KCER is a special project of the Centers for Medicare & Medicaid Services (CMS). KCER provides technical assistance to end stage renal disease (ESRD) networks, CMS organizations, emergency management, and other kidney health groups to ensure timely and efficient emergency mitigation, preparedness, response, and recovery for dialysis and transplant patients and the facilities that serve them.

To request technical assistance or resources, visit [www.KCERCoaltion.com](http://www.KCERCoaltion.com), email KCERInfo@hsag.com or call 866.901.3773.

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To know about end stage renal disease (ESRD), dialysis patients, and the facilities that treat them.

Emergency Management and Dialysis

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ESRD Patients and the Importance of Dialysis

What Is ESRD and Why Are Dialysis Facilities so Important?

Untreated, ESRD is a fatal disease. The more than half a million people who are living with ESRD or kidney failure in the United States need immediate attention in the event of any emergency. Why? These individuals require an average of 3–4 hours of treatment, called dialysis, three days a week, in order to survive. If they do not receive that treatment, their malfunctioning kidneys, unable to remove waste from the bloodstream, will fill with fluids and toxins, and cause death.

Some ESRD patients receive their treatment at free-standing dialysis facilities, and others are trained to perform their own dialysis at home. This is called peritoneal dialysis. Other patients may receive a kidney transplant and require follow-up care. No matter where or how they receive treatment, all of these patients have very special needs that must be addressed during and after any emergency or disaster. See the table below for an illustration of how these treatments breakdown by the number of patients receiving them throughout the United States.

<table>
<thead>
<tr>
<th>Treatment</th>
<th># of Patients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Outpatient Dialysis Treatment</td>
<td>412,842</td>
</tr>
<tr>
<td>Peritoneal Dialysis (Home Treatment)</td>
<td>53,886</td>
</tr>
<tr>
<td>Kidney Transplant</td>
<td>193,262</td>
</tr>
<tr>
<td>Total</td>
<td>659,990</td>
</tr>
</tbody>
</table>

Disaster Planning For and With Dialysis Facilities

There are more than 6,500 dialysis facilities in the United States. All of these facilities are required to have a disaster plan. As part of that plan, they are required to make annual contact with their local emergency management agencies. This builds collaborative relationships and provides education and awareness to local emergency planners about ESRD patients and their special needs. It is imperative that this dialogue occur in advance of any emergency.

In the event of damage to or destruction of dialysis facilities during an emergency or disaster, local hospitals will not have enough dialysis machines or trained staff to provide care for the chronic dialysis patients who will require treatment. It is imperative that emergency planners, working with the dialysis facilities, seek care for displaced patients requiring immediate treatment at dialysis facilities outside of the disaster area.

*USRDS, 2013

Emergency Planning Considerations

Dialysis Facilities: Utility Restoration Priorities

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

Evacuation and Transportation

In the event of an emergency or disaster, emergency planners should encourage early evacuation of transplant patients and individuals requiring dialysis. Transportation assistance should be provided so that dialysis patients can be evacuated to an area with fully functioning dialysis facilities that are open and have space to accommodate the displaced patients.

Special Needs Sheltering

Special needs sheltering should be made available to evacuated transplant and dialysis patients. Shelter and other emergency personnel should be trained to know what to do when they receive a person needing dialysis. Shelters will not be asked to provide dialysis. A person requiring dialysis should not be sent to the hospital to receive chronic dialysis treatment unless the person is having a medical emergency.

ESRD-Specific Medical Awareness

Dialysis and kidney transplant patients have unique medical needs that require them to limit fluid intake and use caution in consuming foods high in salt and potassium (pre-packaged meals), especially during periods of limited access to dialysis. It is critical that emergency staff understand that ESRD patients should never be told to “hydrate” due to these fluid restrictions. Additionally, a dialysis access (catheter, graft, or fistula) should never be used for anything other than dialysis treatment. Nurses should not attempt to give routine intravenous medications or fluids through the dialysis access.

Your Local ESRD Network Can Help

Your local ESRD Network can provide emergency planners with the names and locations of dialysis and transplant facilities in your area, as well as a list of the number of patients served by those facilities, by ZIP code.

To find your local ESRD Network, go to www.esrdncc.org.