



**Ontario  
Health**

# Pandemic Planning Clinical Guideline for Patients with Chronic Kidney Disease

As of March 09, 2020

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## Introduction

This Guideline was produced by the Ontario Renal Network (ORN), a part of Ontario Health (Cancer Care Ontario) (OH-CCO) to provide recommendations for a systematic approach in determining priority for consultation and treatment of patients with chronic kidney disease in Ontario during the time of a pandemic. This Guideline was informed by Cancer Care Ontario's Pandemic Planning Clinical Guideline for Patients with Cancer (2009).

OH-CCO's role is to provide clinical guidance regarding how the cancer and renal systems should respond during a pandemic, to minimize impact on the services provided to Ontarians for cancer and renal care.

**Guidance regarding infection prevention and control procedures will not be provided by ORN/OH-CCO; this guidance should be determined and communicated by each facility that provides cancer and renal care in Ontario.**

A companion Guideline, called Pandemic Planning Clinical Guideline for Patients with Cancer, has also been developed.

## Planning Assumptions

- The ORN's role is **not** to provide primary infection control direction to Regional Renal Programs (RRPs); this direction will be determined and communicated to RRP through the RRP's respective hospitals.
- The ORN recognizes that the manner in which hospitals address a possible pandemic may differ depending on their circumstances, including the number of presumptive and confirmed cases at their facility, previous experience with pandemics, etc.
- There is a need to treat Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) patients during a pandemic. Unless successfully transplanted, ESRD patients require maintenance dialysis to stay alive. The predominant mode of dialysis is in-centre hemodialysis, much of which is delivered in acute care hospitals.
- It is assumed for the purposes of this Guideline that resources for the provision of care for renal patients may be impacted by a pandemic. Possible implications, however unlikely, include:
  - A large number of RRP staff are affected by the pandemic, thereby impacting the ability to provide services in clinic or in a dialysis unit;
  - One or more hospitals may close access to ambulatory care services for a period of time, requiring dialysis patients to receive treatment elsewhere than at their usual site.
- This Guideline is aligned with and adapted from Cancer Care Ontario's Pandemic Planning Clinical Guideline for Patients with Cancer, developed in 2009 and refreshed in 2020 in response to COVID-19.

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- The role of the ORN in response to a possible pandemic (e.g. COVID-19) is to play a coordinating role, through the following activities:
    - Convene RRP leadership to share information amongst programs;
    - Provide information should RRP's need access to support or information;
    - Ensure that RRP's immediately inform the ORN if a disruption in the provision of care services to renal patients is anticipated or occurs;
    - Confirm that RRP's have an emergency plan in place that is current and relevant; and
    - Work with relevant partners to support coordination, as required, if re-referral strategies are needed based on capacity pressures, and in accordance with this guidance document.

## Renal Patient Priority Classification

This document offers a priority classification for renal patients which may be put in place by RRP's should access to resources be restricted due to hospital closures of ambulatory care services.

It is the ethical responsibility of the healthcare provider, often with consultation, to fairly assess individual patient need and categorize him or her as Priority A, B, or C.

### Priority Classification

**Priority A** – Patients who are deemed critical and require services/treatment even in the event of a pandemic because their situation is unstable, has unbearable suffering and/or is immediately life threatening. The following is a list of situations in which patients need priority services.

- Patients receiving in-centre hemodialysis
- Patients receiving home dialysis, either home hemodialysis or peritoneal dialysis
- Acute Kidney Injury patients requiring dialysis
- Patients receiving chronic dialysis as a hospital inpatient
- Recent kidney transplant patients
- Patients being followed in Multi-Care Kidney Clinics (MCKCs) who are approaching the need for Renal Replacement Therapy
- Patients requiring vascular access that are defined as “Priority 1” cases and patients requiring vascular access that are defined as “Priority 2” cases and are deemed by their nephrologist to require access in less than 48 hours
- Patients requiring a PD catheter that are required to start peritoneal dialysis within 48 hours
- Glomerulonephritis (GN) patients that are considered Acuity Level 4, or any GN patient on immunosuppressant drugs

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**Priority B** – Patients who require services/treatment in RRP but whose situation is deemed non-critical (no unbearable suffering, patient is stable and condition is not immediately life threatening). For these patients, the services can be delayed for a period of time. If they will not be able to access services in their “home” RRP within a reasonable timeframe due to resource limitations caused by a pandemic, they need to access services at another RRP.

