Renal Dialysis Service Checklist- Random Checklist

Name of the Facility: _____

Date of Inspection:____/_____/_____

Ref.	Description	Yes	No	Remarks
5.	**Standard One: Registration And Licensure Procedures**			
5.6.	**The health facility shall provide documented evidence of the following:**			
5.6.1.	Transfer of critical/complicated cases when required			
5.6.2.	Patient discharge			
5.6.3.	Clinical laboratory services			
5.6.4.	Equipment maintenance services			
5.6.5.	Laundry services			
5.6.6.	Medical waste management as per Dubai Municipality (DM) requirements			
5.6.7.	Housekeeping services.			
5.7.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).			
6.	**Standard Two: Health Facility Requirements**			
6.3.	The facility shall ensure having backup dialysis machines available when needed.			
6.3.1.	All dialysis machines shall have backup batteries.			
6.3.2.	If the facility is providing modern machines it shall ensure that the machine serves to an alternative external electricity source in case of a power outage.			

6.4.	A reception desk shall be located to provide visual control of the entrance and to provide access to patient files and records.			
6.6.	Where paediatric services are provided, the health facility shall designate a separate controlled area for paediatric patients.			
6.8.	The RDU shall ensure easy access to the health facility and treatment areas for all patient groups.			
6.9.	The RDU design shall provide assurance of patient and staff safety.			
6.10.	**Treatment rooms shall be equipped with the following:**			
6.10.1.	Hand sanitisation dispensers in addition to hand-washing stations.			
6.10.2.	A lockable refrigerator for medication use.			
6.10.3.	The temperature of the refrigerator shall be monitored and recorded twice daily.			
6.11.	Consultation/Examination rooms should ensure having a hand washing station with hands-free regulator (tap) and liquid or foam soap dispensers in all examination room(s).			
6.12.1.	The nursing station should also be within the range of hearing warning sounds from the machines for prompt corrective action.			
6.13.	The RDU should install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.			
6.16.	**The dialysis area specifications and requirements shall include:**			
6.16.2.	The dialysis station shall be easily accessible in times of emergency and with adequate space for resuscitation to be carried out.			
6.16.3.	The layout shall ensure visual and acoustical privacy for all patients.			
6.16.4.	Hands free hand washing facility must be provided and easily accessible from all dialysis stations.			
6.16.5.	Alcohol-based hand rub/sanitizer dispensers should be available in all dialysis stations.			
6.17.	In the RDU, the head end of each bed should have stable electrical supply with at least three outlet of 5/15 amps, oxygen and vacuum outlet, treated water inlet, and drainage.			

6.18.	Electric sockets must be provided and close to every dialysis station. The wires from the socket should be in such a way that they do not pose a threat or come in the way of the patient or staff during the whole dialysis process.			
6.20.	**Equipment to be provided in the dialysis station include:**			
6.20.1.	Every dialysis station must have outlets for oxygen and vacuum (suction) or a portable O2 tank. Portable suction equipment must be available in the nearest crash cart.			
6.20.2.	Airway equipment: appropriately sized oral airways, endo-tracheal tubes, laryngoscopes, normal masks and laryngeal masks.			
6.20.3.	Defibrillator.			
6.20.4.	Double tourniquets if the practice performs Bier blocks.			
6.20.5.	Pulse oximeter.			
6.20.6.	Electrocardiographic (ECG) monitor.			
6.20.7.	Temperature monitoring system for procedures lasting more than 30 minutes.			
6.20.8.	Blood pressure apparatus with different size cuffs.			
6.20.9.	Emergency crash cart.			
6.20.10.	A refrigerator for pharmaceuticals and double-locked storage for controlled substances shall be provided.			
6.21.	Every dialysis station must have a waste disposal bin.			
6.22.	For a regular dialysis patient, the waste disposable bags used should be Black in colour.			
6.23.	For patients with communicable diseases, it is mandatory that the waste disposable bags used should be Yellow in colour.			
6.24.	Medical waste disposal must be done after each patient and General waste disposal can be done after every two (2) patients and must be taken outside to the soiled workroom for disposal.			
6.25.	**Solid workroom shall be provided in close proximity to the dialysis unit and shall contain the following:**			

6.26.	Dialysis machines shall be equipped with monitors and audio-visual alarms to ensure safe dialysis.			
6.31.	Health facilities providing renal dialysis services shall ensure that the facility is fully air- conditioned to achieve 21-22 Celsius temperatures and 55-60% humidity.			
6.33.	**Support areas for Dialysis patient care shall ensure the following:**			
6.36.1.	The product water distribution system shall not contribute chemicals such as copper, zinc and lead, or bacterial contamination to the treated water.			
6.37.	There shall be an uninterrupted power supply (UPS) for backup, the power supply of which should be able to support all functions of the dialysis machines.			
6.38.	All serology tests required for admission to receive haemodialysis must be conducted by DHA or MOH certified laboratory to ensure the accuracy and reliability of the results.			
6.39.	**RDU shall have separate areas/room(s) in the facility for dialysing patients with conditions that require isolation.**			
6.39.2.	Ensure the water supply and drainage has no backflow.			
6.43.	Insertion haemodialysis can be done in outpatient with privilege physician, while permanent dialysis can be done in hospital setting.			
7.	**Standard Three: Healthcare Professionals Requirements**			
7.1.	A DHA licensed consultant nephrologist with minimum 5 years' experience in dialysis, shall be nominated as medical director of the dialysis unit.			
7.2.	The RDU shall have one (1) nephrologist on call per shift to address renal dialysis patients' requirements.			
7.4.	Health facilities providing paediatric renal dialysis services shall have at least one (1) DHA licensed paediatric nephrologist present.			
7.4.1.	The paediatric nephrologist must be present physically in presence of non-stable paediatric patients.			

7.6.	All nurses in-charge must be either a DHA licensed Dialysis Nurse or registered nurse (RN) with adequate nephrology training and have a minimum of two (2) years' experience in renal dialysis services.			
7.7.	All nurses working in the dialysis unit must have adequate nephrology training and a minimum of six (6) months training or experience in dialysis.			
7.8.1.	All nursing staff shall undergo formal training in certified basic life support (BLS) training that should be up to date and available.			
7.9.	Ratio of trained RNs to dialysis patients should be 1:4.			
7.11.	**Renal dialysis technologists and technicians must be DHA licensed and trained in the following:**			
7.11.1.	Dialysis water practices.			
7.11.2.	Fundamentals of renal anatomy and physiology.			
7.11.3.	Principles of dialysis.			
7.11.4.	Water quality, water treatment, and water distribution.			
7.11.5.	The dialysis machine: connectivity and upkeep of machines.			
7.11.6.	Basics of vascular acces.			
7.11.7.	Dialyzers and tubes cleaning, and preservation.			
7.11.8.	Anticoagulation.			
7.11.9.	Dialysate: composition and ingredients.			
7.11.10.	Common complications of dialysis: How to manage them at bedside.			
7.11.11.	Basic evaluation of patient before, during and after dialysis.			
7.11.12.	Infection control and safety.			
7.11.13.	Dialyzer reprocessing.			
7.11.14.	Cannulation (vascular access).			
7.11.15.	Universal precautions for prevention of transmission of infections.			
7.11.16.	Basics of peritoneal dialysis.			
7.14.	The ratio of renal dialysis technologists / technicians to the dialysis patients should be 1:2.			
7.15.	There shall be at least one Clinical Dietician who will maintain the progress notes of all patients treated in renal dialysis in the health			

	facility and evaluates the patient's nutritional status, progression and follows up with the healthcare professional.			
7.17.	There should be at least one medical social worker or licensed clinical psychologist present in the health facility who will be responsible for the following:			
7.18.	There should be at least one DHA licensed registered nurse responsible for infection control within the renal dialysis facility/centre.			
7.19.	The RDU must maintain records of BLS, ACLS, and PALS for licensed staff, and the requirements for these certificates depends on the PQR criteria; not all staff members are obligated to obtain all of the three certificates.			
8.	**Standard Four: Patient Eligibility and Informed Consent**			
8.4.	The RDU physician must obtain a signed informed consent from the patient before beginning dialysis treatment.			
8.5.	Informed patient consent shall be written and include the following:			
8.5.1.	Patients shall be provided information about their condition and the likely outcome of their condition with or without dialysis.			
8.5.2.	The patient should be given information about all treatment options including:			
a.	Hospital or satellite haemodialysis			
b.	Peritoneal dialysis			
c.	Home dialysis options			
d.	Non-dialysis options such as supportive care without dialysis			
e.	Kidney transplant.			
8.5.3.	Explain the risks and complications associated with dialysis and its maintenance.			
8.5.4.	Provide the patient with information on their rights and responsibilities in relation to their healthcare.			
9.	**Standard Five: Renal Dialysis Unit Management and Infection Control**			
9.2.	The initial medical assessment should include, but not limited to:			
9.2.1.	The reason for the visit			

