## CONTENTS

Welcome.................................................................3
Wisconsin’s Healthcare Coalitions ..............................................4
Overview........................................................................5
  General Information.........................................................5
  Using This Toolkit..........................................................7
Risk Assessment and Planning..................................................8
  Risk Assessment ................................................................8
  Continuity of Operations....................................................8
Cooperation and Collaboration....................................................8
Tools and Templates: Risk Assessment and Planning.........................10
  Emergency Preparedness Planning Checklist..........................11
  Facility-Based HVA.........................................................11
  Emergency Operations Plan Activation.................................11
  Essential Services Roles and Responsibilities..........................12
  Collaboration Contact Grid...............................................13
Policies and Procedures...........................................................14
  Patient and Staff Tracking.................................................14
  Evacuation and Sheltering in Place.......................................14
  Medical Documentation.....................................................15
Volunteers .........................................................................15
Transfer Arrangements ............................................................15
1135 Waivers.....................................................................15
Emergency Medical System Assistance........................................16
Emergency Equipment...........................................................16
Tools and Templates: Policies and Procedures................................17
  Patient and Staff Tracking.................................................18
  Evacuation and Sheltering in Place.......................................19
  Medical Documentation.....................................................20
  Health Professions Volunteer Use.......................................21
  Sample Transfer Agreement...............................................21
  Sample Memorandum of Understanding...............................21
  1135 Waiver Information..................................................21
WELCOME

Welcome to the Emergency Preparedness Rule Toolkit for End Stage Renal Disease and dialysis facilities (collectively abbreviated “ESRD” facilities), assembled by the Wisconsin Department of Health Services’ Health Care Preparedness Program, out of the Office of Preparedness and Emergency Health Care in the Division of Public Health.

In September 2016, the Centers for Medicare & Medicaid Services (CMS) released a new emergency preparedness rule for 17 sectors of the U.S. health care system. The new rule asks the affected provider types to demonstrate that they are doing risk assessments; writing appropriate plans, policies and procedures; and training and testing their plans with staff and partners in the community.

One of the resources CMS suggests providers can seek out to assist them are the regional emergency-response focused healthcare coalitions. In Wisconsin, we have seven of these coalitions. The memberships of these coalitions—which include hospitals, emergency medical services, public health agencies, emergency management agencies, and a range of other partners—plan, train, and exercise together to be ready to support one another in large-scale emergencies. We invite you to reach out to your region’s coordinator, if you haven’t already, to find out more. A map of the regions and a link to the current contact information for their coordinators can be found on the next page.

Each of these toolkits gives facilities that fall under the new rule an overview of the requirements for their provider type, as well as some sample templates that can be used in their planning efforts. In topic areas where there wasn’t a tool or template readily available, the toolkit offers planning worksheets that feature a list of example questions to help facilities think through relevant issues that can help them draft their plans and policies.

As you may be aware, the Division of Quality Assurance (DQA, another part of the Wisconsin Department of Health Services), is the state survey agency that oversees Wisconsin’s certification process on behalf of CMS. While DQA has provided our staff with information and background on the CMS rule, our provider toolkits were produced independently and are intended for advisory purposes only. None of the tools or assistance provided by our office or the regional healthcare coalitions guarantees any outcome during survey visits. Facilities are solely responsible for meeting CMS requirements.

We wish you success in your efforts to enhance your readiness to protect your patients, clients, residents, their families, and your staff during emergency situations, and hope the contents of this toolkit help you on your way!

Best Wishes,

Michelle Seitz
Health Care Preparedness Program Manager
Office of Preparedness and Emergency Health Care
Division of Public Health
Wisconsin Department of Health Services
WISCONSIN’S HEALTHCARE COALITIONS

Below is a map of the regional healthcare coalitions in Wisconsin. Contact information for coalition leaders is provided in the Healthcare Coalition Regional Contact document: https://www.dhs.wisconsin.gov/preparedness/healthcare/hcc-contacts.pdf. Questions about the federal regulation for emergency preparedness can be directed to your regional healthcare coalition coordinator.

In addition, the HCC Emergency Preparedness website can provide links to regional websites, answers, and updates on many emergency preparedness topics: https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm
OVERVIEW

**General Information**

On September 16, 2016, the Centers for Medicare & Medicaid Services (CMS) published new federal regulations that included updated emergency preparedness requirements for providers and suppliers participating in Medicare and Medicaid. For provider-specific text and a link to the full text regulation, see Appendix A. These requirements fall under new conditions of participation/conditions for coverage; if these requirements are not met, providers and suppliers risk citation and consequent loss of Medicare or Medicaid reimbursement. The regulation went into effect on November 15, 2016, and will be included in any surveys conducted following November 15, 2017.

Seventeen provider and supplier types receiving Medicare or Medicaid reimbursement are affected by the CMS emergency preparedness rule. The provider and supplier types are:

- Ambulatory surgical centers
- Clinics and rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services
- Community mental health centers
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals
- End-stage renal disease facilities
- Home health agencies
- Hospices (inpatient and outpatient)
- Hospitals
- Intermediate care facilities for individuals with intellectual disabilities
- Long term care (skilled nursing facilities)
- Organ procurement organizations
- Programs of all inclusive care for the elderly
- Psychiatric residential treatment facilities
- Religious nonmedical health care institutions
- Rural health clinics and federally qualified health clinics
- Transplant centers

The regulation requires affected providers and suppliers to comply with all applicable federal, state, and local emergency preparedness requirements. The regulation also requires providers and suppliers to develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach that includes, but is not limited to, the following domains:

- **Risk Assessment and Planning**: Develop an emergency preparedness plan based on facility and community risk assessments and utilizing an all-hazards approach; address patient populations, services offered for continuity of operations, and succession plans.
- **Policies and Procedures**: Develop emergency preparedness policies and procedures based on the risk assessment, emergency plan, and communication plan; address subsistence needs, patient tracking, evacuation, sheltering in place, protection of medical documentation, and arrangements with other providers in the event of patient transfer.
- **Communication Plan**: Develop an emergency preparedness communication plan that complies with federal, state, and local laws; include contact information for relevant partners, methods to share protected patient information, and primary and alternate means of communication.
- **Training and Testing**: Develop an emergency preparedness training and testing program based on the risk assessment, emergency plan, and communication plan; provide annual training on all emergency preparedness policies and procedures; participate annually in two exercises, one of which must be a full-scale community-based exercise.
A number of the CMS regulations line up with current accreditation standards for various accrediting bodies. A crosswalk for the rule and current accreditation standards can be found in Appendix B: Emergency Preparedness Regulations Crosswalk.
Using This Toolkit

This toolkit provides information on the CMS Emergency Preparedness rule for End Stage Renal Disease and dialysis facilities (collectively abbreviated “ESRD” facilities). There are four major content sections: Risk Assessment and Planning, Policies and Procedures, Communication Plan, and Training and Testing. The content sections contain detailed information about the given portion of the rule.

At the end of each of the four content sections, there is a subsection titled Tools and Templates. The Tools and Templates subsection contains relevant tools, templates, and resources for the given section. These tools, templates, and resources are mentioned in the content portion of each section, and are linked to the tools and templates subsection for further explanation and provision.

