COVID-19 Guidelines for Renal Dialysis

Version 2.0

10 February 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 probable or confirmed COVID-19 patients and health care workers
- Isolation criteria for patients
- Protective Personal Equipment (PPE) and infection prevention and control transmission-based precautions for probable or confirmed COVID-19 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).

Definitions for alert levels and recommended testing and responses for dialysis patients are outlined below

Definitions

| WA Health COVID-19 Framework for System Alert and Response |
|-----------------------------------------------|---------------------------------------------------------------|
| Alert level | Response Categories |
| Green: COVID-19 READY | HSPs / services ensuring preparedness to respond. Usual baseline public health precautions |
| Nil to limited and stable case numbers in community. Satisfactory vaccination rates and testing capacity | HSPs/ services enacting early precautions |
### Management of Dialysis Patients

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
<th>Precautions</th>
</tr>
</thead>
</table>
| **Green** | Prior to direction by CHO to test all patients | • **Symptomatic patients**  
Dialysis patients with potential exposure to COVID-19 (i.e. is a contact as per COVID-19 SoNG guidelines) or who is symptomatic should be COVID-19 tested. Screening and/or isolation of such patients should follow the COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities guideline and comply with local infection control policy.  
• If a dialysis patient tests positive, the dialysis unit staff should inform the tertiary hospital as per communication pathway. 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. Transport should be conducted by a service provider equipped to manage COVID-19 patients.  
• Asymptomatic patients do not require testing |
| **Amber** | Only following direction by CHO to test all patients | • **Symptomatic patients**  
Dialysis patients with potential exposure to COVID-19 (i.e. is a contact) or who is symptomatic should receive a PCR test unless otherwise advised by SHICC advice. Screening and/or isolation of such patients should follow the COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities guideline and comply with local infection control policy.  
• **Asymptomatic patients**  
For Amber alert all asymptomatic patients should have a Rapid Antigen Test (RAT) on site prior to each dialysis and 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.  
• If negative they should be dialysed as scheduled (usual dialysis unit) with the required transmission based |
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 confirmed 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 confirmed or probable patients transfer a patient to a community dialysis site, the patient should preferably have a RAT prior to transfer (subject to current testing guidance and availability of RATs).

- 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 manage RATs (unless centrally managed by a 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 prepare minimum capacity for up to 4 COVID-19 positive patients during System Alert and Response (SAR) Level Amber.
• If numbers exceed this capacity (possible during SAR Level Red) cohort arrangements may be implemented and additional dialysis units may need to manage COVID-19 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 contacts (as defined by DoH criteria), 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 patients 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.

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 SAR Level Amber and beyond.

Other Dialysis Specific Information for Healthcare Providers

Patients travelling to and from dialysis who do, or may have, COVID-19 must practice social distancing, hand hygiene and wear a mask. Preferred modes of transport are private car or and 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:


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<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Revised by</th>
<th>Changes</th>
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<tbody>
<tr>
<td>1.0</td>
<td>17/03/2020</td>
<td>SHICC Health Operations</td>
<td>Initial draft</td>
</tr>
<tr>
<td>2.0</td>
<td>10/02/2022</td>
<td>SHICC Health Operations</td>
<td>Updated by the COVID-19 Renal Dialysis Working Group</td>
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</table>
Appendix 1 Dialysis Patient Flow During COVID-19

**HOSPITAL INPATIENT REQUIRING DIALYSIS (ADMITTED)**

- **BAU**
  - Patient to be transferred and receive dialysis as per standard protocols.
  - Patient must remain separated from confirmed and probable cases of COVID-19, including when being transported and in the waiting area.

- **PRIOR TO TRANSFERRING TO DIALYSIS UNIT**
  - Ward to provide advance notice to the dialysis unit of a patient who is a confirmed or probable case requiring dialysis.
  - Dialysis Unit to advise the ward of the dialysis time for that patient.

- **TRANSFER TO/FROM DIALYSIS UNIT**
  - Ward to follow hospital protocols for the transfer of a probable or confirmed case.
  - Dialysis Unit to be prepared to receive the patient and isolate appropriately.

- **IN THE DIALYSIS UNIT**
  - Patient must be screened for COVID-19 risk factors, wear face mask and perform hand hygiene.
  - Patient to receive dialysis whilst isolated from other patients (consider cohorting), as per standard local protocols.
  - Nursing Staff to follow appropriate PPE and hand hygiene guidelines, as well as transmission precautions across all areas, e.g. cleaning, clinical waste, food services.

