

2011 NETWORK 13 DISASTER PREPAREDNESS TOOLKIT

TABLE OF CONTENTS

- A. Network 13 Disaster Planning Resource: 2011
- B. Network 13 Disaster Preparedness Standard: 2011
- C. Kidney Community Emergency Response (KCER) Coalition Resources
- D. Disaster Tools / Resources:
 - Dialysis and Transplant Patient ID Cards (*Sample*)
 - Patient and Staff Placards (*Sample*)
 - 2011 Patient Disaster Needs Assessment (*Sample*)
 - Mutual Aid Agreement (*Sample*)
 - Communication Templates
 - ✓ Emergency Operations Center
 - ✓ Electric Company
 - ✓ Water Company
 - Risk Analysis Resource: Hurricane Wind Scale
 - Earthquake Information
 - ✓ Earthquake Safety for Dialysis Providers
 - ✓ Management of Crush Injuries
 - Transient Forms (HD, PD)
 - Triage Information for Shelters and As Needed
 - ESRD Fact Sheet for General Public
 - Public Service Announcement (*Sample*)
 - Three (3) Day Emergency Meal Planning
 - Radiation / Medical Issues Fact Sheet
 - Disaster Posters (dialysis / transplant)
- E. Other Disaster / Emergency Preparedness Web Links
 - General Public Resources

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



DISASTER READINESS PLANNING RESOURCE: 2011

INTRODUCTION: All ESRD facilities are required to develop policies and procedures for emergency / disaster readiness. To meet the unique needs of ESRD patients and providers and to minimize the effects of an emergency, one must plan ahead to be ready **BEFORE** an emergency strikes.

This resource material is to assist ESRD facilities in the development and improvement of their facility-specific emergency readiness plan and was developed after reviewing materials from other Networks, KCER, CMS, NKF, FEMA, and the American Red Cross. As you know, the Federal regulations, as well as the Interpretive Guidelines are utilized by State Survey Agencies in their certification activities. The following guidelines refer to the regulations and should be considered minimum standards. Federal guidelines emphasize that policies must be **written** that drills be conducted (**at least annually**), and that **staff and patients be trained** in emergency procedures. For a complete document, please visit the Centers for Medicare & Medicaid Services (CMS) at http://www.cms.gov/CFCsAndCoPs/13_ESRD.asp. Emergency and disaster related Conditions for Coverage are outlined in the paragraphs § 494.60 Condition: Physical Environment.

§ 494.60 Condition: Physical Environment

V Tag #408: Standard: Emergency Preparedness. The dialysis facility must implement processes and procedures to manage medical and nonmedical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.

V Tag #409: (1) *Emergency preparedness of staff.* The dialysis facility must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and include the following:

- (i) Ensuring that staff can demonstrate a knowledge of emergency procedures, including informing patients of—
 - (A) What to do;
 - (B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;
 - (C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and
 - (D) How to disconnect themselves from the dialysis machine if an emergency occurs.

- V Tag #410:** (ii) Ensuring that, at a minimum, patient care staff maintain current CPR certification; and
- V Tag #411:** (iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.
- V Tag #412:** (2) *Emergency preparedness patient training.* The facility must provide appropriate orientation and training to patients, including the areas specified in paragraph (d)(1)(i) of this section.
- V Tag #413:** (3) *Emergency equipment.* Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.
- V Tag #414:** (4) *Emergency plans.* The facility must –
(i) Have a plan to obtain emergency medical system assistance when needed;
- V Tag #415:** (ii) Evaluate at least annually the effectiveness of emergency and disaster plans and update them as necessary; and
- V Tag #416:** (iii) Contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.

For information on the Life Safety Codes, please refer to the ESRD Conditions for Coverage previously referenced above.

VULNERABILITY (RISK) ANALYSIS

All dialysis and transplant facilities are vulnerable to any number of natural or manmade hazards. Reviewing the following analysis will enhance your ability to predict emergencies / disasters, which may be faced in the future.

An analysis of your facility's vulnerability to particular hazards provides the basis for the development and maintenance of a practical, workable emergency operations plan or checklist and appropriate standard operating procedures. In analyzing and assessing the vulnerability of your dialysis and/or transplant facility, consider your unique environmental, indigenous, and economic factors as the basis for:

- ***Estimating the likelihood of damage, either by 'DIRECT' effects or by 'INDIRECT' effects resulting from a facility(s) damaged elsewhere.***
- ***Making plans for protective measures within individual facilities to minimize the impact on daily operations and structural damage.***

Each facility must recognize their vulnerability to particular hazards. For example, if your facility is located near an industrial plant, the facility may be vulnerable to the effects of explosions or chemical leaks. Facilities located near rivers or creeks are at risk for flooding or potential water contamination. All facilities are possible targets of violence, sabotage or bomb threats. It is important to realize that just because your facility is not considered 'at risk' during a disaster or emergency, your proximity to high-risk operations/services can affect your operation. It is important to remember that you could be asked to assist with disaster-affected dialysis facilities needing to transfer patients to you.

The following hazards are emergencies to be considered in your planning efforts...

Manmade Hazards

Bomb threat
Hazardous spills (chemical)
Utility Failures (electric, water)
Equipment failure
Explosion
Gas Leak
Sabotage / Violence / Nuclear events

Natural Hazards

Hurricane
Earthquake
Fire
Flooding
Tornado
Severe storms
Snow, Ice, Extreme Cold

FACILITY EMERGENCY READINESS

Preparing and practicing for emergency situations will lead to efficient unit responses during an actual emergency. Consider the following when developing, reviewing, and/or revising your plan.

- Seek and communicate with all local emergency resources as a means of networking (emergency management agencies, police / fire officials, American Red Cross, etc.).
- Establish and maintain a mutual aid & affiliation agreement with another dialysis facility (local and distant) to provide emergency services when your facility is unable to operate. Agreements should include shared staffing arrangements, shared equipment & supplies, medical records arrangements.
- Maintain current and alternate phone listings for all staff members. *(Remember to prepare a contingency plan for use when telephone service has been disrupted.)*
- Maintain current contact information list for all emergency contacts and supply vendors.
- Develop and maintain communications protocol [Public service announcements (PSA's), TV, radio, ham radio, etc.]. Consider using social media (as directed and/or allowed within your corporate policies/procedures).
- Maintain an emergency supply box.
- Provide protection of patient records (i.e., maintain offsite documentation and/or back-up flash drives, CD's, etc. in a fireproof box which contains patient dialysis prescriptions, hepatitis status, drug & dialyzer allergies. **UPDATE THIS INFORMATION ROUTINELY!**)
- Keep enough paper forms on hand to utilize for documentation if computer services are disrupted.
- Provide education on emergency preparedness to all patients and/or significant others and document all patient education, reviews, and/or drills accordingly.
- Develop, maintain, and review facility checklist for emergency preparedness procedures.
- Maintain current patient (in-center, home-/self-care) telephone number list.
- Consider having a Disaster Coordinator. *(Could be a role for a community volunteer?)*
- Keep a weather radio and/or battery powered TV available for local emergency announcements and/or directions.
- Monitor communication sources during weather watches. Timing may be critical in sheltering-in-place or evacuating as needed.
- Perform patient-specific disaster preparedness needs assessments as the individualized plan of care is developed and implemented. It is critical to **KNOW WHICH PATIENTS NEED MAJOR ASSISTANCE** before any disaster events occur.
- If evacuations are included in your disaster planning, it is just as important to develop your 'returning home' section as your evacuation section.

The following is a list of suggested emergency supplies for your facility. Adjust the quantities based on your facility size and don't forget pediatric supplies as applicable. Also, keep in mind extra supplies may be needed if called upon to provide back-up dialysis services or direct first aid. Keep supplies in an accessible area and make area known to all staff.

SUGGESTED EMERGENCY SUPPLY LIST:

- Portable radio with battery power back-up
- Protective wear: gloves, eye wear, masks, mouthpieces for CPR
- Airway(s), tongue blades, S-tube
- Two (2) 1000 cc bags 0.9% Normal Saline, Two IV administration sets
- Four (4) fistula needles, tourniquet(s)
- Flashlights & spare batteries
- Portable BP cuff/sphygmomanometer, stethoscope
- Oxygen tank with mask/cannula
- First aid supplies: scissors, tape, gauze, band aids, arm board(s), alcohol wipes
- Two tube-occluding forceps / clamps
- Peritoneal Dialysis (PD) supplies, if applicable, should include outlet port clamps, transfer sets, beta clamps, minicaps, variety of PD solutions, and connection systems.

EMERGENCY PREPAREDNESS PATIENT TRAINING

- ALL patients should be instructed in emergency procedures for both 'in' and 'out' of the dialysis and/or transplant facility.
- Encourage patients to keep ID cards and emergency medical records in safe, easily accessible location.
- ALL patient education (emergency readiness) should be documented within individualized plans of care (POC).

ALL PATIENTS SHOULD BE ABLE TO VERBALIZE HOW TO...

- Communicate with their provider or back-up
- Function if dialysis is not possible (i.e., diet/fluid restrictions, medications, etc.)
- Disinfect water (dependent upon region, issue)
- Implement their individualized disaster readiness plan

HOME HEMODIALYSIS PATIENTS SHOULD...

- Receive disaster preparedness training as part of their initial self/home-care orientation and training, as well as reminders as needed.
- Review their specific disaster plans with providers during their routine clinic visits, especially during severe weather seasons (i.e., tornado, hurricane, winter, etc.)
- Keep a list of dialysis units with contact information in the area, both at home and at work or school.
- Try to keep a two-week stock of dialysis supplies at all times. Teach patients to check expiration dates and replace as needed.
- Learn to take themselves off the machine in an emergency (e.g., power/water disruptions).
- Routinely discuss alternate arrangements and back-up communications plan
- Register with their local disaster emergency preparedness folks, as well as the power and water companies.
- Keep knowledgeable about requirements of generators as applicable (fuel, spacing, carbon monoxide monitor, etc.)
- Know generator safety if applicable (e.g., signs and symptoms of carbon monoxide exposure).

- Know your expectations and directions for potential infection control issues during a disaster event.
- Disaster training should incorporate what policies and procedures are necessary prior to returning to their home setting following a disaster event.

PERITONEAL DIALYSIS PATIENTS SHOULD...

- Receive disaster preparedness training as part of their initial self/home-care orientation and training, as well as reminders as needed.
- Review their specific disaster plans with providers during their routine clinic visits, especially during severe weather seasons (i.e., tornado, hurricane, winter, etc.)
- Keep their list of PD contacts both at home and at work or school.
- Keep a list of dialysis units in the area, both at home and at work or school.
- Keep a stock of PD supplies, (recommendations vary from 10 days to two weeks). Teach patients to check expiration dates and replace when needed.
- Keep battery charged, if an ultraviolet device is used.
- Talk with PD nurse or nephrologist about what to do about peritonitis (i.e., antibiotics) if conditions occurs during disaster.
- Know what system to use when power supply is interrupted (i.e., Ultra-Bag system) unless generator is available.
- Decide where to keep extra PD supplies (i.e., home, work, school, or all).
- Register with their local disaster emergency preparedness folks, as well as the power and water companies.
- Disaster training should incorporate what policies and procedures are necessary prior to returning to their home setting following a disaster event.
- Keep knowledgeable about requirements of generators as applicable (fuel, spacing, carbon monoxide monitor, etc.).
- Know generator safety if applicable (e.g., signs and symptoms of carbon monoxide exposure).
- **OPTIONS** for Warming Bags during interruptions in Power Supply:
 - *Body heat = "Think Togetherness"*
 - *Heater in car = Dashboard*
 - *Direct sunlight*
 - *Floor furnace (Place bag on cookie sheet before placing on top of floor furnace)*
 - *Gas oven (Place bag on a cookie sheet wrapped in a towel and slide the pan onto the oven rack. Make sure the pilot light is turned on in the oven.)*
 - *Fireplace (Place bag on hearth area and rotate as needed)*
 - *Keep a clean ice chest available to store several warm bags. The chest will keep them warm for several hours during a power outage.*

SPECIAL HEMODIALYSIS PATIENT VASCULAR ACCESS CONSIDERATIONS...

- Implanted vascular access (e.g., Life-Sites, HERO™ grafts) – Ascertain that any applicable patients have copies of cannulation procedures/techniques, as well as supplies to last for at least two weeks in the event of evacuation. In the event of evacuation(s), early transient placement is suggested for these patients to ensure staff capabilities at the receiving dialysis facility.
- Buttonhole Technique - **MAKE** copies of applicable buttonhole cannulation techniques and/or procedures, as well as any special instructions for vascular access cannulation to accompany patient records in the event of evacuation. Be sure patient is educated about the buttonhole technique and can discuss patient-specific requirements with transient dialysis unit. Share any of your buttonhole technique training materials with your local acute dialysis units. It will make life easier if they know the technique before 'disaster' strikes.

STAFF EMERGENCY READINESS: Suggestions for your staff education program:

- Staff members should be **REQUIRED** to make personal / family emergency plans and maintain adequate emergency supplies in their homes. Your ability to provide dialysis and/or transplant services is based the availability of your management and staff.
NO STAFF = NO SERVICES!
- Have a unit-specific emergency plan, including all roles and responsibilities for all staff members.
- Perform routine and unannounced fire and evacuation drills. Document all drills and the management reviews of drills. Debrief after drills to see what works and what doesn't. Invite local emergency preparedness resources to review your drills. They are a wonderful resource and it helps with your networking.
- Policies and Procedures: Power Failure, Water Outage, and Emergency Termination of Dialysis Services
- Preparation of emergency / evacuation supplies
- Training: First aid / CPR / Defibrillator

Suggested responsibility assignments during an emergency situation are provided here. Everyone should review and know their responsibilities during emergency drills. Utilize practices and/or drills to estimate 'what' amount of time would be required to evacuate your facility when/if the need arises.

