

a component society of the Philippine College of Physicians a sub-specialty society of the Philippine Medical Association an affiliate society of the International Society of Nephrology



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VISION STATEMENT

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Room 2406 One San Miguel Avenue Condominium, San Miguel Avenue Corner Shaw Boulevard, Ortigas Center Pasig City, Philippines Tel. No. (63-2) 82816364) Telefax. (63-2) 86871187) E-mail address: psnmanila@gmail.com

Website: www.psn.org.ph

February 14, 2022

To: All PSN Members

Re: PSN Guidelines in the Isolation of Hemodialysis (HD) Patients and HD Facilities Health Care Workers with COVID-19 infection

The Philippine Society of Nephrology (PSN) recommends the implementation of the following protocols in hemodialysis facilities in the isolation of HD patients and health care workers with COVID-19 infection:

- 1. Placement of COVID-19 close contact, suspect or confirmed hemodialysis patients using transmission-based precautions
 - 1.1. Close contact, suspected or COVID-19 confirmed patients with moderate, severe to critical symptoms admitted in a hospital should undergo hemodialysis treatment either of the following area, with doors closed:
 - 1. patient's own room using portable RO machine
 - 2. Single isolation room at the dialysis complex
 - 1.2. Only patients with confirmed COVID-19 infection can be cohorted together at the COVID floor or ward using portable RO machine or in the last shift in the dialysis complex. They should however maintain at least 2 meters of separation from other patients at all times.
 - 1.3. COVID-19 suspect or confirmed patients who are asymptomatic or with mild to moderate symptoms may undergo home or facility quarantine and undergo hemodialysis treatment on an outpatient basis in the dedicated COVID-19 area or shift of the hemodialysis facility.
 - 1.4. Patient with different etiology of respiratory symptoms (non-COVID) should not be cohorted together with COVID-19 suspect or confirmed patients.
 - 1.5. COVID-19 suspect or confirmed patients being transferred to the hemodialysis facility for dialysis treatment should be transported via designated vehicle provided by the local RESU, an ambulance or in a private vehicle and monitored for symptoms.



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2. Placement of COVID-19 Suspect, Probable and Confirmed Hemodialysis

The following patients should be dialyzed in the Main Dialysis Unit using Standard Precautions

- 2.1. COVID-19 Confirmed Symptomatic Patients, with mild to moderate symptoms, recovered, who fulfilled either of the following:
 - 2.1.1. Symptoms based
 - 2.1.1.1. At least 14 days have passed since symptoms first appeared,
 - 2.1.1.2. At least 24 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);
 - 2.1.2. Test based
 - 2.1.2.1. At least 14 days have passed since symptoms first appeared;
 - 2.1.2.2. At least 24 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);
 - 2.1.2.3. One (1) negative result of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-COV-2 RNA.
- 2.2. COVID-19 Confirmed Symptomatic Patients severe to critical, recovered, who fulfilled either of the following:
 - 2.2.1. Symptoms based
 - 2.2.1.1. At least 21 days have passed since symptoms first appeared,
 - 2.2.1.2. At least 24 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).



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2.2.2. Test based

- 2.2.2.1. At least 21 days have passed since symptoms first appeared;
- 2.2.2.2. At least 24 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);
- 2.2.2.3. One (1) negative result of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

2.3. COVID-19 Confirmed Asymptomatic Patients who fulfilled all of the following:

- 2.3.1. At least 10 days have passed since the date of their first positive results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA, assuming that they have not subsequently developed symptoms since their positive test.
- 2.3.2. No rt-PCR test requirement

2.4. COVID-19 Probable, with mild to moderate symptoms, clinically recovered who fulfilled the following:

- 2.4.1. At least 10 days have passed since symptoms first appeared,
- 2.4.2. At least 24 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).

2.5. COVID-19 Probable, severe to critical, clinically recovered who fulfilled the following:

- 2.5.1. At least 21 days have passed since symptoms first appeared,
- 2.5.2. At least 24 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).
- 2.6. COVID-19 suspects (placed on an empiric transmission-based precautions), clinically recovered who, after work-up and evaluation, has been assessed to be a NON-COVID case and with one (1) NEGATIVE RT PCR results.



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- 3. Assessment and Placement of Hemodialysis patients with persistently positive rt-PCR results
 - **3.1.** COVID-19 patients with persistently positive rt-PCR results on Day 14 (mild to moderate symptoms) or 21 (severe to critical) from onset of symptoms or from the first positive test for asymptomatic patients, who are clinically improved, or has remained asymptomatic, may be allowed to undergo dialysis treatment in the main dialysis unit using standard precaution if they fulfill the following:
 - **3.1.1.** At least 24 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);
 - **3.1.2.** At least ten (10) days (for asymptomatic), fourteen (14) days (for mild to moderate symptoms) or twenty-one (21) days (for severe to critical cases) have passed since the date of their first positive results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA and have not subsequently developed symptoms since their positive test;
 - **3.1.3.** Assessment done and clearance was given by either an Infectious Diseases (IDS) consultant, the attending nephrologist or dialysis unit head or medical director (for free standing dialysis centers) that the patient is clinically recovered.
- 4. Work restriction or isolation period for HD facilities health care workers (HCWs) with probable or confirmed COVID-19 infection:
 - 4.1. Probable case (with symptoms) or positive COVID-19 mild cases
 - 4.1.1. Fully vaccinated: 7 days from onset of symptoms;
 - 4.1.2. Partially vaccinated or unvaccinated: 10 days from onset of symptoms;
 - 4.1.3. At least twenty-four (24) 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).

4.2. COVID-19 Confirmed asymptomatic

- 4.2.1. Fully vaccinated: 7 days from date of test
- 4.2.2. Partially vaccinated or unvaccinated: 10 days from date of test



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4.3. Confirmed moderate COVID-19 infection

- 4.3.1. Regardless of vaccination status: 10 days from onset of symptoms
- 4.3.2. At least twenty-four (24) 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).
- 4.4. Confirmed Severe and Critical COVID-19 infection
 - 4.4.1. Regardless of vaccination status: 21 days from onset of symptoms,
 - 4.4.2. At least twenty-four (24) 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).
- 4.5. Confirmed COVID-19 infection in the Immunocompromised (Autoimmune disease, HIV/Cancer/Malignancy, Transplant patients, undergoing steroid therapy
 - 4.5.1. Regardless of vaccination status: 21 days from onset of symptoms;
 - 4.5.2. At least twenty-four (24) 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);
 - 4.5.3. A negative repeat rt-PCR test result.

These guidelines shall be incorporated in the soon to be released PSN-PSMID-PHICS Interim Guidelines in the Prevention and Control of COVID-19 Infection in Hemodialysis Facilities Version 3.0 as of 02 February 2022.

Board of Trustees

Philippine Society of Nephrology FY 2021-2022

References:

- PSN-PSMID-PHICS Interim Guidelines in the Prevention and Control of COVID19 Infection in Hemodialysis Facilities Version 2.0 as of 16 October 2020
- Department Memorandum No. 2022-0013: Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant