University Hospitals of Leicester NHS

NHS Trust

RRCV CMG

Renal and Transplant Service

C78/2005

Version 9

1. Introduction and Who Guideline applies to

Dialysis patients generally require dialysis three times per week for at least four hours each session. If a unit malfunctions this may result in a large number of patients requiring urgent reprovison of care.

UHL NHS Trust manages a large network of haemodialysis units. Three of these are based on Hospital sites at:-

- Lincoln County Hospital (14 dialysis stations)
- Peterborough City Hospital (17 dialysis stations)
- Loughborough Hospital (14 dialysis stations)

UHL also manages three free standing units at:-

- Leicester South (35 stations with room for expansion to 50)
- Northampton (27 stations with room to expand to 32 dialysis stations)
- Kettering (30 dialysis stations, with aim to expand to 32)
- Chandra Mistry Unit, Peterborough. (10 dialysis stations)

A number of the units also have a home training area plumbed for dialysis.

Additionally UHL patients are dialysed in four units which are run by private providers under contract to UHL, these are at:-

- Skegness (10 dialysis stations)
- Boston (15 dialysis stations)
- Grantham (9 dialysis stations)
- Hamilton, Leicester (35 dialysis stations)

UHL also has a free standing self care unit with a single dialysis station at Earl Shilton.

Inpatient dialysis is available at Glenfield Hospital renal wards and mobile dialysis rooms on Ward 10, LGH; Ward 32, LRI and ward 32 Glenfield Hospital.

Finedon Ward in Northampton General, the Vulcan suite on Burton ward at Lincoln County Hospital and Ward A8 at Peterborough City also provide haemodialysis for in-patients but are not managed by UHL NHS Trust.

These guidelines are to aid HD nursing, technical, medical and management teams to manage the loss of one or more HD facilities. The aim is to ensure that the risk to patient safety is minimised and that all the relevant agencies involved are contacted.

The guidelines are primarily for the nurse in charge of the unit at the time of the loss or malfunction

2. Guideline Standards and Procedures

The following pages give guidance in the form of algorithms for the loss of units. These are guidelines only and clinical staff will need to use their own judgment and liaise with technical and management teams. Staff also need to refer to their local unit business continuity plans which will give more detail about relevant contacts.

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GUIDELINES FOR THE LOSS OR MALFUNCTION OF A HAEMODIALYSIS UNIT Author: Suzi Glover

Contact: Suzi Glover Approval board: Renal Guideline Group

UHL Reference Number: C78/2005

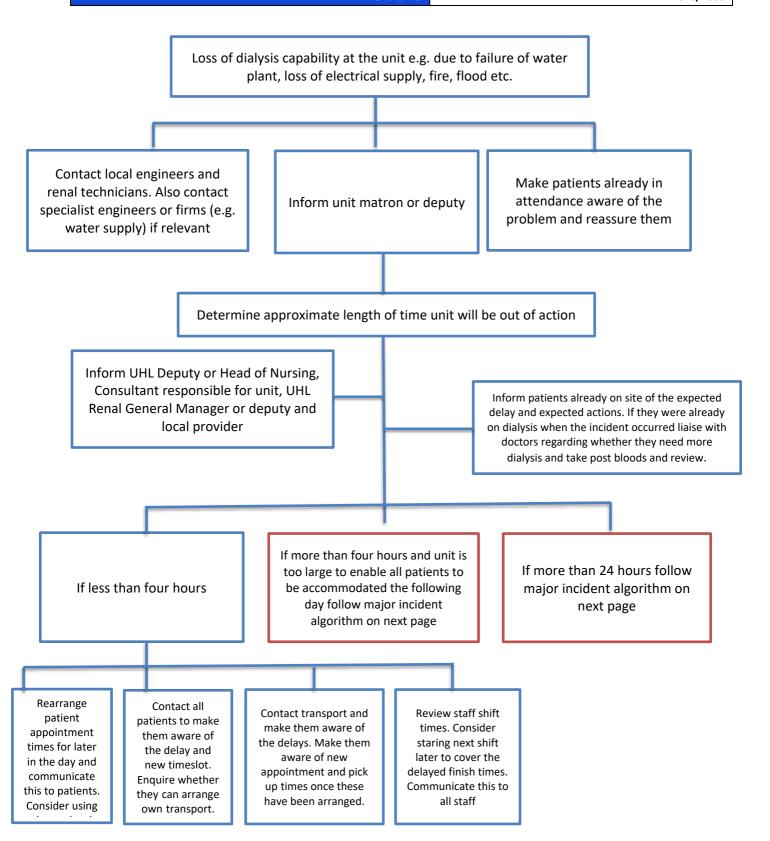
NB: Paper copies of guideline may not be most recent version. The definitive version is held on the Document Management System

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Major incident – failure of ability to provide dialysis for patients within 24 hours of expected slot time.