ADMINISTRATION / CLERICAL:

- ✓ *Activates your facility disaster plan (e.g., orders emergency termination of dialysis services, evacuation, etc.).*
- ✓ *Calls local emergency numbers for assistance.*
- ✓ *Retrieves rosters of patients and staff.*
- ✓ *Retrieves patient records and/or back-up system (i.e., CD, DVD, hard drive, etc.).*
- ✓ *Reminds everyone of designated meeting place for evacuation and conducts roll call of patients and staff immediately outside of building.*
- ✓ *Perform or delegate status checks on incenter, as well as home/self-care patients when situation affects the delivery of dialysis.*

NURSING:

- ✓ *Assists with assessments and evacuation of patients (to include determination of which patients need assistance in emergency termination of dialysis services and subsequent assistance in evacuation (e.g., wheelchair, walker, etc.).*
- ✓ *Retrieve patient records and emergency supply box.*
- ✓ *Collect blankets and sheets while leaving building and distribute to patients and/or injured persons. Once outside assist patients and/or injured persons as needed (i.e., administer first aid, assessments of status, accesses, etc.).*
- ✓ *Assist and/or Perform onsite or offsite triage to determine if dialysis is a critical need during times when dialysis provision is compromised.*

TECHNICIANS:

- ✓ *Assists with transfer of patients from dialysis chairs to wheelchairs or from chairs onto sheets on the floor.*
- ✓ *Transfers patients from building via wheelchairs, sheets. Assists with walkers as needed.*
- ✓ *Retrieves extra supplies as directed or needed.*

DIETITIANS:

- ✓ *Ensures that patients and families are knowledgeable of their dietary / fluid restrictions before crisis situations, especially if dialysis services are not be available or reachable for routine treatments.*
- ✓ *Create and distribute individualized dietary / fluid fact sheets for easy reference and reinforcement.*
- ✓ *Educates patients and families about general PSA's which "direct folks to drink lots of water" vs. patient-specific directions of fluid management.*

SOCIAL WORKERS:

Assisting as necessary during an immediate evacuation situation, however the Social Worker has some very "concrete" tasks during emergencies and/or disasters. Prior to and dependent upon the magnitude of disaster, tasks should include 1) *reviewing patients need for shelter and/or transportation and 2) keeping updated information on the same.*

Patient Needs Assessment: Prior to any weather-related season, consideration should be given to performing a patient needs assessment. The Network has a sample, which was generated to assist hurricane-prone areas. However, the sample could be modified to address any weather-related situations.

Shelter and Transportation: In the event that a weather emergency such as a snowstorm, ice storm, or flood is forecast, the social worker should review with each patient/family contingency plans for evacuation from home, if necessary. This includes knowing where the patient will be staying (friend, relative, or a shelter). Obtaining phone numbers is necessary in order to contact the patient regarding any change in treatment (time, location, etc.).

Planning for alternative transportation is an absolute necessity. "Normal" transportation will most likely be disrupted by the disaster itself. Discussions should take place between the social worker and patient/family about emergency transportation options. Your facility may want to generate and distribute a "tip sheet" for each patient, which lists emergency phone numbers, community resources, etc.

In the event that the social worker has responsibilities for more than one dialysis unit, contingency plans should be included in policies/procedures to address need for assisting social worker as necessary.

- Explore possible resources for emergency sheltering which could include friends, relatives, American Red Cross shelters (check with local chapter), motels/hotels, churches, schools, and vacancies at local apartments/condos. ***Think closest to dialysis unit, especially if patients have lengthy commutes for routine dialysis treatments.***
- Possible resources for emergency transportation include public transportation (i.e., bus/taxi); Area Agency on Aging, and church-affiliated groups.
- Check with the Network for assistance with urgent transportation issues to receive critically-needed dialysis (e.g., patient has not dialyzed in 3-5 days due to transportation). The Network is your liaison to the state emergency management personnel who can then facilitate transportation in critical situations.

Along with these concrete tasks of assisting with shelter and transportation, the social worker has an important role to alleviate the stress inherent in the situation. Change in routine causes stress for patients and staff alike. Change in routine caused by an emergency can cause immobilization. The social worker, as a mental health provider, can assist in helping patients, families, and staff members effectively cope with the additional stress of the disaster.

PATIENTS:

- ✓ *Perform "take-off" if directed by dialysis staff.*
- ✓ *Move to designated area as directed.*
- ✓ *Stay in contact as directed by dialysis staff.*
- ✓ *Implement their individualized / family disaster plan as determined.*
- ✓ *Keep ID card / placard and emergency medical records in safe, easily accessible location.*

WATER AND POWER ISSUES

Maintenance of Water Supply: A well informed staff and a close relationship with both a reputable water treatment vendor and your local water authority are crucial to ensure a continuous water supply in the event of an emergency. Your local water authority must be made aware that you provide a life-sustaining therapy (DIALYSIS). It is important that your location and particular needs such as quality and quantity are known. This is particularly important for freestanding facilities as your needs may not be as clearly recognizable as with hospital based facilities.

Common causes for water supply failures are contaminated source of water supply, frozen pipes, broken water mains, and fires. Reduced water pressure from broken water mains or fires requires the use of a booster pump. Booster pumps can be rented or purchased from your water treatment vendor. Total absence or intermittent reduction of supply water requires bulk potable water from water supply vendor to be processed through existing water treatment systems. Bulk purified water from a treatment vendor can be utilized to directly feed the service loop to individual dialysis stations.

It is highly recommended that portable activated carbon and DI exchange tanks followed by appropriate monitoring and 0.2 micron (or better) filters be used. Stainless steel or food grade plastic tanks should be used for the sole purpose of transporting or storing potable water is required. Bulk water, whether potable or purified, must be pressurized to obtain the minimal pressure requirements of the reverse osmosis apparatus or dialysis machines. The use of DI tanks is highly recommended when using transported water due to the high waste levels (up to 50%) when using water softeners and reverse osmosis. Remember an assessment is in order if you work in an area of frequently below freezing temperatures as to outside storage of water.

NOTE: These recommendations will work with all dialysis water systems - direct feed and recirculating. Facilities, which utilize recirculating systems with storage tanks, activated carbon, DI, and submicron filtration as final treatment, are easier and less costly to adapt for this purpose. This system also serves as an alternative treatment in the event of a reverse osmosis or other water treatment component failure.

Use care in your choice of a vendor to assure quality water and to minimize interruption of dialysis therapy to patients. Once alternate sources for your emergency needs are identified, coordinate meetings to plan design modifications (if needed) to permit efficient implementation of emergency plans.

**WATER USED FOR DIALYSIS MUST ALWAYS BE TESTED TO ENSURE
THE REQUIRED AAMI QUALITY STANDARDS ARE BEING MET**

Maintenance of Electric Supply: Just as maintaining water supply is crucial to the provision of uninterrupted dialysis therapy, being prepared for power interruption is also vital. Again, like water, some thought should be given to how you will handle a loss of electricity and the extent of your back-up plan. Plans can range from having battery-powered lighting for evacuation of the building to installation of a permanent generator which will handle power for the whole facility. Generators may be a consideration for your facility if power interruptions occur frequently.

Emergency Generators: Consideration should be given to expense, space and ongoing maintenance, but under emergency situations, they might make it possible to provide dialysis services. As you perform your vulnerability (risk) assessment, consider potential of owning vs. renting a generator. Things to consider:

- ✓ *Determine what services can or should be provided. Remember air conditioning and/or heating might be just as important as dialysis machines.*
- ✓ *Determine how much power is needed, as well as size of generator for provision of services;*
- ✓ *Know where to obtain or rent generators and related equipment; and then*
- ✓ *Develop a Generator Plan, inclusive of addressing fuel and security needs.*

NOTE: *Your state's emergency operations centers do deploy generators to provide power to critical facilities like shelters, water treatment plants and hospitals in communities impacted by disasters / emergency situations. These generators are usually industrial-size generators and not intended for residential use. These generators can be pre-positioned for events that are predicted (i.e., hurricanes, winter weather storms). Please do not depend on these generators for your dialysis facility and/or home-/self-care dialysis patients. Home-/self-care dialysis patients should be instructed on how-to-handle power issues and not depend on receiving generator(s) from the state or FEMA.*

GENERATOR ISSUES:

How to Calculate Critical Electrical Loads:

1. Use the following formula to express the number of kilowatts needed:

$$[\text{Amps} \times \text{Volts} = \text{Watts} \dots \text{Watts} / 1000 = \text{Kilowatts}]$$

2. Number of machines X (Kilowatts per machine) = Minimum Electrical Load

EXAMPLE: Fresenius 2008E draws 15 amps maximum and runs on 110 volts [15 amps X 110 volts = 1650 watts...1650 watts divided by 1000 = 1.65 kilowatts per machine]

What is Carbon Monoxide? Carbon monoxide is an odorless, colorless and tasteless gas that can make you sick or, under some circumstances, cause death. Carbon monoxide is created when fuel does not burn completely. Sources may include improperly venting fuel-burning appliances (e.g., generators). Carbon monoxide poisoning is sometimes mistaken for another illness. Symptoms include headache, dizziness, ringing in the ears, fatigue, increased perspiration, nausea, weakness and vomiting. Suspicion of carbon monoxide poisoning must lead to leaving the area immediately and calling 911 from another location. **Prevent Carbon Monoxide Issues** with proper ventilation and use of a UL-approved carbon monoxide detector with an audible alarm.

Generator Assistance: The following should be checked in accordance with manufacturer's guidance...

- OIL: Pressure, Temperature, Level
- WATER / COOLANT: Temperature, Levels
- Fuel level
- Fuel / Water Separator
- Amperage / Amps / Current
- Percent Load (KW)
- Voltage
- Frequency
- Battery Charge
- Engine Hours
- Services: Oil change every 250 hours of use; Change filters (air, fuel) every 500 hours of use
- Monitor for problems such as engine surging; engine hunting; and exhaust smoke, especially if color is other than clear, light grey or light black.

ESRD NETWORK 13



Serving Arkansas, Louisiana & Oklahoma Renal Communities

DISASTER PREPAREDNESS: 2011

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 preparedness 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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Reviewed as Recommendation: 05/25/07
Revised to Standard: 02/29/08
Reviewed as Standard: 08/12/08, 05/13/2011
Revised: 05/15/2009, 04/28/2010



KCER: Kidney Community Emergency Response Coalition

DISASTER / EMERGENCY RESOURCE LIST

Kidney Community Emergency Listserv:

ER@listserv.kidney.org

Kidney Community Toll Free Emergency Hotline:

888-33KIDNEY or 888-335-4363

Kidney Community Emergency Response / Preparedness Web Site:

www.kidney.org

Kidney Community Emergency Response Coalition (KCER):

- Website www.KCERCoalition.com
- Toll-Free Line 866-901-ESRD (3773)

Coordination of Staff / Volunteers: www.annanurse.org

Facility Tracking (open / closed status): <http://www.dialysisunits.com>

Kidney Community Conference Calls During an Emergency

Notices and dial-in phone numbers will be posted on the...

- KCER Web site
- KCER Toll-Free Line 866-901-ESRD (3773)



Kidney Community Emergency Response (KCER) Coalition

KEY INFORMATION TO HAVE ON HAND TO HELP INDIVIDUALS WITH KIDNEY FAILURE DURING AN EMERGENCY OR DISASTER

AAKP My Health™ is a location on www.aakp.org for patients to keep and retrieve information at any location and is invaluable in a disaster.

Preparing for Emergencies: A Guide for People on Dialysis (CMS) is available for download in English and Spanish at www.medicare.gov/dialysis.

End Stage Renal Disease (ESRD) Networks are under contract with Centers for Medicare & Medicaid Services (CMS) to provide assistance locating a dialysis facility, transplant assistance, or needed supplies and services. The ESRD Networks are also responsible for assisting federal, state, and local emergency personnel and coordinating national response efforts when needed. While any ESRD Network can assist you, the ESRD Network that provides services in your state is most familiar with the services available and facility locations. For a listing of all 18 ESRD Networks, the states where they provide services, and their toll free number, visit www.esrdnetworks.org.

Dialysis Services

If you are trying to locate a facility to obtain dialysis services and the regular treating facility does not have back-up arrangements in place, in addition to the ESRD Networks, you can call any of the following provider organizations for help. If you previously received care in a facility that is part of a particular organization, it is best to call that organization's number, as they can more easily get information from your electronic medical record. However, any of these organizations will help you, even if your facility was not part of one of the corporations listed.

Davita	1.800.400.8331
Fresenius Medical Care	1.800.626.1297
DCI	1.866.424.1990

Status of Impacted Facilities

For an on-line listing of the "open" and "closed" status of facilities in an impacted area, the services they provide, and a map to assist in locating the nearest facility, visit www.dialysisunits.com.

Kidney Community Emergency Response (KCER) Coalition

In the event of a disaster, call **1-888-33KIDNEY (1-888-335-4363)** or log on to www.kidney.org for information on how to obtain the service or assistance you need.

Transplant Assistance

For assistance related to a transplant kidney, contact the United Network of Organ Sharing (UNOS) (patient services) at **1.888.600.2662**.

Patient Assistance

Individuals or social workers (on behalf of an individual) can find information on available supplies, equipment, food, funding, etc. at www.kidneyfund.org or **1.800.638.8299**.

GOALS & ACTIVITIES

- Continuously improving plans by learning from past responses;
- Building lasting partnerships to advance national goals;
- Keeping up with changing national procedures; and
- Urging policymakers to integrate the special needs of the kidney community into disaster planning.

Additionally, the KCER Coalition conducts mock disaster drills and exercises that serve as training tools and opportunities for continuous quality improvement.

Information on the KCER's current activities can be found on the website, www.KCERcoalition.com

MEMBERSHIP

The KCER Coalition membership is open to anyone. The Coalition currently has eight Response Teams to work on individual parts of the overall plan and a Strategic Planning Committee to develop a comprehensive framework for kidney community emergency planning and response.

To join the Coalition, visit our website, www.KCERcoalition.com, and download a contact card. Or email kcer@nw7.esrd.net.

Patients in need of assistance should first contact their dialysis or transplant provider, their local emergency management office, or their local ESRD Network.

In the event that a crisis requires assistance outside of an ESRD Network's capability, KCER resources are available, including: a toll-free information line for key responders; kidney community conference calls during an emergency; an emergency listserv; a system for communicating facility open/closed status; and coordination of staff/volunteers. KCER hosts a kidney community toll-free emergency hotline for patients/providers at 888-33KIDNEY.

