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Provincial Directors of Health Services
Regional Directors of Health Services
Heads/ Directors of Health Institutions
Directors of National Hospitals/ Teaching Hospitals/ Provincial General Hospitals/ District
General Hospitals
Medical Superintends of Base Hospitals and other Hospitals
All Consultant Nephrologists / Consultant Physicians managing renal patients

Guidelines for prevention and management of COVID 19 infection in CKD, renal transplant and haemodialysis patients.

CKD, renal transplant and haemodialysis patents are at a greater risk of getting infected with COVID 19. The Sri Lanka society of Nephrologists recommend the following for prevention and management of COVID 19 in CKD, renal transplant and hemodialysis patients.

Instructions for outpatient care.

- 1. In outpatient clinics, please collect the books/ cards and prescribe the medications without directly coming in to contact with the patients. You can see only the patients who have got some problems which need sorting out. Medications can be prescribed for period of 2 -3 months instead of monthly to minimize overcrowding. This is also applicable to stable patients post 6 months following renal transplant.
- 2. If the patient is in a reasonably stable condition, even a family member can come to the clinic for the medications. The stable patients can be seen in the clinic later, once this corona pandemic is over.
- 3. A unit hotline should be available for CKD, renal transplant, CAPD and haemodialysis patents to contact and get some advice.
- 4. All renal transplant and haemodialysis patient should inform and discuss the unit hotline before they get admitted themself to the hospitals for any reason. This will prevent unnecessary admission.

Instructions for haemodialysis patients.

- 1 All routinely dialyses patients should receive their dialysis as usual from their respective dialysis units.
- 2 It is very risky to admit HD patients to ETU/PCU or even medical wards especially in hospitals managing COVID 19 patients. There is high risk of dialysis patients getting infected with COVID 19. Please ask your patients to directly report to the dialysis unit. Later, medical staff can arrange a BHT for the patient.
- 3 Patients should arrange their own transport and public transport should not be used.
- 4 Divide your dialysis patients into groups so as to have fixed dialysis schedules. It is preferable to divide staff also into 2 or more groups according to the patient load in such a way that one group of patients will always be handled by one group of staff.
- The nurse in charge or sister who has to mix with other people for administrative work should try to coordinate work from outside (visit the dialysis unit minimally).

 Minor staff workers who help with outside work should not enter the unit.
- 6 All patients should be screened for fever, features of acute respiratory illness, foreign travel and contact history on arrival to dialysis unit by dialysis team.
- 7 Dialysis team should wear a surgical mask throughout the shift.
- 8 Before entering the dialysis unit, patients and accompanying persons should have the facility to wash hands with soap and running water for 20 seconds. This should be followed by the use of a hand sanitizer with 70% alcohol. They should wear surgical masks throughout the treatment period and during traveling. Please avoid meals during the dialysis.
- 9 Patients should not be in close proximity; treatment and waiting areas should have good air conditioning and ventilation to remove droplet particles from the air. Do not allow relations to stay outside the dialysis unit. Accompanying person / relation should come to collect patient at end of the dialysis.
- 10 The air conditioning may be turned off if there is facility for adequate ventilation.
- 11 Dialysis machine and equipment that may come into contact with patients or potentially contaminated material should be disinfected after each dialysis according to standard protocols (70% Alcohol).
- 12 Patients on dialysis who have a family member or care giver subject to basic quarantine can have dialysis as usual in accordance during the 14-days period. You should ask about update on this quarantine person regularly.
- 13 If a newly confirmed or highly suspected case of COVID 19 infection patient in a dialysis centers is identified, disinfection should be carried out immediately.

- 14 Ask your patients to stay at home all the time. They should not go out for any reason except dialysis.
- 15 All hemodialysis and CAPD patients should inform and discuss via unit hotline before they get admitted themself to the hospitals for any reason. This will prevent unnecessary admission and risk of acquiring COVID 19 infection.
- 16 You should continue dialysis of patients having isolated fever without respiratory illness in respective units.
- 17 Any patient having fever with respiratory symptoms without fitting into Ministry of Health definition of clinically suspected case of COVID 19 (A, B, C), should undergo dialysis with maximum precautions.
- 18 Any patients having symptoms suggestive of clinically suspected COVID 19 case (A, B,C) should be transferred by ambulance to the closest designated hospital for corona care after discussing with respective consultant nephrologist and on call medical team.
- 19 Patients with clinically suspected COVID-19 infection should be admitted to an isolation ward of specified hospitals.
- 20 Clinically suspected patient of COVID 19 infection should be given isolated night dialysis. Minimal staff should be present and all need to wear PPE. Please be ready with adequate number of PPE at the unit all the time.
- 21 Each dialysis unit should have at least one isolation dialysis bed at corner of the main unit with separate entry. Otherwise, there should be facility to do haemodialysis at corona isolation areas (with portable RO).
- 22 In case of confirmed case of COVID 19 infection, please discuss with national institute of infectious diseases (IDH) for further help.
- 23 Please take all steps to prevent your patients getting COVID 19 infection. Working hard and educating juniors will facilitate this. Please instruct junior staff to consult the consultants/ senior staff if there are doubts. Protect our HD patients from COVID 19 infection. It will protect you and your staff too.

Dr. Anil Jasinghe

Dr. Anil Jasinghe Director General of Health Services Ministry of Health & Indigenous Medicine Servises 385, Rev. Baddegama Wimalawansa Thero Mawaina.

Director General of Health Services.

Cc: Secretary, Health

DDG-MSI&II

DDG- NCD

Chief Epidemiologist