



# COVID-19 Guidelines for Renal Dialysis

**Version 2.5**

**30 May 2022**

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## General Principles

This document should be read in conjunction with the current [WA health system alert and response level](#) determined by the Chief Health Officer. This document provides information about the Western Australian Dialysis population including those undertaking Home Dialysis (haemodialysis and peritoneal dialysis).

DoH [guidelines](#) will be followed for:

- Screening for clinical risk factors for COVID-19 positive, symptomatic or close contact patients and health care workers
- Isolation criteria for patients
- Protective Personal Equipment (PPE) and infection prevention and control transmission-based precautions for COVID-19 positive, symptomatic or close contact patients and health care workers

The focus is to prevent COVID-19 spread in the dialysis units and to maintain the dialysis of the patients in their usual satellite dialysis units or home. Tertiary dialysis units will manage those who need higher levels of COVID-19 management and care.

**For WACHS Dialysis Units, this document should be read in conjunction with existing WACHS COVID-19 Dialysis Guidance.**

## Dialysis Business Continuity Plan

On patient arrival, dialysis unit staff should use a patient screening tool to assess clinical COVID-19 risk factors as per National criteria and/or organisation policy. Further details specific to dialysis can be found in *Appendix 1 - Dialysis Patient Flow During COVID-19*.

## Testing and management of dialysis patients during COVID-19

Management of dialysis patients will be informed by the current system alert and response level determined by the Chief Health Officer (CHO) as per the [COVID-19 Framework for System Alert and Response \(SAR\)](#).

### Management of symptomatic and asymptomatic dialysis patients

<b>Amber</b>  Only following direction by CHO to test all patients	<b>Red and Black</b>  Following direction by CHO to test all patients	<ul style="list-style-type: none"><li>• <b>Symptomatic patients</b> Dialysis patients with potential exposure to COVID-19 (i.e. is a close contact) or who is symptomatic should receive a PCR test unless advised otherwise. Screening and/or isolation of such patients should follow the <a href="#">COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities</a> guideline and comply with local infection control policy.</li><li>• <b>Asymptomatic patients</b> For Amber alert, all asymptomatic patients should have a Rapid Antigen Test (RAT) on site prior to each dialysis.</li></ul>
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		<ul style="list-style-type: none"> <li>• For Red alert, all asymptomatic patients should have a RAT at home prior to attendance and should alert the clinic if positive prior to attendance.</li> <li>• If negative they should be dialysed as scheduled (usual dialysis unit) with the required transmission based precautions and appropriate PPE measures.</li> <li>• If positive, the dialysis unit staff should inform the tertiary hospital's on-call nephrologist or patient's usual nephrologist and the relevant tertiary hospital nurse managers (or delegate) where applicable. The dialysis should be conducted at an appropriate site that is equipped to manage COVID-19 positive patients, following local infection prevention and control policies. Transport will be conducted by private vehicle wherever possible. If not possible, then taxi, rideshare or community transport that is equipped to manage COVID-19 patients may be arranged by the service provider</li> <li>• It is noted that during Red alert additional sites may be prepared to dialyse COVID-19 patients.</li> <li>• Visitors to the dialysis unit may require testing. Refer to the <a href="#">COVID-19 Visitor Guidelines</a> and the <a href="#">COVID-19 Framework for System Alert and Response (SAR)</a>.</li> </ul>
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## Management of COVID-19 Positive Patients

It is acknowledged that renal patients are at risk of becoming more unwell than the general population if they contract COVID-19. In addition to [registering a positive RAT result](#) all dialysis patients will be asked to report their positive test result via a phone call to their usual satellite dialysis unit or home therapies team before arrival.

**In Metropolitan regions:** If a dialysis patient tests positive, metropolitan dialysis unit staff should notify the tertiary hospital as per the usual communication pathway to facilitate therapeutic management. The dialysis should be conducted at an appropriate site that is equipped to manage COVID-19 positive patients, following unit infection control policies that meet [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline.

**In WACHS regions:** dialysis will usually be conducted in the usual unit. WACHS dialysis units should refer to local referral pathways. The tertiary site should also be informed to facilitate therapeutic management.

**If following consultation with a renal physician the patient is deemed to be a positive case of COVID-19 who does not require hospital admission the patient can be dialysed in the following locations:**

- Their relevant tertiary site if it is viable to transfer them for their dialysis treatment. This does not apply to WACHS regions. Please refer to relevant WACHS COVID-19 Renal guidance.
- Their usual satellite/regional dialysis unit if the unit can provide the required isolation and transmission-based precautions for the patients and relevant medical support is available.
- Patients who test positive and present with **moderate to severe respiratory symptoms** and/or are unwell should be transferred to hospital for review following discussion with the tertiary hospital on-call renal registrar/nephrologist. WACHS patients may be managed locally or transferred to a Perth metropolitan site with the aim of achieving the best clinical management for the patient.
- When hospitals who are managing COVID-19 positive, symptomatic or close contact patients transfer a patient to a community dialysis site, the patient should preferably have a RAT prior to transfer. For further information refer to the [COVID-19 Guidelines for public hospital discharge and inter-hospital transfer of patients](#).
- Home dialysis patients should continue dialysing at home unless they develop symptoms indicating a need for admission.
- Each Health Service Provider will provide a communication pathway and management plan to all satellite and home dialysis staff for dialysis patients who are under their governance. Where possible, reviews should be conducted via-telehealth (phone or video) with an aim to minimise visits to the hospitals. Further guidance can be found in the [COVID-19 guidelines for outpatient services](#).
- The medical team should liaise with appropriate departments to determine patient eligibility for COVID-19 treatments.

### Preparation:

- All units will encourage patients to receive [vaccination](#) for COVID-19 in line with the latest ATAGI guidelines. All units will maintain a database with details of vaccinated patients and individual COVID-19 transport requirements.
- All staff will be fit tested for Particulate Filter Respirators (PFR) such as N95/P2, know the brand and size of PFR they achieved a satisfactory fit to and have access to that specific mask when required. Each unit will have COVID-19 management policies and PPE supply as per [Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline.
- All units will be equipped and trained to administer RATs (unless this is done centrally by the hospital site)
- All units will have a local COVID-19 plan, including a pathway for safely managing potential COVID-19 patients prior to diagnosis.
- All units will have a plan for workforce including a list of emergency staff to manage a reduction in staff. At the discretion of the dialysis unit, non-dialysis staff may be used to

supplement skilled staff. Alternatively, they may opt for a full PPE approach to prevent risk of unexpected exposure. Further detail will be developed for each site as part of their Business Continuity Plan. It is noted that movement of dialysis staff rather than movement of patients, from regional areas, is the agreed approach to manage critical staffing levels

- Each tertiary site will maintain minimum capacity for up to 4 COVID-19 positive patients .
- If numbers exceed this capacity cohort arrangements may be implemented and additional dialysis units may need to manage COVID-19 positive patients. The core executive group will determine this need in collaboration with Heads of Departments and dialysis unit managers.
- Each satellite site will prepare to dialyse COVID-19 close contacts, either in individual rooms or as a cohort arrangement depending on numbers.
- WACHS clinics and other contracted providers will adapt the above principles depending on location and resources. The aim will be to manage patients locally.
- Patients will be notified of key priorities for them as a dialysis patient using the WA patient information leaflets or other approved documents (Appendix 3).

All decisions regarding patient location for dialysis will be made in liaison with the respective tertiary units as per the usual communication pathway. Appropriate transmission-based precautions should be in place as per [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline.

### **Activation of Fresenius Kidney Care (FKC) Units to manage COVID positive patients:**

#### Step 1:

Activate Option 1: FKC provide dialysis in single rooms for asymptomatic patients **on treatment 4 and 5 following diagnosis**. Staff to wear full PPE. Capacity to provide this service will be determined by FKC based on the ability of the clinic to operate at normal staff:patient ratios and the clinic having available single rooms.

Activate Option 2: FKC to provide dialysis for newly diagnosed patients. The clinic must have appropriate air-conditioning (not shared with other building occupants) and access to a McMonty hood for use within a single room.

