Outpatient Dialysis Interim Guidance

Updated September 2, 2020

What’s New: Updated to align with CDC recommendations and instructions for handling an exposure

This interim guidance applies to ministries who provide hemodialysis in the outpatient setting.

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions may be at higher risk for severe illness from COVID-19. People of any age with severe obesity (body mass index [(BMI)] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk. *These recommendations should be used with the CDC’s Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.*

Ministries that contract services for dialysis should ensure that the vendor’s COVID-19 policies and procedures include the following CMS/CDC recommendations to include early recognition and isolation of individuals with respiratory infection who must undergo dialysis treatments.

SCREENING

- Healthcare Personnel (HCP) should instruct outpatients (e.g., during appointment reminder calls) they need to call ahead to report symptoms of SARS-CoV-2 infection or close contact in the last 14 days with someone with SARS-CoV-2 infection so the facility can be prepared for their arrival or triage them to the appropriate setting.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- Place a staff member near all entrances (outdoors if weather and facility layout permit), or in the waiting room area, to ensure everyone (patients, HCP, visitors) is screened for symptoms consistent with COVID-19 or close contact with someone with SARS-CoV-2 infection **before** they enter the treatment area and ensure they are practicing source control.
  - Actively take their temperature to confirm absence of symptoms consistent with COVID-19. Fever is either measured temperature ≥100.0°F or subjective fever.
  - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
• Patients should wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a cloth face covering or procedure mask, as supplies allow. **Visitors should be restricted from entering the facility.**
  - Patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room.
• Facilities should provide patients and staff with instructions (in appropriate languages) and post signage about hand hygiene, respiratory hygiene, and cough etiquette.
  - Instructions should include how to use face coverings (patients) or appropriate respiratory protection (staff) or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene
  - Facilities should have the following supplies nearby to ensure adherence to hand and respiratory hygiene, and cough etiquette. These include tissues and no-touch receptacles for disposal of tissues and hand hygiene supplies (e.g., alcohol-based hand sanitizer)

**PATIENT FLOW:**

• Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet. Medically-stable patients who do not have other care needs could be asked to wait outside the healthcare facility. When the patient is the next to be seen, staff can contact the patient by mobile phone.
• Airborne Infection Isolation Rooms (AIIR) while not required for the care and isolation of an infected patient, should be prioritized, if available, for patients who are receiving aerosol-generating procedures.
• Patients with respiratory symptoms should be escorted to a designated treatment area for evaluation as soon as possible in order to minimize time in common waiting areas. If they must wait, facilities should ensure the following:
  - Patients with confirmed SARS-CoV-2 infection can be cohorted together; however, they should maintain at least 6 feet of separation from other patients at all times within the dialysis facility.
  - Patients with suspected SARS-CoV-2 infection and patients who have had close contact with someone with SARS-CoV-2 infection should also maintain at least 6 feet of separation from each other and from other patients at all times within the dialysis facility.
• Separation should be maintained in the treatment area. Facilities should consider separating all patients by 6 feet during dialysis treatments, especially in areas with moderate to substantial community transmission.
  - Ideally, a patient with suspected or confirmed SARS-CoV-2 infection or who has reported close contact would be dialyzed in a separate room (if available) with the door closed.
    - Hepatitis B isolation rooms should only be used for these patients if: 1) the patient is hepatitis B surface antigen positive or 2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.
    - If a separate room is not available, the patient should be treated at a corner or end-of-row station, away from the main flow of traffic (if available). The patient should be separated by at least 6 feet from the nearest patient stations (in all directions).
• If a hemodialysis facility is dialyzing more than one patient with confirmed SARS-CoV-2 infection, consideration should be given to cohorting these patients and the HCP caring for them together in the same section of the unit and/or on the same shift (e.g., consider the last shift of the day). Only patients with confirmed SARS-CoV-2 infection should be cohorted together. Patients who report close contact with someone with SARS-CoV-2 infection and patients with symptoms for whom SARS-CoV-2 infection has not been confirmed, **should not be** cohorted with patients with confirmed SARS-CoV-2
infection or with each other as their diagnosis is uncertain. These patients should be dialyzed at a station that is at least 6 feet from others in all directions.

PPE SPECIFIC TO DIALYSIS

(Please refer to the PPE Guidebook. All clinicians are to abide by the PPE guidelines within the book while in MercyOne Health facilities)

- Dialysis staff caring for patients with undiagnosed respiratory illness should treat the patient as a patient under investigation (PUI) and follow the PPE guide for Standard and Transmission-Based precautions with eye protection unless an additional suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- The isolation gown should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporated sleeves) that is normally worn by hemodialysis personnel. If there are shortages of gowns, they should be prioritized for initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station.
- When gowns are removed, place the gown in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

CLEANING AND DISINFECTION:

Any surface, supplies, or equipment (e.g., dialysis machine) located within 6 feet of symptomatic patients should be disinfected or discarded

- Routine cleaning and disinfection are appropriate for COVID-19 in dialysis settings
- Ensure that disposable items taken into the dialysis station or room are disposed of properly
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Refer to EPA's List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program from use against SARS-CoV-2.
- Facilities should provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse’s stations, phones, internal radios, etc.).

