



# Infection Control & TEC Equipment Decontamination during COVID-19©



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# COVID 19 – INFECTION CONTROL & DECONTAMINATION GUIDANCE

## INTRODUCTION

There are many official reference guides being published around PPE, Infection Control, Decontamination etc. It can be difficult to navigate through the information quickly, which is adding to the pressure currently experienced by TSA members and Service Providers.

In order to support our members, TSA have therefore pulled out some key information from various NHS guides and publications (referenced) and from manufacturers and the Ambulance service.

This is intended to provide a 'quick reference' as a start point and it is suggested that managers also read the more detailed NHS and Public Health England official guides as necessary.

This guidance provides a summary of information relevant to TSA Members operating responder and installation services, in which staff may come into direct contact with service users and carers etc.

Access to the full NHS & Public Health England guides can be found on the TSA website:

<https://www.tsa-voice.org.uk/-covid-19/updates-guidance/>

## SCOPE

- Summary of relevant guidance based on information provided by the NHS for care provision in a home/care home setting and Public Health England
- Information on decontamination of equipment based on Ambulance practice and supply/manufacture guidance
- Industry 'good practice' suggestions

## TSA Lobbying to Support Members

According to NHS guidance, COVID-19 is generating unprecedented global demand on the supply chain combined with a manufacturing slowdown in affected countries, especially China which manufactures a large amount of PPE which combined with the reported distribution issues has resulted in some lack of PPE availability.

Priority for access to PPE has been provided to the NHS and Local Authority Health and Social Care Providers. Government, NHS Supply Chain, and the NHS are doing everything to work with industry to secure additional supplies and manufacture further PPE.

TSA are liaising with the Association of Ambulance Chief Executives (AACE) and the Department of Health, aiming to ensure that TSA Service Providers are included for priority access to PPE. There is a recognition that if our Service Providers do not have access to the appropriate PPE and therefore unable to continue with service provision, that this will impact significantly on the NHS ambulance service and hospital discharge schemes etc.

**TSA will continue to update members on how they can gain access to PPE supplies.**

## Key Considerations for TEC Services

### COVID-19 – Summary Information

Providers should consider reviewing existing methods of service delivery to identify whether there are opportunities to implement process changes, which could reduce the need to physically attend a Service User's home.

Some industry examples of changes considered include:

- Suspending all non-emergency installations and response visits
  - It may be necessary to implement alternative arrangements to maintain regular contact with the Service User e.g. Conducting pro-active outbound wellbeing calls
- Converting to 'postal delivery' installations (this will not be appropriate for some service users where they have no family support and are unable to connect the equipment themselves).

Where it is necessary to continue providing a physical response/installation service, Service providers should establish safe systems of work and control measures, including:

- Educating staff about Standard Infection control procedures
  - **Public Health England** have updated their guidance on PPE and Infection Control the 12<sup>th</sup> April 2020 (*see full document on the TSA website*).
    - They advise that staff should be trained on donning and doffing PPE and that videos are available as a resource to support this training.
    - Staff should know what PPE they should wear for each setting and context
    - Gloves and aprons are subject to single use, with disposal after each resident contact
    - Where required, fluid repellent surgical masks and eye protection can be used for a session of work rather than a single resident contact. **Please refer to the full guidance updated by Public Health England (as referenced above), for further information about Sessional Use of PPE.**
    - Gowns and coveralls can be worn for a 'session' with a resident
    - Hand hygiene should be practiced and extended to exposed forearms after removing any element of PPE
- Planning for reduced staffing capacity
  - Advising staff with symptoms to stay at home in line with Government guidelines for 'self-isolation'
- An assessment of the 'base facilities' for staff, including
  - Restricting access to non-essential staff
  - Implementing a rigorous cleaning regime
  - Re-spacing desks/chairs etc. to ensure these are 2 metres apart where possible
- An assessment of risk of the current workforce (identify 'at risk' staff) – refer to TSA risk assessment tool on the TSA website:
  - [https://www.tsa-voice.org.uk/downloads/covid-19/risk\\_discussion\\_pro-forma\\_-\\_covid19.pdf](https://www.tsa-voice.org.uk/downloads/covid-19/risk_discussion_pro-forma_-_covid19.pdf)
  - An individual risk assessment is required for staff at high risk of complications from COVID-19, including pregnant staff. Employers should:
    - Discuss with employees who are at risk or are pregnant the need to be deployed away from areas used for the care of those who have, or are

