



COVID-19 Guidelines for Renal Dialysis

Version 2.7
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This advice takes effect upon the cessation of the State of Emergency in Western Australia which was enabled due to the COVID-19 pandemic through s56 of the Emergency Management Act 2005 (WA) on 16 March 2020 and s167 of the Public Health Act 2016 on 17 March 2020.

General Principles

Coronaviruses are a large group of viruses that can cause illnesses ranging from a mild common cold to severe disease such as Severe Acute Respiratory Syndrome (SARS). The novel coronavirus disease (COVID-19) was identified in December 2019 and is caused by the SARS coronavirus 2 (SARS CoV-2). This document provides information about the Western Australian Dialysis population including those undertaking Home Dialysis (haemodialysis and peritoneal dialysis).

Local healthcare facility guidelines will apply for:

- Screening for clinical risk factors and testing for COVID-19 positive, symptomatic or close contact patients and health care workers
- Isolation criteria for patients

The [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) provides guidance on:

- Protective Personal Equipment (PPE)
- Infection prevention and control (IPC) transmission-based precautions for COVID-19 positive, symptomatic or close contact patients and health care workers

This guideline is intended to provide high-level guidance 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.

Minimisation of transmission risk

- 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.
- All patients are to be provided with the leaflet as per **Appendix 3 Dialysis and COVID-19: Risks and Information Leaflet**
- All units will remain 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.
- During periods of high transmission and caseload units, in consultation with their local IPC department, 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

Preparation for COVID-19 patients (ongoing)

- 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. Annual fit-test updates will be required. Each unit will have COVID-19 management policies and PPE supply as per [Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline.
- Each tertiary site will maintain capacity for COVID-19 positive patients in isolation rooms. If numbers exceed that capacity cohort arrangements may be implemented.
- Each satellite site will maintain policies to safely dialyse their own COVID-19 positive patients, either in individual rooms or as a cohort arrangement depending on numbers as per [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline or maintain a transfer arrangement with a relevant unit
- All units will maintain 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 as per Principles for Dialysis Nurse Surge Staffing document.
- Each Health Service Provider will maintain a communication pathway and management plan to all satellite and home dialysis staff for dialysis patients who are under their governance.

WACHS clinics and other contracted providers will adapt the above principles depending on location and resources. The aim will be to manage patients locally.

Screening of patients and dialysis location for COVID-19 positive patients

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

Visitors to the dialysis unit may require testing and should follow local organisation IPC policy.

Asymptomatic patients

Asymptomatic testing is not required although a voluntary 72 hourly Rapid Antigen Test (RAT) may be performed at the discretion of the service. Dialysis patients with potential exposure to COVID-19 (i.e. is a close contact) should receive a PCR test or RAT unless advised otherwise.

Symptomatic patients

Dialysis patients who are symptomatic should receive a PCR test or RAT unless advised otherwise. 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.

RATs can be taken onsite at time of presentation or at home prior to attendance. If taken at home patients should alert the clinic if positive prior to attendance. Patients who have a positive RAT result are asked to [register the positive result](#) online and report their positive test result via a phone call to their usual satellite dialysis unit or home therapies team before arrival.

- If negative, patients should be dialysed as scheduled (at usual dialysis unit). Patients with respiratory symptoms can be asked to wear a mask as per local IPC guidelines.

If positive all decisions regarding patient dialysis location for positive patients will be made in liaison with the respective tertiary units as per the usual communication pathway.

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 they can be dialysed:

- At their usual satellite/regional dialysis unit if the unit is equipped to manage COVID-19 positive patients and following unit infection control policies that meet [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline and medical support is available as required. Note in a very high COVID-19 case load environment all sites may need to dialyse COVID-19 patients
- Following transfer to their relevant tertiary hospital site. Transfers should be minimised.
- It is recommended that patients travelling to and from dialysis who are COVID-19 positive, symptomatic or close contacts 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.

