



Interim Guidance: Prevention, Screening, and Management of COVID-19 in Outpatient Hemodialysis Centers

Updated April 6, 2020

Note: This document has been updated to reflect increased community transmission of COVID-19 in San Francisco, including the recommendation for universal masking, expanded screening and revised testing algorithms, and standards for patients recovering from suspected or confirmed COVID-19.

AUDIENCE: The following interim guidance was developed by the San Francisco Department of Public Health for use by facilities providing outpatient hemodialysis. This guidance can be found online at <http://www.sfcdcp.org/covid19hcp>.

BACKGROUND:

Novel coronavirus disease, or COVID-19, is a new respiratory disease caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to cold-like symptoms to life threatening. Signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscles aches, sore throat, and headache. Nausea, vomiting, or diarrhea are less-common symptoms of COVID-19. Community transmission of COVID-19 in the United States has been reported in multiple areas, including San Francisco County. Based on the limited available data, older adults and those with chronic medical conditions are at highest risk for severe illness.

GUIDANCE:

This guidance supplements the [Centers for Disease Control's \(CDC\)](#) and [Centers for Medicare and Medicaid Services \(CMS\)](#) COVID-19 infection control and prevention guidelines for outpatient hemodialysis facilities, adding the San Francisco Department of Public Health's screening and management recommendations that take into account local community transmission.

SFDPH-Specific Guidance for Outpatient Hemodialysis Facilities Given Local Transmission

- Patients receiving hemodialysis should be tested for COVID-19 if they present to their outpatient hemodialysis facility with symptoms consistent with COVID-19 (Do not send sample to SF Public Health Lab; use another clinical/commercial lab).
- Not all patients receiving hemodialysis who develop respiratory illness require transfer to emergency care or hospitalization for COVID-19 testing or evaluation. To avoid overburdening the healthcare system, patients who are clinically stable and do not otherwise require emergency or hospital care should be managed in the outpatient setting.
- Practice universal masking of staff, patients, and visitors in settings of any close contact.



Emphasize preventative measures at your facility:

- Implement sick leave policies that encourage ill healthcare personnel (HCP) to stay home. HCP should be reminded to not report to work when they are ill.
- Provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Examples can be found at our [COVID-19 website page for the public](#).
- Post signs at clinic entrances with instructions for patients with fever or symptoms of respiratory infection to alert staff so appropriate precautions can be implemented.
- Position hygiene supplies (e.g. alcohol-based hand sanitizer, tissues, no-touch receptacles for tissue disposal) close to dialysis chairs and nursing stations to ensure adherence to hand and respiratory hygiene, and cough etiquette
- **Practice universal masking of all staff, patients, and visitors** while in settings where patients are receiving services, and where staff are in close proximity to each other. Masks may be worn until they are wet, soiled or damaged. Staff who do not wear the mask all day are encouraged to re-use clean, dry, undamaged masks over multiple days. Hand hygiene, including washing hands with soap and water and using hand sanitizer, should be performed before and after touching the mask.

Screen for COVID-19 at Intake:

- Advise patients to check their temperature at home before leaving for their dialysis session
- Instruct patients to call the charge nurse if having fever or respiratory symptoms at home before presenting to the dialysis facility.
 - Consider using automated communications to remind patients about reporting symptoms (e.g., texts or robocalls on their dialysis day)
- All patients should be screened for symptoms of a respiratory illness (presence of a new cough, fever, [temperature >100°F or 37.8°C], sore throat, shortness of breath, myalgias or chills) *before* entering the treatment area.
- Consider instituting active temperature monitoring by having a staff member check the patient's temperature immediately upon arrival at the door and when the patient is first asked about symptoms
- Considerations for Screening Staff
 - All staff, patients, and visitors should wear a facemask.
 - If screening staff must be within 6 feet of a patient, staff should also use gloves and eye protection. A gown could be considered if extensive contact with the patient is anticipated.
 - Screening staff should otherwise 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)
 - Screening staff do not need to wear PPE if they are separated from patients by a physical barrier such as a glass or plastic window.
 - Screening staff should make these interactions as brief as possible by limiting the interaction to screening questions only



If there is concern for a possible respiratory infection:

