**Emergency Preparedness Requirement for Dialysis Facilities**

**Facilities must have completed these requirements by** **Implementation Date 11/15/2017**

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| **Risk Assessment and Planning** | |
|  | Perform Risk Assessment using an all hazards approach, focusing on capacities and capabilities. Also known as a Hazards Vulnerability assessment (HVA) |
|  | Develop Emergency Plan based on a Risk Assessment. Updated at least annually. |
|  | Collaborate with local emergency management agencies to ensure the development of an effective plan. |
| **Policies and Procedures** | |
|  | Developed based on the Emergency Plan and Risk Assessment |
|  | Policies and procedures must address a range of issues including evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency. |
|  | Review and update policies and procedures at least annually |
| **Communication Plan** | |
|  | Develop a communication plan that complies with both Federal and State laws. |
|  | Plan includes a system to contact staff, including patients’ physicians, other necessary persons. |
|  | Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems. |
|  | Review and update plan annually |
| **Training and Testing Program** | |
|  | Develop and maintain training and testing programs, including initial training in policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers consistent with their expected roles. |
|  | Provide training at least annually |
|  | Demonstrate staff knowledge of emergency procedures, including informing patients of whom to contact if the facility is closed and cannot provide treatment due to an emergency situation and how they can locate an alternate dialysis facility or hospital that can assist them. |
|  | Orientation and training program to educate patients on how to evacuate the facility; communication protocols; and, facility policies and procedures related to emergency management. |
| **Conduct drills and exercises to test the emergency plan at least annually** | |
|  | Participate in one community based full-scale exercise, or when a community-based exercise is not accessible, an individual, facility-based exercise. |
|  | Conduct one additional full- scale exercise that is individual, facility-based **OR** a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. |