- clinically suspected of having, COVID-19; or, in the primary care setting, from clinics set up to manage people with COVID-19 symptoms.
- Ensure that advice is available to all healthcare staff, including specific advice to those at risk from complications.
  - Bank, agency and locum staff should follow the same deployment advice as permanent staff.
- Implementing basic infection prevention and control measures to reduce the risk of transmission of infectious agents i.e. blood; bodily fluids; secretions and excretions; non-intact skin or mucous membranes and any equipment or items in the care/service user home environment. These should be used by staff at all times when working within the vicinity of a service user.
  - Providing stock of essential PPE and training staff on the use of PPE as recommended by the NHS (minimum level 2 PPE) – see link to TSA guidance document below.
  - Training staff to minimise potential COVID-19 transmission through good respiratory hygiene measures **‘catch it, bin it, kill it’**
  - Training staff about the importance of Hand Hygiene and how to ensure hands are cleaned properly
    - Thorough hand hygiene is essential to reduce the transmission of infection in health and other care settings and is a critical element of standard infection control.  
*(refer to Appendix 1 of COVID-19: Guidance for infection prevention and control in healthcare settings. Version 1.0.)*
  - Risk Assessment:
    - Conduct an initial risk assessment where possible by phone using Covid-19 [triage questions](#) prior to attending a service users’ home. This may be undertaken initially by the call monitoring centre and information passed to the responder. However, the questions should also be asked before approaching within 2 metres of the Service User/Carer and NHS England guidance states:
      - Where a responder assesses that an individual is symptomatic for COVID-19, PPE should be worn prior to providing any physical care and support. This would include as a minimum, to wear aprons, fluid resistant face mask, eye protection and gloves (refer to Public Health England’s Table 2 below)
      - **Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.**

*N.B. Guidance is changing frequently and whilst TSA will continue to update this information, this is not an exhaustive list and Service Providers should add to this as necessary based on latest information published by the Government etc.*

## FAQ's

### How is COVID-19 transmitted?

NHS advise that Covid 19 is thought to be transmitted as follows:

- Through respiratory droplets generated by coughing and sneezing and through contact with contaminated surfaces.

- Possibly through ‘bodily secretions’ (except sweat) and excretions, including diarrhoeal stools for patients/service users with known or suspected COVID-19.

#### What is the Incubation and Infection period?

NHS advise as follows:

- It is thought that most patients are not infectious until the onset of Covid-19 symptoms. However, it is possible that a minority of infected people may not show any symptoms and there is evidence of one case in which the patient was shedding infectivity before they experienced any symptoms.
- Individuals are considered infectious once they feel/display symptoms and whilst these continue and through to full recovery (average 2 weeks and up to 3-6 weeks for severe or critical cases)

#### How long does COVID-19 survive in the environment?

- Human coronaviruses can survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22-25°C and relative humidity of 40-50% (which is typical of air-conditioned indoor environments).
- Survival on environmental surfaces is also dependent on the surface type.<sup>1</sup> An experimental study using a SARS-CoV-2 strain reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper.

*(Source: COVID-19: Guidance for infection prevention and control in healthcare settings. Version 1.0.)*

#### What is the latest guidance on PPE?

**Public Health England updated their PPE guidance on the 12<sup>th</sup> April 2020**, for health and social care service providers working in a Community based setting. A link to the full guidance documents from Public Health England and Scotland, are available on the TSA website alongside the Scottish guidance documents or via the link below:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

**If the individual being cared for has symptoms of COVID-19 then the risk of transmission should be minimised through safe working procedures.**

TSA have also produced a Level 2 PPE guidance document which is available on the TSA website: <https://www.tsa-voice.org.uk/-covid-19/updates-guidance/>

The following table (fig.1), is provided by Public Health England, as a quick reference guide to include the necessary use of PPE Health and Social Care service providers delivering care in a community setting and within a resident’s home and is therefore also relevant for use by TEC Responder, Installation and Community Equipment Service Providers:

