



Eating or drinking during hospital or satellite unit based haemodialysis and COVID-19

Eating during haemodialysis (HD) can improve nutritional status and might also reduce inflammation, enhance health-related quality of life, increase patient satisfaction, and improve survival (Kistler et al 2018). It is common practice in many HD centres in the UK to either offer or allow patients to bring their own food and drink during their HD treatment. As well as providing enjoyment for many patients, in many cases, eating and drinking during HD contributes significantly to their overall energy and protein intake. If people are not allowed to eat and drink whilst receiving HD this is likely to result in at least three meals each week being missed, which could contribute to protein energy wasting.

Although there is no evidence available to suggest or support that the removal of face masks to eat and drink during dialysis will increase the risk of transmitting COVID-19, Italy, Spain and Ireland are now advising patients not to eat or drink during treatment but instead to eat either before or after HD. There is some guidance on minimizing the risk of COVID-19 amongst patients receiving dialysis, but nothing relating to eating and drinking during dialysis (Ikizler and Kliger 2020).

With reference to wearing a mask, patients should follow the advice of Public Health England and NHS England which is subject to change. Patients who are actively coughing should not remove their mask when staff or other patients are within 2 meters and they should cover their mouths when coughing to reduce the risk of infecting others.

The Renal Nutrition Group (RNG) of the British Dietetic Association (BDA), the British Renal Society (BRS), the Renal Association (RA), Kidney Care UK (KCUK) and National kidney Federation (NKF) suggest the following:

- 1) Each dialysis unit should discuss at a local level with their infection control team and provide relevant information to patients as required. Full consideration needs to be given to both the time spent during dialysis and the time spent waiting for transport, as well as the journey itself.
- 2) As this is a novel virus with limited evidence to guide recommendations on eating and drinking, the RNG is not in a position to recommend whether patients do or do not eat or drink during dialysis. However, patients should be aware that there is a theoretical risk of transmission if they remove their mask in order to eat and drink. Therefore the following precautions could be taken:
 - a. If patients decide to eat or drink during dialysis, they can remove their mask, but must immediately replace it after eating or drinking. It is particularly important when the mask is off, that patients ensure that they keep at least 2 metres distance between other patients and all other people/staff on the unit. Alcohol gel must be available to patients to sanitise their hands before and after eating and drinking.
 - b. If patients decide not to eat or drink during HD, careful consideration should be made for patients who have diabetes, are elderly, frail, nutritionally compromised, or have difficulty accessing food and have any other relevant clinical or social complications.
 - c. Ensure that patients who are nutritionally at risk (as identified by Subjective Global Assessment or equivalent e.g. Renal iNut) or those who are already receiving nutritional supplements at home, have access to and are assessed by a renal dietitian.

This advice is not exhaustive and may be subject to change in line with national guidance.

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