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**A year of COVID-19: Ergonomics and good practise of management at INRCA dialysis unit in Ancona, Italy**

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**Objectives:** In March 2020, who announces COVID-19 outbreak a pandemic. Elderly HD patients has a high infection because of disability, comorbidity, social state and travels to and from hospital. The presentation of Covid-19 may be atypical in these patients. It was necessary to redefine the management of dialysis unit in order to avoid the spread infection in the HD patients, to treat Covid-19 whit CKD and Covid-19 AKI that need RRT. Since March 2020, we adopted the first protocol from Lombardia and Italian Society of Nephrology called "Protocollo coronavirus e dialisi". We updated the protocol whit check list and procedures based on the new scientific evidence and the pandemic trend and re-training the staff.

**Methods:** Methods:

- TRIAGE: we call all HD patients to inquire about symptoms or potential exposure (Covid- suspected or positive)
- access prohibited to drivers and visitors
- Re-organized waiting room, maintaining a distance, staggered entry
- HD patients wear a mask from the moment they leave their house, until they return home
- Patients were instructed to measure the temperature at home twice a day and to call the dialysis unit if they develop symptoms at home (es fever >37C°) before their scheduled treatment. Patients without severe symptoms be transported in a private vehicle without other patients, and be dialyzed in isolation room.
- new 4 isolation room in Covid's ward, 1 for suspected patient in Geriatric's ward
- the dialysis unit was equipped with 3 mobile single patient reverse osmosis, 2 machines for standard dialysis and 1 machine for CRRT.
- the dialysis unit staff do test for SARS.COVID-2

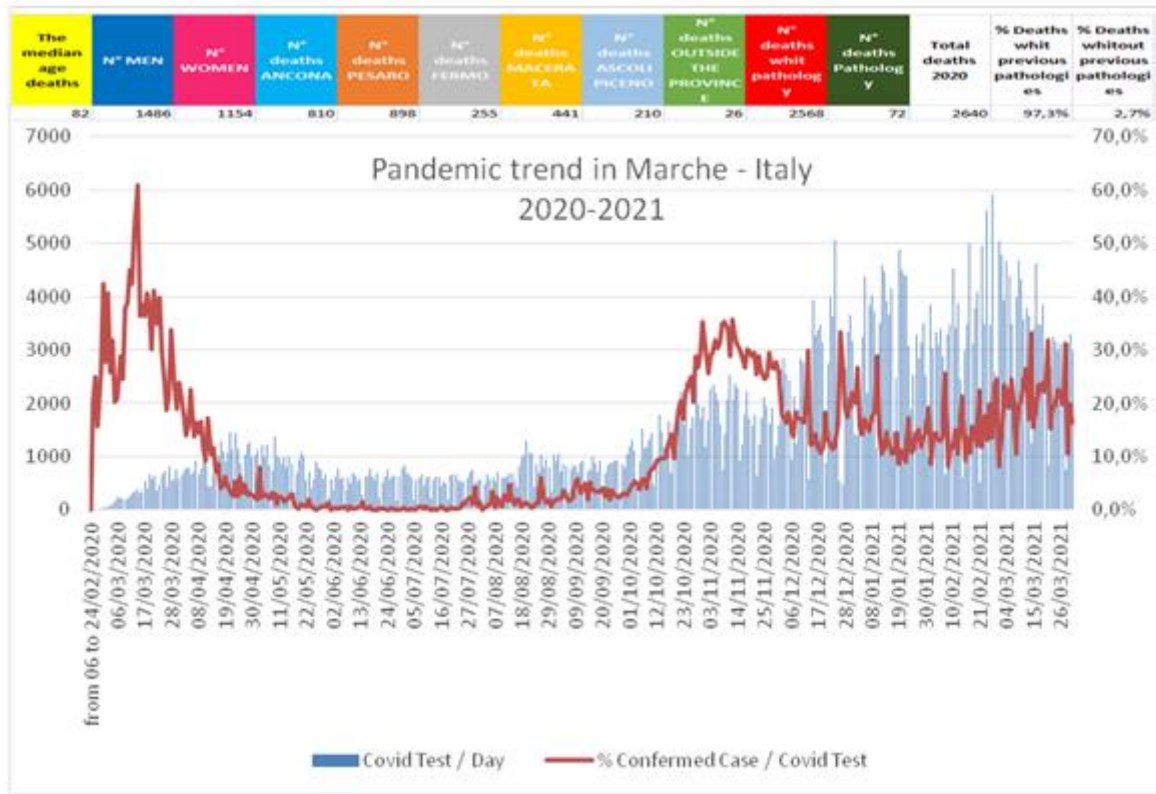
**Results:** Outcome:

- Incidente rate of COVID in HD patients: 4 cases in 51 HD patients
- Incidente rate of COVID in dialysis unit staff: none

**Conclusions:** BEST PRACTISES, BEST DIALYSIS?

PANDEMIC TREND IN MARCHE, ITALY

  
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