

KCER is a special project of the Centers for Medicare & Medicaid Services (CMS). KCER provides technical assistance to ESRD Networks, CMS partners, emergency management personnel, 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.



Kidney Community Emergency Response

To request technical
assistance or resources:

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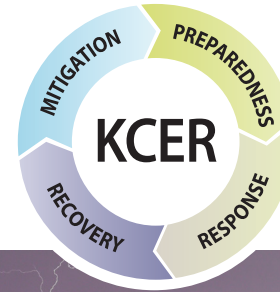


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Kidney Community Emergency Response



Emergency Management and Dialysis

*What emergency planners need to know
about End Stage Renal Disease (ESRD), dialysis
patients, and the facilities that treat them.*

ESRD Patients and the Importance of Dialysis

What Is ESRD and Why Are Dialysis Facilities so Important?

Untreated, **ESRD is fatal**. More than half a million people who are living with ESRD in the United States need immediate attention in the event of any emergency.

Why? These individuals require an average of three to four hours of treatment, called dialysis, three days a week, 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 dialysis at home. There are two types of home treatment: home hemodialysis and 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**. The table below illustrates how these treatments break down by the number of patients receiving them throughout the United States.

Treatment	# of Patients*
In-center Hemodialysis (Outpatient Treatment)	485,052
Home Hemodialysis (Home Treatment)	10,350
Peritoneal Dialysis (Home Treatment)	58,636
Unknown Dialysis Type	1,938
Kidney Transplant	229,887
Total	785,883

*United States Renal Data System (USRDS), 2018

Disaster Planning for and With Dialysis Facilities

There are more than 7,700 dialysis facilities in the United States. All of these facilities must have a disaster preparedness plan that meets all of the requirements of the CMS Emergency Preparedness Final Rule. As part of that plan, facilities are required to make 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 may 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.

Emergency Planning Considerations

Dialysis Facilities: Utility Restoration Priorities

Emergency planners should work with local utility providers to 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 water tankers.



Evacuation and Transportation

In an emergency or disaster, emergency planners should encourage the **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 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 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.