- Patients requiring vascular access that are defined as “Priority 2” cases that are not urgent (not required within 48 hours but required within 2 weeks)
- Patients requiring a PD catheter within 2 weeks in order to start peritoneal dialysis
- Patients requiring vascular access or PD access that are defined as “Priority 3” cases
- MCKC patients who are not close to approaching the need for Renal Replacement Therapy
- Acuity Level 3 GN patients
- Transplant referral work-up activities
- Conservative Renal Care patients who are actively being followed to address issues

**Priority C** – Patients who are generally healthy whose condition is deemed as non-life threatening where the service can be delayed without an anticipated change in outcome. If the region is affected by a pandemic, these services can be discontinued for the duration of the outbreak. The following are examples of Priority C services:

- Patients requiring vascular access that are defined as “Priority 3” and “Priority 4” cases
- General Nephrology clinic patients
- Acuity level 1 and 2 GN patients
- Conservative Renal Care patients who typically have infrequent visits

## Regional Renal Program Operational Recommendations

### 1) Travel and Symptom Screening of Patients

- Office and hospital based protocols should be applied for all clinic and dialysis patients.

### 2) Emergency Plans

- RRP should have up to date, relevant emergency plans that outline alternate sites of care for in-centre dialysis patients in the unlikely event that access to a hospital site is affected.
- RRP emergency plans may align with broader hospital surge/pandemic emergency plans.

### 3) Rescheduling Clinic Patients

- Patients whose appointments are cancelled should be rescheduled within a reasonable period of time.

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#### 4) Patients Receiving Treatment

- Patients already on dialysis should continue therapy.
- Patients in Priority A should be treated.

#### 5) Patients Receiving Dialysis Treatment in Home or Long Term Care

- RRP staff should follow the Guidance Document for Home and Community Care developed by the Ministry of Health.

#### 6) Patient Communication

- RRP staff should communicate with patients as needed in alignment with protocols developed by their respective hospitals.
- It is anticipated that patients and their family members will worry about how a pandemic might affect their care and treatment.
- RRP staff should expect a high volume of calls and questions and be prepared to designate how these questions will be answered in a timely manner, and ensure that key messages are provided.

### ORN Provincial Office Activities

- ORN will convene teleconferences with RRP administrative and/or clinical leadership to share information on an as needed basis prior to a pandemic in the planning stages, during the outbreak period and immediately following.
- ORN will require that RRP staff inform the ORN immediately if a disruption in the provision of renal care services is anticipated or occurs.
- ORN will require that RRP staff review their Chronic Kidney Disease Emergency Management Plan and notify the ORN whether their plan is current and relevant.
- ORN will provide Ontario Health's central key messages to the staff responding to Public Inquiries in order to provide a consistent response.

### Contact Information

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## APPENDIX A: CCO Pandemic Plan Reviewers (2020)

The CCO Pandemic Plan Review Group referenced below developed *Cancer Care Ontario's Pandemic Clinical Guideline for Patients with Chronic Kidney Disease (2020)*.

- Garth Matheson, President & Chief Executive Officer (Interim), and VP, Ontario Renal Network
- Dr. Peter Blake, Provincial Medical Director, Ontario Renal Network
- Phil Holm, Director, Policy, Planning and Evaluation, Ontario Renal Network
- Rick Badzioch, Leadership Regional Director, Hamilton Niagara Haldimand Brant Region, Ontario Renal Network
- Heather Reid, Leadership Regional Director, Central East Region, Ontario Renal Network
- Gail Burns, Leadership Regional Director, Mississauga Halton Region, Ontario Renal Network
- Rebecca Cooper, Director, Clinical Programs, Ontario Renal Network