

2011 OKLAHOMA DISASTER PREPAREDNESS TOOLKIT

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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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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

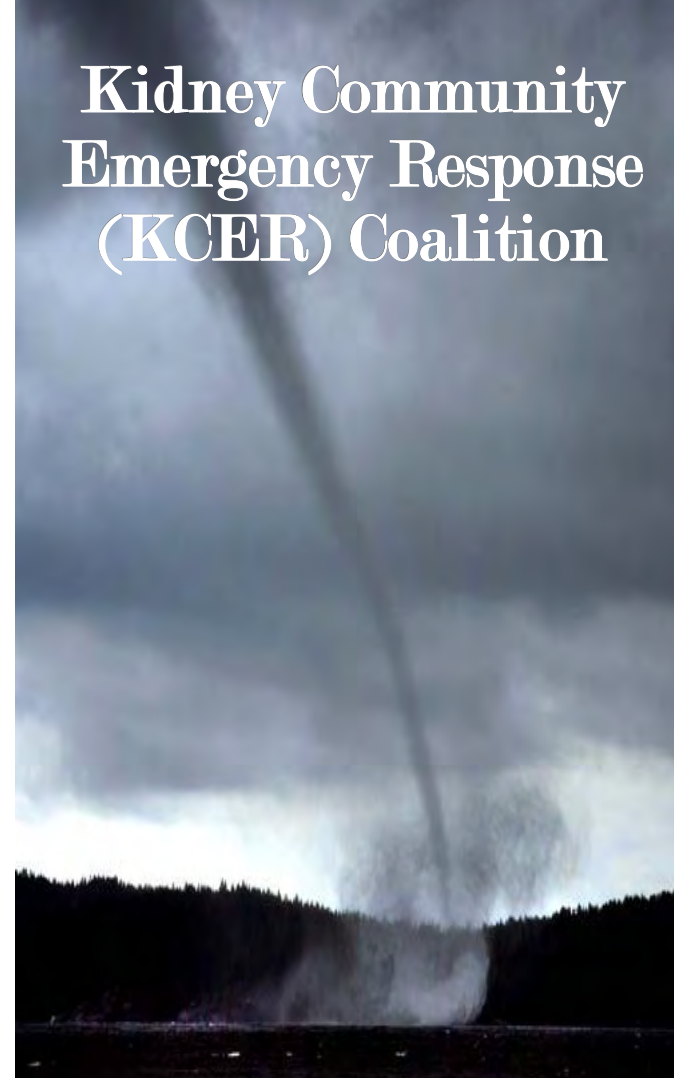
Under contract with CMS, FMQAI: The Florida ESRD Network (Network 7) serves as the lead for administrative support of the Coalition.

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

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.

NETWORK 13: ESRD Patient Demographic Totals, As of 05-16-11

		By Facility Location							
	# of Facilities	Dialysis	Incenter Hemodialysis	Home Hemo	Peritoneal Dialysis	Diabetes	Less than 18 Years	65-84 Years	85 Years and Older
AR	65	3649	3067	46	536	1663	23	1296	111
LA	153	8420	7910	40	470	3786	38	2781	236
OK	70	4241	3746	63	432	2304	18	1474	152
NW13	288	16310	14723	149	1438	7753	79	5551	499

		By Patient's Residence*							
	<u>Dialysis</u>	Incenter Hemodialysis	Home Hemo	Peritoneal Dialysis	Diabetes	Less than 18 Years	65-84 Years	85 Years and Older	
AR	3418	2884	42	492	1564	22	1228	105	
LA	8206	7713	36	457	3705	36	2713	231	
OK	4270	3750	64	456	2323	19	1487	154	
NW13	15894	14347	142	1405	7592	77	5428	490	

		By Patient's Residence*				
	<u>Kidney Transplant</u>	Diabetes	Less than 18 Years	65-84 Years	85 Years and Older	
AR	782	235	29	139	0	
LA	1346	381	47	246	1	
OK	914	290	34	204	2	
NW13	3042	906	110	589	3	

* Counts do not include patients with unavailable addresses

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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	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	
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 _____ Facility Address:
 _____ Shift:
 _____ Facility Name:

DIALYSIS PATIENT



Place on the Dashboard of Your Car

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- DCI - Patient Transient Assistance.....1.866.424.1990
- FMCNA - Hurricane Hotline.....1.800.626.1297
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- Network 7 (Florida).....1.800.826.3773
- 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>



DIALYSIS STAFF

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
- Kidney Transplant Hotline (UNOS).....1.888.894.6361
- Kidney Community Toll Free (K CER).....1.888.335.4363

ESRD NETWORKS

- Network 6 (Georgia, N Carolina, S Carolina).....1.800.524.7139
- Network 7 (Florida).....1.800.826.3773
- 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.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: _____
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

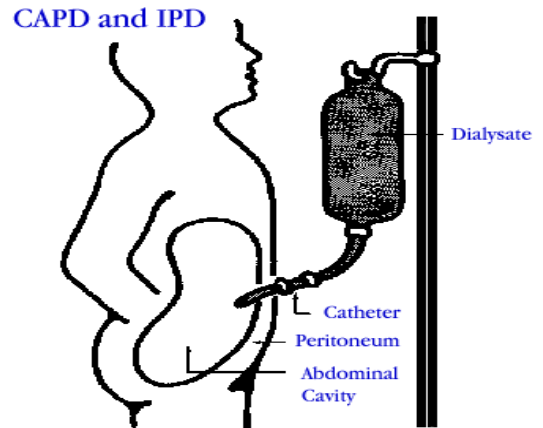
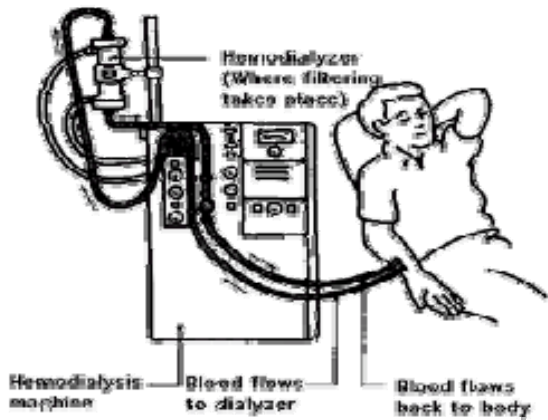
Here are some basic facts about kidney disease, how it is treated, and what you may need to do to help kidney patients access life-saving/sustaining treatments, which require electricity, safe water, specialized equipment and specially trained personnel.

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

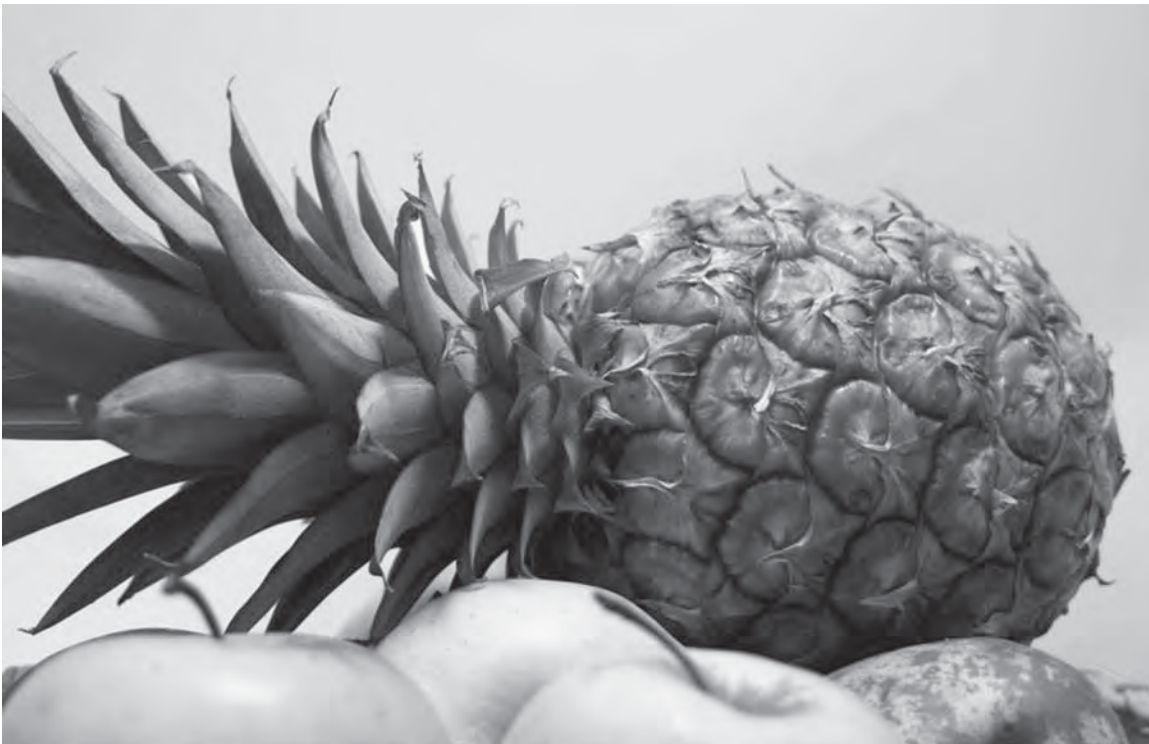
- 6 unsalted crackers
- Honey or jelly as desired on crackers
- 10 large marshmallows

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.

