

Guideline: Novel coronavirus (COVID-19) for Hemodialysis Outpatients

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1.0 Scope of Guideline

Applicability: In centre and community hemodialysis (HD) units in BC.

This guideline provides recommendations on the screening, assessment, and management of patients in outpatient hemodialysis units for COVID-19. It also provides guidance for protecting physicians and staff who provide hemodialysis care.

2.0 Recommendations

Recommendation #1: Refer to the BC Renal guideline Use of Personal Protective Equipment (PPE) for VA-Related Activities during the COVID-19 Outbreak for guidance with respect to the wearing of PPEs during the COVID-19 outbreak (“safe practice” when PPE supply is limited).

http://www.bcrenalagency.ca/resource-gallery/Documents/Use_of_PPEs_for_VA_Activities-COVID.pdf.

Recommendation #2: Allied health professionals (e.g., Dietitians, Social Workers, Pharmacists) are encouraged to maintain an appropriate balance of in-person and virtual care, depending on patient need.

- Virtual care (e.g., telephone, video, e mail, mail) is encouraged, where appropriate.
- In-person care is appropriate in situations where virtual care is less optimal or not possible.

Recommendation #3: It is recommended that visitors to hemodialysis units be restricted to essential visitors only (HD is an outpatient treatment, space is limited, desire to reduce risk to patients and staff and staffing limitations).

- Examples of essential visitors include:
 - Critical for communication with no other alternative such as translator
 - Critical for mobility with no other alternative
 - Emotional support when presence is necessary to ensure safe completion of treatment

- Hired sitters or other health care workers
- Only 1 approved visitor/attendant/family member will be allowed to accompany the patient at a time. All approved visitors/attendants/family are required to always remain with the patient and not walk around the unit or waiting room.
- All approved visitors/attendants/family will be screened for symptoms. If symptoms or unwell, the visitors/attendants/family will be asked to leave immediately and seek medical care by calling HealthLink BC at 811 or by seeing their health care practitioner.
- **Non-essential** visitors/attendants/family will not be allowed into the hemodialysis units, clinics, or waiting room areas. Drop off and pick up is allowed from the waiting room or other area(s) designated by the hemodialysis unit staff.

Recommendation #4: Implement the recommendations on Table 1 and [Algorithm 1](#) for the screening, assessment, and management of hemodialysis outpatients for COVID-19.

Table 1: Recommendations for the Screening, Assessment & Follow-Up of COVID-19

Topic	Specifics	COVID-19
Screening (new & existing patients) Refer to Algorithm 1	When to test?	<ol style="list-style-type: none"> 1. At the earliest opportunity, provide all HD patients with the BC Renal patient handout advising them of the current screening protocol and prevention strategies. http://www.bcrenalagency.ca/resource-gallery/Documents/Dialysis_Patient_Handout_flu_and_covid19.pdf (February 2021 update). 2. If patient contacts the HD unit to report they are symptomatic: <ul style="list-style-type: none"> • If feasible, suggest patient contact their primary care provider, local public health office or 8-1-1 for assessment and testing. • If not feasible, follow the screening procedure below. 3. BEFORE setting patient up at the HD station (every patient and every hemodialysis (HD) run), identify patients with risk factors for COVID-19 (refer to Algorithm 1). 4. If patient has symptoms (including a fever >37.5°C) or any of the risk factors listed in Algorithm 1, provide patient with a mask, and notify MD or follow established HA protocol to identify infection control precautions and whether a COVID-19 test is needed. For guidance on who to test, refer to the BC Centre for Disease Control website at www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing. 5. Refer to Algorithm 1 for recommended testing and isolation protocols. 6. If a patient with symptoms tests negative and after 5 days: <ul style="list-style-type: none"> • Symptoms have resolved, discontinue precautions (precautions for 5 days). A repeat test is not needed. • Symptoms persist, repeat the COVID-19 test. Assume COVID-19 positive until symptoms resolve or two negative tests have been received.

Topic	Specifics	COVID-19	
Screening (new & existing patients) cont'd	When to test cont'd?	7. For patients in the waiting room, attempt to separate as much as possible. Where physically possible, patients might opt to wait in a personal vehicle or outside the facility where they can be contacted by phone when it is their turn to be seen. To the extent possible, minimize the time patients spending in the waiting room.	
	What to order?	COVID-19 screen. NOTE: If COVID-19 is suspected, please indicate this on the requisition even if the requisition also includes testing for flu/RSV.	
	What to screen?	Nasopharyngeal swab or equivalent Utilize personal protective equipment while collecting the swab (gloves, gown, surgical/procedure mask and visor/goggles).	
Prevention of disease transmission	Precautions & segregation	While Awaiting Results of COVID-19 Test	COVID-19 Positive Patients
		<ul style="list-style-type: none"> Refer to Algorithm 1. Contact local Infection Control Practitioner (ICP). Assume COVID+ until proven otherwise (see right hand column for precautions). Provide patients with the Provincial Patient Handout¹ and mask prior leaving the HD unit. Contact family members to notify them of the testing & recommended precautions. Encourage patient to arrange alternate forms of transportation to and from dialysis if they use HandyDART. Tests results are generally available within 24-48 hrs (prior to next HD run). <p>Note about patients in Community Dialysis Units (CDUs): Most patients awaiting COVID-19 test results can be accommodated in</p>	<ul style="list-style-type: none"> Refer to Algorithm 1. Contact local ICP. Implement droplet & contact precautions² as per Algorithm 2 including: <ul style="list-style-type: none"> Personal protective equipment (mask, eye protection, gown and gloves) is worn on <u>each contact</u> with the patient or their environment. Private room is preferred if available. If not possible, keep 2 metres between patients (minimum). Discharge cleaning is done after patient leaves the unit. Non-sporicidal cleaning products can be used. Implement toileting precautions as per Algorithm 2. Encourage patient to arrange alternate forms of transportation home (or to long term care) from dialysis if they use HandyDART. Public health will perform contact tracing on positive cases with involvement of workplace health for

¹ www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-self-isolation-post-testing.pdf (available in multiple languages)

² Refer to: www.picnet.ca/wp-content/uploads/PrecautionSigns_PICNet.pdf. See Poster #4.

Topic	Specifics	COVID-19	
		While Awaiting Results of COVID-19 Test	COVID-19 Positive Patients
Prevention of disease transmission cont'd	Precautions & segregation cont'd	<p>their “home unit” using these guidelines. Some units, however, will not have physical capacity to manage the droplet, contact and toileting precautions. In these cases, alternative arrangements will need to be made for patients to be tested and to receive dialysis in an in-centre or another CDU that can accommodate the infection control requirements. This relocation will be in effect until deemed safe by ICP to return to usual care.</p>	<ul style="list-style-type: none"> • staff members deemed to be at risk as needed. • Droplet, contact and toileting precautions are continued until deemed safe by ICP to return to usual care. <p>Note about patients in CDUs: Most patients who are COVID-19+ can be accommodated in their “home unit” using these guidelines. Some units, however, will not have physical capacity to manage droplet, contact and toileting precautions. In these cases, arrangements will need to be made for patients to receive dialysis in an in-centre unit or another CDU that can accommodate the infection control requirements. This relocation will be in effect until deemed safe by ICP to return to usual care.</p>
	Surface disinfection of HD station & equipment post dialysis	<p>Usual procedure:</p> <ul style="list-style-type: none"> • Refer to BCR guideline Prevention of Disease Transmission in HD Units³ • In-centre units: Disinfection of the HD machine/supplies is usually done by dialysis-trained staff. Preparation for cleaning/disinfection of the HD station is also done by dialysis-trained staff but the actual cleaning/disinfection of the HD station is usually done by housekeeping. • Community-dialysis units: All cleaning/disinfection between patients is usually done by dialysis-trained staff. • Non-sporicidal cleaning products can be used for post-dialysis cleaning. 	
	Housekeeping cleaning	<p>Additional Precaution Discharge Clean.</p> <ul style="list-style-type: none"> • Refer to PICNet guideline "BC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs"⁴ 	