For more information
or to get involved with the KCER Coalition, visit:

www.KCERcoalition.com

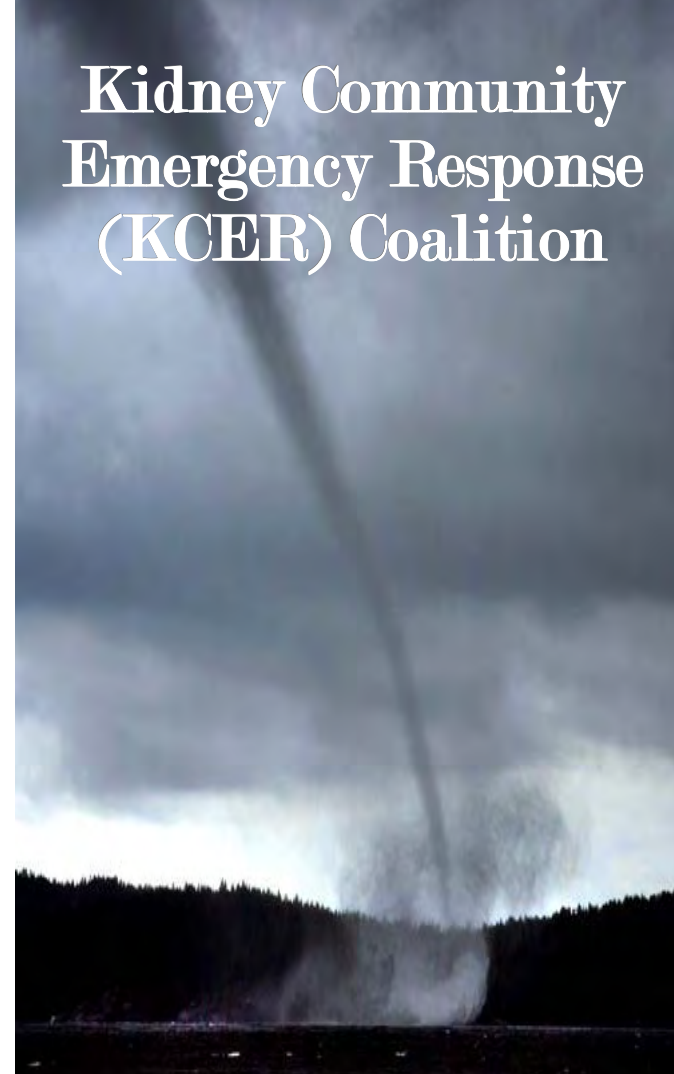
Under contract with CMS, FMQAI: The Florida ESRD Network (Network 7) serves as the lead for administrative support of the Coalition.

FMQAI: The Florida ESRD Network (Network 7)
KCER Coalition
5201 West Kennedy Blvd., Suite 900
Tampa, FL 33609

Phone (813) 383-1530
Fax (813) 354-1514
KCER@nw7.esrd.net



Kidney Community Emergency Response (KCER) Coalition



KCER COALITION

An emergency or disaster is an event that can result in significant harm to lives and/or property, as well as disruption in normal patterns of living. Emergency management officials create response mechanisms and guidelines to manage such events. But for the kidney community, emergencies and disasters can be the difference between life and death. Dialysis and kidney transplant patients must take special preparedness measures to ensure their own health and safety during and after disasters.

Over the past twenty years, on average, a federal disaster has been declared every week. These disasters vary from ice storms, flooding, earthquakes, and hurricanes to hazardous materials accidents and terrorist attacks. Life can be disrupted for one small community or an entire nation can be impacted.

MISSION

Collaboratively develop, disseminate, implement and maintain a coordinated preparedness and response framework for the kidney community in the event of any type of emergency or disaster.

HISTORY

The first National Disaster Summit for the kidney community was held in Washington, D.C. in January 2006. During the Summit, the Kidney Community Emergency Response (KCER) Coalition was formed in an effort to minimize disruption to life-sustaining dialysis and transplant services. The KCER is comprised of partners from the entire kidney community, representing: patient and professional organizations; practitioners serving the patient with kidney failure, such as nurses, technicians, dietitians, social workers, and physicians; providers, including independent dialysis facilities, large dialysis organizations and transplant facilities; hospitals; suppliers; ESRD Networks; state emergency and survey representatives; and federal agencies, including the FDA, CDC, NIH as well as CMS. The 2007 Summit was held on March 1 in Baltimore, Maryland. The KCER continues to hold annual Summit meetings to promote emergency preparedness in the kidney community.

VISION

KCER is the leading authority on emergency preparedness and response for the kidney community by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community nationwide.

RESPONSE TEAMS

- **Patient Assistance:** *Educate patients on preparedness, resources and financial aid*
- **Communication:** *During emergencies: toll-free helpline / email listserv / conference calls*
- **Facility and Patient Tracking:** *Track displaced patients and report on facility open / closed status*
- **Federal Response:** *Educate federal agencies and state partners / direct federal resources during a disaster response*
- **Facility Operations:** *Assist facilities with preparedness / response*
- **Sub-Team, Supplies and Services:** *Assist with plan for emergency distribution of supplies for dialysis / transplant care*
- **Coordination of Staff and Volunteers:** *Maintain database of emergency / disaster volunteers and educate on deployment*
- **Physician Placement and Assistance:** *Nephrology expertise for management of dialysis / transplant patients during a large-scale crisis and the exploration of tools needed to assist physicians whose practices have been disrupted by a disaster*
- **Pandemic Preparedness:** *Collaborate with federal / state agencies to continue services in the event of a major pandemic*



KCER: KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

PATIENT DISASTER DRILL QUESTIONNAIRE	PATIENT 1 ANSWERS/COMMENTS		PATIENT 2 ANSWERS/COMMENTS							
On a scale of 1 to 5 (1= not ready, 5= very ready) do you think you are ready for a disaster?	1	2	3	4	5	1	2	3	4	5
Has anyone from your clinic given you information about (insert disaster such as hurricane, tornado, flood, or earthquake)? What have you received? What have you been told?	Yes	No				Yes		No		
Have the nurses talked to you about possible pre storm schedule changes?	Yes	No				Yes		No		
Do you have an emergency/disaster kit at home? What is in the kit?	Yes	No				Yes		No		
Do you have a two week supply of medications to use in emergencies?	Yes	No				Yes		No		
Do you know about the "disaster diet?" What are the things you aren't supposed to have?	Yes	No				Yes		No		
Do you know how to hand crank your machine? In an emergency could you take yourself off the machine? Describe the process.	Yes	No				Yes		No		
If you had to evacuate, do you know where you would you go?	Yes	No				Yes		No		
Do you need transportation assistance to evacuate?										
Do you know if there is a shelter that is special for dialysis patients? Are you registered?	Yes	No				Yes		No		
Have you thought about leaving the area? If so, where are you going?	Yes	No				Yes		No		
Do you have pets? If you do, what are you going to do with them?	Yes	No				Yes		No		
Do you have a way to get to treatment if the transportation you use isn't available?	Yes	No				Yes		No		
Has your clinic given you phone numbers so that you can contact someone to set-up treatment after a disaster? How would you schedule treatment?	Yes	No				Yes		No		
Do you know how to find a dialysis facility if yours is closed? How?	Yes	No				Yes		No		

Date _____

Name of person filling out this form _____

Notes _____



KCER: KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

FACILITY STAFF DISASTER DRILL QUESTIONNAIRE	STAFF ANSWERS/COMMENTS	
On a scale of 1 to 5 (1= not prepared, 5=very prepared), how prepared do you feel your facility and patients are for a disaster?	1	2 3 4 5
How prepared do you think you are, personally, at home?	Yes	No
Is any of the facility staff planning to evacuate? Ask them about their plan and the location they will be evacuating to.	Yes	No
Does your facility have a disaster manual? If yes, ask to see it.	Yes	No
Do you know the personal plan of each patient? Will they evacuate to a shelter, leave the area or remain in their home?	Yes	No
Do you know if there is a designated shelter in your area for dialysis patients? Are your patients registered?	Yes	No
Have the patients been given instructions regarding the "disaster diet?" Were the instructions given verbally or in writing? When?	Yes	No
Is there a plan in place to provide patients with a copy of their most recent treatment orders, medication lists and care plans before a disaster?	Yes	No
Have you updated patient contact, allergy and medication lists? When was the last time you did so?	Yes	No
Does the facility have a plan for contacting patients both before and after a disaster? How will that be done?	Yes	No
Is there a designated person in the facility responsible for contacting patients? Who? Is there a back-up person for this role, too?	Yes	No
Does your facility have a designated "backup facility"? If so, do both patients and staff know the name of the facility and where it is located?	Yes	No
Do the patients know how to contact the facility/backup facility after a disaster?	Yes	No
Are there plans in place for protection of both medical records and equipment/building before a disaster?	Yes	No
Are you aware that you should contact your local ESRD Network after a disaster if you are impacted (damaged or without utilities) and unable to provide patient care?	Yes	No
Have there been any arrangements made for providing or assisting with staff housing, fuel or food after a disaster?	Yes	No
Is there a designated staff person to assess any disaster damage? Who is notified of the assessment?	Yes	No

Does the facility have a "disaster phone tree"? Who can the medical director contact in the event he cannot contact the facility via telephone? Does the Network have your emergency contact numbers?	Yes	No
Assuming the facility is operable after a disaster, do you have the capacity and would you take additional patients?	Yes	No
Are arrangements in place to obtain additional supplies? What are they?	Yes	No
Do you have written "disaster standing orders" for each patient? If not, what are your plans for treatment? How is the Medical Director involved?	Yes	No
Do you have a non-electric phone available in the facility?	Yes	No
Does your facility have a generator? If so, when was the last time it was serviced? Ask for the monthly maintenance log and check fuel.	Yes	No
Do you have an agreement to obtain a generator? When could it arrive?	Yes	No
Do you have an agreement with a company to ensure fuel delivery for the generator?	Yes	No
In the event that your generator is not operable, are the staff and patients familiar with the hand-cranking procedure? How often are the patients trained/reminded of this activity?	Yes	No
Does your facility have the appropriate and up-to-date water testing materials?	Yes	No
Are there staff at the facility who know how to do the water testing? How many? Who are they?	Yes	No
In the event there is no water, does the facility have the means to hook up a water tanker?	Yes	No
Do you have an agreement in place to have potable water delivered post event?	Yes	No
Do you have a plan for how refrigerated meds will be secured? What is it?	Yes	No
Have provisions been made for infectious waste? What are they?	Yes	No

Date _____

Name of person filling out this form _____

Notes _____



You can access information on
ESRD Networks, Coalition activities, and
available tools and resources
www.KCERCoalition.com

In the event of a disaster, call
1-888-33KIDNEY (1-888-335-4363)
for information on how to
obtain assistance or services.

FMQAI: The Florida ESRD Network (Network 7) / KCER Coalition
5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609
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This brochure was developed by FMQAI: The Florida ESRD Network while under contract with the Centers for Medicare & Medicaid Services, Baltimore, Maryland. Contract #HHSM-500-2006-NW007C. The contents presented do not necessarily reflect CMS policy.



Save a Life

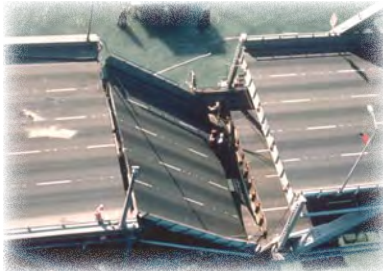
What You Need to Know About Emergency Preparedness for Individuals with Kidney Disease

BASIC REQUIREMENTS FOR DIALYSIS...

- ✓ **Space** to do the treatment
- ✓ **Dialysis machines**
- ✓ **Electricity** to run the equipment. If electricity is not available, one dialysis machine would require a 1.65KW size generator. An average facility has 16-20 dialysis machines and a water treatment system requiring at least a 50KW generator.
- ✓ **Potable water** for use in the treatment. Each treatment requires a minimum of ~100 gallons of treated, pressurized water.
- ✓ **Water treatment equipment** using 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.

INDIVIDUALS WITH KIDNEY FAILURE SHOULD...

- ✓ Make an emergency supply kit.
- ✓ Make an emergency plan to include:
 - * List of medicines and allergies
 - * Evacuation plan
 - * Dialysis facility's name, address, physician name, phone numbers
 - * Other dialysis facilities in the area
 - * Backup transportation
- ✓ Talk to the health care 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.
- ✓ Share an out-of-state emergency contact with the kidney care team.
- ✓ Follow the physician's advice regarding diet and fluid intake during a disaster. Obtain a description of the "disaster diet" and keep supplies onhand.
- ✓ Follow the same frequency for dialysis services when possible.



DIALYSIS PROVIDERS SHOULD...



- ✓ Identify a leader and an alternate who can lead the facility's emergency preparation and response activities.
- ✓ Make a plan to secure and protect equipment, supplies, and records.
- ✓ Develop and maintain a list of emergency phone numbers for staff and patients.
- ✓ Have an emergency plan for patients.
- ✓ In the event of a disaster, report the facility's status to the ESRD Network: if the facility is "open" (e.g., able to provide dialysis in a safe environment) or "closed."
- ✓ If a provider is unable to reach their ESRD Network, call 866-901-ESRD (3773) for information on who to call and what help is available.

EMERGENCY MANAGEMENT SHOULD...

Planning & Logistics

- ✓ Include individuals with kidney failure in emergency management plans and involve ESRD Networks and dialysis facilities in all planning efforts.
- ✓ Assist in locating or providing alternate sites for treatment if dialysis clinic operations are impacted by the disaster.



Utilities and Services

- ✓ List dialysis facilities as priority locations for restoration of services such as power, water, phone, generators, fuel, and tanker water.
- ✓ Assist dialysis personnel in locating/obtaining limited resources/supplies such as gasoline and temporary housing.

Evacuation and Transportation

- ✓ Encourage early evacuation of individuals with kidney failure if they are on dialysis, with caretakers and/or family members. 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.



Sheltering:

- ✓ At emergency shelters, have the shelter intake managers ask if the person requires dialysis or has a transplanted organ.
- ✓ If the area has a large population of dialysis patients, consider designating certain shelters as the "go to" locations for dialysis patients.
- ✓ Recognize that individuals with kidney failure 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.

