

Management of Hemodialysis Patients Residing in Long Term Care Facilities

Residents in long-term care facilities (LTCFs) are at higher risk of COVID-19 related morbidity and mortality, and those who undergo hemodialysis are a particularly vulnerable subpopulation. Residents frequently leaving their facilities for dialysis are at higher risk for infection by COVID-19 due to exposure to staff and community patients at dialysis centers. These residents can also be a source of COVID-19 introduction or transmission in the nursing home or dialysis center. This guidance addresses infection prevention and control (IPC) recommendations for residents in nursing homes, skilled nursing facilities and assisted living facilities who regularly visit outpatient hemodialysis centers. This document is designed to be used as a companion to CDC COVID-19 guidance for [outpatient hemodialysis facilities](#) and [nursing homes](#), and [VDH guidance for LTCFs](#). It is based on currently available information about SARS-CoV-2 and will be updated as more information becomes available.

Infection Prevention and Control Recommendations for Hemodialysis Patients in Nursing Homes

- Consider increasing monitoring of asymptomatic hemodialysis residents from daily to every shift in order to more rapidly detect new symptoms.
- Depending on the prevalence of COVID-19 in the community, facilities might place residents who undergo regular dialysis treatments outside of the facility in a single-person room in a separate observation area so the resident can be monitored for evidence of COVID-19. Facilities must weigh the potential benefit of placing residents in a separate observation unit/area to reduce the risk of COVID-19 with the disruption from extended isolation and removing residents from their usual living environment.
- Facilities who select to place residents receiving off-site hemodialysis in an observation unit/area must ensure they are not housed with an individual who could put them at higher risk of exposure to COVID-19.
- HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.
- CMS has suggested that routine testing could be considered for nursing home residents who regularly leave the facility, including for dialysis. Guidance for testing residents and staff in nursing homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>; <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- For cohorting strategies, refer to Table 1.
- Follow [CMS updated visitation guidance](#) in regards to allowing visitations, communal dining, and group activities.

Infection Prevention and Control Recommendations for Patients in Outpatient Hemodialysis Facilities

- Active triage and isolation of patients with suspected COVID-19 in a single room if available. Refer to Table 2 for more details.
- Position supplies close to dialysis chairs, nursing stations to promote adherence to hand, respiratory hygiene, and cough etiquette.

Management of Hemodialysis Patients Residing in Long Term Care Facilities

- Healthcare personnel (HCP) should follow [Standard Precautions](#) and [additional precautions routinely recommended for hemodialysis facilities](#) (e.g., wearing a gown, gloves, and face shield during catheter connection) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis)
- CDC recommends universal use of eye protection (in addition to a medical facemask) during the care of all patients for healthcare personnel (HCP) working in facilities located in communities with moderate to substantial SARS-CoV-2 transmission.
- CDC posted a detailed testing guidance for patients in outpatient hemodialysis facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis_testing-patients.html.
- Ambulatory dialysis centers should have plans to care for patients with confirmed and suspect COVID-19. For patient placement, refer to Table 2.
- Facilities should follow [CDC's guidance for testing healthcare personnel](#). Refer to Table 3 for more information.
- Active follow-up of patients who miss hemodialysis sessions.

Infection Prevention and Control Core Principles that Apply to Both Settings

- Universal [source control](#) (facemask) for both patients and HCP regardless of symptoms to address asymptomatic and pre-symptomatic transmission.
- Screening, monitoring and education of patients, staff, and visitors.
- Provide patients, HCP, and visitors instructions (in appropriate languages) about screening and triage procedures.
- HCP who develop symptoms of COVID-19 should immediately refrain from patient care, return home, and notify occupational health services for further evaluation.
- Facilities should manage and limit visitors, volunteers, and non-essential staff entering the facility. Facilities should restrict visitors who are ill from entering the facility.
- Frequent environmental cleaning and disinfection using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19 ([list N](#)).
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Staff should follow standard operating procedures for the disposal of used PPE and regulated medical waste.
- Facilities should monitor and audit the use of appropriate PPE by HCP.
- Communication: In order to maintain safe and effective care of dialysis patients, dialysis facilities and nursing homes should establish communication and reporting mechanisms, which promote situational awareness between both healthcare facilities.
- Coordination between the two entities is vital to ensure HCP are informed of the most up-to-date information relating to the patient's health status, possible exposures, and to allow for proper planning of care and operations.
- If facilities experience large numbers of newly infected HCP or patients over short periods of time (e.g., one week), universal PPE use and/or facility-wide testing might also be considered (especially in facilities located in areas with moderate or substantial transmission).
- Hemodialysis patients should be prioritized for testing because of higher risk for severe disease.

