee deep.
    e. Be especially cautious at night when it is harder to recognize flood dangers.

ANNEX L
Gas Leaks

Be alert for gas leaks especially after a natural disaster or when construction is happening in or around your clinic.

Common signs of a natural gas leak are:

- A gas odor
- A blowing or hissing sound
- Dirt being blown or thrown in the air (and there is no construction at this time)
- Water being blown or thrown in the air at a pond or creek (and there is no construction at this time)
- Fire coming from the ground
- Brown patches in vegetation near a pipeline right-of-way
- A dry spot in a moist field

If you suspect a gas leak you should call your Gas Company emergency line immediately and:

- Shut down any motorized equipment
- If the odor is inside, open doors and windows.
- Avoid using ignition sources such as telephones and electrical switches.
- Do not strike a match (or use any open flame) when you enter a building unless you know the gas has been turned off and the area ventilated.
- Vacate the area until a service technician or emergency personnel arrive.

Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director and any other appropriate party you deem necessary.

Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX M
Hurricanes

It is the clinic's responsibility to keep the patients and staff safe at all times. If a hurricane is approaching, precautions need to be taken to ensure their safety. Stay tuned in to weather updates and listen for disaster sirens and warning signals. Heed any warnings or evacuation notices when they are given.

Definitions:
Watch – Issued for a coastal area when there is a threat of hurricane conditions within 48 hours.
Warning – Issued when hurricane conditions are expected in the coastal area in 36 hours or less.

Keep these tips in mind for your safety:

- During a hurricane, you may experience total power failure at some point.
- Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate.
- Turn off gas and water supplies before you evacuate.

Procedures:

1. Have a staff member ensure that plenty of clean water is stored.

2. Have a staff member sanitize sinks with a bleach solution and then fill them with water as a potential back-up supply.

3. Have a staff member cover windows and doors with plywood or boards or place large strips of masking tape or adhesive tape on the windows to reduce the risk of breakage and flying glass.

4. Place vehicles under cover, if at all possible.

5. Adjust the thermostat on refrigerators and freezers to the coolest possible temperature.

6. Keep patients and staff away from all windows and exterior doors.

7. If unable to evacuate, have staff to help patients relocate to a designated safe zone in the clinic.

8. Direct staff on the evacuation of patients.

9. Follow the evacuation order given by local authorities. Use the designated evacuation routes, not backroads or shortcuts to avoid traffic.

10. Have an answering machine or number patients may call to verify facility status 24/7. *If not able to set up at clinic level, contact Corporate Risk Management to set up Emergency Command Center Hotline with availability 24/7.*

11. Notify all patients and physicians that services will be suspended when a (*Watch or Warning?*) is issued.

12. Notify OEM and Network if evacuation of patients is necessary and/or if services have been suspended.

13. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary.*

14. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

15. Provide patients with a call in number to verify that services have resumed.

16. Provide staff with call in number for re-scheduling of services.

17. Notify OEM and Network that services will resume on stated day and time.

18. If available, notify OEM and Network that surge patients may be accepted.

ANNEX N

Loss of Water/Sewerage

Procedure: If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply.

1. All attempts will be made to determine the cause for water disruption and the probable length of shutdown and if a Boil Water has been issued.

2. Obtain a copy of the Boil Water procedures from State Department of Health, Office of Public Health and follow instructions.

3. Use of bottled water and canned juices and other fluids, based on dietary restrictions for consumption by patient.

4. Disposable dishes and utensils may be used during emergencies.

5. If necessary, water can be brought in and dispensed as needed.

6. If it becomes apparent that a water shortage will last for an undetermined length of time, emergency measures may be issued by the State OHSEP.

7. Determine if suspension of services is needed.

8. Determine if transfer of patients is necessary.

9. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

10. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX O
Nuclear Events

A nuclear blast is an explosion with intense light and heat, a damaging pressure wave and widespread radioactive material that can contaminate the air, water and ground surfaces for miles around. While experts may predict at this time that a nuclear attack is less likely than other types, terrorism by its nature is unpredictable.