The sections following the four content sections include additional requirements that may be applicable to the provider type; pertinent resources; definitions; acronyms; and the appendices.
**RISK ASSESSMENT AND PLANNING**

ESRD facilities should develop and maintain an emergency preparedness plan that is reviewed and updated at least annually. A checklist that can help ESRD facilities in emergency preparedness planning can be found here: [Emergency Preparedness Planning Checklist](#). ESRD facilities should have an emergency plan that includes, at the least, the following elements:

### Risk Assessment

ESRD facilities should base their emergency plan on documented facility-based and community-based risk assessments, using an all-hazards approach. An all-hazards approach integrates response and focuses on capacities and capabilities that support preparedness for a spectrum of emergencies. The all-hazards approach does account for location; all-hazards planning does not address any specific potential threat, but promotes a facility’s readiness to respond to a broad range of applicable emergencies. These emergencies may include, but are not limited to, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the ESRD facility’s geographic area. Facilities may use community-based risk assessments developed by other entities, but should have a copy of the risk assessment and ensure their emergency plan is in alignment with the community-based risk assessment. Additionally, the emergency plan should include strategies to address the emergencies identified by the risk assessments.

One source of community-based risk assessments is a facility’s healthcare coalition: [Wisconsin’s Healthcare Coalitions](#). A template for conducting a [Facility-Based Hazard Vulnerability Assessment (HVA)](#) has also been provided.

### Continuity of Operations

ESRD facility emergency plans should address their patient population, including at-risk patients; services provided in emergencies; and continuity of operations, including delegations of authority and succession plans. ESRD facilities need to identify and plan for patients who may require additional assistance. Additionally, ESRD facilities should identify staff roles as necessitated by the emergency, through succession planning and clear delegations of authority. At the least, ESRD facilities should identify a qualified individual who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility. Continuity of operations plans should include facility- and community-based risk assessments and identify essential personnel, essential functions, and critical resources. These plans should also describe how the facility will protect vital records and IT data, as well as identify and locate alternate facilities and financial resources as needed.

Examples of useful continuity of operations tools include:

- [Emergency Operations Plan Activation](#)
- [Essential Services Roles and Responsibilities](#)

### Cooperation and Collaboration

In the development of an emergency plan, ESRD facilities should include a process for cooperation with local, tribal, regional, state, and federal emergency preparedness officials. Collaboration with these officials will
encourage integrated responses during emergency situations. ESRD facilities should include documentation of their efforts to contact such officials. When ESRD facilities are able to participate in cooperative planning efforts, they should include documentation of that participation as well. ESRD facilities also need to contact their local emergency preparedness officials at least annually, to confirm that the emergency preparedness agency is aware of the ESRD facility’s needs in the event of an emergency.

The *Collaboration Contact Grid* provides a template for documenting emergency preparedness contacts.
Tools and Templates: Risk Assessment and Planning
This section contains tools, templates, and resources that may be helpful for risk assessment and planning. Included are the:

Emergency Preparedness Planning Checklist

Facility-Based HVA

Emergency Operations Plan Activation

Essential Services Roles and Responsibilities

Collaboration Contact Grid
Emergency Preparedness Planning Checklist
The Emergency Preparedness Checklist is located on the CMS Survey and Certification website. This checklist can help ESRD facilities in emergency preparedness planning. The checklist reviews major topics that emergency preparedness programs should address, and provides information on details related to those topics. This can be an important tool for tracking progress on creating an emergency preparedness plan.


Facility-Based HVA
HVAs are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities. The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create. The tools at this website can be used to conduct a facility-based hazard vulnerability assessment for ESRD facilities.

https://www.calhospitalprepare.org/hazard-vulnerability-analysis

Emergency Operations Plan Activation
The following grid is an example of the type of tool ESRD facilities may create to document a chain of responsibility for activating emergency operations plans. Individuals selected would be responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

<table>
<thead>
<tr>
<th>Individuals Responsible for Emergency Operations Plan Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>Backup 1</td>
</tr>
<tr>
<td>Backup 2</td>
</tr>
</tbody>
</table>
**Essential Services Roles and Responsibilities**

This grid is an example of a tool ESRD facilities may create to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

<table>
<thead>
<tr>
<th>Essential Services</th>
<th>Roles and Responsibilities</th>
<th>Point of Contact</th>
<th>Secondary Point of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety and Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Additional Services if Needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Collaboration Contact Grid

The following grid can be completed and retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, ESRD facilities should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, facilities should prioritize communication with those entities with an immediate response role such as local public health, local emergency management, and their regional healthcare coalition.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Contact Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional: Healthcare Coalition</td>
<td>Healthcare Coalition Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: Division of Quality Assurance</td>
<td>Surveying Body</td>
<td>Ann Hansen</td>
<td>608-266-0269 (AH)</td>
<td><a href="mailto:ann.hansen@dhs.wisconsin.gov">ann.hansen@dhs.wisconsin.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Michelle Doro</td>
<td>414-227-4976 (MD)</td>
<td><a href="mailto:michelle.doro@dhs.wisconsin.gov">michelle.doro@dhs.wisconsin.gov</a></td>
</tr>
<tr>
<td>State: Office of Emergency Pre paredness and Health Care</td>
<td>DHS 24-hour Emergency Hotline</td>
<td></td>
<td>608-258-0099</td>
<td></td>
</tr>
<tr>
<td>Federal: CMS</td>
<td>CMS Region 5 Emergency Coordinator</td>
<td>Primary: Justin Pak</td>
<td>Secondary: 312-886-5351</td>
<td><a href="mailto:justin.pak@cms.hhs.gov">justin.pak@cms.hhs.gov</a></td>
</tr>
<tr>
<td></td>
<td>CMS Region 5 Emergency Preparation Rule POC</td>
<td>Secondary: Gregory Hann</td>
<td></td>
<td><a href="mailto:gregory.hann@cms.hhs.gov">gregory.hann@cms.hhs.gov</a></td>
</tr>
<tr>
<td>Federal: ASPR</td>
<td>Secretary’s Operation Center (SOC)</td>
<td>24/7 Staffing</td>
<td>202-619-7800</td>
<td><a href="mailto:hhs.soc@hhs.gov">hhs.soc@hhs.gov</a></td>
</tr>
<tr>
<td>Federal: FEMA</td>
<td>Region V Regional Watch Center</td>
<td>24/7 Staffing</td>
<td>312-408-5365</td>
<td></td>
</tr>
</tbody>
</table>

Emergency Preparedness Contacts
POLICIES AND PROCEDURES

ESRD facilities should develop and implement emergency preparedness policies and procedures that are based on their risk assessment, emergency plan, and communication plan. These policies and procedures should be reviewed and updated at least annually. ESRD facilities may choose whether to incorporate emergency policies and procedures into their emergency plan or to include policies and procedures into their standard operating procedures/operations manual. However, the emergency plan and policies and procedures should always be easily accessible, and it is recommended that they be co-located. Emergencies considered in the policies and procedures should 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 ESRD facility’s geographic area.

At a minimum, the emergency preparedness policies and procedures for ESRD facilities should address the following elements:

Patient and Staff Tracking
ESRD facilities should develop policies and procedures that outline a system to track on-duty staff and sheltered patients that are in the ESRD facility’s care during and after an emergency. Tracking should include the location of on-duty staff and sheltered patients, including the name and location of the receiving facility/destination in the event of relocation. Information should be readily available, accurate, and shareable among officials. ESRD facilities are not required to track the location of patients who leave voluntarily or have been appropriately discharged, but should note this information in their medical record in case of the need for follow up.

