Infection Control Policy for Preventing and Controlling 
Blood-Borne Virus Infection in Haemodialysis Units

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| Division/ Department responsible for Procedural Document | Specialist Services, Infection Control |
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| Expiry date | January 2023 |
| Date document becomes live | 13 February 2018 |

Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

<table>
<thead>
<tr>
<th>Monitoring Information</th>
<th>Strategic Directions – Key Milestones</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Maintain Operational Service Delivery</td>
</tr>
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<td>Assurance Framework</td>
<td>Integrated Community Pathways</td>
</tr>
<tr>
<td>Monitor/Finance/Performance</td>
<td>Develop Acute services</td>
</tr>
<tr>
<td>CQC Fundamental Standards - Regulation:</td>
<td>Infection Control ✓</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Note: This document has been assessed for any equality, diversity or human rights implications

Controlled document
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Infection Control Policy for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units
Ratified by: Infection Control & Decontamination Assurance Group: 29th January 2018
Review date: July 2022

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1. INTRODUCTION

1.1 Blood-borne viruses (BBVs) are, following a number of documented outbreaks, a recognised hazard for dialysis patients and staff. The viruses that present an infection hazard in renal units include hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). This policy is based on the Department of Health Good Practice Guidelines for Renal Dialysis/Transplantation Units (2002) (Department of Health, 2002).

1.2 Failure to comply with this policy could result in disciplinary action.

2. PURPOSE

2.1 The purpose of the policy is to prevent the transmission of blood-borne viruses within renal haemodialysis units; this may also apply to other units where haemodialysis is undertaken. Within this document the Royal Devon and Exeter NHS Foundation Trust hereafter shall be referred to as the “Trust”.

3. DEFINITIONS

3.1 Refer to Introduction for definitions on blood-borne viruses.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 Infection Prevention and Control team (IPCT) is responsible for:

- Advising that patients with BBVs undergoing hemodialysis are isolated appropriately and that equipment decontamination procedures are followed
- Acting as a resource for best practice for clinical staff involved in dialysis

4.3 Renal Ward/Haemodialysis Unit Matrons are responsible for:

- Ensuring that assessments are performed to determine BBV risk
- Ensuring patients with known or suspected BBVs are managed appropriately during treatment
- Ensuring that hand hygiene, use of Personal Protective Equipment (PPE) and environmental hygiene standards are maintained to reduce the risk of transmission of infection
- Ensuring that patients are provided with adequate information regarding the need for blood testing and isolation precautions
- Ensuring bed space/dialysis stations are decontaminated according to guidance.

4.4 Renal Physicians are responsible for:

- Ensuring that relevant medical staff are aware of this policy
- Ensuring that medical staff maintain high standards in performance of hand hygiene and use of appropriate PPE to protect themselves and other patients/staff from BBV transmission
- Ensuring that monitoring of BBV status is undertaken as outlined in this policy
4.5 **Nursing and other clinical staff** are responsible for:
- Maintaining standards of hand hygiene and use of PPE for the prevention of transmission of infection

4.6 **Microbiology Department** is responsible for:
- Providing a diagnostic and clinical advice service for BBV monitoring
- Ensuring that results are communicated promptly to clinical teams
- Ensuring all microbiologically diagnosed notifiable BBVs are communicated to PHE

5. **PREVENTION AND MANAGEMENT OF PATIENTS WITH BBVs**

5.1 **General Information**

5.1.1 HBV is caused by a hepadnavirus. Most infections are mild, but in a few cases result in liver damage that may be fatal. Between 2 and 10% of those infected do not completely eliminate the virus and become chronic carriers. The virus is detected by testing the blood for surface antigens (HBsAg). Infectivity is closely associated with the presence of the e-antigen (HBeAg), which indicates that active viral replication is occurring.

5.1.2 HCV is caused by a flavivirus. Primary infection is mild, often asymptomatic and rarely associated with jaundice. About 80% of those infected become chronic carriers of the virus and a significant proportion develop liver disease and cirrhosis. Diagnosis relies on the detection of the specific antibody (IgG).

5.1.3 HIV is a retrovirus. The virus contains an enzyme ‘reverse transcriptase’. Two distinctive forms of HIV have been identified: HIV-1 occurs throughout the world, while HIV-2 has been found primarily in West Africa. HIV infection is diagnosed by detecting viral antigens and antibodies.

