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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).

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**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.



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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.

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**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.