

## Instructional Guide for the Hepatitis Verification Status Checklist

This resource tool is intended to assist dialysis staff with identifying hepatitis status for any new starts at your dialysis facility. The goal is to facilitate infection prevention, isolation measures and appropriate machine disinfection depending on the patient's hepatitis status. This checklist is not required but to be used as a guide and can be edited to suit your facility's needs. It is recommended that this checklist be completed prior to the initiation of dialysis.

### Procedure

1. Verify the patient's first and last name
2. Verify a second identifier
  - a. Examples include birthday, social security number, picture, phone number, address, medical record number, etc.
  - b. The use of two unique identifiers is helpful to ensure a correct match is made for the patient and the treatment plan
3. Verify a consent for dialysis has been obtained and is on record
  - a. Refer to your facility's policy for the length of time the consent is good for
  - b. If consent has not been obtained, consent must be obtained prior to the initiation of dialysis
4. Verify the patient's vascular access and note the location of the access
  - a. AVF = arterio-venous fistula
  - b. AVG = arterio-venous graft
5. Verify HBsAg results
  - a. Result must be within the last 30 days or it must be re-drawn. HBsAg will be detected in an infected person's blood on average of 4 weeks (range: 1-9 weeks) after exposure to the virus<sup>1</sup>
  - b. Hepatitis B virus can remain viable for at least 7 days on environmental surfaces at room temperature, even in the absence of visible blood
  - c. HBsAg positive/reactive
    - i. Patient should be dialyzed in an isolation room
    - ii. Disinfect the dialysis machine per unit policy
    - iii. Staff with positive HBsAb (antibodies) should care for this patient
  - d. HBsAg unknown
    - i. Patient should NOT be dialyzed in the isolation room
    - ii. Patient should be dialyzed in a room that is not currently used for any conditions or at a station that provides the greatest physical separation from other patients
    - iii. HBsAg lab should be drawn
    - iv. Disinfect the dialysis machine per unit policy
  - e. HBsAg negative/non-reactive

- i. Verify HBsAb (antibodies)
    - 1. HBsAb lab should be drawn if unknown
    - 2. If HBsAb negative/non-reactive or <10, Hep B vaccine should be initiated, if not contraindicated, per your unit policy
- 6. Verify Hepatitis C results (institutional policy for re-drawn)
  - a. Anti-HCV positive/reactive
    - i. Obtain HCV RNA (NAT) viral load results, if not known then should be drawn
      - 1. If viral load is zero, patient is not infectious
      - 2. Suggest checking viral load every 6 months and not Anti-HCV
    - ii. Disinfect the dialysis machine per unit policy
    - iii. Isolation is not required
  - b. Anti-HCV unknown
    - i. Anti-HCV lab should be drawn
    - ii. Disinfect the dialysis machine per unit policy
    - iii. Isolation is not required
  - c. Anti-HCV negative
    - i. No special precautions need to be taken
    - ii. It is recommended to draw Anti-HCV labs every 6 months

For additional guidance see:

NTDS Hepatitis C algorithm that was approved by the CDC: [https://www.asn-online.org/ntds/resources/20190509-NCHHSTP\\_NTDS-HCV\\_Subcommittee\\_Algorithm.pdf](https://www.asn-online.org/ntds/resources/20190509-NCHHSTP_NTDS-HCV_Subcommittee_Algorithm.pdf)

#### References:

1. Centers of Disease Control and Prevention. Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from <https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm#C4> on June 26, 2019. Page last reviewed: May 16, 2019