

Emergency and Disaster Planning: Patient Education and Preparation

Elizabeth Howard
Karen Wiseman

January 1, 2000 – Y2K! The Great Non-Event! Thankfully! The anticipated new year was preceded by months and, in some cases, years of preparation by organizations ranging from software and computer firms, telecommunications and power companies, government agencies and private enterprise, and, yes, health care providers. Billions of dollars were spent and millions of man hours worked to prevent what was predicted to be a disaster of unprecedented scale. Was the danger overrated, or did all the planning and preparation avert calamity? The answer is probably a mixture of both. Undeniably, the anticipation of Y2K led to disaster and contingency planning on an unprecedented scale.

The Purpose of a Disaster Plan

Merriam Webster's Collegiate Dictionary defines an emergency as "an unforeseen combination of circumstances or the resulting state that calls for immediate action" and a disaster as "a sudden calamitous event bringing great damage, loss, or destruction" (Mish, 1995). In common usage, the term *emergency* is most typically used to describe a sudden, unanticipated, often short-term occurrence that requires immediate action, such as fires, electrical outages, and loss of water or telecommunications. The term *disaster* is more likely to be used for natural events that are more wide spread and have longer lasting effects, such as hurricanes, earthquakes, or tornadoes. For the purposes of this article, the term *dis-*

aster plan will be used to describe planning for both emergency and disaster situations.

The purpose of a disaster plan is to minimize disruption during a natural disaster or emergency situation and to allow for the resumption of normal

ulation characteristics also affect planning. The concerns and issues surrounding home patients (including both peritoneal and home hemodialysis) are different from the issues impacting incenter hemodialysis patients. The availability of community resources

Disaster and emergency planning for health care facilities, specifically dialysis facilities, has always been a priority because of our vulnerable patient population. This article will review the important aspects of patient education and preparation for disaster planning.

dialysis activities as quickly as possible. A successful plan will involve patients, their families, and other necessary persons/agencies before disaster strikes and guide them through the emergency and recovery periods. The plan should outline general guidelines pertinent to any situation and include recommendations relevant to the special needs of end stage renal disease (ESRD) patients and the specific geographical location and dialysis unit procedures.

All dialysis facilities are required to provide general emergency information to their patients. Additionally, there may be state or local requirements for specific types of emergency planning and/or education. In certain instances, the ESRD Networks may assume a coordination role for emergency response, for example, the Florida Network in the event of hurricanes.

Plan Development

Plan development begins with an initial assessment. This assessment should delineate the types of emergencies likely to be experienced by a specific facility. Areas vulnerable to earthquakes require different planning than areas prone to hurricanes. Patient pop-

will also vary and must be considered in any disaster planning. Communities with highly organized local emergency management agencies may address ESRD patients specifically and provide "special need" evacuation shelters. Other areas may restrict their planning only to the general population. The plan also needs to assess the likely duration of the emergency. Actions required during short-term emergencies, such as temporary power loss, need to be addressed as do the actions required for disruptions that may impact the ability of the facility to operate for prolonged periods of time.

Patient Involvement

Patient education and involvement is the cornerstone of any successful disaster plan. Initial teaching should begin on admission to the facility and be reviewed and updated on a regular basis. Introductory information should concentrate on immediate emergency situations and include, at a minimum, the facility layout, location of emergency exits, fire alarms, emergency disconnect procedures, and emergency phone numbers.

Once the basic emergency information has been presented, more involved disaster planning can be

Elizabeth Howard, RN, CNN, is Director for Policies and Procedures, DaVita, New Port Richey, FL.

Karen Wiseman, MSN, RN, CNN, is Clinical Writer, Gambro Healthcare, Memphis, TN.

undertaken. Providing patients with written material in the form of brochures or checklists is helpful. This material should include a list of basic emergency supplies. Typical lists include battery-operated radio, flashlight with batteries, blankets, water, 2-week supply of all medications, plastic utensils, paper plates and glasses, canned or dry food stuffs, measuring cups and spoons, and a manual can opener. Patients should receive instruction, both verbal and written, on an emergency renal diet in the event dialysis services are interrupted.

The dialysis facility should maintain a current list of all patients and their transportation needs, such as, do they have their own transportation or are they dependent on public transportation? In the event of an evacuation, do they intend to seek public shelter? If so, where is the evacuation site? If they intend to seek shelter with friends or family, those names, addresses and phone numbers should be obtained and reviewed periodically to ensure that contact information is correct.

The needs of home patients must be addressed specifically during disaster planning. All home patients will need basic emergency information. Local agencies, such as the fire department, electric utility, telephone company, emergency transportation, municipal water department, and local emergency management office should be aware of all home dialysis patients, their special needs, and their urgent need for intervention during a disaster. Home hemodialysis patients will need instruction on an emergency renal diet. They also should be aware of the potential for changes in water quality during disaster situations and the importance of water quality checks. Disaster planning for these patients should include the persons/vendors responsible for delivery system and water treatment system repair and maintenance. In addition, home hemodialysis patients should identify an alternative means to obtain hemodialysis treatments if they cannot be performed in the home setting for a prolonged period of time. Peritoneal dialysis instruction should address loss of power and strategies for warming solutions. Peritoneal dialysis patients who use cyclers or automated systems must also know how to perform manu-

al exchanges and have the necessary supplies when there is no power to run automated equipment. Also, if water quality issues present, hand washing and site care need to be addressed and alternative means for antiseptics explored prior to the need for them.

Communication

An integral part of any disaster plan is the establishment of communication channels specific to each dialysis facility. There should be a clear chain of command that identifies one person within the facility who will coordinate all emergency activities. An alternate contact should also be identified. Obtaining and maintaining accurate information during emergency situations is important. Contact with the local emergency management office should be made proactively. Procedures should be developed that define how staff and patients will be notified of pertinent information, for example, changes in dialysis schedules or location. It is also critical that home patients notify the facility of temporary address changes, so that supplies and equipment can be delivered in a timely manner. The facility should have a battery-operated radio, a supply of fresh batteries, and a list of emergency phone numbers. These phone numbers should include the fire department, electric utility, telephone company, emergency transportation, municipal water department, and local emergency management office. Dialysis units should also contact each of these agencies during the planning stage to ensure that each is aware of and understands the unique needs of the dialysis facility and the need for the dialysis facility to receive priority assistance during a disaster.

Resources

There are a number of resources available to a facility developing a disaster plan. Many communities have local emergency management programs. Several ESRD Networks have developed emergency handbooks for patients that include emergency supply lists and meal plans. The National Kidney Foundation (1998) has produced a publication, *Planning for Natural Disasters: A Guide for Patients*. It includes a meal planning guide as well as a list of basic supplies to be kept on

hand in the event of an emergency, a grocery shopping list, and a 3-day emergency meal plan. The brochure also contains places for facility and patient specific information to be added that addresses specific facility contact information, a patient information form, and treatment prescription forms for hemodialysis and peritoneal dialysis.

While disasters and emergencies cannot always be predicted, they can often be anticipated. Careful, thorough, and thoughtful planning can help to minimize the confusion and disruption that such events cause.

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