ESRD Network 13 Dialysis Patient Information Card	Patient Name:		End Stage Renal Disease Toll Free Phone Numbers	DaVita - Hurricane Hotline	1.800.400.8331
	Patient Address:			DCI - Patient Transient Assistance	1.866.424.1990
	Patient Telephone:	UPI:		FMCNA - Hurricane Hotline	1.800.626.1297
	Dialysis Unit:			Kidney Transplant Hotline (UNOS)	1.888.894.6361
	Unit Address:			Kidney Community Toll Free (KCER)	1.888.335.4363
	Unit Telephone:	ER#:		ESRD NETWORKS	
	Nephrologist:			Network 6 (Georgia, N Carolina, S Carolina)	1.800.524.7139
	Neph Telephone:			Network 7 (Florida)	1.800.826.3773
	Dialysis Rx: _____ Hours _____ X/Week			Network 8 (Alabama, Mississippi, Tennessee)	1.877.936.9260
				Network 13 (Arkansas, Louisiana, Oklahoma)	1.800.472.8664
		Network 14 (Texas)	1.877.886.4435		
		http://www.network13.org	http://www.kidney.org/help		

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ESRD Network 13 Transplant Patient Info	Patient Name:		Toll Free Phone Numbers	Kidney Transplant Hotline (UNOS)	1.888.894.6361	
	Patient Address:			Kidney Community Toll Free (KCER)	1.888.335.4363	
	Patient Telephone:	UPI:		ESRD NETWORKS		
	Transplant Center:			Network 6 (Georgia, N Carolina, S Carolina)	1.800.524.7139	
	Unit Address:			Network 7 (Florida)	1.800.826.3773	
	Unit Telephone:	ER#:		Network 8 (Alabama, Mississippi, Tennessee)	1.877.936.9260	
	Transplant Unit Web Site:			Network 13 (Arkansas, Louisiana, Oklahoma)	1.800.472.8664	
	Pharmacy Telephone:			Network 14 (Texas)	1.877.886.4435	
	Lab Telephone:			http://www.network13.org	http://esrdnetworks.org	
				http://www.kidney.org/help	http://www.unos.org	

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DIALYSIS PATIENT

Facility Name: _____

Shift: _____

Facility Address: _____

Place on the Dashboard of Your Car

- DaVita - Hurricane Hotline.....1.800.400.8331
- DCI - Patient Transient Assistance.....1.866.424.1990
- FMCNA - Hurricane Hotline.....1.800.626.1297
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- ESRD NETWORKS**
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DIALYSIS STAFF

Facility Name: _____
 Shift: _____
 Facility Address: _____

Place on the Dashboard of Your Car

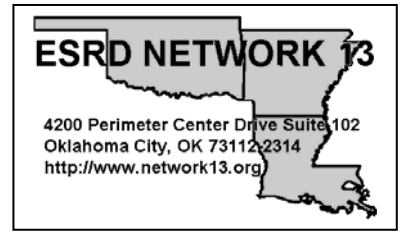
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<http://www.network13.org> <http://www.kcercoalition.com>

**ESRD NETWORK 13: DIALYSIS PATIENT
EMERGENCY READINESS NEEDS ASSESSMENT: 2011**



Basic Demographics

Patient Name (last, first):

Dialysis Provider (name / address):

Emergency Planning: (Place mark answers as given, as well as either YES or NO)

1. **QUESTION:** How are you planning on making alternate arrangements for dialysis treatments in the event of an emergency?

- | | |
|--|--|
| <input type="checkbox"/> a. Contact your dialysis facility social worker? | <input type="checkbox"/> d. Call the American Red Cross? |
| <input type="checkbox"/> b. Contact your corporate dialysis organization 800 number? | <input type="checkbox"/> e. Contact the Office of Public Health? |
| <input type="checkbox"/> c. Call the ESRD Network 800 number? | <input type="checkbox"/> f. I don't know how. |

		YES	NO
2.	QUESTION: Do you and/or your family have a plan in the event of hurricanes, terrorism, tornadoes, floods, etc.?		
	<i>IF question 2 were answered YES, would assistance be needed to carry out plan?</i>		
3.	QUESTION: Are you aware of the booklet <u>Preparing for Emergencies: "A Guide for People on Dialysis"</u> ?		
	<i>IF question 3 is answered YES, ask if the patient has a personal copy of this booklet?</i>		
	<i>IF question 3 is answered NO, ask if the patient would like to receive a copy of this booklet? Booklet is available in .pdf format at the following web site http://www.medicare.gov/Publications/Pubs/pdf/10150.pdf</i>		
4.	QUESTION: Emergency Readiness:		
	4.a. Do you have a prepared document of your medical history?		
	4.b. Do you have/know your current dialysis prescription?		
	4.c. Do you have a copy of your current lab?		
	4.d. Do you keep an emergency supply of food and medicines?		
	4.e. Do you have a current list of your medications?		
	4.f. Do you know what diet and fluid restrictions to follow if your dialysis is delayed?		
	4.g. Do you know how to disinfect water?		
5.	QUESTION: Do you have your own dependable means of transportation for evacuation purposes (i.e., do not need public transportation)?		
6.	QUESTION: Are you opposed to evacuating (i.e., riding) with a stranger such as someone appointed from a neighboring church or another dialysis patient?		

Continued

		YES	NO
7.	QUESTION: If an evacuation is ordered for your area, will you evacuate?		
IF question 7 is answered NO, ask for a reason such as: (Check ALL that apply)			
<input type="checkbox"/> a. No available means of transportation <input type="checkbox"/> e. No available assistance from family / friends / church <input type="checkbox"/> b. No money for gasoline <input type="checkbox"/> f. Unwilling to leave home / pets <input type="checkbox"/> c. No money for lodging <input type="checkbox"/> g. Other (explain): _____ <input type="checkbox"/> d. No available lodging with family / friends / church			
IF question 7 is answered YES, ask the following questions...			
	7.a. Do you have a "TARGETED EVACUATION DESTINATION"? (<i>such as relatives'/friends' homes, motel/hotel, church, Red Cross Shelter</i>)		
IF question 7.a. is answered YES, please ask for location...			
WHERE (City/State)? _____			
	7.b. Will you need help in making your temporary dialysis arrangements?		
	7.c. Will you have or be able to obtain necessary medications, supplies, and equipment at the "Targeted Evacuation" destination?		
	7.d. Is your "Targeted Evacuation" destination aware of your dialysis needs (i.e., dietary, medical)?		
8.	QUESTION: Do you know what to do if you are on a dialysis machine and must get off in an emergency?		
9.	QUESTION: In the event that your dialysis facility experiences damage (i.e., no power, no water, no phone service, etc.) have you been instructed how to get information about the facility and alternate arrangements?		
IF question 9. Is answered YES, please list how information is obtained (e.g., corporate office, cell phone, radio/television stations, etc.)			

Patient Name:

Facility Name:

CMS Provider Number:

SAMPLE: “Mutual Aid Agreement” for Provision of Dialysis Services

Whereas,

“DIALYSIS CENTER ‘A’” (“XXX-A”) and “DIALYSIS CENTER ‘B’” (“XXX-B”) are Medicare-certified providers of outpatient dialysis and related services, and thus responsible for the ongoing delivery of life-sustaining care to individuals with kidney failure who typically receive, or are eligible to receive, dialysis at the “XXX-A” facilities shown in Exhibit 1 and the “XXX-B” facilities shown in Exhibit 2,

And Whereas,

“DIALYSIS CENTER ‘A’” and “DIALYSIS CENTER ‘B’” acknowledge that certain natural disasters such as windstorms, floods, fires, hurricanes, earthquakes, etc., or other events may cause one or multiple dialysis facilities in a given geographic area to become non-operational or inaccessible for undetermined periods of time,

And Whereas,

Both parties agree that alternative dialysis resources may be required to accommodate the needs of dialysis patients that have been temporarily displaced from their normal treatment facility or system of care,

Therefore,

Both parties hereby consent to this Mutual Aid Agreement as follows:

1. Preparedness. Both parties agree to identify an emergency communications process between them and to establish and maintain the appropriate contact information.
2. Notification. If a natural disaster or other event creates an immediate scarcity of dialysis resources that cannot be reasonably accommodated in a timely manner, either provider may contact the other to inquire about the availability of dialysis capacity at other accessible facilities.
3. Best Efforts. If a request for Mutual Aid occurs, the recipient commits to making best efforts to identify opportunities to safely expand or leverage existing capacity, and/or to launch reserve or surge capacity where it might exist.
4. Use of Non-licensed Stations. The _____ State Department of Health will generally permit the use of non-licensed (non-certified) dialysis stations during an emergency on condition that the stations revert to normal status immediately following the end of the event. To notify DOH and obtain permission, contact _____

5. Resource Collaboration. In the provision of Mutual Aid, both parties agree to contribute, to whatever extent is deemed reasonable, safe and practical, any resources each party can make available, including equipment, supplies, staff, etc.

- 6. Patient Information. It will be the responsibility of the requesting party to transmit or otherwise provide a patient profile and set of current dialysis orders for each patient referred to the other on an emergency or temporary basis. In the event such information is not made available or is deemed unreliable at the time the patient presents, the alternate provider will invoke its own standing orders for emergency dialysis.
- 7. Patient Status. Patients referred to an alternate dialysis facility on an emergency, temporary basis will be treated as Visitor Patients. It will be the responsibility of the alternate provider to obtain whatever treatment consent, financial consent and other registration information it deems necessary to provide dialysis care.
- 8. Financial Risk. In the provision of Mutual Aid, each party assumes the full financial risks associated with the delivery of treatments in their own facilities. Unless specifically agreed to in advance by both parties, neither party has an expectation or obligation to share revenues or expenses associated with the provision of dialysis treatments during the emergency or temporary period.
- 9. Regulatory Reporting Requirements. During a period of provision of Mutual Aid, both parties will adhere to the normal reporting requirements of ESRD Network 13 and other regulatory agencies.
- 10. Independent Contractors. In the performance of their respective tasks in the provision of Mutual Aid, it is mutually understood and agreed that the parties are at all times acting as independent contractors, and that neither shall have nor exercise any control or direction over the methods by which the other shall perform such tasks. No agency or employment relationship, partnership, joint venture or other business organization is created hereby.
- 11. Liability and Indemnification. Each party assumes full legal liability for errors and omissions committed, or alleged to have been committed, on the premises of their own facilities. To the extent permitted by its policies of insurance without affecting coverage thereby offered, each party waives any rights of subrogation against the other, and agrees to indemnify and hold harmless the other from any loss determined to be the indemnifying party's own responsibility.
- 12. Non-Binding. It is understand by both parties that this Mutual Aid Agreement is a good-faith statement of intent to make best efforts to provide services to each other's patients on an as-needed, as-available basis during an emergency, but is otherwise not contractually binding on either party.

13. Acceptance.

_____	_____
Signed _____	Signed _____
Printed _____	Printed _____
Title _____	Title _____
Date _____	Date _____

SAMPLE: County/Parish Emergency Management Support Form

Purpose: The purpose of this County/Parish Emergency Management Support form is to communicate your facility status to the county/parish Emergency Management office servicing your area. This information will enable local Emergency Management to determine what resources are available and what services might be needed in the event of an emergency affecting your facility.

We recommend that this information is forwarded to the Emergency Support Function 8 Desk (ESF 8; Health and Medical Services) at your county/parish Emergency Management office on an annual basis and/or any time there is a change in this information.

LOUISIANA ESRD PROVIDERS: It may be beneficial to re-submit this information prior to the Hurricane Season (June 1 – November 30). Remember, although your parish may not have an ESF 8 Desk, every parish has an Emergency Management office. Contact information for your local emergency management is located within your Network 13 Disaster Resource materials (CD / Hard copy), as well as the Network Web site (www.network13.org).

Instructions:

1. Complete the facility demographic information and be sure to include all available emergency contact names and phone numbers in the order of call preference.
2. Complete Clinic Manager/Administrator information, including name and any/all emergency contact numbers.
3. Complete Medical Director Information, including name, office back line phone number and alternate emergency number.
4. Complete Corporate/chain affiliation information, if applicable.
5. List your power utility provider and the number of your electric meter. This number can be found on your utility bill and may expedite the diagnostic process if your facility loses power.
6. Complete information regarding alternate power sources/generators available at your facility, including the type of fuel used to power the generator. If you do not have a permanent generator, indicate whether you have a transfer switch installed for use of a temporary generator.
7. Complete information regarding water storage and hookup capabilities in your facility.
8. Indicate any/other special instructions that may be helpful to the county/parish EOC office in facilitating services in the event of an emergency/disaster.
9. Indicate person completing the form and the date completed.
10. Forward to your county Emergency Management office, ATTN: ESF 8 (if applicable).

COUNTY/PARISH EMERGENCY MANAGEMENT SUPPORT FORM

DIALYSIS CLINIC NAME:	
PHYSICAL ADDRESS	
MAIN PHONE NUMBER:	MAIN FAX NUMBER:
EMERGENCY ALTERNATE NUMBERS:	
POWER COMPANY & METER #:	
PERMANENT GENERATOR? Y <input type="checkbox"/> N <input type="checkbox"/>	TYPE OF FUEL
IF NO, IS TRANSFER SWITCH INSTALLED/AVAILABLE? Y <input type="checkbox"/> N <input type="checkbox"/>	
WATER STORAGE? Y <input type="checkbox"/> N <input type="checkbox"/>	GALLONS
WATER HOOKUP? Y <input type="checkbox"/> N <input type="checkbox"/>	
CONTACT INFORMATION: (PHONE/EMAIL)	
1. LOCAL CLINIC MGR:	
2. LOCAL ADMINISTRATOR:	
3. LOCAL MEDICAL DIRECTOR:	
4. CORPORATE OFFICE NUMBER:	
5. CORPORATE EMERGENCY CONTACT(S):	
COMMENTS/SPECIAL INSTRUCTIONS:	
COMPLETED BY:	DATE:

Date:

Local Electric Company
123 Main St
Anytown, State, Zip

RE: Local Dialysis Center
456 Maple Avenue
Anytown, State, Zip

DEAR DIRECTOR OF OPERATIONS:

I am sending this annual certified letter to you to in order to maintain consistent communication between our entities. The intent is to remind you of our continued presence in the community and to provide a reminder that we are highly dependent on electrical power for our life-sustaining operations.

Our company, _____,
provides dialysis service to, on average _____ patients in the local area.

We understand that there can be situations where power is lost due to unplanned occurrences, and that is a fact of life we must all work with. We have prepared contingencies for these short-term situations. However, if power is lost for long periods of time, considerable intervention is needed. Logistical challenges include triage, relocation of patients, alternative treatment availability, transportation issues, and staffing concerns. Lives are at risk when dialysis cannot be performed.

Our facility (does / does not) have generator capability.

GENERATOR INFO AS APPLICABLE:

Please recognize that we are a critical medical facility and as such, we request to be on your priority list for the restoration of power services. Your attention and consideration of our situation is greatly appreciated. The actions that you take will benefit our patients and reduce strain on local hospitals. Enclosed is a fact sheet about kidney failure and the various treatment options. Please call me if there are any questions. Thank you for your time and attention.