Fresenius Kidney Care (FKC) Units management of COVID positive patients:

- **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 to patient ratios and the clinic having available single rooms.
- **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 or air filters for use within a single room.

During a higher surge of cases (when existing FKC capacity as per above options and tertiary unit capacity are reached) the COVID-19 executive management group will determine if FKC clinics are required to directly care for additional COVID-19 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-19 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-19 patients). FKC will reschedule patients.

Medical Treatment 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. The medical team will need to liaise with appropriate departments to determine patient eligibility for COVID-19 treatments.

- **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.
- **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.
- 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.

- Home dialysis patients should continue dialysing at home unless they develop symptoms indicating a need for admission.
- 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 Infection Prevention and Control in Western Australian Healthcare Facilities](#)

Clearance of positive cases

Patients **without symptoms** who are not on immunosuppressants can be released from isolation in the health care organisation, to standard precautions in accordance with guidance [set out](#) in the [COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities](#) guideline and local infection control policy.

Patients **with symptoms** are not to be released from isolation in the health care organisation until further assessment is conducted to determine 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 (at least 24 hours apart) are required.

Patients on immunosuppressants should only be released from isolation in the health care organisation after two negative RAT results (at least 24 hours apart). The decision to release these patients from isolation into the general 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.

Resources

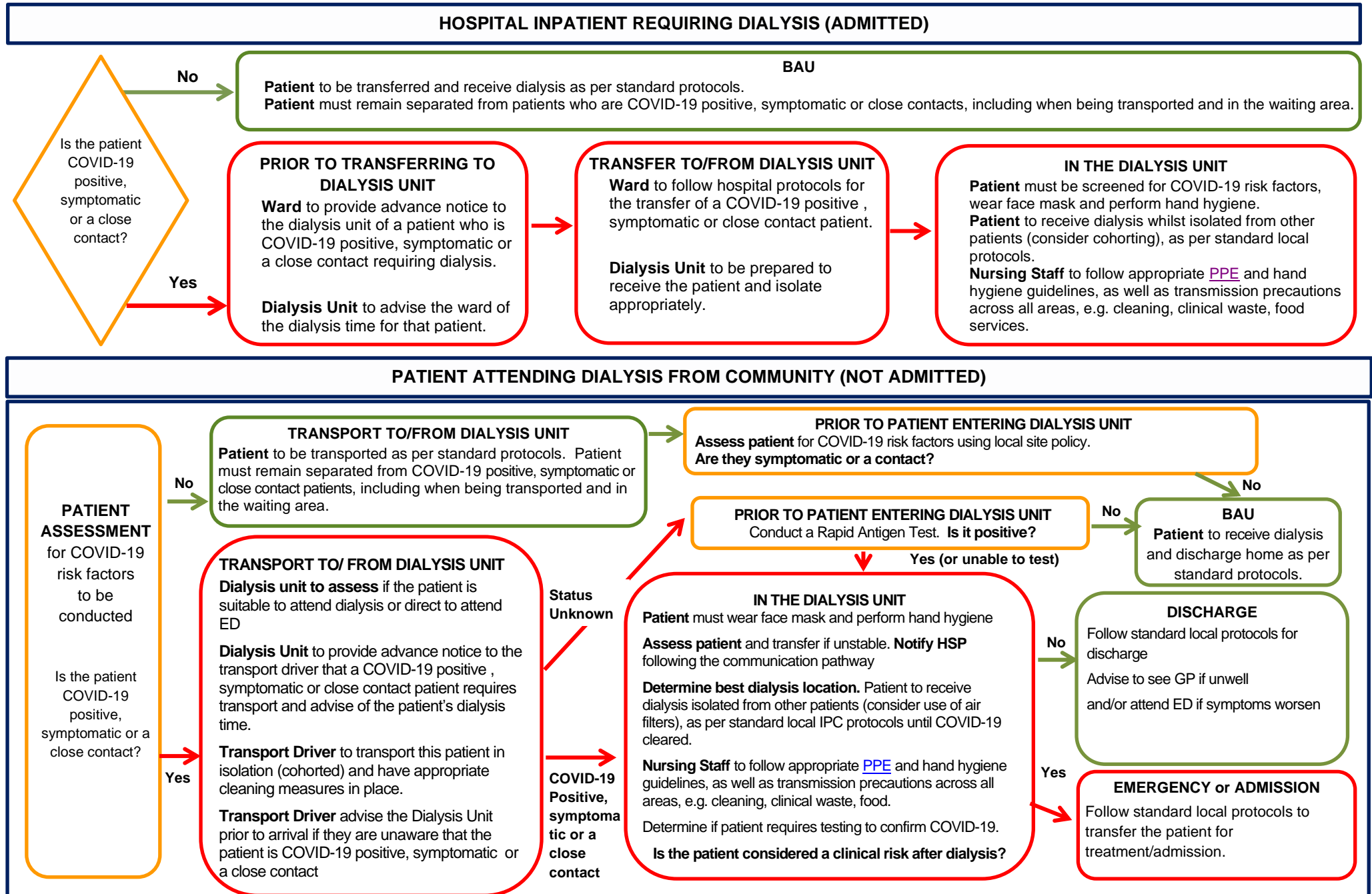
Recommendations for surveillance, infection control, laboratory testing and contact management for COVID-19 have been developed by the Communicable Disease Network Australia (CDNA). These are available on the [Australian Government Department of Health website](#).

