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- HM.8.3 Patients susceptible to hepatitis B are immunized with Hepatitis B vaccine.
- HM.8.4 Machines used for blood-borne infectious diseases (such as hepatitis and HIV/AIDS patients) are separated. Patients infected with Hepatitis B are strictly segregated in a separate room and treated on a separate machine used exclusively for Hepatitis B.
- HM.8.5 Staff and employees have checkups for Hepatitis B, Hepatitis C, and HIV upon hiring and annually.
- HM.8.6 Staff and employees susceptible to Hepatitis B are immunized with Hepatitis B vaccine and tested for antibodies to evaluate response, and all non-responders are given a second series of the HBV vaccine.
- HM.8.7 Records for staff screening and hepatitis immunization are available and maintained for future reference.
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Standard Intent:

Transmission of infectious diseases is a potential risk in hemodialysis unit, therefore, patients and staff evaluation and screening to identify those who have a higher risk for infection with a potentially harmful pathogen. Initial screening at the beginning of dialysis for patients for communicable diseases can significantly reduce the incidence of transmission of disease, testing should include tests for HIV, hepatitis B, hepatitis C, and other recommended tests, screening should be repeated at least every three months for patients whose laboratory test are negative and those susceptible to hepatitis B are immunized with Hepatitis B Vaccine, separate machines should be used for blood-borne infectious diseases, and patient with hepatitis B are strictly segregated in a separate room and treated on a separate machine used exclusively for Hepatitis B. As staff working in hemodialysis unit are also at high risk for exposure to and possible transmission of infection, implementing screening and prevention programs (such as immunizations, vaccinations, and prophylaxis) can significantly reduce the incidence of infectious disease transmission, staff and employees should be screened upon hiring and annually thereafter, preventive immunizations should be implemented. Records for staff screening and immunization should be available for each staff.

HM.9 Water quality is checked on a periodic basis.

- HM.9.1 There is a written policy defining the periodic checking of water quality.
- HM.9.2 The policy is based upon manufacturer's recommendations, regulations, and local experience.
- HM.9.3 Hardness and chlorine content of feeding water are monitored on a regular basis by designated staff or authorities.
- HM.9.4 Microbiologic monitoring of treated water and dialysate should be performed at least monthly and more frequently if a problem is identified.
- HM.9.5 Bacteriology testing of Reverse Osmosis (RO) water as well as endotoxin assay should be performed and documented at least once per month.
- HM.9.6 Chemical testing of water is performed at least once per year.

- HM.9.7 Reverse Osmosis (RO) system including the feeding pipelines into the hospital is disinfected at least once per month, preferably by heat as well as by chemical disinfection.
- HM.9.8 All physical and monitoring checks are verified and signed off by the nephrologist with recording of any corrective actions taken (e.g., out of range results for tests of water or dialysate).
- HM.9.9 Written record and results of microbiological and chemical testing of water are in place and reviewed.

Standard Intent:

Water quality is critical factor in renal dialysis. Thus, the hospital establishes a process to monitor water quality, chemically and microbiologically, including biological testing of water. A policy should be established and implemented, the policy should define the testing frequency based on the manufacturer's recommendations, and risk levels, and hospital experience. Actions are implemented when water quality is found to be unsafe.

HM.10 The nurse in charge of the hemodialysis unit ensures the competency of the nursing staff.

- HM.10.1 The nursing staff receive ongoing training and education on all relevant policies including, but are not limited to, the following:
- HM.10.1.1 Care of patients with AV fistula/AV graft.
 - HM.10.1.2 Dialysis procedures.
 - HM.10.1.3 Care of tunneled/non-tunneled catheters.
 - HM.10.1.4 Peritoneal dialysis.
 - HM.10.1.5 Assessment of patient's volume status.
 - HM.10.1.6 Anticoagulation.
 - HM.10.1.7 Management of clotted access.
 - HM.10.1.8 Hyperkalemia.
 - HM.10.1.9 Pulse oximetry.
 - HM.10.1.10 Blood transfusion.
 - HM.10.1.11 Use of defibrillator.
 - HM.10.1.12 Infection control.
- HM.10.2 The nursing staff competencies are assessed by using different methods (e.g., written test, return demonstration) and results are documented.

Standard Intent:

The nurse in charge of the hemodialysis unit ensures the competency of the nursing staff and all nursing staff receive ongoing training and education on all relevant patient care issues as in substandard HM.1.1 through HM.10.1.12. In addition, nursing staff competencies are assessed by using different methods (e.g., written test, return demonstration) and results are documented.