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**HEALTH & WELFARE**

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**INFORMATIONAL LETTER #2017-09**

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**DATE:** July 6, 2017

**TO:** ALL IDAHO END STAGE RENAL DISEASE FACILITIES

**FROM:** DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

**SUBJECT:** **S&C-17-32-ESRD—ESRD FACILITIES: CLEANING THE  
PATIENT STATION**

The CMS S&C: 17-32-ESRD - ESRD Facilities: Cleaning the Patient Station is being distributed to all End Stage Renal Disease Facilities in Idaho.

If you have any questions, please contact Nicole Wisenor, Co-Supervisor of the Non-Long Term Care program in our office at 208/334-6626, option 4.

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DEBBY RANSOM, R.N., R.H.I.T., Chief  
Bureau of Facility Standards

DR/lg  
Attachment



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Ref: S&C: 17-32-ESRD**

**DATE:** June 02, 2017

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** End Stage Renal Disease (ESRD) Facilities: Cleaning the Patient Station

**Memorandum Summary**

- **Cleaning the ESRD station between patients:** The Centers for Disease Control and Prevention (CDC) has recommended that a dialysis station, in order to prevent cross contamination, be completely vacated by the previous patient before the ESRD staff may begin cleaning and disinfection of the station and set up for the next patient.
- **Precaution:** CMS reiterates that patients should not be moved from the dialysis station until they are clinically stable.

**Background**

Dialysis facilities are traditionally configured with individual treatment bays, called dialysis “stations,” where patients receive their in-center dialysis treatments. Dialysis stations contain a patient chair or bed and the dialysis delivery equipment. The chair and dialysis equipment are used by multiple patients during a treatment day and it is critical that these items be thoroughly cleaned and disinfected between uses.

During ESRD surveys, dialysis personnel have been observed cleaning and disinfecting stations as well as preparing equipment at the stations (e.g. hemodialysis machine) for the next patient while the current patient is still in the treatment chair/bed. Although, this may be done to allow the current patient more time to stabilize while reducing the time between patients, it allows for the possibility of cross contamination between patients.

**Discussion**

According to current recommendations from the CDC, to prevent cross-contamination between patients, it is important that the previous patient completely vacate the station before the ESRD staff begin cleaning and disinfection of the station and set up for the next patient.

Pursuant to the CDC recommendations, the ESRD interpretive guidance and associated observation worksheet for cleaning and disinfection of the dialysis station are being revised to require the complete evacuation of the station before cleaning and disinfection procedures. Surveyors should cite 42 CFR 494.30(a)(4)(ii) if non-compliance with cleaning and disinfection of the dialysis station is identified during the survey.

It is important to note that all dialysis patients must be clinically stabilized (i.e. stable blood pressure, vascular access hemostasis) following their dialysis treatments before being moved from the dialysis station. If a patient is not sufficiently stable to be moved from the dialysis station, cleaning and disinfection of the equipment at the station and preparations for the next patient must be delayed until the patient is able to be safely moved outside the station.

**Contact:** Please email any questions to the ESRD mailbox at [ESRDQuestions@cms.hhs.gov](mailto:ESRDQuestions@cms.hhs.gov).

**Effective Date:** With 30 days after issuance of this policy memorandum. This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

cc: Survey and Certification Regional Office Management

*The contents of this letter support activities or actions to improve patient or resident safety and increase quality and reliability of care for better outcomes.*