



2011

Nephrology and Renal Transplant Days

HOSTED BY BC TRANSPLANT AND THE BC RENAL AGENCY

October 6–7
Hyatt Regency
Vancouver



**BC
TRANSPLANT**
An agency of the Provincial Health Services Authority



**BC Renal
Agency**
An agency of the Provincial
Health Services Authority

Disaster Planning:

When the Rubber Starts to Burn –
Are You Ready?

Introduction

- Are You Ready?
 - Susanne Mackinnon
- Are Your Patients Ready?
 - Edith Davidson
- Is Your Renal Program Ready?
 - Dr. Jacek Jastrzebski & Sue Bannerman
- Is BCPRA Ready
 - Bill Kane



Personal Preparedness

Susanne Mackinnon



Personal & Family Preparedness



Susanne Mackinnon
PHSA

Emergency Management & Business Continuity



What is important in a disaster?

Healthcare Preparedness

- Helping our community with the best health care possible
- Hazard, Risk and Vulnerability Analysis (HRVA)
- Mitigation and/or controls
- Health emergency response structures (ICS)
- Having emergency supplies for staff on hand
- Alternate Communication Devices
- Emergency Plans



What is most important in a disaster?

YOU!!!



- *Staff Preparedness*
 - Personal safety
 - Connect to important people in your life
 - Family and personal preparedness



Why is it important in a disaster?

- Continuity of operations
- Ethical or moral obligation to patients
- At work and no relief is in site
- Geographically isolated and separated from family



Personal Preparedness - 72 hours

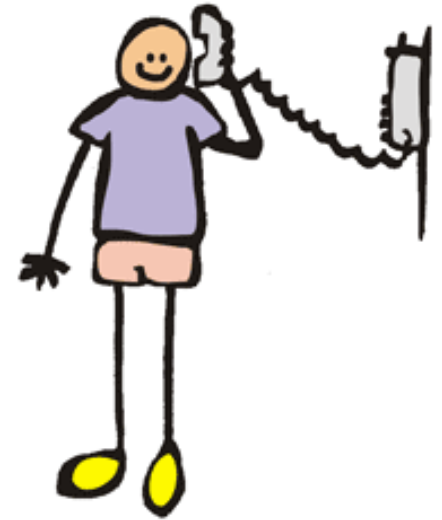
A few simple things:

- Learn about the resources in your work area
- Learn about your community, schools/daycare
- Determine how to connect with family
- Have a personal preparedness kit



Emergency Contacts

- Out of area Contact
 - each family member calls and reports to a pre-designated person
- Red Cross
 - 1-800-
- Social Media
 - Twitter, Facebook



Vulnerable/At Risk Populations

- **People with Disabilities**
- **Children**
- **Seniors**



Provincial Emergency Program/Emergency Social Services (ESS)



- ESS is a response program providing short-term assistance to residents due to an emergency or disaster.
- ESS may be provided from a single family house fire to mass evacuation.
- ESS services are delivered primarily at Reception Centres, Group Lodging Centres
- ESS is generally available for 72 hours.



Emergency Kits

- Grab and Go Kits
- Home Kits
- Car Kits
- School Kits
- Work Kits
- First Aid Kits
- Pet Kits



Basic Personal Preparedness Kit

- Food
- Water
- Clothes
- Medication
- Radio
- Batteries
- Money/change
- Blanket
- First Aid Kit
- Identification
- Flash light
- Eyeglasses
- Whistle



Additional Information

- **Provincial Emergency Program**
www.pep.bc.ca
- **Government of Canada**
www.safecanada.ca
- Local municipalities



Patient Preparedness

Edith Davidson



Disaster Preparedness for Patients

3 Day Emergency Plan



History

- VIHA template
- Interdisciplinary committee
 - Physician, Ops Leader, Hemo, PD, Transplant, Kidney Function and Integrated Care Clinic, Dietitian, Pharmacy & SW
- Separate by modality



THE Plan(s)

- From one plan to five plans
 - Hemodialysis
 - Home Hemodialysis
 - Peritoneal Dialysis
 - Kidney Function Clinic
 - Transplant
 - Stable Kidney Function
 - Reduced Kidney Function



Patient Awareness

- Brochure
- Wallet card



Patient Awareness



Disaster Preparedness Information For Hemodialysis Patients

November 2010

Providence HEALTH CARE Providence Health Care RENAL PROGRAM

☐ I am a Peritoneal Dialysis patient at:

☐ St. Paul's 604-806-9017

☐ I am a Hemodialysis patient at:

☐ St. Paul's 604-806-8453

☐ Vancouver 604-660-1752

☐ North Shore 604-904-1157

☐ Powell River 604-485-3287

☐ East Vancouver 604-806-8765

☐ Richmond 604-207-2562

☐ Sechart 604-885-5183

☐ Squamish 604-892-6243

FOR EMERGENCY RESPONDERS:

