

COVID-19 Survey Summary

Thanks to all who participated in our first, general, nonscientific survey on COVID-19! We realize it was difficult to answer the survey questions because the situation has been so dynamic, but it provided an interesting snapshot of what's going on in dialysis units.

We received responses from Belgium, Canada, Czech Republic, Germany, Greece, Italy, Israel, Lebanon, Malta, Poland, Portugal, Saudi Arabia, South Africa, Spain, Sweden, the UK and the USA.

Most respondents were nurses, most units were public, hospital-based units.

Most (69%) units have treated COVID-19 positive patients.

Most (65.5%) units tested patients with symptoms, 24% screened all patients; most places (62%) did not routinely screen staff for COVID-19.

Most units did not shorten dialysis patient treatment time; those that did, did so by reducing the frequency of treatment sessions.

Positive or suspected positive patients were: 38% treated in the usual unit; 20% transferred to another unit or center; 10% transferred to hospital care.

Patients were isolated: 37% in a single room; 30% in a separate location; other methods included a negative pressure room, performing dialysis on positive patients at the end of the day, and installing temporary walls and extra curtains.

37% managed social distancing by having patients enter the units individually, ensuring mask wearing by staff and patients and having distance signs on the floor. Other units reduced the number of patients per shift, disallowed visiting during treatments, disallowed eating during dialysis

There was quite an even split (55% yes, 45% no) of units experiencing a shortage of PPE; from those who did experience shortage, it was usually (72%) in surgical masks, followed by face shields, gloves and n95/ffp2 masks.

50% of units experienced staff shortages, from colleagues being positive or in quarantine or released from work because they were in a high-risk group; these shortages were covered by extra or longer shifts, activating the return of retired dialysis staff, allocating more patients per nurse, or having nurses without dialysis experience to help monitor patients.

The question with the most common factor was the stress level of work! 90% reported that work was significantly more stressful than usual. Feeling the need for psychological support was an even result of 50/50; 55% reported workplaces offered psychological support.

Also recently discussed on the Forum was regarding disinfection procedures for the dialysis machine after treating COVID-19 positive patients. It was agreed that external cleaning with chlorine is sufficient, with no need to change the filters in the machines between patients.

Comments, corrections, questions? Write to us: mail to: renalpro@mailman.srv.ualberta.ca

01/10/2020