



# ALL HAZARDS II PRE-QUIZ

Please complete and return this quiz via fax **813-354-1514**.

**CIRCLE TRUE OR FALSE NEXT TO EACH STATEMENT.**

TRUE / FALSE	1. Dialysis facilities are required to tell patients who to call or where to go during a disaster.
TRUE / FALSE	2. The facility must contact and develop a communicative relationship with the local disaster management agency. This relationship is to ensure that the disaster agency can evacuate the facility's patients and provide the dialysis facility with goods and services.
TRUE / FALSE	3. You do not need to call the Network if your facility is damaged by a disaster.
TRUE / FALSE	4. Dialysis facilities must consider the potential of and develop a plan for natural disasters and man-made disasters.
TRUE / FALSE	5. Atlantic Hurricane Season lasts from June 1 to November 1.

**NAME OF FACILITY** \_\_\_\_\_

*Will be printed on your certificate*

**MEDICARE PROVIDER NUMBER** \_\_\_\_\_

**\*\* Required**

**NAME OF PERSON COMPLETING THIS QUIZ** \_\_\_\_\_

*One per facility*

**EMAIL ADDRESS** \_\_\_\_\_

**\*\* Your certificate will be emailed to you upon completion of the All Hazards II Post-Quiz**

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

#### VISION STATEMENT

The Florida Kidney Disaster Coalition is the model disaster planning and readiness organization for kidney patients by collaborating with community partners to ensure timely access to quality care.

#### MISSION STATEMENT

To establish and facilitate partnerships that provide a framework for disaster readiness and continuity of care for the renal community.