Maximum patients under this arrangement are 4 per day in 5 of the clinics (40 in total). The number of new cases depends on McMonty hoods availability.

#### Step 2:

During a higher surge of cases (when existing FKC capacity as per step 1 and tertiary unit capacity are reached) the COVID executive management group will determine if FKC clinics are required to directly care for additional COVID positive patients:

**Option 1:** Select FKC clinics establish a third shift of patients on alternate days (noting this means dialysis time adjustments to all patients using that clinic on those days and

may also require patients moving to a clinic further from home). FKC will reschedule patients and staff as required. Transport support will be provided.

**Option 2:** One clinic may be selected for a full COVID shift (noting that this will require many patients to travel to a different clinic for different appointments but will limit impact on hours for non-COVID patients). FKC will reschedule patients.

### **Clearance of positive cases**

Patients **without symptoms** who are not on immunosuppressants can be released from isolation to standard precautions after day 10 from the date the positive test was taken (without RAT or PCR testing). Once cleared these patients are not required to be tested for 12 weeks after release from isolation.

Patients **with symptoms** are not to be released from isolation at Day 10 and require further assessment as to whether the acute respiratory symptoms related to COVID-19 have resolved (for example, in those with underlying chronic symptoms). For those with ongoing symptoms that may be COVID-19 related, two negative RAT tests after Day 14 (at least 24 hours apart) are required. Once cleared these patients are not required to be tested for 12 weeks after release from isolation.

Patients on immunosuppressants should only be released from isolation after two negative RAT results after 14 days (at least 24 hours apart). The decision to release these patients from isolation into a hospital environment is the decision of the treating clinician in consultation with the clinical microbiologist and IPC team.

### **State Renal Dialysis Reference Group (RDRG)**

The State Renal Dialysis Reference Group (RDRG) will meet to coordinate the State response and manage the COVID-19 positive cohort as per **Appendix 2 WA Renal Dialysis Reference Group (RDRG)**.

The RDRG State COVID-19 Group will take responsibility for monitoring COVID-19 cases as per the RDRG agreed data collection tools.

Each unit has its own dialysis Business Continuity Plan. The RDRG State COVID-19 Group will take responsibility for ensuring all units are supported and resources shared during the COVID-19 response.

### **Other Dialysis Specific Information for Healthcare Providers**

Patients travelling to and from dialysis who are COVID-19 positive, symptomatic or close contacts must practice physical distancing, hand hygiene and wear a mask. Preferred modes of transport are private car or some taxi providers. St John Ambulance WA is to be used only if clinically indicated. A central database will be maintained in the Teams database of known transport options. Patients must notify other community services they have COVID-19 before using their transport.

All patients are to be provided with the leaflet as per **Appendix 3 Dialysis and COVID-19: Risks and Information Leaflet**

## Resources

Recommendations for surveillance, infection control, laboratory testing and contact management for COVID-19 have been developed by the Communicable Disease Network Australia (CDNA). These are available on the [Australian Government Department of Health website](#).

