

State of Delaware  
Department of Health and Social Services  
Division of Social Services  
Standard Operating Guideline

## Emergency Dialysis Transportation

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*This document is a guideline designed to affect an orderly response to a crisis.  
It should not replace sound judgment nor jeopardize the safety of responding personnel.*

## **1.0 Purpose**

- 1.1. To establish guidelines for the transportation of dialysis patients during an emergency when the State Emergency Operations Center (EOC) is activated.
- 1.2. To define roles and responsibilities of agencies involved in the transportation and facilitation of treatment of dialysis patients.

## **2.0 Planning Assumptions**

- 2.1. Dialysis patients are considered an at-risk population who require life-sustaining medical treatment.
- 2.2. Treatment regimens are typically several times a week.
- 2.3. Some conditions such as weather may prohibit the safe transport of patients and staff to dialysis centers.
- 2.4. Agencies, organizations and groups will operate in an emergency operations mode during an event and return to pre-emergency operations as soon as emergency conditions subside.
- 2.5. The staff and patients of a dialysis center will require significant help from the State for provision of resources such as transportation.
- 2.6. Routine transportation services will not be available to meet the treatment needs of dialysis patients.
- 2.7. Emergency warning and alert systems will operate before, during and after an emergency.
- 2.8. Advanced warning of an emergency may not be possible.
- 2.9. Dialysis centers have and abide by federal emergency guidelines (42 Code of Federal Regulations, Part 405, Subpart U - Conditions for Coverage of Suppliers of End-Stage Renal Disease (ESRD) Services).
- 2.10. Prior to or in conjunction of plan implementation, the State Health Operations Center (SHOC) may activate at Level II or higher.

## **3.0 Concept of Operations**

### **3.1. General**

- 3.1.1. The Division of Medicaid and Medical Assistance (DMMA) administers the Chronic Renal Disease Program (CRDP). Individuals meeting certain criteria are eligible for assistance such as transportation to and from a dialysis unit, hospital, or transplant center.
- 3.1.2. The Division of Public Health, Public Health Preparedness Section, plans for emergency situations ensuring the health of the community.
- 3.1.3. Logisticare is the transportation broker under contract with the State of Delaware to coordinate with transportation providers for the transport of Medicaid patients receiving dialysis.

### **3.2. Activation**

- 3.2.1. The Emergency Dialysis Transportation Plan will be implemented during an event when the State EOC is activated and the safe transportation of dialysis patients is impeded.
- 3.2.2. SHOC may or may not be activated upon implementation of this plan.
- 3.2.3. The rescheduling of appointments and transportation services will be conducted as normal prior to the activation of the State EOC and will continue to be conducted under normal policy as long as conditions permit.

### **3.3. Notification**

- 3.3.1. Dialysis centers will receive watches, warnings and advisories prior to an event as soon as the information is available from the Delaware Emergency Management Agency (DEMA) bridge call.
- 3.3.2. Some emergency events may not permit advanced warning.
- 3.3.3. Dialysis centers should plan in advance of impending weather through local news and weather alerts.
- 3.3.4. Notification will be provided by the Division of Social Services (DSS) representative to Logisticare who will then notify dialysis centers.
- 3.3.5. See Tab B—Protocols for severe weather notification protocol.

### 3.4. Transportation

- 3.4.1 Logisticare will coordinate availability of transportation during an event with available transportation providers.
- 3.4.2 Delaware National Guard (DNG) will serve as a secondary resource for transportation during the event.

### 3.5 Coordination

- 3.5.1 Dialysis patient lists and Logisticare transportation lists will be faxed to the ESF-6 liaison at the State EOC.
- 3.5.2. Issues of transportation will be addressed by the ESF-6 liaison at the State EOC.
- 3.5.3 Coordination at the County EOC will take place for conditions such as:
  - Logisticare transportation provider is unable to access patient roads.
  - Assistance is needed from the DNG for transportation of patients.
  - Emergency calls are being received by 911 either from dialysis patients or dialysis centers.

