



Interior Health

RENAL PROGRAM

Emergency Preparedness Information For Renal Clients

www.interiorhealth.ca

Adapted for IH Renal Program from the British Columbia Renal Agency
www.bcrenalagency.ca

Table of Contents

Introduction	3
Survival Instructions.	4
Medical Alert	5
Water Disinfection	5
Emergency Information	6
Your Medical Condition and History	7
Medications	8
Transplant Information (Transplant Clients only)	9
Transplant Diet Information (Transplant Clients only)	9
Hemodialysis Information (Hemo Clients only)	10
Peritoneal Dialysis Information (PD Clients only)	11
Peritoneal Dialysis Diet Information (PD Clients only)	12
Home Hemodialysis Information (Home Hemo Clients only)	13
Hemodialysis Emergency Termination (Home Hemo Clients only)	14–15
Preparing Your Emergency Pack	15
Supplies For Your Emergency Pack.	17
Appendix 1: Conversion Table	18
Appendix 2: Food Substitution List	18
Appendix 3: Survival Diet Plan	19
Appendix 4: Sample Survival Diet Plan	20
Appendix 5: Radio Broadcasting During an Emergency	21
Appendix 6: Renal Services Telephone Numbers	22
Appendix 7: Health Canada Water Disinfection Guidelines	23

Introduction

Disasters often strike quickly, and without warning.

In this manual, disaster is defined as a major event that may directly affect your medical care.

Dialysis clients are at risk because electricity and water are needed to manage treatments. These utilities may not be available for several days if it is a big disaster. Telephones may not work, roads and bridges may be out of service, and emergency rooms may be crowded. For these, and other reasons, it is important to be prepared for a disaster situation.

This booklet gives you ideas on how to handle the first few days or until things can return to normal. Please share this information with your family and friends. Reading this through will help you to make a disaster plan and kit.

More information can be found in the “Individual & Neighbourhood All-Hazard Emergency Preparedness Workbook” from the BC Provincial Emergency Program.

- www.pep.gov.bc.ca/hazard_preparedness/AllHazards_Web.pdf
- www.getprepared.gc.ca
This site is available in English, French, Punjabi and Chinese. It is also available in Audio, Braille, Large Print and Diskette.

***Keep this booklet in your “Training Manual”
and with your Emergency Supplies.***

Survival Instructions

Here are some simple instructions for survival if you are evacuated, confined to your home, under evacuation alert, or affected by a disaster:

- Stay at home, unless you are hurt or evacuated. If there is an emergency call 911.
- If you are unable to get out of your home due to road closures, or you are without utilities, please inform your clinic of your situation.
- A toll-free phone number has been established for you during an emergency. If you are unable to contact your clinic, call the British Columbia Provincial Renal Agency (BCPRA) at **1-877-547-3625**.
- If you are unable to do your treatment or get to your dialysis clinic, begin the survival diet plan (**see page 19, Appendix 3**).
- Wait at home for instructions and details on the TV, radio, or by phone about situations that could affect your treatment (**see page 21, Appendix 5, for a list of radio stations**).
- If you must go to a different clinic or an emergency shelter, tell the person in charge that you are a renal client and have special needs.
- You may have to be moved from your home. This may not be by ambulance or HandiDart. It could be by military or emergency vehicles, volunteers, or by air. Ambulances may be very busy at this time and may not be available for routine hospital transfers.
- Be sure to bring your medications with you to the dialysis unit.
- Please update clinic of any address and telephone changes.

► **Reminder: Clients must take as much personal responsibility as possible for:**

- Getting where you need to go
- Updating your home clinic of your situation
- Being available to come for treatments or appointments at any time (day or night)

Medical Alert

It is recommended that you wear a medical alert bracelet if you are a renal client.

If you are injured or unable to talk, medical workers need to know quickly that you are a person with kidney concerns, on dialysis or a transplant recipient.

If you want more information about Medical Alert bracelets, please see the contact information below:

- **Website:** www.medicalert.ca
- **Phone Number:** 1-800-668-1507
Available Mon–Fri 9 am to 5 pm EST

Water Disinfection

Should you need to disinfect your water and you are comfortable doing so, please refer to the information on page 23, Appendix 7, Health Canada Guidelines for water disinfection.

If you are not comfortable with doing this, please contact your clinic.

Your Medical Condition and History

NOTE: A copy of this sheet should be with you at all times.