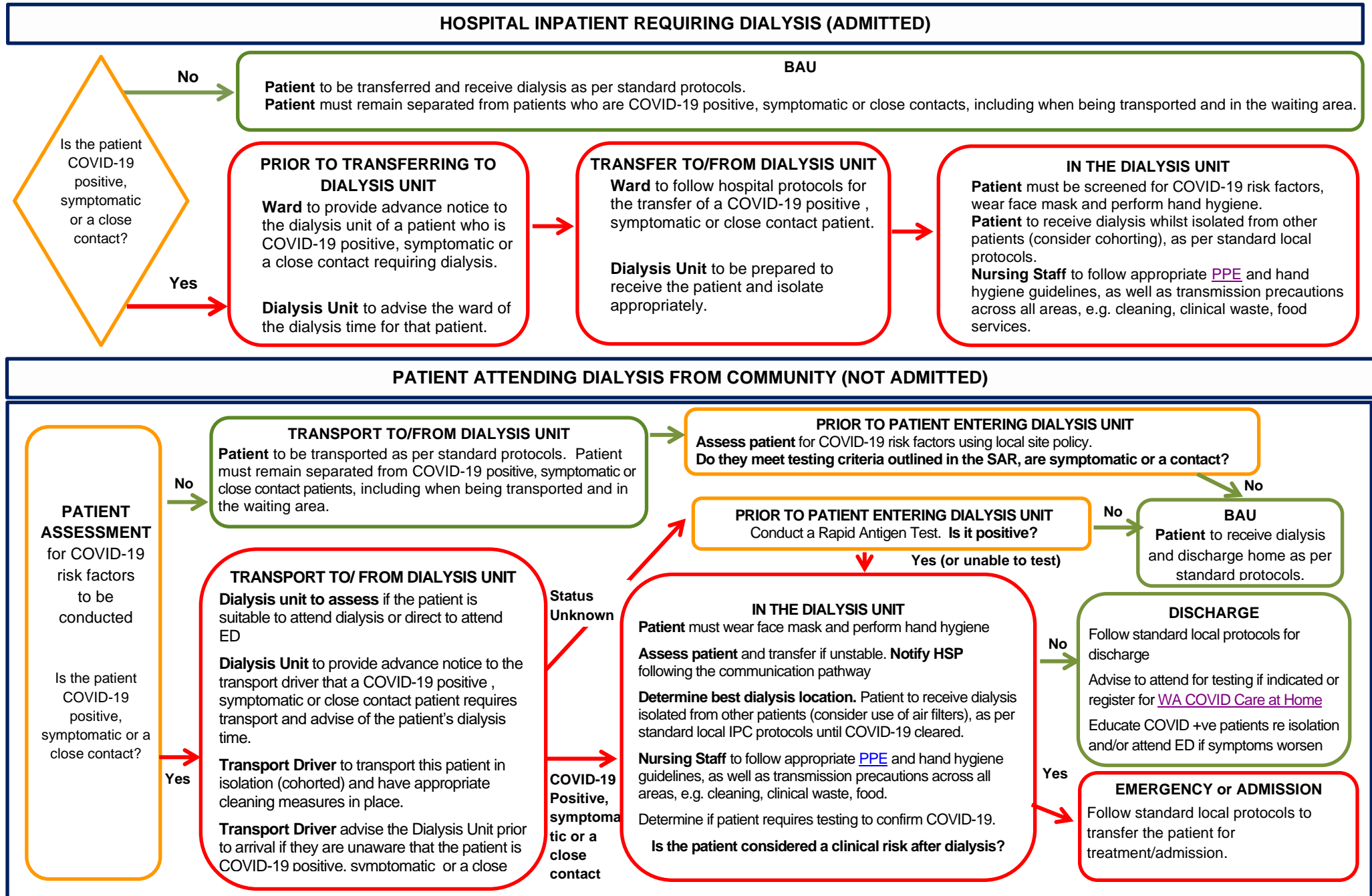
### Additional resources:

- [WA Health COVID-19 Information for Health Professionals](#)
- [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#).

Version Control			
Version	Date	Revised by	Changes
1.0	17/03/2020	SHICC Health Operations	Initial draft.
2.0	10/02/2022	SHICC Health Operations	Updated by the COVID-19 Renal Dialysis Working Group.
2.4	13/04/2022	SHICC Health Operations	Update to Appendix 4. Inclusion of advice on clearance of positive cases.
2.5	30/05/2022	SHICC Health Operations and COVID-19 Renal Dialysis Working Group	Case definitions, formatting updates and activation of FKC units



# Appendix 1 Dialysis Patient Flow During COVID-19



## Appendix 2 WA Renal Dialysis Reference Group (RDRG)

The following table is a general guide to determine the required response of the RDRG special COVID action group to COVID-19 presentations in WA. It could be applied to any pandemic.