- Medically stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be seen.
- Facilities should have waiting areas organized to divide patients with symptoms from patients without symptoms. Patients should sit separated from other patients by at least 6 feet and the areas for patients with symptoms should be at least 6 feet away from the area for patients without symptoms.
- Ensure patient has properly donned facemask.
- Direct patient to remain 6 feet away from other patients and staff not wearing appropriate PPE.
- Notify direct patient care staff of the presence of a symptomatic patient
- **Personal protective equipment:** Healthcare personnel caring for patients with undiagnosed respiratory infections should follow Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes the use of:
 - gloves
 - facemask
 - eye protection (goggles or face shield; glasses or contacts is NOT adequate eye protection).
 - isolation gown
 - The isolation gown should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporate 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 disinfecting 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.
- The patient should be brought back to an appropriate treatment area as soon as possible in order to minimize time in waiting areas.
- Immediately after the symptomatic patient departs from the waiting area, disinfect surfaces that were within 6 feet of the symptomatic patient
 - This is in addition to the regular (frequent) baseline cleaning and disinfection process that should be occurring for the entire waiting area
 - Items that cannot be disinfected, such as magazines and other paper materials, should remain with the patient or be discarded
- Facilities should maintain at least 6 feet of separation between masked, symptomatic patients and other patients during dialysis treatment. Ideally, symptomatic patients would be dialyzed in a separate room (if available) with the door closed.
 - Hepatitis B isolation areas should be used for dialysis patients with symptoms of respiratory infection only if:



- the patient is hepatitis B surface antigen positive, OR
- 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 masked 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 (in all directions).
 - If the patient is unable to tolerate a mask, then they should be separated by at least 6 feet from the nearest patient station (in all directions).
- The patient should be evaluated by clinical staff.
 - Samples should be collected and sent for testing, including influenza and COVID-19.
 - Send COVID-19 for testing at your facility or commercial lab, such as Quest or LabCorp (check with the specific laboratory for details regarding its specimen collection and handling guidelines). Do NOT send samples to the San Francisco Public Health Laboratory.
 - Our document, Clinical Guidance for COVID-19 Evaluation & Testing, is posted at <https://www.sfcdcp.org/covid19hcp>.
- Consult with nephrology or infection control to determine the disposition of the patient.
 - **Not all patients with respiratory infection require hospitalization.** Clinically stable patients may be sent home to self-isolate pending COVID-19 test results; printable patient instructions in multiple languages are posted at <https://www.sfcdcp.org/covid19hcp>.
 - Clinically unstable patients should be referred to an emergency department and in-patient hemodialysis

When COVID-19 is suspected or confirmed in a patient receiving hemodialysis at the facility:

- Per Title 17, California regulations require that all cases of confirmed COVID-19 must be reported to SFDPH at 415-554-2830.
- Follow 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](#).
- This includes recommendations on Personal Protective Equipment (PPE). Routine cleaning and disinfection are appropriate for COVID-19 in dialysis settings. Any surface, supplies, or equipment (e.g., dialysis machine) located within 6 feet of symptomatic patients should be disinfected or discarded.
 - Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19; refer to [List N](#) on the EPA website. When using products from List N, facilities should ensure the products also have a bloodborne pathogen claim (e.g., hepatitis B, HIV).
- If the facility has more than one patient with suspected or confirmed COVID-19, consider cohorting the patients and the personnel caring for them together in one section of the unit and/or on the same shift (e.g., consider the last shift of the day).
 - If the cause of the respiratory illness is known, patients with different causes of the illness should not be cohorted together (for example, do not cohort patients with influenza and COVID-19 together)



- Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/visitors or healthcare personnel should contact SFPDH at 415-554-2830 for further guidance.
- For information on when patients can resume usual hemodialysis activities, please apply criteria from SFPDH guidance [Ending Home Isolation and Returning to Work after Suspected or Confirmed COVID-19](https://www.sfcdcp.org/covid19hcp) (posted at <https://www.sfcdcp.org/covid19hcp> under Patient Instruction Sets).
- For guidance on subsequent monitoring of healthcare personnel who came in contact with the confirmed case, please see: [Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 In the Setting of Community Transmission](https://www.sfcdcp.org/covid19hcp) (posted at <https://www.sfcdcp.org/covid19hcp> under Healthcare Exposures)

For additional information:

This and other clinical guidance specific to San Francisco are posted online: <http://www.sfcdcp.org/covid19hcp>

[CDC Interim Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities](#)

[CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in dialysis facilities](#)

[CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)