

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

Date of Birth (MM/DD/YYYY): _____

PHN: _____

Infection Precautions: BC Hemodialysis Patients Post-Travel

Date of return: _____ Travel destination(s): _____

SPECIMEN COLLECTION

Hepatitis B: HBsAG (blood test) <ul style="list-style-type: none"> Travel outside BC Exception: If pre-travel HBsAG = positive (reactive), not required 	<input type="checkbox"/> N/A	<input type="checkbox"/> Day 1		<input type="checkbox"/> 12 weeks post-travel			
		Collect date:	Initial:	Collect date:	Initial:		
		Review date:	Initial:	Review date:	Initial:		
Hepatitis C: Anti-HCV (blood test) <ul style="list-style-type: none"> Travel outside Canada 	<input type="checkbox"/> N/A	<input type="checkbox"/> 12 weeks post-travel					
		Collect date:		Initial:			
		Review date:		Initial:			
HIV (blood test) <ul style="list-style-type: none"> Travel outside Canada 	<input type="checkbox"/> N/A	<input type="checkbox"/> 12 weeks post-travel					
		Collect date:		Initial:			
		Review date:		Initial:			
CPO Specimen Collection (x3) (rectal/stoma swab¹) <ul style="list-style-type: none"> Travel outside Canada If travel in Canada & sending unit advises of CPO outbreak, contact HA IPC 	<input type="checkbox"/> N/A	<input type="checkbox"/> Day 1 (1 st HD post-travel)		<input type="checkbox"/> Day 8		<input type="checkbox"/> Day 21	
		Collect date:	Initial:	Collect date:	Initial:	Collect date:	Initial:
		Review date:	Initial:	Review date:	Initial:	Review date:	Initial:
COVID-19 Swab (nasopharyngeal swab²) <ul style="list-style-type: none"> Swab if symptoms 	<input type="checkbox"/> N/A	<input type="checkbox"/> If symptoms post-travel					
		Collect date:		Initial:			
		Review date:		Initial:			
TB (IGRA blood test) <ul style="list-style-type: none"> Travel to TB endemic country³ for > 3 months and baseline IGRA negative 	<input type="checkbox"/> N/A	<input type="checkbox"/> Day 1 (1st HD post-travel)					
		Collect date:		Initial:			
		Review date:		Initial:			
		If reactive/positive, refer to BCCDC via TB screening process in PROMIS.					

¹ Insert swab ~1 cm into rectum/stoma & rotate. Feces must be visible on the swab.

² Don PPEs when collecting swab (gloves, gown, mask & visor/goggles)

³ To identify whether TB is endemic (1) Go to WHO (search WHO TB data, click on TB country, regional and global profiles); (2) Go to the green bar. at the top of the page and select the country; (3) Review the "Total TB incidence" rate (first line). If greater than 50/100,000 population, IGRA is recommended.

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RECOMMENDATIONS FOR INFECTION PRECAUTIONS

BC Renal Guideline	Infection Precautions Recommendation
Prior to travel, did the patient have any existing alerts?	If yes, continue all previous precautions.
Precautions for CPO <ul style="list-style-type: none"> Travel outside Canada If travel within Canada & sending unit advises of CPO outbreak, contact HA IPC 	Contact precautions; AND Toileting precautions; AND Physical separation from other patients Continue precautions until 3 rd negative CPO swab
Precautions for COVID-19 <ul style="list-style-type: none"> Travel within Canada if COVID-19 risk factors³ or COVID-19+ symptoms present Travel outside Canada 	Droplet precautions; AND Contact precautions; AND Toileting precautions Continue precautions x 14 days
Precautions for Hepatitis B <ul style="list-style-type: none"> Travel outside BC 	Heat disinfection of HD machine post-dialysis Continue heat disinfection until post travel HBsAG = negative (non-reactive). Exception: Patients who are isolated anti-core positive, see BC Renal guideline (page 4).
Precautions for Tuberculosis <ul style="list-style-type: none"> Travel to TB endemic country for > 3 months and baseline IGRA is negative 	If IGRA result is reactive/positive, refer to TB Services. Unless symptomatic, no additional precautions required.
If patient has one or more infectious disease symptoms post-travel: <ul style="list-style-type: none"> Conduct risk assessment to determine precautions Document in progress notes (patient record) Contact MD/HA IPC 	Depends on symptoms

Precaution type	<input type="checkbox"/> Droplet precautions <input type="checkbox"/> Contact precautions <input type="checkbox"/> Toileting precautions	<input type="checkbox"/> Physical separation from other patients <input type="checkbox"/> Heat disinfection post-HD
Reassessment of precautions due:	_____	
Reason(s) for precaution	<input type="checkbox"/> Post-travel guideline <input type="checkbox"/> Infection prevention control (IPC) request <input type="checkbox"/> Symptom assessment	<input type="checkbox"/> Positive culture <input type="checkbox"/> Risk exposure <input type="checkbox"/> Ordering provider request

³ There is an active outbreak (≥ 1 COVID-19 patient) in the sending or receiving HD unit; OR patient has been in contact with a COVID-19+ person in the past 14 days; OR patient is from or travelling to a high incidence COVID-19+ area (discuss with HA IPC)