## *B5 Haemodialysis*

## 1 Particulars of the service

|  |  |
| --- | --- |
| Scope of service |       |
| Operating hours |       |
| Haemodialysis service | No of beds/ chairs:       |

## 2 Advisor for haemodialysis service

|  |  |  |
| --- | --- | --- |
| Is the CME a specialist in nephrology? | [ ]  Yes | [ ]  No |

|  |
| --- |
| If no, please complete the following information for the advisor: |
| Name in English |      (Surname) |      (Given names) |
| Name in Chinese |      (Surname) |      (Given names) |
| Qualifications |       |
| Telephone number |      (Daytime) |      (Emergency) |
| E-mail address |       |

## 3 Nurse-in-charge[[1]](#footnote-1)

|  |  |  |
| --- | --- | --- |
| Name in English |      (Surname) |      (Given names) |
| Name in Chinese |      (Surname) |      (Given names) |
| Qualifications |       |

## 4 Staffing

|  |  |
| --- | --- |
|  | Number of staff |
| Nurse | RN | Specialist[[2]](#footnote-2):       | EN:       |
| General:       |
| Clinic assistant |       |
| Others (please specify): |  |
|       |       |

## 5 Other staffing requirement

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. For each patient attending the facility, there is a specialist in nephrology in charge of his or her dialysis treatment
 | [ ] Yes | [ ] No | Record |
| 1. At all times when the facility is in operation, a medical practitioner should be contactable to render medical care and advice when needed and in emergency
 | [ ] Yes | [ ] No | Duty roster |
| 1. The nurse to patient ratio is at least 1:5
 | [ ] Yes | [ ] No | Duty roster |
| 1. All staff are trained in the provision of renal dialysis service
 | [ ] Yes | [ ] No | Staff qualification/ training record |
| 1. At least half of the nursing staff on duty have completed one of the renal specialty courses recommended by the Hong Kong College of Physicians
 | [ ] Yes | [ ] No | Staff qualification/ training record |

## 6 Critical or major equipment

**(e.g. dialysis machine, water treatment system, resuscitation equipment)**

| Type of equipment | Quantity | Schedule of maintenance as per the manufacturer’s recommendation | Date of last serviced |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## 7 Facilities and equipment

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. There is sufficient circulating space around each bed or chair for nursing care to take place
 | [ ] Yes | [ ] No | Site environment |
| 1. There are designated clean areas for the preparation, handling, and storage of medications, supplies, and equipment. Clean areas are separated from areas where contaminated or used supplies and equipment are handled or stored
 | [ ] Yes | [ ] No | Site environment |
| 1. The clinical areas have immediate access to hand washing facilities
 | [ ] Yes | [ ] No | Site environment |

## 8 Testing and maintenance of haemodialysis (HD) machines

|  |  |
| --- | --- |
| 1. Total number of HD machines (including spare machines)
 |       |
| 1. Disinfection are carried out in accordance with recommendation of manufacturer
 | [ ] Yes  | [ ] No  |
| Type: |       |
| Frequency: | Every       month(s) |
| 1. Testing, repair and maintenance records are kept
 | [ ] Yes | [ ] No |
| 1. Test for residual disinfectant
 | [ ] Yes | [ ] No[ ] NA |
| 1. Regular test for dialysis fluid
 |  |
| * 1. microbiological
 | [ ] Yes | [ ] No |
| Frequency: | Every       month(s) |
| * 1. endotoxin
 | [ ] Yes  | [ ] No |
| Frequency: | Every       month(s) |
| 1. Haemodialysis is **not** performed during disinfection procedures, and during maintenance and repair of relevant machines
 | [ ]  **NOT** performed | [ ] Performed |

## 9 Testing and maintenance of water treatment and distribution system

|  |  |  |
| --- | --- | --- |
| 1. Disinfection are carried out in accordance with recommendation of manufacturer
 | [ ] Yes  | [ ] No  |
| Type: |       |
| Frequency: | Every       month(s) |
| 1. Testing, repair and maintenance records are kept
 | [ ] Yes | [ ] No |
| 1. Test for residual disinfectant
 | [ ] Yes | [ ] No[ ] NA |
| 1. Regular test for reverse osmosis water:
 |  |
| 1. microbiological
 | [ ] Yes | [ ] No |
| Frequency: | Every       month(s) |
| 1. endotoxin
 | [ ] Yes | [ ] No |
| Frequency: | Every       month(s) |
| 1. inorganic contaminants
 | [ ] Yes | [ ] No |
| Frequency: | Every       month(s) |
| 1. Haemodialysis is **not** performed during disinfection procedures, and during maintenance and repair of relevant systems
 | [ ]  **NOT** performed | [ ]  Performed |
| 1. Alarm system in place to monitor water treatment system (e.g. water level)
 | [ ] Yes | [ ] No |

