

Preparing Your Dialysis Facility for Coronavirus Disease 2019 (COVID-19)

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>

Dialysis is a lifesaving therapy, and patients cannot postpone treatments. Facilities can protect patients and staff from respiratory infections, including COVID-19, by following CDC recommendations.

Before Patients Arrive

- Educate, train, and prepare dialysis staff:
 - Direct staff to stay home and not report for work when they are ill. Ensure non-punitive, flexible sick leave policies exist and that staff are aware of them.
 - Educate all staff about the importance of personal protective measures to prevent the spread of COVID-19, including hand hygiene, respiratory hygiene, source control, and cough etiquette.
 - Make sure staff know symptoms of COVID-19, including fever, new cough, shortness of breath, sore throat, muscle aches, and tiredness.
 - Create procedures to screen staff for fever and COVID-19 symptoms **before** they start their shift.
 - Train staff to identify patients with signs and symptoms of COVID-19 **before** they enter the facility.
 - Create procedures to triage and isolate symptomatic patients upon arrival.
 - Create an emergency contact list. Ensure designated staff at the facility know how to contact your local health department.
 - Reinforce training and assess staff competency with putting on, using, and taking off personal protective equipment (PPE) such as gowns, gloves, facemasks, and face shields.
 - PPE training: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.
- Prepare the facility:
 - Post signs at entrances with instructions to patients with fever and symptoms of COVID-19 to alert staff so they can take appropriate precautions.
 - Post signs about the importance of hand hygiene, respiratory hygiene, and cough etiquette in preventing the spread of illness.
 - Place supplies (e.g., tissues, alcohol-based hand sanitizer, facemasks, lined trash cans) near entrances, waiting rooms, dialysis chairs and nursing stations to make it easy for staff and patients to maintain hand and respiratory hygiene and cough etiquette.
 - Waiting areas should be organized to divide patients with symptoms from patients without symptoms.
 - The area for patients with symptoms should be at least 6 feet away from the area for patients without symptoms.
 - Continually inventory and restock PPE, respiratory, and cough etiquette supplies.
 - Strategies to optimize PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
 - Identify patients with signs and symptoms of COVID-19 before they enter the facility.
 - Seek out automated options for evaluation of symptomatic patients before they leave home or long-term care facility setting to assist triage (e.g., an automated text reminding patient to call dialysis facility if they have fever and COVID-19 symptoms).
 - Consider telephone contact with all patients before scheduled dialysis treatment (e.g., ask all patients or their caretakers to call ahead to report COVID-19 symptoms before their treatment).
 - Consider flexibility in scheduling patients (e.g., you may need to move patients to a different chair or shift).

Learn more about CDC's recommendations for dialysis facilities here:
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Screening and Triaging Patients at Your Dialysis Facility for Coronavirus Disease 2019 (COVID-19)

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Once Patients Arrive at the Clinic

Ask patients and caretakers, if available, upon arrival if patient has symptoms of COVID-19 and fever.

- Place a staff member near all entrances (outdoors if weather and facility layout permit), or in the waiting room area, to ensure patients are screened for symptoms and fever before entering the treatment floor.
- All patients should be wearing a cloth face covering or facemask on arrival at the facility regardless of their symptoms. If they do not have one on arrival, provide them with a face covering.
- Bring symptomatic patients back to an appropriate treatment area as soon as possible or take them to designated waiting area for ill patients.
- Symptomatic patients should be dialyzed in a separate room with the door closed.
 - 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. The patient should be separated by at least 6 feet from the nearest patient (in all directions).



- Hepatitis B isolation rooms should only be used for patients with COVID-19 symptoms 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 multiple patients with COVID-19 symptoms need to be dialyzed, then cohorting patients and staff should be considered:
 - If diagnosis is known, patients with different respiratory infection diagnoses should not be cohorted (e.g., COVID-19 and influenza).
 - Cohorting might involve designating a section of the dialysis unit for symptomatic patients or putting all symptomatic patients on the same dialysis shift.
- Give patients the appropriate phone numbers to contact the dialysis facility and their healthcare providers if they develop COVID-19 symptoms before their next dialysis treatment.



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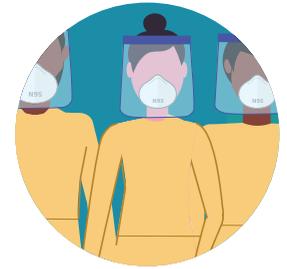
Responding to Coronavirus Disease 2019 (COVID-19) at Your Dialysis Facility

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When COVID-19 Is Suspected or Confirmed

- Healthcare providers (HCP) should use appropriate PPE including
 - Gown
 - Gloves
 - An N-95 or higher-level respirator is preferred, if available and if the facility has a respiratory protection program with fit-tested HCP. Facemasks are an acceptable alternative (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>).
 - A cloth face covering is NOT considered PPE and should not be worn by HCP when PPE is indicated
 - Eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face), gloves and an isolation gown should be worn.
 - Notify the health department about the patient.
 - **Ensure patient understands that dialysis sessions shouldn't be missed when they are self-isolating.**
 - Notify transport personnel and facility that patient is returning to, if applicable (e.g., long-term care).
 - Instruct patient to notify caretakers or other household members of suspected or confirmed COVID-19.
 - Instruct patient to follow local public health's recommendations on whether to self-isolate and take other steps in CDC's recommended precautions for household members, intimate partners, and caregivers in a nonhealthcare setting (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>).



Cleaning and Disinfection After Patients Leave

- Maintain routine cleaning and disinfection procedures 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 in addition to high-touch surfaces throughout the facility.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- When using products from List N, facilities should ensure the products also have a bloodborne pathogen claim (hepatitis B, HIV).



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