If you need to go to another hospital or clinic in the event of a emergency, or if your records are unavailable or destroyed, this information will help any temporary care givers in understanding your special needs. **You should update this every year and when treatment information changes.**

Date Completed: _____

Cause of Kidney Disease: _____

Other Medical Problems: _____

Allergies: _____

Blood Type (if known): _____

Advanced Care Plan: YES NO

Infectious Precautions: _____

Mobility Needs: _____

Usual Type of Treatment (check one):

- Hemodialysis – Community Clinic
- Hemodialysis – Hospital
- Hemodialysis – Home
- Continuous Ambulatory Peritoneal Dialysis (CAPD)
- Continuous Cycling Peritoneal Dialysis (CCPD)
- Transplant Recipient

Medications

- **Know** what medications you are taking, their names, strength, and how often you take them (for example: Tums 500 mg / one with each meal and at bedtime).
- **Know** which medications are absolutely necessary for your survival.
- **Carry a list of medications** (amount, frequency, names, strength) with you at all times. This can be given to you by your renal clinic. It is called your **Promis Medication List**.
- Keep a **two-week emergency supply** on hand at all times. Rotate the medication every 2 to 3 months, and check expiration dates. Take this with you if you are evacuated.
- **If you travel:**
 - Carry 2 or 3 days of supplies of your medications in your hand baggage. In emergency situations, luggage often becomes lost or misplaced.
 - If you are taking anti-rejection medications, it is suggested that you carry 2 to 3 weeks supply.
 - It is suggested to keep your medication in a “fanny pack” that you can wear, not carry. That way, your hands are free.
 - Periodically check this supply of medications to make sure it hasn't expired

▶ **Transplant clients continue to page 9.**

▶ **Hemodialysis clients continue to page 10.**

▶ **Peritoneal clients continue to page 11.**

▶ **Home Hemodialysis clients continue to page 13.**

Transplant Information

****This page is to be filled out by Transplant clients only****
NOTE: A copy of this sheet should be with you at all times.

Organ(s) transplanted (check all that apply):

- Kidney transplant recipient Date of Transplant: _____
- Liver transplant recipient Date of Transplant: _____
- Pancreas transplant recipient Date of Transplant: _____
- Heart transplant recipient Date of Transplant: _____

B.C.T.S. ID number: _____

Transplant Centre/Hospital: _____ Phone: _____

Transplant Clinic(s): _____ Phone: _____

Transplant Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

BC Transplant Society (toll free): 1-800-663-6189

Name of the clinical drug trial (if applicable): _____

Your study Number: _____

Transplant Diet Information

- Continue to follow your usual diet guidelines
- Keep well hydrated and have a supply of bottled water on hand
- Remember that certain medications (such as prednisone) must be taken with food. Keep a supply of non-perishable foods and fluids with these medications
- Prepared and packaged foods may be high in salt. Check the labels for salt content before storing the food
- If your transplanted Kidney is failing and you have been advised to restrict your potassium and protein please follow the Survival Diet Plan (Page 18, Appendix 3)

Continue to page 16

Hemodialysis Information

****This Page is to be filled out by Hemodialysis clients only****
NOTE: A copy of this sheet should be with you at all times.

Date Completed: _____

The treatment centre where you usually get your care:

Name of Centre: _____

Address: _____

Phone: _____

Family Physician Name: _____ Phone: _____

Nephrologist Name: _____ Phone: _____

Other Important Information and Telephone Numbers:

Usual Dialysis Prescription:

Please see attached PROMIS prescription sheet.

Type of Vascular Access & Location:

Central Line: _____ Type: _____ Length: _____

Graft: _____ Fistula: _____ Location: Left Right Arm Leg

Thumb Vein: _____ Thumb Artery: _____

Freezing: Yes No Type: _____

Needles Size: _____ Skin Cleaner: _____

Post Central Line Anti-Coagulant A: _____ V: _____

Continue to page 16

Peritoneal Dialysis Information

****This page is to be filled out by Peritoneal Clients only****

Note: A copy of this should be with you at all times

The centre where you usually get your care:

Name of Centre: _____

Address: _____

Phone: _____

Family Physician Name: _____ Phone: _____

Nephrologist Name: _____ Phone: _____

Other Important Information and Telephone Numbers:

Helpful hints for clients on peritoneal dialysis

Twin Bag (CAPD)

- If unable to do exchanges, then follow the dietary restrictions for fluid, sodium, and potassium (**see Survival Diet Plan, Page 18, Appendix 3**).
- If you work, also maintain a supply of medications at your work place.
- Maintain between 3–4 days to 1 week of peritoneal supplies at home. Check expiration dates of peritoneal dialysis solution every 6 months.
- If necessary, consider rationing supplies by decreasing the number of exchanges per day.

