

# COVID-19 Preparedness for Renal Units

## Statewide Renal Clinical Network (SReCN)

### Purpose

The purpose of this guideline is to provide Queensland Health Renal Units with advice about key issues to consider when planning and preparing for the provision of services as we move into the next phase of living with COVID-19. This guideline should be used in conjunction with statewide and local COVID-19 response plans, frameworks and operational guidelines to support the COVID-19 response.

Disclaimer: the exact nature of local service preparations will be dependent on overarching requirements such as the Queensland Health COVID-19 Hospital Response Plan and associated requirements for considerations such as staff furloughing and quarantining, which are anticipated to be in place once 80 per cent of the eligible population are double vaccinated and borders re-open.

### Guidance

1. Actively maximise patient and staff uptake of COVID-19 Vaccine
  - a. Refer to current Australian Technical Advisory Group on Immunisation (ATAGI) advice and Queensland Health directives regarding vaccination of staff and patients.
  - b. Strongly recommend COVID-19 vaccination and counsel patients regarding the benefits and small risks of COVID-19 vaccination compared with the risks of contracting COVID-19.
  - c. Monitor the rate of uptake of COVID-19 vaccination in your patient population, particularly those with kidney failure and those managed with in-centre/hospital based/satellite haemodialysis.
  - d. Provide guidance and assistance from culturally appropriate staff for patients who find it difficult to book and attend appointments.
  - e. Mandate all staff be vaccinated against COVID-19.
  
2. Understand and document available haemodialysis resources: staff, plumbing and water treatment, dialysis equipment and areas for isolating potentially infectious patients per the below table. ALL units should prepare to care for their own patients when they contract COVID-19.

Question	Response
1. Total number of dialysis machines in your fleet.	On the floor: In storage:
2. Total number of portable water reverse osmosis (WRO) systems in your fleet	On the floor: In storage:
3. Do you have any new equipment ordered that has not arrived yet? If so, numbers, what and when do you expect it will arrive?	
4. Do you have any equipment at or close to being retired from use? Could its retirement be safely delayed to provide surge capacity for COVID management?	
5. Total numbers of outpatient plumbed dialysis stations (both in use and not in use)	List for COVID-19 and non-COVID designated hospitals

	In use: Not in use:
6. Total numbers of inpatient plumbed dialysis stations (both in use and not in use)	List for COVID-19 and non-COVID designated hospitals In use: Not in use:
7. Total number of plumbed hospital ward beds outside of Intensive Care Units (ICU)	Regular: Monitored (e.g. CCU/HDU): Isolation (on the proposed COVID ward):
8. Do you have separate areas identified to dialyse (Y / N (add further information if needed)	
Patients who are COVID-19 negative and not exposed	
COVID-19 indeterminate - testing as appropriate and in accordance with the agreed testing framework (e.g., awaiting swab results or symptomatic pending Polymerase Chain Reaction (PCR)	
COVID-19 positive patients	
Contacts of COVID-19 in Quarantine	
9. Total number of chronic haemodialysis patients	
10. Dialysis trained nurse Full Time Equivalent (FTE)	
11. Have dialysis staff who are willing/able to increase their FTE during a crisis been identified? How much could FTE be increased by?	
12. Have dialysis trained staff currently on secondment who might be able to be deployed back to dialysis been identified? How much could FTE be increased by?	

3. Ensure ample supplies of all stock your area is responsible for ordering. Order well ahead. Stay in contact with your local suppliers. Delays in deliveries may occur.
4. Make an active effort to declutter your unit. Minimise furniture, decorative items, seating that may encourage unnecessary loitering and having non-essential items on display. Clutter reduces the efficiency and effectiveness of cleaning. Everything on display may be touched and inadvertently contaminated during an outbreak in your unit. Only have out what you need for that shift.
5. Assess air flow/quality particularly in dialysis areas where COVID-19 positive patients will receive care. Consider whether an air scrubber may be needed.
6. Get ahead of schedule with any routine work where possible, e.g. equipment maintenance/water testing/ routine home visits (particularly for home dialysis patients), dialysis access creation/elective procedures.
7. Limit avoidable face-to-face interaction e.g. use of telehealth instead of face-to-face review for Outpatient Department appointments, virtual handover between shifts, minimise visitors where

appropriate. Support use of technologies to limit crowded waiting rooms and avoidable queueing (e.g. patients wait in their cars until receiving a telephone call or text to present and use different entry and exit points).

