



HM.6.6 Staff are trained to identify malfunctioning equipment or machines and to report to appropriate staff for repair.

HM.6.7 Each dialysis machine is equipped with monitors and an alarm system.

HM.6.8 The preventive maintenance program includes the water treatment and distribution system.

Standard Intent:

Hemodialysis unit has specialized medical equipment and machine, to ensure that medical equipment is available for use and functioning properly, the hospital performs and documents

- * Regular inspections of medical equipment including the water treatment and alarm system;
- * Testing of medical equipment according to its use and manufacturers' requirements; and
- * Performance of preventive maintenance.

Qualified individuals provide these services. Inspections, testing results, and any maintenance are documented and kept for future reference. Staff responsible for operating or maintaining medical equipment receive special training. The training can be from the hospital, the manufacturer of the equipment, or some other knowledgeable source. The hospital plans a program designed to periodically test staff knowledge on emergency procedures, including the use and failure of medical equipment that poses a risk to patients and staff.

HM.7 Infection control guidelines specific to the dialysis services are developed and implemented.

HM.7.1 Infection control guidelines are developed or adopted from authoritative sources or relevant professional organizations.

HM.7.2 Infection control guidelines include, but are not limited to, the following:

- HM.7.2.1 Adequate space (1.2 -1.5 meters) between patients to prevent transmission of infection.
- HM.7.2.2 Separation between patient care (contaminated) and office/supply areas (clean).
- HM.7.2.3 Standard precautions are strictly implemented in the unit with special emphasis on hand hygiene and the appropriate use of gloves, gowns, masks, and other barriers.
- HM.7.2.4 Adequate supply of personal protective equipment is available and readily accessible.



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- HM.7.2.5 Hand disinfectants for waterless hand hygiene should be available at every chair/bed. Hands are washed before and after contact with each patient.
 - HM.7.2.6 Sinks are available in adequate number (preferably one for every 2-4 chair/beds) and are conveniently located.
 - HM.7.2.7 Staff members have the required knowledge for safe practices to avoid cross contamination.
 - HM.7.2.8 Sharp disposal containers are available at each chair/bed and elsewhere as needed within the unit. Needles and sharps are disposed appropriately.
 - HM.7.2.9 Infectious wastes are disposed in accordance with hospital's waste disposal policies.
 - HM.7.2.10 Surfaces of machines including the control panels, blood pressure cuffs and chairs/beds are disinfected after use with an approved disinfectant.
 - HM.7.2.11 Blood spills are cleaned properly.
 - HM.7.2.12 Equipment such as blood pressure cuffs, stethoscopes, clamps, scissors and thermometers are allocated to a single patient and are disinfected at the conclusion of each patient treatment session.
 - HM.7.2.13 Supplies and equipment are properly handled in a way that prevents contamination.
 - HM.7.2.14 A process is in place to ensure multi-dose vials are adequately labeled and used for single patient only.
 - HM.7.2.15 A process is in place for infection control procedures for dialysis machines between patients.
 - HM.7.2.16 A process is in place for appropriate cleaning and disinfection of the water treatment and distribution system.
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Standard Intent:

Hemodialysis patients are uniquely vulnerable to the development of healthcare-associated infections because of multiple factors including exposure to invasive devices, immunosuppression, the lack of physical barriers between patients in the outpatient hemodialysis environment, and frequent contact with healthcare workers during procedures and care. Evidence-based Infection control guidelines specific to the dialysis unit are established and implemented (Substandard HM.7.2.1 through HM.7.2.16).

HM.8 Patients and staff are protected from blood borne pathogens during hemodialysis.

- HM.8.1 All patients are screened for Hepatitis B, Hepatitis C and HIV at the beginning of dialysis.
- HM.8.2 Patient whose laboratory tests for HBsAg, anti HBs, HCV, or HIV are negative should be re-screened every 3-6 months.