COVID-19
VA Dialysis
Preparedness

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VHA NPD Kidney Disease & Dialysis
3/11/20

Outline

• Guest Intro- Dr Gary Roselle, MD – VHA NPD Infectious Disease
• VA Collaborative Public Health Response to COVID-19
  • Veterans, VA Employees, & Public
• COVID-19 Considerations for Dialysis Programs
  • Patients
    • Verbal Screen
    • Mask & Triage
    • Isolation Recommendations
    • Social, Spatial, and Temporal Distancing
  • Facility & Equipment Management
    • Dialysis Equipment Disinfection
    • PAPR, terminal disinfection of room
  • Workforce Management
    • Testing & Training – N95 mask Fit, PPE & PAPR Training
    • Risk Classification & Self-monitoring Recommendations
    • Telework
    • Virtual Care training
• Contingency Planning
• Resources
• Q&A
VA’s Collaborative Public Health Response

- VHA Strategic Response Plan
- VHA Office of Public Health
  - High Consequence Infection (HCI) SP
  - Coronavirus web page
- VA Office of Emergency Management (OEM)
  - Emergency Management Coordination Cell (EMCC)
  - Repatriation Sites Assistance
  - Daily briefing
  - Collaboration w KCER
- VHA Office of Specialty Care Services
- Travel ban x 30 days (VA-funded and non-VA w AA)
- VHA Emergency Medicine Program
- VHA Infectious Disease Program
- VHA Kidney Program
  - National Dialysis Disaster Preparedness Tool - on Renal SP
  - Resources
- Other - e.g. VHA Office Connected Care

COVID-19 Considerations for Dialysis Programs: (Out)Patients

- **Instruct Patients** in hand hygiene, respiratory hygiene, & cough etiquette.
  - Instructions should include how to use facemasks
  - Provide supplies for respiratory hygiene and cough etiquette
  - 60-95% alcohol based hand rub or hand washing w soap & water x 20+ seconds
- **Post signs** at clinic entrances - for patients with fever or symptoms of respiratory infection to alert staff so appropriate precautions can be implemented
- **Discourage visitors** to dialysis unit or waiting area
- **Verbally (Re)Screen** patients *as soon as they report* and BEFORE admitting them to main unit.
- **Mask and Triage** symptomatic patients to your designated facility area for testing for respiratory pathogens (which may or may not include COVID-19) before dialysis
COVID-19 Considerations for Dialysis Programs:
(Out)Patients

• Dialyze symptomatic patients in isolation if possible
  • Note: HBV room should only be used for patients with respiratory sxs if pt is HBV sAg positive, or there are no other HD pts with HBV who require room
• If no isolation room:
  • Masked patient should dialyze at a corner or end of row station, away from traffic
  • Maintain at least 6 feet of separation (in all directions) between masked symptomatic patients and other patients during treatment
  • If intolerant of mask, maintain patient at least 6 feet from nearest station (in all directions)
• Notify health department when COVID-19 suspected or confirmed + patient is dialyzed in your unit

COVID-19 Considerations for Dialysis Programs:
Social, Spatial, and Temporal Distancing

• Minimize patient loitering in waiting area- ensure rapid screen & triage
• Ensure there is sufficient space to permit social distancing between patients (6 feet) in waiting area
• If dialyzing > 1 patient with suspected or confirmed COVID-19 in the unit, consider cohorting these patients and the HCP caring for them
  • Dedicate one section of the unit and/or the last shift of the day
• If the etiology of respiratory symptoms is known, patients with different etiologies should not be cohorted (e.g. patients with influenza and COVID-19 should not be cohorted).
COVID-19 Considerations for Dialysis Programs: (In)Patients

• Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed and a private bathroom.
• Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures


COVID-19 Considerations for Dialysis Programs: Facility Management & Equipment Disinfection

• Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program from use against SARS-CoV-2.
• Routine cleaning and disinfection using approved products are appropriate for COVID-19 in dialysis settings.
• Any surface, supplies, or equipment (e.g., dialysis machine) located within 6 feet of symptomatic patients should be disinfected or discarded.
COVID-19 Considerations for Dialysis Programs:
Work Force Management (& Transmission Mitigation)

- All staff fit tested for N95 respirators, trained in PAPR use & hood & goggle disinfection (Oxivir wipes: 0.5% hydrogen peroxide) & hand washing
- Review PPE requirements w staff: N95 respirator, Face shield or Goggles, gown & gloves
- Dedicated COVID-19 dialysis staff
- Exposure Risk Classification & Self-Management
  - According to CDC's risk assessment criteria, dialysis staff caring for a COVID-19 infected patient with ESRD would be considered low risk as long as they adhere to recommended PPE and precautions
- Telework
  - Have medical staff apply for telework privileges so they can WFH if quarantined
- Have staff trained & authorized to use Virtual Care - eg SM, VVS
  - VA Video Connect
    - TMS training 4279741
    - Contact your facility telehealth coordinator to receive webcam + head set to equip your work station
    - Participate in Skype training demonstration (Lisa Eisele VISN 1 trainer)
  - Telenephrology inpatient modalities (See Telenephrology Manual on Renal SP)
- Stress Management Exercises

COVID-19 Considerations for Dialysis Programs:
Contingency Plans

- Review your facility’s dialysis emergency preparedness response plan and consider what you can do to bolster your program’s dialysis capacity for:
  - Surge in dialysis demand resulting from the return to VA of veterans outsourced for dialysis care for evaluation and management of COVID-19 infection
  - Increased inpatient dialysis demand due to hospitalization of VA managed maintenance dialysis patients
  - Dialysis staff outages due to work force restrictions
- Identify potential COVID-19 Zones for dialysis care in your facility
- Secure powered air purifying respirator (PAPR) & Assigned hoods in DU
  - Keep PAPR plugged in so it is fully charged!
  - Date first use of HEPA filter & Have back ups (FYI-can be reused and last ~6 months)
- Review Dialysis Natural Disaster Planning Excel-based Tool (Renal SP)
Take Aways for VA Dialysis Medical Directors

• **Stay informed** of about COVID-19 to prevent introduction and minimize spread of COVID-19 in your dialysis unit
• Establish **policies** and practice to reduce spread of contagious respiratory pathogens
• **Protect** patients & **safeguard** work force
• Develop **contingency plans** for staffing outages, space, equipment & PPE needs
• Communicate & collaborate with staff, patients, local VA leadership, VACO, and other federal agency and community care partners

Resources

**VACO**
- Public Health
- OEM
- Specialty Care Services
  - ID
  - Kidney Program

**Non VA**
- CDC
- KCER
- ESRD Network
- ASN
- AMA
- APIC
- WHO

**VA Facility**
VHA COVID-19 Strategic Response Plan (V1)

- You are STRONGLY encouraged to use this as your source of information and to submit unanswered questions via the portal.

- 4 phase approach
  - Contingency planning & training
  - Initial Response
  - Establish alternate sites of care
  - Sustainment & Recovery

VA Public Health High Consequence Infection SharePoint

https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx

- Email questions to: VHAHCIGenerall@va.gov
CDC Guidance (3/10/20)

- This provides guidance for need for staff monitoring & work restrictions.

- This provides recommendations on infection prevention & control in healthcare setting including PPE.

- This is latest CDC Guidance for Dialysis (3/10/20)
VA Natural Disaster Dialysis Tool (J Hotchkiss MD)
https://vaww.infoshare.va.gov/sites/specialtycare/kidney/Kidney%20SP/Coronavirus/Natural%20Disaster%20Dialysis%20Tool%20%20V6.xlsm

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