

**LETTER TO THE EDITOR**

# Travel arrangements in hemodialysis patients during the COVID-19 pandemic including London-style “black cabs” for transfer to a designated isolation unit

To the Editor:

In the recently published study, Wongboonsin et al.<sup>1</sup> highlight the importance of travel arrangements in patients receiving intermittent hemodialysis (ICHD) requiring transport to the dialysis facilities three times weekly to receive life-sustaining treatment. The COVID-19 pandemic has posed immense challenges on ICHD patient transportation<sup>2</sup> requiring a rapid and major reconfiguration of travel arrangements in order to ensure treatment is delivered timely and cross-infection risk from COVID-19 is minimized. In March 2020, UK national guidance highlighted the risk of disruption of outpatient transport services suggesting urgent relevant measures with transport providers and consideration of hospital admission of ICHD patients to avoid rapid clinical deterioration if transport for dialysis treatment could not be guaranteed.<sup>3</sup> Road transport drivers have high risk of occupational exposure to COVID-19 and were noted to have increased COVID-19 related mortality in the United Kingdom.<sup>4</sup> Here we present the reconfiguration of our transport services including the use of London-style “black cabs” with fully segregated passenger compartment for transport of suspected and confirmed COVID-19 cases, and report the audit results on effectiveness and transport-related exposure risk to COVID-19.

Our renal center covers a population of 432 ICHD patients providing dialysis treatment in one main and four satellite dialysis units at the North West of England. During the pandemic, all ICHD patients were screened for symptoms and patients prior to entry to the dialysis units and patients suspected or confirmed COVID-19 were transferred to a designated COVID-19 unit. Minimum isolation spell for positive cases was 2 weeks.

A standard operating procedure (Supplementary material) was developed to enable reconfiguration of transfer arrangements in accordance with infection prevention control policies (IPC) in March 2020 and collaboration with a private company to provide “black cabs,” that is, hackney type carriages with segregated passenger

compartment for transport to and from the designated COVID-19 treatment area was established.

In brief, ICHD patients were assessed and classified based on their mobility needs into three categories: (1) fully mobile and able to either use their own transport or walk unaided into a car, (2) requiring assistance of one person and/or wheelchair accessible vehicle, and (3) requiring assistance of two or more people or stretcher. Standard hospital transport vehicles (vans) were used for patients in category 2 (maximum of two patients per journey) and ambulances were used for category 3 patients. Black cabs with six designated drivers following specific IPC protocol (Supplementary material) were used for patients with suspected or confirmed COVID-19 in categories 1 and 2 (category 1 or 2).

At baseline, there were 215 (49.7%) patients using hospital vans and 40 (9%) using ambulance services. All 40 patients in category 3 continued to use the ambulance services. Out of 215 patients previously using hospital transfer vans, 171 were classified in category 2 and 44 (20%) patients were classified in category 1 and were advised to use their own vehicle or identify a suitable friend or family member to support with transport.

The aim of the audit was to assess the effectiveness of transport reconfiguration in avoiding significant transport delays defined as missed dialysis treatment on the scheduled day and minimizing exposure risk for the drivers and patients.

From March 2020 to February 3, 2021, in total, 4616 black cab journeys to and from the designated zone were performed. During this period, 148 ICHD patients were diagnosed with COVID-19 out of a total of 461 isolation treatment spells in the designated zone. There were no missed dialysis sessions due to transport. There was one case in category 3 treated in the designated zone with significant delay in organizing return home with COVID-19 designated ambulance that resulted in an overnight hospital stay. By February 2021, eight patients reverted to using hospital transport having previously used their own vehicle. None of the six drivers operating

the black cabs became symptomatic or was diagnosed with COVID-19 and there were no patients diagnosed with COVID-19 attributed to transport.

Our audit provides reassurance that the standard operating procedure and existing IPC measures and vehicles can ensure undisrupted transport for patients with minimal occupational exposure risk for drivers transferring ICHD patients with COVID-19.

### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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### REFERENCES

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### SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.