9.2.2.	Vital signs			
9.2.3.	Medical history			
9.2.4.	Pain assessment			
9.2.5.	Physical and psychological assessment of patient's needs.			
9.8.2.	Routine screening of staff for anti-HCV may be done where necessary.			
9.10.	Draining, disinfection and rinsing procedures shall be performed after each dialysis.			
9.10.1.	If a blood leak occurs in a recirculating system, the usual rinsing and disinfection procedure shall be performed twice before the system is used on a different patient.			
9.11.	Provision of acute haemodialysis for patients that are on an emergency or semi-emergency basis should be in a hospital setting.			
9.12.	For acute haemodialysis patients, attending staff shall use disposable dialyzers and bloodlines.			
9.12.1.	Dialysis machines shall undergo complete chemical disinfection in accordance to the manufacturers' recommendations after each use of patients with unknown HBsAg, anti-HCV and HIV status.			
9.13.	Patients who require chronic haemodialysis at dialysis centres shall be tested for Hepatitis B, Total Hep B core antibodies, Hepatitis C and HIV before they are admitted to the centre.			
9.13.1.	In urgent cases requiring dialysis, patients shall be treated in isolation until the results of hepatitis C, hepatitis B, Total Hep B core antibodies, and HIV serology tests are received.			
9.13.2.	The dialysis centre shall maintain records of patients' latest results in accordance to the current international guidelines.			
9.14.	All patients with Hepatitis B surface below 100 internationals units should be given a full course and booster of hepatitis B vaccine.			
9.14.1.	Patients with negative Hepatitis B surface Ag and have low Hepatitis B surface antibody titers below 10 international units/L are considered Hepatitis B susceptible and should be vaccinated with hepatitis B vaccine as following:			

9.15.	A Liver function Test (LFT) must to be conducted on a monthly basis.			
9.16.	Haemodialysis patients must check their ALT level on a monthly basis.			
9.18.	Patients who are HBsAg positive shall be isolated in a separate room that is colour coded (Blue) designated for HBsAg positive patients only.			
9.19.	Dedicated dialysis equipment shall be used for HBsAg positive patients.			
9.19.3.	Dedicated nurse to care for isolation patients.			
9.21.	**To ensure patient safety the RDU shall take precautions for patients dialysed in high-risk countries, or who leave the unit to travel to high-risk countries and subsequently come back to the dialysis unit:**			
9.21.1.	The patient should be dialysed on an isolation machine for three months until they are confirmed negative for Hepatitis B and Hepatitis C.			
9.25.	For Outpatient centres; there should be inclusion and exclusion criteria for admission depending on patient condition and comorbidity level.			
10.	**Standard Six: Water And Dialysate Quality**			
10.1.	To ensure the quality of water for dialysis, the water shall be treated by reverse osmosis (RO) and/or deionizers.			
10.2.	The water used to prepare the dialysate shall have a bacteriological count of less than 200 per ml after 48 hours of incubation (AAMI).			
10.3.	Regular tests of the quality of the water must be carried out, at a minimum of one monthly interval and recorded to ensure that standards are met.			
10.4.	Regular sterilization of the plant equipment and pipes at a minimum of monthly intervals.			
10.4.1.	Each water point has to be tested along with chemical analysis.			
10.5.2.	The records shall be kept and made available for inspection by DHA.			
10.7.	The dialysate fluid shall be a non-sterile aqueous solution with an electrolyte composition near that of normal extracellular fluid.			
10.9.	The RO system should not be connected directly to the main supply and the water supply should be uninterrupted.			
10.11.	A water reserve Pre-RO tank is required to avoid interruption.			

10.14.	The RO should be in a separate room.			
10.17.	There should always be a backup machine available for patients.			
10.18.	The water used to prepare the dialysate must have a bacteriological colony count of less than 100/ml.			
10.20.	**Bacteriological requirements:**			
10.20.1.	The colony count in dialysate samples collected at the termination of dialysis:			
a.	In a single pass system or in a recirculating single pass system at the periphery of the recirculating chamber, containing the dialyzer shall be less than 2000 colony-forming units/ml (AAMI).			
10.20.2.	Bacteriological analysis of the dialysate shall be carried out at least twice monthly.			
10.22.	All chemical analysis test results for feed and dialysis water received from the in-house or third-party testing laboratory must be documented.			
10.22.1.	These results must be reviewed by the nurse in charge of the dialysis unit, reviewed, and signed off by the medical director annually.			
11.	**Standard Seven: Transfer, Discharge and Outpatient Follow Up**			
11.3.	The RDU shall ensure continuity of patient care during transfer by informing the other facility about the case and approval to transfer should be documented in the patient health record.			
11.5.1.	Current Hepatitis serology, Hepatitis B & C, HIV and Hepatitis antibody level should be included in the dialysis transfer sheet.			
11.6.	A referral letter shall be given to the patient or patients' next of kin.			
12.	**Standard Eight: Peritoneal Dialysis Services**			
12.1.	Peritoneal dialysis (PD) catheter implantation shall be performed by appropriately trained nephrologists, surgeons, urologist and interventional radiologist in patients without contraindications.			
12.3.	Once the catheter is healed, the patient shall receive instructions on how to care for the catheter exit site (the skin around your catheter) by the dialysis nurse.			

12.5.	**Patient training includes how to:**			
12.5.1.	Prepare the cycler.			
12.5.2.	Connect the bags of dialysis solution.			
12.5.3.	Place the drain tube.			
12.5.4.	Fill peritoneal cavity with fresh solution through the catheter.			
12.5.5.	Wait for dwell time where the dialysis occurs.			
12.5.6.	Recognizing signs and symptoms of tunnelitis and peritonitis.			
12.6.	The patient should be re-trained after each peritonitis regarding hand hygiene and the procedure itself.			
12.8.	**The nephrologist and PD nurse shall select the appropriate dialysis solution for the patient based on the following:**			
12.10.	Nephrologists shall ensure monitoring the patients at least once a month.			
13.	**Standard Nine: In-Home Renal Dialysis Services**			
13.2.	Modality decisions should be supported by a full assessment of clinical and social circumstances, as well as the home environment, including a discussion of the impact of therapy on others within the household.			
13.3.	Patients requesting in-home renal dialysis services shall have an agreed individualised prescription for home haemodialysis, taking into account lifestyle goals, with the same dose and time target.			
13.5.	Training shall be on a '1 to 1' basis with a specific training staff is widely accepted as optimal, with the learning style and training duration adapted to the individual.			
13.7.	**All storage rooms shall ensure having the following:**			
13.7.5.	All materials should be clearly marked with expiration dates.			
13.8.1.	Training machines may be stored within training areas if there is a dedicated service provided.			
13.9.	The training with patients shall outline the responsibilities, which include:			
13.9.1.	An agreement to dialyse as per prescription and trained technique			
13.9.2.	A policy for re-imbursement of directly arising patient costs.			

