

Recommendations on measures to prevent transmission of COVID-19 in haemodialysis settings

COVID-19 infection rates remain high in the UK and patients attending for haemodialysis (HD) are at continuing risk of acquiring COVID-19. Although the current COVID-19 variants are generally associated with milder disease than previous variants, the recent [UK Government report¹](#) highlights patients receiving haemodialysis as one of the highest risk clinical subgroups if they acquire COVID-19.

Some patients have undetectable COVID-19 antibodies despite vaccination and/or previous infection and are likely to be at even higher risk of poor outcomes. Testing positive for COVID-19 also has a significant impact on patient care including cancellation of kidney transplants and delays with other vital treatments. Effective Infection Prevention and Control (IPC) can mitigate the potential impact of COVID-19 infection on individuals and the logistics of providing haemodialysis care.

NHS England issued a letter [“Next Steps on IPC”](#) to all healthcare providers on 1st June 2022 with further guidance. It advises that universal masking should be considered in settings where patients are at high risk of infection, guided by local risk assessment. Non-pharmaceutical interventions (such as masks and enhanced ventilation) may be used depending on local prevalence and risk assessment, with the aim to reduce the spread of COVID-19.

Many haemodialysis settings (i.e. in-centre and satellite unit haemodialysis) have features in common with both inpatient and outpatient settings so local risk assessment is important to guide IPC practice.

We recommend the following actions to reduce the spread of COVID-19:

1. Perform **local COVID-19 haemodialysis risk assessment** (see page 3 for an example template).
2. Check **COVID antibodies** every 6 months
 - a. advise patients who are COVID antibody negative to take maximal COVID precautions including wearing a mask, social distancing, vaccine boosters, COVID-19 treatments.
3. Encourage all patients to be up to date with **COVID-19 vaccinations**.
4. **Clinical staff and dialysis transport staff wear face masks.**
5. **Patients are encouraged to wear face masks in the following situations:**
 - a. if they have respiratory symptoms
 - b. if they are COVID-antibody negative
 - c. on shared transport – supplied by the dialysis unit if necessary
 - d. in waiting areas
 - e. during dialysis if social distancing or ventilation is poor
 - f. if they wish to for personal preference
6. **Patients are triaged** at entry to the dialysis unit for respiratory symptoms or fever.
7. **For patients with symptoms or fever**
 - a. dialyse in isolation
 - b. test for COVID-19
8. **For patients with a positive COVID-19 test**
 - a. refer for COVID-19 treatments to local COVID Medicines Delivery Unit (CMDU)
 - b. if active on the transplant list, report to NHS BT and place in suspended category for 28 days

9. Deisolation

- a. for most patients after 10 days but may be considered after 2 negative lateral flow tests on days 6 and 7 if asymptomatic.
- b. Immunosuppressed patients should have a negative PCR test before deisolation, or after discussion with an infection control specialist.

10. **Asymptomatic testing** by PCR or LFD guided by the results of the local COVID-19 HD risk assessment.

11. Dialysis transport

- a. COVID positive patients (symptomatic or asymptomatic) should travel alone.
- b. avoid shared transport for patients during the 7 days before an elective renal transplant.
- c. provide socially distanced transport wherever possible but prioritise for patients who are COVID-19 antibody negative.

References

1. [Defining the highest-risk clinical subgroups upon community infection with SARS-CoV-2 when considering the use of neutralising monoclonal antibodies \(nMABs\) and antiviral drugs: independent advisory group report](#), Department of Health and Social Care, 30 May 2022.

See page 3 for COVID-19 HD risk assessment tool

Haemodialysis unit COVID-19 risk assessment tool

No.	Question	Yes	No
1	Patient education – do you display visual prompts to educate staff on actions they should take to keep safe from COVID-19		
2	Staff education - have all staff been trained on their individual and collective role in protecting staff and patients from COVID-19?		
3	Vaccination – what % of patients up to date with COVID-19 vaccine including recommended booster doses?	%	
4	Vaccine hesitancy education – have you provided education within the last 6 months for patients and staff who are vaccine hesitant?		
5	Antibody status – what proportion of patients are COVID-19 antibody negative?	%	
6	Staff vaccine hesitancy – what % have received <3 doses?	%	
7	Triage - do staff screen patients for symptoms and temperature before entry to waiting area?		
8	Hand hygiene - are facilities in place before entry to the waiting area/dialysis unit?		
9	Hand hygiene - do you regularly audit patient compliance with hand hygiene?		
10	Hand hygiene - do you regularly audit staff compliance with hand hygiene?		
11	Waiting area - do you have visual prompts for social distancing and mask wearing?		
12	Waiting area - do you regularly audit compliance with social distancing and mask wearing?		
13	Waiting area - are all the chairs at least 1 metre apart?		
14	Waiting area - are chairs cleaned at least 3 times a day?		
15	Cleaning - do you perform regular audits of cleaning practices in the dialysis unit and waiting area?		
16	Dialysis stations/chairs - are they separated by at least 2 metres?		
17	Dialysis stations/chairs – can antibody negative patients be kept >2m distance from other patients?		
18	Staff social distancing – are staff able to socially distance during break times?		
19	Ventilation - have you had a professional assessment of your ventilation and implemented any suggested improvements including maximising intake of fresh air?		
20	Patient masks - do all patients wear fluid repellent/surgical face masks during shared transport and in waiting areas?		
21	Isolation - can you isolate confirmed, suspected and “close contacts” in separate groups and away from all other patients?		
22	COVID-19 lateral flow device (LFD) testing – can you perform LFD testing without delay if wish, to guide clinical decisions?		
23	COVID-19 PCR testing – do you perform weekly tests on asymptomatic patients?		
24	COVID-19 outbreak – have you had 2 or more patients linked in time and place who tested positive for COVID-19 in the last 3 months?		