Home Choice Cykler (CCPD)

Same information as above with the following exceptions:

- If electrical power is lost, switch to manual CAPD.
- Maintain between 3–4 days to 1 week of CCPD or manual CAPD supplies at home. Check expiration dates of peritoneal dialysis supplies every 6 months.
- If you spend a lot of time at another location – work, friends, family, etc. – maintain 3 days of manual CAPD supplies at that location

****Caution: Disasters never create clean environments; the poor water, sanitation, dusts, and crowding in shelters will make peritonitis much more likely. If you are able to do exchanges, be extra careful at this time.***

Peritoneal Dialysis Diet Information

Peritoneal Dialysis Clients Only

If you are **ABLE** to maintain your current level of dialysis via machine or manual exchanges continue your usual diet. Some suggestions are:

- Maintain protein intake of 6 ounces or more each day.
- If you usually follow a high potassium diet, include high potassium items and non-perishable goods such as:
 - Tetra packs of orange juice (individual 200 mL servings)
 - Instant potatoes
 - Raisins
 - Prunes
 - Dried apricots
- Continue to limit high phosphorous foods such as:
 - Dairy products
 - Nuts, seeds
- Continue to take your phosphate binders as ordered.

If you are **UNABLE** to perform dialysis, then follow the **Survival Diet Plan (Appendix 3, page 18)**.

- The Survival Diet is more restricted than your usual Peritoneal Dialysis diet.
- It is very limited in potassium, protein and fluids.
- These are potentially life threatening waste products that can build up in you blood if you cannot do dialysis.

Continue to page 16

Home Hemodialysis Information

****This Page is to be filled out by Home Hemodialysis clients only****

NOTE: A copy of this sheet should be with you at all times.

Date Completed: _____

The treatment centre where you usually get your care:

Name of Centre: _____

Address: _____

Phone: _____

Family Physician Name: _____ Phone: _____

Nephrologist Name: _____ Phone: _____

Other Important Information and Telephone Numbers:

Type of Vascular Access & Location:

Central Line: _____ Type: _____ Length: _____

Graft: _____ Fistula: _____ Location: Left Right Arm Leg

Thumb Vein: _____ Thumb Artery: _____

Freezing: Yes No Type: _____

Needles Size: _____ Skin Cleaner: _____

Post Central Line Anti-Coagulant A: _____ V: _____

Continue to next page

Hemodialysis Emergency Termination Procedure

Home Hemodialysis Clients Only

When you first start your home hemodialysis training, your nurse will show you what to do if you need to leave your house in an emergency or disaster. Every year the information will be reviewed with you. Be sure you know the location of your emergency termination kit.

Contents of Emergency Termination Kit:

- Sterile saline flushes (4 10 mL pre-filled)
- Dialysis forceps clamps (2)
- Sterile scissors (1)
- Blue pad
- Tape
- 4x4 gauze (4)
- Mask
- Gloves – latex free
- Anti-coagulation locking solutions (2) (only if you have a catheter)
- Antiseptic solution
- Hemodialysis Catheter end caps (2)
- Band-Aids (2) (only if you have a fistula or graft)

If time permits use this technique:

- Locate your emergency termination kit.
- Stop blood pump and return your blood as you normally would.
- Clamp the Arterial and Venous line that are coming from the machine and the clamps on your catheter or fistula/graft.
- Disconnect the arterial line from the machine and attach a 10 cc saline syringe. Flush to clear the blood.
- Repeat the above with your venous line.
- Leave the syringes attached. If you have a graft or fistula, leave the needles in. Tape the syringes down to secure them.
- Leave the building, bringing your termination kit and emergency pack with you and go to a safe place.

Continue to next page

Hemodialysis Emergency Termination Procedure (cont'd)

****Home Hemodialysis Clients Only****

If you must evacuate immediately use this technique:

- Locate your emergency termination kit.
- Stop the blood pump and turn off the machine.
- Clamp your Arterial and Venous lines that are coming from the machine at the connection site (where the luer lock is) and the clamps on your catheter or fistula/graft.
- Try to disconnect using the luer locks.
- If you are unable to get the lines apart using the luer locks, then cut the lines in between the two clamps. Pay close attention – **DO NOT CUT YOUR ACCESS LINES.**
- Do not remove your needles if you have a fistula or graft.
- Take your emergency termination kit and emergency pack.
- Leave your home and proceed to a safe place.

