Position statement: Requirements for Peritoneal Dialysis exchanges to be performed safely in the workplace

Kidney Health Australia supports the concept that peritoneal dialysis fluid exchanges can be completed in the workplace if the appropriate physical requirements can be met together with the provision of protected time to allow the individual to follow protocol without interruption.

Requirements to complete a peritoneal dialysis fluid exchange

It is important that peritoneal dialysis fluid is not contaminated during the exchange. A peritoneal dialysis fluid exchange can be completed in any area that meets the general requirements of cleanliness and space as detailed below:

- A small, clean work surface is needed.
- Hand-washing with the support of hand gel is recommended. Access to a hand basin within a short distance from the exchange space is usually required, however the home dialysis unit team can advise of suitable alternatives where this is not possible.
- The actual connection and disconnection of the fluid bags can be completed in any well ventilated and lighted space.
- A small hook device to hold up to 3 kg will need to be placed on a nearby wall or cupboard in relation to where the exchange is completed.
- The use of a small mains power portable heating pad (supplied by the company) is also desirable as most people prefer to warm the fluid prior to use.
- The peritoneal dialysis waste fluid can be safely emptied into the toilet or a drain. The empty bags can be disposed of in the normal rubbish bin (precautions required are the same as for nappy disposal - waste PD fluid has the same toxicity as urine).

People undertaking peritoneal dialysis exchanges in the workplace may bring their supplies in regularly or arrange for them to be delivered monthly to the workplace. Monthly delivery would require the provision of storage space for around five small boxes in a dry, dust free area.

Work considerations for employees utilising peritoneal dialysis

People who utilise peritoneal dialysis should be able to complete every usual aspect of their work.

- The kidney specialist may indicate restrictions for heavy lifting in some cases. If the job involves heavy lifting it is recommended that the employee does not have peritoneal dialysis fluid in their abdomen during this activity. The person on the dialysis should seek advice from their medical or surgical team about their own personal limitations on lifting.
- Employees on peritoneal dialysis can still travel for work, but will need to plan to have supplies available at their travel destination.
Workplace education and support

- A member of the home dialysis training team should visit the workplace to determine if the environment meets the requirements for a safe bag exchange to take place. This should also require an interaction with the occupational health and safety officer to discuss any potential concerns.
- The employer should be aware of and support the need for the individual performing the exchange to have protected, uninterrupted time to concentrate on the exchange and that this may take up to 40 minutes per exchange. By mutual agreement it may be arranged for the exchange to take place during meal breaks or outside rostered work time.
- Appropriate background education should be offered for the direct supervisor, employer, company medical staff and any relevant co-workers. This should be in collaboration with the person who is utilising peritoneal dialysis. Alternatively basic written or electronic information about chronic kidney disease and peritoneal dialysis can be provided. A wide range of information is available from www.kidney.org.au and www.homedialysis.org.au
- The home dialysis team should provide details for contact in case of future concerns.

Once the person is trained to undertake independent peritoneal dialysis their first fluid exchange in the workplace should be supervised by a member of the home dialysis training team, unless this is deemed unnecessary.

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Endorsements: This document is endorsed by the Home Network.
Background

It is estimated that approximately 1.7 million Australians over the age of 25 years have at least one clinical sign of existing chronic kidney disease (CKD). CKD may further deteriorate into end-stage kidney disease (ESKD) at which point dialysis or transplantation is required to stay alive. Without kidney function death will occur in a matter of days. At the end of 2012 a total of 11,446 Australians were on dialysis. Currently, 1,087 people are waiting for a kidney transplant in Australia.

About Peritoneal Dialysis

Dialysis removes the toxins and excess body water that healthy kidneys usually excrete as urine. Peritoneal dialysis is one dialysis option. It is highly recommended as a first option for dialysis treatment as it is simple, safe, effective and does not need to be performed in a hospital environment. It is the first choice for many who work or travel.

Peritoneal dialysis fluid is put into a special abdominal cavity called the peritoneum. This fluid has to be emptied and then refilled up to four times every day and this will usually involve a fluid exchange at lunchtime.

The exchange can take up to 40 minutes but most of this time is spent sitting down while the old fluid runs out of and then the new fluid runs into the peritoneal cavity. During this period the person can participate in any sedentary activity (working at a computer, eating lunch).

When the exchange is completed the bags are disconnected, the old fluid is disposed of (into a toilet) and the tube is coiled up under the clothing out of sight.

Peritoneal dialysis may be completed during the day using the manual bag technique described above. For those who are suitable there is an option to use a machine overnight to complete the dialysis exchanges but usually this is once the peritoneal dialysis has been established.
Supporting Documentation

All existing international guidelines state that peritoneal dialysis can be completed in the workplace providing that basic requirements comparable to those listed in this document are complied with.  

For detailed information please visit the employment and disability employment discrimination act.  

Generally an employer cannot discriminate and therefore refuse to employ someone unless they are not able to carry out their job as required and in a manner conducive to local OH&S standards and policies. An employer is entitled to discussion, questions and examinations regarding a person's disability and its effects in order to:

- determine whether a person can perform inherent job requirements;
- identify any reasonable adjustments required, in selection for employment or in the performance of work;
- establish rights and obligations regarding superannuation, workers' compensation and other insurance.

Occupational Health and Safety Act  
For detailed information please visit your local state acts.  

OH&S acts exist in every state with associated regulations to set out a legal framework for workplace health and safety. Specific sections of the act apply to the development of policies and procedures. The employers' general duty of care under the Occupational Health and Safety Act is to:

“... provide and maintain so far as is practicable for employees a working environment that is safe and without risks to health.”

These include providing a safe work environment and providing adequate welfare facilities.

Employers have the same responsibility to independent contractors and their employees. Employers are required to, as far as practicable:

- monitor the health of their employees;
- keep information and records relating to the health and safety of their employees;
- employ or engage suitably qualified persons to provide advice on the health and safety of their employees;
- nominate a person with an appropriate level of seniority to be the employer’s representative when health and safety issues arise or when health and safety representatives carry out their functions under the Act.
References

3 White SL, Polkinghorn KR, Atkins RC, Chadban SJ. Comparison of the prevalence and mortality risk of CKD in Australia using the CKD Epidemiology Collaboration (CKD-EPI) and Modification of Diet in Renal Disease (MDRD)
4 ANZDATA 2012 www.anzdata.org.au