The Patient and Staff Tracking worksheet provides questions to consider for patient and staff tracking policies.

Evacuation and Sheltering in Place
Emergency preparedness policies and procedures should include processes for safe evacuation from the ESRD facility. Evacuation procedures should consider the treatment needs of evacuating patients, evacuation protocols for any other individuals sheltered in the ESRD facility, responsibilities held by staff members, transportation of patients, identification of evacuation location(s), and primary and alternate means of communication with external sources of assistance. ESRD facilities should consider developing triaging systems to prioritize patient evacuation if the need arises.

In certain situations, evacuation of the ESRD facility may not be appropriate or possible. For these situations, as identified by the ESRD facility’s risk assessment, ESRD facilities should develop policies and procedures for sheltering in place. ESRD facilities should develop criteria for which patients and staff would shelter in place, and identify appropriate facilities to accept patients that are transferred. Facilities should determine their policies based on the type of emergency and the types of patients, staff, volunteers, and visitors that may be on site during an emergency.

The Evacuation and Sheltering in Place worksheet provides questions to consider for evacuation and sheltering in place policies.
Medical Documentation
Emergency policies and procedures should include a system of medical documentation that is readily available while protecting the confidentiality of patient information. The system of medical documentation should support continuity of care, whether in the affected ESRD facility or in a receiving facility, in the event the patient is transferred. These policies and procedures should supplement existing medical record requirements and regulations. These policies and procedures should also be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The Medical Documentation worksheet provides questions to consider for medical documentation policies and procedures.

Volunteers
ESRD facility policies and procedures should address emergency staffing strategies, including the use of facility volunteers and state and federally designated health care professionals, in the event of surge needs. ESRD facilities may consider utilizing the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) (more information is in the Health Professions Volunteer Use section) to recruit volunteers to meet medical surge needs. ESRD facilities should consider any essential privileging and credentialing processes that may become relevant in emergency situations. Policies and procedures should also include a method for contacting off-duty staff or addressing staffing shortages caused by inability of staff to report to work.

Transfer Arrangements
ESRD facility policies and procedures should include prearranged transfer agreements with other ESRD facilities and providers to receive patients in the event of limitations or cessations of operations. These agreements may be written or contracted. Policies and procedures should also include pre-arranged transportation between facilities. The goal of such agreements should be continuity of care for patients.

Example agreements include:
Sample Transfer Agreement
Sample Memorandum of Understanding

1135 Waivers
The ESRD facility’s policies and procedures should include the role of the ESRD facility in providing care and treatment at alternate sites in the event of the declaration of an 1135 waiver (a link to more information is provided below). ESRD facilities should collaborate with local emergency officials to organize a systemic response that ensures continuity of care even when services at their facility are severely disrupted. Policies and procedures should also address the ESRD facility’s role in emergencies in which the President declares a major disaster or emergency and the United States Health and Human Services (HHS) Secretary declares a public health emergency. Additionally, policies and procedures should address the coordination efforts required during a declared emergency in which an 1135 waiver has been granted, and should outline the responsibilities of the ESRD facility during the waiver period.
For purposes of waiver or modification, an emergency area and period is where and when there is: a) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Stafford Act, and b) a public health emergency declared by the HHS Secretary.

The CMS regional office in Chicago reviews requests for Social Security Act Chapter 1135 waivers following an emergency declaration or confirmation by the state (public) health officer. Requests are first submitted to the Division of Quality Assurance for review in advance of submission to the Chicago Regional Office.

1135 waiver contact for Wisconsin:
Flip Varsos, Director
DQA Bureau of Education Services and Technology
Telephone: 608-266-2055
Email: phyllis.varsos@dhs.wisconsin.gov

See the 1135 Waiver Information section for more information.

**Emergency Medical System Assistance**

In their emergency preparedness policies and procedures, ESRD facilities should include how emergency medical system assistance can be obtained when needed. Medical system assistance can include outside assistance, such as from a nearby hospital or from other ESRD facilities. Assistance may include personnel to assist during a single-facility disaster.

A link to more information about emergency medical system assistance can be found here: [Emergency Medical System Assistance](#).

**Emergency Equipment**

ESRD facilities’ policies and procedures should include a process by which staff can confirm that emergency equipment is on the premises at all times and immediately available. This emergency equipment may include, but is not limited to: oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs. This process (to confirm that the specific requirements in this standard are on the premises at all times and immediately available) should be in writing.

It is the responsibility of ESRD facilities to determine what equipment should be on the premises and available during an emergency. Additionally, it is the responsibility of the facility to ensure that all necessary equipment is in working order at all times. Emergency drugs should not be out of date and should be stored and maintained based on manufacturer instructions. ESRD facilities need to be able to manage care-related emergencies when other assistance or emergency medical services may not be immediately available.

A link to more information about emergency equipment can be found here: [Emergency Equipment](#).
Tools and Templates: Policies and Procedures

This section contains tools, templates, and resources that may be helpful for policies and procedures for the following subjects:

- Patient and Staff Tracking
- Evacuation and Sheltering in Place
- Medical Documentation
- Health Professions Volunteer Use
- Sample Transfer Agreement
- Sample Memorandum of Understanding
- 1135 Waiver Information
- Emergency Medical System Assistance
- Emergency Equipment
Patient and Staff Tracking
Below are some questions to consider when developing policies and procedures pertaining to patient and staff tracking. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- How will the facility track the name and location of patients during an emergency? (This includes patients who are sheltered in the facility, as well as patients transferred to other locations during an evacuation.)
- How will the facility track the name and location of on-duty staff during an emergency?
- Would these tracking policies and procedures differ during an emergency versus after an emergency?
- If the means of tracking staff and patients is electronically-based, how would this be accomplished if such systems were compromised (e.g., power outage, cyberattack)?
- How is this information maintained during the emergency?
- How often is it updated?
- Which staff members are responsible for accomplishing these tasks?
- How could this information be accessible and shared with partners upon request?
Evacuation and Sheltering in Place
Below are some questions to consider when developing policies and procedures pertaining to evacuation and sheltering in place. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What criteria are used to determine whether the facility will shelter in place or evacuate during an emergency?
- Who has decision-making authority to make this determination?
- What procedures will the facility use to determine which patients can be discharged versus moved to another facility?
- What procedures will the facility use to determine the order in which patients are evacuated?
- How will the treatment needs of patients be identified and addressed during evacuations?
- What evacuation procedures will be used for non-patients, e.g., staff and visitors?
- Which staff members have what responsibilities during the execution of evacuation procedures?
- How will transport of patients be arranged?
- How will you identify appropriate facilities to receive patients?
- How will facilities ensure that primary and alternate means of communicating with external partners about evacuation are in place?
Medical Documentation