If there is a nuclear blast in your area you should:

- Take cover immediately, below ground if possible, though any shield or shelter will help protect you from the immediate effects of the blast and the pressure wave.
- If there is a nuclear blast, try to quickly assess the situation.
- Consider if you can get out of the area or if it would be better to go inside a building and follow your plan to "shelter-in-place."
- In order to limit the amount of radiation you are exposed to, think about shielding, distance and time.
    - SHEILDING: If you have a thick shield between yourself and the radioactive materials more of the radiation will be absorbed, and you will be exposed to less.
    - DISTANCE: The farther away you are from the blast and the fallout the lower your exposure.
    - TIME: Minimizing time spent exposed will also reduce your risk.
- Use available information to assess the situation. If there is a significant radiation threat, health care authorities may or may not advise you to take potassium iodide. Potassium iodide is the same stuff added to your table salt to make it iodized. It may or may not protect your thyroid gland, which is particularly vulnerable, from radioactive iodine exposure. Consider keeping potassium iodide in your emergency kit; learn what the appropriate doses are.

Explosion-If you are involved in an explosion:

- If possible, advise staff to help patients take shelter. Advise the staff to take shelter against a desk or a sturdy table, if possible, while the blast is occurring.
- Direct staff to help patients' evacuate the building as soon as possible.
- Do not use elevators.
- Check for fire and other hazards, only as appropriate.
- Only take your emergency supply kit during an explosion if time allows.
- If You Are Trapped in Debris:
    - If possible, use a flashlight to signal your location to rescuers.
    - Avoid unnecessary movement so that you don't kick up dust.
    - Cover your nose and mouth with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)
    - Tap on a pipe or wall so that rescuers can hear where you are.
    - If possible, use a whistle to signal rescuers.
    - Shout only as a last resort. Shouting can cause a person to inhale dangerous amounts of dust.

ANNEX P
Radiological Incidents

Procedure: The following is the procedure to be followed in the case of a radiological accident:

In the case of an accident at a nuclear power plant or other exposure, the local/state office of emergency services will use the following alert systems:

- Emergency siren system
- Emergency scanner system

The community will receive a notice from the Emergency Broadcast System on the radio and television.

1. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
2. Stay inside of facility.
3. Tell patients that a radiological incident has occurred that may impact their home.
4. Shut down outside intake ventilation.
5. Close all doors to the outside and close and lock all windows.
6. Turn off all heating systems.
7. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
8. Turn off all exhaust fans in kitchens and bathrooms.
9. Close as many internal doors as possible in the building/home.
10. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
11. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
12. Notify patients if evacuation is needed, one small bag is all that will be allowed.
13. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.
14. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

State officials will make a determination regarding possible evacuation of Facility.

ANNEX Q

Severe Weather

It is the facility's responsibility to keep the patients and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

Definitions:

Watch -- Means that conditions are favorable for a thunderstorm or tornado to develop. Flash flooding may occur as a result of the storm.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

