

Center Name: _____

Location: _____

Section 1: Introduction and Concept of Operations

Completed (Y/N)	Description	Notes
	Contains title, effective date, and record of distribution and biennial reviews and/or changes.	
	Correct facility name, address, phone number, and CCN is included.	
	Contains table of contents.	
	Primary and secondary authors' names are included with their contact information.	
	Contains a summary of what the plan is meant to do and how long it is intended to last.	
	Lists the hazards identified by CMS (fire, equipment/power failures, care related emergencies, and water supply interruption) and through completion of the MSHS HVA Template (2017).	
	Includes an assessment of the extent to which hazards may cause the center to cease or limit operations.	
	Includes consideration of natural and human-made hazards posed by the center's geographic location.	
	Considers the unique needs of the center's patient population.	
	Includes determination of what arrangements with other hospitals/clinics, other healthcare providers or suppliers, or other entities might be needed to ensure that essential services could be provided during an emergency.	
	Includes a process for ensuring cooperation and collaboration with local, regional, state, or federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency.	
	Identifies steps to mitigate effect of hazards before an event occurs.	

	Contains an overview of the process and primary objectives of a response to an emergency.	
	Supply checks of incident response equipment and emergency supplies are performed biweekly.	
	Identification of all functions and key personnel essential to the center operations.	

Section 2: Activation/Response

Completed (Y/N)	Description	Notes
	Identifies who has primary and secondary responsibility for activating the response plan	
	Identifies who has primary and secondary responsibility for incident management.	
	Identifies orders of succession and delegations of authority.	
	Identifies, by incident type, the assigned roles for incident response including (but not limited to): <ul style="list-style-type: none"> • Employee notification • Patient notification/rescheduling • Caregiver/family notification • Transportation coordination • Contacting ESRD Network • Reporting to NYS DOH • Contacting CMS • Contacting organizational leadership • Activating backup generator • Water maintenance • Checking stock of PPE and dialysis supplies, medications • Distribution of PPE stock/dialysis equipment • Evacuation team leader • Documenting the incident response 	
	Describes the steps to respond to all incidents, as well as specific guidelines by hazard/incident type (may be contained in annex).	
	Details the involvement of any outside organizations involved in the response and processes for coordinating responses.	
	Details process for interacting with media and the public.	
	Identifies priorities for resuming limited operations (and eventually normal operations).	

	Details all information required for incident response and designates responsibility and control for information gathering and management.	
	Addresses a system to track the location of staff and patients during and after an emergency.	
	Includes a site map with identification of key areas and utilities.	
	Addresses considerations of patients with language barriers	
	Addresses considerations of patients with DAFN needs.	
	Contains lockdown procedures in the case of an intruder.	
	Contains an emergency transportation plan.	
	Contains an emergency evacuation plan which includes a list of patients requiring assistance.	
	An assembly area for staff and patients is identified in the event of an evacuation.	
	Evacuation routes are checked weekly for access issues (e.g. obstructions, environmental erosion).	
	Addresses the provision of food, water, and personal medical supplies for staff and patients, during evacuation or shelter in place.	
	A default source of news and current information is identified in the event of an emergency	
	Identifies a system to access medical documentation during downtime with emphasis on protecting the confidentiality of patient information (e.g. paper charts).	

Section 3: Communication

Completed (Y/N)	Description	Notes
	Identifies the primary and alternate methods of communication the facility will use before, during, and after an emergency situation	
	Acknowledged vulnerabilities to the communication system and communication needs are identified	
	Contains a communication plan that includes names and contact information of staff, patients, entities providing services under arrangement, backup facilities, physicians, other healthcare centers, outside agencies, and volunteers	
	Facility has developed a warning/alert system	
	Addresses process of communicating with: <ul style="list-style-type: none"> • Patients calling the center for information • Vendors and outside entities • Government agencies 	

	<ul style="list-style-type: none"> • Oversight organizations • Staff • Family members • Affiliated centers or health facilities 	
	Dialysis center has clearly labeled signs accessible to patients about basic emergency preparedness information (e.g. exit locations)	
	Diagnostic checks are performed biweekly on communication equipment	
	Key contact information of dialysis patients is updated quarterly	
	Contains guidance for alerting all staff to the emergency situation	

Section 4: Annexes

Completed (Y/N)	The EOP contains the following annexes as needed:	Notes
	Hazard Vulnerability Analysis	
	Emergency Telephone Numbers	
	Patient Information	
	Mass Dispensing of Medications	
	Incident Specific Response Procedures	
	Continuity of Operations Plan	
	PPE Stock List (especially dialysis-specific equipment and supplies)	

Name: _____

Title: _____

Signature: _____