Sincerely,

Mary Smith, RN
Facility Manager
Local Dialysis Center
456 Maple Avenue
Anytown, State, Zip

Date:

Local Water Company
123 Main St
Anytown, State, Zip

RE: Local Dialysis Center
456 Maple Avenue
Anytown, State, Zip

TO THE DIRECTOR OF OPERATIONS:

Once a year I communicate with all of the water authorities who supply our dialysis facility. This certified letter is intended as a reminder of our presence in your community and of our mission to serve the needs of our citizens with kidney failure (End Stage Renal Disease). I am sure that you are aware of the requirement for high quality water to treat dialysis patients. Our daily evaluation process starts with an analysis of the water delivered to our facility (feed water). The standard that we operate from is much more stringent than EPA drinking water standards. Our water treatment system is designed to meet National AAMI Standards, and the equipment selection for each clinic is based on both the feed water analysis from your jurisdiction as well as an analysis performed by our own laboratory.

Typically, our clinics take the water supplied by the local water authority, increase the pressure, pre-filter for particulates, soften the water, remove the chlorine, and then purify it by means of reverse osmosis. We also utilize ultra-filtration in our product water which removes unwanted bacteria, endotoxins. Our facility dialyzes multiple shifts of patients, typically six days per week, and do use a large volume of water. Enclosed is a fact sheet about kidney failure and the various treatment options. Please call me if there are any questions.

Although we pre-treat and purify the water that you supply, our systems are designed and "sized" based on the feed water analysis originally provided by your jurisdiction. In essence, there are limitations to the performance capability of our equipment. Of key concern to me are changes implemented regarding Chloride/Chloramines, Fluoride, and Aluminum. The water quality in our facilities is in direct contact with our patient's blood stream, so effects that might not harm you or I, could be fatal to a dialysis patient.

I would like to request communication to me anytime there is a change in water quality that may have an adverse effect on our systems. A change of extreme nature may have the ability to defeat our safeguards.

Since the purpose of this annual communication is to maintain a viable link between your operation and ours, I will greatly appreciate your response this letter. Often times there are changes that take place with plant management, contact personnel and phone numbers. Please reply to me either by fax at (____) _____ - _____ or by mail at your earliest convenience. Thank you for your consideration and assistance in our efforts to provide our patients with safe dialysis treatments.

Sincerely,

Mary Smith, RN
Facility Manager
Local Dialysis Center
456 Maple Avenue
Anytown, State, Zip

RISK ANALYSIS RESOURCE: Saffir-Simpson Hurricane Wind Scale

The Saffir-Simpson Hurricane Wind Scale is a 1 to 5 categorization based on the hurricane's intensity at the indicated time. The scale provides examples of the type of damage and impacts in the United States associated with winds of the indicated intensity. In general, damage rises by about a factor of four for every category increase

The scale does not address the potential for other hurricane-related impacts, such as storm surge, rainfall-induced floods, and tornadoes. It should also be noted that these wind-caused damage general descriptions are to some degree dependent upon the local building codes in effect and how well and how long they have been enforced. For example, building codes enacted during the 2000s in Florida, North Carolina and South Carolina are likely to reduce the damage to newer structures from that described below. However, for a long time to come, the majority of the building stock in existence on the coast will not have been built to higher code. Hurricane wind damage is also very dependent upon other factors, such as duration of high winds, change of wind direction, and age of structures.

Category One Hurricane (Sustained winds 74-95 mph)

“Very dangerous winds will produce some damage”

People, livestock, and pets struck by flying or falling debris could be injured or killed. Older (mainly pre-1994 construction) mobile homes could be destroyed, especially if they are not anchored properly as they tend to shift or roll off their foundations. Newer mobile homes that are anchored properly can sustain damage involving the removal of shingle or metal roof coverings, and loss of vinyl siding, as well as damage to carports, sunrooms, or lanais. Some poorly constructed frame homes can experience major damage, involving loss of the roof covering and damage to gable ends as well as the removal of porch coverings and awnings. Unprotected windows may break if struck by flying debris. Masonry chimneys can be toppled. Well-constructed frame homes could have damage to roof shingles, vinyl siding, soffit panels, and gutters. Failure of aluminum, screened-in, swimming pool enclosures can occur. Some apartment building and shopping center roof coverings could be partially removed. Industrial buildings can lose roofing and siding especially from windward corners, rakes, and eaves. Failures to overhead doors and unprotected windows will be common. Windows in high-rise buildings can be broken by flying debris. Falling and broken glass will pose a significant danger even after the storm. There will be occasional damage to commercial signage, fences, and canopies. Large branches of trees will snap and shallow rooted trees can be toppled. Extensive damage to power lines and poles will likely result in power outages that could last a few to several days.

Category Two Hurricane (Sustained winds 96-110 mph)

“Extremely dangerous winds will cause extensive damage”

There is a substantial risk of injury or death to people, livestock, and pets due to flying and falling debris. Older (mainly pre-1994 construction) mobile homes have a very high chance of being destroyed and the flying debris generated can shred nearby mobile homes. Newer mobile homes can also be destroyed. Poorly constructed frame homes have a high chance of having their roof structures removed especially if they are not anchored properly. Unprotected windows will have a high probability of being broken by flying debris.

Well-constructed frame homes could sustain major roof and siding damage. Failure of aluminum, screened-in, swimming pool enclosures will be common. There will be a substantial percentage of roof and siding damage to apartment buildings and industrial buildings. Unreinforced masonry walls can collapse. Windows in high-rise buildings can be broken by flying debris. Falling and broken glass will pose a significant danger even after the storm. Commercial signage, fences, and canopies will be damaged and often destroyed. Many shallowly rooted trees will be snapped or uprooted and block numerous roads. Near-total power loss is expected with outages that could last from several days to weeks. Potable water could become scarce as filtration systems begin to fail.

Category Three Hurricane (Sustained winds 111-130 mph)

“Devastating damage will occur”

There is a high risk of injury or death to people, livestock, and pets due to flying and falling debris. Nearly all older (pre-1994) mobile homes will be destroyed. Most newer mobile homes will sustain severe damage with potential for complete roof failure and wall collapse. Poorly constructed frame homes can be destroyed by the removal of the roof and exterior walls. Unprotected windows will be broken by flying debris. Well-built frame homes can experience major damage involving the removal of roof decking and gable ends. There will be a high percentage of roof covering and siding damage to apartment buildings and industrial buildings. Isolated structural damage to wood or steel framing can occur. Complete failure of older metal buildings is possible, and older unreinforced masonry buildings can collapse. Numerous windows will be blown out of high-rise buildings resulting in falling glass, which will pose a threat for days to weeks after the storm. Most commercial signage, fences, and canopies will be destroyed. Many trees will be snapped or uprooted, blocking numerous roads. Electricity and water will be unavailable for several days to a few weeks after the storm passes.

Category Four Hurricane (Sustained winds 131-155 mph)

“Catastrophic damage will occur”

There is a very high risk of injury or death to people, livestock, and pets due to flying and falling debris. Nearly all older (pre-1994) mobile homes will be destroyed. A high percentage of newer mobile homes also will be destroyed. Poorly constructed homes can sustain complete collapse of all walls as well as the loss of the roof structure. Well-built homes also can sustain severe damage with loss of most of the roof structure and/or some exterior walls. Extensive damage to roof coverings, windows, and doors will occur. Large amounts of windborne debris will be lofted into the air. Windborne debris damage will break most unprotected windows and penetrate some protected windows. There will be a high percentage of structural damage to the top floors of apartment buildings. Steel frames in older industrial buildings can collapse. There will be a high percentage of collapse to older unreinforced masonry buildings. Most windows will be blown out of high-rise buildings resulting in falling glass, which will pose a threat for days to weeks after the storm. Nearly all commercial signage, fences, and canopies will be destroyed. Most trees will be snapped or uprooted and power poles downed. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Long-term water shortages will increase human suffering. Most of the area will be uninhabitable for weeks or months.

Category Five Hurricane (Sustained winds greater than 155 mph)

“Catastrophic damage will occur”

People, livestock, and pets are at very high risk of injury or death from flying or falling debris, even if indoors in mobile homes or framed homes. Almost complete destruction of all mobile homes will occur, regardless of age or construction. A high percentage of frame homes will be destroyed, with total roof failure and wall collapse. Extensive damage to roof covers, windows, and doors will occur. Large amounts of windborne debris will be lofted into the air. Windborne debris damage will occur to nearly all unprotected windows and many protected windows. Significant damage to wood roof commercial buildings will occur due to loss of roof sheathing. Complete collapse of many older metal buildings can occur. Most unreinforced masonry walls will fail which can lead to the collapse of the buildings. A high percentage of industrial buildings and low-rise apartment buildings will be destroyed. Nearly all windows will be blown out of high-rise buildings resulting in falling glass, which will pose a threat for days to weeks after the storm. Nearly all commercial signage, fences, and canopies will be destroyed. Nearly all trees will be snapped or uprooted and power poles downed. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Long-term water shortages will increase human suffering. Most of the area will be uninhabitable for weeks or months.



EARTHQUAKE SAFETY FOR NETWORK 13 DIALYSIS PROVIDERS: 2011

SEVEN STEPS TO EARTHQUAKE SAFETY:

1. **Secure Items NOW.** Fix potential hazards in your dialysis units
 - ✓ Conduct a hazard hunt to identify unsecured items such as computers, televisions, bookcases/storage shelving, unstrapped water containers
 - ✓ Secure top-heavy items to walls
 - ✓ Install flexible connectors on any gas appliances
 - ✓ Store flammable or hazardous materials on lower shelves

2. **PLAN NOW.** Earthquake planning is relatively new to our geographic area. Incorporate earthquake safety in your existing disaster planning for dialysis/transplant units, as well as for your patients.
 - ✓ Practice “Drop, Cover, and HOLD on”
 - ✓ Know how and when to shut off utilities

3. **REVISIT YOUR EXISTING DISASTER KITS** and make sure that you have the necessary items.

4. **IS YOUR DIALYSIS UNIT SAFE?** Fix any existing potential weaknesses
 - ✓ Consultation with local engineers or building management may be necessary to address structural items
 - ✓ Building codes vary from location to location, but attention should be paid to...
 - Framing: Residential framing should be bolted at least every 6 feet to the perimeter of the concrete foundation (every 4 feet in a multistory building)
 - Buildings with crawl space should have plywood connecting the studs of the short “cripple” walls.
 - Larger openings in the lower floors should be properly reinforced.
 - Masonry walls should be reinforced
 - ✓ Water heaters and/or water containers may need to be strapped to wall studs
 - ✓ See if and where major furniture pieces can be secured to walls
 - ✓ Explore retrofitting with building management where applicable and/or possible

5. DROP, COVER, and HOLD ON!!! What to do during earthquakes and aftershocks...
 - ✓ During earthquakes, drop to the floor and seek cover under sturdy furniture (e.g., desk, table) and firmly hold on. DO NOT head for the doorway. Historically, doorways were thought to be the safest place to be during earthquakes. This is only true if you are in an old, unreinforced, adobe shelter. In modern buildings, doorways are no stronger than any other part. Dialysis staff and folks in waiting areas should protect their head and neck with their arms.
 - ✓ Explain to your dialysis patients that the staff will be taking cover and as soon as the earthquake stops, each patient will be attended to safely discontinue dialysis or be instructed to initiate their take-off procedure
 - ✓ The areas near exterior walls are considered very dangerous. Windows, facades, and architectural details are often the first parts of the building to collapse. AVOID large glass windows as broken glass can be hazardous during and after an earthquake
 - ✓ DO NOT be surprised if sprinkler systems and/or fire alarms activate
 - ✓ DO NOT try to go outside during shaking

6. CHECK EVERYTHING OUT!!!
 - ✓ CHECK for injuries first. Make sure that your emergency supply kit has the necessary items to address immediate first aid needs such as cuts, lacerations.
 - ✓ CHECK for damages that need immediate attention
 - Shut off main gas valve only if a leak is suspected. Wait for the gas company to turn back on.
 - Shut off power at main breaker switch if any wiring is compromised or damaged. Unplug broken lights and/or equipment to prevent fires
 - Spilled hazardous materials such as bleach, chemicals, gasoline should be covered with dirt or cat litter
 - STAY AWAY from downed power lines and objects in contact with them

7. COMMUNICATE and RECOVERY
 - ✓ Turn on battery-operated radios and/or TVs for information and advisories
 - ✓ Continue to communicate with all staff and patients as to status of operations
 - ✓ Have a dedicated phone line (e.g., fax machine)
 - ✓ Social media options may be useful (i.e., texting) if other forms of communications are limited
 - ✓ Notify the Network if normal operations are not possible

The information on this fact sheet is generated from reviewing materials created by the Earthquake Country Alliance, California, USA (<http://www.earthquakecountry.info>)

Management of Crush Injuries & Crush Syndrome... “After The Earthquake”

Background:

Crush injury and crush syndrome may result from structural collapse during an earthquake. **Crush injury** is defined as compression of extremities or other parts of the body that causes muscle swelling and/or neurological disturbances in the affected areas of the body. Typically affected areas of the body include lower extremities, upper extremities, and trunk. **Crush syndrome** is localized crush injury with systemic manifestations. These systemic effects are caused by a traumatic rhabdomyolysis (muscle breakdown) and the release of potentially toxic muscle cell components and electrolytes into the circulatory system. Crush syndrome can cause local tissue injury, organ dysfunction, and metabolic abnormalities, including acidosis, hyperkalemia, and hypocalcemia.

Previous experience with earthquakes that caused major structural damage has demonstrated that the incidence of crush syndrome is 2-15% with approximately 50% of those with crush syndrome developing acute renal failure and over 50% needing fasciotomy. Of those with renal failure, 50% need dialysis.

Clinical Presentation

Sudden release of a crushed extremity may result in **reperfusion syndrome**—acute hypovolemia and metabolic abnormalities. This condition may cause lethal cardiac arrhythmias. Further, the sudden release of toxins from necrotic muscle into the circulatory system leads to myoglobinuria, which causes renal failure if untreated.

