



Coronavirus Disease 2019 (COVID-19)

Considerations for Providing Hemodialysis to Patients with Suspected or Confirmed COVID-19 in Acute Care Settings

Related Pages

[Patient Screening at Dialysis Facilities](#)

[Dialysis in Acute Care](#)

1. Is there a preferred hemodialysis modality (intermittent hemodialysis or continuous renal replacement therapy (CRRT)) for patients with suspected or confirmed COVID-19 in the acute care setting?

Based on a patient's clinical status and the facility's resources, clinicians can decide to provide either intermittent hemodialysis or CRRT to patients requiring hemodialysis. For infection control purposes, limit the healthcare personnel (HCP) exposed to patients with suspected or confirmed COVID-19 to those essential for their care.

In the intensive care unit (ICU), CRRT is usually managed by an ICU nurse; due to this, use of CRRT may help limit the number of HCP exposed to the patient. For ICU patients with end-stage renal disease with a dialysis fistula or graft, clinicians can weigh the risks and benefits of placing a dialysis catheter for CRRT (in order to limit HCP exposure) or performing intermittent hemodialysis.

2. Where should intermittent hemodialysis be performed in the acute care setting?

For patients with suspected or confirmed COVID-19 requiring intermittent hemodialysis in the acute care setting, dialysis should ideally be performed in the patient's hospital room with the door closed. This serves to limit the patient's movement within the hospital.

If the patient is to be dialyzed in the acute care dialysis unit, consider the following:

Transporting patient to the acute care dialysis unit

When a patient with suspected or confirmed COVID-19 is being transported to the acute care dialysis unit, ensure HCP adhere to [recommended infection control practices](#). The patient should wear a facemask during transportation. Additional information about the personal protective equipment recommended for transport personnel is available [here](#).

Dialyzing patient in an acute care dialysis unit isolation room

If the acute care dialysis unit has an isolation room, hemodialysis should be performed in the isolation room with the door closed. Hepatitis B isolation rooms should only be used for dialysis patients with confirmed or suspected COVID-19 if:

- 1) the patient is hepatitis B surface antigen positive or

2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.

The isolation room should be terminally cleaned after the care of each patient with COVID-19. Please refer to [Question 5](#) for cleaning and disinfection of dialysis machine, equipment, and supplies.

Dialyzing several patients with **confirmed** COVID-19 (cohorting) in a shared room in the acute care dialysis unit

In a situation where there are several patients with **confirmed** COVID-19 requiring hemodialysis (non-ICU), consider cohorting the patients on the same dialysis shift, preferably the last dialysis shift of the day to allow for terminal cleaning of the dialysis unit following treatment. If possible, patients without COVID-19 should not receive dialysis during the same shift (in the same room); if patients without COVID-19 are dialyzed at the same time in the unit, they should be kept at least 6 feet away from the COVID-19 patients at all times. Patients with confirmed or suspected COVID-19 should continue to wear their facemask during treatment and adhere to appropriate respiratory hygiene and cough etiquette. Please refer to [Question 5](#) for cleaning and disinfection of dialysis machine, equipment, and supplies.

3. What are the recommendations for dialysis staff caring for patients with suspected or confirmed COVID-19? —

Dialysis staff performing dialysis treatment should [use all PPE](#) recommended for the care of patients with suspected or confirmed COVID-19.

Facilities should consider prioritizing respirators for fit-tested dialysis staff who spend several hours in a patient's room during a dialysis treatment with the door closed.

If possible, dialysis staff should limit time in the room with the patient. The facility should consider having dialysis staff observe and monitor the patient through a window, glass door, or camera while keeping the door closed during the dialysis session. If dialysis staff are working from outside the room, the patient must be closely monitored at all times and care should be taken to prevent complications such as needle dislodgements and exsanguination.

4. Do patients with suspected or confirmed COVID-19 need to wear masks during their dialysis treatment? —

Patients receiving dialysis in their own room or an isolation room do not need to wear a mask if dialysis staff are working from outside the room. If dialysis staff are remaining in the room with the patient, the patient should wear a facemask if tolerated. Dialysis staff in the room should use [all recommended PPE](#).

When patients with confirmed COVID-19 are being dialyzed in the acute dialysis unit, the patient should wear a facemask for the duration of treatment. Dialysis staff in the room should adhere to appropriate [Transmission-Based Precautions](#) and use [all recommended PPE](#).

5. What are the recommendations for cleaning and disinfecting the hemodialysis machine and equipment after use for suspected or confirmed COVID-19 patients? —

Current standards for routine cleaning and disinfection of hemodialysis equipment are appropriate for COVID-19.

In Room Dialysis Treatment:

- It is important to follow your current process for disinfecting hemodialysis equipment, paying close attention to infection control practices to ensure that other equipment or surfaces are not cross-contaminated.
- When the dialysis machine, supplies, and equipment are moved out of a patient's room, the dialysis machine should go through routine cleaning and disinfection procedures. An EPA-registered, hospital-grade disinfectant should be used according to the manufacturer's instructions. Please refer to [List N](#) [↗](#) for products 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., HIV, hepatitis B)**

- Disposable medical supplies brought to the patient's room should be discarded.
- All non-dedicated, non-disposable medical equipment used for dialysis treatment should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Follow standard operating procedures for the disposal of used PPE and regulated medical waste.
- Review the dialysis machine's cleaning recommendations to ensure that disinfectants are compatible with the machine.

Treatment on Dialysis Unit:

- Any surface, supplies, or equipment such as the dialysis machine, located within 6 feet of symptomatic patients, should be disinfected or discarded appropriately.
- Disposable medical supplies brought to the dialysis station should be discarded.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Staff should follow standard operating procedures for the disposal of used PPE and regulated medical waste.
- If linens or disposable cover sheets are used on the dialysis chairs, follow standard procedures for containing and/or laundering used items.

Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#).

6. When CRRT is performed, is there a specific recommendation for disposing effluent from patients with suspected or confirmed COVID-19?

Dialysis effluent from suspected or confirmed COVID-19 patients can be disposed of per standard facility protocols. HCP caring for the patient in the patient room or disposing of effluent from the CRRT machine should wear recommended PPE (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

7. What are the recommendations for cleaning and disinfecting the CRRT machine and equipment after use for suspected or confirmed COVID-19 patients?

When the CRRT machine is being moved out of a patient's room, the CRRT machine should be cleaned and disinfected per routine procedures. An EPA-registered, hospital-grade disinfectant should be used according to the manufacturer's instructions. Please refer to [List N](#) for products 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 such as for HIV or hepatitis B.**

Many CRRT machines do not have internal fluid pathways, so only external surfaces need to be cleaned and disinfected. There are several [germicidal wipes](#) that can be used.

For touch screens, check manufacturer's instructions for use for compatible products that can be used; some may not be compatible with chlorine or alcohol containing products. If the machine has an internal pathway, refer to manufacturer's instructions for disinfection.

8. What are the discharge planning considerations for hemodialysis patients with suspected or confirmed COVID-19?

When patients requiring maintenance hemodialysis are deemed appropriate for discharge, the accepting dialysis facility should be notified of the patient's COVID-19 testing status. This will allow the accepting facility to institute appropriate Transmission-Based Precautions as described in the following guidance

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>

The discharging facility and accepting dialysis facility should ensure transportation to and from the dialysis facility can be done safely.

For information on discontinuing Transmission-based Precautions see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

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