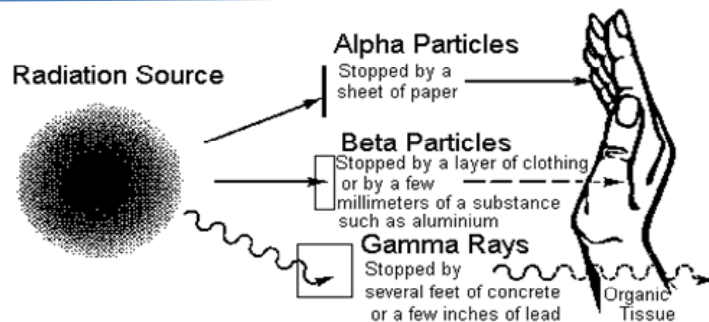
RADIATION – MEDICAL ISSUES

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



Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
Adair	Adair County Emergency Mgmt	Calvin Clay	600 Meade Drive	Stilwell	OK	74960	918-696-4255	Paladin@policeone.com
	Stillwell Emergency Mgmt	Kevin Stuhmer	503 West Division	Stillwell	OK	74960	918-696-7412	sufiredept@altell.net
	Westville Emergency Mgmt	William Lewis Jr.	P.O. Box 644	Westville	OK	74965	918-723-3353	lewisins@sbcglobal.net
Alfalfa	Alfalfa Co Emergency Mgmt	Vernon Sanders	320 W. 6th	Goltry	OK	73739	580-852-3221	vernonsndrs@yahoo.com
	Helena Emergency Mgmt.	Jim Dykes	P.O. Box 56	Helena	OK	73741	580-852-3259	helenapd@pldi.net
	Jet Emergency Mgmt	Robert Sands	Box 21	Jet	OK	73749	580-761-0130	animal@kanokla.net
Atoka	Atoka City Emergency Mgmt	Eddy Cooke	P.O. Box 1243	Atoka	OK	74525	580-889-4038	eddycooke@totalnet.us
	Atoka Co. Emergency Mgmt	Gilbert Wilson	200 East Court St Suite 201 W	Atoka	OK	74525	580-889-2643	atokacommissioners@sbcglobal.net
	Caney Emergency Mgmt	Roy Blackburn	P.O. Box 128	Caney	OK	74533	580-889-8842	ecroyb@yahoo.com
	Tushka Emergency Mgmt	Roger McIninich	P.O. Box 85	Atoka	OK	74525	580-889-3046	rogermc001@yahoo.com
Beaver	Beaver Co Emergency Mgmt	Keith D. Shadden	P.O. Box 786; 111 W. 2nd St	Beaver	OK	73932	580-625-3498	bvrlep@ptsi.net
Beckham	Beckham Co Emergency Mgmt	Lonnie Risenhoover	P.O. Box 67	Sayre	OK	73662	580-928-9264	beckhameoc@cableone.net
	Carter Emergency Mgmt	Joe Gordon	12279 N 1930 Road	Carter	OK	73627	580-779-0152	joegordon@pldi.net
	Elk City Emergency Mgmt	Rick Shelton	303 W. 5th	Elk City	OK	73644	580-225-0500	sheltor@elkcity.com
	Texola Emergency Mgmt	Steve Hogg	202 S. Grand	Texola	OK	73668	580-526-3991	texolafire@hotmail.com
Blaine	Blaine County Emergency Mgmt	Anita Cowan	P.O. Box 138	Watonga	OK	73772	580-623-8566	blainecoem@gmail.com
	Canton Emergency Mgmt	Curtis J. "Bud" Pester	Box 637	Canton	OK	73724	580-866-5886	
	Geary Emergency Mgmt	David Kurtz	115 S. Broadway	Geary	OK	73040	405-203-2176	gearyemd@hotmail.com
	Okeene Emergency Mgmt	"Sunny" Hernandez-Rutz	P.O. Box 800	Okeene	OK	73736	580-822-3035	utility@okeene.us
	Watonga Emergency Mgmt	Mark R. Huff	P. O. Box 280	Watonga	OK	73772	580-623-7378	mrhuff@watonga.net
Bryan	Achille Emergency Mgmt	Lynn Chambers	P.O. Box 249	Achille	OK	74720	580-775-3298	eagleallen1960@yahoo.com
	Bokchito Emergency Mgmt	Johnny Ashby	P.O. Box 316	Bokchito	OK	74726	580-295-3775	
	Bryan Co/Durant Emergency Mgmt	James Dalton	2808 Enterprise Dr	Durant	OK	74701	580-924-3661	jdalton@durant.org
	Calera Emergency Mgmt	Joel R. Scaf	P.O. Box 423	Calera	OK	74730	580-434-2304	caleraeoc@gmail.com
	Colbert Emergency Mgmt	Jonathan Horn	478 Wren Rd	Colbert	OK	74733	580-296-2735	firefighter350@yahoo.com
Caddo	Anadarko Emergency Mgmt	James Nimrod	501 W Virginia	Anadarko	OK	73005	405-265-6004	james.nimrod.oem@live.com
	Binger Emergency Mgmt	Bobby Warren	P.O. Box 481	Binger	OK	73009	405-656-2426	Warren_bobby@att.net
	Caddo Co Emergency Mgmt	Larry McDuffey	P.O. Box 1427	Anadarko	OK	73005	405-933-1600	lemcduffey@hotmail.com
	Caddo Tribal Emergency Mgmt	Polly Edward	P.O. Box 487	Binger	OK	73009	405-656-2344	pedwards@caddonation.org
	Carnegie Emergency Mgmt	Mike Swanda	Box 21	Carnegie	OK	73015	580-654-1004	mikeswanda73015@yahoo.com
	Cement Emergency Mgmt	Matthew Crawford	PO Box 337	Cement	OK	73017	580-704-1466	mattcrawford204@yahoo.com
	Cyril Emergency Mgmt	John Lyles		Cyril	OK	73029		
	Eakly Emergency Mgmt	Todd Oglesby	P.O. Box 453	Eakly	OK	73033	405-797-3252	townofeakly@hintonet.net
	Fort Cobb Emergency Mgmt	Ted Cliff		Fort Cobb	OK	73038		
	Hinton Emergency Mgmt	C.D. Fergerson	P.O. Box 159	Hinton	OK	73047	405-542-3253	clerk1rh@hintonet.net
	Hydro Emergency Mgmt	Jimmy Murray	PO Box 248	Hydro	OK	73048	405-663-2531	
	Canadian	Canadian Co Emergency Mgmt	Jerry Smith	201 N. Choctaw	El Reno	OK	73036	405-295-6186
Cheyenne Arapaho Emergency Mgmt		James Nimrod	P.O. Box 38	Concho	OK	73022	405-371-4201	james.nimrod.oem@live.com

Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
	El Reno Emergency Mgmt	Jeff Kouba	101 N. Choctaw Av	El Reno	OK	73036	405-262-0150	jkouba@cityofelreno.com
	Mustang Emergency Mgmt	Carl Hickman	465 W SH 152	Mustang	OK	73064	405-376-9365	chickman@cityofmustang.org
	Piedmont Emergency Mgmt	Boyd A. Maser	3308 Horseshoe Bend NW	Piedmont	OK	73078	405-570-9019	bmaser@keytech.com
	Union City Emergency Mgmt	David Jones	402 St. Paul Street	Union City	OK	73090		ucfdemd@live.com
	Yukon Emergency Mgmt	Frosty Peak	100 S. Ranchwood Blvd	Yukon	OK	73099	405-350-1895	fppeak@cityofyukonok.gov
Carter	Ardmore Emergency Mgmt	Amber Wilson	P.O. Box 249	Ardmore	OK	73402	580-223-4453	awilson@ardmorecity.org
	Carter Co Emergency Mgmt	Paul Tucker	107 SW 1st Street, Annex #1	Ardmore	OK	73401	580-223-7937	countyem100@sbcglobal.net
	Gene Autry Emergency Mgmt	Donald Morgan	P.O. Box 115	Gene Autry	OK	73426		
	Healdton Emergency Mgmt	Chris Chancellor	3661 Mobil Road	Healdton	OK	73438	580-229-3700	chancellorchris@att.net
	Ratliff City Emergency Mgmt	Robert L. Thornton	32 Church Street	Ratliff City	OK	73481	580-856-3599	ratlifpd@texhoma.net
Cherokee	Cherokee Nation Emergency Mgmt	Tamara Copeland	P.O. Box 948	Tahlequah	OK	74465	918-822-2764	tamara-copemand@cherokee.org
	Tahlequah/Cherokee Co EM	Gary Dotson	111 S. Cherokee	Tahlequah	OK	74464	918-456-2894	tahlequahem1@yahoo.com
Choctaw	Choctaw Co Emergency Mgmt	Athelta Hopkins	300 East Duke	Hugo	OK	74743	580-326-5331	athelta@aol.com
Cleveland	Cleveland Co Emergency Mgmt	Dan E. Cary	201 S. Jones	Norman	OK	73069	405-366-0249	dcary1@okco14.org
	Lexington Emergency Mgmt.	Harry Grider	PO Box 1180	Lexington	OK	73051	405-527-9881	ohpidlett@gmail.com
	Moore Emergency Mgmt	Gayland Kitch	301 N. Broadway	Moore	OK	73160	405-793-4477	gkitch@cityofmoore.com
	Noble Emergency Mgmt	Gary Bonner	P.O. Box 557	Noble	OK	73068	405-872-9231	bonnernfd@sbcglobal.net
	Norman Emergency Mgmt.	James Fullingim	415 East Main St.	Norman	OK	73071	405-292-9780	jfullingim@normanok.gov
Coal	Coal County Emergency Mgmt	Aaron Blue	3 S. Main	Coalgate	OK	74538	580-927-0107	ablue1@coalgate.net
Comanche	Chattanooga Emergency Mgmt	Tommy Reed	P.O. Box 165	Chattanooga	OK	73528	580-597-3390	townofchatty@pldi.net
	Comanche Co Emergency Mgmt	Clint Wagstaff	315 SW 5th Rm 107	Lawton	OK	73501	580-355-0535	emergencymanager@sbcglobal.net
Cotton	Cotton County Emergency Mgmt	Lindel Zachary	301 North Broadway	Walters	OK	73572	580-875-3031	cottonco@sbcglobal.net
Craig	Walters Emergency Mgmt	John Sheppard	P.O. Box 485	Walters	OK	73572		redfire72us@yahoo.com
	Craig Co Emergency Mgmt	Morris Bluejacket	210 W Delaware Suite 103	Vinita	OK	74301	918-244-1452	craigcoemd@yahoo.com
	Ketchum Emergency Mgmt.	Mike Reynolds	PO Box 1011	Ketchum	OK	74349	918-782-7487	ketchum1212@yahoo.com
Creek	Vinita Emergency Mgmt	Delbert Bowers	203 W. Canadian	Vinita	OK	74301	918-256-2674	firechief@cityofvinita.com
	Creek County Emergency Mgmt	Dannie Whitehouse	10 South Oak	Sapulpa	OK	74066	918-227-6358	creekcem@swbell.net
	Sapulpa Emergency Magmt	Rick Rumsey	425 E. Dewey	Sapulpa	OK	74066	918-227-5100	rrumsey@sapulpapolice.com
Custer	Arapaho Emergency Mgmt	Clarence W. Robinson	P.O. Box 327	Arapaho	OK	73620	580-323-4376	arapahoem@htswireless.com
	Butler Emergency Mgmt	K.C. Johnson	HC 66 Box 94-2-F	Foss	OK	73647	580-664-5685	kcair9441@yahoo.com
	Clinton Emergency Mgmt	Wade Anders	523 Gary Boulevard	Clinton	OK	73601	580-323-2298	firechief@clintonokla.org
	Custer City Emergency Mgmt	Ron J Ferguson	P.O. Box 8	Custer City	OK	73639	580-593-2312	ronniej@pldi.net
	Custer Co Emergency Mgmt	Michael Galloway	P.O. Box 300	Arapaho	OK	73620	580-323-4105	custer_em@hotmail.com
	Thomas Emergency Mgmt	Wallace Crispin	P.O. Box 250	Thomas	OK	73669	580-661-3687	crispin@pldi.net
	Weatherford Emergency Mgmt	Mike Karlin	118 N. Kansas	Weatherford	OK	73096	580-772-5345	mike.carlin@sbcglobal.net
Delaware	Bernice Emergency Mgmt	Danny King	207 Skyline Dr	Bernice	OK	74331	918-257-1954	kc4331@gmail.com

