Dialyser reuse and reprocessing

Policy | DIA-POL-002

Document type	Policy
Title	Dialyser reuse and reprocessing
Document ID	{{facility.code}}-DIA-POL-002
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 26 (Dialysis and Renal Replacement), criterion 26.4
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. A dialyser is reused only if it is marked for reuse by the manufacturer.
2. Reprocessing follows the validated procedure, and each cycle is recorded (DIA-REG-001).
3. A dialyser is used only on the patient it came from.
4. A dialyser that cannot be traced to its patient is not used.

Stop and get help straight away if: a dialyser is reused on a patient other than the one it came from.

1. Purpose

To make sure dialysers are reused only where permitted, reprocessed safely and traced to their patient (26.4).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure dialysers are reused only where permitted, reprocessed safely and traced to their patient (26.4).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Dialysis unit lead	Owns the reuse and reprocessing rule	Clinician or manager
Reprocessing staff	Reprocess and record each cycle	Staff

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check the mark.	• Check the dialyser is marked for reuse before reprocessing.	Checked.
2	Reprocess.	• Reprocess to the validated procedure, and record each cycle on DIA-REG-001.	Reprocessed.
3	Trace.	• Keep the dialyser with its patient and cycle count, and use it only on that patient.	Traced.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Reused dialysers traced to the same patient and within the cycle limit	100%	Monthly	Dialysis unit lead	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
DIA-REG-001	Dialyser traceability and reprocessing register	Register

16. Evidence

ID	Source and status
E-009	Based on ISO 23500:2019 (fluids for haemodialysis) and the KDIGO Clinical Practice Guideline for Hemodialysis Adequacy (2015 update).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval