



## Save a Life

### What You Need to Know About Emergency Preparedness for Individuals with Kidney Disease

Kidney failure, often called end stage renal disease or “ESRD,” is a life-threatening condition. There are nearly half a million individuals with kidney failure in the U.S. Individuals with kidney failure require either medications to prevent rejection of a transplanted kidney, or, if they have not received a transplant, regular repeated dialysis treatments to clean the blood supply as frequently as three to four times a week. Missing even a few treatments can result in severe illness or even death for an individual with kidney failure needing dialysis.

The Kidney Community Emergency Response (KCER) Coalition includes public and private partners representing kidney care medical professionals, dialysis and transplant facilities, vendors that supply services and medications, patient representative groups, ESRD Networks, and Federal, state, and local emergency responders. The Coalition creates tools and resources to help providers and Federal, state, and local emergency responders develop plans to help meet the life-saving medical care needs of individuals with kidney failure.

#### Basic Requirements for Dialysis Treatment

- **Space** to do the treatment
- **Electrical Power** to run the equipment (if electricity is not available, one machine would require a 1.65KW size generator – an average facility has 16–20 machines and a water treatment system will require at least a 50KW generator)
- **Dialysis machines**
- **Potable water** for use in the treatment (each treatment requires a minimum of ~100 gallons of treated, pressurized water)
- **Water treatment equipment** (carbon filtration and either reverse osmosis or deionization)
- **Supplies** (dialyzers, blood lines, saline, medications, etc.)
- **Personnel** qualified to perform dialysis
- A **physician’s prescription** for dialysis and medical records to support the treatment
- A **hospital** or other similarly equipped system and a means to transport a patient if complications occur while providing dialysis



## Do Your Part – Plan Ahead

National emergency response plans can assist state and local efforts but medical care and emergency response occurs locally and therefore it is essential to have in place a coordinated state and local emergency response plan to meet the critical health needs of individuals with kidney failure. Waiting for an emergency or disaster to occur is too late! Dialysis is dependent on the availability of power, gas, supplies, and water – commodities that, without proper planning, are difficult to access in the event of an emergency or disaster. Individuals with kidney failure need to know ahead of time what they can do to maintain their health during an emergency and disaster, such as minimizing fluid intake and restricting their salt and potassium intake, eating an “emergency diet,” and planning ahead so that they have the information they need and know how to find care. The following are a few suggestions and information on how to obtain more comprehensive information to assist in your planning.

### Individuals with Kidney Failure Need To:

- Make an **emergency supply kit**
- Keep an updated **medicine/allergies list** with you at all times
- Create a **personal evacuation plan** - plan to evacuate early when warranted
- **Talk to the healthcare** team about the facility emergency care plan, including how to contact facility staff in the event of an emergency or disaster, where back-up care can be obtained, and how to get copies of vital medical records; many facilities have toll-free numbers to call for assistance
- **Keep a record of your facility’s name** (make sure it is the official name because many facilities have similar names), physician name, and emergency contact information and keep them with all other important information
- Collect **important personal information** and put it together in something water proof
- Give your kidney care team **out-of-state contact numbers** (if available)
- Get a copy of the **emergency diet and keep emergency supplies on-hand**
- Plan for **back-up transportation** to dialysis
- Get a **list of dialysis facilities** in the area
- Follow your physician’s advice regarding **diet and fluid intake during a disaster**, when possible
- Follow the **same frequency for dialysis** services when possible; services may be harder to find so don’t wait too long to start looking. Following the emergency diet can help if you can’t get to services for a day or two

**For comprehensive planning information for individuals with kidney failure, visit:**

[www.Medicare.gov/Dialysis/Static/Publications.asp](http://www.Medicare.gov/Dialysis/Static/Publications.asp)



## Providers Need To:

- **Identify a leader**, and a back-up, who can head the facility's emergency preparation and response activities
- **Make a plan** to secure and protect your equipment, supplies, and records
- **Create and keep up to date a list of emergency phone numbers** for your staff and patients
- **Have an emergency plan for your patients** (as example, provide them with a copy of their last "run" sheet, a list of their medications, an emergency diet, and facility or corporate phone number(s) in a sealable plastic bag).
- **In the event of a disaster, report your facility's status to your ESRD Network:** if your facility is "open" (i.e., able to provide dialysis in a safe environment) or "closed"

If you are unable to reach your local ESRD Network, call 1.866.901.ESRD (3773) for information on who to call and what help is available.

**For comprehensive planning information for providers, visit:**

[www.cms.hhs.gov/ESRDNetworkOrganizations](http://www.cms.hhs.gov/ESRDNetworkOrganizations) or [www.KCERCoalition.com](http://www.KCERCoalition.com)

## Federal, State, and Local Emergency Responders Need To:

- **Require State Emergency Management Associations** to include provisions for individuals with kidney failure in all plans, and involve ESRD Networks and dialysis facilities in all planning efforts
- **List dialysis facilities as high priority locations for restoration of all services** such as power; water; and phone services
- **Designate dialysis facilities as high priority for emergency services** such as generators; fuel; and tanker water
- **Give priority to dialysis personnel** for limited supplies such as gasoline and housing
- **Establish clear contacts** in each response area and make contact information known to ESRD Networks and dialysis facilities
- **Encourage early evacuation** of individuals with kidney failure if they are on dialysis, with appropriate family members (where possible); since services are needed on a frequent basis, the individual should be triaged, provided urgent care, and evacuated to a location where services can be provided repeatedly in a safe environment
- **Facilitate delivery of supplies** to dialysis clinics
- **Provide security assistance** to protect dialysis facility staff, emergency generators, and fuel used to run the dialysis equipment
- **Allow patients and staff with appropriate identification to cross roadblocks and travel during curfews** to get to and from dialysis clinics



- **Provide alternate sites for treatment** if dialysis clinic operations are impacted by the disaster work with dialysis providers, state agencies and the ESRD organizations ([www.esrdnetworks.org](http://www.esrdnetworks.org)) to establish these locations
- **Routinely screen for kidney failure** when individuals seek shelter in disasters; Add: “Do you require dialysis?” and “Do you have a transplanted organ?” to all screening tools
- **Recognize that individuals with failed kidneys have unique medical needs** and will need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as MREs) during periods of limited access to dialysis; as example, public service announcements may need to be edited to recognize these restrictions
- **Ask shelters to group individuals needing dialysis** in a specific area of the shelter, and to consider arrangements for transportation to dialysis in transferring these individuals to another shelter
- **Designate a few shelters** as the “go to” locations for dialysis patients to make transportation to dialysis treatment easier; these shelters can also be used for others

## REMEMBER — PLAN AHEAD

Being without dialysis as few as three or four days could result in illness or even death for individuals with kidney failure.

This material was prepared by the Kidney Community Emergency Response (KCER) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services under CMS contract: HHSM-500-2013-NW002C; and was adapted by the contractor under CMS contract #: HHSM-500-2016-00007C. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication Number: FL-KCER-7K1T4A-06152016-01



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