Hypotension

- Massive third spacing occurs, requiring considerable fluid replacement in the first 24 hours; Patients may sequester (third space) more than 12 L of fluid in the crushed area over a 48-hour period
- Third spacing may lead to secondary complications such as compartment syndrome, which is swelling within a closed anatomical space; compartment syndrome often requires fasciotomy
- Hypotension may also contribute to renal failure

Renal Failure

- Rhabdomyolysis releases myoglobin, potassium, phosphorous, and creatinine into the circulation
- Myoglobinuria may result in renal tubular necrosis if untreated
- Release of electrolytes from ischemic muscles causes metabolic abnormalities

Metabolic Abnormalities

- Calcium flows into muscle cells through leaky membranes, causing systemic hypocalcemia
- Potassium is released from ischemic muscle into systemic circulation, causing hyperkalemia
- Lactic acid is released from ischemic muscle into systemic circulation, causing metabolic acidosis
- Imbalance of potassium and calcium may cause life-threatening cardiac arrhythmias, including cardiac arrest; metabolic acidosis may exacerbate this situation

Secondary Complications

- Compartment syndrome may occur, which will further worsen vascular compromise

Initial Management: Prehospital Setting

- Administer intravenous fluids before releasing the crushed body part. (This step is especially important in cases of prolonged crush [more than 4 hours]; however, crush syndrome can occur in crush scenarios of less than 1 hour)
- If this procedure is not possible, consider short-term use of a tourniquet on the affected limb until intravenous (IV) hydration can be initiated

Initial Management: Hospital Setting

Hypotension

- Initiate (or continue) IV hydration—up to 1.5 L/hour

Renal Failure

- Prevent renal failure with appropriate hydration, using IV fluids and mannitol to maintain diuresis of at least 300 cc/hr
- Triage to hemodialysis as needed

Metabolic Abnormalities

- *Acidosis:* Alkalinization of urine is critical; administer IV sodium bicarbonate until urine pH reaches 6.5 to prevent myoglobin and uric acid deposition in kidneys
- *Hyperkalemia/Hypocalcemia:* Consider administering the following (adult doses): calcium gluconate 10% 10cc or calcium chloride 10% 5cc IV over 2 minutes; sodium bicarbonate 1 meq/kg IV slow push; regular insulin 5-10 U and D5O 1-2 ampules IV bolus; kayexalate 25-50g with sorbitol 20% 100mL PO or PR
- *Cardiac Arrhythmias:* Monitor for cardiac arrhythmias and cardiac arrest, and treat accordingly

Secondary Complications

- Monitor casualties for compartment syndrome; monitor compartmental pressure if equipment is available; consider emergency fasciotomy for compartment syndrome
- Treat open wounds with antibiotics, tetanus toxoid, and debridement of necrotic tissue
- Apply ice to injured areas and monitor for the 5 P's: pain, pallor, parasthesias, pain with passive movement, and pulselessness
- Observe all crush casualties, even those who look well
- Delays in hydration of greater than 12 hours may increase the incidence of renal failure; delayed manifestations of renal failure can occur

Disposition

Patients with acute renal failure may require up to 60 days of dialysis treatment; unless sepsis is present, patients are likely to regain normal kidney function.

Source: CDC Emergency Preparedness & Response

**PATIENT SPECIFIC INFORMATION:
(SYNOPSIS OF UNIQUE CHARACTERISTICS OF PATIENT'S TREATMENTS)**

Allergies: _____
 Patient's trends and usual response to treatment _____
 Inter dialytic wt. gains _____ # kg B/P range: Pre _____ Intradialytic _____ Post _____
 Usual BP support methods _____

 Unusual reactions or need _____

 Special needs or circumstances relative to transient visit _____

INTRADIALYTIC MONITORING: IF APPLICABLE, OTHERWISE NOTE "N/A"

Special Labs _____ Blood glucose _____
 Intradialytic treatments: Dressings _____ O2 _____ Other _____
 EPO ___ Yes ___ No ___ Units _____ SQ _____ IV _____ x's/week
 Calcijex ___ Yes ___ No _____ Mcg _____ X's/Week
 Intradialytic meds: (i.e., Infed) _____
 Mobility: _____ Ambulatory _____ Non-Ambulatory _____ Ambulatory with assist _____
 Special Dietary Considerations _____
 Intradialytic Nutrition Orders _____ Fluid Restriction _____

ENCLOSURES: CHECK INDICATES INFORMATION SENT FROM HOME FACILITY

_____ Standing Orders	_____ Advance Directive, if applicable
_____ Problem list (Last 6 months)	_____ Current H & P (within 1 year)
_____ Medication record (home and in-center)	_____ Hemo last 3 treatment records
_____ Most recent psycho-social evaluation	_____ Long-term care plan (current year)
_____ Patient care plan (most recent within 6 months)	_____ Most recent nutritional assessment
_____ Progress note (past 3 months to current)	_____ MD _____ RN _____ RD _____ MSW
_____ Diagnostic tests: _____ EKG _____ CXR (within 2 years) _____ Laboratory profile (within last 30 days)	
_____ HBsAg status _____ Positive _____ Negative Date ____ / ____ / ____	
_____ HbsAB status _____ Positive _____ Negative Date ____ / ____ / ____ Vaccine series complete _____ Yes _____ No	
_____ Insurance information, carrier name & address current copies (front & back) of the following:	
_____ Medicare card _____ Co-insurance card(s) _____ other (specify) _____	

TRANSPLANT LIST INFORMATION (IF APPLICABLE) FOR SEASONAL PATIENTS ONLY

_____ LRD _____ Cadaver
 Transplant facility name and address _____

 Contact Person _____ Phone _____

SPECIAL INSTRUCTIONS

PATIENT IS NOT ACCEPTED UNTIL OFFICIAL NOTICE IS RECEIVED FROM RECEIVING UNIT.

Signature _____ Title _____ Date ____ / ____ / ____
 (Referring unit person who completes form)

**PATIENT SPECIFIC INFORMATION:
(SYNOPSIS OF UNIQUE CHARACTERISTICS OF PATIENT'S TREATMENTS)**

Allergies: _____
 Unusual reactions or needs: _____

Average B/P _____ Mobility: _____ Ambulatory _____ Non-Ambulatory _____ Ambulatory with assist
 Special needs or circumstances relative to transient visit _____

Vascular access: _____ Yes _____ No Type: _____
 Location: _____

SPECIAL DIETARY CONSIDERATIONS

Fluid Restriction _____

ENCLOSURES: CHECK INDICATES INFORMATION SENT FROM HOME FACILITY

Standing orders Advance Directive, if applicable
 Problem list (Last six months) Current H&P (within 1 year)
 Medication record (home and in-center) PD last 3 clinic records
 Most recent psycho-social evaluation Long term care plan (current year)
 Patient care plan (most recent within 6 months) Most recent nutritional assessment
 Copy of RX supply Copy of self EPO training sheet
 Progress note (past 3 months to current) MD RN RD MSW
 Diagnostic tests EKG CXR (within 2 years) Laboratory profile (within last 30 days)
 HbsAg status Positive Negative Date ___ / ___ / ___ Vaccine Series Complete yes no
 HBsAB status Positive Negative Date ___ / ___ / ___
 Insurance information, carrier name & address current copies (front & back) of the following
 Medicare card Co-insurance card(s) Other (specify) _____
 Method I Method II

TRANSPLANT LIST INFORMATION (IF APPLICABLE) FOR SEASONAL PATIENTS ONLY

LRD Cadaver
 Transplant facility name and address _____

 Contact Person _____ Phone _____

SPECIAL INSTRUCTIONS

PATIENT IS NOT ACCEPTED UNTIL OFFICIAL NOTICE IS RECEIVED FROM RECEIVING UNIT.

Signature _____ Title _____ Date: ___ / ___ / ___
 (Referring unit person who completes form)

Patient Demographic Information

Name:		Age:	SSN#
Address, City, Zip:		Contact Number:	
Home Facility:	Dialysis modality (HD, PD):	Date of Last Dialysis:	
Emergency Contact Person:	Contact Number:	Available Transportation:	
Out of Medication: Y N	Medications Needed:		

Shelter Triage Check List for Hemodialysis (HD) / Peritoneal Dialysis (PD) Patients

Mental status:		Abdominal assessment:	
<input type="checkbox"/>	Lethargy	<input type="checkbox"/>	Nausea/vomiting
<input type="checkbox"/>	Confused	<input type="checkbox"/>	Abdomen firm, tender to touch
<input type="checkbox"/>	Agitated	<input type="checkbox"/>	Catheter present in abdomen, site red with drainage
Respiratory assessment:		Lower extremities:	
<input type="checkbox"/>	Rales / Rhonchi	<input type="checkbox"/>	Peripheral edema 3-4+ (not usually present for this patient)
<input type="checkbox"/>	Short of breath or Breathlessness (Unable to talk, respiration rate > 30)	<input type="checkbox"/>	Muscle twitching, cramping
Cardiac assessment:		Hemodialysis Vascular Access or Catheter / Peritoneal Catheter:	
<input type="checkbox"/>	Irregular	<input type="checkbox"/>	Redness around HD/PD access site
<input type="checkbox"/>	Slow heart rate (<60 bpm)	<input type="checkbox"/>	Unable to feel pulse at HD access site
<input type="checkbox"/>	Rapid heart rate (>100 bpm)		
<input type="checkbox"/>	S3 or S4 Gallop		
TOTAL CHECKS:	If 5 or more are checked, then patient appears to be in need of acute dialysis treatment. Serum potassium should be checked if a question of need remains		

Save a Life - What You Need to Know About

Emergency Preparedness for Individuals with Kidney Disease

Kidney failure is a life threatening condition. As of March 2006, there were over 448,500 individuals with kidney failure in the U.S. Patients with kidney failure will die if they do not get either regular repeated dialysis treatments or medications to prevent rejection of a kidney transplant. Subsequent to Hurricanes Katrina and Rita, the community of individuals, facilities and patients involved in kidney disease recognized the need to improve planning and preparation for any disaster. While each group has a responsibility in these actions, federal, regional and state agencies are critical in these efforts.

What Dialysis Patients Need in Disasters

Repeated dialysis treatment: Being without dialysis as few as three or four days could result in illness or even death for these patients. Dialysis requires:

- Space to do the treatment;
- Electricity to run the equipment;
- Dialysis machines;
- Potable water for use in the treatment (each treatment requires a minimum of ~100 gallons of 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; and
- Medical records including the prescription for dialysis.

How you can help:

- Include dialysis clinics in the list of high priority locations to have power, water and phone services restored if these services are interrupted.
- Assist in providing emergency generators, fuel, and tanker water to dialysis clinics if these are needed.
- Facilitate delivery of supplies to dialysis clinics.
- Include dialysis personnel on lists for priority access to gasoline if supplies are limited.
- Recognize security assistance may be needed to protect emergency generators and fuel used to run the dialysis equipment.
- Encourage early evacuation of kidney patients with appropriate family members, as warranted. They need to get to a safe place near available dialysis services as soon as possible.
- Allow patients and staff with appropriate identification to cross roadblocks and travel during curfews to get to and from dialysis clinics.
- Work with dialysis providers, state agencies and the End Stage Renal Disease Network organizations (www.esrdnetworks.org) to provide alternate sites for treatment if dialysis clinic operations are impacted by the disaster.
- When individuals seek shelter in disasters, routinely screen for kidney failure. Add: "Do you require dialysis?" and "Do you have a transplanted organ?" to the screening tools in use.
- Recognize that individuals with failed kidneys 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: 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 be used for other evacuees as well.

Basic Facts about Kidney Disease and Treatment

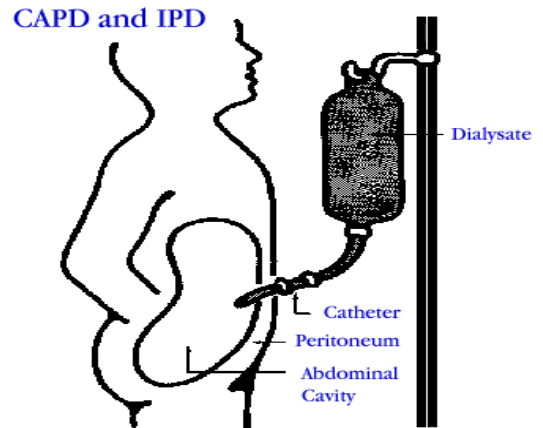
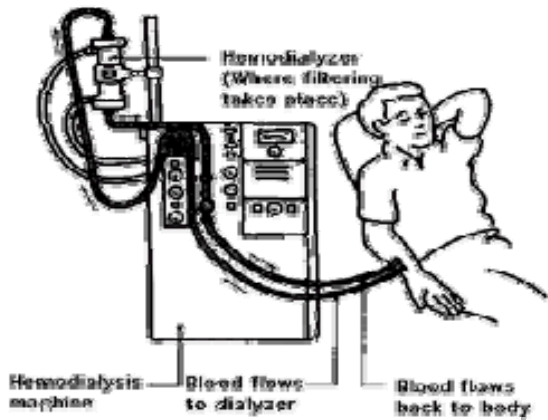
Here are some basic facts about kidney disease, how it is treated, and what you may need to do to help kidney patients access life-saving/sustaining treatments, which require electricity, safe water, specialized equipment and specially trained personnel.

Kidneys perform crucial functions. When kidneys fail, the blood must be regularly cleansed of toxins and extra fluids by using either an artificial kidney (*hemodialysis*), by introducing a cleansing solution into the abdomen (*peritoneal dialysis*), or by using a healthy, donated kidney to replace the patient's failed kidney function (*kidney transplant*). If patients do not receive dialysis within 3 days they will become critically ill and may potentially die.

Many patients suffer kidney failure due to either diabetes or high blood pressure (hypertension). Both of these conditions may also require special attention and available medications in the event of disasters.

HEMODIALYSIS (HD): This treatment involves cleaning the patient's blood of harmful toxins and excess fluids using an artificial kidney (dialyzer) and a hemodialysis machine. Treatment requires specially trained personnel, electricity, and safe water. Hemodialysis must be done at least three times a week, for about 3 to 4 hours each time. The public water supply can be used for dialysis, but the water must be specially treated with electrically operated equipment to remove substances (such as chlorine, aluminum and fluoride) that would harm patients during dialysis. Most dialysis clinics do not have emergency generators, so restoring electricity will be critical. Those dialysis clinics with emergency generators would need a resupply of fuel should the emergency situation last longer than one day. It takes more time and resources to set up temporary units than to restore existing units, if those units are not severely damaged. If dialysis cannot be provided in an outpatient setting, kidney patients will overload those hospitals that provide dialysis, [impair access to patients needing hospital care](#) and present a greater challenge in areas where the hospitals that do not provide dialysis.

More patients each year choose to do their own treatments at home. Should a disaster affect a home dialysis patient's residence, making restoration of services (water and electricity) a high priority will restore the patient's ability to perform life sustaining treatment. Home patients have been encouraged to notify their utility suppliers about their status as home dialysis patients. In emergencies of extended duration, these patients would need deliveries of dialysis supplies.



PERITONEAL DIALYSIS (PD): Peritoneal dialysis uses the patient's peritoneal membrane, which surrounds the intestines, to act as a filter. A tube (catheter) is placed into the peritoneal cavity and then a special solution (dialysate) flows through the catheter into the abdomen, where harmful toxins and excess fluids move from the blood to the dialysate. The solution is then drained out and discarded. Done at home, the treatments are continuous, with 4-6 exchanges of fluid being done daily. While some PD techniques use machines and electricity, in a disaster situation, these patients would use manual techniques that do not require electricity. They would need replenishment of supplies and an environment that protects them from infection. As with hemodialysis patients, being without treatment would lead to illness and death for these patients.

TRANSPLANT: Kidneys for transplant can come from either deceased or living donors. Patients who have received a transplant must have special drugs to prevent rejection of the kidney and avoid exposure to infections (i.e., those that could be spread by crowds in a shelter) since the drugs they take to prevent transplant rejection also diminish the body's ability to fight infections.

*Thank you for your time and interest.
We look forward to working with you and your agency.*

**DIALYSIS PATIENT
SAMPLE
PUBLIC SERVICE ANNOUNCEMENT
(Approximately 60 Seconds)**

Important Information for Dialysis Patients:

If you are a dialysis patient, **you need to continue to get dialysis** at least three times a week. **Call**

_____ **to get dialysis. Inform**

officials at shelters, during health assessments, and at check points that **you need life saving dialysis**

often. Dialysis services are available! **Call**

_____ **to locate a dialysis**

facility. Limit the amount of fluids you drink and the salt in your food if you use dialysis. Choose foods carefully and avoid fruits and vegetables high in potassium.

Call _____

for help getting dialysis.

Emergency Meal Planning

Why do I need an emergency meal plan?

This meal plan is for you to use in case of an emergency or a natural disaster when you may not be able to attend dialysis. It is important to follow a limited diet if dialysis has to be missed. A grocery list and a three-day meal plan for an emergency are included in this booklet. This diet is much more strict than your usual diet. This very strict plan is needed to control the buildup of toxins such as potassium, phosphorus, urea and fluids that can be life-threatening to you if several dialysis treatments are missed due to the emergency.

What should I expect during an emergency situation?

Be familiar with your surroundings and evacuation procedures. Keep in mind that many things we depend on daily may not be working during an emergency. You may be without a telephone. Water and electricity may be cut off, keeping you from cooking your meals in the usual way. You may need to use cold or shelf-stable foods until the crisis is over. Food in your refrigerator will keep safely for up to 12 hours and in the freezer for one to two days, if these appliances are opened **only** when meals are prepared. It is best to eat the foods from your refrigerator and freezer first before using your shelf-stable foods. Distilled water, disposable plates and utensils also should be kept on hand.

How do I prepare myself for the emergency?

As natural disasters may happen without warning, it is good to keep foods with a long shelf-life on hand at all times. If you do stock foods, remember to check dates for freshness and replace regularly.

The following items are important and useful to have on hand in case of an emergency:

- this booklet
- always have a two-week supply of all medicines and vitamins
- all of the groceries listed in this guide
- people with diabetes need to have enough insulin and supplies on hand, including extra batteries for the glucometer
- emergency phone list with names and phone numbers of your doctor, dialysis unit and the local hospital
- AM/FM radio with extra batteries
- flashlight with extra batteries
- candles and matches
- measuring cups and scale
- plastic forks, spoons, knives, plates, bowls and cups
- land line—old-fashioned corded telephone
- cash on hand

- full tank of gas
- napkins
- hand-operated can opener
- five gallons distilled water
- refrigerator thermometer.

Is there anything else I should know?

1. It is **very important** to follow your diet according to the meal plan given.
2. Be careful when eating perishable foods to avoid food poisoning. If a jar or can is opened, do not keep it longer than four hours unless refrigerated.
3. Use disposable plates and utensils. Throw away after use.
4. Keep distilled water handy for mixing milk or juice. Mix small amounts of only four ounces at a time.
5. Limit intake of fluid to two cups or 16 ounces per day. Chew gum to help cope with thirst.
6. **Do not use** salt or salt substitute with your meals. Use salt-free foods when possible.
7. Avoid high-potassium foods. Limit the kinds and portion sizes of fruits and vegetables eaten to those listed in this booklet.
8. If you have diabetes, keep instant glucose tablets, sugar, hard candy, low-potassium fruit juices, or sugared sodjula pop on hand to treat low blood sugars. Avoid high-potassium fruit juices (orange juice).



Three-Day Emergency Grocery List for People on Dialysis

Item	Amount (per person)
Bread/Cereal (use 6–8 servings per day)	
White bread	1 loaf
Dry cereal, unsalted, sweetened or unsweetened puffed wheat or rice, shredded wheat	6 single-serve containers or 1 box
Vanilla wafers or graham crackers or unsalted crackers	1 box
Fruits/Juices (limit to 2–4 servings per day)	
Canned or sealed plastic container: applesauce, pears, peaches, pineapple, mandarin oranges, fruit cocktail	12 single-serve containers
Cranberry and apple juice or Juice boxes or pouches of premixed fruit punch or lemonade or Powdered drink mixes (fruit-flavored, fruit punch or lemonade)	2 single-serve containers or 2 packages or 1 canister
Fish/Meat (limit to 3 oz. per day; low sodium)	
Tuna, salmon, meat, turkey, chicken peanut butter, unsalted	6 small cans 1 jar
Milk (limit to 1/2 cup per day)	
Evaporated milk	3 small cans
Dry milk solids	2 packages
Sweets (use as desired to increase calories)	
Marshmallows	1 large bag
Jelly beans, sourballs, hard candies, clear mints	5 bags total
Honey	1 jar
White sugar	1 small bag
Jelly	1 jar
Fats (use 6 or more servings per day)	
Salad or cooking oil	1 bottle
Mayonnaise (perishable after opening)	Individual packets or 3 small jars
Margarine	1 pound
Other	
Distilled water	5 one-gallon jugs

Three-Day Emergency Meal Plan for People on Dialysis

The sample meal plans given provide about 40–50 grams of protein, 1500 mg sodium, 1500 mg potassium and less than 500 cc or 16 ounces of fluid for each of the three days. You may adjust selections to fit your individual taste. These meal plans are stricter than your normal kidney diet to keep waste products from building up in your blood during the emergency situation. Fluid is limited to less than 500 cc (2 cups or 16 ounces) each day to prevent you from swelling or having shortness of breath. If the disaster should continue for more than three days the meal plan can be repeated, beginning with Day 1.

Day 1

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup)
- 1 tablespoon sugar
- 1/2 cup pineapple (single serving)

Morning Snack

- 5 vanilla wafers
- Honey or jelly as desired on wafers
- 10 sourballs

Lunch

- 2 slices white bread
- 1/4 cup low-sodium tuna (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pears (single serving)
- Powdered drink mix with 1/2 cup distilled water

Afternoon Snack

- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 jelly beans

Day 1 (cont'd)

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup peaches (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 3 graham crackers
- Honey or jelly as desired on crackers
- 10 mints

Day 2

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 1 tablespoon sugar
- 1/2 cup mandarin oranges (single serving)

Morning Snack

- 3 graham crackers
- Honey or jelly as desired on graham crackers
- 10 hard candies

Lunch

- 2 slices white bread
- 1/4 cup low-sodium turkey (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup fruit cocktail (single serving)
- Powdered drink mix with 1/2 cup distilled water

Day 2 (cont'd)

Afternoon Snack

- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 large marshmallows

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pineapple (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 5 vanilla wafers
- Honey or jelly as desired (use on wafers)
- 10 sourballs



Day 3

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 1 tablespoon sugar
- 1/2 cup pears (single serving)

Morning Snack

- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 large marshmallows

Lunch

- 2 slices white bread
- 2 tablespoons low-sodium peanut butter
- 1/2 cup peaches (single serving)
- Powdered drink mix with 1/2 cup distilled water

Afternoon Snack

- 3 graham cracker squares
- Honey or jelly as desired on crackers
- 10 mints

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)
- 1/2 cup mandarin oranges (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 5 vanilla wafers
- Honey or jelly as desired (use on wafers)
- 10 sourballs

Three-Day Emergency Grocery List for People With Diabetes and CKD

Item	Amount (per person)
Bread/Cereal (use 6–8 servings per day)	
White bread	1 loaf
Dry cereal, unsalted, unsweetened puffed wheat or rice, shredded wheat	6 single-serve containers or 1 box
Vanilla wafers or graham crackers or unsalted crackers	1 box
Unsweetened Fruits/Juices (limit to 2–4 servings per day)	
Canned or sealed plastic container: applesauce, pears, peaches, pineapple, mandarin oranges, fruit cocktail	12 single-serve containers
Apple or cranberry juice	12 boxes or pouches
Sugar-free powdered drink mix (fruit-flavored, fruit punch or lemonade) or Sugar-free lemon lime or ginger ale soda	1 canister or 2 packages 6 cans
Fish/Meat (limit to 3 oz. per day; low sodium)	
Tuna, salmon, meat, turkey, chicken peanut butter, unsalted	6 small cans 1 jar
Milk (limit to 1/2 cup per day)	
Evaporated milk	3 small cans
Dry milk solids	2 packages
Artificial sweetener	
Sweets (use only to treat low blood sugar)	
Sour balls, hard candies	1 bag
Corn syrup	1 bottle
White sugar	1 small bag
Jelly	1 jar
Sugared lemon-lime or ginger ale soda. Limit use of soda to avoid fluid overload.	3 12-ounce cans
Fats (use 6 or more servings per day)	
Salad or cooking oil	1 bottle
Mayonnaise (perishable after opening)	Individual packets or 3 small jars
Margarine	1 pound
Other	
Distilled water	5 one gallon jugs

Three-Day Emergency Meal Plan for People With Diabetes and CKD

The sample meal plans given provide about 40–50 grams of protein, 1,500 mg sodium, 1,500 mg potassium, 1,800 calories and less than 500 cc or 16 ounces of fluid for each of the three days. You may make changes within a diabetic exchange group to fit your individual taste. These meal plans are stricter than your normal renal and diabetic diet to keep waste products from building up in your blood during the emergency situation. Fluid is limited to less than 500 cc (two cups or 16 ounces) each day to prevent you from swelling or having shortness of breath. If the disaster should continue for more than three days the meal plan should be repeated.

Day 1

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 2 teaspoons artificial sweetener (optional)
- 1/2 cup pineapple (single serving)

Morning Snack

- 6 unsalted crackers
- 1 tablespoon margarine spread on crackers

Lunch

- 2 slices white bread
- 1/4 cup low-sodium tuna (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup pears in unsweetened juice (single serving)
- 1/2 cup sugar-free beverage

Afternoon Snack

- 5 vanilla wafers

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)
- 1/2 cup peaches in unsweetened juice (single serving)
- 1/2 cup unsweetened apple juice (from box or pouch)

Evening Snack

- 3 graham cracker squares

Day 2

Breakfast

1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or mix 1/4 cup evaporated milk with 1/4 cup distilled water

1 single serving of cereal (1/2–3/4 cup from box)

2 teaspoons artificial sweetener (optional)

1/2 cup unsweetened applesauce (single serving)

Morning Snack

5 vanilla wafers

Lunch

2 slices white bread

2 tablespoons low-sodium peanut butter

1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)

1/2 cup mandarin oranges in unsweetened juice (single serving)

1/2 cup sugar-free beverage or soda

Afternoon Snack

6 unsalted crackers

1 tablespoon margarine spread on crackers

Dinner

2 slices white bread

1/2 cup (2 oz.) low-sodium chicken (open new can daily)

2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)

1/2 cup pineapple packed in unsweetened juice (single serving)

1/2 cup unsweetened apple juice (from box or pouch)

Evening Snack

3 graham cracker squares

Day 3

Breakfast

- 1/2 cup milk prepared from dry milk and 1/2 cup distilled water, or 1/4 cup evaporated milk with 1/4 cup distilled water
- 1 single serving of cereal (1/2–3/4 cup from box)
- 2 teaspoons artificial sweetener (optional)
- 1/2 cup pears packed in unsweetened juice (single serving)

Morning Snack

- 6 unsalted crackers
- 1 tablespoon margarine

Lunch

- 2 slices white bread
- 1/4 cup (2 oz.) low-sodium turkey (open new can daily)
- 1 tablespoon margarine or mayonnaise (individual packet or open new jar daily)
- 1/2 cup peaches in unsweetened juice (single serving)
- 1/2 cup sugar-free drink or soda

Afternoon Snack

- 5 vanilla crackers

Dinner

- 2 slices white bread
- 1/2 cup (2 oz.) low-sodium chicken (open new can daily)
- 2 tablespoons margarine or mayonnaise (individual packets or open new jar daily)
- 1/2 cup fruit cocktail (single serving)
- 1/2 cup cranberry juice (from box or pouch)

Evening Snack

- 3 graham crackers

Notes:

- Use 1 tablespoon peanut butter if you need a protein source at evening snack.
- Continue to monitor blood sugar.
- Follow your protocol for insulin reactions and be sure to keep enough supplies on hand. Best choices for treating low sugars are fluid-free items such as sugar, corn syrup, hard candy, instant glucose, and glucose tablets. Sugared soda and low-potassium juices may also be used, but must be counted as part of your 2-cup or 16-ounce daily limit.

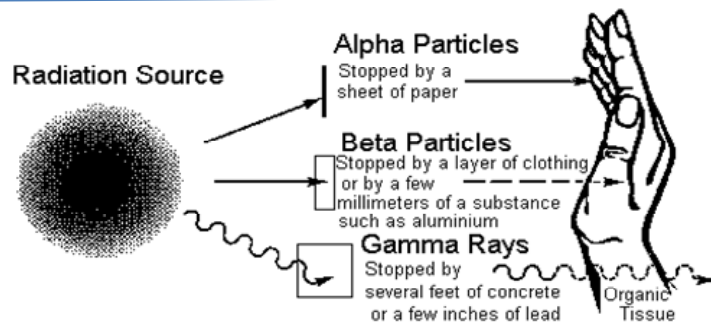
RADIATION – MEDICAL ISSUES

NUCLEAR ACCIDENT

- A nuclear and radiation accident is defined by the International Atomic Energy Agency as "an event that has led to significant consequences to people, the environment or the facility."
- Examples include lethal effects to individuals, large radioactivity release to the environment, or reactor core melt.
- The prime example of a "major nuclear accident" is one in which a reactor core is damaged and large amounts of radiation are released.

ACUTE RADIATION SYNDROME (ARS)

- Also called radiation sickness
- People exposed to radiation will get ARS only if:
 - The radiation **dose was high**
 - The radiation **was penetrating**
 - (that is, able to reach internal organs),
 - The person's **entire body**, or most of it, received the dose, and
 - The radiation **was received in a short time**, usually within minutes.



DOSE (REM)

EFFECTS

.070	Mammogram
.365	Annual Natural Background Radiation- Denver
<50	Clinical threshold (drop in lymphocyte count)
~100	Threshold for Prodrome (Nausea, Vomiting, Diarrhea)
~350	~50% die within 60 days (with minimal supportive care)
~500	~50% die within 60 days (with supportive medical care)
>1,000	~100% die within 30 days

- If the dose of radiation exceeds a certain threshold level, then it can produce acute effects, such as skin redness, hair loss, radiation burns, and acute radiation syndrome (ARS¹).

NOTES:

- In a nuclear power plant accident, the general population is not likely to be exposed to doses high enough to cause such effects.
- Rescuers, first responders and nuclear power plant workers are more likely to be exposed to doses of radiation high enough to cause acute effects.

ARE YOU READY???

Steps to Consider For Dialysis Patient and Family Disaster Planning

WHAT TO DO TO PREPARE

- ⇒ KNOW your dialysis unit emergency policies and procedures
- ⇒ KEEP your emergency contact information up-to-date
- ⇒ PROVIDE any necessary out-of-state contact information to your dialysis unit
- ⇒ KNOW your disaster diet and review it frequently with your dietitian
- ⇒ Remember that your VASCULAR ACCESS is for dialysis ONLY
- ⇒ KEEP a current list of your medications and allergies
- ⇒ PREPARE a home disaster kit with any emergency supplies and/or home dialysis supplies
- ⇒ REMEMBER to keep a good supply of medications on hand
- ⇒ KEEP important personal papers with you (i.e., insurance, identification)
- ⇒ HAVE a back-up plan for transportation needs (i.e., evacuation)
- ⇒ REFER to your local and/or state Emergency Preparedness guidelines
- ⇒ Be PREPARED year-round

KEY POINTS TO REMEMBER IF DISASTER STRIKES

- ⇒ EVACUATE if directed to do so by your local authorities
- ⇒ If you must go to a local shelter, ALERT the shelter manager of your dialysis needs
- ⇒ START your disaster diet. Remember to LIMIT fruits and vegetables. LIMIT your fluids to ½ normal fluid intake.
- ⇒ INFORM your home dialysis unit of your location. This will also allow you to see if your home dialysis unit is open for business.
- ⇒ Don't assume that the local hospital can provide your dialysis treatment. Most hospitals will not be equipped to provide chronic dialysis treatments.

WHERE TO GO

- ⇒ Be AWARE your home dialysis unit could be destroyed or damaged
- ⇒ KEEP a list of dialysis facilities in your state or region
- ⇒ KNOW your evacuation plan, especially if you live in an evacuation zone and/or mobile home
- ⇒ KNOW the locations of local or regional shelters

WHO TO CONTACT

- ⇒ TALK to your home dialysis unit nurse manager, social worker, or administrator.
- ⇒ ASK for the communication plan, especially in the event that phones are not working.
- ⇒ ASK who to contact at your home dialysis unit
- ⇒ KEEP your dialysis unit identification card with you for helpful phone numbers

RESOURCES

- ⇒ Preparing for Emergencies: A Guide for People on Dialysis (CMS)
Web site: www.medicare.gov/Publications/Pubs/pdf/10150.pdf
- ⇒ ESRD Network 13 Web site: www.network13.org or 1-800-472-8664
- ⇒ Dialysis Facility Compare (CMS) Web site: www.medicare.gov



This material was prepared by Network 13 under contract HHS-500-2006-NW013C with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

ARE YOU READY???

Steps to Consider For Kidney Transplant Patient and Family Disaster Planning

WHAT TO DO TO PREPARE

- ⇒ KEEP your emergency contact information up-to-date
- ⇒ PROVIDE any necessary out-of-state contact information to your transplant unit
- ⇒ KEEP a current list of your medications and allergies
- ⇒ PREPARE a home disaster kit with any emergency supplies
- ⇒ PACK your key items in a waterproof bag. Suggested key items: 8 ounce bottles of water; a hand-operated can opener; hand sanitizer; travel-size toiletries; disposable wipes; toilet paper; sunscreen; a miniature flashlight; a mask; gloves; a thermometer; batteries; matches; and candles
- ⇒ REMEMBER to keep a two-week extra supply of medications on hand if possible in their original containers. If you need to evacuate, original bottles will provide necessary information when you arrive at your destination
- ⇒ KEEP important personal papers with you (i.e., insurance, identification)
- ⇒ HAVE a back-up plan for transportation needs (i.e., evacuation)
- ⇒ REFER to your local and/or state Emergency Preparedness guidelines
- ⇒ Be PREPARED year-round
- ⇒ STOCK disposable eating utensils and canned/packaged rations of foods, such as peanut butter, saltines, tuna, and juices - several days' worth if possible
- ⇒ ASK your transplant health care team about precautions, additional medications, and preparations that they recommend

KEY POINTS TO REMEMBER IF DISASTER STRIKES

- ⇒ EVACUATE if directed to do so by your local authorities
- ⇒ If you must go to a local shelter, ALERT the shelter manager of your transplant status
- ⇒ If you are diabetic... remember to have your diabetic medications (e.g., insulin), supplies (e.g., syringes, alcohol wipes, glucose testing items) and food items as directed by your dietitian
- ⇒ LET the shelter management or emergency personnel know of your need to take medications regularly and on-time, and that you've been directed to limit your exposure to infections. Sanitizers, gloves, and a mask can help

WHERE TO GO

- ⇒ A listing of transplant centers around the country is available from the United Network for Organ Sharing (UNOS) at 1.888.894.6361 (Web site: www.unos.org)
- ⇒ KNOW your evacuation plan, especially if you live in an evacuation zone and/or mobile home
- ⇒ KNOW the locations of local or regional shelters

WHO TO CONTACT

- ⇒ TALK to your transplant coordinator, nurse manager, social worker, or administrator
- ⇒ ASK for the communication plan, especially in the event that phones are not working
- ⇒ ASK who to contact at your transplant unit in emergency situations
- ⇒ KEEP your transplant identification card with you for helpful phone numbers

RESOURCES

- ⇒ UNOS Patient Services: www.unos.org/whatWeDo/contact_patientServices.asp
- ⇒ ESRD Network 13 Web site: www.network13.org or 1-800-472-8664
- ⇒ National Kidney Foundation Web sites:
www.kidney.org/help/proESRD.cfm
www.kidney.org/atoz/pdf/DisasterBrochure.pdf



Other Disaster / Emergency Readiness Web Links (as of 02/24/11)

DISASTER SUPPLIES KIT (Please NOTE that supply kits are generic, not renal-specific)

- Family Supply Kit http://www.fdem-mediacycenter.org/PDF/Family_Disaster_Supplies.pdf
- Disaster Services - Disaster Supplies Kit http://www.fema.gov/areyouready/assemble_disaster_supplies_kit.shtm (Web Only)

DISASTER PREPAREDNESS FOR PEOPLE WITH DISABILITIES

- Emergency Meal Planning for Diabetics <http://www.kidney.org/atoz/content/emergencymealdb.cfm>
- Disaster Preparedness For People With Disabilities http://www.fema.gov/pdf/library/pfd_all.pdf
- Assisting People With Disabilities In A Disaster <http://www.fema.gov/plan/prepare/specialplans.shtm>

STATE-SPECIFIC DISASTER INFORMATION AND PLANNING ASSISTANCE

- ARKANSAS: <http://www.adem.arkansas.gov/> (Web Only)
- LOUISIANA: <http://www.getagameplan.org/> (Web Only)
- OKLAHOMA: <http://www.ok.gov/reddirtready/index.html> (Web Only)

FACT SHEETS

- Hurricanes: Key Facts About Hurricane Readiness <http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf>
- Tornadoes: Being Prepared <http://emergency.cdc.gov/disasters/tornadoes/prepared.asp>
- Winter Weather: Winter Storm Facts <http://www.bt.cdc.gov/disasters/winter/pdf/factsheet.pdf>
- Earthquakes: <http://emergency.cdc.gov/disasters/earthquakes/during.asp>

BIOTERRORISM READINESS PLAN: A TEMPLATE FOR HEALTHCARE FACILITIES

- Bioterrorism Agents/Diseases <http://www.bt.cdc.gov/agent/agentlist.asp> (Web Only)
- Bioterrorism and Public Health Preparedness <http://www.cdc.gov/ncidod/EID/vol9no4/pdfs/02-0593.pdf>
- Chemical Agents: Facts About Sheltering in Place <http://www.bt.cdc.gov/planning/Shelteringfacts.pdf>
- Chemical Agents: Facts About Evacuation <http://www.bt.cdc.gov/planning/evacuationfacts.pdf>
- Chemical Agents: Facts About Personal Cleaning and Disposal of Contaminated Clothing <http://www.bt.cdc.gov/planning/personalcleaningfacts.pdf>

PANDEMIC CHECKLIST FOR HEMODIALYSIS CENTERS

- Medical office Influenza checklist <http://www.flu.gov/professional/pdf/medofficesclinics.pdf>
- Influenza General Information <http://www.pandemicflu.gov/general/> (Web Only)
- Pandemic Preparedness tools <http://www.pandemicpractices.org/practices/article.do;jsessionid=50F5947D9C878EA846B0553DCE890102?page=home> (Web Only)
- Guidance on Allocating and Targeting Pandemic Influenza Vaccine (Large File) <http://www.flu.gov/individualfamily/vaccination/allocationguidance.pdf>

OTHER DISASTER WEBSITES

- CDC Emergency Preparedness and Response <http://emergency.cdc.gov/> (Web Only)
- Kidney Community Emergency Response (KCER) Coalition <http://www.kcercoalition.com/>
- FCC Public Safety and Homeland Security Bureau <http://www.fcc.gov/pshs/health-care.html> (Web Only)
- State 211 Information: 2-1-1 is an easy to remember telephone number that connects people with important community services and volunteer opportunities. Note that 2-1-1-services vary from community to community and provide callers with information about and referrals to human services for everyday needs, as well as in times of crisis.
 - ARKANSAS: <http://www.arkansas211.org/default.aspx>
 - LOUISIANA: <http://www.louisiana211.org/>
 - OKLAHOMA: <http://www.211oklahoma.org/>

GENERAL PUBLIC RESOURCES:

Academy Award winning actor and long-time supporter of disaster relief for coastal communities in the U.S. and Caribbean, Morgan Freeman encourages residents at risk for hurricanes to start preparing now for hurricane season. Today, The Great Hurricane Blowout <http://www.greathurricaneblowout.org/> (Blowout), launched Ready, Set, PLAN!T the first of several steps that, when completed, will leave residents ready for the risks hurricane season can bring. A longtime supporter of coastal communities and Co-Founder of the hurricane preparedness non-profit PLAN!T NOW, Morgan Freeman is one of the Blowout campaign's celebrity spokespeople, and his preparedness plea appears on the Blowout site.

The website (www.greathurricaneblowout.org) is one piece of a layered social media campaign that combines tools like Facebook and Twitter with other forms of community outreach events like "Dine in the Dark." The website launch includes the unveiling of Ready, Set, PLAN!T, a tool to help families create their own hurricane plan.

"The first step in being prepared for hurricanes is to make sure your family is taken care of," said Leslie Chapman-Henderson, FLASH President/CEO. "Your evacuation routes, a list of important phone numbers, information about your insurance coverage; all of these things and more should be included in your plan. The Blowout will help you pull this all together to customize a plan that meets your family's needs."

Through the family planning tool, powered by ReadyTown (<https://www.readytown.com/Web/Home.aspx>), residents will be able to answer a few questions about their family to create a fully customized plan in just minutes. Additional tools, also available at www.greathurricaneblowout.org, will allow a family to create a storm kit as well as find many articles on hurricane preparedness.

"Weather experts predict the 2010 season to be especially active, and we have already seen early, formidable rains in Haiti. Now more than ever it is crucial to share preparedness information and tools with coastal communities. This campaign allows us to do that by harnessing the powers of science, social media and star appeal through our celebrity spokespeople," said PLAN!T NOW President Donna Lee.

The Blowout is an endeavor of the Federal Alliance for Safe Homes, Inc. - FLASH® (<http://www.flash.org/>) and PLAN!T NOW (<http://www.planitnow.org/>), the hurricane preparedness non-profit Freeman co-founded. Sponsored by Kohler and State Farm, the Blowout is an innovative approach to raising public awareness about hurricane preparation, and planners hope it will inspire public action. Residents at risk for hurricanes or severe weather are encouraged to "Join the Blowout" and visit www.greathurricaneblowout.org for helpful updates, tools, resources and surprises that will walk them through the preparedness process.

About FLASH: The non-profit Federal Alliance for Safe Homes, Inc. – FLASH® is a 501(c)3 collaboration of organizations dedicated to strengthening homes and safeguarding families from natural and manmade disasters. Based in Tallahassee, Florida FLASH is the nation's fastest-growing disaster safety education organization with more than 100 partners including the Federal Emergency Management Agency, Florida Division of Emergency Management, The Home Depot, International Code Council, National Weather Service, Renaissance Reinsurance, Simpson Strong-Tie, State Farm, USAA and WeatherPredict Consulting, Inc. In 2008, FLASH opened the interactive weather experience; StormStruck: A Tale of Two Homes®. To learn more about FLASH and access their free consumer resources, visit www.flash.org or call (877) 221-SAFE (7233).

About PLAN!T NOW: PLAN!T NOW (PIN) is a non-profit organization that reduces the loss of life and property caused by hurricanes and severe storms by delivering cutting-edge preparedness research, education and communications programs. PIN provides individuals, organizations and communities in coastal regions information and resources to protect their families, homes, and businesses from the effects of these storms. PIN's relief programs include scholarships to college students, rebuilding projects and micro-loans for storm-struck areas. For more information, visit www.planitnow.org.



ESRD NETWORK 13

4200 Perimeter Center Drive Suite 102
Oklahoma City, OK 73112-2314
<http://www.network13.org>

Toll Free Network 13 Phone Numbers **for Disaster Assistance**

Patients Only - 1.800.472.8664

Staff Only - 1.877.700.1196

**All Information in this packet can be
found at**

<http://www.network13.org/disaster.asp>