COVID-19 Haemodialysis NHS Lothian/Borders

TABLE OF CONTENTS

Introduction *2*

Identification of possible cases *3*

Clinical criteria: 3

Management *4*

Telephone consultation 4

Patient identified at dialysis unit 5

Isolation of patients *5*

Admission of Dialysis Patients with possible or confirmed COVID-19 .... *6*

Personal Protectice equipment (PPE) *7*

Cleaning *7*

Safe Management of Linen 7

Safe Disposal of Waste 7

Patient Care Equipment 8

Environmental Decontamination 8

Appendix 1 .... *10*

Patient information leaflet 10

Appendix 2 .... *12*

Patient poster Royal Infirmary 12

Patient Poster Western General Hospital 13

Patient Poster St. John's Hospital 14

Patient Poster Borders General Hospital 15

Appendix 3 .... *16*

Telephone patient flow chart 16

Written by Iain MacIntyre, Consultant Nephrologist
Review by: All Dialysis Consultants & Senior Dialysis N/S NHS Lothian
Date written: 12th March 2020
Review date:12th March 2021

Appendix 4 .... *17*

How to transport COVID-19 samples 17

INTRODUCTION

Novel coronavirus (COVID-19) is a new and emerging infectious disease threat. There is still much uncertainty around its clinical presentation, but the spectrum of disease may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection.

Based upon current knowledge COVID-19 can be spread from person to person. Therefore, as soon as a suspected case is identified, the patient must be isolated. Identification of patients requiring further assessment for possible COVID-19 is based upon clinical features of fever or respiratory symptoms.

The following actions should be undertaken for all patients who have either fever or acute respiratory infection of any severity (with at least one of shortness of breath or cough)

Written by Iain MacIntyre, Consultant Nephrologist
Review by: All Dialysis Consultants & Senior Dialysis N/S NHS Lothian
Date written: 12th March 2020
Review date:12th March 2021

IDENTIFICATION OF POSSIBLE CASES

The case definition being used across the UK reflects our current understanding from the epidemiology available and will likely be subject to change as new information emerges.

Possible case definition:

If the patient satisfies clinical criteria, they are classified as a possible case

CLINICAL CRITERIA:

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome

OR

- acute respiratory infection of any degree of severity, including at least one of shortness of breath or cough (with or without fever)

OR

- fever (≥ 38°C) or history of fever with no other symptoms

MANAGEMENT

All dialysis patients will be provided with a patient information leaflet explaining what COVID-19 is and ways to protect themselves from contracting it (Appendix 1). Dialysis patients will be asked to contact the dialysis unit prior to attending for dialysis if they have symptoms in keeping with COVID-19 (fever, breathlessness or cough) (Appendix 2). It is, therefore, hoped that possible cases will able to be isolated prior to attending the dialysis unit

The approach to managing the patient will depend at what point the clinical history is identified:

TELEPHONE CONSULTATION

- Senior nurse (band 6+) or doctor will take history from patient and assess if the patient meets clinical criteria for COVID-19 (See appendix 3 for flow diagram)
- If patient is very unwell, they should be asked to phone 111/GP practice for assessment or 999 if they are severely unwell.
- If the patient is well and does not require same day dialysis outpatient COVID-19 testing should be attempted and results followed up prior to next dialysis session.
- If outpatient testing not possible or patient needs dialysis the same day, they should be asked to attend their dialysis session 30-60mins later than usual so that testing can be organised in the dialysis treatment room (Royal Infirmary of Edinburgh & St. John's Hospital only) minimising exposure to patients in waiting room. Symptomatic Western General patients will need to attend the Royal Infirmary for testing and dialysis.

PATIENT IDENTIFIED AT DIALYSIS UNIT

- All patients presenting to the dialysis unit will have their temperature checked and will be asked if they have any clinical symptoms of COVID-19
- Patients who present to the dialysis unit with symptoms in keeping with COVID-19 should be isolated immediately.
- Patients should be asked to wear a surgical mask and viral throat swab for COVID-19 sent by nursing staff (See Appendix 4: How to send viral throat swab).
- Patient should be dialysed, if well enough, in isolation.
- Medical assessment will be required to see whether patient is fit to go home following dialysis or whether admission is required.