Note: when using this table, it is essential that discretion be applied

STAGE OF RESPONSE	EXAMPLES OF INITIATORS	ACTIONS
<b>GREEN</b> <b>Community transmission of COVID-19 in 1-4 persons</b> <b>No COVID in dialysis patients</b>	<ul style="list-style-type: none"> <li>COVID-19 present in the WA community</li> <li>Potential wider contacts with COVID-19</li> <li>Aware of the potential for increasing COVID-19 presentations and pre-empting forthcoming threats</li> </ul>	<ul style="list-style-type: none"> <li>Monitor developing events</li> <li>RDRG COVID-19 group activated</li> <li>Initiate one (1) COVID-19 group meeting</li> <li>Data collection re screening/COVID-19 cases from each unit to be reinstated</li> </ul>
<b>AMBER INTERIM</b> <b>Confirmed contained community transmission COVID-19</b> <b>+/- occasional dialysis patient</b>	<ul style="list-style-type: none"> <li>Increasing numbers of COVID-19 in community on successive days</li> <li>One positive dialysis patient</li> </ul>	<ul style="list-style-type: none"> <li>Collate State data weekly</li> <li>Minimum monthly COVID-19 group meetings</li> <li>Confirm State Renal Dialysis Plan current. Redistribute.</li> </ul>
<b>AMBER</b> <b>Increasing community COVID-19 cases</b> <b>Affecting small number dialysis patients; +/- staff members</b>	<ul style="list-style-type: none"> <li>1-10 positive dialysis/transplant patients</li> <li>Occasional positive renal unit staff members or staff isolated as contacts</li> <li>Starting to supplement staff members in dialysis units</li> </ul>	<ul style="list-style-type: none"> <li>Weekly core COVID-19 group meetings in collaboration with SHICC and CNMs of tertiary centres</li> <li>Collate State data daily</li> <li>Review capacity for managing positive patients</li> <li>Review staffing capacity across state</li> </ul>
<b>RED/BLACK</b> <b>Widespread community COVID-19</b> <b>Affecting over 10 dialysis patients; +/- renal staff</b>	<ul style="list-style-type: none"> <li>10 plus positive dialysis/transplant patients</li> <li>Multiple positive/isolated renal unit staff member(s)</li> <li>Surge staffing inadequate</li> <li>Reducing dialysis frequency for patients</li> </ul>	<ul style="list-style-type: none"> <li>Daily COVID-19 group meetings including CNMs of tertiary centres</li> <li>Daily data review</li> <li>Daily dialysis unit review staffing and patients</li> </ul>

## MEMBERS of COVID-19 RESPONSE GROUP

Delegates should be appointed as required.

COVID-19 +ve	COVID-19 -ve
Chair of RDRG (Lead) Metro renal units nurse representative Metro satellite units – private provider WACHS project renal SCGH HOD FSH HOD RPH HOD WACHS HOD	Dr Suda Swaminathan (Lead) Debbie Fortnum (COVID project manager) Nicola Rowland (FMC Clinical Lead) Tracy Benson-Cooper/Kim Tracy Dr Doris Chan Dr Suda Swaminathan Dr Khalil Patankar Dr Ashley Irish

The **extended COVID-19 response group** should include the tertiary Nurse Managers and any other relevant senior doctors or nurses depending on the location of the COVID-19 outbreak and affected dialysis units. DoH representative as designated by SHICC may be co-opted if the outbreak is not “Business as Usual”.

For complete list of dialysis unit contacts see “State list of renal units” which is held by the RDRG.

## COMMUNICATION

Communication to all dialysis units (and back to DoH) will follow from the RDRG COVID-19 response group key positions above. At minimum communication should occur following key meetings.

- The WACHS renal nurse, Metro representatives (public and private) are responsible for ensuring nurse managers are notified.
- The HODs are responsible for notifying all nephrologists.
- All local nurse managers are responsible for notifying team members and other specialist nurses.

