Reducing the Risk of Blood Borne Virus Transmission in Renal Patients

A Strategic Health Authority has drawn our attention to three incidents briefly outlined below. All three are similar and preventable patient safety incidents relating to renal dialysis and all have occurred within a short time of each other in one region. It should be noted that these are just a sample of similar serious incidents received over the last eighteen months.

Incident A
A patient receiving regular renal dialysis holidayed in India, an area classed as high risk for blood borne virus transmission. The patient continued to be dialysed at 2 renal units in the region for 3 months at which time it was identified that the patient had seroconverted, and was now Hepatitis C positive, during a routine screen. During this 3 month period the patient had not been routinely isolated or had a dedicated dialysis machine as per national guidance. Over 100 patients had been exposed in the interim requiring additional investigations and isolation precautions.

Incident B
Another patient receiving regular renal dialysis holidayed in India. This patient was isolated for the recommended 3 months during their renal dialysis treatment following their return. However, a negative hepatitis screen was not received prior to the relaxation of isolation precautions. Two weeks later the patient was found to have seroconverted to Hepatitis C. A contact tracing exercise commenced and 9 patients were suspended from the transplant list.

Incident C
Another patient receiving regular renal dialysis holidayed in the Philippines (another high risk area for blood borne virus transmission) and was not immune to hepatitis B. The patient attended 5 dialysis sessions on their return before the travel was disclosed and non-compliance with policy identified. A contact tracing exercise was commenced.

Action

The issues arising from these and other similar incidents are 4 fold:

- Appropriate and timely Hepatitis B vaccination programmes for renal dialysis patients need to be robust.
- Enhance surveillance of patients returning from abroad (Testing and monitoring of bloods for blood borne viruses) is required.
- Patients need to know that they must inform their dialysis unit of any travel abroad.
- Appropriate Infection Prevention and Control procedures (Isolation and equipment management).
Guidance on preventing and controlling the spread of Blood Borne Viruses in patients receiving renal dialysis whilst away for their base dialysis unit is provided in two key Department of Health key publications listed below. The British Renal Society and British Renal Association also provide guidance.

Department of Health, 2002,
Good Practice Guidelines for renal Dialysis/Transplant Units: Prevention and Control of Blood Borne Virus Infection, London, Department of Health

Department of Health, 2010,
Good Practice Guidelines for Renal Dialysis/ Transplantation Units: Prevention and Control of Blood-borne Virus Infection Addendum: Guidelines for dialysis away from base (DAFB), London, Department of Health


It is strongly recommended that you disseminate the information above to Renal and Infection Prevention and Control Teams in your organisations to identify any gaps in implementing the national advice or providing robust assurance in this area. Commissioners of NHS and private providers of renal dialysis services need to ensure that all staff members receive appropriate training and that adherence to the above national guidance is included in service specifications. Future incidents relating to the surveillance and monitoring of renal dialysis patients will be monitored carefully to ensure compliance with the national recommendations.

Please submit comments, solutions, and personal experience to:

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