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COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
Dewey	Delaware County Emergency Mgmt	Robert Real	P.O. Box 309	Jay	OK	74342	918-253-8085	delawareem@yahoo.com
	Grove Emergency Mgmt	Robert Real	P.O. Box 309	Jay	OK	74342	918-253-8085	delawareem@yahoo.com
	Jay Emergency Mgmt	Gary W. Bryant	10112 Hwy 20	Jay	OK	74346	918-2534466	gbryant@jay.k12.ok.us
	Seneca Cayuga Emergency Mgmt	Chris Arnold	24591 S. 655rd	Grove	OK	74344	918-787-9272	caroldscribe.com
	West Siloam Springs EM	Tom Schafer	4880 Cedar Drive	Colcord	OK	74338	918-422-5101	schafert@hotmail.com
Ellis	Dewey Co Emergency Mgmt	Beth E. Morrison	PO Box 368	Taloga	OK	73667	580-328-5580	dcem@talogatv.com
	Leedey Emergency Mgmt.	Jay Miller	801 S. Phillips	Leedey	OK	73654		jmiller32844@yahoo.com
	Seiling Emergency Mgmt.	Mickey Louthan	Box 1043	Seiling	OK	73663	580-922-7382	mlouthan@seiling.k12.ok.us
	Vici Emergency Mgmt	Jan Gray	P.O. Box 333	Vici	OK	73859	580-995-4304	viciem@yahoo.com
Garfield	Ellis Co. Emergency Mgmt.	Russell Miller	P.O. Box 283; 218 E. Barnes	Arnett	OK	73832	580-334-0275	elliscoemd@aol.com
	Fargo Emergency Mgmt	Monte Stahlman	P.O. Box 261	Fargo	OK	73840	580-254-8261	stahlmp@pldi.net
	Gage Civil Emergency Mgmt	Dale C. Burtnett	P.O. Box 328	Gage	OK	73843	580-923-7727	dburtnett@pldi.net
Garvin	Enid/Garfield Co Emergency Mgmt	Mike Honigsberg	410 W Garriott	Enid	OK	73701	580-249-5969	mike.honigsberg@onenet.net
	Fairmont Emergency Mgmt	Joel Eggers	PO Box 38	Fairmont	OK	73736		fairmontfirehouse@att.net
	Garber Emergency Mgmt	Scott Chaney	P.O. Box 144	Garber	OK	73738	580-541-8040	garberem1@hotmail.com
	Lahoma Emergency Mgmt.	Gary Naugle Jr.	P.O. Box 443	Lahoma	OK	73754	580-796-2600	gnaugle-ffa@yahoo.com
Grady	Elmore City Emergency Mgmt	Eddie Stewart	P.O. Box 617	Elmore City	OK	73433	580-550-1806	stinsondriver@msn.com
	Garvin County Emergency Mgmt	H.D. Ramming	P.O. Box 237	Pauls Valley	OK	73075	405-238-1148	bud.ramming@gmail.com
	Pauls Valley Emergency Mgmt	Don Wageman	P.O. Box 778	Pauls Valley	OK	73075	405-238-3308	don_wageman@yahoo.com
Grant	Chickasha Emergency Mgmt	Steve Chapman	117 N. 4th	Chickasha	OK	73018	405-222-6000	sachapman@chickasha.org
	Grady Co Emergency Mgmt	Dale Thompson	P.O. Box 339	Chickasha	OK	73023	405-222-2339	gcema@swbell.net
	Ninnekah Emergency Mgmt.	Scott Miller	PO Box 211	Ninnekah	OK	73067	405-222-0882	ninnekahpolicec50@yahoo.com
	Rush Springs Emergency Mgmt	Leonard Thompson	P.O. Box 339	Chickasha	OK	73023	405-222-2339	gcema@swbell.net
	Tuttle Emergency Mgmt	Gerald D. Cook	P.O. Box 10	Tuttle	OK	73089	405-381-4467	sdouglas@cityoftuttle.com
	Verden Emergency Mgmt	Gerald Smith	P.O. Box 262	Verden	OK	73092		verdenermgmt@tds.net
Greer	Grant County Emergency Mgmt	Max Hess	PO Box 42	Manchester	OK	73758	580-594-2925	grcocom@sbcglobal.net
	Medford Emergency Mgmt.	Roger Christman	P.O. 123	Medford	OK	73759	580-395-2823	cityofmedfordok@yahoo.com
	Pond Creek Emergency Mgmt	Howard "Punky" Halcomb	P.O. Box	Pond Creek	OK	73766	580-237-8000	chief2@pldi.net
	Wakita Emergency Mgmt	Kevin George	RR1 Box 127	Wakita	OK	73771	580-594-2567	wakitafiredept@pldi.net
Harmon	Granite Emergency Mgmt	Scott Paty	P.O. Box 116	Granite	OK	73547	580-535-2116	graniteclerk@sbcglobal.net
	Greer Co/Mangum Emergency Mgmt	Glynadee Edwards	P.O. Box 263	Mangum	OK	73554	580-782-3254	greereoc@sbcglobal.net
Harper	Harmon County Emg. Mgmt.	Danny Watson	221 East Lincoln	Hollis	OK	73550	800-477-0262	fordman_73550@lycos.com
	Hollis Emergency Mgmt	Randy Prince	P.O. Box 188	Hollis	OK	73550	580-688-9245	prince@pldi.net
Haskell	Harper Co/Laverne Emergency Mgmt	Conyetta Lehenbauer	P.O. Box 369	Buffalo	OK	73834	580-735-2030	harper.county.oem@gmail.com
Hughes	Haskell County Emergency Mgmt	Angela Hensley	202 East Main	Stigler	OK	74462	918-967-4488	ang5emchaskell@yahoo.com
	Holdenville Emergency Mgmt	Michael Dockrey	P.O. Box 789	Holdenville	OK	74848	405-379-8197	soonerfan_1@sbcglobal.net

Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
Jackson	Hughes County Emergency Mgmt	John Roberts	200 N. Broadway	Holdenville	OK	74848	405-380-3209	hughescountym@gmail.com
	Wetumka Emergency Mgmt	Curtis Leftwich	202 N Main	Wetumka	OK	74883	405-452-3153	bleftwich@itlnet.net
Jefferson	Altus Emergency Mgmt	Lloyd Colston	300 E. Commerce	Altus	OK	73521	580-482-8336	colstonl@gmail.com
	Blair Emergency Mgmt	Trent Edwards	P.O. Box 456	Blair	OK	73526		dennydavis.1@hotmail.com
	East Duke Emergency Mgmt	Dennis Hennessey	401 Clark	Duke	OK	73532	580-481-3309	dhenness@brightok.net
	Eldorado Emergency Mgmt	Kevin Hill	P.O. Box 190	Eldorado	OK	73537	580-633-2245	kevinhill0694@sbcglobal.net
	Jackson Co Emergency Mgmt	Jerry Gibson	101 N. Main Rm 101	Altus	OK	73521	580-482-0229	safety@jacksoncountyyok.com
	Martha Emergency Mgmt	Donald Hervey	P.O. Box 279	Martha	OK	73556		pugmeow@aol.com
Johnston	Jefferson Co Emergency Mgmt	Donald Dalton	220 N. Main St	Waurika	OK	73573	580-228-2241	deputy3419@gmail.com
	Ringling Emergency Mgmt	Mike Skinner	PO Box 565	Ringling	OK	73456	580-622-2264	townofringling@yahoo.com
	Waurika Emergency Mgmt.	Chuck Brown	122 S Main	Waurika	OK	73573	580-228-2713	cityofwaurika@sbcglobal.net
Johnston	Johnston Co Emergency Mgmt	Betty Roan	604 E 24th	Tishomingo	OK	73460	580-371-0569	iremt@swbell.net
	Mill Creek Emergency Mgmt	Scott Kirby	P.O. Box 16	Mill Creek	OK	74856	580-622-3433	kirby241@hotmail.com
Kay	Blackwell Emergency Mgmt	Jim Inmon	221 W. Blackwell	Blackwell	OK	74631	580-363-7721	jinmon@blackwellock.org
	Braman Emergency Mgmt	Shawn L. Shirley	P.O. Box 26	Braman	OK	74632	580-234-0001	unicorn@kanokla.net
	Kaw City Emergency Mgmt	Steve Long	900 Morgan Square East	Kaw City	OK	74641	580-269-2525	kawcityoem@yahoo.com
	Kaw Nation Emergency Mgmt	Gary Robison	698 Grandview	Kaw City	OK	74641	580-362-1232	kawemgr@gmail.com
	Kay County Emergency Mgmt	Dennis Bonewell	PO Box 450	Newkirk	OK	74647	580-362-3825	dbonewell@courthouse.kay.ok.us
	Newkirk Emergency Mgmt.	Jerry D. Evans	P.O. Box 469	Newkirk	OK	74647	580-362-3606	newkirkfire@hotmail.com
	Ponca City Emergency Mgmt	Paula Cain	200 East Oklahoma	Ponca City	OK	74601	580-767-0380	cainpk@poncacityok.gov
	Tonkawa Emergency Mgmt	Charles Conaghan	Box 402	Tonkawa	OK	74653	580-485-1599	conaghan@sbcglobal.net
Kingfisher	Dover Emergency Mgmt	Kenny Benson	Box 4	Dover	OK	73734	405-880-2086	okdovercc@pldi.net
	Hennessey Emergency Mgmt	Wes Hardin	P.O. Box 306	Hennessey	OK	73742	405-853-2416	hennessey.ok.us@pldi.net
	Kingfisher Co/City Emergency Mgmt	Steve Loftis	P.O. Box 525	Kingfisher	OK	73750	405-375-5662	kingfisher.county.oem@gmail.com
	Loyal Emergency Mgmt.	Michael Drake	Rt 1 Box 343	Dover	OK	73734		mdrake@allianceimaging.com
	Okarche Emergency Mgmt	Richard Raupe	116 W. Oklahoma	Okarche	OK	73762	405-263-7290	okarche2@pldi.net
Kiowa	Gotebo Emergency Mgmt	Michael Strain	316 S Main	Hobart	OK	73651	580-726-3377	brball60@sbcglobal.net
	Hobart Emergency Mangement	Daniel Fantinel	410 South Washington	Hobart	OK	73651	580-726-4200	hobartcodeman@cablone.net
	Kiowa County Emergency Mgmt	Bill Orebaugh	316 S Main	Hobart	OK	73651	580-726-3377	brball60@sbcglobal.net
	Mt. Park Emergency Mgmt	Denton W. Ervin	P.O. Box 190	Moutain Park	OK	73559	580-569-4234	mtpfirechief307@yahoo.com
	Roosevelt Emergency Mgmt.	Jeff Vanderpol	Box 73	Roosevelt	OK	73564	580-639-2681	cityhall@brightok.net
	Snyder Emergency Mgmt	Bill Graves		Snyder	OK	73566	580-569-2119	phippspolice@gmail.com
Latimer	Latimer County/Wilburton EM	Toye Massey	104 W Ada	Wilburton	OK	74578	918-465-3582	latimerem@att.net
	Red Oak Emergency Mgmt.	Clyde Kitchens	HC 63, Box 9	Red Oak	OK	74563	918-754-2982	
LeFlore	Arkoma Emergency Mgmt	Bobby Parker Jr.	604 Underwood Ave	Fort Smith	AR	72901	479-461-1894	bparker@cash4stuff.net
	Heavener Emergency Mgmt	Richard Armstrong	105 East Avenue C	Heavener	OK	74937	918-653-2950	
	Howe Emergency Mgmt	Michael Brumfield	P.O. Box 87	Howe	OK	74940		michaelbrumfield@alltel.net
	Leflore Co Emergency Mgmt	Michael Davidson	1215 S. Broadway	Poteau	OK	74953	918-649-0530	lefloreem@gmail.com
	Panama Emergency Mgmt	John Whiteaker	P.O. Box 760	Panama	OK	74951	918-963-4500	panama165@yahoo.com