## RESOURCES

- State Data monitoring
- WA Dialysis response plan for COVID-19
- WA COVID-19 information for dialysis and transplant patients
- WA dialysis pathway for managing screening of COVID-19 patients
- Individual unit COVID-19 response plans

## ABBREVIATIONS

Abbreviation	Stands for	Meaning
FMC	Fresenius medical care	Private dialysis provider
HOD	Head of department	Medical head of tertiary renal departments
RDRG	Renal dialysis reference group	Committee that govern renal planning for state
CNM	Clinical Nurse Manager	
SCGH	Sir Charles Gairdner Hosp	
FSH	Fiona Stanley Hospital	
RPH	Royal Perth Hospital	



## Appendix 3 Dialysis and COVID-19: Risks and Information Leaflet

As you may be aware COVID-19 is an infectious disease that we are living with in our state. While we continue to learn more about COVID-19 each day, it is believed that patients with chronic kidney disease including those receiving dialysis treatment are at a higher risk of becoming unwell with the virus. It is important that you still attend your appointments unless advised by your doctor or nurse. People who have chronic kidney disease are at greater risk of getting infections but there are a number of steps that can be taken to reduce this risk.

### Prevention

**CLEAN YOUR HANDS REGULARLY.** Wash your hands with soap and water for 20 seconds and then dry hands with paper towel or a clean hand towel. Alternatively use an alcohol-based hand rub/gel. Wash your hands when you come into contact with others, before eating or touching your face, after using the bathroom and upon entering your home. This also applies when entering and leaving the dialysis units. You should also ask visitors to your home to clean their hands

**CLEAN AND DISINFECT YOUR HOME** to remove germs. Practice routine cleaning of frequently touched surfaces such as: mobile phones, tables, doorknobs, light switches, handles, desks, toilets and taps.

**KEEP A SAFE DISTANCE** between yourself and others. Maintain physical distancing outside of your home by leaving at least a 1.5 metre distance between yourself and others where possible. If you are travelling to dialysis this may mean sitting in the back of the car away from the driver. If travelling on public transport, choose a quiet area. Wear a mask whenever you cannot physically distance.

If you have been advised to quarantine or are diagnosed with COVID-19, **you must isolate** and follow public health instructions. Contact the dialysis unit for current advice about the local COVID-19 safe transport options when travelling for your dialysis treatment. You must notify anyone who will be assisting you with transport in advance. You must wear a mask when travelling.

**AVOID PEOPLE WHO ARE UNWELL** If you are in public and notice someone coughing/sneezing or visibly unwell, please move away from them to protect yourself. Ensure that family/friends do not visit if they are displaying any symptoms of illness such as fever, coughing, sneezing, headache, etc. At home if you are unwell or are diagnosed with COVID-19 protect yourself by following strict isolation guidelines as provided by your health professionals or the WA Department of Health.

**AVOID CROWDS** especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation. If you have to be in a crowd, wear a mask. Use alcohol-based hand rub immediately after leaving any public environment.

**AVOID ALL NON-ESSENTIAL TRAVEL** including plane trips. Planned trips to other dialysis units (within WA or elsewhere in Australia) are likely to be difficult to secure or maybe cancelled at short notice.

With ongoing transmission of COVID-19 in the local community, it is recommended that you stay connected with family and friends but limit public exposure. To prepare for this you should consider planning how you can avoid public transport, could you have your shopping delivered and review how to get your medications safely.

**VACCINATION** is strongly recommended for anyone with kidney disease. Vaccines have been shown to reduce the risk of severe disease and death. You are currently eligible for three primary doses of vaccine, with the third dose just 2 months after the second. The third dose is to help your immune system have the best response it can. You will also be eligible for boosters as per government advice. Up to date guidance and information regarding COVID-19 vaccines is available on the [COVID-19 information for people who are immunocompromised](#) website or you can talk to any of your health professionals if you have any concerns.

## Detection and Management

### Who is at risk of having COVID-19 infection?

People currently considered to be at risk of having COVID-19 infection are those who have fever and new respiratory symptoms such as cough or sore throat, and/or loss of taste or smell. Other non-specific symptoms of COVID-19 include new symptoms of: fatigue, headache, runny nose, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite.

People who are classified as a close contact of a positive COVID-19 case are also at higher risk of COVID-19 infection. Please see the [HealthyWA website](#) and [COVID-19 Directions](#) for an up-to-date definition of a close contact.