5.2 **Transmission**

Blood-borne viruses are transmitted through infected body fluids; transmission occurs by inoculation, via sharps, broken skin or through contact with mucous membranes. The risk of transmission of BBVs following a single percutaneous exposure is estimated to be:

- HBV 1 in 3
- HCV 1 in 30
- HIV 1 in 300

5.3 **Incubation period**

- HBV Between 2 and 3 months, although it may be as long as 6 months
- HCV Up to 3 months
- HIV 3 months
5.4 Testing for BBV

5.4.1 Patients undergoing renal dialysis should be tested for BBV as soon as it is anticipated that dialysis may be required. The patient’s informed consent to testing must be obtained; any patients who withhold consent should be managed as though they are BBV positive.

5.4.2 New patients or re-admissions to the dialysis program should be tested for HbsAg, HCV antibody and HIV antibody unless they have been tested in the month before admission.

5.4.3 Regular patient testing for those receiving ongoing dialysis occurs three monthly for HBsAg and HCV; HIV antibody testing should be based on risk assessment.

5.4.4 Holiday dialysis includes patients who have dialysed outside the UK and those who are holidaying in the UK from abroad. All patients should be tested for HBsAg and HCV antibody. The decision to HIV test should be based on risk assessment; undertaken by a senior member of the medical team (HIV Testing, NICE guidelines 2016). These patients should be treated as having unknown status, until the results are known (see appendix 3).

5.4.5 Very occasionally the situation may arise where the partner of a patient who dialyses, has received dialysis themselves in a country considered to have a higher risk of blood borne viruses. In this event a risk assessment will be required. If it is thought that there is the potential for BBV spread between partners, both should be managed as having potential exposure.

5.5 Immunisation of patients against HBV
Immunisation against HBV is recommended for all renal dialysis patients. Patients with chronic renal failure should be immunised as soon as it is anticipated that dialysis may be required, guidance on the immunisation process is provided in appendix 1.

5.6 Multi-use vials
There is a potential for cross infection with the use of multi-use vials, therefore these should not be used.

5.7 Standard Infection Control Precautions
Standard infection control precautions (refer to Trust Standard Infection Control Precautions & Policy (including Hand Hygiene), should be used in the care of all patients. Additionally, for dialysis patients other precautions need to be undertaken as outlined below

5.8 Personal Protective Equipment
In addition to the use of gloves and apron, eye protection (visors) is required when splashing or aerosols of blood or body fluids are possible. Eye protection must be cleaned after use by washing in liquid detergent solution, followed by thorough drying or using a detergent wipe.
5.9 **Decontamination**

5.9.1 In addition to the Trust decontamination policy and procedures, the cleaning of dialysis machines will depend on the patients BBV status; each dialysis machine must be decontaminated after individual patient use, using the following protocol:

5.9.2 Machines should be rinse-drained.

5.9.3 The outer surface of the machine should be wiped over thoroughly using detergent wipes.

5.9.4 In addition once each day, the haemodialysis machines outer surface and the entire haemodialysis station (chair and table) should also be wiped over thoroughly using a disposable cloth impregnated with a chlorine releasing agent (1000ppm). Suitable products include Chlor–Clean, which combines the detergent action and chlorine releasing agent.

5.9.5 At the end of each day, all Gambro haemodialysis machines must be heat-disinfected using internal citrate disinfection (clean cart C). The Fresenius 5008 Cordiax machine uses Citrosteril as part of the heat disinfectant programme after each treatment and consequently does not require additional daily internal disinfection. In addition all haemodialysis machines must be heat disinfected once a week using internal hypochlorite disinfection (clean cart A for Gambro and Sporotal for the Fresenius machine).

**NB clean cart C should always precede Clean cart A when performed together**

5.9.6 Single use disposable equipment used for the dialysis machines is disposed of as clinical waste.

5.9.7 In the event of rupture of a dialyser, the machine components that may have become contaminated with blood should be replaced or decontaminated by heat disinfection methods, in accordance with the manufacturers recommendations.

5.10 **Management of Patients with known BBV and Patients of unknown status**

5.10.1 In addition to standard infection control precautions, the following additional precautions must be undertaken for patients who are HBsAg, HCV or HIV positive, or have no documented evidence of a negative test in the last 3 months. Refer to appendix 2 for further guidance on HBsAg and HCV management.

5.10.2 Hepatitis B surface antigen (HBsAg) positive patients must always use a single patient dedicated machine. If used on an in-patient this should be kept in the patient’s room. Otherwise, it must be clearly labelled for that patient use only and after each use be returned to the storage area after surface and internal heat disinfection (Clean Cart C & A for the Gambro machines or Citrosteril followed by Sporotal disinfection for the Fresenius machines).

