

## Preparing Dialysis Centers for Self-sufficiency in an Emergency

**By Nancy Schmit**

*Facility Administrative Coordinator  
Satellite Dialysis*

No more disasters! With earthquakes, tornados, floods, hurricanes and other natural events in the news, the goal of no more disasters seems unrealistic. But, is it?

Natural events such as earthquakes clearly cannot be prevented and constitute emergencies requiring response. But, in many cases, the emergency becomes a “disaster” only because there has been insufficient planning and preparation. Satellite Healthcare, a provider of dialysis services, is working to avoid disasters through extensive planning and hands-on training of staff for all types of emergencies at the clinic level.

When undertaking emergency planning, service providers such as dialysis clinics must undergo a paradigm shift. Instead of expecting others to help us, we must learn “to do it ourselves.” We have been trained to “call 911” and depend upon professional emergency responders to come and take over when an emergency occurs. But,

in a major emergency, there simply are not sufficient emergency personnel and resources to respond to all needs. To begin with, we may not even be able to reach 911 due to impaired communications. Even when communication systems function, the priorities of emergency responders are based on “the greatest good for the greatest number”, an underlying principle of emergency response. Thus, the resources of professional emergency responders initially must be devoted to such public safety tasks as extricating people trapped under fallen buildings, dealing with dangers posed by downed power lines, and dealing with fires that result from broken gas lines. Professional responders cannot be expected to respond to our dialysis clinics right away, and, in some cases, it may be days before they can come. We must prepare our dialysis clinics for self-sufficiency in an emergency.

To prepare its clinics for emergencies, Satellite Healthcare undertook a major emergency preparedness effort to ensure that its clinics have necessary and well-organized emergency supplies on hand at all times and that its emergency drills

provide effective training in the skills that will be needed in event of actual emergencies.

The old style emergency drills used in many clinics met state standards but did not provide the type of education and training staff will need in a major emergency. Drills tended to be perfunctory and rote, and the focus was on fires and not other types of emergencies a clinic may experience, such as earthquakes, bomb threats, and hurricanes. Also, RNs, the most highly trained medical staff were in charge of running the emergency, which took away their ability to focus on medical responsibilities. Additionally, the old drills did not cover all aspects of responding to an emergency, nor did they train staff in the different types of situations they will face during various types of emergencies.

To make its drills more meaningful, Satellite developed an incident command system (ICS) at the clinic level. Used in quarterly drills its ICS mirrors the FEMA functional organization of responsibilities that is used throughout the US and internationally by police and fire departments, hospitals, and many

other organizations. As the recognized standard for emergency response, emergency responders understand communications and actions taken using ICS. Most importantly, ICS is geared toward making those experiencing an emergency self-sufficient instead of relying on outside responders for decision-making.

Satellite's goal is to prepare its clinic staff to handle any emergency and aftermath by themselves until emergency responders can assist. Staff practice and train in emergency response through meaningful and varied drills involving different scenarios likely to be experienced in various types of emergency situations. Roles and responsibilities in an organized command and control structure have been developed, quality training on that structure is ongoing, and skills are being practiced in meaningful emergency drills.

During drills the logistical and operational aspects of the emergency are directed by an incident commander, freeing highly trained medical staff to focus on caring for victims without being distracted by operational concerns.

Developing and rolling out the new emergency preparedness procedures required a substantial investment of time and resources over the last three years. Initially one clinic developed the ICS drills and "beta tested" them for two years. A company-wide emergency preparedness committee fine-tuned the drill structure and process, refined extensive implementation materials, and revised and updated the company's emergency policies and procedures. The company wide implementation of the new ICS drills was kicked off at all-day Emergency Symposiums. Now, with the satisfaction of seeing its individual clinics put into effect

sophisticated emergency preparedness practices, Satellite has hope that, while emergencies will occur, by being prepared to deal with the emergencies, disasters can be avoided!

*Nancy Schmit is the Facility Administrative Coordinator for Satellite Dialysis, a division of Satellite Healthcare. After a prior career as an attorney, Nancy joined Satellite in 2006, in which she works to achieve standardization and consistency in the administrative practices of Satellite's dialysis clinics. Nancy became interested in emergency preparedness after participating in Community Emergency Response Teams (CERT) training offered in her community. She then discovered that others in her company shared the goal of improving Satellite's emergency preparedness and response practices.*

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