

Holidays For Haemodialysis Patients

Please read the following carefully.

It is widely acknowledged that dialysis patients benefit from taking a holiday. The Renal unit in Edinburgh is able to assist in organising dialysis for NHS Lothian patients going on holiday. Unfortunately we can't act as travel agents but we are happy to advise on any queries you may have.

Eligibility & How To Book.

Before considering a holiday you need to be established and stable on dialysis and have the approval of your consultant. Units will only accept patients who are stable and/or have been dialysing for 3 months and in some cases 6 months or longer.

Patients with **MRSA and other Antibiotic Resistant Infections** unfortunately, cannot be accommodated at other units.

Hepatitis B & C / HIV - Only a very small number of Dialysis units can accept patients who are positive for any of the aforementioned as this requires Isolation space and available machines. Hepatitis B & HIV patients are particularly difficult to accommodate. Whilst every effort will be made to try to find a unit, most will not accept positive patients. It is recommended that the Co-ordinator be given as much notice as possible beyond the usual 6 weeks in these cases.

A minimum of 6 weeks notice of your holiday must be given to the Co-ordinator. Most holiday units will not accept patients at short notice. Should your travel plans include more than one destination please add 2 weeks to the notice period for each. (E.g. 2 Destinations = 8 weeks). **You MUST NOT book accommodation or arrange travel to your chosen destination until your dialysis sessions are booked and confirmed.** In order to do this, please sign and complete a Holiday Dialysis booking form. **Some units will not accept bookings until 3-6 months in advance.**

Our aim is to book dialysis as soon as we receive the request forms to allow you to book your flights and accommodation. Holiday Dialysis can often be booked with a simple phone call however this is not always the case. Some countries require documentation to be submitted beforehand. This then may need approved by Doctors and Medical staff and there can be delays due to staff work patterns, patient management and demands on the unit for spaces. We realise waiting can be stressful particularly as flight and hotel prices rise in the interim. Our priority is to book as soon as possible and it **MUST** be understood that delays are nearly always outside our control. We ask for your patience. Our success rate of booking dialysis for patients is very high. We also ask that during peak times (Typically May to September) you allow for delays due to the volume of holidays we may need to process. You will be kept informed of any delays. **We will try to book the nearest available dialysis unit but please be aware this is not always possible.**

Whilst we will try to book the slots you require, **most units only have twilight slots for holiday patients beginning around 6pm.**

Buttonhole Dialysis is not available everywhere. If Buttonhole is preferred, please mark this on the request form.

Please note it is essential that the appropriate travel insurance is obtained and that this is the responsibility of the patient not the Co-ordinator. **On very rare occasions, dialysis sessions at the Holiday Unit can be cancelled.** The main reason for this is usually an increase in local dialysis patient numbers who are understandably given priority. For this reason **we strongly advise that you have appropriate travel insurance so that costs can be recovered.** We will provide you with a Doctor's letter to present to your insurance company in the event of any claim. Should you for any reason wish to cancel your holiday please inform the Holiday Coordinator immediately.

Transport to and from the unit is the patient's responsibility; it is very rare for this to be provided by the receiving unit.

Some areas are particularly difficult to book patients. You will be informed when you submit a request form but we are happy to take enquiries regarding this. **Please note whilst we are happy to take holiday details by email or phone and proceed with them to the booking stage, we must have a fully completed request form within 7 days.**

Funding.

Funding is limited to 12 sessions in the tax year running April 1st – April 1st. (E.g April 1st 2013 to April 1st 2014). The session limit per patient is monitored. **The maximum funding per session is £250.** The patient is responsible for everything above this cost. E.g. where a unit charges £300, the patient is liable for £50 each session.

There are exceptions that are not counted towards this total. These are...

UK residents traveling to Australia, where there is a reciprocal agreement.
Units in the European Union that accept the European Health Insurance Card (EHIC Formerly E111).
NHS units in Scotland.

It is the responsibility of the patient to obtain and take a valid European Health Insurance Card with them where required. This can be obtained at any Post Office or online at

<https://www.ehic.org.uk/Internet/home.do>

Some units (especially those outside the UK and Europe) require payment in advance or at time of treatment. **Funding is never paid in advance. The patient must pay for the treatment in these instances and seek reimbursement upon their return, for this we require the original receipts. You are advised to make copies for back up purposes and send the original receipts to us as soon as possible.**

Receipts are submitted to our finance office and it is then passed on to the repayment office. No firm time frame can be given for this and there are peak times. We are happy to make enquiries but delays are possible and out with our control.

Final Arrangements.

Around 4 weeks before you are due to travel, we will take blood tests (Hepatitis B, C & HIV) and MRSA swabs and collate all the required documentation to send to the unit where you will receive dialysis. Some countries may ask for additional tests. ECG & Chest X-rays for example as well as CRE/CPE, which may become more common (See below for more information on this). Appointments for these tests will be arranged for you and some of

these may be required before the 4-week period. Once these documents have been approved we will send you a letter with confirmation details of your treatment (Location, Time, Dates) along with recent test results and dialysis information. Typically this will arrive 1 – 2 weeks before your holiday. If you are traveling abroad we will also provide you with an airport letter.