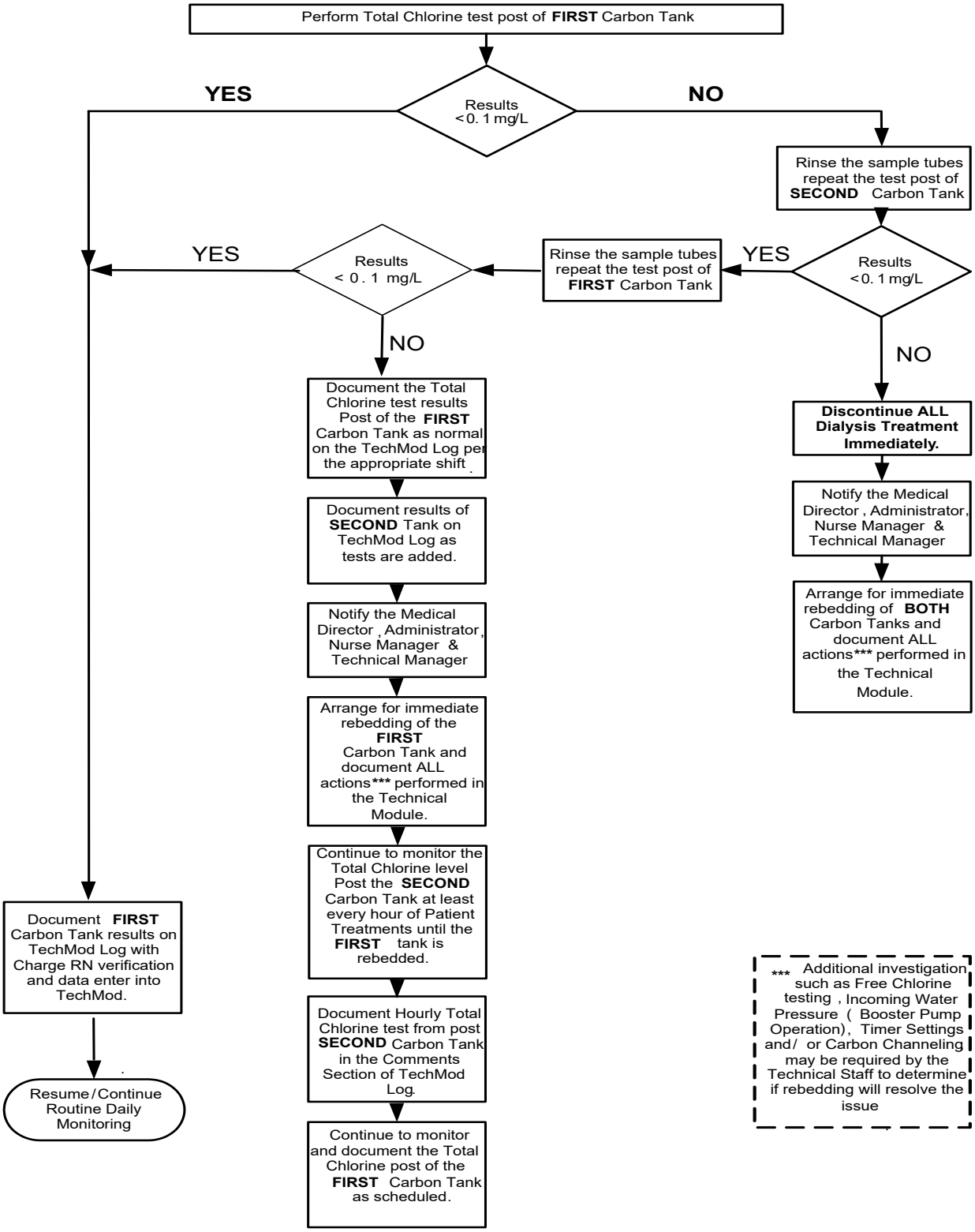
Procedure:

1. Account for all patients and staff on duty. Make sure everyone is inside.
2. Make sure that windows are locked and secured.
3. Keep all patients, staff and visitors away from windows.
4. Notify patients if services will be canceled.
5. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

If there is a tornado warning, further precautions need to be taken:

1. Any large, unsecured items need to be laid down or placed on the floor.
2. Move patients, staff and visitors to interior room without windows or in the bathroom on the lowest possible floor.
3. Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
4. Do not use elevators because the power may fail, leaving you trapped.
5. Protect your head and make yourself as small a target as possible by crouching down.
6. Stay calm and provide reassurance to the patient.
7. If not at patient home, call patient to determine condition and if help is needed.
8. In the event that flooding occurs, notify OEM and Network if evacuation of patient is necessary.

ANNEX R
Water System Emergencies
Total Chlorine Results Flowchart



ANNEX S
Wildfires

Wildfires - Wildfires often begin unnoticed. They spread quickly, igniting brush, trees, homes and businesses.