1. Caution: dialysis access
2. Check electrolytes and/or ECG for hyperkalemia
3. Give calcium or sodium polystyrene sulphinate if hyperkalemia (Calcium Resonium or Kayexelate)

PATIENT CONTACT INFORMATION

Name: _____

PHN: _____ DOB: _____

Address: _____

Tel 1: _____ Tel 2: _____

EMERGENCY CONTACTS

Contact 1: _____ Tel: _____

Contact 2: _____ Tel: _____

Out of town Contact: _____ Tel: _____

Form No. PHC-RU183 (July 11)

EMERGENCY INSTRUCTIONS FOR DIALYSIS PATIENT

- If safe, wait at home. Dialysis unit will try to contact you. Listen for instructions on radio or TV.
- No contact from dialysis unit? Go to nearest shelter/reception Centre. **TELL THEM YOU NEED DIALYSIS.**
- **BEGIN EMERGENCY DIET:**
 1. Restrict fluids to 2 cups a day or less.
 2. No salt, salty food, salt substitutes.
 3. No high potassium: potato, tomato, orange, banana, melon, dried fruit, legumes, vegetables.
 4. Restrict low potassium: apple, applesauce, grapes, berries, canned peaches, pears or pineapple to 4 servings a day (serving is ½ cup)
 5. Restrict protein: meat, fish, poultry, egg or peanut butter to 85 grams a day or ½ your usual intake.
 6. Restrict milk or yogurt to ½ cup a day (evaporated milk ¼ cup). Use Rice Dream if available. **Count as part of your fluid restriction.**
 7. Use unsalted crackers, cookies, rice, noodles, cereal, roti, or bread at meals and snack.
 8. Use jam, jelly, honey, sugar, candies, margarine, butter or oil freely (limit sweets if diabetic)
 9. Diabetics: keep instant glucose tablets, jam, jelly, candies or sugar on hand to treat low blood glucose.

THIS DIET IS NOT A SUBSTITUTE FOR DIALYSIS

Patient Awareness

- Raffle of Emergency Backpack
 - Five easy questions
 1. How long should your emergency diet pack last?
 2. How long should your supply of emergency medication last?
 3. What is the maximum fluid allowed a day?
 4. What radio station should you listen to for emergency information?
 5. Why should you wear a Medical Alert?
 - Travelling show to community units



Where to get the information

- providencehealthcare.ca/renal_program
- VCH.eduhealth.ca
- bcrenalagency.ca/patients



Regional Disaster and Emergency Planning

Jacek Jastrzebski
MD, FRCP (C)



Background

- Started in the late 90's
- Focus on major potential disasters
- Wanting to do something but not sure exactly what
- Different administrative structures
- Lack of professional expertise input



Background

- Providence and VCH Programs hired a consultant in 2009
- Expert in disaster planning
- Developed guidelines for VIHA



Project Objective

- Create reciprocal agreement(s)
- Establish clear communication channels
- Clear chain of command
- Define activation triggers
- Synchronize utilization of the local plans
- Outline for staff training
- Foundation for periodic mock exercises



Regional Coordinating Unit

- Staffed by a small group of decision makers from all regional renal programs
- Assessing program relocation needs (plant operations)
- Facilitation and coordination of patient relocation
- Facilitation of critical supply distribution
- Facilitation and coordination of staffing needs
- Facilitation of the resolution of critical facility issues
- Communicating with the BCPRA and requesting activation of the Provincial Renal Emergency Management & Business Continuity Plan, (PREMBCP).



Regional Coordinating Unit

- Preferably located in the affected institution
- Other programs sending their reps to that site
- Avoid "virtual meetings"



Triggers, Response, Notification & Activation

How to determine the status of your facility

| Example of Trigger Activity | Response Level | Immediate Notification | Activation |
|---|----------------|---|---|
| Confirmed short-term temporary loss of major utility e.g. water or hydro | ONE | <ul style="list-style-type: none"> •On-call renal supervisor/leader on-call* •Other notifications per dept plan •HA Exec on-call | <ul style="list-style-type: none"> •Local RCU not activated •Designate point-of-contact person at affected site |
| Local area loss of utility e.g. water or hydro for undetermined length of time | TWO | <ul style="list-style-type: none"> •On-call renal supervisor/leader on-call* •Other notifications per dept plan •Regional RCU Staff •HA Exec on-call •BCPRA | <ul style="list-style-type: none"> •Local RCU activated •Regional RCU on stand-by alert |
| Activation of hospital or health authority disaster plan. Renal program service delivery not affected | TWO | <ul style="list-style-type: none"> •On-call renal supervisor/leader on-call* •Other notifications per dept plan •Regional RCU Staff •HA Exec on-call •Local site EOC's | <ul style="list-style-type: none"> •Local RCU activated •Regional RCU on stand-by alert |
| Major event causing area structural damage | THREE | <ul style="list-style-type: none"> •On-call renal supervisor/leader on-call* •Other notifications per dept plans •Regional RCU Staff •External Health Authority Renal Programs •BCPRA •HA Exec on-call •Local site EOC's | <ul style="list-style-type: none"> •Local RCU's activated •Regional RCU activated |
| Request from external Renal Agency for assistance with delivery of patient care | THREE | <ul style="list-style-type: none"> •On-call renal supervisor/leader on-call* •Other notifications per dept plans •Regional RCU Staff •External Health Authority Renal Programs •BCPRA •HA Exec on-call •Local site EOC's | <ul style="list-style-type: none"> •Local RCU's activated •Regional RCU activated •BCPRA activated |



Example

- VGH Program shut down
- SPH sending their reps to VGH
- Specific questions and requests formulated
- SPH reps based at VGH “translating” those requests into SPH reality and communicating directly with SPH on behalf of the Regional Coordinating Unit



Next Steps

- Table Top Exercise on October 21
- Revision of ctr specific plans if required
- Periodic mock exercises
- Staff and nephrologists education
- Extension of the current reciprocal agreement to FHA



Regional Program Planning

The Rural Experience

Williams Lake Experience

Sue Bannerman



William Lake Fires 2010

- The Summer of 2010 in BC was hot and dry with 62 major wildfires
- On July 28th the Meldrum Creek Fire west of Williams Lake began
- The fire grew and rapidly raged towards Williams Lake closing many highways and putting the whole town on “pre-alert” evacuation
- This included the hospital, community dialysis unit (located in the hospital) and LTC facilities





Preparation for Evacuation

- The “fire situation center” became the Emergency Operations Center (EOC) for Williams Lake
- Contact with the WL administration was made and plans for evacuation of all IH related facilities were kicked into high gear.
- Staff at the hospital were alerted including those in the CDU which is situated in Cariboo Memorial Hospital





Next steps:

Perfect State

- CMH administration communicates pre-alert and urgency to IHA emergency response team
- IHA emergency response team contacts all stakeholders to initiate their plans.
- Communications set up
- Planning shifts to High gear

Reality

- Contact with “the Mothership”... Royal Inland Hospital Renal Program
- Identification of patient numbers and needs
- Planning on two fronts: RIH and WL
- Moving it upwards and outwards





Renal Planning - 2 Fronts

Williams Lake CDU

- Number of patients
- Transportation required
- Accommodation
- Equipment: what stays; what goes
- Staff: time from CMH, preparedness, transportation, accommodation

RIH

- Identify who else needs to be involved
- PD and HH patients in the area
- Capacity at RIH
- Capacity at other sites
- Accommodation for patients and staff



Evacuation: Patient/Client Transportation List

Destination: (acute, residential, community)

| Client Name | Address / Phone # | Contact Name and # | Stretcher/BCAS | Wheel-chair | Ambulatory | Comments / special needs |
|-------------|-------------------|--------------------|----------------|-------------|------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |





Early Lessons Learned

- Early engagement of IHA and receiving hospital critical
- Identification of all stakeholders including specialty areas in the hospital (Renal)
- Early communication to alert PRA and other IH renal program sites.
- Renal needs are life support and specific. Don't assume ... Be vocal





Transportation and Equipment

- 2 Patients in 100 Mile House
- Patients in facilities
- Patients with no means of transportation
- Do we need it; can we use it
- How easy is it to move
- Priority Ranking:



and Supplies....

- The CDU had just received their supplies from Fresenius
- It was decided that these would be left on site for use when they returned
- The contract supplier was notified of the possible evacuation and agreed to send additional supplies emergently if required.
- IH logistics and our renal buyer was also notified.



Documentation

- PROMIS was updated to ensure that all medications and dialysis prescriptions was up to date
- RIH had duplicate charts on site so had evacuation been necessary the patient charts would have been left in CMH
- The patient Kardex houses the latest runsheets, a summary flow sheet and careplan and would have been taken to RIH





Lessons Learned

- Evacuate earlier: the time from alert to evacuation is very short...maybe too short
- Communicate: early and often. Keep stakeholders in the loops
- Keep a current list of equipment that needs to be moved or stored in the program disaster plans
- Don't forget your support staff: Biomed, social work, dietician, pharmacist



BCPRA Provincial Planning

Bill Kane



Role of Provincial Plan

- To assist any Renal Program adversely affected by an emergency event to ensure patients continue to receive the best possible care.
- Initiated at the request of the Renal Program when they are unable to deal with the situation at the regional level.

