

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BLAST FAX 2021-7

TO: Hemodialysis Units/Facilities

FROM: Acting Commissioner Deidre S. Gifford, MD, MPH

A handwritten signature in blue ink, appearing to read 'Deidre S. Gifford'.

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Chief of Staff
Vivian Leung, MD, Healthcare Associated Infections Program

DATE: March 9, 2021

SUBJECT: Hemodialysis workforce survey for DPH Infectious Diseases Section

The Connecticut Department of Public Health (DPH) Infectious Diseases (Epidemiology) Section is working with UConn School of Medicine to survey hemodialysis facility staff for a statewide healthcare learning needs assessment. The focus of this survey is to understand learning needs, particularly in infection prevention and control, that DPH can help address.

Packets with paper copies of the survey are being mailed to you with return envelopes. Your assistance with distributing this survey to all staff (clinical and non-clinical) is appreciated. **If more paper copies/envelopes are needed, please reach out to Colleen Lynch: colynch@uchc.edu or 860-716-8447.**

Please also distribute the online survey to your staff using this link:

<https://www.surveymonkey.com/r/SYBQQDT>

The attached memo can also be distributed, and staff can scan the QR code to access the survey.

Staff only need to complete one survey (online or paper). Survey responses are request by Friday March 19th, 2021.



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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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Dear Hemodialysis Center Worker,

The Connecticut Department of Public Health (DPH) Healthcare-Associated Infections Program, along with the University of Connecticut School of Medicine (UConn), is assessing infection control measures currently in place at hemodialysis centers to prevent the spread of COVID-19. The goal of this project is to find potential areas of infection control where DPH could provide support for hemodialysis centers.

Colleen Lynch, a second-year medical student at UConn, is administering the attached survey as part of a project required for graduation titled "COVID-19 Response and Infection Control Protocols in Hemodialysis Centers in Connecticut". Survey responses will be used to study current infection control protocols in place at hemodialysis centers, Personal Protective Equipment (PPE) use, opinions about COVID-19 vaccines, and ways in which DPH may provide assistance to hemodialysis centers to prevent the spread of COVID-19. The principal investigator for this study is Dr. David Banach from UConn, in collaboration with Dr. Vivian Leung from DPH.

You are invited to participate in this study, and your participation is voluntary. Your personal information will not be collected, and hemodialysis center names will be kept confidential. While complete surveys provide better data, you may skip questions that you do not feel comfortable answering. Completion of the survey should take between **5 to 10 minutes**. Completion and return of this survey signify your consent to participate in the study.

You may complete a paper copy of the survey provided to your HD facility or access it via the QR code below. We appreciate your participation. For any questions regarding the survey or the project, please feel free to email Colleen Lynch at colynch@uchc.edu, Dr. David Banach at dbanach@uchc.edu, and/or Dr. Vivian Leung at vivian.leung@ct.gov OR call Colleen Lynch at 860-716-8447.

Thank you,

Handwritten signature of Colleen Lynch.

Colleen Lynch
UConn School of Medicine Class of 2023

Handwritten signature of Vivian Leung.

Vivian Leung MD
Healthcare-Associated Infections & Antimicrobial
Resistance Program Coordinator
Connecticut Department of Public Health

Use your smartphone
camera to access the survey:



Handwritten signature of David Banach.

David Banach MD, MPH
Associate Professor of Medicine
Hospital Epidemiologist and Head of Infection Prevention
Division of Infectious Diseases
University of Connecticut School of Medicine



Phone: (860) 509-7995 • Fax: (860) 509-7910
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Connecticut Hemodialysis Workforce Survey

