Policy · DIA-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 26.4

At a glance

- A dialyser is reused only if it is marked for reuse by the manufacturer.
- Reprocessing follows the validated procedure, and each cycle is recorded (DIA-REG-001).
- A dialyser is used only on the patient it came from.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

Dialysers are reused only in some services and only when they are marked for reuse. A reused dialyser that is not properly cleaned or traced can transmit infection or fail.

5. Responsibilities

Role	Responsibility	Competence
Dialysis unit lead	Owns the reuse and reprocessing rule	Clinician or manager
Reprocessing staff	Reprocess and record each cycle	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Check the mark.

- Check the dialyser is marked for reuse before reprocessing.

Key point: Checked.

Step 2. Reprocess.

- Reprocess to the validated procedure, and record each cycle on DIA-REG-001.

Key point: Reprocessed.

Step 3. Trace.

- Keep the dialyser with its patient and cycle count, and use it only on that patient.

Key point: Traced.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Reused dialysers traced to the same patient and within the cycle limit	100%	Monthly	Dialysis unit lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
E-009	
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Dialysis & Renal Replacement Therapy** (AMB-12)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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