

Haemodialysis Centre Questionnaire

Information from a haemodialysis centre (HD) outside the Republic of Ireland prior to Irish patient transfer or referral to the centre

This form should be completed by a member of the medical or nursing staff.

Name of centre:	
Address:	

Section A: Management of all patients

1. Is the internal fluid pathway of the dialysis machine disinfected after each patient?

Yes	No
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2. Is the external surface of the dialysis machine cleaned and disinfected after each patient?

Yes	No
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3. Is the equipment in the bed space (e.g.) chair, locker, bed table etc.) cleaned after each patient?

Yes	No
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4. Are patients tested for blood born viruses (BBV) routinely in the unit?

Yes	No
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If yes, please provide details

BBV	Type of test	Frequency
HBV		
HCV		
HIV		

Section B: Management of BBV positive patients

Hepatitis B

5. Are patients infected with hepatitis B (HBsAg positive) dialysed in the unit?

Yes	No
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if no, proceed to Question 8

6. Are dedicated machines used for HBsAg positive patients?

Yes	No
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7. Are HBsAg positive patients dialysed in an isolation room?

Yes	No
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If no, are HBsAg positive patients cohorted/segreated

From HBsAg negative patients?

8. Do staff care for HBsAg positive and HBsAg negative patients at the same time

Yes	No
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9. Has any patient HBsAg negative on admission to your unit,

Tested HBsAg positive in the past 2 years

Yes	No
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Hepatitis C

10. Are patients infected with hepatitis C (HCV) dialysed in the unit?

Yes	No
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if no, proceed to Question 11

11. Are dedicated machines used for HEP C positive patients?

Yes	No
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12. Are HCV infected patients cohorted/segreated from HCV negative patients?

Yes	No
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13. Has any patient HCV negative on admission to your unit, tested positive

for HCV in the past 2 years?

Yes	No
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HIV

14. Are patients infected with (HIV) dialysed in the unit?

Yes	No
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if no, proceed to Question 14

15. Are dedicated machines used for HIV positive patients?

Yes	No
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16. Are HIV infected patients cohorted/segreated from HIV negative patients?

Yes	No
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17. Has any patient HIV negative on admission to your unit, tested positive

for HIV in the past 2 years?

Yes	No
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Signature of person who completed this form

Thank you for providing this information.

Signature:	Date:
Name in Block Capitals:	