Most units will require you to provide your own dialysis medication, which we will supply; some may also ask that you supply your own needles and dialysers. The airport letter is for use at customs to explain why you are carrying this. Some medications such as EPO must be kept cool. A cooling bag available in most supermarkets is sufficient to carry this and it is advisable to place any medication in a refrigerator when you reach your destination. Please speak to nursing staff for more information on the conditions for traveling with medication.

Return to Home Dialysis Unit.

BBV (Blood Borne Virus) - Due to infection risk, some destinations will require you to be dialysed on an isolated/named machine upon your return for Blood Borne Viruses Hep B, C and HIV. This will last for three months, unfortunately this will mean you cannot take another holiday until the end of this 3 month period. Low risk countries are listed below and do not require you to have a named/isolated machine:

- **UK**
- **Europe**
- **Japan**
- **North America**
- **Australia**
- **New Zealand**

CRE/CPE - All Holiday Dialysis patients traveling outside Scotland need to be aware of new and dangerous bacteria known as CPE (Carbapenemase Producing Enterobacteriaceae). A detailed information sheet on the bacteria is attached at the end of this document.

NHS Lothian is now screening all patients who have been in hospitals outside Scotland for CRE/CPE. This will require all patients to provide 3 rectal swabs / stool samples. These will be taken at each of your first 3 dialysis sessions on return to your home unit. Please speak to nursing staff if you have any questions regarding this matter.

For those traveling to high-risk countries (see below), this will require you to be dialysed and swabbed in isolation. Once three negative results are obtained you will rejoin the main area. Countries with known high incidence of CPE (as of Sept 2012) include:

- **Greece, Cyprus and Crete**
- **Israel**
- **India**
- **Pakistan**
- **Bangladesh**
- **USA**
- **Central and South America (mainly Columbia and Puerto Rico)**
- **Italy**
- **Turkey**
- **North Africa**
- **China**

Western General Patients - As there are no isolation facilities at the WGH, patients who dialyse there and visit a high-risk country will need to attend the Royal Infirmary at Little

France, Edinburgh for 3 consecutive dialysis sessions and 3 negative results to be obtained. We apologise for this inconvenience but it is to try and reduce any risk of transmitting infection to dialysis patients. Please speak to nursing staff at WGH for arrangements for this before you leave for your holiday.

Some holiday units are also now asking for CPE swabs to be done and negative before patients dialyse with them, therefore you may need to have them taken before your holiday as well. We will advise you if this is required.

Should you have an issue with this test then you must tell us before your holiday. In signing the Holiday request form you are agreeing to the tests being done upon your return.

Carbapenemase Producing Enterobacteriaceae (CPE)

What does CPE mean?

CPE stands for Carbapenemase Producing Enterobacteriaceae. This is the name given to a group of germs (bacteria) which have become very resistant to antibiotics including those called carbapenems. The bacteria, Enterobacteriaceae usually live harmlessly in the gut of all humans and animals and help us digest our food. However, if they get into the wrong place such as the bladder or bloodstream they can cause infection.

Why does carbapenem resistance matter?

Carbapenem antibiotics are a powerful group of antibiotics that can only be given in hospital directly into the blood stream with a needle. Until now, they were antibiotics that could always be relied upon when other antibiotics failed.

Do CPE need to be treated and, if so, how?

Because the Enterobacteriaceae normally live in the gut without causing problems (this is called 'colonisation') they do not always need to be treated. However, if they cause an infection then treatment is required. Infections caused by CPE can be very difficult to treat with antibiotics. This is why it is so important to prevent the spread of CPE.

How will I know if I am at risk of CPE?

The main risk factor for CPE is having been in a hospital abroad and being exposed to other carriers of CPE. If you have these risk factors we will ask to screen you.

How do you screen for CPE?

The screening method requires a swab to be inserted just into your rectum (bottom) and the specimen will be sent to see what germs grow. Alternatively a sample of faeces can be sent and sometimes other swabs may also be required. A result will normally take 48-72 hours to be available and the clinical team who are treating you will inform you directly of the results.

Advantages of CPE screening

It will tell us whether you carry this organism. This means that all appropriate precautions can be taken when you are receiving healthcare to keep the risk of infection to a minimum.

What if I have CPE?

CPE do not usually cause problems to people who are otherwise fit and healthy, and you may not suffer any effects from carrying CPE. However, antibiotic treatment to prevent or treat any infections may be more complicated when you are carrying CPE. If you are in hospital then you will be asked to remain in a single room for the duration of your stay and staff caring for you will carry out additional infection prevention and control precautions.

How can the spread of CPE be prevented?

Healthcare workers will (and should) wash their hands or use alcohol hand gel regularly. They will use gloves and aprons when caring for you to help prevent spread of any germs. The most important measure is to wash your hands and also, whilst in hospital, use alcohol hand gel regularly. It is especially important to wash your hands well with soap and water after going to the toilet.

Where can I find more information?

If you would like any further information please speak to a member of staff, who may contact the Infection Prevention and Control Team for you. The Health Protection Agency website is another source of information:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/CarbapenemResistance/>