

Joint statement from professional and patient societies on dialysis away from base (DAFB) in the UK

As lockdown restrictions ease across the UK, patients are keen to make travel plans. The government has published its proposed [roadmap](#) out of lockdown restrictions, but concern exists about rising rates of COVID-19 infection across the UK. This advice applies irrespective of the DAFB type (Haemodialysis or Peritoneal Dialysis). **This guidance only applies if shielding or local lockdown is not in place in base or destination units.**

Opening up DAFB is a local decision based on resources and the COVID-19 situation in each unit, but equal access to DAFB for all UK patients is desirable. We recommend that all units actively consider this question at the earliest opportunity, keep any decisions under review, and ensure that DAFB status is communicated so that patients are aware.

Patients receiving dialysis remain clinically extremely vulnerable to COVID-19 compared with the general population and transmission has occurred in dialysis units. We recommend that dialysis away from base ([DAFB](#)) should be discussed on an individualised basis between the patient and their clinical team using the principles stated below. Information on incidence of new COVID-19 infections in UK dialysis units can be found on the latest [Renal Registry Report](#), but given the rapidly changing situation, direct communication with the proposed DAFB unit regarding infection rates is advised.

1. Assess risk based on the following:
 - a. Current incidence of COVID-19 in the base unit / locality
 - b. Current incidence of COVID-19 in the designated unit/locality for DAFB.
 - c. DAFB unit IPC precautions in place
 - d. Base unit IPC precautions (see risk assessment on page 4)
2. Ensure that there is a documented discussion between the clinical staff at the base unit and the DAFB centre for shared awareness of COVID-19 rates and confirmation of number of recent COVID-19 infections in the base unit or receiving service. Ensure that the patient is aware in advance of the local protocols that they will need to follow.
3. Those wishing to have holiday dialysis should have received 2 doses of COVID-19 vaccine separated by at least 3 weeks before travelling. Travel should ideally be at least 2 weeks after the 2nd dose to build up an immune response. However, if a patient has refused vaccination or been unable to be vaccinated this should not exclude them being considered for DAFB.
4. Patients should have a negative PCR COVID-19 swab 3-5 days before travel, whether in UK or elsewhere.
5. **Travel within the UK** - on return to the base unit, patients may not need to dialyse in isolation depending on individual unit policy following local risk assessment (see point no. 1). COVID-19 tests should be performed as per unit protocol.

6. **Travel to non-UK countries designated “green” by the UK government** – patients should follow [government guidance](#) on privately-arranged testing requirements before and after travel. On return to the base unit, patients should dialyse in isolation for 10 days. An NHS COVID-19 test should be performed at the first dialysis session and then resume asymptomatic surveillance testing as per renal unit policy.
7. **Travel to countries designated “amber” by the UK government** – from 19th July patients may travel to amber list countries provided it is at least 14 days since completing 2 doses of an NHS administered vaccine. **All patients will need to dialyse in isolation for 10 days on return (as per BBV policy).**

Fully vaccinated patients - on return to the base unit, from 19th July, patients who have received two vaccinations or are on a formally approved UK vaccine clinical trial, will not need to quarantine at home. [A COVID-19 PCR test](#) will still need to be arranged and paid for by the patient as per [government guidance](#) (currently 2 days) after arrival and then asymptomatic surveillance testing as per renal unit policy.

Patients who have not completed vaccination - those who have not completed their vaccination course will still need to quarantine for 10 days. They may arrange and pay for a COVID-19 PCR test on day 5 as per government guidance.

