Checklist for Dialysis Facilities in COVID-19 Hotspots

A summary of key actions dialysis facilities should take when there is a surge or resurgence of COVID-19 cases in their surrounding community (i.e. they are located in a COVID-19 "hotspot"). COVID-19 refers to the novel coronavirus causing the coronavirus disease 2019.

Perform self-assessments to ensure the facility is prepared to prevent the spread of COVID-19:
As part of routine infection control, outpatient dialysis facilities should have established policies and practices to reduce the spread of contagious respiratory pathogens. The following resources are available for the planning and implementation of strategies which reduce the risk of transmission of COVID-19:
- ✓ COVID-19 Focused Infection Control Survey
- ✓ CMS Guidance for Infection Prevention and Control of COVID-19 in Dialysis Facilities
- ✓ Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Outpatient Dialysis Facilities
- ✓ COVID-19 Outpatient Dialysis Facility Preparedness Assessment Tool

Visitor Access within the Dialysis Facility
- Dialysis facilities should manage and limit visitors entering the facility. Facilities should restrict visitors who are ill from entering the facility.
- If a visitor would have provided necessary support to the patient to ensure quality medical care due to a communication or mobility limitation or disability, ask the patient how the staff could provide this support in their absence and make every reasonable effort to do so.
- Visitors entering the facility should wear a facemask or a cloth face covering at all times. Visitors should be screened for symptoms of COVID-19 before entering the facility, e.g. fevers or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, etc.

Screening
- Advise patients to check their temperature at home before leaving for their dialysis session. Instruct patients to notify the facility before arriving if they have fever or symptoms of COVID-19 or any recent suspected or confirmed exposure from a household member or anyone else. (Patients with a fever or symptoms of COVID-19 should contact their healthcare provider for instructions in order to avoid a missed or delayed treatment.)
- Advise the patient to put on a cloth face covering, regardless of symptoms, before leaving their home.
- Make communication fully accessible, e.g. provide written instructions as an alternative to verbal instructions, as well as using gestures and descriptive images, and providing staff with clear masks/face shields, if possible.
- If possible, limit and monitor points of entry to the facility and place a staff member near all entrances. Ask all patients upon entry to the facility if they have a fever or symptoms consistent with COVID-19.
  - o Facilities should make sure staff members who are screening patients remain 6 feet away from the patient until screening determines a patient is symptom-free and afebrile (temperature ascertained by patient report or active temperature monitoring).

- Send patients to the appropriate waiting areas, which should be organized to divide patients with symptoms from patients without symptoms.
  - Separate patients by at least 6 feet, and the area for patients with symptoms should be at least 6 feet away from the area for patients without symptoms.
- Post signs at entrances (in appropriate languages) with instructions to patients with fever or symptoms of respiratory infection to alert staff so appropriate precautions can be implemented. Signage posted at the facility should ensure full accessibility for persons with blind or low vision.
- Situational Awareness: communication between providers, especially nursing homes and dialysis facilities, is crucial for infection control. Some examples of communication tools that can be used can be found under the "Education" tab of the [Network Forum website.](#)
- Staff who show signs of COVID-19 should immediately refrain from patient care, return home and notify their occupational health services for further evaluation.
- Visitors who show signs of COVID-19 should be restricted from entering the facility.

Universal Masking
- Dialysis facilities must ensure that its staff use face coverings or facemasks to prevent spread of respiratory secretions.
- All patients, regardless of symptoms, should put on a cloth face covering during their transport to/from the facility (if using medical or public transportation) or at check-in (if not already wearing) and keep it on until they leave the facility.
- If patients do not have a cloth face covering, a facemask or cloth face covering should be offered (if supplies allow).
- Some patients may not tolerate, or refuse a face mask for the duration of their treatment. For these instances, patients should be educated on the importance of face coverings to address universal source control in order to improve acceptance of wearing face masks by the patients.
- If face coverings affect the patient's respiratory status, the facility should take actions necessary to protect its patients and staff members while avoiding missed or incomplete treatments, for example, placing the patient in separate room or area.
- Patient education on the importance of covering their mouth and nose with a facemask should be provided and reinforced prior to treatments, through accessible communication means so they are prepared to comply with the infection control measures in place at their facility.

Patient Placement
Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet.
- Patients with suspected or confirmed COVID-19 should be taken to an appropriate treatment area as soon as possible in order to minimize time in waiting areas.
- Facilities should maintain at least 6 feet of separation between patients with suspected or confirmed COVID-19 and other patients during dialysis treatment. Ideally, patients with suspected or confirmed COVID-19 would be dialyzed in a separate room (if available) with the door closed.
  - Hepatitis B isolation rooms should only be used for dialysis patients with suspected or confirmed COVID-19 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.