**Fig.1: Public Health England Table 2**



## Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

| Setting  | Context   | Disposable Gloves         | Disposable Plastic Apron                 | Disposable fluid-repellent coverall/gown | Surgical mask             | Fluid-resistant (Type IIR) surgical mask | Filtering face piece respirator | Eye/face protection <sup>1</sup>                       |
|--|---|---------------------------|--|--|---------------------------|--|---------------------------------|--|
| Any setting  | Performing an aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup>  | ✓ single use <sup>4</sup> | ✗  | ✓ single use <sup>4</sup>                | ✗                         | ✗  | ✓ single use <sup>4</sup>       | ✓ single use <sup>4</sup>                              |
| Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health           | Direct patient care – possible or confirmed case(s) <sup>3</sup> (within 2 metres)  | ✓ single use <sup>4</sup> | ✓ single use <sup>4</sup>                | ✗  | ✗                         | ✓ single or sessional use <sup>4,5</sup> | ✗                               | ✓ single or sessional use <sup>4,5</sup>               |
|  | Working in reception/communal area with possible or confirmed case(s) <sup>3</sup> and unable to maintain 2 metres social distance <sup>6</sup>   | ✗                         | ✗  | ✗  | ✗                         | ✓ sessional use <sup>2</sup>             | ✗                               | ✗  |
| Individuals own home (current place of residence)  | Direct care to any member of the household where any member of the household is a possible or confirmed case <sup>3,7</sup>   | ✓ single use <sup>4</sup> | ✓ single use <sup>4</sup>                | ✗  | ✗                         | ✓ single or sessional use <sup>4,5</sup> | ✗                               | ✓ risk assess single or sessional use <sup>4,5,8</sup> |
|  | Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding <sup>9</sup> | ✓ single use <sup>4</sup> | ✓ single use <sup>4</sup>                | ✗  | ✓ single use <sup>4</sup> | ✗  | ✗                               | ✗  |
|  | Home birth where any member of the household is a possible or confirmed case <sup>3,7</sup>   | ✓ single use <sup>4</sup> | ✓ single use <sup>4</sup>                | ✓ single use <sup>4</sup>                | ✗                         | ✓ single or sessional use <sup>4,5</sup> | ✗                               | ✓ single or sessional use <sup>4,5</sup>               |
| Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare | Facility with possible or confirmed case(s) <sup>3</sup> – and direct resident care (within 2 metres)   | ✓ single use <sup>4</sup> | ✓ single use <sup>4</sup>                | ✗  | ✗                         | ✓ sessional use <sup>2</sup>             | ✗                               | risk assess sessional use <sup>4,5</sup>               |
| Any setting  | Collection of nasopharyngeal swab(s)  | ✓ single use <sup>4</sup> | ✓ single or sessional use <sup>4,5</sup> | ✗  | ✗                         | ✓ single or sessional use <sup>4,5</sup> | ✗                               | ✓ single or sessional use <sup>4,5</sup>               |

**Table 2**

- This may be single or reusable face/eye protection/full face visor or goggles.
- The list of aerosol generating procedures (AGPs) is included in section 18.1 at: [www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control-covid-19-personal-protective-equipment-gpe](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control-covid-19-personal-protective-equipment-gpe). Note AGPs are undergoing a further review at present.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wncv-infection>
- Single use refers to disposal or HHV or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- A single session refers to a period of time when a health care worker is undertaking duties in a specific care setting/possession environment (e.g. on a ward round, providing ongoing care for inpatients). A session ends when the health care worker leaves the care setting/possession environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
- Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering, where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
- Risk assessed use refers to filtering PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
- For explanation of shielding and definition of extremely vulnerable groups see guidance: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

## DECONTAMINATION of EQUIPMENT

In addition to the use of PPE, responders and installers may be required to remove TEC equipment from a Service User's home or to use falls lifting equipment.

Whilst there will be existing processes in place, it is more important than ever to ensure that additional processes are established to minimise the risk of contamination for both the staff member and service users.

### Core Decontamination Principles

- All used/returned equipment should be considered to be contaminated
- Staff must maintain high standards of infection prevention techniques, including thorough hand cleaning and use of the necessary PPE
- Staff should receive training in the correct cleaning procedure for each type of equipment they may come into contact with
- Contaminated equipment shall be kept separate from decontaminated equipment
- Manufacturer guidelines should be followed for the cleaning of specialist equipment
- Cleaning cloths and PPE should be double bagged and left aside for 72 hours prior to disposal
- TEC Equipment collected from a Service User's home/care home etc. should be double bagged before placing in the vehicle
  - On return to base, an area for storing bags containing contaminated equipment should be created in an area away from staff and clean equipment to avoid cross contamination. Bags should not be opened for 72 hours.
- Vehicles used by responders and installers should be decontaminated frequently and between every shift handover. Sanitiser should be used to clean down seats, gear sticks, steering wheel etc.