13.11.	The RDU shall ensure adequate safety training and an enhanced risk assessment for patients with blood-borne viruses.			
13.12.	The RDU shall provide and install the dialysis machine and all the equipment required.			
13.15.1.	Health care professionals shall have regular visits to home haemodialysis patients and whenever the condition requires. Especially during the session post-hospital discharge to ensure patient safety and tolerance to the dialysis and to change the prescription if required.			
13.17.	If home dialysis is performed by the health facility, all in-home renal dialysis services must maintain an electronic record, including comprehensive documentation of all procedures and performance metrics, to ensure adherence to established Key Performance Indicators (KPIs).			
14.	**Standard Ten: Portable Renal Dialysis Device.**			
14.1.	Portable renal devices shall be classified based on intended use, complexity, and potential risks.			
14.1.1.	Class I – low risk, Class II- moderate risk, Class III- high risk			
14.4.	Devices should provide alarms and alerts for critical conditions, ensuring timely response and interventions.			
14.5.	The patient must be clearly trained about the device before using it.			
14.6.	Regular audits and inspection are encouraged to ensure ongoing compliance.			
14.7.	Clear instructions for patients must be provided with the device.			
14.8.	Labels should include essential information such as device specifications, warnings, and proper maintenance procedures.			
15.	**Standard Eleven: Emergency Medication Requirements.**			
15.1.	Emergency medication shall be stored securely in a designated area with controlled access.			
15.4.	The crash cart must be readily available in the renal dialysis centre for immediate response to emergencies.			

15.4.1.	A crash cart shall be regularly inspected and stocked with the necessary emergency medications.			
16.	**Standard Twelve: Patient Management**			
16.4.	At the time of referral for renal dialysis, all patients should be assessed for pre-evaluation for a potential kidney transplant at DHA licensed kidney transplantation facilities. They can later be re-assessed if the patient's medical condition requires.			
16.5.4.	Registered nurse shall perform an appropriate assessment prior to the dialysis and report and notify the nephrologist to review the patient's condition.			
16.5.5.	Patient should be reassessed prior the dialysis after undergoing any surgery, hospitalization or invasive procedure.			
16.5.6.	Vital signs shall be measured every half hour during the dialysis session and rechecked at the end of the session.			
16.5.7.	Orthostatic blood pressures, respirations, and lung sounds and weight should be assessed only post dialysis.			
16.5.8.	Vascular access site should be assessed by nurse prior initiating the dialysis session for any inflammation, bleeding, discharge in case of catheters, and to confirm functionality by assessing for pulsations and bruit in addition to signs if infection in case of fistula or graft.			
16.6.	Respiratory rate, temperature, pain score and level of consciousness should be checked every 30 minutes.			
16.7.	**Intradialytic Monitoring:**			
16.7.1.	Vital signs shall be monitored continuously through the monitor and documented on the treatment record of each patient at least every 30 minutes including the following minimum criteria:			
a.	Patient's blood pressure, respiration rate, temperature and pulse			
b.	Inspection of the vascular access to note blood loss or leakage			
c.	Arterial and venous pressures, and blood flow rate			
d.	Pain score			
e.	Level of consciousness.			

16.7.2.	Declotting using alteplase installation can be used in dialysis centres safely, however using heparin infusion has to be done in a hospital setting.			
16.8.	**Post-dialysis Care**			
16.8.1.	Assessment and documentation of vital signs, weight, and vascular access site condition shall be conducted.			
16.8.2.	Assessing for dialysis disequilibrium syndrome, with headache, nausea and vomiting, altered level of consciousness; and hypertension.			
16.8.3.	Assessing for other adverse responses to dialysis, such as dehydration, nausea and vomiting, muscle cramps, or seizure activity.			
16.8.4.	Assessing for bleeding at the access site or elsewhere. Standard precautions should be practiced at all times.			
16.8.5.	If a blood transfusion is given during dialysis, monitoring for possible transfusion reaction must be done (e.g., chills and fever; dyspnea; chest, back, or arm pain; and urticaria or itching). Close monitoring during and after the transfusion is important to identify early signs of a reaction.			
Appendix 1	**Water Quality Measurements**			
App. 1	Contaminant/Maximal Allowable Level (mg/l) Contaminants with documented toxicity to hemodialysis Fluoride/0.2 Chloramines/0.1 Copper/0.1 Aluminum/0.01 Lead/0.005 Total Chlorine/0.1 Nitrate (as N)/2 Sulfate/100 Zinc/0.1 Total dissolved solids/5-1000 Trace elements Antimony/0.006 Arsenic/0.005 Barium/0.1 Beryllium/0.001 Cadmium/0.001 Chromium/0.014 Mercury/0.0002 Selenium/0.09 Silver/0.005 Thallium/0.002 (Extracted from Association for the Advancement of Medical Instrumentation (AAMI) & CSA- ISO)			