

**INTERIM COVID-19 GUIDANCE  
FOR OUTPATIENT KIDNEY CENTERS IN SNOHOMISH COUNTY  
March 23, 2020**

**Background**

- Acute care facilities are experiencing heavy volumes and limited bed availability.
- Hospitalization and use of inpatient resources must be reserved for severely ill patients.
- COVID-19 contacts and cases with end-stage renal disease who do not require inpatient acute care services or who are being discharged from acute care settings can and should be safely managed in routine outpatient kidney center settings.
- Return to outpatient hemodialysis should not require that the patient be already released from isolation.

**Summary recommendations for hemodialysis staff**

- Facilities should implement sick leave policies that are non-punitive, flexible and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home.
- HCP should be reminded to not report to work when they are ill.
- Facilities should ensure that staff affirm absence of COVID-19 symptoms (sore throat, cough, fever) upon arrival for their shift. Ideally this includes objective, recorded temperature checks upon arrival each workday.

**Summary recommendations for placement and infection prevention with respect to COVID-19 among hemodialysis patients in Snohomish County hemodialysis centers**

Asymptomatic COVID-19 close contacts <14 days since last exposure:

- No isolation room necessary
- Precautions: standard
- Screen at each session upon entry for sore throat, cough and fever (objectively measure temperature and record).
- If afebrile and asymptomatic, place face mask on the patient.
- If the patient is unable to tolerate a mask, then they should be given tissues and instructed to cover their mouth and nose.
- Implement patient hand hygiene upon entry.
- Avoid conducting any aerosol generating procedures.
- Disinfect patient station and frequently touched surfaces upon exit.

COVID-19 cases still under isolation or suspected COVID-19 patients

- COVID-19 positive patients will be dialyzed in a designated isolation area or, if no other options are available, cohorted at the end of a row or corner with appropriate distancing between the patient and any COVID-19 negative patient--preferably at the end of the day.
- Precautions: standard, contact, droplet
- Staff PPE should include gown, gloves, facemask, and eye protection (i.e. goggles or face shield).
- Place face mask on the patient and escort directly to designated isolation area and close the door if such area has a door.
- Implement patient hand hygiene upon entry.
- If the patient is unable to tolerate a mask, then they should be given tissues and instructed to cover their mouth and nose.
- Avoid conducting any aerosol generating procedures.
- Disinfect patient station and frequently touched surfaces upon exit.

**COVID-19 Infection Prevention Guidelines for Hemodialysis Centers**  
**Snohomish Health District**  
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Criteria for release from isolation

- A COVID-19 positive patient must meet one of the two following sets of criteria before returning to the main dialysis floor.
  - *Non-test-based strategy.* The patient will remain in isolation until:
    - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
    - At least 7 days have passed *since symptoms first appeared*
  - *Test-based strategy.* The patient will remain in isolation until:
    - Resolution of fever without the use of fever-reducing medications and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
    - Two negative COVID-19 nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)
    - Note: this test-based strategy may not be feasible in many settings given current limitations in specimen collection and laboratory analytic resources.

COVID-19 cases post-release from isolation

- Precautions: standard
- No isolation room necessary
- The patient will wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- If unable to tolerate face mask, patient should be located  $>6'$  from the nearest other patient and given tissue to cough into.
- Pre-arrival administration of a cough suppressant can also be considered as an added measure.

**Additional note**

If a hemodialysis facility is dialyzing more than one patient with suspected or confirmed COVID-19, consideration should be given to cohorting these patients and the HCP caring for them together in the section of the unit and/or on the same shift (e.g., consider the last shift of the day). If the etiology of respiratory symptoms is known, patients with different etiologies should not be cohorted (for example, patients with confirmed influenza and COVID-19 should not be cohorted together).

**Additional Information**

Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities  
[cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html)

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