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COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
Lincoln	Pocola Emergency Mgmt	Johnathan Limbocker	P.O. Box 397	Pocola	OK	74902	918-436-2388	limbocker@juno.com
	Rock Island Emergency Mgmt	Lester Prehm	12419 HWY 120	Rock Island	OK	74932	479-719-1011	lprehm@cox.net
	Spiro Emergency Mgmt	B.J. Harper	19720 Lakeview Dr	Spiro	OK	74959	918-962-3779	
	Whitesboro Emergency Mgmt	John Bigelow	P.O. Box 152	Whitesboro	OK	74577	918-567-3159	whitesboroem@yahoo.com
	Wister Emergency Mgmt	Andy Ford	P.O. Box 370	Wister	OK	74966	918-647-6247	lamar_ford@hotmail.com
Logan	Chandler Emergency Mgmt	Larry Hicks	209 Steele	Chandler	OK	74834	405-328-0233	nlhicks@sbcglobal.net
	Lincoln Co Emergency Mgmt	Joey Wakefield	811 Manvel Suite 4	Chandler	OK	74834	405-240-7741	lincoln.county@oem.ok.gov
	Prague Emergency Mgmt	Jodie Cooper	820 N. Jim Thorpe Blvd	Prague	OK	74864	405-567-2270	prague.em@cityofpragueok.org
	Stroud Emergency Mgmt	Mike Cooper	612 East 17th Street	Stroud	OK	74079	918-968-9564	mjcooper@brightok.net
	Tryon Emergency Mgmt	Weldon Knowlton	P.O. Box 125	Tryon	OK	74875	405-412-5848	
Logan	Logan Co/Guthrie Emergency Mgmt	David Ball	312 E. Harrison, Suite 103	Guthrie	OK	73044	405-282-0494	loganoem@gmail.com
Love	Love Co/Marietta Emergency Mgmt	Tracey Smithwick	101 W Main	Marietta	OK	73448	580-276-5861	mariettaeoc@att.net
Major	Cleo Springs Emergency Mgmt	Allen L. Cox	East City Square	Cleo Springs	OK	73729	580-438-2448	pumpup@pldi.net
	Fairview Emergency Mgmt	Chris Hoffman	203 E. Central	Fairview	OK	73737	580-227-4444	cshoffman72@sbcglobal.net
	Major County Emergency Mgmt.	Cory Dayton	HC 60 Box 101	Fairview	OK	73737	580-764-3465	eaglechief03@yahoo.com
Marshall	Marshall County/Madill EM	Hubert Weaver	201 E. Overton	Madill	OK	73446	580-795-2577	hubertweaver@prodigy.net
Mayes	Mayes County Emergency Mgmt	Johnny Janzen	1 Court Pl Suite 140	Pryor	OK	74361	918-825-4650	mayescountyem@yahoo.com
	Pryor Emergency Mgmt	Johnny Janzen	6 N. Adair St.	Pryor	OK	74361	918-825-4650	mayescountyem@yahoo.com
McClain	Blanchard Emergency Mgmt	Craig Dean	P.O. Box 480	Blanchard	OK	73010	405-485-9391	
	Byars Emergency Mgmt	Dwight McCullar	P.O. Box 217	Byars	OK	74831	580-759-5334	byarsfd@sbcglobal.net
	Dibble Emergency Mgmt	Billy Scott	P.O. Box 57	Dibble	OK	73031	405-344-6653	mcso4414@yahoo.com
	Goldsby Emergency Mgmt	Greg Giltner	825 SW 2nd	Goldsby	OK	73039	405-659-0217	gregory.giltner@okc.gov
	McClain Co Emergency Mgmt	Edward P. Cravens	P.O. Box 548	Newcastle	OK	73065	405-387-5466	mcclain.em@gmail.com
	Newcastle Emergency Mgmt	Kevin Self	P.O. Box 179	Newcastle	OK	73065	405-387-5823	ksself@cityofnewcastleok.com
	Purcell Emergency Mgmt	Kevin Rhoads	230 W. Main	Purcell	OK	73080	405-527-6561	krhoads@purcellok.net
	Wayne Emergency Mgmt	Ronald D. Reagan		Wayne	OK	73095	405-449-3451	w5nzs@aol.com
McCurtain	McCurtain Co. Emergency Mgmt	Greg L Campbell	827 E Lincoln Rd	Idabel	OK	74745	580-208-2604	emermgt@sbcglobal.net
	Valliant Emergency Mgmt	Scott Surratt	P.O. Box 1	Valliant	OK	74764	580-933-4556	kara@valliant.net
McIntosh	Checotah Emergency Mgmt	Leslie Phillips	414 West Gentry	Checotah	OK	74426	918-473-5411	lphillips@checotah.net
	Eufaula/McIntosh Co EM	Wesley Dawson	P.O. Box 722	Eufaula	OK	74432	918-689-3441	wesleydawson@sbcglobal.net
Murray	Davis Emergency Mgmt	Norman Shiplett	308 S 6th St	Davis	OK	73030	405-880-1835	
	Murray Co Emergency Mgmt.	Joe D. Jordan	P.O. Box 1-N	Dougherty	OK	73032		mcceem@brightok.net
Muskogee	Fort Gibson Emergency Mgmt.	Larry Dale Cooper	P.O. Box 218	Ft. Gibson	OK	74434	918-478-4221	fglarry@yahoo.com
	Muskogee City Emergency Mgmt	James E. Moore	229 W. Okmulgee	Muskogee	OK	74401	918-684-6295	jmoore@muskogeeonline.org
	Muskogee County Emergency Mgmt	Jeff Smith	P.O. Box 2274	Muskogee	OK	74402	918-682-2551	jsmith@readymuskogee.com
	Warner Emergency Mgmt	Terry Thompson	P.O. Box 170	Warner	OK	74469	918-463-3911	warnercops@hotmail.com

Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
Noble	Noble Co Emergency Mgmt	Lloyd Brown	300 Court House Dr. Box 1	Perry	OK	73077	580-336-2771	lgbrown77@hotmail.com
Nowata	Nowata Co. Emergency Mgmt	Doug Sonenberg	229 N. Maple	Nowata	OK	74048	918-273-2287	nwsonw5@yahoo.com
	Nowata Emergency Mgmt.	Donald Belden	425 S Cedar	Nowata	OK	74048	918-273-3532	nofd112003@yahoo.com
	South Coffeyville Emergency Mgmt	Mitchell Lakey	424 Willow	South Coffeyville	OK	74072	620-515-6473	scemergencymanagement@yahoo.com
Okfuskee	Bearden Emergency Mgmt	James Whisnant	Rt. 2 Box 58	Okemah	OK	74859	918-623-6494	whisnant@parksbro.com
	Okemah Emergency Mgmt	Thomas L. Dennis	502 W. Broadway	Okemah	OK	74859	918-623-1050	okemaheem@sbcglobal.net
	Okfuskee Co Emergency Mgmt	Bill Elliott	P.O. Box 108	Okemah	OK	74859	918-623-0939	okfuskeem@sbcglobal.net
	Paden Emergency Mgmt.	Kevitt Vass	P.O. Box 65	Paden	OK	74860	918-667-3760	ksvass@valornet.com
Oklahoma	Bethany Emergency Mangement	Scott Schroder	3919 N Rockwell Ave	Bethany	OK	73008	405-789-2218	scott.schroder@bethanyok.org
	Del City Emergency Mgmt	Jim Hock	3701 SE 15	Del City	OK	73115	405-671-2890	dcfd101@sbcglobal.net
	Edmond Emergency Mgmt	Matthew Stillwell	28 E. Main St.	Edmond	OK	73034	405-359-4371	matt.stillwell@edmondok.com
	Forest Park Emergency Mgmt	Wesley Blair	4201 N. Coltrane	Forest Park	OK	73102	405-424-1212	webgbs@aol.com
	Luther Emergency Mgmt	James Langston	17411 E Sorghum Mill	Luther	OK	73054	405-664-1817	jameslangston@dishmail.net
	Midwest City Emergency Mgmt	Mike Bower	100 N. Midwest Blvd	Midwest City	OK	73110	405-739-1386	mbower@midwestcityok.org
	Newalla Emergency Mgmt.	Getty W. Williams	P.O. Box 269	Newalla	OK	74857	405-391-3804	gettyww@peoplepc.com
	Nichols Hills Emergency Mmgt.	Keith E Bryan	6407 Avondale Dr.	Nichols Hills	OK	73116	405-843-8526	kbryan@nicholshills.net
	Nicomapark Emergency Mgmt	James Shonts	P.O. Box 250	Nicomapark	OK	73066	405-769-4593	npfirechief@nicomapark.net
	Oklahoma City Emergency Mgmt	Franklin Barnes	4600 N. Martin Luther King Blvd	Oklahoma City	OK	73111	405-605-8981	franklin.barnes@okc.gov
	Oklahoma Co Emergency Mgmt	David K. Barnes	320 Robert S. Kerr, Suite 101	Oklahoma City	OK	73102	405-605-8200	dbarnes@oklahomacounty.org
	The Village Emergency Mgmt	Eric A. Knight	2304 Manchester Dr.	City of the Village	OK	73120	405-751-0493	eric_knight@thevillageok.org
	University of Central Ok EM	Norman Nieves	100 N. University Dr., Box 146	Edmond	OK	73034	405-974-2219	mnieves@uco.edu
	Warr Acres Emergency Mgmt	Rob Carter	5930 NW 49TH	Warr Acres	OK	73122	405-789-5912	rcarter@fire.warracres-ok.gov
Okmulgee	Beggs Emergency Mgmt	Clifton Speer	10256 N 180 Rd	Beggs	OK	74421	918-267-4935	beggsfire44@hotmail.com
	Okmulgee Co EM	George Jacobs	110 N. Alabama Ave.	Okmulgee	OK	74447	918-759-9984	g.jacobs@oema.us
	Okmulgee Emergency Mgmt.	Rick Mitchell	333 N Central	Okmulgee	OK	74447	918-758-1136	firedoc309@aol.com
Osage	Barnsdall Emergency Mgmt	Kathy Brown	P.O. Box 618	Barnsdall	OK	74002	918-847-2980	wabose@yahoo.com
	Hominy Emergency Management	Felix Nance	219 W. 1st Street	Hominy	OK	74030	918-885-2164	felixanance@yahoo.com
	Osage Co Emergency Mgmt	Howard M Pattison	125 E 6th St	Pawhuska	OK	74056	918-287-2285	howard_pattison@yahoo.com
Ottawa	Commerce Emergency Mgmt	Ernie Shelby	720 Coyne St	Miami	OK	74354	918-533-1606	morcman77@sbcglobal.net
	Miami Emergency Mgmt	Glenda Longan	P.O. Box 1288	Miami	OK	74355	918-541-2275	glongan@miamiokla.net
	Ottawa County Emergency Mgmt	Frank Geasland	123 East Central Suite 103	Miami	OK	74354	918-541-9391	ocem14@att.net
	Wyandotte Emergency Mgmt	Leon Crow	P.O. Box 240	Wyandotte	OK	74370	918-542-1853	leoncrow@yahoo.com
Payne	Cushing Emergency Mgmt	R.E. Noltensmeyer	P.O. Box 311	Cushing	OK	74023	918-223-5054	cushem@cityofcushing.org
	Oklahoma State University EM	Ron Hill	1202 West Farm Road, Rm 008	Stillwater	OK	74078	405-744-0470	r.hill@okstate.edu
	Payne Co. Emergency Mgmt	David A. Lester	315 W 6th Suite 102	Stillwater	OK	74074	405-747-8374	dlester@paynecounty.org
	Perkins Emergency Mgmt	Travis L. Majors	110 N. Main	Perkins	OK	74059	405-547-2445	emd@cityofperkins.net
	Stillwater Emergency C & C	Kirk Mittelstet	P.O. Box 1725	Stillwater	OK	74076	405-372-7484	kmittelstet@stillwater.org
Pittsburg	Hartshorne Emergency Mgmt	David Mass	P.O. Box 167	Hartshorne	OK	74547	918-297-3095	southeasternwelding@yahoo.com