Below are some questions to consider when developing policies and procedures pertaining to medical documentation. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What systems/policies/procedures exist to provide patient medical documentation on a day-to-day basis?
- Are there changes to these systems/policies/procedures in an emergency?
- How would medical documentation be transferred during an evacuation to accompany a patient to a receiving facility?
- How are standards of confidentiality maintained?
- Where are these existing policies/procedures documented for the facility? Think about policies that have been developed to maintain compliance with HIPAA, Joint Commission, local and state law, etc.
- If electronic medical records are used, what redundant processes exist in case such systems are compromised (power outages, cyberattacks, etc.)?
- Who is responsible for activating redundant systems?
Health Professions Volunteer Use
WEAVR is the Wisconsin Emergency Assistance Volunteer Registry. WEAVR is a secure, web-based volunteer registration system for health care and behavioral health professionals. In an emergency, facilities can request that state public health officials send out a WEAVR request. Public health officials will identify appropriate individuals and contact potential volunteers. Volunteers who agree to help will be dispatched to the ESRD facility’s location and informed of the role they need to fill. ESRD facilities should understand how to use WEAVR before emergency situations arise. More information about WEAVR can be found on the DHS’ WEAVR web-page:

https://www.dhs.wisconsin.gov/preparedness/weavr/index.htm

Sample Transfer Agreement
The Sample Transfer Agreement document (linked below) provides a template transfer agreement for ESRD facilities. ESRD facilities can use this template or build their own based on this example. The transferring ESRD facility and receiving facility both complete and sign this form prior to emergency events, so that in an emergency situation in which patients need to be transferred from the affected ESRD facility, a transfer agreement is already in place. The document outlines expectations between the facilities and the terms of agreement.


Sample Memorandum of Understanding
The Sample Memorandum of Understanding document, P-00690 (linked below), provides a template for Memorandums of Understanding (MOU) along with guidance on completing the MOUs. MOUs are used to establish a mutual understanding of the roles and responsibilities of participating entities during an emergency incident. MOUs include the scope of services to be provided and reimbursement considerations. MOUs should be developed before emergency situations, so that in emergency events, a clear set of expectations exists between involved entities. This template is designed for long-term care facilities, but can be adapted and modified for use by ESRD facilities. There are three templates included in this document: one for like-type facilities, one for community partners/non-like-type facilities, and one for transportation services.

https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf

1135 Waiver Information
When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the
conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal level, ESRD facilities can submit requests to their State Survey Agency (DQA) to operate under the authority of the waiver. ESRD facilities should justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use. The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

Emergency Medical System Assistance

Below are some questions to consider when developing policies and procedures pertaining to emergency medical system assistance. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

Questions for consideration:

- What types of disasters could require the facility to need to access emergency medical system assistance?
- What staff and/or supplies are critical to maintaining ESRD operations?
- Where would you find additional staff and/or supplies to maintain critical operations?
- Who/what agencies would you contact for assistance?
- What contracts/memoranda of understanding could facilitate such a request?
- What licensing agreements need to be in place prior to accepting such assistance?
Emergency Equipment

Below are some questions to consider when developing policies and procedures pertaining to emergency equipment. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

Questions for consideration:

- What emergency equipment does the ESRD need during an emergency situation? (This should include, at a minimum, oxygen, airways, suction, defibrillator/AED, artificial resuscitator, emergency drugs.)
- Where will these equipment/supplies be stored on-site so that they are immediately available in an emergency and can be viewed/evaluated by surveyors?
- Where will an inventory list of all emergency equipment/supplies be maintained?
- What processes exist to verify that all equipment/supplies are available and in working order?
- Where are these processes documented (e.g., emergency plan, separate policy)?
- What processes exist to ensure that all emergency drugs are not expired?
- Where are these processes documented (e.g., emergency plan, separate policy)?
- Who is responsible for managing these processes?
COMMUNICATION PLAN

ESRD facilities should develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. This communication plan should be reviewed and updated at least annually. The communication plan should include how the facility coordinates patient care within the facility, across health care providers, and with state and local public health departments. The communication plan should also include how the facility interacts and coordinates with emergency management agencies and systems to protect patients.

The communication plan should include the following elements:

Contact Information
The communication plan should include both names and contact information for the following internal assets of the facility:
- Staff
- Entities providing services under arrangement
- Patients’ physicians
- Other ESRD facilities
- Volunteers

The communication plan should also include contact information for the following external resources:
- Federal, state, tribal, regional, and local emergency preparedness staff
- Other identified sources of assistance

Contact information should be readily available and accessible to leadership and staff. All contact information should be accurate and current.

Sample contact grids are included for the following contact types:

External Contact Information
Staff Contact Information
Patients’ Physicians’ Contact Information
Volunteer Contact Information

Communications
The ESRD facility’s communications plans should include primary and alternate means for communicating with their staff and federal, state, tribal, regional, and local emergency management agencies. The communication plan should include when and how alternate communication methods are used and who uses them. Additionally, ESRD facilities should ensure that their selected alternate method of communication is compatible with the communication systems of those they need to contact.

A sample grid for documenting primary and alternate means of communications can be found here: Primary and Alternate Means of Communication.
Release of Information
Communications plans should include methods for a number of information sharing needs. ESRD facilities should develop a method for sharing patient information and medical documentation with other providers to maintain continuity of care. Information necessary to provide patient care should be sent with evacuated patients or be readily available for patients who are sheltered in place. When patients are transferred, ESRD facilities should send all necessary patient information that is readily available, including patient name, DOB, allergies, current medications, medical diagnoses, blood type, advance directives, and next of kin/emergency contacts.

ESRD facilities should have HIPAA-compliant means to release patient information to family members and others in a timely and accurate fashion, in the event of an evacuation. Additionally, ESRD facilities should develop HIPAA-compliant means of providing general information about the condition and location of patients that are in the ESRD facility’s care. Though HIPAA requirements are not suspended during a national or public health emergency, the privacy rule does permit certain uses and disclosures of protected health information in emergency circumstances and for disaster relief purposes.

A decision flowchart for disclosing protected health information can be found in the HIPAA Decision Flowchart.

ESRD Facility Information
ESRD facility communication plans should include a means for providing information on the ESRD facility’s occupancy, needs, and ability to provide assistance to others. An ESRD facility’s reported needs may include shortage of provisions, assistance with evacuation, or transportation/transfer shortages. The communication plan should specifically include how the required information would be communicated.

This information should be provided to the authority with jurisdiction. The authority with jurisdiction varies by local, state, and federal emergency management structures as well as the nature of the emergency.

