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.

2.0 Recommendations

Recommendation #1: Implement the recommendations on Table 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)	When to swab/ test?	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. If patient contacts the HD unit to report they are symptomatic: • 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. For every patient and every hemodialysis (HD) run and BEFORE setting patient up at the HD station: • Utilize the HA-provided questionnaire to identify COVID-19 risk factors &/or symptoms. • Take pre-dialysis temperature and document.

Topic	Specifics	COVID-19
Screening (new & existing patients) cont'd	When to swab/ test cont'd?	If patient has risk factors &/or symptoms, provide patient with a mask. Notify MD. If the unit can accommodate the infection control requirements (see algorithm 2), refer to the process below to identify placement of patient for collection of a COVID-19 swab and for their HD run. If the unit cannot accommodate the infection control requirements: • Advise patient to have a swab taken at an alternative location. • If HD cannot be delayed until the swab results are known, arrange for patient to receive dialysis at a unit that can accommodate the infection control requirements. 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 Utilize personal protective equipment while collecting the swab (gloves, gown, surgical/procedure mask and visor/goggles).

Topic	Specifics	COVID-19	
		While Awaiting Results of Swab	**COVID-19 Positive Patients**

Prevention of disease transmission	Precautions & segregation	• 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 Handout[1] 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 home (or to long term care) from dialysis if they use HandyDART.
		• Tests results are usually available within 24-48 hrs (prior to next HD run).
		
		Note about patients in Community Dialysis Units (CDUs): Most patients awaiting COVID-19 test results can be accommodated in 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.
			• Refer to Algorithm 1.
			• Contact local ICP.
			• Implement droplet & contact precautions[2] as per algorithm 2 including:
			  • Personal protective equipment (gown and gloves) is worn on <u>each contact</u> with the patient or their environment.
			  • Procedure mask with eye protection is worn when within 2 metres of patient.
			  • Private room is preferred. 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 staff members deemed to be at risk as needed.
			• Droplet, contact and toileting precautions are continued until deemed safe by ICP to

[1] http://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.

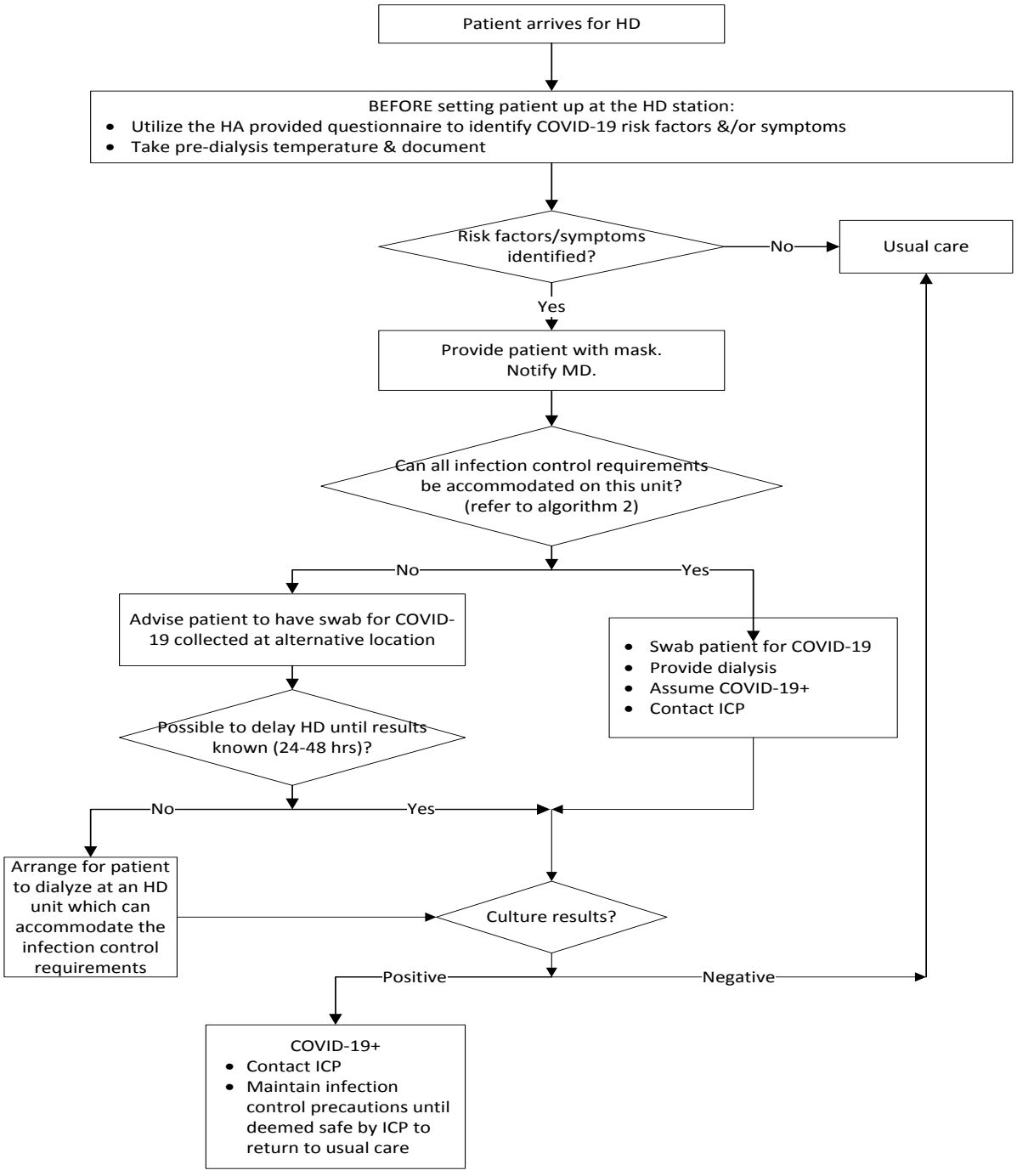
Topic	Specifics	COVID-19	
			return to usual care.
Prevention of disease transmission cont'd	Precautions & segregation cont'd	**While Awaiting Results of Swab**	**COVID-19 Positive Patients**
			Note about patients in Community Dialysis Units (CDUs): Most patients who are COVID-19+ can be accommodated 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.
	Surface dis-infection of HD station & equipment post dialysis	Usual procedure: • Refer to BCR guideline Prevention of Disease Transmission in HD Units[3] • 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 staff. • 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	Additional Precaution Discharge Clean. • Refer to PICNet guideline "BC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs[4]	