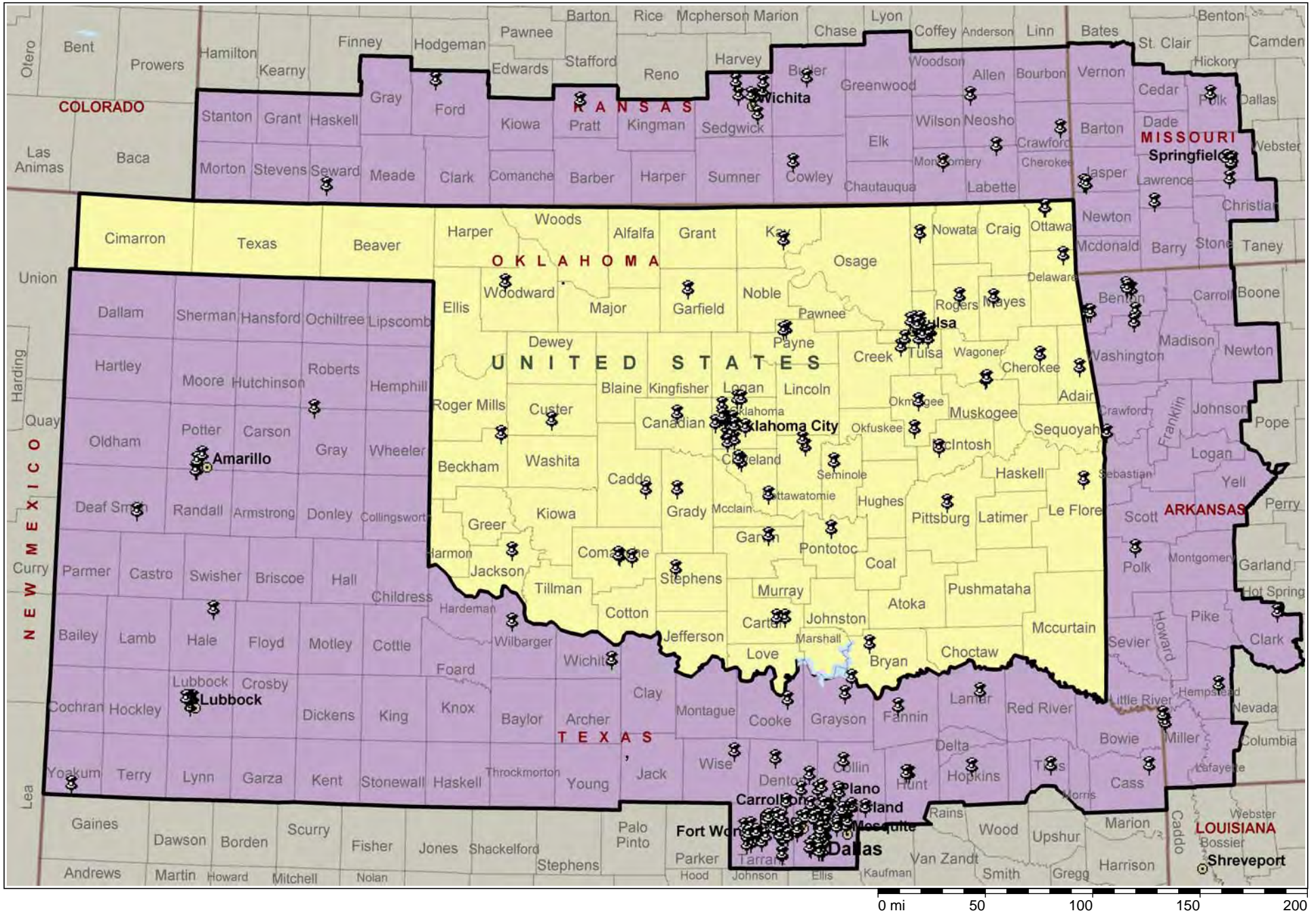
Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
	Krebs Emergency Mgmt	Larry Partain	PO Box 156	Krebs	OK	74554	918-470-9001	partain_kemd@yahoo.com
	McAlester/Pittsburg Co EM	Miles T. Myers	1210 N. West Street	McAlester	OK	74501	918-423-5655	civildefense@allegiance.tv
	Quinton Emergency Mgmt.	Larry Satterfield	P.O. Box 420	Quinton	OK	74561	918-469-3899	
Pontotoc								
	Ada Emergency Mgmt	Gene Linton	231 S. Townsend St	Ada	OK	74820	580-436-8015	gene.linton@adaok.com
	Allen Emergency Mgmt	JB Nelson	1102 East Gilmore	Allen	OK	74825	580-235-2576	jbnelson@dmail.com
	Byng Emergency Mgmt	Jeff Rollins	110 Byng Avenue	Ada	OK	74820	580-436-2545	jeffrollins@cablone.net
	Chickasaw Nation Emergency Mgmt	Richard L. Carson	328 E. 32nd	Ada	OK	74820	580-436-2603	
	Pontotoc County Emergency Mgmt	Chad Letellier	231 S. Townsend	Ada	OK	74820	580-436-8055	pontotocem@adaok.com
	Stonewall Emergency Mgmt	Randy Williamson	P.O. Box 278	Stonewall	OK	74871	580-265-4645	stonewallem@tds.net
Pottawatomie								
	Asher Emergency Mgmt	Dwayne Johnson	P.O. Box 166	Asher	OK	74826	405-784-5513	djosufan@yahoo.com
	Maud Emerency Mgmt	Mike Nelson	P.O. Box 261	Maud	OK	74854	405-374-1243	maudemergencymangement@email.com
	McLoud Emergency Mgmt	Paul Foster	129 South 10th	McLoud	OK	74851	405-734-9528	paul.foster@tinker.af.mil
	Pink Emergency Mgmt	Mitchell R. Castleberry	30897 Sandy Rock Rd	Tecumseh	OK	74873	405-598-2364	
	Shawnee/Pottawatomie Co EM	Donald Lynch	P.O. Box 1448	Shawnee	OK	74802	405-878-1678	dlynch@shawneeok.org
	Tecumseh Emergency Mgmt	Melvin L. Potter	107 W. Washington	Tecumseh	OK	74873	405-598-9301	tecumsehem@tecumsehok.org
Pushmataha								
	Clayton Emergency Mgmt	Todd Baughman	P.O. Box 486	Clayton	OK	74536	918-569-4135	toddlpn@excite.com
	Pushmataha Co/Antlers EM	Robert Bowman	100 SE 2nd	Antlers	OK	74523	580-201-0233	rbowman151@hotmail.com
	Rattan Emergency Mgmt.	Carroll Courtwright	HC 66 Box 210	Spencerville	OK	74760	580-326-1079	
Roger Mills								
	Hammon Emergency Mgmt	Larry Hollingsworth	PO Box 337; 604 Broadway	Hammon	OK	73650	580-473-2482	hammoncity@yahoo.com
	Reydon Emergency Mgmt.	Kay G. Danks	100 Pampa	Reydon	OK	73660	580-655-4432	kctax@dobsonteleco.com
	Roger Mills Co/Cheyenne EM	Cy Howenstine IV	P.O. Box 708	Cheyenne	OK	73628	580-497-3524	rmcem@yahoo.com
Rogers								
	Chelsea Emergency Mgmt	Rick Adair	311 East 7th Street	Chelsea	OK	74016	918-789-5147	kd5ewo@yahoo.com
	Claremore Emergency Mgmt	Douglas Sean	104 S. Muskogee	Claremore	OK	74017	918-341-1477	sdouglas@claremorecity.com
	Rogers Co Emergency Mgmt	Bob Anderson	219 S. Missouri B-113	Claremore	OK	74017	918-341-4233	bobby@rogerscounty.org
Seminole								
	Cromwell Emergency Mgmt	Randy Philpott	P.O. Box 30	Cromwell	OK	74837	405-944-5333	
	Seminole City Emergency Mgmt	Ernie Willis	P.O. Box 1293	Seminole	OK	74818-1293	405-382-3702	ewillisok@aol.com
	Seminole Co Emergency Mgmt	Aaron J. Findley	110 S Wewoka Ave, Suite 103	Wewoka	OK	74884	405-257-6479	seminole.county@oem.ok.gov
	Wewoka Emergency Mgmt	Kevin Anderson	615 S McKuskey	Wewoka	OK	74884	405-257-5421	wewokachief@yahoo.com
Sequoyah								
	Muldrow Emergency Mgmt	Tony (T.D.) Lewis	P.O. Box 429	Muldrow	OK	74948	918-427-3296	bicep260@yahoo.com
	Roland Emergency Mgmt.	Charlie Day	P.O. Box 49	Roland	OK	74954	918-427-3252	
	Sequoyah Co Emergency Mgmt	Chris Keathley	117 South Oak St. Suite 112	Sallisaw	OK	74955	918-775-1216	chrisk@crosstel.net
Stephens								
	Bray Emergency Mgmt	George Noe	7419 W. Donkey Lane	Marlow	OK	73055		gnoe39@yahoo.com
	Comanche Emergency Mgmt	David Coder	500 N. Rodeo Dr	Comanche	OK	73529	580-439-2211	chiefdcoder@yahoo.com
	Duncan Emergency Mgmt	Larry Sullins	PO Box 969	Duncan	OK	73534	580-251-7704	burnside@cityofduncan.com
	Marlow Emergency Mgmt.	Jerome McCalvin		Marlow	OK	73055	580-658-2121	cherron@cityofmarlow.com
	Stephens Co Emergency Mgmt	Gary Ball	101 South 11th Street	Duncan	OK	73533	580-255-3411	stcoem@cablone.net
	Velma Emergency Mgmt	Patricia Snider	P.O. Box 359	Velma	OK	73491	580-444-2535	sissysnider@yahoo.com
Texas								
	Goodwell Emergency Mgmt	Justin Carnagey	P.O. Box 321	Goodwell	OK	73939	580-349-2566	justin@ptsi.net

Oklahoma Department of Emergency Management Coordinators by County as of 04-08-11

COUNTY	JURSDICTN	CDDIRECTOR	ADDRESS	CITY	ST	ZIPCODE	PHONE_BUS	E-MAIL
	Hooker Emergency Mgmt.	Marilee Jacobs	308 N. Texas St.; PO Box 67	Hooker	OK	73945	580-652-2885	kmkjac@ptsi.net
	Optima Emergency Mgmt	Kathy Christian	Box 230 Rt 1	Optima	OK	73945		optimath@ptsi.net
	Texas County Emergency Mgmt	Harold Tyson	P.O. Box 197	Guymon	OK	73942	580-338-0911	txcemd@ptsi.net
	Texhoma Emergency Mgmt	David Butler	221 West Main	Texhoma	OK	73949	580-423-7771	tpdchief@gmail.com
	Tyrone Emergency Mgmt	Jerry Schroeder	PO Box 234	Tyrone	OK	73951	580-854-6400	tyronepl@ptsi.net
Tillman	Grandfield Emergency Mgmt	Henry Koranda	Drawer L	Grandfield	OK	73546	580-479-5215	hkoranda@pldi.net
	Tillman County Emergency Mgmt	Jeffrey M. Rector	P.O. Box 992	Frederick	OK	73542	580-335-1010	tcem@cableone.com
Tulsa	Bixby Emergency Mgmt	Ike Shirley	116 West needles	Bixby	OK	74008	918-366-0421	ishirley@bixby.com
	Broken Arrow Emergency Mgmt	Branon Dodd	220 South First Street	Broken Arrow	OK	74013	918-259-2400	bdodd@brokenarrowok.gov
	Owasso Emergency Mgmt.	Clifford R. Motto	P.O. Box 180	Owasso	OK	74055	918-272-3828	cmotto@cityofowasso.com
	Sand Springs Emergency Mgmt	Greg Fisher	P.O. Box 338	Sand Springs	OK	74063	918-246-2537	gbfisher@sandsspringsok.org
	Sperry Emergency Mgmt	Michael W. Smith	P.O. Box 607	Sperry	OK	74073		sperryemd@yahoo.com
	Tulsa City/Co Area EM	Roger Jolliff	600 Civic Center, EOC	Tulsa	OK	74103	918-596-9890	rjolliff@cityoftulsa.org
Wagoner	Coweta Emergency Mgmt	Tom Tillotson	108 N. Broadway	Coweta	OK	74429	918-486-2189	ttillotson@cityofcoweta.org
	Wagoner Co Emergency Mgmt	Jaison Scott	16555 S 305th E Ave	Coweta	OK	74429	918-279-0059	wagonerco.eoc@windstream.net
Washington	Washington Co/Bartlesville EM	Kary D. Cox	3931 SE Adams Rd	Bartlesville	OK	74005	918-331-2710	wcema@onenet.net
Washita	Canute Emergency Mgmt	Harvey Chervenka	P.O. Box 293	Canute	OK	73626	580-323-1981	canuteeoc1@yahoo.com
	Cordell Emergency Mgmt	Tom Merrill	203 East Clay St	Cordell	OK	73632	580-832-3449	cordellfiredept1@gmail.com
	Foss Emergency Mgmt	Tim Kowalski	HC 66 Box 1	Foss	OK	73647	580-821-2907	darrenmurray@yahoo.com
	Rocky Emergency Mgmt	Gaylon Schantz	PO Boc 287	Rocky	OK	73661		ajestacio@sbcglobal.net
	Sentinel Emergency Mgmt.	Robbie Rozell	P.O. Box 32	Sentinel	OK	73664	580-393-4373	rob_rozell@yahoo.com
	Washita Co Emergency Mgmt	Max Boothe	125 W. Main	Cordell	OK	73632	580-832-3356	maxboothe@ymail.com
Woods	Woods Co Emergency Mgmt	Steve Foster	407 Government St	Alva	OK	73717	580-327-6201	rsfoster57@yahoo.com
Woodward	Mooreland Emergency Mgmt	Charles Woods	503 S Laird; PO Box 582	Mooreland	OK	73852	580-994-5924	c4harli3@pldi.net
	Woodward County/City EM	Matt Lehenbauer	1219 8th Street	Woodward	OK	73801	580-254-0896	matt.lehenbauer@readywoodward.net

