POLICY TITLE: DIALYSIS PROGRAM POLICY NUMBER: 18.26 (AF) CHAPTER 18: HEALTH CARE		PAGE 1 OF 6
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner:	PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: April 2, 2026	LATEST REVISION:	CHECK ONLY IF APA [ ]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

The Department of Corrections may maintain a dialysis program providing onsite dialysis treatment for residents identified as requiring treatment for End-Stage Renal Disease (ESRD). The goal of the dialysis program is to decrease the frequency and severity of symptoms experienced by residents with ESRD and to reduce the need for dialysis services in the community.

IV. DEFINITIONS

1. Dialysis shunt – an arteriovenous fistula or graft that is a surgically created long-term access point connecting an artery directly to a vein, usually in the arm.
2. Hemodialysis or dialysis – treatment for End-Stage Renal Disease (ESRD). It uses a machine and an artificial kidney (dialyzer) to filter blood, usually 3 to 4 times a week, via a vascular access site in the arm, chest, or leg. This process removes waste and excess fluid, serving as a life-saving treatment for kidney failure.
3. Medical provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.
4. Nephrologist – a physician (specifically an internist) who specializes in diagnosing and treating diseases and conditions that affect the kidneys.
5. Nursing shift report – a shift-by-shift documentation tool used by nursing staff to monitor the health status of residents, communicate changes in condition, and ensure continuity of care across shifts. It serves as a vital record for identifying new, worsening, or chronic conditions and aids in the early recognition of infections or medical emergencies within the facility.

V. CONTENTS

VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Dialysis, General

1. The Department may provide onsite dialysis to provide the level of care needed for adult residents with End-Stage Renal Disease (ESRD), and if there is an onsite dialysis program, this policy shall govern the program.

2. The Commissioner, or designee, shall designate which facility(s) provide dialysis, which may change to meet the needs of residents, make effective use of staff resources, and protect safety and security.

3. The Department's Health Care Services Manager, or designee, in collaboration with other appropriate Department staff and staff of the Department's contracted health care services provider, shall ensure administrative, security, and clinical systems are in place and appropriate equipment, training, technical assistance, and resources are available to follow this policy.

4. The Department's contracted health care services provider:
    a. shall provide all necessary hemodialysis equipment, to include, but not limited to, a hemodialysis machine, filters, tubing, premixed dialysis fluid (a facility water source shall not be used to mix this fluid);
    b. shall supply all medications and saline fluid products;
    c. shall ensure nurses and dialysis technicians caring for residents undergoing dialysis receive the necessary training and any required annual training; and
    d. may retain a consultant to review dialysis services for compliance with applicable standards.

5. The Regional Medical Director, or designee, is responsible for developing, maintaining, and, as needed, updating written practices that address the delivery of onsite dialysis.

6. The dialysis program shall operate under the direction of the Regional Medical Director and the nephrologist and shall include a dialysis team to ensure high quality, safe, and effective care.

7. In addition to the Regional Medical Director, or designee, the nephrologist, and a facility medical provider, members of the dialysis team include, but are not limited to:
    a. nurses trained in dialysis, who shall:
        1) provide education to a resident for whom dialysis is medically indicated about renal failure, treatment options, including hemodialysis, the benefits of treatment, as well as risks of treatment, with dialysis, and obtain the resident's consent;
        2) ensure an appropriate dialysis chair is assigned and the dialysis is scheduled;
        3) ensure appropriate health care and security staff are informed of the schedule;
        4) set up the equipment and start the dialysis;
        5) ensure the resident is monitored by a nurse trained in dialysis or dialysis technician while they are receiving dialysis;
        6) provide any necessary nursing care related to the dialysis;
        7) ensure a dialysis technician and/or facility health care staff deep cleans the equipment and the room is cleaned after the dialysis, to include disposing of used supplies and water;
        8) ensure that when dialysis is not being conducted, the equipment and supplies are secured in a locked area;
        9) prepare a dialysis chart per Department Policy (AF)18.9, Health Care Records; and
        10) notify the nephrologist and/or facility medical provider of any resident concerns or needs or problems with dialysis.
    b. technicians trained in dialysis who shall:
        1) assist with dialysis treatment under supervision by a nurse trained in dialysis;
        2) monitor the resident while they are receiving dialysis if designated to do so by a nurse trained in dialysis;
        3) deep clean the equipment and clean the room after the dialysis, to include disposing of used supplies and water, if designated to do so by a nurse;
        4) report any problems to a nurse.
8. Residents who are trained may clean the dialysis chair and the room, under supervision by health care and/or security staff, but may not clean the equipment or dispose of used supplies and water.
9. Care for residents who undergo dialysis onsite is also coordinated with the nephrologist by telehealth or in-person visits as needed.

Procedure B: Dialysis Referrals and Admissions

1. If prior to admission or during the admission health screening, health care staff become aware that the resident has End-Stage Renal Disease (ESRD) and received dialysis treatment in the community, the health care staff shall coordinate with the community provider (dialysis center or hospital) for obtaining medical records as soon as possible to

ensure the resident's treatment plan, including dialysis schedule and medications, is maintained. If applicable, the health care staff shall also coordinate with the jail to obtain medical records as soon as possible.