Nurse in charge of shift to identify cause of failure: e.g. fire, flood, failure of water plant Inform UHL Matron, Deputy Liaise with local engineers, Identify available or Head of Nursing, renal technicians relevant staff to make phone Consultant responsible for company or specialist calls and instruct unit, UHL Renal General engineer regarding them with regard to Manager or deputy (out of probable timescale hours contact UHL duty who to contact who manager) and local provider Contact all dialysis Contact all patients (or Contact any staff Make transport units to determine slot their carers) who are due due to start work companies aware availability and also if to come in for dialysis they should not bring and make them and make them aware of they require staff to aware of situation any patients into the the situation and to stay attend with patients. If and whether they unit and that contact necessary consider at home until contacted will be made shortly are needed additional shifts being with new dialysis times, immediately or if with new locations identify whether they can added (e.g. late shift or and slot times for not to await further night shift or Sunday arrange for own patients advice opening). transport Allocate slots for all patients, taking into account urgency of need for dialysis (in discussion with consultant), patient frailty, transport requirements and isolation requirements. Allocate staff to receiving units. Arrange for all patient Make staff Make Contact prescriptions (dialysis aware of shift consultants Contact all transport and medication) to be changes aware of any patients with sent to receiving units providers with including times patients refusing details of slots. in good time. Ensure details of all and location. IF transfer. Ensure receiving units have unit location and patients journey sufficient consumables transport is patients have transport requirements stock to accommodate required discuss been given arrangements and changes of extra patients. Liaise with general appropriate with renal supplies if slot times etc. manager. advice required.

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Leicester South	01165 046880	
Glenfield Ward 30	01162 584129	
Glenfield Ward 37	01162 584126	
Glenfield Ward 27	01162 588082	
Hamilton	01162 464176	
Lincoln	01522 573561	
Boston	01205 316401	
Skegness	01754 762220	
Grantham	01476 850025	
Loughborough	01509 564270	
Peterborough	01733 677888/ 01733 673709	
Northampton	01604 628976	
Kettering	01536 512535	
Chandra Mistry Unit	01733 673728	
Ward A8, PCH	01733 677749	
Finedon Ward, NGH	01604 523530	

Additional helpful numbers will be within the local unit business continuity plan. This should be available on the unit or on the M Drive; RENAL; Business continuity plans for dialysis units.

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3. Education and Training

Staff in charge of a hemodialysis unit should be made aware that this guideline exists and how to access it if needed

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements

5. Supporting References (maximum of 3)

None

6. Key Words

Haemodialysis, loss of unit

		CONTA	CT AND REVIEW DETAILS		
Guideline Lead (Name and Title) Executive Lead			Executive Lead		
Suzi Glover			Richard Baines		
Deputy Head	of Nursing				
		R	EVIEWRECORD		
DATE	ISSUE NUMBER	REVIEWED BY	DESCRIPTION OF CHANGES (IF ANY)		
04.0=.00	+-		1 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

	NUMBER		
31.07.06	2	S Pearce H Chamberlain S Maguire	Included Belgrave unit and changed numbers appropriately
18.06.07	3	S Pearce H Chamberlain	Included numbers due to expansion on main unit
31.05.10	4	H Chamberlain Renal matrons	Removed bgr combined with policy 13896 title changed
23.11.11	5	M Quashie- Howard H Chamberlain N Brunskill M Gerrish J Bayes	Updated capacity on Ward 15N, Peterborough, and Skegness, Corby. Updated contact details for Kettering, Peterborough and Finedon Ward
14.01.13	6	M Quashie- Howard	Updated capacity in Harborough Lodge and added Grantham satellite unit.
26.06.17	7	Emma Evans	Reviewed and updated to new template
22.08.18	8	S Glover G Warwick	Algorithms changed to reflect business continuity plan arrangements. Updated contact details for Northampton. Appendix added to aid recording of patient movements
16.08.24	9	S Glover	Updated for move of Leicester Unit

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Appendix 1

Relocating staff and patients can result in a lot of phone calls taking place and it becoming difficult to identify where everyone is going and whether this has been communicated. The tables below are designed to ensure through communication takes place and a record of all changes is kept.

Example tables to assist in recording of patient and staff movement.

Patient Name	Tick when actioned							
Tatient Name	Isolation required?	Patient aware of delay	Transport aware of delay	Where and when to dialyse	Patient aware of new dialysis slot	Transport booked	Unit has prescription (dialysis and medication)	

Name of staff member	Staff aware of delay	Unit staff member to work on	Time of new shift	Staff member made aware of change	Transport required	Transport booked