Demographics

1. What hemodialysis facility do you currently work at? (Check **all** that apply)

DaVita Kidney Care	<input type="checkbox"/> Black Rock Dialysis <input type="checkbox"/> Bloomfield Dialysis <input type="checkbox"/> Branford Dialysis <input type="checkbox"/> Bridgeport Dialysis <input type="checkbox"/> Danbury Dialysis <input type="checkbox"/> Farmington Dialysis <input type="checkbox"/> Greater Waterbury Dialysis <input type="checkbox"/> Hamden Dialysis <input type="checkbox"/> Hartford Dialysis <input type="checkbox"/> Hartford Downtown Dialysis <input type="checkbox"/> Hawley Lane Dialysis <input type="checkbox"/> Housatonic Dialysis <input type="checkbox"/> Milford Dialysis <input type="checkbox"/> New Britain Dialysis <input type="checkbox"/> New Haven Dialysis	<input type="checkbox"/> New London Dialysis <input type="checkbox"/> Norwalk River Dialysis <input type="checkbox"/> Norwich Dialysis <input type="checkbox"/> Palomba Drive Dialysis <input type="checkbox"/> PDI-Rocky Hill <input type="checkbox"/> PEDI-Middlesex Dialysis Center <input type="checkbox"/> Shelton Dialysis <input type="checkbox"/> South Norwalk Dialysis <input type="checkbox"/> Stamford Dialysis <input type="checkbox"/> Torrington Dialysis <input type="checkbox"/> Trumbull Dialysis <input type="checkbox"/> Vernon Dialysis Center <input type="checkbox"/> Waterbury Dialysis Center <input type="checkbox"/> Willard Avenue Dialysis <input type="checkbox"/> Windham Dialysis Center
Fresenius Kidney Care	<input type="checkbox"/> FMC Dialysis Services Forestville <input type="checkbox"/> Fresenius Medical Care of East Hartford <input type="checkbox"/> Fresenius Medical Care of Enfield <input type="checkbox"/> Fresenius Medical Care of Meriden <input type="checkbox"/> Fresenius Medical Care of Newington <input type="checkbox"/> Fresenius Medical Care of Southington <input type="checkbox"/> Fresenius Medical Care Windsor (Fresenius Kidney Care Kimberly Hall South) <input type="checkbox"/> Liberty Dialysis Fairfield (Fresenius Kidney Care Fairfield) <input type="checkbox"/> New Haven Home Dialysis <input type="checkbox"/> North Haven Dialysis Center <input type="checkbox"/> Saint Raphael Dialysis Center <input type="checkbox"/> Shoreline Dialysis Center (RRI Branford Dialysis Center)	
U.S. Renal Care	<input type="checkbox"/> U.S. Renal Care Branford Dialysis <input type="checkbox"/> U.S. Renal Care North Haven Dialysis <input type="checkbox"/> U.S. Renal Care Orange Dialysis	
Dialysis Clinic, Inc.	<input type="checkbox"/> Avon Dialysis Clinic Inc. <input type="checkbox"/> Manchester Dialysis Clinic <input type="checkbox"/> UConn Dialysis Center	
Comprehensive Dialysis Care, LLC	<input type="checkbox"/> Comprehensive Dialysis Care - Meriden	
American Renal Associates	<input type="checkbox"/> Herald Square Dialysis, LLC <input type="checkbox"/> Wallingford Dialysis Care, LLC <input type="checkbox"/> Comprehensive Dialysis Care, LLC	
Other (specify):		

Connecticut Hemodialysis Workforce Survey

2. What is your current role?

- a. Nephrologist
- b. Physician Assistant
- c. Nursing staff
- d. Dietitian
- e. Social Worker
- f. Patient Care Technician
- g. Biomedical Technician
- h. Office and Clerical Staff
- i. Custodial Staff
- j. Security Staff
- k. Administrative Staff
- l. Management
- m. Other (specify): _____

3. What is your primary language?

<i>Spoken</i>	<i>Reading</i>
a. English	a. English
b. Spanish	b. Spanish
c. Portuguese	c. Portuguese
d. French	d. French
e. Mandarin	e. Mandarin
f. Arabic	f. Arabic
g. Other	g. Other

4. What was the highest level of education you completed?

- a. Primary (Grades K – 3)
- b. Elementary (Grades 4 – 8)
- c. Secondary (Grades 9 – 12)
- d. Vocational (Postsecondary)
- e. College/University
- f. Postgraduate
- g. Other (specify): _____