ISOLATION OF PATIENTS

- Patients should be isolated in pre-defined side-room if available
- In the event of large numbers of COVID-19 positive patients requiring dialysing they will need to be cohorted.
- At the Royal Infirmary this will initially be Room 4 and then Room 3 if required. These patients should enter the hospital via the main entrance and the dialysis unit via the door in Room 4. This is to avoid exposure to patients sitting in the dialysis waiting room and to reduce their exposure to the unit.
- Western General patients will need to be transferred to Royal Infirmary for dialysis
- If side rooms are filled in St. John's Hospital and Borders General Hospital, then patients should be cohorted as much as possible in one area of the dialysis unit. Masked patients should be treated at a corner or end-of-row station, away from the main flow of traffic (if available).

Masked patients should be separated by at least 2m from the other patients (in all directions).

- Consider novel ways of limiting all patient contact i.e. patients could stay in their cars until dialysis unit ready for them rather than waiting in waiting room.
- Dedicated nursing staff should be allocated to COVID-19 positive areas at the start of each shift and should not move between cohorted and non-cohorted patients during shift.

ADMISSION OF DIALYSIS PATIENTS WITH POSSIBLE OR CONFIRMED COVID-19

As you might expect this is a rapidly developing area and thing may change quickly.

Currently unwell patients in dialysis with possible COVID-19 should be review by a senior nurse or doctor and discussed with renal consultant.

If patient requires admission but is not requiring critical care, then the patient should be admitted to dedicated COVID-19 area of hospital. Discuss with senior nursing staff/bed management to find out where this is. Patients who may require respiratory or inotropic support should be discussed with critical care team. At present patients should not be directly admitted to the renal ward or renal high dependency.

PERSONAL PROTECTICE EQUIPMENT (PPE)

In general, health care professionals caring for patients with respiratory infections should follow Standard, Contact, and Droplet Precautions with eye protection. This includes the use of:

- Gloves
- Plastic apron, consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed
- Fluid Resistant (Type IIR) Surgical mask (FRSM)
- Eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face).

This is a rapidly evolving situation and is subject to change. Please ensure you refer to the live version at all times, this can be found on the Health Protection website here. (https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/)

CLEANING

SAFE MANAGEMENT OF LINEN

Treat all linen as infectious and bag in an alginate bag then a secondary clear bag before removing from the isolation room and then place directly into the laundry hamper/bag.

SAFE DISPOSAL OF WASTE

Dispose of all waste in the isolation room as healthcare waste (orange or yellow stream) as per ward/unit current practice. Waste such as urine or faeces from patients with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system. If ambulant,

the patient can use the en suite WC; if a commode is used, excreta should be solidified using super absorbent polymer gel granules and then disposed of as clinical waste. Communal facilities must not be used.

PATIENT CARE EQUIPMENT

Dispose of single-use equipment as healthcare waste inside the room or cohorted area of the dialysis unit.

Reusable equipment including dialysis machine, dialysis chair, table and dialysis scales will need decontaminate in accordance with local policies after each patient has completed dialysis.

ENVIRONMENTAL DECONTAMINATION

It is likely that COVID-19 can survive in the environment for 72+ hours, so environmental decontamination is vital.

Coronaviruses are readily inactivated by commonly available disinfectants such as alcohol (70% ethanol) and chlorine releasing agents (sodium hypochlorite at 1,000 ppm av. cl.). Therefore, decontamination of equipment and the environment should be performed as per Chapter 2 (section 2.3) of the National Infection Prevention and Control Manual (http://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/), i.e. using either:

- A combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
- A detergent clean followed by disinfection (1000ppm av.cl.)

Decontaminate hand-touch surfaces throughout the unit and dialysis waiting room lobby more frequently (at least twice daily). Environmental cleaning equipment must be single use or dedicated to the isolation room. Cleaning trollies should not enter the isolation room.

Written by Iain MacIntyre, Consultant Nephrologist
Review by: All Dialysis Consultants & Senior Dialysis N/S NHS Lothian
Date written: 12th March 2020
Review date:12th March 2021