5.10.3 Patients who are either hepatitis C (HCV) or HIV positive do not require a dedicated dialysis machine. However, the machine must receive surface and internal disinfection (run clean cart C and A for Gambro and equivalent for Fresenius—refer to appendix 2) immediately after use.

5.10.4 A dedicated haemodialysis machine can be returned back to general service use when no longer required (e.g. following transplantation, death of a patient), or
required urgently, after surface disinfection (detergent and chlorine 1000ppm) and internal disinfection procedures have been carried out (run clean cart C and A for Gambro or equivalent for Fresenius machines).

5.11 Isolation

5.11.1 Patients with HBsAg, HCV or HIV positive result, or no documented evidence of a negative test in the last 3 months, should be dialysed in a single room, (refer to appendix 2 for further guidance on HBsAg and HCV management). The room may be used for other patients after thorough disinfection (terminal cleaning).

5.11.2 For Patients who have HBV positive or unknown status, during dialysis restrict staff movement from the single room to a minimum, by allocating a dedicated nurse.

5.12 Staff Health

5.12.1 Staff taking up employment with the Trust will have their Hepatitis B immune status checked. Non immune staff will be immunised.

5.12.2 Infectious carriers of hepatitis B, i.e. those who are either HBeAg (hepatitis B e antigen) positive or HBeAg negative with DNA levels exceeding $10^3$ genome equivalents per ml, should not undertake clinical duties on renal dialysis units.

5.12.3 Such restrictions do not apply to staff having no close patient contact e.g. secretarial or laboratory staff.

5.12.4 Routine activities undertaken by staff in renal dialysis units would not normally fall within the definition of exposure prone procedures. Therefore staff who are HCV or HIV infected would not necessarily be excluded from working within renal units.

6. ARCHIVING ARRANGEMENTS

The original of this policy will remain with the author infection control nurse specialist. An electronic copy will be maintained on the Trust Intranet, A-Z, – P – Policies (Trust-wide) – H – Haemodialysis units - Infection Control Policy for Preventing & Controlling Blood-Borne Virus Infection In. Archived electronic copies will be stored on the Trust's “archived policies” shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years.

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE GUIDELINE

7.1 In order to monitor compliance with this guideline, the auditable standards will be monitored as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patients are appropriately placed on wards so as to minimise the risk to themselves and others</td>
<td>Annual audit of patients placement</td>
</tr>
</tbody>
</table>

7.2 Frequency

The Infection Prevention and Control team will undertake an annual audit of patient placement which includes the appropriate placement of patients who are known or suspected BBV carriers and undergoing haemodialysis as an inpatient.
7.3 Undetaken by
Monitoring will be undertaken by the Infection Prevention and Control Team.

7.4 Dissemination of Results
Audit results will be disseminated at the Infection Control Operational Group (ICOG) which is held 6 weekly and the Infection Control and Decontamination Assurance group which is held quarterly.

7.5 Recommendations/ Action Plans
Implementation of the recommendations and action plan will be monitored by ICOG which meets 6 weekly.

7.6 Any barriers to implementation will be risk-assessed and added to the risk register.

7.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers’ cascade system.

8. REFERENCES


9. BIBLIOGRAPHY


National Institute for Clinical Excellence (2016). HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and Public Health England guideline) NICE guideline Published: 1 December 2016 https://www.nice.org.uk/guidance/ng60/resources/hiv-testing-increasing-uptake-among-people-who-may-have-undiagnosed-hiv-pdf-1837567043269


APPENDIX 1: EXETER & SATELLITE KIDNEY UNIT PATIENT HEPATITIS B IMMUNISATION GUIDELINES

EXETER & SATELLITE KIDNEY UNIT
PATIENT HEPATITIS B IMMUNISATION GUIDELINES

INITIAL four dose course

MONTH 0 – FENDRIX 20 mcg
MONTH 1 – FENDRIX 20 mcg
MONTH 2 – FENDRIX 20 mcg
MONTH 6 – FENDRIX 20 mcg

AT MONTH 10
CHECK IMMUNITY (TITRE)
Using brown blood bottle and virology request form

ANTIBODY LEVEL (TITRE)