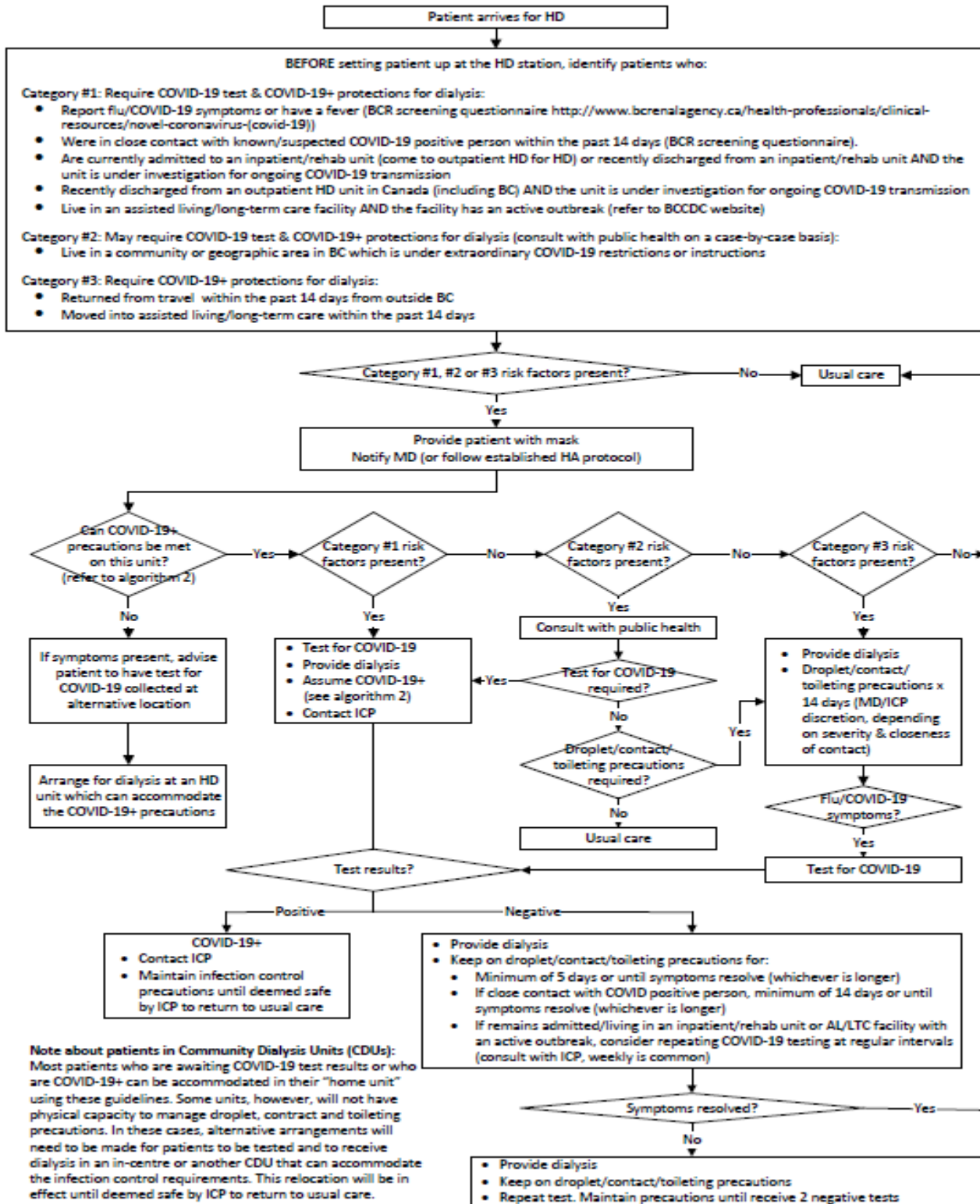
Algorithms attached:

1. Algorithm: Screening and Assessment of Hemodialysis Outpatients for COVID-19
2. Algorithm: Infection Control Precautions for Patients who Test Positive for COVID-19 OR are Awaiting Test Results

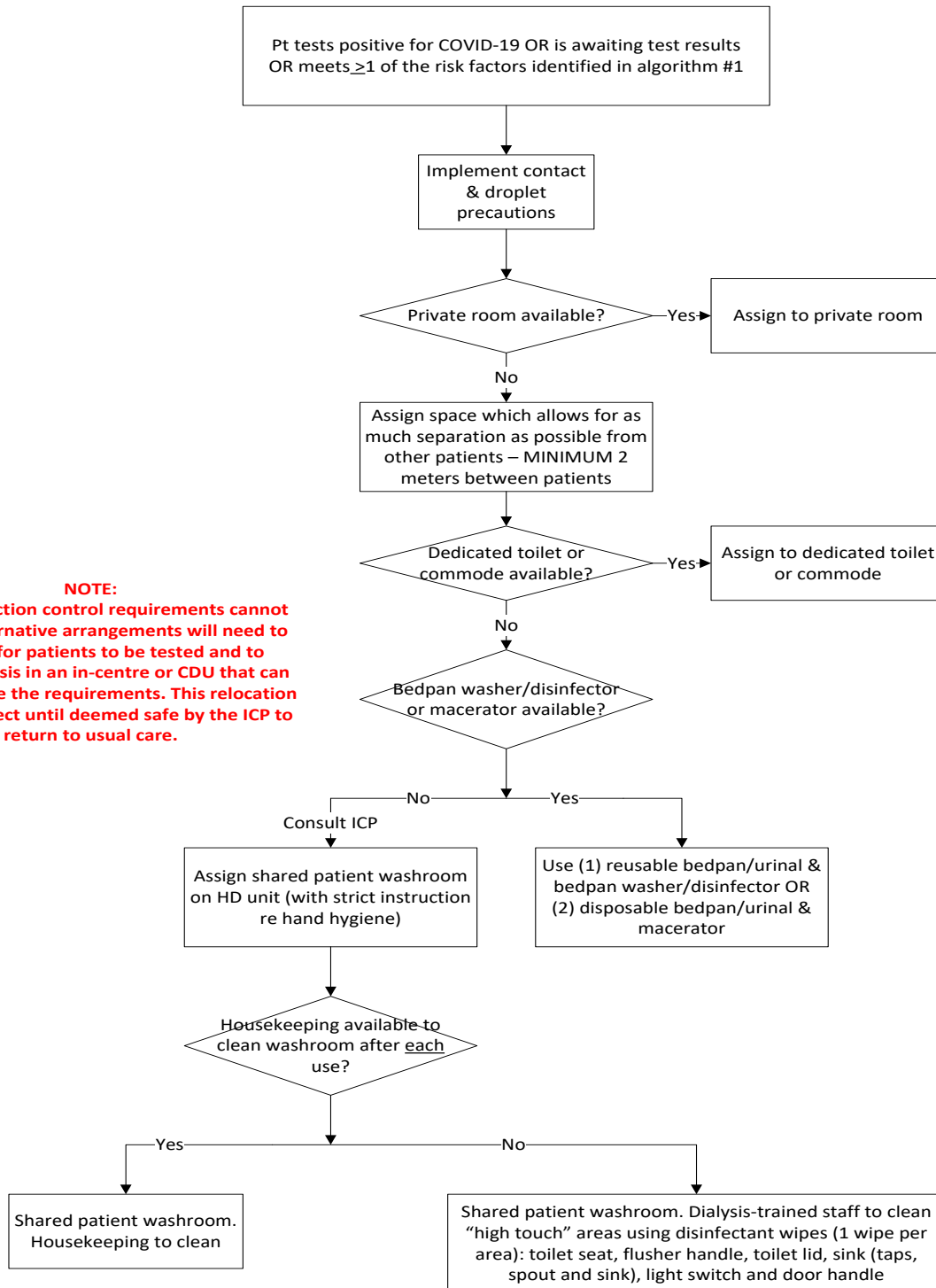
³ www.bcrenalagency.ca/resource-gallery/Documents/Prevention%20of%20Disease%20Transmission%20in%20HD%20Units.pdf (pages 3 and 4).

⁴ www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf (page 32, Additional Precaution Discharge Clean).

Algorithm 1: Screening and Assessment of HD Outpatients for COVID-19



Algorithm 2: Infection Control Precautions for Patients who Test Positive for COVID-19 OR are Awaiting Test Results OR At Higher Risk



NOTE:
If these infection control requirements cannot be met, alternative arrangements will need to be made for patients to be tested and to receive dialysis in an in-centre or CDU that can accommodate the requirements. This relocation will be in effect until deemed safe by the ICP to return to usual care.

3.0 References

BC Centre for Disease Control website. <http://covid-19.bccdc.ca>, Accessed Mar 1, 2020, Jan 6, 2021.

United States Centers for Disease Control and Prevention (CDC) website. Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities, www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html. Accessed Mar 16, 2020.

4.0 Sponsors

This BCRA guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenalagency.ca for the most recent version.

Developed by:

- A working group of multidisciplinary renal care providers and infection control practitioners/medical microbiologists from across BC (Mar 27, 2020, May 2020, Feb 2021)

Approved by:

- BC Clinical Guidelines Review Committee (Medical Health Officers of BC and PICNet) (March 16, 2020)
- BC Renal Hemodialysis Committee (March 18, 2020, May 13, 2020, January 13, 2021, September 22, 2021)
- BC Renal Medical Directors (May 28, 2020, sent for information September 27, 2021)

For information about the use and referencing of BCRA provincial guidelines/resources, refer to www.bcrenal.ca.