

Guideline: Acute Respiratory Infections for Hemodialysis Outpatients

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1.0 Scope of Guideline

Applicability: In-centre and community hemodialysis (HD) units in BC.

This guideline provides recommendations on the screening, assessment, and follow-up of patients in outpatient hemodialysis units for acute respiratory infections.

2.0 Recommendations

Recommendation #1: Implement the recommendations on Table 1 for the screening, assessment, and follow-up of patients in hemodialysis outpatient units for acute respiratory infections.

Table 1: Recommendations for the Screening, Assessment & Management of Acute Respiratory Infections

Topic	Specifics	Acute Respiratory Infection Suspected or Confirmed
Screening (each HD session)	When to swab/test?	Conduct screening for acute infections (including respiratory) on <u>every</u> patient before <u>every</u> HD run. If symptomatic, then isolate on appropriate precautions. Swab/test all patients with symptoms of an acute respiratory infection (e.g., sore throat, new cough, new shortness of breath, fever, or chills) after obtaining MD order or following established HA protocol.
	What to order?	Nasopharyngeal swab or equivalent (i.e., mouth rinse for pediatric population) for respiratory viruses. Utilize personal protective equipment while collecting the swab: gloves, gown and surgical/procedure mask with eye protection. Plus: <ul style="list-style-type: none"> • Sputum culture, if purulent. • Blood cultures, if febrile.

Topic	Specifics	Acute Respiratory Infection Suspected or Confirmed
Prevention of disease transmission	Precautions & isolation	<ul style="list-style-type: none"> • Conduct point-of-care risk assessment. • Provide patient with a mask. • Notify MD or follow established HA protocol to identify swab/testing requirements. • If acute respiratory infection is suspected, contact nephrologist. Dialyze in a dedicated space using droplet/contact precautions (see below). <p>While awaiting test results: NOTE: Assume swab/test is positive while awaiting results. Test results are generally available within 24-48 hrs (prior to next HD run).</p> <ul style="list-style-type: none"> • Implement droplet & contact precautions.¹ <ul style="list-style-type: none"> • Wear personal protective equipment when within 2 meters of patient: gloves, gown, and surgical/procedure mask with eye protection, AND • Private room preferred (if not available, place patient with 2-meter separation and privacy curtain between adjacent chairs/beds), AND • Assign to a dedicated patient washroom or commode, if available; OR • Utilize reusable bedpan/urinal & disinfect with bedpan washer/disinfectant, if available, OR • Utilize disposable bedpan/urinal & macerate after use, if available, OR • If only a shared washroom is available, have the patient wear a mask while using the washroom and emphasize good hand hygiene. • Implement source control. <ul style="list-style-type: none"> • Ask patient to wear a mask while on the unit, including shared spaces. • Encourage the patient to practice respiratory etiquette and hand hygiene. • Encourage the patient to arrange alternate forms of transportation to and from dialysis to minimize contact with others. • If using HandyDART, encourage the patient to wear a mask at all times during transportation until symptoms resolve. Communicate with transport staff if patient is symptomatic. <p>If test results are positive:</p> <ul style="list-style-type: none"> • Continue droplet & contact precautions as above. • Continue source control as above. • Follow local health authority guidelines for discontinuing precautions. • Consult local Infection Control Practitioner (ICP) if further guidance is needed. <p>If test results are negative AND symptoms are worsening or not improving, repeat swab and maintain precautions. If second swab is negative and symptoms are not improving, request MD assessment.</p>

¹ Refer to: www.picnet.ca/wp-content/uploads/PrecautionSigns_PICNet.pdf (page 4).

Topic	Specifics	Acute Respiratory Infection Suspected or Confirmed
	Surface disinfection of HD station & equipment post dialysis	Usual procedure: <ul style="list-style-type: none"> Refer to BCR guideline Prevention of Disease Transmission in HD Units (pages 3 and 4). Non-sporicidal cleaning products can be used for post-dialysis cleaning.
	Housekeeping cleaning	Additional Precaution Discharge Clean. <ul style="list-style-type: none"> Refer to PICNet guideline BC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs (page 32, Additional Precaution Discharge Clean). Non-sporicidal cleaning products can be used for post-dialysis cleaning.

3.0 References

COVID-19 Viral Testing Guidelines for British Columbia. September 28, 2022. BC Centre for Disease Control & BC Ministry of Health. http://www.bccdc.ca/Health-Professionals-Site/Documents/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf. Accessed October 4, 2023.

COVID-19 Infection Prevention and Control: Guidance for Acute Health-Care Settings. August 30, 2021. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidance_AcuteCare.pdf. Accessed October 4, 2023.

4.0 Sponsors

Developed by:

- A working group of multidisciplinary renal care providers and infection control practitioners/medical microbiologists from across BC.

Reviewed by:

- Renal Educators Group (November 7, 2023)

Approved by:

- BCR Hemodialysis Committee (January 13, 2024)
- BCR Medical Advisory Committee (TBD)

For information about the use and referencing of BCR provincial guidelines/resources, refer to www.bcrenal.ca.