### What do I do if I become unwell?

1. **For the safety of other patients, please ring the dialysis unit to discuss your options for dialysis before attending your scheduled treatment.**
2. If you are mildly unwell, have viral symptoms (e.g. fever and cough) please contact the COVID-19 Health Information Line on 13 COVID (13 26 843) or call your GP. Highlight that you are a dialysis patient. You will need to get a COVID swab and you should wear a mask whenever you leave the house. We may have to reschedule your appointments but you will still get dialysis. Your dialysis will need to be done in a single room or with other patients who are also COVID positive.
3. If you develop **fevers >38°C** or experience difficulty breathing, you should present to the emergency department. Wear a mask if you can tolerate one. PLEASE NOTE: You should phone ahead so appropriate triage can be organised.
4. If you are very unwell you should call an ambulance and organise immediate transfer to the emergency department as you usually would.

**Most dialysis patients who have symptoms will be unwell for a reason other than COVID-19. However, we are putting precautions in place until COVID-19 is excluded. Please understand that this may result in changes to how you are managed, but it is done with the safety of all patients in mind.**

## How will dialysis units care for patients who are COVID-19 positive, symptomatic or close contacts?

The State Government has announced WA will transition safely to a living with COVID environment. Travel in and out of WA will increase the presence of COVID-19 in the community. We are putting plans in place to ensure that spread of COVID-19 in the dialysis unit will be limited.

**If you are being tested for COVID-19 or have tested positive, please inform your usual dialysis unit immediately.**

If you are identified as being at risk of having COVID-19, you may be asked to show a negative swab test result or have a rapid antigen test on arrival at the dialysis unit.

If you test positive to COVID-19 and are reasonably well, you will receive dialysis as close to home as possible. However, this may not be in your usual dialysis unit. You will need to be cared for in an isolation room or special area and some dialysis units may not have sufficient isolation areas to provide dialysis for all the positive COVID-19 dialysis patients. You may then be asked to travel to another dialysis unit for your dialysis treatment. Occasionally your dialysis may need to be delayed for a day.

This also means that if you are well, you may have to change dialysis unit or dialysis appointments to ensure everyone receives dialysis in a safe environment with the least risk of spreading COVID-19. If you are on home dialysis you can continue to dialyse at home unless you need hospital admission.

If you are COVID-19 positive your transport options may need to change. You will need to ask your nurses for current advice about travelling safely to and from dialysis. At home you will need to be in isolation and your nurses or the WA Department of Health can also provide information about how to isolate. If you have COVID-19 and are very unwell you will be admitted to a major hospital and attend dialysis there.

If you are a close COVID-19 contact you may also be asked to change your dialysis schedule and be isolated during dialysis. You should be able to stay in your usual dialysis unit. **Please notify your dialysis unit before treatment if you have been identified as a close contact prior to your scheduled appointment.**

Masks may be used in the dialysis units, depending on rates of community transition. Please comply with a request to wear a mask.

We acknowledge the inconvenience these changes may cause to your usual dialysis times and general activities and we do appreciate your cooperation in advance.

### WHAT THIS MAY MEAN FOR YOUR DIALYSIS/MEDICAL APPOINTMENTS

- We may need to change clinic or treatment appointments at short notice, please be flexible.
- Other clinic appointments may be converted to telephone or telehealth appointments.
- You may need to wear a mask.
- Visitors may be restricted in dialysis units.
- Before every visit please consider if you are considered a close contact of someone who is a positive COVID-19 case AND if you are unwell with respiratory symptoms including cough, fever, shortness of breath. If yes, please follow the advice above.

