

# ESRD NETWORK 13



Serving Arkansas, Louisiana & Oklahoma Renal Communities

## DISASTER PREPAREDNESS

### STANDARDS:

1. All Patients (dialysis and transplant) should be assisted in developing a patient/family-specific disaster and/or emergency plan specific to their ESRD therapy. Plans should be developed in conjunction with performing an individualized disaster needs assessment. Plans must include renal dietary & fluid instructions, as well as medication instructions as applicable to patient. Patient-specific disaster readiness planning should be documented in the patient's individualized plan of care (POC). It is required that patient-specific disaster plans be reviewed at a minimum annually with continued documentation in the individualized POC. Note: Home-/self- care dialysis patients should be encouraged to notify their various suppliers (e.g., power, water) as to their status as necessary.
2. ESRD facilities are required to annually communicate with their local county or parish emergency operations centers (EOC). Note: As transplant centers are located within hospitals, this requirement is already addressed.

The annual communication is to...

- a) verify that the local EOC is aware of dialysis facility and has incorporated their existence and needs in the local EOC preparedness as possible; and
  - b) have an identified local contact person or established communication protocol as discussed with local authorities.
3. Each in-center dialysis patient and/or patient representative should be instructed on 'how-to' evacuate the dialysis center as directed by the management and/or local authorities (e.g., natural gas leak, wildfires). Procedures (e.g., clamp & disconnect; clamp & cut) can be facility-specific and as directed by corporate and/or medical director. This training should also be documented in the patient individualized POC, as well as in the facility's QAPI as determined by the facility.
  4. Practice procedures and/or alternative method should be utilized to determine the time required to evacuate facility.
  5. This standard is not intended to supersede any other immediate evacuation facility-specific directives, but to enhance and/or provide direction during the absence of any existing directives.
  6. Each dialysis and transplant provider is required to post the ESRD Network 13 Disaster Preparedness Poster in primary patient care waiting areas.
  7. Remember the requirement to notify the Network of changes in facility status and personnel (SEE NETWORK STANDARD "NETWORK NOTIFICATION OF CHANGES IN FACILITY STATUS AND PERSONNEL")

APPLICABILITY: All dialysis and transplant providers

(OVER)

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*Mission Statement: "To assess and improve the quality of care provided to individuals with End Stage Renal Disease."*

RECOMMENDATIONS FOR ESRD PROVIDERS LOCATED WITHIN THE LOUISIANA 'HURRICANE AT-RISK' DESIGNATED AREA.

1. All dialysis patients who dialyze in a Network-designated "hurricane at-risk" parish should be provided copies of their dialysis medical records, pertinent to arranging transient dialysis in the event of an evacuation, prior to and periodically through hurricane season.
2. It is recommended that all dialysis and transplant providers located in a geographic location and timeframe in which tropical / hurricane force winds are forecasted, base their treatment and subsequent closure plans to meet the safety and evacuation needs of their patients and staffs.
3. All chronic dialysis services should be suspended and chronic dialysis units closed in the event of a mandatory evacuation.
4. Following an evacuation declaration, providers should strongly consider the state of infrastructure prior to repatriating their staff/patient populations. Communication should be ongoing with local/state emergency operations personnel to ascertain that the area has been cleared for safe return.

RECOMMENDATIONS WHEN PUBLIC/PRIVATE TRANSPORTATION IS DISRUPTED OR TEMPORARY PROVIDER CLOSURE IS NECESSARY (e.g., winter weather issues, flooding)

1. All dialysis patients should be provided copies of their dialysis medical records, pertinent to arranging transient dialysis with impending weather events (e.g., winter weather issues).
2. Following a closure due to a disaster event, providers should follow their protocols to reopen and strongly consider the state of infrastructure prior to repatriating their staff/patient populations. Communication should be ongoing with local/state emergency operations personnel to ascertain that the area has been cleared for safe return.

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