Disconnecting once in a safe place:

- Once you are in a safe place do not remove your fistula/graft needles or cap off your catheter.
- You may remove your needles or cap off your catheter once emergency personnel have arrived, assessed you and assured you that you are in a safe area and out of immediate danger.
- Under no circumstances should any medical personnel not familiar with your dialysis access place or inject anything into your vascular access.

Continue to page 16

Preparing Your Disaster Pack

- Keep a 3-day supply of foods and equipment for your “Survival Diet” in a backpack that can be carried by one person. This way you will be able to quickly move to a shelter or to travel elsewhere, if necessary.
- **Check this pack every six months for expiry date and replace things as needed. Mark dates on the calendar so you don’t forget to check.**
- Select foods that have a long shelf life and don’t need to be refrigerated.
- You may not have electricity, water or cooking equipment, so plan meals that do not need to be cooked or can be eaten cold.
- Keep important equipment such as can openers and hand sanitizers in your backpack.
- Keep a copy of these guidelines with your 3-day food supply (in your pack) and at your work.
- Select foods that are low in salt; too much salt will make you thirsty.
- Be aware of the potassium content in your survival food selection.

Supplies for Your Disaster Pack

Preparing ahead could save your life

Keep these supplies in your “Disaster Pack” (check expiry dates every six months). Line the inside of the pack with a plastic garbage bag to keep it dry. Try using an orange bag as it could also be used as an emergency signal.

If you are diabetic: keep instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop on hand to treat low blood sugar (avoid Coke or Pepsi). Stabilizing your blood sugar will decrease your thirst.

FOODS:

- 12 4 ounce cans of low potassium fruit
- 1 Small box shredded wheat biscuits or puffed rice or puffed wheat
- 1 Box low salt crackers
- 1 Box low salt cookies
- 2 Bottles jelly, jam or honey
- 3 Bags hard candy (barley sugar, humbugs, peppermints, hard fruit candies)
- 3 85–175 g cans of low salt tuna or salmon or 156 g cans “33% less salt” flaked chicken
- 1 Container of Original Rice Dream or 100 g package of skim milk powder or 1 6 oz can of evaporated milk
- 1 2 L bottled water
- 1 1 cup of sugar
- 1 1 tbsp of oil

EQUIPMENT:

- Can opener (small, hand operated)
- Whistle
- Waterproof matches & candles
- Flashlight (battery operated or hand cranked)
- Radio (battery operated or hand cranked)
- Batteries for flashlight and radio (with spares)
- Foil blanket for warmth
- Plastic garbage bags – orange bags can also be used as emergency signals
- Paper towels
- Disposable plates, cups, bowls and plastic knives, forks and spoons
- Sharp penknife
- Pair of scissors
- Ziploc bags
- Hand Sanitizer
- **Copy of this guide with completed up-to-date information.**

Appendix I: Conversion Table

2 oz = $\frac{1}{4}$ cup or 62 mL

4 oz = $\frac{1}{2}$ cup or 120 mL

8 oz = 1 cup or 240 ml

1 tbsp = 15 mL

Appendix 2: Food Substitution List

Food Item

Substitutions

- 85–170 g canned tuna or salmon
OR
 - 156 g can of 33% Less Salt Flaked Chicken or Turkey
 - 5 Unsalted crackers
 - 4 oz of low potassium canned fruit
 - 4 oz reconstituted evaporated milk or powdered skim milk
- 2–3 oz low salt meat, fish, poultry
OR
 - 2 eggs
 - 1 slice bread
OR
 - 4 slices white melba toast
OR
 - 2 graham wafers
OR
 - 4 oz plain rice or noodles
 - 4 oz fruit juice (apple, cranberry)
AND
 - Small apple
OR
 - 4 oz fresh or frozen berries
 - 4 oz fresh milk or cream

Appendix 3: Survival Diet Plan

If you are **UNABLE** to receive dialysis during a natural disaster or emergency, follow the Survival Diet Plan. You will need to eat even less potassium, protein, phosphorus and drink less fluid than usual. High levels of these in your body could be life threatening.

While planning for a disaster situation follow these guidelines:

- Follow the Survival Diet Plan until dialysis is available again.
- **Limit fluid intake to 16 oz (500 mL) a day plus daily urine output.** (Example: if you have 200 mL of urine output, then you can drink 700 mL: 500 mL + 200 mL = 700 mL)
- You can chew gum or suck on hard candies to help with thirst.
- **Do not use salt or salt substitutes.** Use salt free foods when possible. Remember that foods lower in salt will make you less thirsty.
- **Do not use high potassium foods** such as potatoes, vegetables, bananas, oranges, melons, dried fruit and canned beans. Eat only the kind and amounts of fruits listed on the “Survival Diet Plan.”
- **Eat less high protein foods** such as meat, fish, poultry, eggs.
- If you have diabetes, use instant glucose tablets, sugar, hard candy, low potassium fruit juice or sugared pop to treat low blood sugar (avoid Coke or Pepsi).
- Do not use high potassium fruit juice (e.g. orange juice).
- If you are being evacuated and have time, add some butter or margarine to your pack for extra calories.
- Some emergencies (such as a snowstorm), allow you to stay in your home but you may not be able to get out for a while. You may be able to use fresh or frozen foods that you could have in place of some foods from your Survival Diet Plan (**see Food Substitution List, Appendix I, page 18**).
- If your power goes out, foods in your refrigerator will keep for 1 to 2 days if the door is only opened briefly. Use these foods first.
- Use disposable plates and utensils. Place in garbage after use.

Appendix 4: Sample Survival Diet

Breakfast

- 8 oz cold cereal (puffed wheat, puffed rice or 2 shredded wheat biscuits) with sugar
- 4 oz Original Rice Dream or 4 oz milk prepared from dry milk powder or 2 oz evaporated milk mixed with 2 oz purified or distilled water. Add 1 Tbsp of oil to increase calories
- 5 low salt crackers + 2 Tbsp. jelly, jam or honey
- 4 oz canned fruit (**packed in juice**), drink the juice and count it as part of your daily fluid intake.

Snack

- Hard candy

Lunch

- 15 low salt crackers & 6 Tbsp jelly, jam or honey
- 4 oz canned fruit (**packed in juice**), drink the juice and count it as part of your daily fluid intake
- Hard candy

Snack

- 4 cookies
- 4 oz canned fruit (**packed in juice**), drink the juice and count it as part of your daily fluid intake

Dinner

- 85 g or 170 g canned tuna or salmon (preferably low salt) **or** 1 - 156 g can of “33% Less Salt” Flaked Chicken or Turkey, 15 low salt crackers & 4 tbsp. jelly, jam or honey
- 4 oz canned fruit (**packed in juice**), drink the juice and count it as part of your daily fluid intake

Suggestions

- If you are hungry, you can have another 10 low salt crackers and 6 cookies each day
- You can add calories by adding oil, butter or margarine
- Repeat this meal plan until dialysis is available
- See food substitution list. (Appendix 2, page 18)

Diabetics

- Adding 1 to 2 tsp of sugar with each meal is acceptable unless your pre-meal blood sugars is > 10

Appendix 5: Radio Broadcasting During a Disaster

The Interior Health authority has an agreement with CBC Radio that in the event of an emergency they will broadcast instruction on behalf of IHA.

COMMUNITY	RADIO FREQUENCY	COMMUNITY	RADIO FREQUENCY
Castlegar	99.3 FM	Nelson	98.7 FM
Cranbrook	101.3 FM	New Denver	1490 AM
Creston	100.1 FM	Osoyoos	95.3 FM
Christina Lake	88.5 FM	Oliver	99.9 FM
Enderby	92.7 FM	Peachland	99.1 FM
Fernie	97.7 FM	Penticton	93.7 FM
Grand Forks	806 AM	Princeton	93.1 FM
Greenwood	96.7 FM	Rock Creek	94.1 FM
Invermere	97.3 FM	Rossland	101.1 FM
Kamloops	94.1 FM	Salmo	740 AM
Kaslo	860 AM	Salmon Arm	96.9 FM
Kelowna	88.9 FM	Sparwood	105.7 FM
Keremeos	1350 AM	Summerland	1450 AM
Kimberley	900 AM	Trail	89.9 FM
Lumby	96.7 FM	Vernon	106.5 FM
Merritt	860 AM	Williams Lake	860 AM
Nakusp	900 AM		