TESTING:

- If possible, facilitate testing for COVID-19 for patients who experience symptoms of acute respiratory infection receiving dialysis services at the affiliated acute care ministry Clinical Lab or other available testing laboratory. These patients would be at high risk of severe COVID-19 and therefore are a priority for testing. Early detection of COVID-19 may also help prevent a cluster in the dialysis unit population.

MANAGEMENT OF NEWLY IDENTIFIED PATIENTS AND HCP WITH SARS-CoV-2 INFECTION

- Facilities should have a process to respond to patients or HCP with newly identified SARS-CoV-2 infection, including assessing risk to others in the facility who may have had close contact with infected individuals.
Individuals with COVID-19 symptoms are considered potentially infectious beginning two days before symptoms first appeared until they meet criteria to discontinue precautions based on other System Guides. i.e.

- https://www.mercyone.org/newsletter/easset_upload_file87201_422368_e.pdf

If the infected individual did not have symptoms, collecting information about when they could have been exposed can help inform the estimated period when they were infectious.

- If an exposure is identified: The individual can be considered potentially infectious beginning two days through 14 days after the exposure.
- If the date of exposure cannot be determined: For the purposes of contact tracing, it is reasonable to use a cutoff of two days before the specimen testing positive for SARS-CoV-2 was collected as the starting point through the next 14 days.

If the infected individual is a HCP:

- Patients who were within 6 feet of the infected HCP for at least 15 minutes should be considered potentially exposed. In general, they should be dialyzed separated from other patients by at least 6 feet and cared for by HCP using recommended PPE (see the PPE Guidebook) until 14 days after their last exposure.
  - If the exposed patient was wearing a procedure mask (instead of a cloth face covering) during the entire exposure, a risk assessment should be performed to determine if precautions are necessary (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). Patients in this group with lower risk exposures could be monitored for the development of symptoms without other precautions.
  - If the patient was wearing a cloth face covering (instead of a procedure mask) or not wearing any type of face covering (cloth face covering or procedure mask), then they should be considered an unprotected close contact.
  - If the exposed patient develops SARS-CoV-2 infection, they should be cared for using all recommended PPE for SARS-CoV-2 and appropriate isolation precautions, i.e., Droplet+Contact+Standard, until the patient meets criteria for discontinuation of isolation precautions (see above).
  - Exposed patients determined to be close contacts should be advised to self-quarantine at home for 14 days after their last contact with someone with SARS-CoV-2 infection, other than when they need to leave their home for hemodialysis treatments or other necessary medical appointments.
- Refer to System exposure management tool for HCP who were exposed to the person with infection.
  - Contact Employee / Occupational Health for guidance in this process.
- Facilities should implement sick leave policies that are non-punitive, flexible and consistent with public health policies that allow ill HCP to stay home. HCP should be reminded to not report to work when they are ill. Refer to HR COVID-19 policies for more details.

If the infected individual is a patient:

- Patients who were within 6 feet of the infected patient for at least 15 minutes should be considered potentially exposed, even if cloth face coverings or respiratory protection were worn. In general, exposed patients should be dialyzed separated from other patients by at least 6 feet and cared for by HCP using recommended PPE (see the PPE Guidebook) until 14 days after their last exposure.
If the exposed patient was wearing a procedure mask instead of a cloth face covering, a risk assessment (as described above) can be considered to determine if precautions are necessary. If they develop SARS-CoV-2 infection they should be cared for using all recommended PPE for SARS-CoV-2 until the patient meets criteria for discontinuation of transmission-based precautions.

Perform a risk assessment and apply work restrictions for HCP who were exposed to the infected patient based on whether these HCP had prolonged, close contact and what PPE they were wearing.

Exposed patients determined to be close contacts should be advised to self-quarantine at home for 14 days after their last contact with someone with SARS-CoV-2 infection, other than when they need to leave their home for hemodialysis treatments or other necessary medical appointments.

Contact Infection Prevention for additional guidance with this process.

IDENTIFYING OUTBREAKS

If an outbreak is suspected, facilities should consider using PPE recommended for care of patients with suspected or confirmed SARS-CoV-2 infection for all patients in the facility pending further investigation and testing. Notify local public health authorities of suspected or confirmed outbreaks in the dialysis facility.

If facilities experience three or more newly infected HCP or patients over short periods of time (e.g., one week), universal PPE use and/or facility-wide testing might also be considered (especially in facilities located in areas with moderate or substantial transmission).

References: