



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-19-ESRD

DATE: March 10, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities

Memorandum Summary

- **CMS is dedicated** to the continued health and safety of patients obtaining care within dialysis facilities to ensure facilities are prepared to respond to the threat of COVID-19.
- **Dialysis Guidance and Actions** - CMS is providing additional guidance to dialysis facilities to help them focus their infection control and prevention practices to prevent the transmission of COVID-19.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all dialysis facilities to monitor the CDC website for updated information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

Background

CMS is responsible for ensuring the health and safety within dialysis facilities by enforcing health and safety standards required to help facilities provide safe, quality care to dialysis patients. Due to the recent spread of COVID-19, we are providing additional guidance to dialysis facilities to help control and prevent the spread of the virus.

Guidance

Facilities should monitor the CDC website for information and resources (links below), and contact their local health department when needed. Also, facilities should be monitoring the health status of everyone (in-center and home dialysis patients/visitors/staff/etc.) in their facility for signs or symptoms of respiratory infection, including COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible exposed or

infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain open lines of communication with patients, patient representatives and/or family and other care providers to respond to the individualized needs of each patient.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/visitors or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the requirements in the Conditions for Coverage (CFC) and associated guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Dialysis Facilities

What actions should dialysis facilities implement to promote early recognition and management of patients, staff and visitors?

Facilities should screen patients, staff and visitors and contact home dialysis patients for the following:

1. Signs or symptoms of a respiratory infection, such as a fever, cough, shortness of breath or sore throat.
2. Contact with someone with or under investigation for COVID-19.
3. International travel within the last 14 days to countries with widespread or ongoing community spread. For updated information on countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
4. Residing in a community where community-based spread of COVID-19 is occurring.

Furthermore, to promptly identify and manage patients, staff or visitors with undiagnosed respiratory symptoms the following actions should be implemented:

- Facilities should identify patients with signs and symptoms of respiratory infections before they enter the treatment area.
 - Patients with symptoms of a respiratory infection should put on a facemask (i.e., surgical mask) at check-in and keep it on until they leave the facility. The facility should provide if needed.
 - Patients should inform staff of fever or respiratory symptoms immediately upon arrival at the facility (e.g., when they check in at the registration desk) (Note, the facility will likely also check patient temperature).
 - Have patients call ahead to report fever or respiratory symptoms so the facility can be prepared for their arrival or triage them to a more appropriate setting (e.g., an acute care hospital).
 - Post signs at entrances with instructions to patients with fever or symptoms of respiratory infection to alert staff so appropriate precautions can be implemented.

- Facilities should provide patients and staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
 - Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene
- Facilities should have the following supplies available to ensure adherence to hand and respiratory hygiene, and cough etiquette. These include tissues and no-touch receptacles for disposal of tissues and hand hygiene supplies (e.g., alcohol-based hand sanitizer)
- Visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication).

How should facilities monitor or restrict dialysis facility staff?

The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).

- Dialysis staff who have signs and symptoms of a respiratory infection should not report to work. Facilities should implement sick leave policies that are non-punitive, flexible and consistent with public health policies that allow ill staff members to stay home.
- Any staff member that develops signs and symptoms of a respiratory infection, should:
 - Immediately stop work (if working), put on a facemask, and self-isolate at home;
 - Inform the facility administrator, and collect information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

Where should dialysis facilities place patients with undiagnosed respiratory symptoms and/or suspected or confirmed COVID 19?

Facilities should have space in waiting areas for ill patients to sit separated from other patients by at least 6 feet. Medically-stable patients who do not have other care needs have the option to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be seen. Additional placement consideration include:

- Patients with respiratory symptoms should be brought back to a designated treatment area for evaluation as soon as possible in order to minimize time in common waiting areas.

- Facilities should maintain at least 6 feet of separation between masked, symptomatic patients and other patients and stations during dialysis treatment. Ideally, symptomatic patients would be dialyzed in a separate room (if available) with the door closed.
 - Hepatitis B isolation rooms may be used to dialyze patients if:
 - The patient with suspected or confirmed COVID-19 is hepatitis B surface antigen positive or;
 - The facility has no hepatitis B surface antigen positive patients who would require treatment in the isolation room.
 - If a separate room is not available, the patient should be treated at a corner or end-of-row station, away from the main flow of traffic (if available). The patient should be separated by at least 6 feet from the nearest patient stations (in all directions).

When transmission in the community is identified, the local medical system's capacity to accept hemodialysis patients for treatment may be exceeded. Public health authorities and dialysis facilities should refer to pandemic and emergency preparedness plans to help determine alternatives. Alternative options may include the need to continue dialysis in the outpatient hemodialysis setting if the patient's condition does not require a higher level of care. 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 dialysis staff caring for them together in the unit and/or on the same shift (e.g., consider the last shift of the day). Additionally, per current CDC guidance, an airborne infection isolation room (AIIR) is not required for the evaluation or care of patients with suspected or confirmed COVID-19. AIIRs should be prioritized for patients who are critically ill or receiving aerosol-generating procedures.

What type of Personal Protective Equipment (PPE) should be used when caring for patients with undiagnosed respiratory symptoms?

When providing dialysis care, facilities should continue to follow the infection control requirements at 42 CFR §494.30 including requirements for hand hygiene, PPE, isolation and routine cleaning and disinfection procedures.

- In general, dialysis staff caring for patients with undiagnosed respiratory infections should follow Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes the use of:
 - Isolation gowns
 - The isolation gown should be worn over or instead of the cover gown (i.e., laboratory coat, gown, or apron with incorporate sleeves) that is normally worn by hemodialysis personnel. This is particularly important when initiating and terminating dialysis treatment, manipulating access needles or catheters, helping the patient into and out of the station, and cleaning and disinfection of patient care equipment and the dialysis station.
 - Remove and discard the gown in a dedicated container for waste or linen before leaving the dialysis station. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - Gloves
 - Facemask

- Eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face). Personal glasses and contact lenses are NOT considered adequate eye protection.

Please see discussion below of Expanded Respirator Guidance below for additional information.

How should facilities ensure appropriate cleaning and disinfection of environmental surfaces, medical devices and equipment?

- Facilities should continue to follow the infection control requirements related to cleaning and disinfection at 42 CFR §494.30 which include:
 - Ensuring items taken into the dialysis station either be disposed of, dedicated for use only on a single patient, or
 - Cleaned and disinfected per manufacturer's directions for use before being taken to a common clean area or used on another patient.
- Facilities should implement routine cleaning and disinfection procedures which are appropriate for COVID-19 in healthcare settings which include:
 - Using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label.
 - Using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.
- Facilities should provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

When should the dialysis facility consider transferring a patient to an alternative site for treatment?

- If the facility cannot fully implement the recommended precautions or if the patient's condition requires care that the dialysis facility is unable to provide, the patient should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
- While awaiting transfer, patients should wear a facemask and be separated from other patients. If stable, patients can be asked to wait in their vehicles or return home. If that is not possible, then they should be placed in a separate room with the door closed. Contact with patient should be minimized. Appropriate PPE should be used by healthcare personnel when coming within 6 feet of patients with known or suspected COVID-19.

Are there special considerations for Home Dialysis Patients?

Dialysis facilities should continue to follow the guidelines as required regarding monthly monitoring of home dialysis patients onsite at the facility. While we want to limit exposure for the home dialysis patients, COVID-19 is particularly aggressive in individuals who are elderly and those with chronic conditions including end-stage renal disease (ESRD). It is important that the home dialysis patients do not miss their onsite appointments to ensure that all dialysis procedures are followed to ensure a safe environment for the patient. Facilities should be vigilant in monitoring any changes in guidelines as new information is available.

Will dialysis facilities be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact their CMS Location.

CDC Resources:

- Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC guidance for dialysis safety including infection prevention tools:
<https://www.cdc.gov/dialysis/index.html>
- *Strategies for Optimizing the Supply of N95 Respirators:*
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html
- Weekly e-mails regarding COVID-19:
https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067

FDA Resources:

- Emergency Use Authorizations: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

CMS Resources:

- Appendix H of the State Operations Manual- Guidance to Surveyors: End-Stage Renal Disease Facilities at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_h_esrd.pdf

- Appendix Z of the State Operations Manual - Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance at:https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf
- Dialysis resources on the CMS website including interpretative guidance at:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis>

Contact: Questions about this memorandum should be addressed to QSOG_EmergencyPrep@cms.hhs.gov. Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
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cc: Survey and Operations Group Management