## 10 Policies and procedures

| Written policies and procedures on the following are in place: | **Evidence to substantiate compliance** |
| --- | --- |
| 1. admission of patients to haemodialysis centre
 | [ ] Yes | [ ] No | Document |
| 1. management of patients with blood-borne infections
 | [ ] Yes | [ ] No | Document |
| 1. immunisation for susceptible patients and staff against infections
 | [ ] Yes | [ ] No | Document/ record |
| 1. staffing arrangements for haemodialysis procedures
 | [ ] Yes | [ ] No | Duty roster |
| 1. informed consent
 | [ ] Yes | [ ] No | Consent form |
| 1. initiation and termination of haemodialysis procedures
 | [ ] Yes | [ ] No | Document |
| 1. monitoring of patient conditions during dialysis
 | [ ] Yes | [ ] No | Form/ record |
| 1. care of vascular access
 | [ ] Yes | [ ] No | Form/ record |
| 1. operation of the haemodialysis machines and water treatment systems
 | [ ] Yes | [ ] No | Document |
| 1. disinfection and rinsing of equipment
 | [ ] Yes | [ ] No | Document |
| 1. testing of water quality at haemodialysis machines and at water treatment systems at regular intervals
 | [ ] Yes | [ ] No | Document |
| 1. infection control
 | [ ] Yes | [ ] No | Document |
| 1. injection safety, proper sharps handling and disposal, and post-exposure management
 | [ ] Yes | [ ] No | Document |

## 11 Prevention of blood-borne infection

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. There are protocols for serological testing of blood-borne viruses for patients, with results documented:
 |  | Document |
| * 1. prior to commencing HD
 | [ ] Yes | [ ] No |
| * 1. at regular intervals
 | [ ] Yes | [ ] No |
| Frequency: | Every       month(s) |
| * 1. when clinically indicated
 | [ ] Yes | [ ] No |
| 1. There are dedicated facilities and equipment for patients with hepatitis B or C
 | [ ] Yes | [ ] No[ ] NA | Site environment |
| 1. Patients with hepatitis B are dialysed with dedicated facilities and equipment in segregated area away from patients without hepatitis B
 | [ ] Yes | [ ] No [ ] NA | Site environment |
| 1. If dialyser is reused, there are protocols on the cleaning and preparation before reuse. The dialyser should only be reused for the same patient
 | [ ] Yes | [ ] No[ ] NA | Document |
| 1. Dialyser is not reused in patients with hepatitis B or C
 | [ ] Not reused | [ ] Reuse[ ] NA | Document |

## 12 Resuscitation and contingency

|  | **Evidence to substantiate compliance** |
| --- | --- |
| 1. Emergency medications are stored in a designated and easily accessible area in the facility
 | [ ] Yes | [ ] No | Site environment |
| 1. Viability of emergency medications are regularly checked
 | [ ] Yes | [ ] No | Document |
| Frequency: | Every       month(s) |
| 1. There are written policies and procedures for handling emergencies within the service, including fire hazard and sudden interruption of electricity supply or water supply
 | [ ] Yes | [ ] No | Document |
| 1. Contingency plan is in place to allow for return of blood from dialysis machines during emergencies
 | [ ] Yes | [ ] No | Document |
| 1. Written policies are in place for the arrangement for interruption of services, e.g., during adverse weather conditions
 | [ ] Yes | [ ] No | Document |
| 1. There are clinical guidelines in place for management of disinfectant toxicity
 | [ ] Yes | [ ] No | Document |
| 1. Drills for emergency transfer
 | [ ] Yes | [ ] No | Drill/ record |
| Frequency: | Every       month(s) |

1. At all times the facility is in operation, a registered nurse who has completed one of the renal specialty courses recommended by the Hong Kong College of Physicians is assigned as the duty nurse-in-charge to supervise nursing care of the service. [↑](#footnote-ref-1)
2. Refer to nursing staff who have completed one of the renal specialty courses recommended by the Hong Kong College of Physicians [↑](#footnote-ref-2)