- o If a separate room is not available, the patient with suspected or confirmed COVID-19 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 (in all directions).
- Patient placement in the waiting area and treatment areas should account for mobility disabilities and items such as wheelchairs and other durable medical equipment.
- If a hemodialysis facility is dialyzing more than one patient with suspected or confirmed COVID-19, consideration should be given to cohorting these patients and the staff caring for them together in the section of the unit and/or on the same shift (e.g., consider the last shift of the day). If the etiology of respiratory symptoms is known, patients with different etiologies should not be cohorted (for example, patients with confirmed influenza and COVID-19 should not be cohorted).
- If the facility cannot fully implement the recommended precautions or if the patient's condition requires care that the dialysis facility is unable to provide, the patient should be safely transferred to another facility that can meet the patient's needs.

Testing
There are currently no (Centers for Disease Control and Prevention) CDC recommendations for COVID-19 testing which are specific and unique for the dialysis facility setting.
- Facilities should follow CDC's guidance for testing healthcare personnel.
- Facilities should follow CDC's guidance for testing individuals.

Contact Tracing: Facilities should obtain information on their state/territory and local public health department's contact tracing protocols to ensure staff understand the appropriate information that should be requested to validate the contract tracer calling and to provide the appropriate information to support this essential public health activity.

Cleaning and Disinfection
- Current procedures for routine cleaning and disinfection of dialysis stations are appropriate for patients with COVID-19.
- It is important to validate that the product used for surface disinfection is active against SARS-CoV-2, the virus that causes COVID-19.
  - o Facilities should ensure they are following the manufacturer's label instructions for proper use and dilution of the disinfectant.
- Staff should be educated, trained, and have competency assessed for all cleaning and disinfection procedures in the facility. Ensure staff use appropriate personal protective equipment (PPE) according to manufacturer's recommendations when cleaning.
- Routine disinfections of surfaces at the station should occur with no patient present to reduce the opportunities for cross-contamination and to avoid exposing patients to disinfectant fumes.
- If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.
- Facilities should continue to follow the infection control requirements related to cleaning and disinfection at 42 CFR §494.30 and §494.50, if applicable, which include:

- o   Ensuring items taken into the dialysis station either be disposed of;
- o   Dedicated for use only on a single patient; or
- o   Cleaned and disinfected per manufacturer's directions for use before being taken to a common clean area or used on another patient; and
- o   Safe and effective methods for reprocessing hemodialyzers and bloodlines

Personal Protective Equipment (PPE)
Dialysis facility staff should wear the following PPE when caring for patients with suspected or confirmed COVID-19 unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis), in which case PPE recommended for COVID-19 precautions may be inadequate or insufficient:

- Isolation gown
- Gloves
- Eye protection (e.g., goggles or face shield)
- An N-95 or higher-level respirator is preferred, if available; facemasks are an acceptable alternative.

Staffing
- Dialysis staff who have signs and symptoms of a respiratory infection should not report to work. Facilities should implement sick leave policies that are non-punitive, flexible and consistent with public health policies that allow ill staff members to stay home.
- Any staff member who develops signs and symptoms of a respiratory infection while on the job, should:
  - o   Immediately stop work, put on a facemask (if not already wearing one), and self-isolate at home;
  - o   Inform the facility administrator of sick leave and report information on individuals, equipment, and locations the person came in contact with; and
  - o   Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

Home Dialysis
- Facilities should ensure that home dialysis patients have all the supplies they need to continue their dialysis treatments and should work with suppliers to understand if shortages of items are anticipated such as peritoneal dialysis fluid.
- Facilities should coordinate with home dialysis supply companies to ensure supplies continue to be delivered to patient homes and stored appropriately. Contactless delivery might be impractical due to the size and weight of supplies.
- Facilities providing care to these patients should consider use of telehealth and other remote methods of care, such as by telephone or secure text monitoring/messaging

Dialysis and Long Term Care (LTC) Facilities
In order to maintain safe and effective care of dialysis patients, dialysis facilities and nursing homes alike should establish communication and reporting mechanisms which promote situational awareness between both healthcare facilities.

- Facilities should designate specific persons within the healthcare facility who are responsible for communication of cases within their facilities and other relevant information that is essential for proper planning for the care of its patients.
- Dialysis facilities should educate patients, LTC facilities and other entities involved in care regarding infection control practices and expectations for communications especially as it relates to a shared patient's COVID-19 status, change in condition or potential COVID-19 exposure.
- Coordination among the two entities is vital to ensure healthcare staff are informed of the most up-to-date information relating to the patient's health status and to allow for proper planning of care and operations.

Additional Key Resources:
- [Symptoms of Coronavirus](#)
- [Strategies to Optimize the Supply of PPE and Equipment](#)
- [Screening Dialysis Patients for COVID-19](#)
- [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19)](#)
- [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)](#)
- [CDC Factsheet- How our Facility is Keeping Patients Safe from COVID-19](#)
- [Frontline Staff Toolkit Videos- Tips for Outpatient Hemodialysis Facilities During COVID-19](#)
- [ESRD Provider Telehealth and Telemedicine Tool Kit](#)
- [Modernizing Health Care to Improve Physical Accessibility: Resources Inventory](#)

End Stage Renal Disease (ESRD) Networks
The ESRD Network in your service area can serve as a point of contact if a facility needs technical assistance on infection control, telemedicine, mental health, or other COVID-19 related questions or issues. Please refer to [thekidneyhub.org](#) for further resources for patients and providers.