[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).

Algorithms attached:

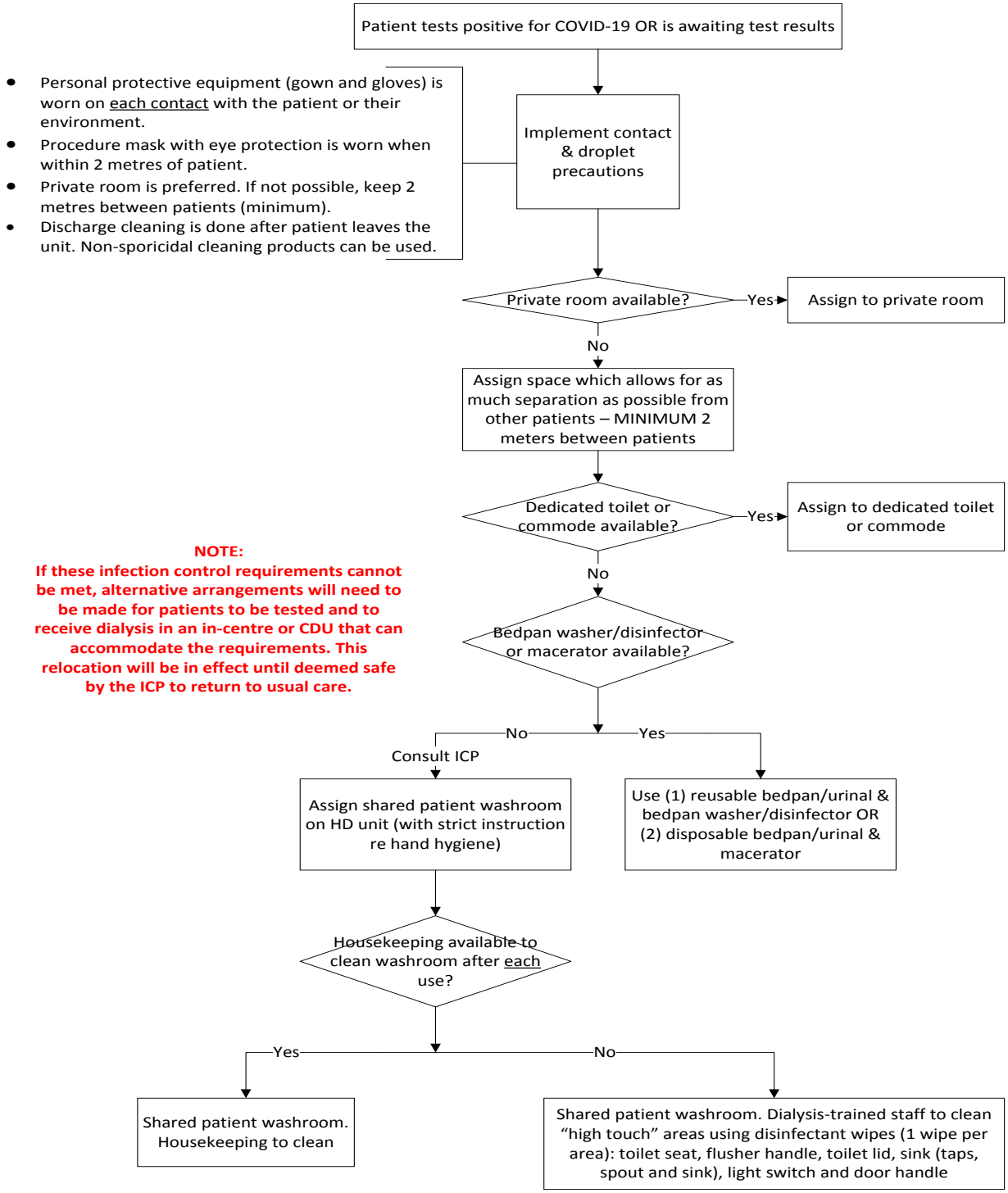
1. Algorithm: Screening and Assessment of Hemodialysis Outpatients for COVID-19
2. Algorithm: Infection Control Precautions for Patients who Test Positive for COVID-19 OR are Awaiting Test Results

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



Note about patients in Community Dialysis Units (CDUs):
Most patients who are awaiting COVID-19 test results or 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, contract 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.

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



3.0 References

BC Centre for Disease Control website. http://covid-19.bccdc.ca, accessed Mar 1 2020.

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 BCPRA 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

Approved by:

- BC Clinical Guidelines Review Committee (Medical Health Officers of BC and PICNet), March 16, 2020
- BCPRA Hemodialysis Committee (scheduled March 18, 2020)
- BCPRA Medical Advisory Committee (to do)

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