NON IMMUNE
Level <10 iu/ml

WEAKLY IMMUNE
Level 10-99 iu/ml

IMMUNE
Level >99 iu/ml

GIVE *BOOSTER DOSE
FENDRIX 20 mcg

CHECK IMMUNITY LEVEL
ANNUALLY

* Where there are insufficient supplies of Fendrix, booster doses will be administered according to risk assessment.
**APPENDIX 2: INFECTION CONTROL PROTOCOL FOR CONTROLLING BLOOD-BORNE VIRUS INFECTIONS IN HAEMODIALYSIS UNITS**

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**Does the patient have a negative Hepatitis B result recorded within the last 3 months?**

- NO
  - Dialyse in a single room
  - Restrict movement from room to a minimum during dialysis
  - Where possible one nurse to care for this patient only. (Essential when the Patient is Hepatitis B positive)

- YES
  - Machine Usage
    - Machine is available for general service use

**Does the Patient have a negative Hepatitis C result recorded within the last 3 months?**

- NO
  - Decontamination Requirements
    - Disinfect all machine and equipment surfaces in side room using hypochlorite solution e.g. chlorclean
    - Run internal citrate disinfection using clean cart C, followed by hypochlorite disinfection using clean cart A for Gambro or *equivalent for Fresenius machines
  - Dialyse in a single room

- YES
  - Decontamination Requirements
    - After each patient use machines are rinse drained
    - Outer surface cleaned using detergent wipes
    - Daily disinfection clean of haemodialysis machine outer surface and entire station using hypochlorite solution e.g. chlorclean
    - End of each day machines undergo internal citrate disinfection (clean cart C for Gambro)
    - Once each week all machines are heat disinfected (clean cart A for Gambro or Sporotal for Fresenius)

**Machine Usage**

- Machine is available for general service use

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*Citrosteril in place of cart C and Sporotal for cart A*
APPENDIX 3: DIALYSIS PATIENTS RETURNING FROM TRAVEL ABROAD

There is a risk that a patient will contract a BBV (i.e. Hepatitis B, Hepatitis C and HIV) whilst being dialysed abroad. The risk depends on:

i) Prevalence of BBV infection in the country visited

ii) Infection control practises in the dialysis unit where they were dialysing

In addition there is a risk that they will become colonised (in their GIT) with Carbapenemase-Producing–Enterobacteriaceae (CPE)

**Action to take before they travel:**
1. Discuss risks as above – inform them of the risks of the various BBV in the country they are intending to visit (website above)
2. Undertake screens as required by their holiday dialysis unit
3. Give the patient a Micro Lab request form “CPE screening in foreign traveller” and a Stool pot to bring in on their first dialysis on return from holiday.

**Action to take on return from holiday:**
1. Perform Risk Assessment:
   a. Document name and country location of Dialysis Unit
   b. Document infection control practises in the Unit e.g. ask patient if they were segregated when they were dialysed, use of PPE
   c. Look up country on website and document risks of each of the BBV in the patient’s notes. If low prevalence or equal risk to UK for all blood borne viruses (i.e. Hepatitis B, Hepatitis C and HIV) – manage as Low Risk; if intermediate or high prevalence for any of the BBV – manage as High Risk.
2. Perform initial BBV screen as detailed below
3. Send the stool sample to the lab for CPE screening
4. Check patients Hep B vaccine response from their notes (i.e. HBsAB level 1-4 months after primary vaccination course)
5. Categorise into 1 of the 3 groups below and follow screening guidelines:

<table>
<thead>
<tr>
<th>High Risk Country HB vaccine non-responder</th>
<th>High Risk Country HBsAb&gt;100</th>
<th>Low Risk Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial screen on return for all patients</td>
<td>HCVAb, HBsAg, HBsAb, HCVRNA, HIV</td>
<td></td>
</tr>
<tr>
<td>2 weeks</td>
<td>HCVAb, HBsAg</td>
<td>HCVAb</td>
</tr>
<tr>
<td>4 weeks</td>
<td>HCVAb, HBsAg, HIV</td>
<td>HCVAb, HIV</td>
</tr>
<tr>
<td>6 weeks</td>
<td>HCVAb, HBsAg, HCVRNA, HBVDNA</td>
<td>HCVAb, HCVRNA,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCVRNA, HBVDNA</td>
</tr>
<tr>
<td>8 weeks</td>
<td>HCVAb, HBsAg, HIV</td>
<td>HCVAb, HIV</td>
</tr>
</tbody>
</table>

