

KCER is a special project of the Centers for Medicare and Medicaid Services (CMS). KCER provides technical assistance to End Stage Renal Disease (ESRD) Networks, CMS organizations, emergency management, and other groups to ensure timely and efficient emergency preparedness, response, and recovery for dialysis and transplant patients and facilities.



To request technical assistance or resources, email KCER@nw7.esrd.net or call 813-383-1530 extension 8.

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EMERGENCY MANAGEMENT & DIALYSIS

What emergency planners
need to know about
dialysis patients and facilities

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Patients and Facilities

Kidneys remove waste from the blood. Without properly functioning kidneys, a person will overload with fluids and toxins, causing death. There are more than half a million people in the U.S. living with end stage renal disease (ESRD), or kidney failure.

The only options for treatment are chronic dialysis or a kidney transplant. Most people receive dialysis at a chronic, outpatient facility. These treatments require the patient go to the facility three times a week, for 3-4 hours each day. Some patients are trained to perform their own dialysis at home. Other patients receive a kidney transplant.

Chronic outpatient dialysis treatment:	327,754
Peritoneal Dialysis (home treatment):	26,082
<u>Kidney Transplant</u>	<u>151,502</u>
Total	505,338*

**United States Renal Data System, 2009.*

Chronic outpatient dialysis facilities are licensed through the Medicare program. They are required to fulfill requirements known as the Conditions for Coverage. Some of these Conditions outline what a facility must do regarding disaster preparedness.



There are more than 5,500 chronic outpatient dialysis facilities in the U.S. Many of these facilities are operated by large dialysis corporations. Some facilities are smaller or non-profit. These facilities are required to have a disaster plan for their facility, staff, and patients. They are also required to make annual contact with their local emergency management agency in order to build a communicative relationship and provide education and awareness to local emergency planners.

Most chronic, outpatient dialysis facilities are not affiliated or connected to a hospital. In an emergency or disaster, chronic outpatient facilities could be damaged or destroyed. Hospitals generally do not have enough dialysis machines or trained staff to provide care for the hundreds of thousands of chronic dialysis patients. Facilities outside of the disaster area could receive evacuees requiring immediate care.

UTILITY RESTORATION PRIORITY

Emergency planners should list dialysis facilities as priority locations for restoration of services such as power, water, and phone services. Emergency management agencies should understand the need for dialysis facilities to have priority for emergency services such as generators, fuel, and tanker water.

EVACUATION & TRANSPORTATION ASSISTANCE

Dialysis facilities and emergency planners should encourage early evacuation of people requiring dialysis. Patients should be evacuated to an area with appropriate operating dialysis facilities that are open and have space available for those patients.

SHELTERING & MASS CARE

Special needs sheltering and transportation/evacuation assistance should be offered to dialysis and transplanted patients. Shelters will not be asked to provide dialysis. Shelters and other emergency organizations should be trained to know what to do when they receive a person needing dialysis. A person requiring dialysis should not be sent to the hospital to receive chronic dialysis unless the person is having a medical emergency.

MEDICAL CARE

Dialysis and transplant patients have unique medical needs and will need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as many prepackaged meals) during periods of limited access to dialysis. Patients cannot be told to “hydrate” due to fluid restrictions. A dialysis access (catheter, graft, fistula) should not be used for anything else other than dialysis treatment. Nurses should not attempt to give IV medications or fluids into the dialysis access.

ESRD Networks

ESRD Networks coordinate data collection and quality improvement for dialysis and transplant facilities. To find your local ESRD Network, go to www.esrdncc.org

ESRD Networks can provide emergency planners with the names and locations of dialysis and transplant facilities in their area, as well as a list of the number of patients by zip code.