ESRD facilities can develop a communication plan for conveying ESRD facility information using the questions to consider found in the ESRD Facility Information section.
Tools and Templates: Communication Plan

This section contains tools, templates, and resources that may be helpful for communication plans:

External Contact Information

Staff Contact Information

Patients’ Physicians’ Contact Information

Volunteer Contact Information

Primary and Alternate Means of Communication

HIPAA Decision Flowchart

ESRD Facility Information
**External Contact Information**

This grid is an example of the type of tool ESRD facilities may create to maintain information for external contacts. ESRD facilities should keep contact information updated so that in an emergency event, the appropriate individual can be reached in a timely fashion. The purpose for reaching out to a given contact should be included, so it is clear who should be contacted for what reason in any given situation.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Purpose for Contact</th>
<th>Contact Name/Title</th>
<th>Contact Info</th>
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<tbody>
<tr>
<td>Local Emergency Management Staff</td>
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<tr>
<td>Local Public Health Department (Emergency Preparedness)</td>
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<td>State Emergency Management Staff</td>
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<td>State Public Health Department (Emergency Preparedness)</td>
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<td>Fire</td>
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<td>EMS</td>
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<td>Police</td>
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<td>Coroner</td>
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<td>Ombudsman</td>
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<tr>
<td>Other ESRD Facilities</td>
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<tr>
<td>Other Facilities w/ MOUs</td>
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<tr>
<td>Entities Providing Services</td>
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<tr>
<td>Sister Facilities</td>
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<tr>
<td>(Additional Sources of Assistance)</td>
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**Staff Contact Information**

This grid is an example of the type of tool ESRD facilities may create to maintain contact information for staff. ESRD facilities should be able to contact staff during emergencies. Reasons for contact may include canceling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Phone</th>
<th>Email Address</th>
<th>Emergency Staffing Role</th>
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<tbody>
<tr>
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**Patients’ Physicians’ Contact Information**

This grid is an example of the type of tool ESRD facilities may create to maintain contact information for their patients’ physicians. ESRD facilities should be able to contact patients’ physicians in a timely manner during emergency events. ESRD facilities should maintain updated contact information for physicians and include multiple ways to reach their patients’ physicians.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Phone</th>
<th>Pager</th>
<th>Email Address</th>
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</table>
**Volunteer Contact Information**

This grid is an example of the type of tool ESRD facilities may create to maintain contact information for volunteers. ESRD facilities should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Phone</th>
<th>Email Address</th>
<th>Emergency Staffing Role</th>
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<tbody>
<tr>
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</tbody>
</table>
Primary and Alternate Means of Communication

This grid is an example of the type of tool ESRD facilities may create to document primary and alternate means of communication with relevant individuals/partners. ESRD facilities should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the ESRD facility and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the ESRD facility is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Primary Method</th>
<th>Alternate Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td></td>
<td></td>
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<tr>
<td>Local Emergency Management Staff</td>
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<td></td>
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<tr>
<td>Local Public Health Department (Emergency Preparedness)</td>
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<tr>
<td>HCC</td>
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<tr>
<td>State Emergency Management Staff</td>
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<tr>
<td>State Public Health Department (Emergency Preparedness)</td>
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<td>State Public Health Department (DQA)</td>
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<tr>
<td>Tribal Emergency Preparedness/ Emergency Management Staff</td>
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<td>ASPR</td>
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<tr>
<td>FEMA</td>
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</tbody>
</table>
**HIPAA Decision Flowchart**

HIPAA is not waived in emergency events, ESRD facilities should be aware of the need to protect patient information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help ESRD facilities make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, ESRD facilities should err on the side of caution or contact appropriate authorities for guidance.

ESRD Facility Information

Below are some questions to consider when developing communication plans pertaining to sharing ESRD facility information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

- How does the facility determine which authorities to notify in the event of an emergency?
- How do the authorities vary in different types of emergency situations?
- How are occupancy levels communicated to local and state authorities during an emergency?
- How are supply and other needs communicated to local and state authorities during an emergency?
- How does the facility convey to local and state authorities their ability to help others?
- How might the means of communication differ depending on the emergency or the authorities being notified?
- What redundant means of communication exist for providing this information?
**TRAINING AND TESTING**

The ESRD facility should develop and maintain an emergency preparedness training, testing, and patient orientation program that is based on the risk assessments, emergency plan, policies and procedures, and communication plan. The training, testing, and patient orientation program should be reviewed and updated at least annually.

Training should encompass the ESRD facility’s provision of education and instruction to staff, contractors, and facility volunteers. Testing should operationalize training, and allow the ESRD facility to evaluate the effectiveness of their training as well as the overall emergency preparedness program. Testing can include conducting drills and/or exercises to test the emergency plan and identify gaps or areas for improvement.

Training and testing can include, but is not limited to, how the ESRD facility would communicate facility closure to required contacts, testing patient tracking, or testing transportation procedures. For ESRD facilities with multiple locations, the training and testing program should reflect the facility-based risk assessment for each specific location.

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**Training Program**

ESRD facilities should develop training programs that cover emergency preparedness policies and procedures. This training should be available during orientation for all new staff, individuals providing services under arrangement, and volunteers, and be consistent with their expected role in an emergency. Existing staff should also receive emergency preparedness training at least annually. Ideally, this annual training should be modified each year to reflect lessons learned from exercises and real world events in the past year and the annual emergency program review. Though all staff should receive annual training, ESRD facilities can decide what level of training each staff member should complete each year, based on their expected responsibilities in an emergency. ESRD facilities may also determine that documented external training is sufficient to meet some or all of the ESRD facility’s annual training requirements.

Training should be documented and ESRD facilities should be able to demonstrate staff knowledge of emergency preparedness program plans, policies, and procedures. This documentation should include the specific training completed as well as the methods used to demonstrate knowledge of the training program. Staff should be able to demonstrate knowledge of emergency procedures, including: informing patients of what to do in an emergency; where to go for care, including instructions for occasions when the broader geographic area of the ESRD facility must be evacuated; whom to contact if an emergency occurs while the patient is not in the dialysis facility, including contact information for an alternate emergency phone number for when the ESRD facility is unable to receive phone calls due to an emergency situation; and how to disconnect themselves from the dialysis machine if an emergency occurs. ESRD facilities should be able to demonstrate that, at the very least, their patient care staff maintains current CPR certification and that their nursing staff is properly trained in the use of emergency equipment and drugs. These trainings and CPR certifications should be documented and maintained on file.

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**Testing**
ESRD facilities should conduct at least two exercises to test the emergency plan annually. For one exercise, ESRD facilities should participate in a full-scale, community-based exercise. As required by this rule, full-scale exercises are defined as any operations-based exercise (drill, functional, or full-scale) that assesses an ESRD facility’s operations and its given community. This is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements. **Full-scale exercises, as defined in this regulation, are not synonymous with full-scale exercises as defined by FEMA or Department of Homeland Security Exercise and Evaluation Program (HSEEP).**

For their second exercise, ESRD facilities can choose to conduct a second full-scale exercise that is community-based or facility-based, or conduct a tabletop exercise. If conducting a tabletop exercise, the exercise should include 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 that are designed to challenge the emergency plan.

When a community-based exercise is not available, ESRD facilities should conduct a facility-based exercise. However, ESRD facilities should document their attempts to participate in a community-based exercise and rationale for inability to participate. If an ESRD facility experiences a real-world emergency that requires activation of the emergency plan, they are exempt from engaging in a full-scale, community-based exercise for one year following the actual event.

ESRD facilities should maintain documentation of all drills, tabletop exercises, and emergency events. ESRD facilities should also analyze their response to testing exercises and real world events, and revise their emergency program as appropriate. This analysis and revision can, in part, be accomplished through the completion of After Action Reports (AARs—link provided below). At a minimum, AARs should determine what was supposed to happen, what occurred, what went well, what the ESRD facility can do differently or improve upon, and a plan with timelines for incorporating necessary improvements.