## Additional Information

### If I'm caring for someone with kidney disease, how do I keep them safe?

- Practice good respiratory hygiene by covering your mouth and nose with a flexed elbow or tissue when coughing or sneezing, discarding used tissues immediately into a closed bin and follow with hand hygiene. Please follow state regulations about when to wear a mask. Try and organise alternative care/carers if you are unwell.
- Clean your hands with alcohol-based hand rub or soap and water for 20 seconds.
- Follow the physical distancing information in this leaflet.
- **If you suspect you may have symptoms of COVID-19 or have had close contact with a person who has COVID-19, you should get [tested](#). If you require assistance please contact the COVID-19 Health Information Line on 13 COVID (13 26843). Further information for people who are immunocompromised is available on the [HealthyWA website](#).**

To support the WA Health response to COVID-19, the Minister for Health has confirmed that those people who are not eligible for Medicare AND who present to WA Health facilities for assessment in relation to COVID-19 infection, will not receive a bill.

For the latest information please visit: <https://www.healthywa.wa.gov.au/COVID19>



## Appendix 4 COVID 19 Dialysis Response Plan: Reduced Dialysis Frequency or Duration

### Background

As a part of the COVID-19 response plan the WA Health COVID-19 Renal Dialysis Working Group has developed a plan to safe-guard dialysis services, protect workforce and provide safe ongoing dialysis for all patients in Western Australia. As the pandemic progresses and the number of COVID-19 positive dialysis patients increase and/or staffing availability decreases, dialysis units may need to consider decreasing the dialysis hours for some patients once all options to either increase or substitute staff are exhausted.

This document provides guidance for decreasing dialysis hours in a safe manner. In all cases, any changes to dialysis regimens must be prescribed by the treating medical officer.

### Criteria for decreasing dialysis frequency and increasing dialysis duration to 5 hours

- Average weight gain (over last fortnight) of less than 4% body weight; to ensure fluid can be removed in 2 sessions
- Pre-dialysis potassium <5.5mmol/l after a long break (previous 2 samples)
- Usual dialysis Kt/v 1.2 or greater
- Usual treatment regime of 4 hours or less
- New starts to haemodialysis with adequate biochemistry results

### Process

- Nurse Managers (NMs) to identify the patients that fulfil the above criteria
- NMs to identify the number of patients that need to be changed from 3x week to 2x week dialysis for the effective running of the unit.
- Patients to be discussed with the primary nephrologist (or delegate) to get approval for twice weekly dialysis
- Patient letter to be handed out (sample Appendix 1)
- Clinical review (in person or dialysis chart) every week
- To be initiated via tertiary centres, or any unit who cannot meet the dialysis needs for its patients, in collaboration with the state dialysis planning group.



## Communication

Although there may be no option in an acute staffing/closure emergency, it is recommended that any change to dialysis scheduling and the reasons for change must be clearly communicated to the patient and their families and documented in the medical records. Additional support in the form of dietary and fluid advice, commencement of [Sodium Polystyrene Sulfonate](#) (Resonium) and diuretics are recommended. Patients should be aware that the changes are temporary and normal treatment regimens will resume as soon it is safe to do so.

## Alternative Options

It is recognised each unit will have its own options on any given day/week and the best solution for the majority of patients should be implemented.

Consideration to be given to 2x one week and then 3x as an alternating regimen.

Consideration to be given to reducing patient hours (using above criteria on reduced sessions) so machines can be used three times in one day

## Sample Patient Letter Text

Organisation Letter head

Date:

Dear \_\_\_\_\_

Dialysis services are continuing to adapt to the impacts of COVID-19 to ensure patients receive safe and appropriate care. In order to provide quality care to all patients, dialysis regimens are continually being reviewed and adjusted when medically safe to do so. This means for some patients their dialysis location, appointment times, frequency and duration may temporarily change.

The medical and nursing team have carefully reviewed your dialysis regime, medical history and circumstances against strict safety criteria and have identified you as someone who would not have any anticipated adverse risks to your health if your dialysis regimen was temporarily altered.

As a result, changes have been made to your next appointment(s). Your upcoming appointments are now scheduled as:

Day	Time	Dialysis Unit	Hours on dialysis

Changes to your appointments have been approved by the medical team. If you have any concerns please speak with the nursing team or ask to speak with the medical team. Thank you for your understanding and cooperation.

Kind regards

Head of Department and Clinical Nurse Manager

**Last updated 30 May 2022, V2.5**

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