Procedure: These steps can be taken to protect your clinic from wildfires:

1. Create a 30-100 foot safety zone around the clinic. Remove leaves and rubbish from under structures.

2. Ensure that the power company has cleared any branches from power lines.

3. Remove vines from the exterior walls of the clinic.

4. Ensure that the roof and gutters are regularly cleaned.

5. Install a dual-sensor smoke alarm for each level of the clinic; test monthly and change the batteries at least once each year.

6. Report any hazardous conditions that could cause a wildfire.

7. If a wildfire is in the area, turn on all lights in the clinic to increase visibility due to increasing smoke.

8. Shut off the gas.

9. Ensure adequate accessibility by large fire vehicles to your property.

10. Ensure the driveway entrance is clearly marked and the business name is clearly displayed.

11. If advised by local authorities to evacuate, do so immediately.

12. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director and any other appropriate party you deem necessary.

13. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

ANNEX T
Winter Storms

The purpose of these winter storm safety precautions is to inform staff and patients of measures that should be taken during severe winter weather.

The following winter storm safety precautions and procedures have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Definitions:

Winter Weather Advisory: expect winter weather conditions to cause inconvenience and hazards.

Frost/Freeze Warning: expect below-freezing temperatures.

Winter Storm Watch: be alert; a storm is likely.

Winter Storm Warning: take action; the storm is in or entering the area.

Blizzard Warning: seek refuge immediately! Snow and strong winds, near-zero visibility, deep snow drifts, and life-threatening wind chill.

To ensure the comfort and functionality of the clinic:

- Salt walkways
- Shovel snow and ice off walkways and clear a path in the parking lot for patients and employees to safely walk.
- Keep floors dry at entryways to prevent slips and falls.
- If your pipes do freeze, do not thaw them with a torch. Thaw the pipes slowly with warm air from an electric hair dryer.
- Have a portable space heater in case the power goes out.
- Keep heat sources at least 3 feet away from furniture and drapes.
- Never use an electric generator indoors or near the air intake of your clinic because of the risk of carbon monoxide poisoning.

Procedure:

1. Contact all patients at start of event and during, if event lasts an extended time.

2. Notify OEM and Network if evacuation of patient is necessary.

3. Notify patients if Facility will be closed.

4. Notify Corporate Risk Management, Area Operations Director, Senior Operations Director, Nurse Manager, Medical Director *and any other appropriate party you deem necessary*.

5. Notify Public Information Manager of any changes made to the normal operating hours of the facility.

6. Keep posted on all area weather bulletins and relay to others.

7. Verify adequate staff is available to re-open Facility.

Acronyms

CMS	Centers for Medicare and Medicaid Services
CRM	Corporate Risk Management
EDP	Emergency Disaster Plan
EP	Emergency Plan
ESRD	End Stage Renal Disease
ESSR	Emergency Situational Status Report
HIPAA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise & Evaluation Program
HVA	Hazard Vulnerability Assessment
KCER	Kidney Community Emergency Response
NIMS	National Incident Management System
OEM	Office of Emergency Management
OEP	Office of Emergency Preparedness
OHSEP	Office Homeland Security and Emergency Preparedness
OPH	Office of Public Health
SIP	Staying in Place/Shelter in Place

Definitions

Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and ''boots on the ground'' response (for example, firefighters decontaminating mock victims).

Table-Top Exercise: A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Resources

American Red Cross	http://www.redcross.org
Centers for Disease Control (CDC)	http://www.cdc.gov
Centers for Medicare & Medicaid Services (CMS)	https://www.cms.gov
Federal Emergency Management Agency (FEMA)	https://www.fema.gov
Kidney Community Emergency Response (KCER)	http://www.kcercoalition/com
National Oceanic & Atmospheric Administration (NOAA)	http://www.noaa.gov
The Weather Channel	http://www.weather.com