- **PATIENT ATTENDING DIALYSIS FROM COMMUNITY (NOT ADMITTED)**

- **PATIENT ASSESSMENT**
  - for COVID-19 risk factors to be conducted
  - Is the patient a confirmed or probable case of COVID-19?
    - **No**
      - Patient to be transported as per standard protocols. Patient must remain separated from confirmed and probable cases of COVID-19, including when being transported and in the waiting area.
    - **Yes**
      - **TRANSPORT TO/FROM DIALYSIS UNIT**
        - Patient to be transported as per standard protocols. Patient must remain separated from confirmed and probable cases of COVID-19, including when being transported and in the waiting area.
      - **TRANSPORT TO/ FROM DIALYSIS UNIT**
        - Dialysis unit to assess if the patient is suitable to attend dialysis or direct to attend ED
        - Dialysis Unit to provide advance notice to the transport driver that a confirmed or probable case requires transport and advise of the patient’s dialysis time.
        - Transport Driver to transport this patient in isolation (cohorting) and have appropriate cleaning measures in place.
        - Transport Driver advise the Dialysis Unit prior to arrival if they are unaware that the patient is a probable or confirmed case

- **STATUS**
  - Unknown
  - Probable or confirmed case

- **TRANSPORT TO/ FROM DIALYSIS UNIT**
  - Patient to receive dialysis and discharge home as per standard protocols.
  - EMERGENCY or ADMISSION
    - Follow standard local protocols to transfer the patient for treatment/admission.

- **DISCHARGE**
  - Follow standard local protocols for discharge
  - Advise to attend for testing if indicated or register for WA COVID Care at Home
  - Educate COVID +ve patients re isolation and/or attend ED if symptoms worsen

- **PRIOR TO PATIENT ENTERING DIALYSIS UNIT**
  - Conduct a Rapid Antigen Test. Is it positive?
    - **Yes (or unable to test)**
      - Patient to receive dialysis and discharge home as per standard protocols.
      - **BAU**
        - Patient to receive dialysis and discharge home as per standard protocols.
    - **No**
      - Patient to receive dialysis whilst isolated from other patients (consider cohorting), as per standard local protocols.
      - Nursing Staff to follow appropriate PPE and hand hygiene guidelines, as well as transmission precautions across all areas, e.g. cleaning, clinical waste, food.

- **IN THE DIALYSIS UNIT**
  - Patient must wear face mask and perform hand hygiene.
  - Assess patient and transfer if unstable. Notify HSP following the communication pathway
  - Determine best dialysis location. Patient to receive dialysis isolated from other patients (consider use of air filters), as per standard local IPC protocols until COVID-19 cleared.
  - Nursing Staff to follow appropriate PPE and hand hygiene guidelines, as well as transmission precautions across all areas, e.g. cleaning, clinical waste, food.
  - Determine if patient requires testing to confirm COVID-19.
  - Is the patient considered a clinical risk after dialysis?
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

<table>
<thead>
<tr>
<th>STAGE OF RESPONSE</th>
<th>EXAMPLES OF INITIATORS</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community transmission of COVID-19 in 1-4 persons</td>
<td>COVID-19 present in the WA community</td>
<td>Monitor developing events</td>
</tr>
<tr>
<td>No COVID in dialysis patients</td>
<td>Potential wider contacts with COVID-19</td>
<td>RDRG COVID-19 group activated</td>
</tr>
<tr>
<td></td>
<td>Aware of the potential for increasing COVID-19 presentations and pre-empting forthcoming threats</td>
<td>Initiate one (1) COVID-19 group meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data collection re screening/COVID-19 cases from each unit to be reinstated</td>
</tr>
<tr>
<td><strong>AMBER INTERIM</strong></td>
<td>Increasing numbers of COVID-19 in community on successive days</td>
<td>Collate State data weekly</td>
</tr>
<tr>
<td>Confirmed contained community transmission COVID-19</td>
<td>One positive dialysis patient</td>
<td>Minimum monthly COVID-19 group meetings</td>
</tr>
<tr>
<td>+/- occasional dialysis patient</td>
<td></td>
<td>Confirm State Renal Dialysis Plan current. Redistribute.</td>
</tr>
<tr>
<td><strong>AMBER</strong></td>
<td>1-10 positive dialysis/transplant patients</td>
<td>Weekly core COVID-19 group meetings in collaboration with SHICC and CNMs of tertiary centres</td>
</tr>
<tr>
<td>Increasing community COVID-19 cases</td>
<td>Occasional positive renal unit staff members or staff isolated as contacts</td>
<td>Collate State data daily</td>
</tr>
<tr>
<td>Affecting small number dialysis patients; +/- staff members</td>
<td>Starting to supplement staff members in dialysis units</td>
<td>Review capacity for managing +ve patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review staffing capacity across state</td>
</tr>
<tr>
<td><strong>RED/BLACK</strong></td>
<td>10 plus positive dialysis/transplant patients</td>
<td>Daily COVID-19 group meetings including CNMs of tertiary incentres</td>
</tr>
<tr>
<td>Widespread community COVID-19</td>
<td>Multiple positive/isolated renal unit staff member(s)</td>
<td>Daily data review</td>
</tr>
<tr>
<td>Affecting over 10 dialysis patients; +/- renal staff</td>
<td>Surge staffing inadequate</td>
<td>Daily dialysis unit review staffing and patients</td>
</tr>
<tr>
<td></td>
<td>Reducing dialysis frequency for patients</td>
<td></td>
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</tbody>
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MEMBERS of COVID-19 RESPONSE GROUP

Delegates should be appointed as required.

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Stands for</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>FMC</td>
<td>Fresenius medical care</td>
<td>Private dialysis provider</td>
</tr>
<tr>
<td>HOD</td>
<td>Head of department</td>
<td>Medical head of tertiary renal departments</td>
</tr>
<tr>
<td>RDRG</td>
<td>Renal dialysis reference group</td>
<td>Committee that govern renal planning for state</td>
</tr>
<tr>
<td>CNM</td>
<td>Clinical Nurse Manager</td>
<td></td>
</tr>
<tr>
<td>SCGH</td>
<td>Sir Charles Gairdner Hosp</td>
<td></td>
</tr>
<tr>
<td>FSH</td>
<td>Fiona Stanley Hospital</td>
<td></td>
</tr>
<tr>
<td>RPH</td>
<td>Royal Perth Hospital</td>
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Appendix 3 Dialysis and COVID-19: Risks and Information Leaflet

As you may be aware COVID-19 is an infectious disease that we will be 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 one and a half 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 self-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.
If a COVID-19 outbreak happens in your community, it could last for a long time. Depending on how severe the outbreak is, public health officials may recommend community actions to reduce people’s risk of being exposed to the virus. If COVID-19 is spreading in your 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 information regarding COVID-19 vaccines is available on the government websites 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. AND:

- Returned to WA and are required to self-quarantine, OR
- Have been in close contact with a confirmed or probable COVID-19 case, OR
- Believe they have been in close contact with a confirmed COVID-19 case.

**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 Coronavirus 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 isolation.

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 probable or confirmed cases of COVID-19?

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 there is local community transmission, or 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 swab test on arrival at the dialysis unit.

If you are confirmed to have 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 confirmed 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 have had contact with persons who confirmed or considered to be probable of having COVID-19 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 coronavirus symptoms or may have had close contact with a person who has coronavirus, you should contact the Coronavirus Health Information Line on 13 COVID (13 26843).**

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.

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

Date:
Dear ________________

Due to the current COVID-19 crisis the dialysis unit service is experiencing increased strain resulting in many patients having to change appointment times or dialysis location. We would like to thank you for your co-operation.

The medical and nursing team are focused on keeping the dialysis unit COVID-19 safe. In order to manage the increased strain and ensure everyone is safely cared for a decision has been made to review dialysis regimens in order to temporarily reduce the dialysis hours or increase the break between dialysis sessions for a number of patients. Strict criteria has been applied and you have been identified as someone who would not have any anticipated adverse risks to your health if your dialysis hours were temporarily altered. This has been approved by the medical team.

As a result, your next appointments are:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Dialysis Unit</th>
<th>Hours on dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Please speak with the nursing team or ask to speak with the medical team if you have any concerns.

Warm regards

Head of Department and Clinical Nurse Manager

Last updated 8 February 2022

This document can be made available in alternative formats on request for a person with disability.

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