## 4.0 Participants

### 4.1. Primary

- 4.1.1. Delaware Health and Social Services, Division of Social Services
- 4.1.2. Delaware Emergency Management Agency

### 4.2. Support

- 4.2.1. Delaware Health and Social Services, Division of Public Health
- 4.2.2. Delaware Health and Social Services, Division of Medicaid and Medical Assistance
- 4.2.3. Delaware National Guard
- 4.2.4. County Emergency Management Agencies

- 4.2.5. Dialysis Centers
- 4.2.6. Logisticare
- 4.2.7. Delaware Transit Corporation
- 4.2.8. Local Advanced Life Support Agencies

## **5.0 Responsibilities**

### **5.1 Delaware Health and Social Services, Division of Social Services**

- 5.1.1. Develop and maintain the Emergency Dialysis Transportation Plan.
- 5.1.2. Coordinate with Division of Public Health (DPH) to identify dialysis support requirements for inclusion in this plan.
- 5.1.3. Develop, reproduce and distribute all forms necessary for the implementation of this plan.
- 5.1.4. Develop, update and distribute contact list for participating agencies.
- 5.1.5. Coordinate annual review of this plan by participating agencies.
- 5.1.6. Obtain current copies of all dialysis centers emergency plans and maintain current copies at State EOC, County EOC and SHOC.
- 5.1.7. Provide a DSS representative for the ESF-6 liaison position in the State EOC 24 hours a day during activation.
- 5.1.8. Coordinate for transportation of dialysis patients during the event.
- 5.1.9. Provide as much advance weather notification as possible to Logisticare prior to activation of this plan.
- 5.1.10. Coordinate with dialysis centers to identify transportation needs.
- 5.1.11. Combine lists received from dialysis centers and Logisticare to address transportation needs.
- 5.1.12. Provide County EOCs with lists from dialysis center and Logisticare for transport needs by the DNG.

- 5.1.13. Update and distribute lists of contacts and off-hour phone numbers for all dialysis centers and Logisticare three times per year.

**5.2. Delaware Emergency Management Agency**

- 5.2.1. Activate State EOC as necessary.
- 5.2.2. Assist in coordination of resources.

**5.3. Delaware Health and Social Services, Division of Public Health**

- 5.3.1. Assist with the preparation and maintenance of the Emergency Dialysis Transportation Plan.
- 5.3.2. Provide ESF-8 liaison to the State EOC as directed by the State Health Officer (SHO).
- 5.3.3. Assist with obtaining dialysis emergency plans through the Office of Healthcare Licensing.
- 5.3.4. Assist with providing education for dialysis centers on emergency preparedness and developing internal emergency plans.
- 5.3.5. Coordinate as required to provide additional resources to meet transportation and other shortfalls during implementation of this plan.
- 5.3.6. Coordinate any media support with the ESF-6 liaison in the State EOC.

**5.4. Delaware Health and Social Services, Division of Medicaid and Medical Assistance**

- 5.4.1. Update and maintain contact list of all dialysis centers.
- 5.4.2. Act as liaison between state agencies and dialysis centers for purposes of training and plan implementation and review.

**5.5. Delaware National Guard**

- 5.5.1. Coordinate with County EOCs to provide transport of patients to the closest available site in the event that roads are impassible by the transportation provider.

## **5.6. County Emergency Management Agencies**

- 5.6.1. Activate County EOC as necessary.
- 5.6.2. Maintain a list of contacts and off-hours phone numbers for local dialysis centers and Logisticare.
- 5.6.3. Coordinate with the DNG and DSS representative for transport of patients to dialysis centers in the event that the transportation provider is unable to provide transportation.

## **5.7. Dialysis Centers**

- 5.7.1. Develop and maintain internal emergency plans.
- 5.7.2. Provide patient and staff education on emergency preparedness.
- 5.7.3. Coordinate with DMMA to provide current contacts as well as primary and off-hours phone numbers.
- 5.7.4. Upon implementation of this plan, provide the DSS representative with patient and staff emergency information prior to the emergency for a forty-eight (48) hour period (see Tab C—Forms).
- 5.7.5. Update patient and staff emergency information every twenty-four (24) hours during the event.
- 5.7.6. Triage patients and care for them to the greatest extent possible during an emergency.
- 5.7.7. Coordinate care with alternate dialysis center if primary center is closed.
- 5.7.8. Provide consultation as patients are transferred to other centers other than their primary dialysis center.

## **5.8. Logisticare**

- 5.8.1. Provide a list of contacts and off-hour phone numbers to DSS representative annually.
- 5.8.2. Upon notification by the DSS representative, provide advance weather notification to dialysis centers.

- 5.8.3. Upon implementation of this plan, fax a list of scheduled dialysis transports for a forty-eight (48) hour period to the DSS representative.
- 5.8.4. Update scheduled dialysis transports every 24 hours during the event.
- 5.8.5. Coordinate transport of patients to and from the dialysis center within capability.
- 5.8.6. Conduct an assessment of transportation providers for capabilities of vehicles during times of an emergency.
- 5.8.7. Provide transportation providers assessment to ESF-6 liaison, State EOC and County EOCs.

