



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

March 15, 2020

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.sfdcp.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 FOR FACILITIES PROVIDING OUTPATIENT HEMODIALYSIS:

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.

It adds 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 are considered a vulnerable population and 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.

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

Screen for COVID-19:

- Encourage patients to call the charge nurse if having symptoms at home before presenting to the dialysis facility.
- All patients should be screened for symptoms of a respiratory illness (presence of a new cough, fever [temperature >100.4°F or 38°C], or shortness of breath) *before* entering the treatment area.

If there is concern for a possible respiratory infection:

- Place a facemask over the patient's nose and mouth.
- Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet. 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.
- Staff should use personal protective equipment, including:
 - gloves
 - facemask
 - eye protection (goggles or face shield; glasses or contacts is NOT adequate eye protection).
 - isolation gown
 - 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.
- The patient should be brought back to an appropriate treatment area as soon as possible in order to minimize time in waiting areas.
- 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.



- First sample should be a rapid influenza test.
 - If rapid influenza negative, collect and send sample for COVID-19 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

If a patient has tested positive for COVID-19:

- Per Title 17, California regulations require that all cases of 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, available at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>.
- 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.
- 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.
 - 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 SFDPH at 415-554-2830 for further guidance.
- 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](#)

For more 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 \(COVID-19\)](#)