8. Correct use of appropriate Personal Protective Equipment (PPE) is critical to protect staff and patients from COVID-19 and to minimise furloughing of essential staff when they are exposed to COVID-19. Ensure all staff have been fitted for N95 masks and trained in the correct donning and doffing of PPE. Refresh and revise these techniques. Ensure the correct range of masks and visors that fit your staff are stocked. Your local public health and infection control team will be monitoring COVID-19 infection numbers and the level of local community transmission in your area and advise you when use of PPE should be escalated when sustained community transmission is detected.
9. Prepare to conduct increased intensity screening for COVID-19 on arrival for dialysis. Your local public health and infection control team will be monitoring COVID-19 infection numbers and the level of local community transmission in your area and advise you when increased screening measures on arrival should begin. Once sustained community transmission is detected, patients +/- staff should be regularly screened for COVID-19 when presenting for dialysis, outpatient review or admission +/- work. This should include screening for symptoms and a rapid test for COVID-19 in line with statewide and local hospital guidelines. All units should identify an area for screening to be conducted outside the entrance to the treatment areas, plan for training, ordering required equipment and preparing to roster staff to conduct this screening.
10. Consider cohorting patients who refuse to comply with measures to limit spread of COVID-19 such as vaccination, COVID-19 testing on arrival for treatment or mask wearing during transit to and from treatment and when social distancing is not possible. Patients who refuse COVID-19 testing on arrival should be instructed to wear a mask throughout the entire treatment visit, whereas patients who have screened negative for COVID-19 on arrival may take their masks off when seated for dialysis and appropriately socially distanced.
11. Support rapid streaming of COVID-19 positive patients to dedicated, physically appropriate environments, by-passing high risk clinical environments (e.g. Emergency Department) while avoiding contact with other people and areas/surfaces where possible.
12. Transport to and from dialysis is a major pressure point. Assist patients to plan transport options should they or people they normally rely on for transport contract COVID-19. Communicate in advance with local patient transport providers to understand their plans for operation during the transition to living with COVID-19.
13. The Statewide Renal Network will facilitate increased communication between units in the form of regular meetings with Heads of Department (HoDs) and Nurse Unit Managers. As COVID-19 case numbers start to rise, meeting frequency will increase (for example, fortnightly, weekly or even daily as required) to discuss, e.g., patient transfers, staff shortages, sharing of resources, learning from experiences. Membership may be expanded to include Nurse Unit Managers / staff from private renal units as required. Through these meetings the Statewide Renal Network will monitor how nephrology workflow is impacted by COVID-19 and policies for managing the spread and feed back to COVID-19 response teams and Hospital and Health Service (HHS) executives as required.

## Notes

- The SReCN recognises that each Hospital/HHS will have a COVID-19 response plan, associated frameworks and operational guidelines to support the COVID-19 response.
- Dialysis capacity is an ongoing issue, particularly in South East Queensland. Smaller units cannot rely on transferring patients to larger units. In relation to Private Public Partnerships for dialysis capacity, this is being considered as part of general dialysis capacity issues (particularly in South East Queensland) and has been escalated via the Renal HoDs, SReCN Steering Committee to the

- Consider early consultation with the private sector and expectations on Queensland Health facilities when there are confirmed COVID-19 positive patients. Movement of outsourced public patients between units (for example, due to emergent issues) also needs to be considered from a remuneration/funding perspective.
- Guidance may be revised as information and evidence evolves.
- Workforce and funding to be considered in the next iteration of this guideline. For more information, see [Work permissions and restrictions framework for workers in health care settings](#).

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## References

- Kidney Health Australia: [COVID-19 and vaccines](#)
- Australian and New Zealand Society of Nephrology (ANZSN) [COVID-19 Dialysis Preparedness Checklist](#)

## Version Control

Version	Date	Author	Changes	Date approved by CSRG	Proposed Review Date
V0.1 – 0.3	23/9/21	SReCN	First draft		1/3/22
V0.4	3/11/21	SReCN Co-Chair, Statewide Infection Clinical Network	Updated with feedback from interstate colleagues.		1/3/22
V0.5	11/11/21	SReCN, Renal Heads of Department	Updated with feedback from Renal Heads of Department and members of Statewide Renal Clinical Network		1/3/22
V1.0	19/11/21	SReCN	Version for submission to COVID System Response Group (CSRG)		1/3/22
V1.1	12/12/21	SReCN	Approved by CSRG	22/12/2021	1/5/22