ANZSN and RSA COVID-19 Workforce Preparedness Checklist - Monitoring and Managing Health Care Workers (HCWs)

Nephrology units typically employ significant numbers of specialized healthcare workers (HCW) that are difficult to replace and deal with a vulnerable patient population who cannot avoid travelling regularly to and from the community to the renal units.

Units have an obligation to protect their HCWs and their patients by reducing infection rates and having protocols for early detection and management of suspected infections.

Units also need to support the physical and mental health of those who remain infection-free by ensuring flexibility in rostered hours, workload and leave arrangements.

The ANZSN Renal Unit Covid-19 Dialysis Preparedness Checklist included items that consider monitoring and managing HCWs. The checklist can be found here.

The following list of suggestions expands upon the checklist points in the Checklist and provides some practical suggestions. Please also refer to the position statement regarding Personal Protective Equipment put forward by the ANZSN and Renal Society of Australasia (RSA).

The ANZSN and the Renal Society of Australasia (RSA) acknowledges that several considerations listed below may be influenced by local policy recommendations for individual units or jurisdictions.

Please see the important notice at the end of this statement.

1. **Units have sick leave policies that are non-punitive, flexible and allow ill health care workers to stay home**

   1.1 Consider how you can support staff who need to stay at home for self-isolation.

   1.2 Consider their psychological well-being as well as their need for support with practical, everyday matters such as finances, shopping and carer responsibilities.

2. **Units have a process to conduct active-and/or self-monitoring of HCWs if required by public health**

   2.1 We recommend influenza vaccination for all HCWs in renal facilities, recognising that this may be done in accordance with local immunisation policies.

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2.2 We recommend influenza vaccination for all patients presenting regularly to renal facilities, recognising that this may be done in accordance with local immunisation policies.

3. Units have communication strategies in place

3.1 Consider communication strategies in advance, particularly if a staff member was to test positive for the virus. This includes communication with other staff members, the rest of the hospital and with patient groups.

3.2 Consider how news of an infected staff member may be communicated to patients. This may require consideration of staff member privacy versus the need to transparently inform patients of unit risk.

3.3 Minimise home visits and recognise the need for enhanced monitoring via telephone or email contact. Consider these strategies in particular for peritoneal dialysis units and for staff providing patient education.

3.4 Particular attention needs to be paid to contact with patients in a renal supportive care pathway, who are usually among the vulnerable groups in the community. Regular telephonic contact with patients and families will need to be arranged; patients will need clear instructions on how they can access emergency care or palliative care services.

4. Unit have considered cohort staffing to minimise the risk of transmission between HCWs

4.1 We recommend cohorting patients and staff based on shift, day of the week or dialysis site, depending on local policies and level of transmission. Cohorting staff with their assigned patients, into separate groups, will be beneficial in the event of a patient or staff member unexpectedly testing positive for the Covid-19 infection. Units will then need to isolate only a smaller number of staff if this occurs (and potentially have a smaller number of patients exposed to infection). Instituting cleaning/ disinfection procedures within the unit in the periods between these cohorts will enhance the effectiveness of cohorting.

4.2 Consider restrictions to staff socialising, (e.g., joint lunch breaks), and access to shared spaces such as tea rooms or lockers.

4.3 Consider not moving patients or staff between renal centres unless absolutely essential.

4.4 Ensure thorough disinfection between cohorted shifts so as to reduce the chances of disease transmission

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5. Units have considered how to redeploy specialist nurses to maximise number of staff able to perform haemodialysis and have retrained staff as appropriate

5.1 Estimate / chart in advance your minimum required safe staffing levels to remain capable of providing treatment to your patient population, recognising that modifications to usual practices may be needed in case of significant workforce shortages.

5.2 Consider which activities can be effectively transitioned to a telehealth model - including the use of telephone calls for providing education regarding renal replacement therapy, renal supportive care, dietician advice, social worker advice and psychological support. Where these services were provided by dialysis-trained personnel, reconfiguring activities may make these staff members available to help on the dialysis floor.

5.3 Consider providing short-term, intensive training to other appropriate personnel (nurses without renal / dialysis experience, dialysis technicians, new grad nursing staff) to enable them to assist with dialysis procedures in the event of a staff shortage due to illness / isolation requirements.

5.4 Consider employing non-specialist nurses (e.g., theatre nurses) within renal units to help monitor patients on dialysis if this will reduce the number of experienced nurses required per shift.

6. Unit management structure and situational awareness

6.1 Consider applying age-specific limits to the nursing cohorts entrusted with treating Covid-19 positive patients.

6.2 Consider stopping rotation of junior staff between renal units.

6.3 Consider allied health workers, administrative and cleaning staff attached to renal units; make attempts to minimise rotation between units / other areas of the hospital.

6.4 Consider other ways to minimise transmission via fomites, e.g., using disposable cannulation packs rather than trolleys; clear demarcation lines in units to define ‘clean’ versus ‘dirty’ areas.

6.5 Consider how policies need to be adapted for renal staff (or patients) who need to visit other physical locations (e.g., to provide dialysis in ICU or on a ward)

6.6 For smaller units, ensure connection with larger (buddy) units that can support workforce shortages or provide other support.

6.7 Identify with your state/territory authorities the ability to be cross credentialed between health facilities/dialysis units.

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6.8 Identify dialysis staff within your unit who may be willing and available to work in other jurisdictions across the country facing staff shortages and inform ANZSN / RSA leadership.

7. Other Considerations

7.1 If there is an insurmountable staff shortage, discuss with your HCW team the possibility of reducing the length of dialysis sessions or the frequency of dialysis for suitable patients. This will require risk assessment for individual patients, appropriate communication strategies and education of the patients and staff.

7.2 Consider identifying beforehand patients who may be able to temporarily transition to shorter sessions or less frequent dialysis.

7.3 For patients who have to transition to modified regimens, consider preparing dietary and fluid advice (particularly around hyperkalemia risk) and arrangements to monitor for deterioration.

8. Advocacy

8.1 Given the specialised nature of renal work, it is possible that the work practices within renal units are not well known outside of Nephrology. It may be necessary to advocate specifically for the needs of HCWs working within renal / dialysis units as these HCWs have direct, prolonged contact with vulnerable patients in close proximity. The specialised nature of their work makes them hard to replace with other nursing personnel from other streams; this is particularly a concern for smaller units or remote locations. Advocacy may include speaking to your health service about the provision of appropriate PPE for renal staff working with patients; and requesting education and support around the use of PPE or the broader application of infection control procedures within the unit.

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safety, risk management or other advice and judgement provided by a healthcare service, healthcare professional or other subject matter expert in individual cases.

Each health service or organisation operating a renal unit is responsible for ensuring and assuring its own COVID-19 preparedness. This checklist in no way overrides advice or directives issued by, or applicable in, any health service responsible for the operation of a renal unit. Where there appears to be any inconsistency between this checklist and any such advice or directive, clarification should immediately be sought from the relevant governance authority for the health service, and if an inconsistency is confirmed, the specific advice or directive applicable in that health service prevails.

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