Staff Training

5. Please indicate if you have completed specific training on the following topics as it relates to COVID-19 (check **all** that apply):

- Masking
- When and how to wash your hands
- How to prevent spread when you sneeze and cough
- Identification and isolation of patients with possible COVID-19
- Monitoring and management of Health Care Staff potentially exposed to COVID-19
- Putting on and taking off Personal Protective Equipment (PPE)
- Effective and timely communication

Connecticut Hemodialysis Workforce Survey

- None
- 6. Training was provided as related to COVID-19 (check all that apply):
 - In writing
 - In person training sessions
 - Virtual training sessions
 - Other (specify): _____

Screening and Triage of Staff, Patients, and Visitors before arrival

- 7. Is everybody entering the facility screened for symptoms and exposures to COVID-19?
 - a. Yes
 - b. No
- 8. Does the facility have signs posted at the entrances with information regarding COVID-19?
 - a. Yes
 - b. No

Cohorting of patients

The following statements are about patient placement. Choose the most appropriate response for each statement.

- 9. All patients are kept 6 feet apart at all times (during treatment or in the waiting room).
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
- 10. Suspected and confirmed COVID-19 patients are dialyzed in a designated room with a closed door.
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
 - f. N/A
- 11. Suspected and confirmed COVID-19 patients are dialyzed at one end of the facility away from the main flow of traffic but **not** in a designated room.
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
 - f. N/A
- 12. Suspected and confirmed COVID-19 patients are dialyzed with dedicated staff.
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
 - f. N/A
- 13. The staffing ratio and acuity of patients makes it difficult to care for both COVID-19 positive patients and COVID-19 negative patients.
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
 - f. N/A

Connecticut Hemodialysis Workforce Survey

COVID-19 Testing

14. Does your facility have the ability to test patients for COVID-19?

In house/rapid testing	Using a send-out laboratory
a. Yes	a. Yes
b. No	b. No
c. Do not know	c. Do not know

15. Does your facility have a plan in place for COVID-19 surveillance testing (testing people without symptoms)?

- a. Yes
- b. No
- c. Do not know

16. Is your facility conducting surveillance testing (testing people without symptoms)?

- a. Yes
- b. No
- c. Do not know

17. Does your facility have plans for testing in the case of an outbreak within the facility?

Plans for Testing Patients	Plans for Testing Staff
a. Yes	a. Yes
b. No	b. No
c. Do not know	c. Do not know

PPE

18. Do you feel your facility currently has sufficient supply of Personal Protective Equipment (PPE)?

- a. Yes
- b. No

19. Have you been fit-tested for N95/KN95 respirator?

- a. Yes
- b. No

20. What PPE would you use to care for a COVID-19 positive patient? (check all that apply)

- Gowns
- Gloves
- N95
- Surgical Masks
- Goggles/face shield
- Other (specify): _____

Connecticut Hemodialysis Workforce Survey

21. We need support obtaining (check all that apply):

- Gowns
- Gloves
- N95
- Surgical Masks
- Goggles/face shield
- Cleaning Supplies
- Other (specify): _____

COVID-19 Vaccine

22. Will you get/have you gotten the COVID-19 vaccine?

- a. Yes
- b. No
- c. Undecided

23. If you are undecided or do not want to receive the vaccine, why not?

- a. Personal preference
- b. I have a medical issue
- c. I have safety concerns
- d. I don't trust it
- e. I want to wait and see how first vaccinations go
- f. Other (specify): _____

CT DPH Support

24. How can Connecticut Department of Health (CT DPH) help? (check all that apply)

- In person training on effective source control and infection control
- Virtual training on effective source control and infection control
- Written training on effective source control and infection control
- Aid with obtaining PPE
- Other (specify): _____

Pre-paid envelopes provided for return to:

Vivian Leung, MD
HD Survey
410 Capital Ave MS #11FDS
PO Box 340308
Hartford, CT 06134