ESRD facilities should consider their physical location, agency, other facility responsibilities, and the needs of the community when planning or participating in exercises. Often, emergency preparedness entities, such as healthcare coalitions, may conduct annual, full-scale, community-based exercises to assess community-wide response. ESRD facilities should actively engage the HCCs to identify potential opportunities to participate in exercises. These exercises give ESRD facilities the opportunity to assess their emergency plan, and better understand how they can contribute to, coordinate with, and integrate into the broader community’s response during an emergency. They also provide an opportunity to assess communication plans and engagement with external partners. ESRD facilities should contact their HCC to identify opportunities and assess whether participation in the HCC exercise fulfills the ESRD facility’s CMS requirements. HCCs do not have the resources to fulfill individual ESRD facility requirements and consequently only serve to connect ESRD facilities to broader community engagement and coordination. ESRD facilities are responsible for ensuring and documenting that their participation in HCC exercises meets the requirements expected by CMS.

The following tools and templates are included:

*Exercise Design Checklist*
Patient Orientation
ESRD facilities must provide appropriate orientation and training to patients. This orientation training should include informing patients of what to do in an emergency; where to go for care, including instructions for occasions when the broader geographic area of the ESRD facility must be evacuated; whom to contact if an emergency occurs while the patient is not in the dialysis facility, including contact information for an alternate emergency phone number for when the ESRD facility is unable to receive phone calls due to an emergency situation; and teaching patients how to disconnect themselves from the dialysis machine if an emergency occurs.
Tools and Templates: Training and Testing
This section contains tools, templates, and resources that may be helpful for training and testing:

Exercise Design Checklist

Exercise Evaluation Guide

After Action Report/Improvement Plan Instructions and Template
Exercise Design Checklist
The Exercise Design Checklist document (linked below) provides a sample checklist for designing exercises. The document leads users through the necessary steps for exercise design and can be used to document the planning and development of exercises. The first section of the checklist includes consideration of the type of exercise, the exercise scenario, the main objectives (target capabilities/critical areas) to be evaluated during the exercise, the levels of activity to be included in the exercise, who will participate in the exercise, which organizations/agencies will be involved in the exercise, and when the exercise will occur. The second section of the checklist includes consideration of communications, resources, safety and security, staff roles and responsibilities, utilities, and patient care. The following sections guide exercise designers through identifying players’ expected actions, developing a purpose statement, writing the narrative for the exercise, identifying major and detailed events in chronological order, and completing the after action report and improvement plan.

https://www.dhs.wisconsin.gov/library/exercise-design-checklist.htm

Exercise Evaluation Guide
The Exercise Evaluation Guide (linked below) is a blank document. The content and layout can be amended as is appropriate, but it is designed to help ESRD facilities assess their exercises. The guide includes areas for evaluating numerous activities included in a single exercise. Expected observations can be entered ahead of time. After the exercise, evaluators can assess whether expectations were observed and the extent to which expectations were completed or met. ESRD facilities can complete this exercise evaluation guide as part of their AAR, to assess areas of strength and weakness.


After Action Report/Improvement Plan Instructions and Template
After Action Reports and Improvement Plans (IPs) are important parts of emergency preparedness testing. AARs help facilities assess their response to emergency events, whether simulated during an exercise, or real-world. AARs review the exercise design and execution, and provide an assessment of what went well and what needs to be improved upon. IPs specifically outline how and when improvements will be made to address shortcomings identified by the exercise evaluation and AAR.

The CMS AAR/IP instructions document walks through developing an AAR and IP. The document includes a purpose statement and background information on emergency preparedness. Additionally, the document contains explanations of key terms and important capabilities. It is important to note that this AAR/IP instruction document is based on the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP). Though ESRD facilities may choose to use HSEEP to meet exercise requirements for the CMS rule, it is essential to understand that the expectations for HSEEP and the CMS rule are not the same in regard to emergency preparedness testing. ESRD facilities should always ensure that their exercises and other testing activities meet the requirements of the CMS rule.
The CMS AAR/IP template document can be used to complete an AAR and IP. The document contains blank sections with instructions on how to fill out essential components in italics. The template covers the executive summary, exercise overview, exercise design summary, improvement plan, and conclusion. The template also contains five appendices: acronyms, lessons learned (optional), participant feedback summary (optional), exercise events synopsis (optional), and exercise events summary table (optional). ESRD facilities may use, modify, and customize this document as is appropriate for their facility. However, if an ESRD facility wishes to conduct an exercise compliant with the Hospital Preparedness Program (HPP) and HSEEP requirements, the template sections must not be modified and each section (excluding those marked optional) must be completed entirely. ESRD facilities wishing to ensure compliance with the HPP and HSEEP should assess whether their testing program meets the CMS rule requirements. If ESRD facilities determine they are not meeting conditions of participation with this template as is, they may consider completing a second AAR/IP that is compliant with the CMS regulations.


A direct file link is provided here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip
**ADDITIONAL REQUIREMENTS**

**Integrated Health Care Systems**
If an ESRD facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the ESRD facility may choose to participate in the health care system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program should:

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered.
- Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- Include a unified and integrated emergency plan that meets all aforementioned requirements. The unified and integrated emergency plan should also be based on and include the following:
  - A documented community-based risk assessment, utilizing an all-hazards approach.
  - A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- Include integrated policies and procedures, a coordinated communication plan, and training and testing programs that meet the aforementioned requirements.

The health care system’s unified emergency preparedness program should be updated each time a facility leaves or enters the health care system’s program. The integrated program should demonstrate that each separately certified facility included in the program actively participated in the program’s development, and each facility should designate personnel to collaborate with the health care system to develop the plan. This participation should be documented. All components of the emergency preparedness program that are reviewed annually should include all participating facilities, and each facility should be able to prove that it was involved in annual reviews and updates.
RESOURCES

CMS Survey and Certification Website

ASPR TRACIE
https://asprtracie.hhs.gov/cmsrule

Healthcare Coalitions
https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm
Regional map and contacts: https://www.dhs.wisconsin.gov/preparedness/healthcare/hcc-contacts.pdf

Office of Preparedness and Emergency Health Care (OPEHC), Division of Public Health, Department of Health Services
https://www.dhs.wisconsin.gov/preparedness/index.htm

Wisconsin Emergency Management (WEM)
http://emergencymanagement.wi.gov/
**DEFINITIONS**

These definitions reflect those provided by CMS in the Interpretive Guidance for the Emergency Preparedness regulation.

**All-Hazards Approach**

An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

**Disaster**

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).


**Emergency**

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms).


**Emergency/Disaster**

An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

**Emergency Plan**

An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.
**Emergency Preparedness Program**

The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

**Facility-Based**

We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets, i.e., rural area versus a large metropolitan area.

**Full-Scale Exercise**

A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers) and integration of operational elements involved in the response to a disaster event, i.e., “boots on the ground” response activities (for example, hospital staff treating mock patients).

**Risk Assessment**

The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

**Staff**

The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

**Table-top Exercise (TTX)**

A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.
ACRONYMS

AAR/IP: After Action Report/Improvement Plan
ASC: Ambulatory Surgical Center
ASPR: Assistant Secretary for Preparedness and Response
CAH: Critical Access Hospital
CDC: Centers for Disease Control and Prevention
CfCs: Conditions for Coverage and Conditions for Certification
CMHC: Community Mental Health Center
CMS: Centers for Medicare & Medicaid Services
CoPs: Conditions of Participation
CORF: Comprehensive Outpatient Rehabilitation Facilities
DHS: Department of Homeland Security
DHHS: Department of Health and Human Services
DSA: Donation Service Area
EOP: Emergency Operations Plans
EMP: Emergency Management Plan
EP: Emergency Preparedness
ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals
ESF: Emergency Support Function
ESRD: End-Stage Renal Disease
FEMA: Federal Emergency Management Agency
FQHC: Federally Qualified Health Center
HHA: Home Health Agencies
HPP: Hospital Preparedness Program
HRSA: Health Resources and Services Administration
HSEEP: Homeland Security Exercise and Evaluation Program
HVA: Hazard Vulnerability Analysis or Assessment
ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities
LPHA: Local Public Health Agencies
LSC: Life Safety Code
LTC: Long-Term Care
NFs: Nursing Facilities
NFPA: National Fire Protection Association
NIMS: National Incident Management System
OPO: Organ Procurement Organization
PACE: Program for the All-Inclusive Care for the Elderly
PHEP: Public Health Emergency Preparedness
PRTF: Psychiatric Residential Treatment Facilities
RNHCIs: Religious Nonmedical Health Care Institutions
RHC: Rural Health Clinic
SNF: Skilled Nursing Facility
TJC: The Joint Commission
TRACIE: Technical Resources, Assistance Center, and Information Exchange
TTX: Tabletop Exercise
§ 494.62 Condition of participation: Emergency preparedness.

The dialysis facility must comply with all applicable Federal, State, and local emergency preparedness requirements. 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. The dialysis facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) Emergency plan. The dialysis facility must develop and maintain an emergency preparedness plan that must be evaluated and updated at least annually. The plan must do all of the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

(2) Include strategies for addressing emergency events identified by the risk assessment.

(3) Address patient population, including, but not limited to, the type of services the dialysis facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the dialysis facility’s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility’s needs in the event of an emergency.

(b) Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. 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. At a minimum, the policies and procedures must address the following:

(1) A system to track the location of on-duty staff and sheltered patients in the dialysis facility’s care during and after an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the dialysis facility must document the specific name and location of the receiving facility or other location.

(2) Safe evacuation from the dialysis facility, which includes staff responsibilities, and needs of the patients.

(3) A means to shelter in place for patients, staff, and volunteers who remain in the facility.

(4) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(5) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.
(6) The development of arrangements with other dialysis facilities or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to dialysis facility patients.

(7) The role of the dialysis facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

(8) How emergency medical system assistance can be obtained when needed.

(9) 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 on the premises at all times and immediately available.

(c) Communication plan. The dialysis facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(1) Names and contact information for the following:
   (i) Staff.
   (ii) Entities providing services under arrangement.
   (iii) Patients’ physicians.
   (iv) Other dialysis facilities.
   (v) Volunteers.

(2) Contact information for the following:
   (i) Federal, State, tribal, regional or local emergency preparedness staff.
   (ii) Other sources of assistance.

(3) Primary and alternate means for communicating with the following:
   (i) Dialysis facility’s staff.
   (ii) Federal, State, tribal, regional, or local emergency management agencies.

(4) A method for sharing information and medical documentation for patients under the dialysis facility’s care, as necessary, with other health care providers to maintain the continuity of care.

(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).

(6) A means of providing information about the general condition and location of patients under the facility’s care as permitted under 45 CFR 164.510(b)(4).

(7) A means of providing information about the dialysis facility’s needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

(d) Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing, and patient orientation program must be evaluated and updated at least annually.

(1) Training program. The dialysis facility must do all of the following:
   (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
   (ii) Provide emergency preparedness training at least annually. Staff training must:
   (iii) Demonstrate staff 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.

(iv) Demonstrate that, at a minimum, its patient care staff maintains current CPR certification; and

(v) Properly train its nursing staff in the use of emergency equipment and emergency drugs.

(vi) Maintain documentation of the training.

(2) Testing. The dialysis facility must conduct exercises to test the emergency plan at least annually. The dialysis facility must do all of the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the dialysis facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ESRD is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

(ii) Conduct an additional exercise that may include, but is not limited to the following:

(A) A second full-scale exercise that is community-based or individual, facility based.

(B) 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.

(iii) Analyze the dialysis facility’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the dialysis facility’s emergency plan, as needed.

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

(e) Integrated health care systems. If a dialysis facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the dialysis facility may choose to participate in the health care system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

(2) Be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations, and services offered.

(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

(i) A documented community–based risk assessment, utilizing an all-hazards approach.

(ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.
Appendix B: Emergency Preparedness Regulations Crosswalk

This crosswalk was developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. This crosswalk is intended to provide a high level reference to standards provided by accrediting organizations as of October 2016. This crosswalk does not reflect standards that may have been updated since then. This crosswalk is not intended to be a comprehensive interpretation of the regulation, but a reference guide.
<table>
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<tr>
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<tbody>
<tr>
<td><strong>End Stage Renal Disease Facilities (Dialysis)</strong></td>
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<tr>
<td><strong>October 2016</strong></td>
<td>494.62</td>
<td>2016</td>
<td>2012</td>
</tr>
<tr>
<td>Require both an emergency preparedness program and an emergency preparedness plan</td>
<td>494.62</td>
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<td>12.2.3</td>
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<td>12.2.3</td>
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<td>12.5.1</td>
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<tr>
<td><strong>Emergency Plan</strong></td>
<td></td>
<td>12.2.3.3</td>
<td>12.4.1.2</td>
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<tr>
<td>Comply with all applicable Federal, State and local emergency preparedness requirements. 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. The dialysis facility must establish and maintain an emergency preparedness program that meets the requirements of this section</td>
<td>494.62</td>
<td>4.4.2</td>
<td>12.5.2.3</td>
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<td>5.1.4</td>
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<td>5.2.1</td>
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<tr>
<td>The dialysis facility must develop and maintain an emergency preparedness plan that must be evaluated and updated at least annually.</td>
<td>494.62 (a)</td>
<td>12.2.3.3</td>
<td>12.4.1.2</td>
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<td>12.5.3.6.1</td>
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<tr>
<td>The emergency plan must be based on and include a documented facility-based and community-based risk assessment utilizing an all hazards approach.</td>
<td>494.62 (a) 1</td>
<td>4.4.2</td>
<td>12.5.2.3</td>
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<td>5.2.1</td>
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<tr>
<td>The emergency plan includes strategies for addressing emergency events identified by the risk assessment.</td>
<td>494.62 (a) 2</td>
<td>5.1.5</td>
<td>12.5.3.2</td>
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<td>6.6.2</td>
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<tr>
<td>The emergency plan must address the patient population including but not limited to, persons at risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans.</td>
<td>494.62 (a) 3</td>
<td>5.2.2.2</td>
<td>12.2.2.3</td>
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<td>12.5.3.1.3 (1)</td>
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<td>12.5.3.6.4</td>
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<tr>
<td>Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility’s needs in the event of an emergency.</td>
<td>494.62 (a) 4</td>
<td>12.2.3.3</td>
<td>12.5.3.3.6.1 (2) (6)</td>
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<tr>
<td>Policies and Procedures</td>
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<tr>
<td>Develop and implement emergency preparedness policies and procedures based on the emergency plan and communications plan. The policies and procedures must be reviewed and updated at least annually.</td>
<td>494.62 (b)</td>
<td></td>
<td>12.5.3.5</td>
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<td>12.5.3.6.1</td>
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<td>12.5.3.6.1</td>
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<tr>
<td>The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. 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.</td>
<td>494.62 (b)</td>
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<td>12.5.3.6.2</td>
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<td>12.5.3.6.4 (7) (8)</td>
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<td>12.5.3.6.5</td>
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<td>12.5.3.6.6</td>
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<tr>
<td>Develops a system to track the location of on-duty staff and sheltered patients in the facility’s care during and after an emergency. If on-duty staff or sheltered patients are relocated during the emergency the ESRD facility must document the specific name and location of the receiving facility or other location.</td>
<td>494.62 (b) 1</td>
<td></td>
<td>12.5.3.6.4 (9)</td>
</tr>
<tr>
<td>Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation locations; and primary and alternate means of communication</td>
<td>494.62 (b) 2</td>
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<td>12.5.3.6.1 (3) (4)</td>
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<td>12.5.3.6.2 (7)</td>
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<tr>
<td><strong>End Stage Renal Disease Facilities (Dialysis)</strong></td>
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<td>12.5.3.3.6.1 (1-9)</td>
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<tr>
<td>with external sources of assistance.</td>
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<tr>
<td>Have a means to shelter in place for patients, staff, and volunteers who remain in the facility.</td>
<td>494.62 (b) 3</td>
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<td>12.5.3.3.3</td>
</tr>
<tr>
<td>Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information, and secures and maintains availability of records.</td>
<td>494.62 (b) 4</td>
<td>4.7.2</td>
<td>12.5.3.3.6.1 (4)</td>
</tr>
<tr>
<td>Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of state or federally designated health care professionals to address surge needs during an emergency.</td>
<td>494.62 (b) 5</td>
<td>6.9.1.2</td>
<td>12.5.3.4.5</td>
</tr>
<tr>
<td>The development of arrangements with other ESRD facilities and providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to ESRD facility patients.</td>
<td>494.62 (b) 6</td>
<td>6.9.1.2</td>
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<tr>
<td>Policies and procedures to address the role of the ESRD facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternative care site (ACS) identified by emergency management officials.</td>
<td>494.62 (b) 7</td>
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<td>How emergency medical system assistance can be obtained when needed.</td>
<td>494.62 (b) 8</td>
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<tr>
<td>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 on the premises at all times and immediately available.</td>
<td>494.62 (b) 9</td>
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**Communication Plan**

