



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Department of Dialysis Policies and Procedures**

**POLICY NO. 417 Issue 1**  
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**SECTION: INFECTION CONTROL**

**SUBJECT: DIALYZING AND INFECTION CONTROL WITH CORONAVIRUS POSITIVE PATIENTS AND PERSONS UNDER INVESTIGATION (PUI) IN OUTPATIENT DEPARTMENT**

**APPROVED BY:** \_\_\_\_\_  
 NURSE MANAGER

**POLICY**

All facility staff, regardless of position, are required to adhere to the guidance outlined in this policy. There are four categories of patients that will be addressed in this interim guidance:

**PROCEDURE**

- I. **COVID-19 positive patients:** patients who have tested positive for COVID-19
  - A. Patients will be sent to the hospital emergency department and get dialysis inpatient with the Nephrologist's order.
  
- II. **Asymptomatic persons reporting a close contact exposure to COVID-19:** Persons who report close contact exposure to a person(s) who are suspected COVID-19 positive but do not exhibit any signs or symptoms of COVID-19 illness.
  - A. Patients in this category will be on isolation shift (1<sup>st</sup> shift) or isolation room
  - B. Patients who are asymptomatic must be screened and monitored for onset of signs/symptoms for 14 days in the isolation room / shift. After 14 days of monitoring, the asymptomatic patient may move out of the cohorted location and time within the home clinic.
  
- III. **Persons under Investigation (PUI) with history and symptoms consistent with COVID-19 and have NOT been tested**
  - A. Patients in this category will be on isolation shift (2<sup>nd</sup> shift) or isolation room and must remain in their PUI isolation shift / room until resolution of signs/symptoms of COVID-19 virus is achieved.
  
- IV. **Persons under Investigation (PUI) with history and symptoms consistent with COVID-19 and have been tested for COVID-19 and awaiting testing results.**
  - A. Patients in this category will be on isolation shift (3<sup>rd</sup> shift) or isolation room until results of COVID-19 testing are known.
  - B. Patients determined to be positive for COVID-19 virus will be sent to the hospital's emergency department under the nephrologist's order or refer to Section V.

**V. Discharging a COVID-19 Positive or COVID-19 Unknown/Symptomatic patient from an Isolation Clinic, Isolation Shift and/or Hospital**

There are two sets of criteria to determine in isolation clinics and on isolations shifts when it is appropriate for a patient to be discharged from the isolation unit to their home clinic.

- A. Test-based strategy. Patient must remain in the isolation unit and/or isolation shift until the following:
  - 1. Resolution of fever without the use of fever-reducing medications **and**
  - 2. Improvement in respiratory symptoms (e.g. cough, shortness of breath), **and**
  - 3. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq$  24 hours apart (total of 2 negative specimens)
  
- B. Non-test-based strategy. Patient must remain in the isolation unit and/or isolation shift until the following:
  - 1. 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**
  - 2. At least 14 days have passed since symptoms first appeared.  
In no instance shall the PUI or COVID-19 positive patient be released from the hospital in less than 14 days since date of admission to the isolation.
  
- C. A patient cannot be discharged before 14 days unless accepted by the dialysis facility based on availability of isolation chairs.

**REFERENCES:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/>

**DEFINITIONS:** N/A

**ATTACHMENTS:** N/A

**APPROVAL DATE:**

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>04/06/2020</u>	<u>Medical Director, Nephrology</u> Applicable Administrator, Hospital or Medical Committee
<u>04/21/2020</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>04/22/2020</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>04/20/2020</u>	<u>Infection Control Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>04/24/2020</u>	<u>Nursing Standards Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Board of Supervisors</u> Approved by the Governing Body

**REPLACES:** N/A

**EFFECTIVE:**

**REVISED:** N/A

**REVIEWED:** N/A



**SECTION:** WATER POLICY

**SUBJECT:** NEUTRALIZATION AND DISPOSAL OF RESIDUAL ACID CONCENTRATE FOR VOLUMES GREATER THAN (>) 5 GALLONS

**APPROVED BY:** \_\_\_\_\_  
UNIT MANAGER

**POLICY**

Acid concentrates greater than 5 gallons are neutralized and disposed of properly.

**I. Materials Required**

- A. Designated drain
- B. Water supply to rinse bucket
- C. 5-gallon bucket with a 3.5-gallon fill line labeled with Hazardous Material Information Guide (HMIG) tag as used with acid concentrates; DO NOT USE LABEL
- D. Stirrer
- E. Bicarbonate powder
- F. Personal Protective Equipment (PPE) – face and eye protection, gloves, fluid resistant / fluid impervious long sleeved barrier garment
- G. pH test strip, 4.5-10 pH range (part number K100-0104.5)
- H. Measuring cup with ¼, ½ and 1 cup measured markings

**II. Procedure**

- A. Only trained staff should perform this procedure
- B. Put on PPE. Place DO NOT USE label on bucket.
- C. Transfer small volumes of residual acid concentrate solution to an open 5-gallon bucket with a 3.5-gallon fill line. 3.5 gallons should be the maximum amount added in the small bucket
- D. Slowly add ½ cup of bicarbonate to the bucket and stir gently for 5-10 minutes.
- E. Wait at least one (1) minute in between addition of cups of sodium bicarbonate powder to the acid concentrate solution to allow time for reaction between the powder and the acid concentrate to take place
- F. Document the number of cups of sodium bicarbonate and the volume of residual acid concentrate solution on the Neutralization and Disposal of Residual Acid Concentrate Log
- G. Measure the pH of the residual acid concentrate solution. (See Section III: pH Test Strips Instructions for Use). If the pH is within 6 - 7, the process of neutralization is complete. Document the pH results on the Neutralization and Disposal of Residual Acid Concentrate Log.
- H. If the pH is not within 6 - 7, continue to add sodium bicarbonate powder to the residual acid concentrate solution one (1) cup at a time, allowing one (1) minute between the addition of each cup until the pH measurement is 6-7. Discard solution down the designated drain.
- I. Rinse the residual acid concentrate solution container.
- J. Complete the Neutralization and Disposal of Residual Acid Concentrate Log

**III. K100-0104 E-Z Check ® 0-14 pH Test Strips Instructions for use**

- A. Remove one strip from the bottle and immediately recap the bottle.
- B. Dip the strip into the water to be tested and move back and forth until the color on the indicator pads has stopped changing.
- C. Remove the strip and shake off excess liquid. Compare the strip to the color chart on the bottle.
- D. Match the strip as closely as possible to one of the color scales on the bottle. Read the pH listed above the matched colors. Colors that are between two scales indicate a pH that is between the two values for those scales.

**REFERENCES:** [https://rpc-rabrenco.com/assets/documents/K100-0104\\_0104\\_5\\_TestStrips\\_2.pdf](https://rpc-rabrenco.com/assets/documents/K100-0104_0104_5_TestStrips_2.pdf)  
[https://rpc-rabrenco.com/assets/documents/K100-0104\\_IFUs.pdf](https://rpc-rabrenco.com/assets/documents/K100-0104_IFUs.pdf)

**DEFINITIONS:** N/A

**ATTACHMENT:** Attachment A - Neutralization and Disposal of Residual Acid Concentrate Log

**APPROVAL DATE:**

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>4/6/2020</u>	<u>Medical Director, Nephrology</u> Applicable Administrator, Hospital or Medical Committee
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<u>5/6/2021</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>Board of Supervisors</u> Approved by the Governing Body

**REPLACES:** N/A

**EFFECTIVE:**

**REVISED:** N/A

**REVIEWED:** N/A

