



20 March 2020

Dear DASA Members

### **Renal Dialysis Facility guidelines in response to COVID – 19 outbreak**

In response to recent concern over the spread of COVID-19, we have in collaboration with the South African Renal Society provided the following for consideration as part of your infection management protocols.

#### **1 Prevention Guidelines**

- 1.1 Standard precautions include hand and respiratory hygiene, the use of appropriate personal protective equipment (PPE) according to risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning and sterilization of patient-care equipment.
- 1.2 Hand Hygiene: Wash your hands frequently with warm water and soap, towel drying them properly. An alcohol-based hand rub can also be used.
- 1.3 Haemodialysis patient should be recommended to wash their hands and fistula arm before starting dialysis and to thoroughly disinfect the puncture areas.
- 1.4 Healthcare workers should apply the WHO's 5 Moments for Hand Hygiene approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.
- 1.5 Cough Etiquette: ensure every person covers their nose and mouth with a tissue or elbow when coughing or sneezing. If coughing please wear a mask at all times.
- 1.6 Vaccinate: Patients and staff should receive the Flu vaccine, Pneumococcal vaccine and any additional vaccines prescribed by their doctor / Nephrologist.
- 1.7 Avoid close contact with others who have coughs, chest infections and/or fevers.
- 1.8 Avoid touching your face, mouth and eyes with your hands.
- 1.9 Avoid direct, unprotected contact with farm or wild animals, particularly when visiting live markets in affected areas. Preferably, avoid such markets.
- 1.10 Avoid eating raw or undercooked animal products and exercise care when handling raw meat, milk or animal organs to prevent potential cross-contamination with uncooked foods.
- 1.11 Although facemasks do not provide complete protection from the infection from an airborne disease such as this, they may provide at least some additional defence against infection.
- 1.12 All patients and staff should avoid unnecessary travel. Social distancing should be practiced.

#### **2 Symptoms:**

- 2.1 Incubation period of COVID-19: Current estimates of the virus incubation period range from two to 14 days.
- 2.2 Signs and symptoms of COVID-19 include:
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing
  - Runny Nose
  - Sore Throat
  - Some patients have no symptoms
- 2.2 The severity of COVID-19 symptoms can range from very mild to severe. People who are older or have existing medical conditions, such as heart disease, kidney disease, may be at higher risk of serious illness.



### **3 Risk factors for COVID-19 include:**

- 3.1 Recent travel from or residence in an area with ongoing spread of COVID-19 as determined by CDC or WHO.
- 3.2 Close contact with someone who has COVID-19 — such as when a family member or health care worker takes care of an infected person.
- 3.3 Eating raw or undercooked meat or animal organs.
- 3.4 Contact with live animals and surfaces they may have touched if you are visiting live markets in areas that have recently had new coronavirus cases.

### **4 Patient education and staff/doctor awareness**

- 4.1 Communication and awareness is key to our staff, Doctors and patients working together to manage COVID -19 pandemic together!
- 4.2 All staff, Doctors and patients need to be educated and be made aware of the prevalence of COVID -19 and understand the measures taken to manage the virus.
- 4.3 Use of Personal Protective Equipment (PPE) policies must be reviewed and all staff sign acknowledgment of understanding.

### **5 Surveillance**

- 5.1 Everyone including all staff, Doctors, contractors and patients are to complete the Travel Risk assessment irrespective of whether they have travelled or not.
  - Have you travelled in the last 21 days?
  - Do you have any flu like symptoms such as cough, fever, shortness of breath?
  - All staff and patients should be screened daily for fever.

### **6 Screening and early detection in chronic renal patients?**

- 6.1 All patients with a history of international travel; or flu like symptoms or a history of being in contact with a person who has tested positive for COVID-19 should inform staff and contact the Doctor if the patient has a travel history or thinks they may have had contact with a case of COVID 19
- 6.2 Staff and Doctors must comply with standard guidelines for the use of personal protective gear (PPE).
- 6.3 All patients presenting to units with respiratory symptoms should be provided a mask to be kept on at all times
- 6.4 Prior commencement of any dialysis session, the dialysis registered nurse/ technologist must observe for signs of:
  - Fever
  - Coughing
  - Shortness of breath
  - Sore throat

Do not connect patient to a dialysis machine in the chronic dialysis facility if the above symptoms are noted, staff must inform their facility Doctor.
- 6.5 All facilities need to note patients making use of public transport. Patients making use of public transport need to be observed closer for changes in clinical condition. Patient should be advised to wear a mask when using public transport.
- 6.6 Patients making use of public transport need to understand modes of transmission. Frequent exposure to large groups of people in close contact increase the risk of contracting COVID – 19.



- 6.7 Avoid congestion in waiting areas -this may be necessitated patients waiting in cars or outside areas where possible to maintain social distancing. Patients should be educated to call ahead if they are sick to avoid sick patients waiting with others.