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
2.6	12/10/2022	SHICC Health Operations and Deborah Fortnum	Updates to align with transition to SAR Blue criteria
2.7	4/11/2022	SHICC Health Operations	Removal of references to Legal Directions (Testing & Isolation, Visitors to hospitals, Proof of Vaccination and Health Worker Restrictions on Access) Removal of references to Patient Flow Command Centre, COVID Care at Home, Removal of references to the WA Health COVID-19 System Alert and Response Framework and associated guidelines (Visitors, Outpatient Services and Discharge and Interhospital Transfer) Updated mask guidance and exclusion period from hospital

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 action group to COVID-19 or another pandemic/situation that may impact dialysis services in WA. Note: when using this table, it is essential that discretion be applied

STAGE OF RESPONSE	EXAMPLES OF INITIATORS	ACTIONS
GREEN Community transmission indicating a potential rise in renal dialysis case numbers affected	<ul style="list-style-type: none"> ▪ New pandemic or rise in current known pandemic cases present in the WA community ▪ Aware of the potential for increasing infectious presentations and pre-empting forthcoming threats 	<ul style="list-style-type: none"> ▪ Monitor developing events ▪ RDRG sub- group activated ▪ Initiate one (1) sub-group group meeting ▪ Data collection re screening cases from each unit to be reviewed
AMBER Increasing community transmission affecting renal dialysis case numbers affected beyond manageable numbers +/- impact on staff members	<ul style="list-style-type: none"> ▪ Rapidly rising numbers positive dialysis/transplant patients ▪ Positive renal unit staff members or staff isolated as contacts ▪ Surge staffing plans initiated in dialysis units 	<ul style="list-style-type: none"> ▪ Weekly core sub- group meetings in collaboration with SHICC and CNMs of tertiary centres ▪ Collate State data as determined by group ▪ Review capacity for managing increasing positive patients ▪ Review staffing capacity across state
RED/BLACK Widespread community transmission affecting capacity of dialysis units to treat patients safely within usual appointments. Limited staff availability	<ul style="list-style-type: none"> ▪ Positive dialysis/transplant patients cannot be safely managed using current resources and transmission-based precautions ▪ Multiple positive/isolated renal unit staff member(s) ▪ Surge staffing inadequate ▪ Reduced dialysis frequency for patients 	<ul style="list-style-type: none"> ▪ Daily sub- group meetings including CNMs of tertiary centres ▪ Daily data review ▪ Daily dialysis unit review staffing and patients
BLUE Continuous community transmission, with satisfactory vaccination rates and health service capacity. Focus on moving from emergency response to Business as usual	<ul style="list-style-type: none"> ▪ All routine systems for COVID management are successfully containing transmission in dialysis units ▪ Renal Heads of Department and Nurse Managers are confident resources can manage business as usual 	<ul style="list-style-type: none"> ▪ RDRG 3 monthly review with units to determine if any COVID-19 or pandemic related issues require attention ▪ Minimum annual review of policies and current status