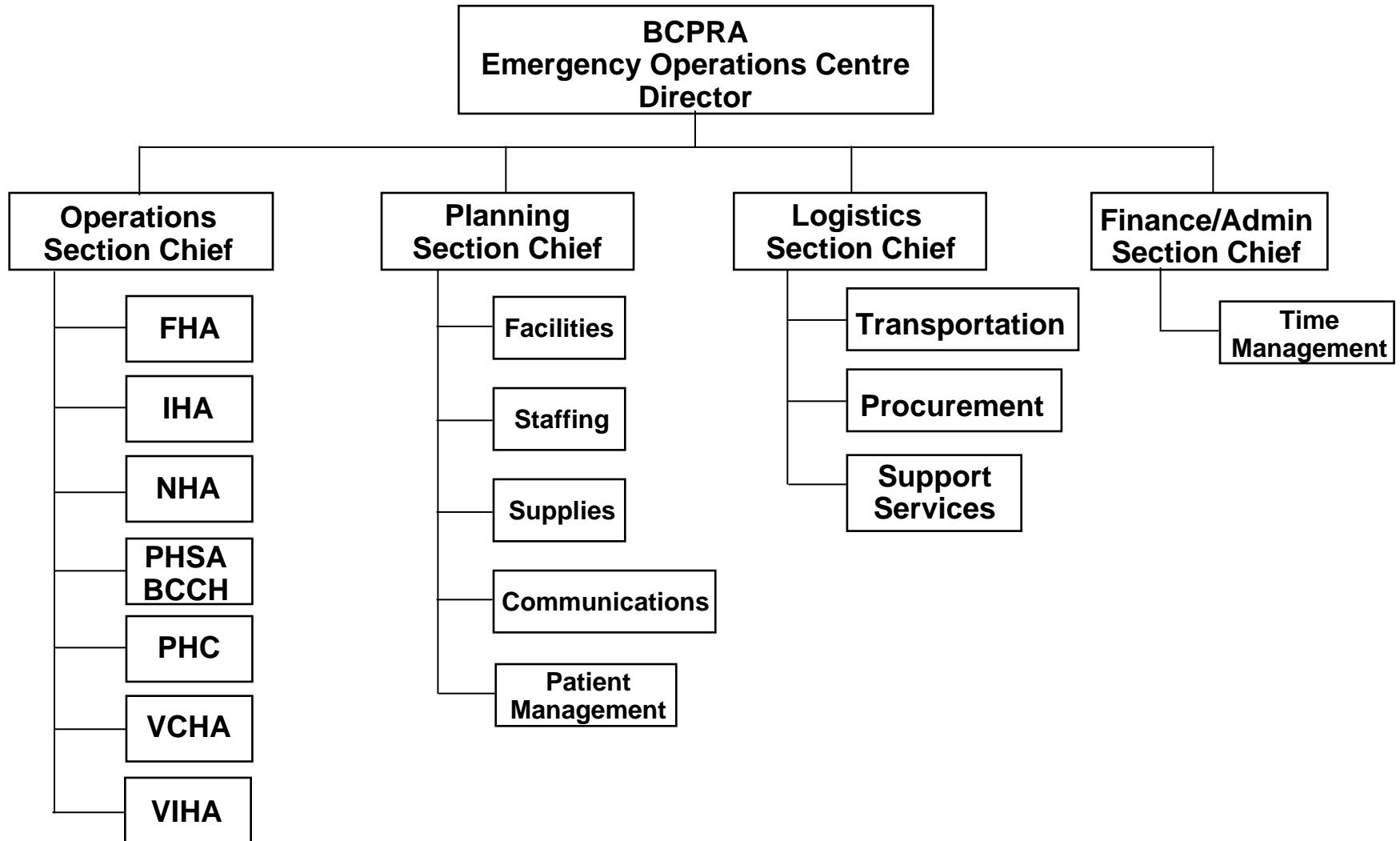


Initiation of Provincial Plan

- Initiation of the BCPRA plan would come from the Health Authority Emergency Operations Centre to the PHSA Director-On-Call.
- This person would then contact Dr. Adeera Levin, Executive Director, BC Renal Agency or designate.
- When the BCPRA plan is initiated, the first action will be to establish a BCPRA Emergency Operation Centre. This will be accomplished using the emergency fan-out list.



Provincial Renal Emergency Operations Centre Organization Chart



PROMIS Emergency Management Module

- Up to date dialysis facility information
- Patient lists and locations
- Home patient lists and locations
- Demonstration



Summary

- Are You Ready?
- Are Your Patients Ready?
- Is Your Renal Program Ready?
- Is BCPRA Ready?



Questions