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OKLAHOMA DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
372573	NRA - ADA DIALYSIS CTR	324 NW J.A. RICHARDSON LOOP	ADA	OK	74820	PONTOTOC	5804219131	21
372524	DAVITA - ALTUS	205 S PARK LN STE 130	ALTUS	OK	73521	JACKSON	5804821197	10
372575	DAVITA - ANADARKO	412 SE 11TH	ANADARKO	OK	73005	CADDO	4052472299	10
372582	ARDMORE DIALYSIS RANCH	2617 CROSSROADS DR	ARDMORE	OK	73401	CARTER	5804909844	22
372542	FMCNA - ARDMORE	1402 BROOKVIEW DR	ARDMORE	OK	73401	CARTER	5802269390	28
370018	JANE PHILLIPS DIALYSIS CTR	3500 SE STATE ST	BARTLESVILLE	OK	74006	WASHINGTON	9183311770	18
372515	DAVITA - NORTHWEST BETHANY	7800 NW 23RD STE A	BETHANY	OK	73008	OKLAHOMA	4054958606	16
372572	DAVITA - CHICKASHA DIALYSIS CTR	228 S 29TH ST	CHICKASHA	OK	73018	GRADY	4052249901	8
372514	DAVITA - CLAREMORE	202 E BLUE STARR DR	CLAREMORE	OK	74017	ROGERS	9183421119	16
372561	DAVITA - CLINTON DIALYSIS CTR	150 S 31ST	CLINTON	OK	73601	CUSTER	5803234349	16
372522	DAVITA - DUNCAN	2645 W ELK	DUNCAN	OK	73533	STEPHENS	5802552205	10
372565	DAVITA - DURANT DIALYSIS	411 WESTSIDE DR	DURANT	OK	74701	BRYAN	5809200808	16
372581	FMCNA - EDMOND EAST	301 KATIE MICHELLE BLVD	EDMOND	OK	73034	OKLAHOMA	4053419926	14
372541	DAVITA - RENAL TREATMENT CENTERS WEST, INC.	50 S BAUMANN AVE	EDMOND	OK	73034	OKLAHOMA	4053306646	12
372544	FMCNA - EL RENO	1629 - B E HWY 66	EL RENO	OK	73036	CANADIAN	4052626900	17
372531	DAVITA - ELK CITY DIALYSIS	1601 W 2ND ST	ELK CITY	OK	73644	BECKHAM	5802252700	12
372558	FMCNA - ENID DIALYSIS CTR	121 W OWEN K GARRIOTT	ENID	OK	73701	GARFIELD	5802334444	16
372580	EUFULA DIALYSIS CTR	480 EUNICE BURNS RD	EUFULA	OK	74432	MCINTOSH	9186897919	11
377022	US RENAL CARE-GROVE	1200 NEO LOOP PO BOX 453290	GROVE	OK	74344	DELAWARE	9187872900	12
372576	FMCNA - HENRYETTA	2405 W MAIN ST STE A	HENRYETTA	OK	74437	OKMULGEE	9186524418	12
372557	FMCNA - LAWTON EAST	4516 SE LEE BLVD STE 108	LAWTON	OK	73501	COMANCHE	5803511430	23
372574	SOONER DIALYSIS - LAWTON	924 SW 38TH ST	LAWTON	OK	73505	COMANCHE	5803511716	20
372523	FMCNA - LAWTON WEST	EISENHOWER SQUARE 5110 WEST GORE BLVD STE 12	LAWTON	OK	73505	COMANCHE	5802483733	24
37900P	DVA RENAL HEALTHCARE - LEXINGTON ASSESSMENT CTR	15501 HIGHWAY 39	LEXINGTON	OK	73051	CLEVELAND	4055278996	11
372564	MCALISTER REGIONAL DIALYSIS CTR	2 CLARK BASS BLVD #101	MCALISTER	OK	74501	PITTSBURG	9184218373	12
372536	FMCNA - MIAMI MIDWEST	2111 DENVER HARNER DR	MIAMI	OK	74354	OTTAWA	9185402700	12
372547	DAVITA - TRI-STATE DIALYSIS	2510 N MAIN	MIAMI	OK	74354	OTTAWA	9185401827	18
372511	DAVITA - MIDWEST CITY	7221 E RENO AVE	MIDWEST CITY	OK	73110	OKLAHOMA	4058699600	16
372553	FMCNA - HERITAGE PARK	310 S HIGHLAND AVE	MIDWEST CITY	OK	73110	OKLAHOMA	4057331891	20
372549	DAVITA - MUSKOGEE COMMUNITY DIALYSIS CTR	2316 W SHAWNEE ST	MUSKOGEE	OK	74401	MUSKOGEE	9186870016	10
372566	FMCNA - MUSKOGEE	3371 W BROADWAY	MUSKOGEE	OK	74401	MUSKOGEE	9186822272	21
372527	DAVITA - NORMAN	1818 W LINDSEY BLDG B STE104	NORMAN	OK	73069	CLEVELAND	4053609815	12
372562	SOONER DIALYSIS CTR - NORMAN	1561 N PORTER AVE	NORMAN	OK	73071	CLEVELAND	4053293830	20
372530	DVA RENAL HEALTHCARE - HEARTLAND DIALYSIS	925 NE EIGHTH	OKLAHOMA CITY	OK	73104	OKLAHOMA	4052363043	32
372571	FMCNA - SOUTHWEST OKLAHOMA CITY	10301 GREENBRIAR PKWY	OKLAHOMA CITY	OK	73159	OKLAHOMA	4056913433	17
372540	FMCNA - NORTHWEST OKLAHOMA CITY	3107 NW 50th st	OKLAHOMA CITY	OK	73112	OKLAHOMA	4059490237	12
372539	FMCNA - NORTH CENTRAL OKLAHOMA CITY	200 NE 50TH ST	OKLAHOMA CITY	OK	73105	OKLAHOMA	4055570025	25
372532	FMCNA - SE OKLAHOMA JV	810 NW 10TH	OKLAHOMA CITY	OK	73106	OKLAHOMA	4052721553	22
372568	DAVITA - CINEMA DIALYSIS	3909 S WESTERN AVE	OKLAHOMA CITY	OK	73109	OKLAHOMA	4056313775	12
372500	FMCNA - MEDICAL PLAZA DIALYSIS	3435 NW 56TH ST #600	OKLAHOMA CITY	OK	73112	OKLAHOMA	4059454440	20
372520	FMCNA - SOUTH OKC DX CTR	5419 S WESTERN	OKLAHOMA CITY	OK	73109	OKLAHOMA	4056361570	18
370093	OU MEDICAL CENTER-CHILDRENS DIALYSIS	DIALYSIS UNIT 6 EAST 1200 EVERETT DR STE 6015	OKLAHOMA CITY	OK	73104	OKLAHOMA	4052713302	6
372518	DVA RENAL HEALTHCARE - OKLAHOMA CITY SOUTH	5730 S MAY AVE	OKLAHOMA CITY	OK	73119	OKLAHOMA	4056812221	16
377023	NEW DIRECTION HOME DIALYSIS	4334 NW EXPRESSWAY, STE 165	OKLAHOMA CITY	OK	73116	OKLAHOMA	4057676740	1

OKLAHOMA DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
372577	OKLAHOMA KIDNEY CARE DX, LLC	13901 MCAULEY BLVD, STE 102	OKLAHOMA CITY	OK	73134	OKLAHOMA	4057485812	16
372579	HOME DIALYSIS CTR	1059 SE 82nd	OKLAHOMA CITY	OK	73149	OKLAHOMA	4055126912	8
372548	DAVITA - OKMULGEE	201 S DELAWARE	OKMULGEE	OK	74447	OKMULGEE	9187563526	16
372554	FMCNA - PAULS VALLEY	310 S CHICKASAW	PAULS VALLEY	OK	73075	GARVIN	4052387252	10
372552	FMCNA - PONCA CITY	1208 E HARTFORD	PONCA CITY	OK	74601	KAY	5807189357	12
372559	POTEAU DIALYSIS CTR	1200 CENTRAL ST	POTEAU	OK	74953	LE FLORE	9186479373	12
372529	DVA RENAL HEALTHCARE - PRYOR	309 E GRAHAM	PRYOR	OK	74361	MAYES	9188253100	14
373509	ST JOHN-SAPULPA DIALYSIS	1013 E CLEVELAND	SAPULPA	OK	74066	CREEK	9182273351	12
372563	DIALYSIS SPECIALISTS OF SEMINOLE	12581 N S 3540 CR	SEMINOLE	OK	74818	SEMINOLE	4053829809	13
372513	DAVITA - SHAWNEE	4409 N KICKAPOO SUITE 113	SHAWNEE	OK	74804	POTTAWATOMIE	4058786762	16
372533	FMCNA - SHAWNEE	3807 N HARRISON	SHAWNEE	OK	74801	POTTAWATOMIE	4058789300	25
372556	STILLWATER MEDICAL CTR DIALYSIS	1921 W SIXTH ST, BLDG B	STILLWATER	OK	74074	PAYNE	4057079152	10
372505	DAVITA - STILLWATER	406 E HALL OF FAME AVE STE 300	STILLWATER	OK	74075	PAYNE	4057070408	12
372545	DAVITA - STILWELL DIALYSIS	319 N SECOND ST	STILWELL	OK	74960	ADAIR	9186962072	10
372512	DAVITA - TAHLEQUAH	228 N BLISS AVE	TAHLEQUAH	OK	74464	CHEROKEE	9184562026	21
372560	DAVITA - SAPULPA DIALYSIS	9647 RIDGEVIEW ST	TULSA	OK	74131	CREEK	9182249996	16
372578	FMCNA - NORTH TULSA	2309 W EDISON STE A	TULSA	OK	74127	OSAGE	9185920724	13
372570	FMCNA - EAST TULSA	5147 S GARNETT RD STE C	TULSA	OK	74146	TULSA	9182503427	16
370091	ST FRANCIS HOSPITAL-DIALYSIS	6161 S YALE AVE	TULSA	OK	74136	TULSA	9184945575	20
373508	ST JOHN KIDNEY CTR-N HARVARD	1515 N HARVARD STE D	TULSA	OK	74115	TULSA	9188355599	28
370114	ST JOHN KIDNEY DIALYSIS CTR-DIALYSIS	1923 E 21ST ST	TULSA	OK	74114	TULSA	9187443540	23
372546	DAVITA - CENTRAL TULSA	1124 S ST LOUIS AVE	TULSA	OK	74120	TULSA	9185855557	26
372504	DAVITA - TULSA DIALYSIS	4436 S HARVARD AVE	TULSA	OK	74135	TULSA	9187440448	20
372538	FMCNA - SOUTH TULSA	8260 S LEWIS	TULSA	OK	74137	TULSA	9182992841	23
372569	DAVITA - GREENWOOD DIALYSIS	1345 N LANSING AVE	TULSA	OK	74106	TULSA	9185858811	12
372567	DAVITA - SOUTHCREST	9001 S 101 EAST AVE STE 110	TULSA	OK	74133	TULSA	9183920920	16
372555	FMCNA - WOODWARD	909 18TH ST	WOODWARD	OK	73801	WOODWARD	5802560371	12

OKLAHOMA TRANSPLANT FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
370028	INTEGRIS BAPTIST MEDICAL CTR-TRANSPLANT	KIDNEY AND PANCREAS TRANSPLANT 3400 NW EXPRESSWAY, STE 700	OKLAHOMA CITY	OK	73112	OKLAHOMA	4059493816	
370037	ST ANTHONY HOSPITAL-TRANSPLANT	1000 N LEE PO BOX 205	OKLAHOMA CITY	OK	73101	OKLAHOMA	4052727164	
370093	OU MEDICAL CENTER-TRANSPLANT SERVICES	940 NE 13TH ST	OKLAHOMA CITY	OK	73104	OKLAHOMA	4052717498	
370091	ST FRANCIS HOSPITAL-TRANSPLANT	6161 S YALE	TULSA	OK	74136	TULSA	9185023900	
370114	ST JOHN MEDICAL CTR-TRANSPLANT	XANTHUS BLDG 1923 E 21ST STE 101	TULSA	OK	74114	TULSA	9187443542	

ARKANSAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
042512	DEGRAY KIDNEY CTR	312 PROFESSIONAL PARK DR STE H	ARKADELPHIA	AR	71923	CLARK	8702463021	17
042540	DAVITA - BENTONVILLE	1104 SE 30TH ST	BENTONVILLE	AR	72712	BENTON	4796576220	21
042575	BENTON COUNTY DIALYSIS CTR	801 SE PLAZA AVE STE 1	BENTONVILLE	AR	72712	BENTON	4792737340	17
042539	DAVITA - FAYETTEVILLE	509 E MILLSAP STE 111	FAYETTEVILLE	AR	72703	WASHINGTON	4794436688	9

ARKANSAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
042574	NORTH HILLS DIALYSIS	107 E MONTE PAINTER DR	FAYETTEVILLE	AR	72703	WASHINGTON	4794637000	19
042501	FT SMITH REGIONAL DIALYSIS CTR	1506 DODSON AVE	FORT SMITH	AR	72901	SEBASTIAN	4797097452	28
042563	HEMPSTEAD COUNTY DIALYSIS UNIT	1803 S LAUREL	HOPE	AR	71801	HEMPSTEAD	8707774040	10
042569	HOPE DIALYSIS CENTER	407 W 16TH ST	HOPE	AR	71801	HEMPSTEAD	8707771700	11
042551	LEWISVILLE DIALYSIS CTR	PO BOX 742	LEWISVILLE	AR	71845	LAFAYETTE	8709214111	8
042582	DAVITA - MENA DIALYSIS	1200 CRESTWOOD CIR	MENA	AR	71953	POLK	4793948085	12
044012	RENAL SOUTH OF ROGERS	101 N 37TH	ROGERS	AR	72756	BENTON	4798996868	16
042549	DAVITA - SILOAM SPRINGS	500 S MT OLIVE STE 107	SILOAM SPRINGS	AR	72761	BENTON	4795240104	8
042580	DIALYSIS CENTER OF SILOAM SPRINGS	2125 E MAIN STE 12	SILOAM SPRINGS	AR	72761	BENTON	4795245214	11
042568	DAVITA - SPRINGDALE	708 QUANDT AVE	SPRINGDALE	AR	72764	WASHINGTON	4797507056	16
042578	MILLER COUNTY DIALYSIS UNIT	816 EAST ST	TEXARKANA	AR	71854	MILLER	8707722756	20
042581	VAMANA, INC	422 BEECH ST	TEXARKANA	AR	71854	MILLER	8707731111	11

KANSAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
172512	Renal Care Group - Chanute	703 S Plummer	CHANUTE	KS	66720	NEOSHO	6204311239	12
172533	Derby Dialysis Center	250 W Red Powell Dr.	Derby	KS	67037	SEDGWICK	3167882899	18
172505	Renal Care Group - Dodge City	204 Ross Blvd	DODGE CITY	KS	67801	FORD	6202257100	12
170017	Susan B. Allen Dialysis Center	701 W. Central	El Dorado	KS	67042	BUTLER	3163224541	12
172511	Independence Dialysis Center	801 W. Myrtle	INDEPENDENCE	KS	67301	MONTGOMERY	6203316117	12
172515	Renal Care Group - Liberal	2319 N Kansas	LIBERAL	KS	67901	SEWARD	6206243950	17
172548	Maize Dialysis Center	10001 Grady Avenue	MAIZE	KS	67101	SEDGWICK	3167731400	24
172530	Parsons Dialysis Center	1902 S Hwy 59, Bldg B	Parsons	KS	67357	LABETTE	6204211081	12
172507	Renal Care Group Pittsburg	2824 N Broadway	PITTSBURG	KS	66762	CRAWFORD	6202310045	17
172537	Pratt Dialysis Center	203 S WATSON Suite 110	Pratt	KS	67124	PRATT	6206727006	12
172503	Wichita Dialysis Center	909 N. Topeka	WICHITA	KS	672143620	SEDGWICK	3162639090	23
172504	Renal Care Group - Wichita	1007 N. Emporia	Wichita	KS	672142908	SEDGWICK	3162643115	31
172519	East Wichita Dialysis Center	320 N. Hillside	Wichita	KS	672144918	SEDGWICK	3166843200	24
172543	Renal Care Group- Wichita East	9341 E 21st N	WICHITA	KS	67206	SEDGWICK	3166346760	16
172540	Renal Care Group - Wichita West	750 N Socora STE 500	WICHITA	KS	67212	SEDGWICK	3167295321	12
172542	NE Wichita Dialysis Center	2630 N Webb Rd Bldg 100 #100	WICHITA	KS	67226	SEDGWICK	3166365719	12
172526	Winfield Dialysis Center	1315 E. 4th Ave.	Winfield	KS	67156	COWLEY	6202214100	12

KANSAS TRANSPLANT FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
170122	Via Christi Regional Medical Center	929 N ST FRANCIS ST FRANCIS TRANSPLANT UNIT	WICHITA	KS	672143882	SEDGWICK	3162685890	0

MISSOURI DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
262559	Renal Care Group - Bolivar	1145 N Butterfield	Bolivar	MO	65613	POLK	4177778115	11
260137	Freeman Nephrology & Dialysis Center	932 E 34th ST	JOPLIN	MO	64804	JASPER	4173478330	17

MISSOURI DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
262548	FMC - Joplin East	522 West 32nd St Suite B	Joplin	MO	64804	JASPER	4177824055	19
262514	Renal Care Group - Joplin West	1800 W. 30th St.	Joplin	MO	648041520	JASPER	4177822055	13
263510	Ozarks Dialysis Services - Monett	825 Highway 60 STE B	Monett	MO	65708	BARRY	4173541111	20
262610	Renal Care Group - Nixa	121 N Massey	NIXA	MO	65714	CHRISTIAN	4177241177	12
263506	Ozarks Dialysis Services - Primrose	1001 E. Primrose	Springfield	MO	65807	GREENE	4178753307	1
26008F	Medical Center for Federal Prisoners	1900 W. Sunshine P.O. Box 4000	Springfield	MO	65808	GREENE	4178627041	0
262547	Kidney Disease Center of the Ozarks, L L C	1675 E. Seminole, Suite A	Springfield	MO	65804	GREENE	4178900140	24
263508	Ozarks Dialysis Services - South	3525 S National STE 108	Springfield	MO	65807	GREENE	4172697082	21

TEXAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
452513	FRESENIUS MEDICAL CARE AMARILLO HIGH PLAINS	5920 AMARILLO BLVD WEST	AMARILLO	TX	79106	POTTER	8063539181	32
672614	RENAL CARE PARTNERS OF AMARILLO	1915 S COULTER STREET, SUITE B	AMARILLO	TX	79106	POTTER	8063553310	16
452718	CROWN OF TEXAS KIDNEY CENTER	3501 SONYC RD STE 130	AMARILLO	TX	791196406	RANDALL	8063511996	10
452866	AMARILLO KIDNEY SPECIALISTS, LLC	8604 SOUTH COULTER STREET	AMARILLO	TX	79119	RANDALL	8063580051	36
452592	SOUTH ARLINGTON DIALYSIS CTR	3295 S COOPER STE 137	ARLINGTON	TX	76015	TARRANT	8174658585	30
452580	USRC TARRANT DIALYSIS CTR ARLINGTON	203 W RANDOL MILL RD	ARLINGTON	TX	760115857	TARRANT	8172757787	24
452618	AMERI TECH KIDNEY CENTER	1138 S. BOWEN RD	ARLINGTON	TX	76013	TARRANT	8172657115	20
672525	ARLINGTON DIALYSIS	1250 E. PIONEER PARKWAY SUITE 700	ARLINGTON	TX	76010	TARRANT	8174696100	12
452710	NORTHEAST TEXAS DIALYSIS CTR	606 LOOP 59 NORTH	ATLANTA	TX	75551	CASS	9037963311	7
452583	DAVITA - BEDFORD	1401 BROWN TRAIL RD STE A	BEDFORD	TX	76022	TARRANT	8172828870	15
452655	AMERITECH KIDNEY CENTER HEB	1600 CENTRAL DR SUITE 130	BEDFORD	TX	76022	TARRANT	8175452044	20
672513	BONHAM DIALYSIS	201 WEST 5TH STREET	BONHAM	TX	75418	FANNIN	9035834700	9
452887	RENAL CENTER OF CARROLLTON	4240 INTERNATIONAL PARKWAY SUITE 158	CARROLLTON	TX	75007	DENTON	9723068410	20
45071F	CARSWELL AIRFORCE BASE MEDICAL CENTER		CARSWELL AFB	TX	76127	TARRANT	8177825000	
672580	LAKE CLIFF DIALYSIS CENTER	805 N. BECKLEY AVENUE	DALLAS	TX	75203	DALLAS	2149427727	20
452687	SOUTH OAK CLIFF DIALYSIS CTR	740 WYNNEWOOD SHOP CTR	DALLAS	TX	75224	DALLAS	2149437065	40
452884	DALLAS NORTH DIALYSIS CENTER	11886 GREENVILLE AVE SUITE 100B	DALLAS	TX	75243	DALLAS	9729180100	12
452688	FMC - VILLAGE II DIALYSIS	6300 SAMUEL BLVD STE 125	DALLAS	TX	752287100	DALLAS	2143888690	28
45066F	DALLAS VETERANS MEDICAL CENTER	4500 S LANCASTER 111G1	DALLAS	TX	75216	DALLAS	2148571586	25
452693	SWISS AVE DIALYSIS CENTER	2613 SWISS AVE	DALLAS	TX	752045859	DALLAS	2148279854	28
452773	UT SOUTHWESTERN - OAKCLIFF DIALYSIS	608-610 WYNNEWOOD VILLAGE	DALLAS	TX	75224	DALLAS	2149417807	36
452697	FMC OF SOUTH DALLAS COUNTY	1111 W LEDBETTER ST STE 800	DALLAS	TX	75224	DALLAS	2143712485	27
452828	FMC DIALYSIS SERVICES SOUTHWESTERN	6010 FOREST PARK Suite 200	DALLAS	TX	75235	DALLAS	2143662973	7
452702	WALNUT HILL DIALYSIS CENTER	9840 NORTH CENTRAL EXPRESSWAY SUITE 340	DALLAS	TX	75231	DALLAS	4692325333	24
452699	REDBIRD DIALYSIS CENTER	4111 CAMP WISDOM RD	DALLAS	TX	752372422	DALLAS	9727090212	32
672505	FMC OF FOREST PARK	6010 FOREST PARK, SUITE 100	DALLAS	TX	75235	DALLAS	2143512833	31
452703	BROOKRIVER DIALYSIS	8101 BROOKRIVER DRIVE	DALLAS	TX	75247	DALLAS	2149517789	20
672564	FRESENIUS MEDICAL CARE KIEST STATION	5148 SOUTH LANCASTER, SUITE B	DALLAS	TX	75241	DALLAS	2143712618	16
672553	DAVITA DOWNTOWN DALLAS DIALYSIS	3515 SWISS AVE, SUITE A	DALLAS	TX	75204	DALLAS	2148282280	16
452894	OAK CLIFF DIALYSIS	2000 SOUTH LLEWELLYN	DALLAS	TX	75224	DALLAS	2149430011	16
452501	FMC PD SERVICES OF DALLAS	8700 NORTH STEMMONS SUITE # 130	DALLAS	TX	75247	DALLAS	2149058075	0
452822	DALLAS EAST DIALYSIS	3312 NORTH BUCKNER SUITE 213	DALLAS	TX	75228	DALLAS	2146601840	17
452739	FMC NORTH BUCKNER DIALYSIS CENTER	3650 N BUCKNER BLVD 108	DALLAS	TX	752285652	DALLAS	2143678880	26
453302	CHILDRENS MEDICAL CENTER DIALYSIS UNIT	1935 Medical District Drive	DALLAS	TX	75235	DALLAS	2144567730	10

TEXAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
452857	HOME KIDNEY CARE	6200 LBJ FREEWAY SUITE 100	DALLAS	TX	75240	DALLAS	2144667233	0
452684	BMA OF DALLAS CENTRAL	7610 MILITARY PARKWAY	DALLAS	TX	75227	DALLAS	2143819494	30
452679	BMA OF DALLAS SOUTH	1150 N BISHOP #200	DALLAS	TX	75208	DALLAS	2149422900	32
672540	FMC OF PLEASANT RUN DIALYSIS	900 POLK STREET	DE SOTO	TX	75115	DALLAS	9722288780	24
450271	WISE REGIONAL HEALTH SYSTEM DIALYSIS CENTER	2150 S. FM 51	DECATUR	TX	76234	WISE	9406261700	24
452665	DAVITA - DENISON DIALYSIS CENTER	1220 REBA MCENTIRE LANE	DENISON	TX	75020	GRAYSON	9034654111	21
452528	RENAL CENTER OF NORTH DENTON, LLLP	4309 MESA DR	DENTON	TX	762073427	DENTON	9405662701	25
672588	DIALYSIS SERVICES OF WEST TEXAS	500 WEST 5TH STREET	DENVER CITY	TX	79323	YOAKUM	8065922090	12
672600	LIBERTY DIALYSIS - DUNCANVILLE LLC	1038 US HIGHWAY 67	DUNCANVILLE	TX	75137	DALLAS	2143020238	20
672635	DUNCANVILLE DIALYSIS	270 E HIGHWAY 67, SUITE 100	DUNCANVILLE	TX	75137	DALLAS	9722964911	12
452682	FARMERS BRANCH DIALYSIS	2280 SPRINGLAKE RD STE 110	FARMERS BRANCH	TX	752345873	DALLAS	9724881191	24
452656	USRC TARRANT DIALYSIS CENTER TARRANT COUNTY	1009 PENNSYLVANIA AVE	FORT WORTH	TX	76104	TARRANT	8178771515	1
672517	TARRANT COUNTY CAMPUS DIALYSIS	5000 CAMPUS DRIVE	FORT WORTH	TX	76119	TARRANT	8174130330	30
452838	TARRANT DIALYSIS CENTER, NORTH FORT WORTH	1978 EPHRIHAM AVENUE	FORT WORTH	TX	76106	TARRANT	8176247811	30
453300	COOK CHILDRENS MEDICAL CENTER DIALYSIS UNIT	801 SEVENTH AVE	FORT WORTH	TX	76104	TARRANT	6828853944	4
452689	TRINITY DIALYSIS CENTER	1210 ALSTON	FORT WORTH	TX	76104	TARRANT	8173381302	28
452819	TEXAS RENAL VENTURES	1049 CLIFTON STREET	FORT WORTH	TX	76107	TARRANT	8178705002	16
672568	FRESENIUS MEDICAL CARE FT WORTH PARKWAY	6551 HARRIS PARKWAY SUITE 115 A	FORT WORTH	TX	76132	TARRANT	8172925512	25
672559	TARRANT DIALYSIS CENTER OF FORT WORTH	5127 OLD GRANBURY ROAD	FORT WORTH	TX	76133	TARRANT	8173707830	24
452799	TARRANT DIALYSIS CENTER-CENTRAL	4201 E.BERRY SUITE #8	FORT WORTH	TX	76105	TARRANT	8175310326	30
452563	RRC EAST FORT WORTH	1032 SANDY LANE	FORT WORTH	TX	76120	TARRANT	8174291944	19
452594	FRESENIUS MEDICAL CARE SOUTHWEST	4804 BRYANT IRVIN CT	FORT WORTH	TX	76107	TARRANT	8177388703	24
452579	USRC TARRANT DIALYSIS CTR FT WORTH	1001 PENNSYLVANIA AVE	FORT WORTH	TX	761042228	TARRANT	8178775907	30
672575	RRC WEST FORT WORTH	5601 LOCKE AVENUE SUITE 101	FORT WORTH	TX	76107	TARRANT	8178863200	18
672546	FRESENIUS MEDICAL CARE OF NORTHSIDE	2530 JACKSBORO HWY	FORT WORTH	TX	76114	TARRANT	8173780043	24
672654	RENAL CENTER FRISCO	10850 FRISCO ST, SUITE 300	FRISCO	TX	75034	COLLIN	2148722421	21
672585	THE DIALYSIS COTTAGE	1902 HOSPITAL BLVD, SUITE D	GAINESVILLE	TX	76240	COOKE	9406121642	12
452690	TOWN GATE DIALYSIS CENTER	1901 WEST NW HWY #210	GARLAND	TX	750414850	DALLAS	9722782014	36
672555	GARLAND DIALYSIS	776 E. CENTERVILLE ROAD	GARLAND	TX	75041	DALLAS	9722782757	20
452863	GRAND PRAIRIE DIALYSIS CENTER INC	550 S CARRIER PARKWAY SUITE 450	GRAND PRAIRIE	TX	75051	DALLAS	9722372400	24
452855	TARRANT DIALYSIS CENTER - GRAND PRAIRIE	1006 NORTH CARRIER PARKWAY	GRAND PRAIRIE	TX	75050	DALLAS	9722637202	25
672531	GRAPEVINE DIALYSIS	1600 W. NORTHWEST HWY, SUITE 100	GRAPEVINE	TX	76051	TARRANT	8174244091	12
672634	GREENVILLE DIALYSIS	4309 RIDGECREST ROAD, SUITE 100	GREENVILLE	TX	75402	HUNT	9034559911	18
452694	NRI- NORTH EAST TEXAS DIALYSIS CTR	4805 WESLEY ST	GREENVILLE	TX	754015649	HUNT	9034549890	20
452752	NORTHEAST FT WORTH DIALYSIS CT	4121 DENTON HWY	HALTOM CITY	TX	76117	TARRANT	8175811515	24
452660	FRESENIUS MEDICAL CARE HEREFORD	533 N 25 MILE AVE STE A	HEREFORD	TX	790454292	DEAF SMITH	8063644292	12
672579	MID CITIES DIALYSIS CENTER	117 EAST HARWOOD ROAD	HURST	TX	76054	TARRANT	8176562843	12
452561	IRVING DIALYSIS CENTER	1625 NORTH STORY ROAD SUITE 140	IRVING	TX	75061	DALLAS	9728718282	40
452736	UT SOUTHWESTERN - DALLAS DIALYSIS	204 EAST AIRPORT FREEWAY	IRVING	TX	75062	DALLAS	9724387375	36
672526	LIBERTY DIALYSIS LANCASTER	3250 W. PLEASANT RUN ROAD #280	LANCASTER	TX	75146	DALLAS	9722307778	17
672520	LANCASTER DIALYSIS	2424 WEST PLEASANT RUN	LANCASTER	TX	75146	DALLAS	9722239292	12
452648	RENAL CENTER OF LEWISVILLE	1600 WATERS RIDGE DRIVE SUITE B	LEWISVILLE	TX	75057	DENTON	9724367211	30
452506	DIALYSIS CENTER OF LUBBOCK	6630 QUAKER AVE. SUITE #102	LUBBOCK	TX	79413	LUBBOCK	8067931414	29
452792	LUBBOCK DIALYSIS CENTER-REDBUD	1126 SLIDE RD. SUITE 4-A	LUBBOCK	TX	794165420	LUBBOCK	8067856285	56
452568	FRESENIUS MEDICAL CARE LUBBOCK	1607 W LOOP 289	LUBBOCK	TX	794165124	LUBBOCK	8067950995	30
672593	KIDNEY CENTER OF LUBBOCK	3801 21ST STREET SUITE 100	LUBBOCK	TX	79410	LUBBOCK	8067719933	12

TEXAS DIALYSIS FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
452896	TARRANT DIALYSIS CENTER MANSFIELD	1800 HWY 157 N. SUITE 101	MANSFIELD	TX	76063	TARRANT	6825180126	23
672550	MANSFIELD DIALYSIS CENTER	987 N. WALNUT CREEK DRIVE	MANSFIELD	TX	76063	TARRANT	6825185460	12
452814	FMC DIALYSIS SERVICES OF MCKINNEY	1831 HARROUN	MCKINNEY	TX	75069	COLLIN	9725620634	19
672589	LIBERTY DIALYSIS MESQUITE	3330 NORTH GALLOWAY AVENUE #160	MESQUITE	TX	75150	DALLAS	2149894110	20
452685	METRO EAST DIALYSIS CENTER	909 GROSS RD STE 200	MESQUITE	TX	751492100	DALLAS	9722881060	28
452598	MT PLEASANT DIALYSIS CENTER	628 S JEFFERSON AVE	MOUNT PLEASANT	TX	754554842	TITUS	9035721757	25
672554	TARRANT DIALYSIS CENTER NORTH RICHLAND HILLS	6455 HILLTOP DR, SUITE 112	NORTH RICHLAND HILLS	TX	76180	TARRANT	8174858700	15
452760	FRESENIUS MEDICAL CARE PAMPA	2545 PERRYTON PKY STE E1	PAMPA	TX	790652801	GRAY	8066658200	12
452748	RCG PARIS	110 S. COLLEGIATE	PARIS	TX	75460	LAMAR	9037841989	28
452848	FMC DIALYSIS SERVICES PLAINVIEW	3304 OLTON ROAD	PLAINVIEW	TX	79072	HALE	8062966661	20
672636	PLANO DIALYSIS CENTER	481 SHILOH ROAD, SUITE 100	PLANO	TX	75074	COLLIN	9728813270	12
452686	COLLIN COUNTY DIALYSIS	3420 AVE K STE 150	PLANO	TX	750742312	COLLIN	9724231447	25
672542	FMC OF WEST PLANO	4405 TRADITION TRAIL	PLANO	TX	75093	COLLIN	9729437656	20
672638	ROCKWALL DIALYSIS CENTER	2455 RIDGE ROAD, SUITE 101	ROCKWALL	TX	75087	ROCKWALL	9727224060	8
672574	FRESENIUS MEDICAL CARE ROWLETT	3801 LAKEVIEW PARKWAY, SUITE 100	ROWLETT	TX	75088	DALLAS	2147036951	12
452774	DAVITA - SHERMAN	205 W LAMBERTH RD	SHERMAN	TX	750922659	GRAYSON	9038682227	19
672544	RENAL CARE GROUP SULPHUR SPRINGS	1401 MEDICAL DR	SULPHUR SPRINGS	TX	75482	HOPKINS	9038853900	16
452552	TEXARKANA REGIONAL DIALYSIS CT	4800 TEXAS BLVD	TEXARKANA	TX	75503	BOWIE	9036143600	22
450584	WILBARGER GENERAL HOSPITAL DIALYSIS OF VERNON	1000 GARLAND JOHNSTON DRIVE	VERNON	TX	76384	WILBARGER	9405529351	10
452510	FRESENIUS MEDICAL CARE NORTH TEXAS	1600 NINTH STREET	WICHITA FALLS	TX	763014488	WICHITA	9403221450	37

TEXAS TRANSPLANT FACILITIES BY CITY AND COUNTY

PROV	FACNAME	ADDRESS 1	CITY	ST	ZIP	COUNTY	PHONE	HEMO STATIONS
450015	PARKLAND HOSPITAL, ESRD TRANSPLANT SERVICES	5201 HARRY HINES	DALLAS	TX	75235	DALLAS	2145905656	0
450647	MEDICAL CITY DALLAS RENAL TRANSPLANT	7777 FOREST LANE Suite C-750	DALLAS	TX	752309988	DALLAS	9725666768	0
450051	METHODIST HOSPITAL DALLAS TRANSPLANT INSTITUTE	1441 N BECKLEY AVE	DALLAS	TX	75203	DALLAS	2149471800	0
453302	CHILDRENS MEDICAL CENTER TRANSPLANT SERVICES	1935 MOTOR ST MAIL CODE B2.02	DALLAS	TX	75235	DALLAS	2144562980	6
450021	BAYLOR UNIVERSITY MEDICAL CENTER, ESRD TRANSPLANT	3500 GASTON AVE ROBERTS BUILDING, 4th FLOOR	DALLAS	TX	75246	DALLAS	2148202050	0
450135	HARRIS METHODIST FT WORTH TRANSPLANT	1301 PENNSYLVANIA AVE	FORT WORTH	TX	76104	TARRANT	8172502443	0
450137	BAYLOR ALL SAINTS MEDICAL CENTER TRANSPLANT CENTER	1400 EIGHTH AVE. BLDG C 1ST FLOOR	FORT WORTH	TX	76104	TARRANT	8179224650	0
450686	UNIVERSITY MEDICAL CENTER TRANSPLANT SERVICES	602 INDIANA AVE	LUBBOCK	TX	79408	LUBBOCK	8067610710	0

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.

A map of the ESRD Network 13 region, which includes Oklahoma, Arkansas, and Louisiana. The text "ESRD NETWORK 13" is overlaid on the map.

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>