



Better healthcare,
realized.

End-Stage Renal Disease Network of New York
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 209-5578
esrd.ipro.org

Critical Assets Survey Worksheet

Please complete this worksheet prior to reporting on-line.

This worksheet is for your records only.

Facility Information:

1. Emergency Contact Person: _____
2. Emergency Contact Email: _____
3. Emergency Contact Cell: _____
4. Corporate Regional Lead Name: _____
5. Corporate Regional Lead Cell: _____
6. Corporate Regional Lead E-mail: _____
7. Have the facility leads and emergency contact information (Name, Title, Phone, E-mail) for staff been updated in CROWNWeb? ____ Yes ____ No
8. Do you have the capability to change the voicemail message of your phone system during an emergency to provide information on your open/closure status and what number a patient should call for information? ____ Yes ____ No
9. Is your facility located in a Nursing Home? ____ Yes ____ No
10. Current census by modality:
 # of patients on HD _____ # of patients on PD _____
 # of patients on Home Dialysis _____ # of Pediatric Patients _____
11. The facility has the capacity to provide treatment using :
Please indicate # (How Many) of the following:
 _____ Bed(s) _____ Hoyer
 _____ Stretcher(s) _____ Ventilators _____ Bariatric Chair(s)
12. Provide the Home Hemodialysis Vendor Information (i.e. NxStage, Fresenius, etc). Supplier Name e-mail address _____
 Contact Phone Number _____
13. Provide PD supplier Information
 Supplier Name e-mail address _____
 Contact Phone Number _____
14. # of days of 'on-hand' supply storage capabilities? (i.e. 30 days) _____
15. Do you reuse dialyzers? ____ Yes ____ No

Transportation Providers

16. What transportation providers are most frequently used by patients receiving treatment at your facility?

Provider Name _____

Provider Phone Number _____

Provider Name _____

Provider Phone Number _____

Provider Name _____

Provider Phone Number _____

Facility Emergency Plan:

17. Which of the following components are included in your facility's emergency plan? (Check all that apply)

_____ A fire in unit

_____ Bomb threats

_____ A power outage in unit

_____ Active Shooter/Violence

_____ A community-wide power outage

_____ Pandemic Flu

_____ Water problems in unit

_____ Patient evacuation/relocation

_____ Weather related disasters

_____ Other (please specify)

18. How often does your facility review and update its emergency plan?

_____ Monthly

_____ Quarterly

_____ Semi-annually

_____ Annually

_____ Never

_____ Other (please specify)

19. How often does your facility have emergency drills?

_____ Monthly

_____ Quarterly

_____ Semi-annually

_____ Annually

_____ Never

_____ Other (please specify)

Facility Emergency Communications

20. Does your dialysis facility have a back-up communication system if the phones are not working? (Radio, Nextel, Emergency text messaging system, other)

21. How often does your facility collect emergency contact information for patients? (An alternate name & phone number)

_____ Monthly

_____ Quarterly

_____ Never

_____ Annually

_____ Prior to a known event

22. Have you established a process for communicating with the following during an emergency and following an emergency? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Patients in the unit | <input type="checkbox"/> Local transportation providers |
| <input type="checkbox"/> Patients not in the unit | <input type="checkbox"/> Utility providers |
| <input type="checkbox"/> Family members | <input type="checkbox"/> ESRD Network |
| <input type="checkbox"/> Staff including medical director | <input type="checkbox"/> State Health Department |

23. How the following individuals are made aware of your facility's communication plan?

Patients and Family members _____
Dialysis unit staff _____

24. How often is the emergency contact information for staff collected/updated?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Never |

Facility Emergency Support

25. How does your facility establish contact with your [local emergency management agency](#) (OEM) annually? _____

26. Local OEM (Do not fil out for NYC – their contact form is [on-line](#))

Contact Name (Not NYC) _____
Contact Phone (Not NYC) _____
Contact E-mail _____

27. Has your facility established contact with your regional [Health Emergency Preparedness Coalition](#)?

Contact Name _____
Contact Phone _____
Contact E-mail _____

Back-up Provider

28. Provide the information for the back-up facility where patients will be sent if your facility is unable to treat patients?

Back Up Facility Name _____
Back Up Facility Phone _____
Back Up Facility Address _____

EMERGENCY PREPAREDNESS: PATIENTS

29. How often does your facility provide emergency preparedness education to patients at your facility?

- | | |
|--|---|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Never | <input type="checkbox"/> Prior to a known event |

30. Which of the following emergency procedures have you discussed with patients?

(Select all that apply)

- How to contact the dialysis facility
- How to maintain contact with family and friends
- How to contact backup dialysis facility
- How to contact the ESRD Network
- When to call 911
- Transportation
- Renal Diet
- Other (please specify) _____

Utilities

- 31. Who is your electrical provider? _____
- 32. Who is your water provider? _____
- 33. Does your facility have an electrical generator? (If no, please fill out generator specifications)
 Yes No
- 34. Does your facility have electrical generator quick connect transfer switch capabilities?
 Yes No

GENERATOR SPECIFICATIONS *(If facility does not have a generator or quick connect)*

To complete this section, you may need to contact a qualified electrician and work with your biomed-technician. This information will expedite the acquisition of a generator in the event of an emergency or disaster.

- 1) Building Use _____
- 2) Longitude _____ 3) Latitude _____
- 4) Site/Generator Point of Contact _____
- 5) Phone _____ 6) Cell Phone _____
- 7) Email _____ 8) Fax _____
- 9) KW (asses generator size) _____
- 10) Generator Required Amperage _____
- 11) Phase (assessed generator phases) _____
- 12) Voltage (assessed generator voltage) _____
- 13) Configuration _____
- 14) Load Cable Size (MCM or #awg) _____
- 15) Load Cable Size Qty/UI (load cable length) _____
- 16) Load Cable Size Notes _____
- 17) Ground Cable Size (MCM or #awg) _____
- 18) Ground Cable Size Qty/UI (load cable length) _____
- 19) Ground Cable Size Notes _____
- 20) Remarks _____