**5.9. Delaware Transit Corporation**

- 5.9.1. Provide transportation support as requested and able due to weather conditions.

**5.10. Local Advanced Life Support Agencies**

- 5.10.1. Provide support as need to the County EOC.

**6.0 Communications**

- 6.1. Communication between the dialysis centers and the ESF-6 liaison will be through fax and telephone.
- 6.2. The State and Local EOC will utilize their established communication methods.
- 6.3. All 911 emergency phone calls by dialysis patients and/or dialysis centers will be handled at the County EOC (See Tab B—Protocols).

**7.0 Plan Maintenance**

- 7.1. DSS will maintain plan as part of ESF 6 plans and procedures.
- 7.2. All agencies identified will annually review plan.
- 7.3. Changes in plan and contact information will be provided to DSS.



## **8.0 Training, Exercise, and Evaluation**

8.1. DSS will be responsible for arrangement of training and/or exercise.

8.2. DPH will assist in the training and/or exercise of this plan.

## **9.0 Tabs**

**9.1. Tab A—Glossary**

**9.2. Tab B—Protocols**

**9.3. Tab C—Forms**

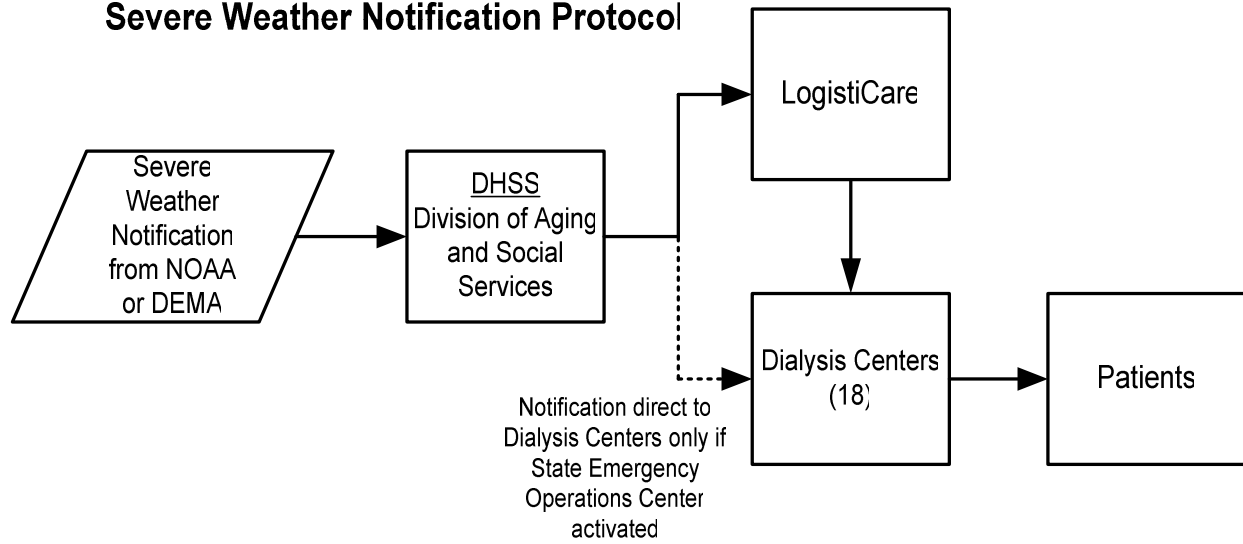
## **Tab A—Glossary**

<b>CRDP</b>	Chronic Renal Disease Program
<b>DEMA</b>	Delaware Emergency Management Agency
<b>DMMA</b>	Division of Medicaid and Medical Assistance
<b>DNG</b>	Delaware National Guard
<b>DPH</b>	Division of Public Health
<b>DSS</b>	Division of Social Services
<b>EMA</b>	Emergency Management Agency
<b>EMS</b>	Emergency Medical Services
<b>ESF</b>	Emergency Support Function
<b>ESRD</b>	End-Stage Renal Disease
<b>EOC</b>	Emergency Operations Center

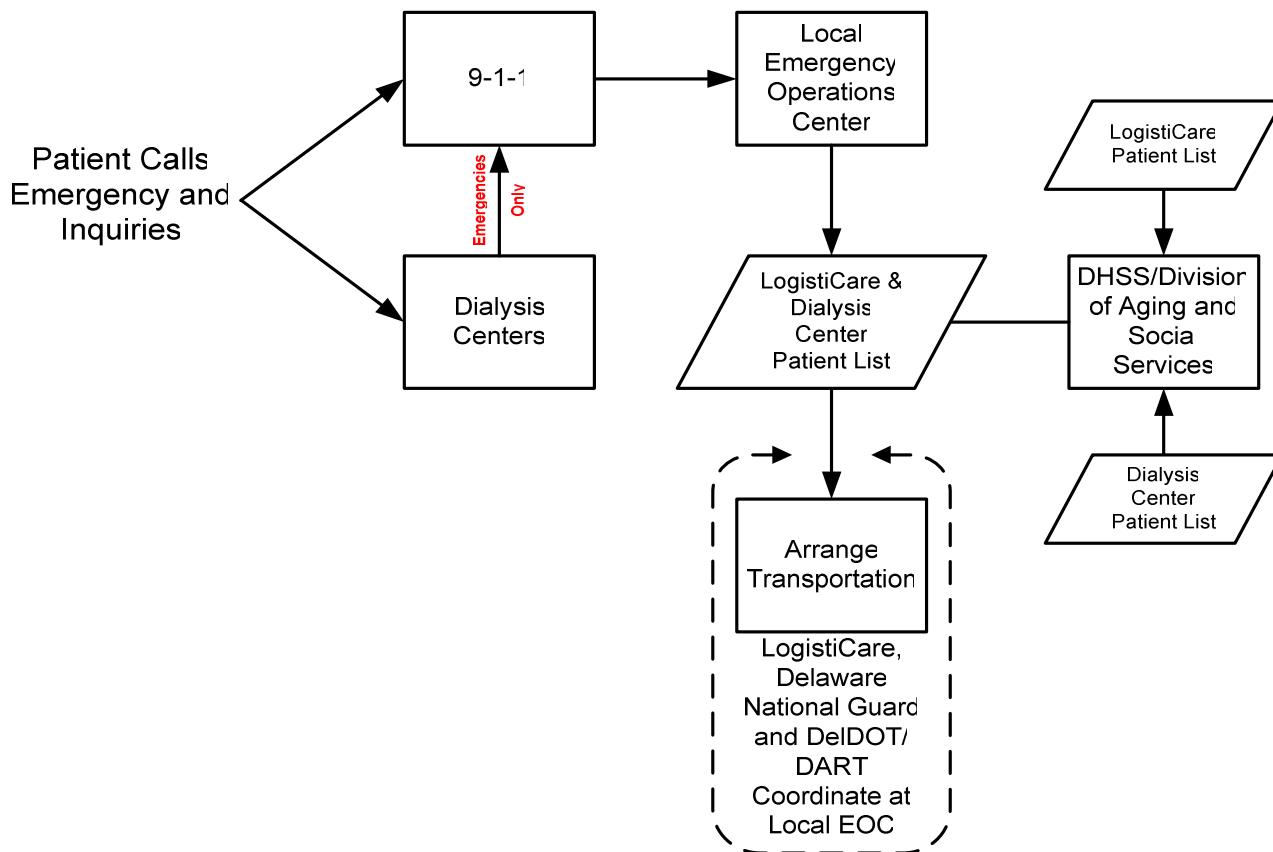
## Tab B—Protocols

Protocol	Page
Severe Weather Emergency Protocol	12
Emergency Calls Protocol	13

## Severe Weather Notification Protocol

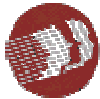


## Emergency Calls Protocol



## Tab C—Forms

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Dialysis Emergency Transportation Plan (Form 1)	15
Dialysis Emergency Transportation Plan (Form 2)	16



**DIALYSIS UNIT EMERGENCY PATIENT LIST**  
 (Covers a 48-hour period)

Dialysis Unit \_\_\_\_\_ Date \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

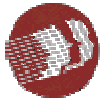
Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Fax \_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER	APPOINTMENT DATE/TIME	*AMBULATORY STATUS	**NORMAL MODE OF TRANSPORT	ADDITIONAL REMARKS

\*AMBULATORY STATUS (WHEELCHAIR, STRETCHER, SELF)

\*\*NORMAL MODE OF TRANSPORTATION (DART, SELF, PRIVATE).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



DIALYSIS UNIT EMERGENCY STAFF LIST

(Covers a 48-hour period)

Dialysis Unit \_\_\_\_\_ Date \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Fax \_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER	SCHEDULED SHIFT	TRANSPORT NEEDED (yes/no)	ADDITIONAL REMARKS

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_