## 7 **Triaging of Patients as per the Travel Risk Assessments**

- 7.1 Low Risk - patients who do not have any symptoms and have not history of exposure  
7.2 High risk- These are asymptomatic patients who have had a 1<sup>st</sup> degree exposure to a person tested positive for COVID-19, or has been in contact with a COVID-19 positive patient.

## 8 **Treating patients suspected of COVID-19 infection**

- 8.1 Must be reported to facility doctor, the dialysis unit manager and clinical team.  
8.2 When scheduling appointments, instruct patients and persons who accompany them to call the unit staff prior to arrival if they have symptoms of COVID – 19.  
Patient must be referred immediately to a nephrologist, doctor, emergency unit.  
8.3 Post consultation with the treating doctor, a decision must be made whether the patient can continue to receive dialysis as an out-patient. Dialyze the patient at the end of the loop and ensure there is at least a 1 / 2-metre distance between patients. This is to ensure there is reduced risk for transmission to other patients. Patient to continue with preventive actions of course e.g. wear a facemask and contain cough.  
8.4 All suspected patients are required to wear at a minimum a medical mask to prevent infecting other patients.  
8.5 Any asymptomatic patients should not share the same space with symptomatic patients.  
8.6 Maintain a patient register and share with appropriate health department or funder depending on protocols.  
8.7 Renal Dialysis infection prevention principles must apply. The renal unit must be terminally cleaned after the last session.

## 9 **Confirmed COVID 19 patient**

- 9.1 The patient must be isolated and the healthcare worker must wear:
- Disposable waterproof coat
  - Glasses / visor
  - FFP3 mask
  - Overshoes
  - Double gloves
- 9.2 Must be reported to facility doctor, the dialysis unit manager and clinical team, this is a notifiable disease.  
9.3 Staff administering treatment to COVID-19 patients should not be rotated between asymptomatic patients. This will reduce the risk of cross contamination.  
9.4 Staff need to monitor themselves for signs of flu. Keep a close reporting of personal and patient status together with the chronic dialysis unit manager.  
9.5 Do not connect patient to a dialysis machine in the chronic dialysis facility if the above symptoms are noted, staff must inform their facility Doctor.

## 10 **Peritoneal Dialysis Patient**

- 10.1 Peritoneal dialysis patients are to self-quarantine.  
10.2 Ensure adequate patient education is conveyed to administer appropriate off-site treatment



## **11 Visitor control into dialysis treatment area:**

- 11.1 Strictly no visitors may be allowed into the dialysis treatment area.
- 11.2 Visitors reporting to drop-off or collect patients need to wait outside the treatment area. Patients in need of assistance must be assisted to the waiting area by dialysis staff.
- 11.3 Administrative and service staff need to be controlled and managed accordingly. This includes laboratory staff, catering staff, cleaners (any persons not directly providing clinical care/ dialysis treatment to the patient). Staff not directly responsible for the clinical care of the patient need to keep out of direct contact with patients, this may mean changing the way meals are served or stopping meals on dialysis.
- 11.4 Limit waiting in the current patient waiting areas or maintain a 1-meter distance between patients with no physical contact.

## **12 Cleaning of dialysis machines and chairs**

- 12.1 All machine external surfaces and dialysis chairs must be disinfected with appropriate cleaning agents.
- 12.2 Individual cleaning cloths need to be used for cleaning of each machine and dialysis chair and discarded post cleaning.
- 12.3 Fresh water needs to be used for cleaning of each dialysis machine and chair. Water must be flushed down the sluice when cleaning is completed.
- 12.4 By no means should cleaning cloths and water be shared between dialysis machines and chairs.

## **13 Linen management**

- 13.1 All onsite and offsite facilities that process or launder linens for healthcare must have documented operating policies consistent with regulations
- 13.2 Handle all used linen with care to avoid dispersal of microorganisms into the environment and to avoid contact with staff clothing.
- 13.3 Manage all linen used for a person suspected or confirmed to have COVID-19 infection as for heavily soiled linen.
- 13.4 Wear a long-sleeved fluid-resistant gown and disposable gloves during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances.
- 13.5 Remove the long-sleeved gown and disposable gloves and perform hand hygiene following the handling of used linen.

## **14 Regarding acute dialysis**

- 14.1 All admitted medical patients should be dialysed in their units and not be moved to chronic dialysis facilities for dialysis.
- 14.2 Compulsory implementation of infection prevention strategies.
- 14.3 Equipment for dialysis must be terminally cleaned after use and then further disinfected utilising robots or fogging machines.
- 14.4 Dialysis equipment cleaning protocols to be maintained pre and post administration of dialysis treatments.



The following people contributed to putting this document together:

- South African Renal Society Committee
- DASA Sub-Committee

Sincerely

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