MEMBERS of RDRG PANDEMIC RESPONSE GROUP

Delegates should be appointed as required.

ROLE	Current representative
Chair of RDRG (Lead)	Dr Suda Swaminathan
Metro renal units nurse representative (Renal Nurse Manager or Project Manager)	TBA
Clinical Lead Metro satellite units (Private provider)	Nicola Rowland (FKC)
WACHS Renal Nurse or Project Manager	Tracy Benson-Cooper
SCGH HOD	Dr Doris Chan
FSH HOD	Dr Suda Swaminathan
RPH HOD	Dr Khalil Patankar
WACHS HOD	Dr Ashley Irish

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

For a 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 be issued from the RDRG COVID response group members listed above. At minimum communication should occur following key meetings by the following:

- The WACHS renal nurse and 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 patients
- Individual unit COVID-19 response plans

ABBREVIATIONS

Abbreviation	Stands for	Meaning
FKC	Fresenius Kidney Care	Private dialysis provider
HOD	Head of Department	Medical head of tertiary hospital renal departments
RDRG	Renal Dialysis Reference Group	Committee that govern renal planning for the State
CNM	Clinical Nurse Manager	
SCGH	Sir Charles Gairdner Hospital	
FSH	Fiona Stanley Hospital	
RPH	Royal Perth Hospital	



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

This advice takes effect upon the cessation of the State of Emergency in Western Australia which was enabled due to the COVID-19 pandemic through s56 of the Emergency Management Act 2005 (WA) on 16 March 2020 and s167 of the Public Health Act 2016 on 17 March 2020.

Coronaviruses are a large group of viruses that can cause illnesses ranging from a mild common cold to severe disease such as Severe Acute Respiratory Syndrome (SARS). The novel coronavirus disease (COVID-19) was identified in December 2019 and is caused by the SARS CoV-2 (SARS CoV-2).

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.

Although people who have chronic kidney disease may be at greater risk of getting infections 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. 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 unit. 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. Consider wearing a mask whenever you cannot physically distance.

If you are diagnosed with COVID-19, it is recommended that **you isolate** and follow public health instructions. Contact the dialysis unit to advise you have COVID-19 and 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. It is recommended that you 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. Request that family/friends do not visit if they are displaying any symptoms of illness such as fever, coughing, sneezing, headache, etc.

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, it is recommended that you wear a mask. Use alcohol-based hand rub immediately after leaving any public environment.

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 and two winter doses of vaccine. 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 or GP 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 [COVID-19 CDNA National Guidelines for Public Health Units](#) 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 your GP. Highlight that you are a dialysis patient. You may be asked to get a COVID-19 test (rapid antigen test (RAT) or PCR). 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.

If you are diagnosed with COVID-19 you may be eligible for antiviral treatments to reduce the symptoms of the COVID-19 infection. Your kidney doctor will review if this is appropriate for you.

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

WA has transitioned safely to a living with COVID environment however still wishes to limit the risk of transmission of COVID-19 in the dialysis unit.

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 PCR result or have a RAT 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 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 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 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. Consider wearing a mask if unwell. 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 be tested. Refer to the [HealthyWA COVID-19 testing website](#) for further advice.

Further information for people who are immunocompromised is available on the [HealthyWA People at greater risk of serious illness from COVID-19 website](#).

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

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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 twice one week and then three times the next week 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 4 November 2022

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