Regional Renal Emergency Management Plan

Questions & Answers – Staff and Physicians

1. **Does your Renal Program have a program specific disaster plan?**

   Each of the Renal Programs in BC has a program specific Emergency Management and Business Continuity Plan. If you haven't seen your program's plan yet, please check with your manager and inquire.

2. **If yes, where is that plan kept?**

   Ideally there is a copy of your program's plan in each of the hemodialysis facilities, peritoneal dialysis, home hemodialysis, and CKD clinics.

3. **How do you initiate that plan?**

   Each of the Emergency Management and Business Continuity Plans will have a procedure for initiating it or "turning it on". This may simply be to contact your immediate supervisor, program manager, or director. Ideally all staff and physicians know how to initiate the plan. Please review your plan to be sure you know how.

4. **What is your role in that plan?**

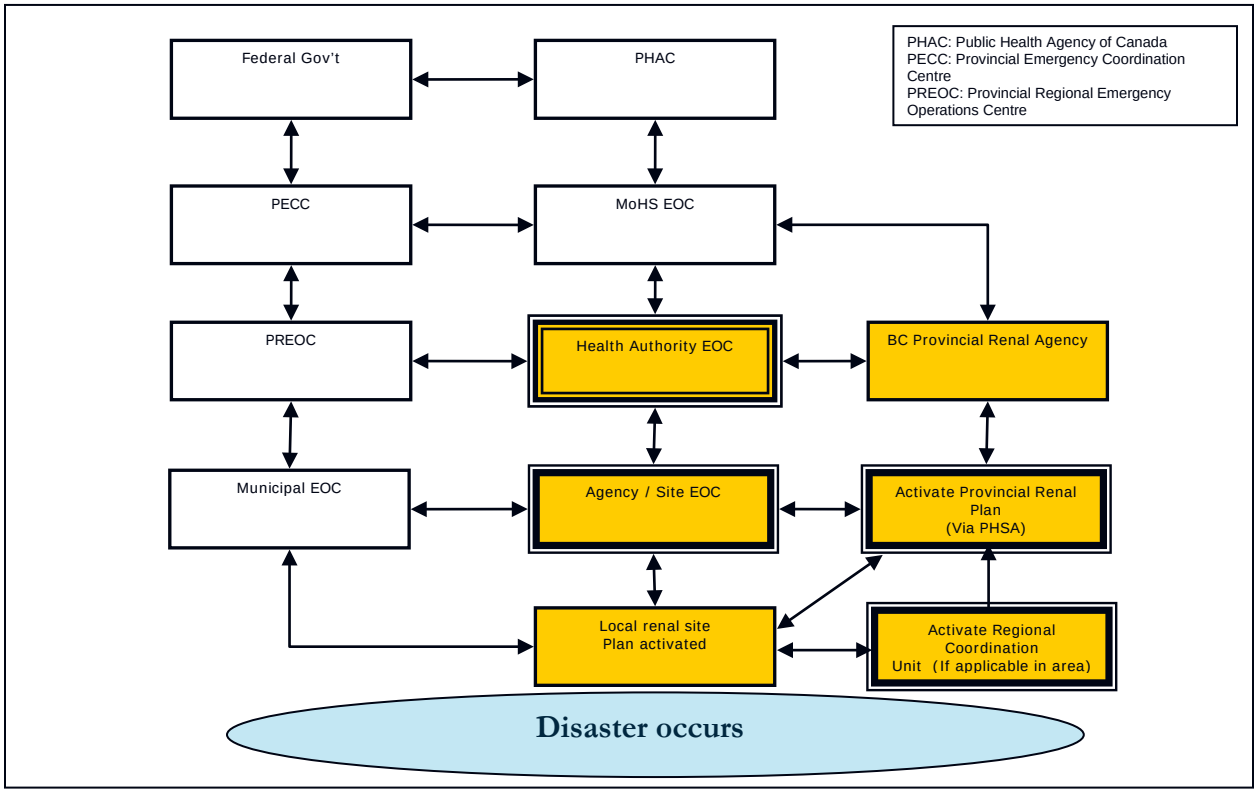
   For most physicians and staff your role will be to report to your facility to help look after the needs of your patients. If you can't get to your usual place of work, you may need to report to the closest facility. Your program's plan can help to guide you.

   For some physicians and staff you will have a role in the program's Emergency Operations Centre (EOC). If you have a role on the EOC, you need to be familiar with that role and the associated responsibilities.

5. **Where is your emergency fan out list kept?**

   One of the important components of your program's Emergency Management and Business Continuity Plan is an up to date emergency fan out list. Please check to see that your emergency fan out list has your current contact information and that you know where it is kept and how it works.

6. Do you know how your local renal disaster plan links to other levels of disaster response?



7. What does the emergency code GREEN mean?

Code green is the standard used by healthcare in BC for evacuation. There are two types of evacuations normally conducted; precautionary or crisis evacuation. Precautionary usually has a lead time to prepare for an impending threat (such as interface fires). A crisis evacuation is precipitated by a clear and imminent threat and immediate removal of staff and patients is necessary.

There are three levels of evacuation: Horizontal, vertical and full. Horizontal is the movement of occupants to the other side of a fire separation door or safe refuge area on the same floor. Vertical is the movement of occupants either up or down stairwells or by elevators. Full – is leaving the building and meeting at a pre-determined mustering point.

8. What does the emergency code ORANGE mean?

Code Orange is an emergency situation in which the number of incoming casualties (patients) in an acute care facility will exceed the normal patient capacity of the Hospital. These situations are usually due to an external accident or event resulting in a large number of injuries. Each facility may have different activation levels and you should check your local agency emergency response manual for more information.

9. What is your first immediate responsibility after or during an emergency event?

If a disaster or emergency event occurs while you are at work, then your first immediate response will be for your own safety and the safety of your patients and co-workers. The initiation of your local emergency management plan would follow as soon as you are able to.

If a disaster or emergency event occurs while you are at home, then your first immediate response will be for your own safety and the safety of your family. Having a personal emergency response plan for you and your family and being prepared at home will greatly improve how you are able to respond and cope in these situations.

10. Following an emergency how do you re-establish the regular running of your facility

- Assess the facility to ensure that it is safe for inhabitation
- Assess the water system (RO and Loop)to ensure normal functioning; disinfect RO and loop and Machines prior to start up\Machines: assess # on hand, were any moved out, do you have enough to provide dialysis for patients, if not how many patients can you accommodate
- Assess supplies on hand and availability of supplies ongoing, will they be shorted? When will normal supply chain be established
- How many staff are available for work, when can they start
- Plan a staggered start: repatriate a few patients at a time starting with the most stable
- Develop a communication plan for staff, patients, site and the Health Authority to let all know what the plan for repatriation of patients is, timeline, contact numbers etc.

11. What are the key areas to assess to determine the status of a dialysis facility after a disaster?

Key areas to assess:

- Physical structure of building: roof, walls, structural soundness, windows, electrical, heating/cooling systems, telephone and computer connections. Does the site need to be cleaned or decontaminated prior to inhabitation?
- Water treatment system: RO equipment, RO loop, are there any issues with the municipal water supply that will affect your site
- Access to the building
- Air quality: do you need a plan to ensure good air quality if marginal
- Machines, equipment and supplies available
- Staffing

12. Is there an emergency kit in your facility and do you know where it's kept?

Yes/No