Appendix 6: Renal Services

Telephone Numbers

Hospital Units

Kelowna General Hospital

2268 Pandosy St., Kelowna, BC V1Y 1T2

Hours: Mon–Sun 7:00 am–11:45 pm

Phone: 250-862-4345

Fax: 250-862-4341

Royal Inland Hospital

311 Columbia St., Kamloops, BC V2C 2T1

Hours: Mon–Sat 6:00 am–10:00 pm

Phone: 250-374-5111 ext 2260

Fax: 250-314-2335

Penticton Regional Hospital

550 Carmi Ave, Penticton, BC V2A 3G9

Hours: Mon–Sat 6:30 am–6:30 pm

Phone: 250-492-4000 or 250-492-9059

Fax: 250-492-9061

Kootenay Boundary Regional Hospital

1200 Hospital Bench, Trail, BC V1R 4M1

Hours: Mon–Sat 7:00 am–11:00 pm

Phone: 250-364-3450

Fax: 250-364-3423

Community Units

Rutland Community Dialysis

125 Park Road, Kelowna, BC V1X 3E3

Hours: Mon–Sat 7:00 am–6:30 pm

Phone: 250-491-7613

Fax: 250-491-2719

Vernon Community Dialysis

#700, 3115 – 48th Ave., Vernon, BC V1T 3R5

Hours: Mon–Sat 7:00 am–7:00 pm

Phone: 250-503-3320

Fax: 250-503-3324

Williams Lake Dialysis Unit

517 6th Ave. N., Williams Lake, BC V2G 2G8

Hours: Mon–Sat 7:00 am–6:00 pm

Phone: 250-302-3209

Fax: 250-302-3253

Cranbrook Community Dialysis Unit

13 – 24th Ave N., Cranbrook, BC VIC 3H9

Hours: Mon–Sat 7:00 am–6:00 pm

Phone: 250-417-3588

Fax: 250-420-4180

Creston Dialysis Unit

312 – 15th Ave., Creston, BC V0B 1G5

Hours: Mon, Wed, Fri 7:00 am–11:00 pm

Phone: 250-428-3830

Fax: 250-428-3831

Grand Forks Community Dialysis Unit

7649 – 22nd St., Grand Forks, BC V0H 1H0

Hours: Mon, Wed, Fri 7:00 am–2:30 pm

Phone: 250-443-2119

Fax: 250-443-2129

Sparwood Community Dialysis Unit

570 Pine Ave., Sparwood, BC V0B 2G0

Hours: Mon, Wed, Fri 7:30 am–7:30 pm

Phone: 250-425-4527

Fax: 250-425-4529

Kamloops Community Dialysis

Unit 797 Tranquille Road

Kamloops, BC V2B 3J3

Phone: 250-314-2100 ext 3653

Fax: 250-314-2335

Appendix 7: Health Canada Guidelines for Water Disinfection

Disinfection of Water

Depending on the source of the water, conditions of use, and magnitude and extent of microbiological contamination, disinfection may be needed occasionally over short periods of time or on a continuous basis.

For occasional, emergency or short-term disinfection, there are several simple methods that do not require special devices:

- Bringing water to a rolling boil for one minute will destroy disease-causing organisms and disinfect the water
- Unscented household bleach, which contains four to five per cent sodium hypochlorite, will disinfect water when at least two drops are added to each litre of water and the water is left to stand for 30 minutes
- Water purification tablets that release iodine or chlorine are especially useful for travellers, when used according to manufacturers' directions

Protozoan cysts are often present in surface waters. Because cysts are more resistant than bacteria and viruses, iodine and chlorine should not be relied upon to inactivate them. When water must be continuously disinfected because of the unacceptable quality of the supply, the possibility of sporadic contamination or the presence of cysts, a water treatment device incorporating filtration and disinfection should be used rather than short-term disinfection methods.

Reference:

Health Canada

www.hc-sc.gc.ca

Water Treatment Disinfection Of Drinking Water

www.hc-sc.gc.ca/ewh-semt/pubs/water-eau/disinfect-desinfection-eng.php

Developed by:

Tracy Kowch, RN, BSN, CNeph (c), Clinical Practice Educator—Specializing in Accrediation and Best Practice, July 2012

Reviewed by:

Paula Hann, Clinical Project Lead, July 2012

Laurie Bates RN, PCC Penticton Regional Hosptial, July 2012

HemEd Group, June 2013

Revised by:

Tracy Kowch, RN, BSN, CNeph (c), Clinical Practice Educator, July 2013

Approved by:

Christine Topley, RN, BSN, MA CNeph (c), Clinical Project Lead, July 2013

Paula James, Renal Director, June 2013

Dr. Marie Michaud, Renal Medical Director, June 2013