8. **Return from countries designated “red” by the UK government** – this should only occur in rare, exceptional circumstances. On return to the UK, patients will be required to enter a managed quarantine hotel for 10 days following government guidelines, including those relating to medical review and criteria for medical exemption. **Safe return requires detailed planning by the medical team abroad and the receiving UK renal team providing care during the isolation period, especially as this may not be the patient’s usual renal team.** Patients should dialyse in isolation for 10 days. COVID-19 tests should be arranged and paid for by the patient as per [government guidance](#) (currently on days 2 and 8), and then asymptomatic surveillance testing as per renal unit policy.
9. Patients should not travel if they are a close contact (within 2m distance for at least 15 minutes) of any individual with COVID-19 infection, including other patients on the dialysis unit, within the preceding 14 days. This also applies if they have been advised to self-isolate for any reason.
10. Patients should not travel if they have symptoms of COVID-19 or are awaiting a COVID-19 PCR test result.
11. Patients should not travel if they have planned surgery within 14 days after the proposed holiday return date as they will be asked to self-isolate for 14 days before the operation.
12. Patients should follow local guidance for high risk prevalence, in the DAFB locality. This guidance is likely to vary with time and between areas.

13. Advise patients to take out travel insurance before making any bookings due to the risk of sudden cancellations. Check what is covered by travel insurance in the event of an infection with COVID-19 just before or during the holiday.

Additional resources

UK holiday arrangement and dialysis swap service (free service)

<https://dialysisfreedom.co.uk/>

Kidney Care UK Holiday grant support

<https://www.kidneycareuk.org/get-support/holidays-and-respite-breaks/>

NKF website holiday advice section

<https://www.kidney.org.uk/holiday-guide-for-kidney-patients>

Haemodialysis unit COVID-19 risk assessment tool 2021

No.	Question	Yes	No	Notes
1	Patient education - do patients know what actions they should take to keep safe from COVID-19, including new patients starting dialysis?			
2	Staff education - Have all staff been trained on their individual role in protecting staff and patients from COVID-19?			
3	Vaccination – have all patients received 2 doses of a COVID-19 vaccine or been encouraged to, including education to address hesitancy?			
4	Triage - Do staff screen patients for symptoms and temperature before entry to waiting area?			
5	Hand hygiene - are facilities in place before entry to the waiting area/dialysis unit?			
6	Hand hygiene - Do you regularly audit patient compliance with hand hygiene?			
7	Hand hygiene - Do you regularly audit staff compliance with hand hygiene?			
8	Waiting area - do you have visual prompts for social distancing?			
9	Waiting area - are all the chairs at least 2 metres apart?			
10	Waiting area - do you regularly audit compliance with social distancing?			
11	Waiting area – are chairs cleaned after each use?			
12	Cleaning - Do you perform regular audits of cleaning practices in dialysis unit and waiting area?			
13	Dialysis stations/chairs – are they separated by at least 2 metres or if not, are screens in place between?			
14	Patient masks - do all patients wear fluid repellent/surgical face masks throughout the dialysis process? (exception is when eating and drinking but >2 metres away from others)			
15	Staff social distancing - Do you audit staff social distancing including in staff rooms & workstations?			

Haemodialysis unit COVID-19 risk assessment tool 2021 (continued)

No.	Question	Yes	No	Notes
16	Staff PPE - Do staff use visor, mask, long sleeved gown and gloves according to IPC guidance?			
17	Staff PPE – Do you audit staff compliance with safe PPE practice including in non-clinical areas?			
18	Staff testing – do staff perform regular lateral flow tests?			
19	Suspected COVID patients – do they use a separate waiting area and transport from other patient groups?			
20	Suspected COVID patients – can a COVID-19 PCR test be done without delay?			
21	COVID positive patients – do they use a separate entrance, waiting area and transport from other patient groups?			
22	Isolation / cohorting - Are you able to dialyse these patient groups separately (positive / suspected / asymptomatic contacts / post-holiday) and away from other patients?			
23	Inpatients - Do you dialyse inpatients in a separate area from outpatients?			
24	Patient testing - Do you perform weekly screening swabs on all asymptomatic patients attending for dialysis?			
25	Contact tracing - Do you keep prospective central records of dialysis date, time, station and transport for each patient, usable for contact tracing?			
26	Ventilation – are you able to maximise intake of fresh air by mechanical ventilation or opening windows regularly?			
27	Outbreaks – have you addressed problems identified from previous COVID-19 outbreaks in patients / staff?			