Management of Hemodialysis Patients Residing in Long Term Care Facilities

Infection Prevention and Control Recommendations for Hemodialysis Patients During Transport

- Facilities should establish protocols to reduce contamination risks when residents are transported to dialysis and other outside appointments.
- Both the driver and the hemodialysis patient should wear facemasks (if tolerated) the entire time during transportation.
- Residents should have easy access to hand hygiene supplies when they enter and leave the facility.
- The CDC offers guidance on [Cleaning and Disinfection for Non-emergency Transport Vehicles](#) as a best practice for cleaning transportation vehicles.
- Transporting residents from different facilities in the same vehicle is not recommended.

Table 1. Placement of Hemodialysis Patients in Nursing Homes by COVID-19 Status

Health Status	COVID-19 Test Result	Public Health Recommendations
Symptomatic OR Asymptomatic	Positive	Isolate in a dedicated COVID-19 unit (hot/red zone) on transmission-based precautions until discontinuation criteria has been met.
Symptomatic	Negative	If an alternate diagnosis has been made, placement should be based on that diagnosis. If no alternate diagnosis has been made, resident should be placed in the warm/yellow zone <u>with frequent symptom monitoring and prioritization for repeat testing.</u>
Asymptomatic	Negative	Place resident in a single-person room in the warm/yellow zone or separate observation area.

Management of Hemodialysis Patients Residing in Long Term Care Facilities

Table 2. Placement of Patients in Dialysis Centers by COVID-19 Status

Health Status	COVID-19 Test Result	Public Health Recommendations
Symptomatic OR Asymptomatic	Positive	<p>-Ideally, any infected dialysis patient would be dialyzed in a separate room (if available) with the door closed.</p> <p>-Hepatitis B isolation rooms should only be used for these patients if: 1) the patient is hepatitis B surface antigen positive, or 2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.</p> <p>- If a separate room is not available, the patient with suspected or confirmed SARS-CoV-2 infection (or who reported close contact[^]) 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).</p>
Symptomatic	Negative	<p>If an alternate diagnosis has been made, placement should be based on that diagnosis.</p> <p>If no alternate diagnosis has been made, resident should be dialyzed separate from other patients by at least 6 feet and cared for by HCP using all recommended PPE for SARS-CoV-2 until 14 days after the resident's last exposure.</p>
Asymptomatic and exposed [^]	Negative	<p>Exposed patients should be dialyzed separate from other patients by at least 6 feet and cared for by HCP using all recommended PPE for SARS-CoV-2 until 14 days after the resident's last exposure.</p>

[^]Patients who were within 6 feet of the infected patient or HCP for at least 15 minutes should be considered potentially exposed, even if proper PPE is worn.

Management of Hemodialysis Patients Residing in Long Term Care Facilities

Table 3. Placement of Confirmed or Suspect Staff in Nursing Homes and/or Dialysis Centers

Health Status	COVID-19 test result	Public Health Recommendations
Symptomatic OR Asymptomatic	Positive	Exclude from work until all Return to Work Criteria are met.
Symptomatic	Negative	<p>If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis.</p> <p>If no alternative diagnosis, exclude from work until all Return to Work Criteria are met.</p> <p>Retesting, if available, might be considered for further evaluation.</p>
Asymptomatic and exposed*	Negative	<p>Perform a risk assessment and apply work restrictions for HCP who were exposed to the infected patient based on whether these HCP had prolonged, close contact and what PPE they were wearing. Information that is more detailed is available in VDH-COVID-19-Healthcare-Personnel-Risk-Assessment-Tool</p> <p>If exposed, asymptomatic HCP must work because of staffing shortages, they must continue to monitor for signs and symptoms, and wear a facemask (source control) at all times while working[†].</p> <p>If HCP develops even mild symptoms, they must cease patient care activities, leave work, and be tested.</p>

*The decision to let asymptomatic staff who were exposed to a confirmed case and tested negative return to work should ONLY be made in the case of severe staff shortage. For more information, refer to [CDC Strategies to Mitigate HCP Shortages](#).