2. Any time a resident is identified by facility health care staff as already receiving dialysis in the community or as possibly needing dialysis after admission, they shall make a referral to the Regional Medical Director and the Regional Director of Nursing, or their designees, documenting the referral and the reason(s) for the referral in the resident's Electronic Health Care Record (EHCR).

3. The Regional Medical Director, or designee, in consultation with the nephrologist, shall assess the resident to determine whether hemodialysis is medically indicated, whether a dialysis shunt needs to be inserted, and whether onsite dialysis would be medically indicated or whether alternative care is appropriate. The results of the assessment shall be documented in the resident's EHCR.

4. If it is determined that dialysis is not medically indicated, the Regional Medical Director, or designee, shall, if appropriate, develop an alternative plan, take the necessary steps to implement it, and ensure the plan is documented in the resident's EHCR.

5. If it is determined that dialysis is medically indicated, but the resident does not have a dialysis shunt in place, they shall be scheduled for treatment at a dialysis center in the community, unless and until a shunt can be inserted surgically.

6. If it is determined by the nephrologist, in consultation with the Regional Medical Director, or designee, that dialysis is medically indicated but a shunt needs to be inserted, the nephrologist shall determine whether to order its insertion (with the resident's consent). The written order shall be documented in the resident's EHCR.

7. If it is determined by the nephrologist, in consultation with the Regional Medical Director, or designee, that onsite hemodialysis is medically indicated and the resident consents to dialysis, the nephrologist shall authorize onsite dialysis by a written order documented in the resident's EHCR.

8. For onsite dialysis to be ordered, the resident must consent to dialysis, but does not need to consent to the dialysis taking place on site at a Department facility as opposed to in the community. If a resident consents to dialysis, the decision whether it takes place on site at a facility or in the community shall be based solely on the determination of the nephrologist, in consultation with the Regional Medical Director, or designee, as to which one is more medically appropriate.

9. If the resident is not housed at a facility where onsite dialysis is then currently available, the Regional Medical Director, or designee, shall notify the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, that onsite dialysis has been authorized. They shall then determine whether the resident is to be transferred or dialysis is to be implemented at the facility where the resident is housed.

10. If applicable, the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, shall ensure that the appropriate arrangements are made for the resident's transfer.

11. If a resident is to be discharged from an infirmary to be housed in a facility where onsite dialysis is located, the discharge procedures outlined in Department Policy (AF), 18.10, Infirmary Services shall be followed.

12. A resident may be discharged from a hospital directly to a facility where there is onsite dialysis if the resident was admitted to the hospital from that facility and was receiving onsite dialysis prior to the hospitalization.

Procedure C: Dialysis Treatment

1. Dialysis shall take place on regularly scheduled days. Dialysis may also take place on unscheduled days in the event of an unusual circumstance (e.g., court hearing, transfer, or decision by the nephrologist or a facility medical provider).

2. Dialysis shall be performed in a separate room containing dialysis equipment, supplies for the procedure, and infection-control supplies.

3. Standard infection control precautions as set out in Department Policy (AF),18.8.1 Communicable Disease and Infection Control, Bloodborne Pathogens and Other Infectious Body Materials shall be observed during the dialysis process. In addition, health care and security staff shall wear gowns and gloves when entering the room.

4. Sharp controls shall be followed as set out in Department Policies (AF) 18.7, Pharmaceuticals and (AF) 14.22, Tool and Equipment Control, General Guidelines.

5. A dialysis team member shall be in the immediate area in order to monitor the resident during the entire time the resident is receiving dialysis.

6. The resident shall be told to arrive sufficiently in advance of the start of the dialysis treatment session so that health care staff can measure the resident's weight, take vital signs, and make any other assessments necessary to determine if treatment is indicated on that day.

7. If the dialysis treatment might not be indicated on that day, nursing staff shall contact the nephrologist or, if they are unavailable, the facility medical provider for a decision.

8. If the resident refuses or shortens a dialysis treatment, nursing staff shall explain the risks of missing or shortening treatments. If the resident still does not agree to the complete treatment, a refusal of treatment form shall be obtained in accordance with Department Policy (AF), 18.3.1, Informed Consent.

9. After a dialysis treatment, whether completed or shortened, health care staff shall take the resident's vital signs.

10. A dialysis team member shall deep clean the equipment and dispose of used supplies and water appropriately.

11. A nursing progress note shall be written following each treatment, including weight measurement and vital signs taken before the treatment, whether the treatment was shortened, if applicable, and vital signs taken after the treatment.

12. A resident who undergoes dialysis shall also be seen in the clinic the following day by nursing staff for a wellness check. In the event the resident fails to come to the clinic or is late in arriving, nursing staff shall include in the resident's electronic health care record (EHCR) the following:
    a. the time the resident was called from the housing unit;
    b. the name of the officer called; and
    c. the specific time the resident arrived, if late.
13. The facility Health Services Administrator (HSA), or designee, shall ensure that a reference to the dialysis treatment is included in the nursing shift report.

VIII. PROFESSIONAL STANDARDS

None