<table>
<thead>
<tr>
<th>CMS EP CoP Reference</th>
<th>NFPA 1600</th>
<th>NFPA 99</th>
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<tbody>
<tr>
<td><strong>Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually.</strong></td>
<td>494.62 (c)</td>
<td>6.4</td>
</tr>
<tr>
<td>As part of its communication plan include in its plan names and contact information for staff, entities providing services under arrangement, patients’ physicians, other ESRD facilities, and volunteers.</td>
<td>494.62 (c) 1</td>
<td>6.4.1</td>
</tr>
<tr>
<td>Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance.</td>
<td>494.62 (c) 2</td>
<td>6.4.1</td>
</tr>
<tr>
<td>Include primary and alternate means for communicating with ESRD facility staff and federal, state, tribal, regional, and local emergency management agencies,</td>
<td>494.62 (c) 3</td>
<td>6.4.1</td>
</tr>
<tr>
<td>Include a method for sharing information and medical documentation for patients under the ESRD facility’s care, as necessary, with other health care providers to maintain continuity of care,</td>
<td>494.62 (c) 4</td>
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<tr>
<td>Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510,</td>
<td>494.62 (c) 5</td>
<td>6.4.1</td>
</tr>
<tr>
<td>Have a means of providing information about the general condition and location of patients under the facility’s care, as permitted under 45 CFR 164.510(b)(4).</td>
<td>494.62 (c) 6</td>
<td>6.4.1</td>
</tr>
<tr>
<td>Have a means of providing information about the ESRD facility’s needs and its ability to provide assistance to the authority having jurisdiction or the incident command center or designee.</td>
<td>494.62 (c) 7</td>
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**Training and Testing**

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<tr>
<th>CMS EP CoP Reference</th>
<th>NFPA 1600</th>
<th>NFPA 99</th>
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<tbody>
<tr>
<td>Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan. The training and testing program must be reviewed and updated at least annually.</td>
<td>494.62 (d)</td>
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<tr>
<td>Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.</td>
<td>494.62 (d) 1 (i-ii)</td>
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<tr>
<td>Annual staff training must demonstrate staff knowledge of emergency procedures including:</td>
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<td>A. What to do</td>
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<td>B. Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated</td>
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<tr>
<td>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).</td>
<td>494.62 (d) 1 (iii)</td>
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### CMS Emergency Preparedness CoP
#### End Stage Renal Disease Facilities (Dialysis)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>CMS EP CoP Reference</th>
<th>NFPA 1600</th>
<th>NFPA 99</th>
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<tr>
<td><strong>D. How to disconnect themselves from a dialysis machine if an emergency occurs</strong></td>
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<td>Training must indicate that at minimum, its patient care staff maintains current CPR certification.</td>
<td>494.62 (d) 1 (iv)</td>
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<td>Properly training its nursing staff in the use of emergency equipment and emergency drugs.</td>
<td>494.62 (d) 1 (v)</td>
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<td>Maintain documentation of the training.</td>
<td>494.62 (d) 1 (vi)</td>
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<tr>
<td>Conduct exercises to test the emergency plan at least annually.</td>
<td>494.62 (d) 2 (i)</td>
<td>12.3.3.10</td>
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<tr>
<td>Participate in a full scale exercise that is community-based or when community-based exercise is not available, individual facility-based.</td>
<td>494.62 (d) 2 (i)</td>
<td>12.3.3.2</td>
<td></td>
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<td>If the facility experiences an actual natural or manmade emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual facility-based full-scale exercise for one year following the onset of the actual event</td>
<td>494.62 (d) 2 (i)</td>
<td>12.3.3.2</td>
<td></td>
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<td>Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual facility-based; 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 the emergency plan</td>
<td>494.62 (d) 2 (ii)</td>
<td>12.3.3.2</td>
<td></td>
</tr>
<tr>
<td>Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the facility emergency plan as needed</td>
<td>494.62 (d) 2 (iii)</td>
<td>12.3.3.2</td>
<td></td>
</tr>
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<td><strong>Patient orientation: Emergency preparedness patient training.</strong> The facility must provide appropriate orientation and training to patients, including the areas specified in paragraph 494.62 (d) (1)</td>
<td>494.62 (d) 3</td>
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### Integrated Healthcare Systems

If the facility is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the facility may choose to participate in such a program.

Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

The unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility’s unique circumstances, patient populations and services offered.

Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance.

Include a unified and integrated emergency plan that meets all standards of paragraphs (a) (2), (3), and (4) of this section.

The plan must be based on a community risk assessment using an all-hazards approach with each separately certified facility within the health system having a documented individual facility-based risk assessment.

Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (C) and (d) of this section respectively.

<table>
<thead>
<tr>
<th>CMS EP CoP Reference</th>
<th>NFPA 1600</th>
<th>NFPA 99</th>
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<tbody>
<tr>
<td>494.62 (e)</td>
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