_Infection Control Policy for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units_
_Ratified by: Infection Control & Decontamination Assurance Group:_
_Review date: July 2022_
<table>
<thead>
<tr>
<th>10 weeks</th>
<th>HCVAb, HBsAg</th>
<th>HCVAb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final screen at 12 weeks</td>
<td>HCVAb, HBsAg, HCVRNA, HBVDNA, HIV</td>
<td></td>
</tr>
</tbody>
</table>

HB = Hepatitis B  
HBsAb = Hepatitis B surface antibody  
HBsAg = Hepatitis B surface antigen  
HBVDNA = Nucleic acid amplification test for Hepatitis B DNA  
HCVAb = Hepatitis C Antibody test  
HCVRNA = Nucleic acid amplification test for Hepatitis C RNA  
HIV = 4th generation HIV test
APPENDIX 4: COMMUNICATION PLAN

COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

<table>
<thead>
<tr>
<th>Staff groups that need to have knowledge of the strategy/policy</th>
<th>All staff involved in the haemodialysis dialysis of patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The key changes if a revised policy/strategy</td>
<td>Routine revision resulting in changed format to comply with the Policy for the Development, Ratification and Management of Procedural Documents. Also change to flow chart at Appendix 1 to reflect restrictions on use of hepatitis B vaccinations as there is a national shortage of all vaccines.</td>
</tr>
<tr>
<td>The key objectives</td>
<td>The purpose of the policy is to prevent the transmission of blood-borne viruses within renal haemodialysis units; this may also apply to other units where haemodialysis is undertaken.</td>
</tr>
<tr>
<td>How new staff will be made aware of the policy and manager action</td>
<td>Awareness of this policy should be part of departmental induction for new staff working in renal wards/unit</td>
</tr>
<tr>
<td>Specific Issues to be raised with staff</td>
<td>Nil</td>
</tr>
<tr>
<td>Training available to staff</td>
<td>This should form part of departmental induction</td>
</tr>
<tr>
<td>Any other requirements</td>
<td></td>
</tr>
<tr>
<td>Issues following Equality Impact Assessment (if any)</td>
<td>No negative impact</td>
</tr>
<tr>
<td>Location of hard / electronic copy of the document etc.</td>
<td>Electronic copy of this policy is available on Trust intranet. Archive copy held on Infection Control drive.</td>
</tr>
</tbody>
</table>
APPENDIX 5: EQUALITY IMPACT ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Infection Control Guidelines for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Directorate and service area</td>
<td>Infection Prevention &amp; Control, Specialist Services</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Carlton Kneil, Infection Prevention &amp; Control Nurse Specialist</td>
</tr>
<tr>
<td>Date completed:</td>
<td>04.12.2017</td>
</tr>
</tbody>
</table>

The purpose of this tool is to:

- identify the equality issues related to a policy, procedure or strategy
- summarise the work done during the development of the document to reduce negative impacts or to maximise benefit
- highlight unresolved issues with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. **What is the main purpose of this document?**

   The purpose of this policy is to prevent the transmission of blood-borne viruses within renal haemodialysis units; this may also apply to other units where haemodialysis is undertaken.

2. **Who does it mainly affect?** *(Please insert an “x” as appropriate:)*

   - Carers □
   - Staff □
   - Patients ☒
   - Other (please specify)

3. **Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below?** *(By differential we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)*

   Please insert an “x” in the appropriate box (x)

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>□</td>
<td>☒</td>
</tr>
<tr>
<td>Disability</td>
<td>□</td>
<td>☒</td>
</tr>
<tr>
<td>Sex - including: Transgender, and Pregnancy / Maternity</td>
<td>□</td>
<td>☒</td>
</tr>
<tr>
<td>Race</td>
<td>□</td>
<td>☒</td>
</tr>
<tr>
<td>Religion / belief</td>
<td>□</td>
<td>☒</td>
</tr>
</tbody>
</table>

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IC Guidelines for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units
Ratified by the Infection Control & Decontamination Assurance Group: 29th January 2018
Review date: July 2022
4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to… (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

Patients undergoing haemodialysis.

5. Do you think the document meets our human rights obligations?

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

Review of national guidance, consultation with consultant renal physicians, dialysis nurses and medical microbiologists.

7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

<table>
<thead>
<tr>
<th>“Protected characteristic”:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue:</td>
<td></td>
</tr>
<tr>
<td>How is this going to be monitored/addressed in the future:</td>
<td></td>
</tr>
</tbody>
</table>
Group that will be responsible for ensuring this carried out: