Coronavirus Disease 2019 (COVID-19) Outpatient Dialysis Facility Preparedness Assessment Tool

All U.S. outpatient dialysis facilities should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All outpatient dialysis facilities should ensure their staff are trained, equipped, and capable of practices needed to:

- Prevent the spread of respiratory infections, including COVID-19, within the dialysis facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct dialysis facility staff and public health authorities.
- Provide dialysis for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations.
- Potentially provide dialysis for a larger number of COVID-19 patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the dialysis facility and plan for appropriate external communication related to COVID-19.

The following checklist is not a list of mandatory requirements; rather, it highlights important areas CDC recommends outpatient dialysis facilities review in preparation for potential arrivals of COVID-19 patients.

Elements to be assessed

1. Infection prevention and control policies and training for healthcare personnel (HCP):

	Completed	In Progress	Not Started
Facility leadership including, but not limited to, the Chief Medical Officer, quality officers, medical directors, facility administrator, nurse manager, infection prevention personnel, chief operating officer, nephrologists, nurse practitioners has reviewed the Centers for Disease Control and Prevention's COVID-19 guidance for dialysis facilities. www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html			
Facility provides education and job-specific training to HCP regarding COVID-19 including:			
Signs and symptoms of infection.			
Importance of hand hygiene, respiratory hygiene, and cough etiquette.			
Use of personal protective equipment (PPE) including competency evaluation.			
Triage procedures and patient placement.			
HCP sick leave policies.			
Self-monitoring for fever or respiratory symptoms including not reporting to work when ill.			
How and to whom suspected and confirmed COVID-19 cases should be reported.			

www.cdc.gov/coronavirus

Continued   Infection prevention and control policies and training for healthcare personnel (HCP):

	Completed	In Progress	Not Started
Facility provides education to patients about the following:			
COVID-19 (e.g., symptoms, how it is transmitted).			
Importance of immediately informing HCP if they feel feverish or ill.			
Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing).			
Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE).			

2. Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19:

	Completed	In Progress	Not Started
Facility has notified patients to call ahead and report fever or symptoms of respiratory infection.			
Facility has a system to receive and triage phone calls from patients with symptoms of fever or respiratory infection.			
Facility has a system to screen patients at presentation to the facility for fever or respiratory infection.			
Signs are posted in triage areas (e.g., at entrance, and in waiting areas) advising patients with fever or symptoms of respiratory infection to immediately notify triage personnel so appropriate precautions can be put in place.			
Facemasks are provided to symptomatic patients (fever or respiratory symptoms) upon entry to the facility and kept on until they leave the facility.			
Alcohol based hand sanitizer for hand hygiene is available at each entrance, in waiting areas and near treatment stations.			
Facility provides tissues and no-touch receptacles for disposal of tissues in waiting rooms and in dialysis treatment areas.			
Facility has space in waiting area for ill patients to sit separated from other patients or a process that allows medically stable patients to wait outside the facility.			
Facility has a process to ensure patients with confirmed or suspected COVID-19 are placed in the appropriate treatment area as soon as possible to minimize time in waiting areas.			
Facility has a process in place for immediate notification of facility leadership when a suspect case is identified.			
Facility has a process to notify local or state health department of a suspect case.			

3. Patient placement:

	Completed	In Progress	Not Started
Confirm the number and location of available isolation rooms (not being used for hepatitis B surface antigen positive patients) in the facility.			
For patients with undiagnosed respiratory infection, facility has an isolation room (not being used for hepatitis B surface antigen positive patient) to dialyze patient. ■ If an appropriate isolation room is unavailable, facility has a designated dialysis station(s) at a corner or end-of-row, away from the main flow of traffic, separated by at least 6 feet from nearest patient (in all directions), to dialyze a masked symptomatic patient.			
Facility maintains at least 6 feet of separation between masked patients with undiagnosed respiratory illness and other patients during dialysis treatment.			
For patients with suspected or diagnosed COVID-19, facility has a plan to dialyze patients in the facility. The same strategies used for dialyzing patients with undiagnosed respiratory infections can be used and are stated in dialysis guidelines. www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html			
Facility has a plan for cohorting patients and HCP if they are dialyzing multiple patients with respiratory infections [e.g., in the same section of the unit and/or on the same shift - consider the last shift of the day]. If diagnosis is known, patients with different respiratory infection diagnoses **should not** be cohorted.			
Facility has plans to minimize the number of HCP who enter the isolation dialysis room (or isolation station) (e.g., having dedicated HCP to care for patients with suspected or confirmed COVID-19).			

4. Transmission-Based Precautions:

	Completed	In Progress	Not Started
Facility has a procedure for assessing supply (inventory) of personal protective equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies).			
Facility has a contingency plan to optimize PPE use during shortages.			
HCP wear the following PPE when caring for patients with undiagnosed respiratory illness unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis): ■ Gloves ■ Isolation gown ■ Facemask ■ Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.			
HCP receive appropriate training, including "just in time" training on selection and proper use of (including putting on and removing) PPE, with a required demonstration of competency.			
Facility has a process for auditing HCP adherence to recommended PPE use .			

5. Movement of patients with undiagnosed respiratory infection and/or confirmed or suspected COVID-19 within the dialysis facility:

	Completed	In Progress	Not Started
Patient movement outside of the isolation room (isolation station) will be limited to essential purposes.			
Patient will be asked to wear a facemask during their time in the dialysis facility.			

6. Hand hygiene (HH):

	Completed	In Progress	Not Started
HH supplies including alcohol-based hand sanitizer are readily accessible in patient care areas, including areas where HCP put on and remove PPE.			
Facility has a process for auditing HCP adherence to recommended hand hygiene practices.			

7. Environmental Cleaning:

	Completed	In Progress	Not Started
Facility has a plan to ensure proper cleaning and disinfection of environmental surfaces and equipment in the patient isolation room or station.			
All HCP with cleaning responsibilities understand the instructions for use and contact time for selected products.			
Facility has a process to ensure shared or non-dedicated equipment is cleaned and disinfected after use and according to manufacturer's recommendations.			
Facility uses an EPA-registered hospital-grade disinfectant on hard non-porous surfaces. Refer to List N (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2. ■ When using products from List N, facilities should ensure the products also have a bloodborne pathogen claim (e.g., hepatitis B, HIV)			

8. Monitoring and managing HCP:

	Completed	In Progress	Not Started
Facility has sick leave policies that are non-punitive, flexible and allow ill healthcare personnel (HCP) to stay home.			
Facility has a process to conduct active-and/or self-monitoring of HCP if required by public health.			
Facility has a process to conduct symptom and temperature checks of HCP prior to the start of the shift.			

9. Visitor access and movement within the dialysis facility:

	Completed	In Progress	Not Started
Facility has a plan to restrict visitors who are ill from entering the facility.			
Visitors are screened for symptoms of acute respiratory infection before entering the facility.			

10. Facility maintains situational awareness of COVID-19 both at the national and local level:

	Completed	In Progress	Not Started
Facility regularly monitors the situation on CDC's coronavirus disease (COVID-19) web page. www.cdc.gov/coronavirus			
Facility knows who to contact at their local health department for information on local COVID-19 transmission			
Facility knows where COVID-19 testing is being performed locally and has a plan to refer patients who need COVID-19 testing			