**Industry Good Practice Suggestion:** To implement a contamination swab testing process, which would enable regular testing of decontaminated equipment to identify how effective the contamination processes are in practice. Swab testing kits are already used by some of the Community Equipment Providers and have proved effective in identifying issues and to inform necessary changes to the cleaning/decontamination process.

### Dispersed Alarms & Periphery Devices

Service Providers should use manufacturer guidelines for cleaning of dispersed alarms.

Sample contamination swab tests recently undertaken of some TEC equipment that had gone through a standard style cleaning routine, were found to still contain high contamination readings. It is therefore advisable to double clean equipment and to remind staff to be extra vigilant.

### Falls Lifting Equipment – Decontamination good practice

In recognition that decontamination of 'falls lifting' equipment may not always be able to be done at the 'responder base' if a responder has to attend several consecutive falls, TSA contacted the North West Ambulance service (NWAS) to obtain guidance on how they manage decontamination of such equipment.

## Mangar/Raizer Chair Lifting Aids

### **NWAS advise as follows:**

*NWAS is currently using both Haztabs for decontamination cleaning if it is heavily soiled and disinfectant wipes for everyday cleaning. Even Dettol surface cleanser has proved effective on coronavirus but good old warm water and soap would suffice as its about breaking down the lipid molecules that form around the virus that cause it to bond. This the reason wash your hands with soap is most effective.*

### **Manufacturer Guidance:**

#### *Routine Cleaning*

Fully inflate all sections of the ELK, sponge clean with a non abrasive proprietary liquid cleaner or disinfectant and rinse thoroughly with clean water to remove all soap deposits. Dry thoroughly by wiping or leave to air dry. Do not dry using hot air.

#### *Disinfecting*

The ELK should be fully inflated and pre-cleaned by washing with detergent and water, thoroughly rinsed and then disinfected using a 1:10 solution of household liquid bleach and water (1 part bleach to 10 parts cold water). Leave the solution on the ELK for approximately 10 minutes before thoroughly rinsing off with clean cold water. Allow to air dry before storage. Do not dry using hot air.

### Supplier guidance on decontamination requirements for the RAIZER Chair:

- Use disposable single use hygiene covers.
  - Covers can go over the seat of the Raizer or Raizer II can simply be thrown away once used.
  - This is primarily for the for seat however they can also attach to the backrest (in both instances these would need to be stuck to the device prior to lifting the service user).
- After removal of the disposable cover, thorough cleaning of the equipment should be undertaken after each use, including each individual section of the device.
- Tristel Fuse (see below) is often used by hospitals for decontamination and is also suitable to use with the Raizer - Use a disposable cloth and dilution to the manufacturers recommendation.
- Below is a link showing the hygiene covers being applied. *Hygiene sleeves – part no. 103741*  
<https://www.liftup.dk/en/products/accessories/hygiene-cover-for-raizer/>
- Ensure that the disposable hygiene cover is double bagged prior to disposal.

*Tristel Fuse is a high-level and sporicidal disinfectant solution for the disinfection of medical instruments designed specifically for use on large surface areas. It can be decanted into smaller containers for application on small surface areas. Other similar and suitable alternative products may be available.*

## 12.1 Cleaning



**IMPORTANT!** General cleaning may only be done using a well-wrung cloth or sponge.

The Raizer is **NOT** waterproof and therefore must not be immersed in water or flushed with running water. It is however acceptable to clean the Raizer with a damp cloth.



*The Raizer must NOT be flushed with water*



*The Raizer must NOT be immersed in water*

You can disinfect your Raizer by using the below disinfectants recommended:

|                        |   |
|------------------------|---|
| Hydrogen Peroxide Aq.  | 1,0% (max.) (diluted hydrogen peroxide) |
| Ethanol based products | 70-85 v/v%. alcohol                     |
| Soap solutions         | PH value max. 9                         |

**NEVER** use a high-pressure cleaner or other power flushing or running water, as this may cause permanent damage to the lifting chair.

## Conclusion:

It is essential to review existing systems to ensure that they are fit for purpose within the current pandemic situation and that staff are following these processes. Implementing some simple changes in relation to infection control and decontamination will help to minimise risk of contamination for staff and service users.

These are exceptional circumstances and TSA will continue to identify relevant official guidance and industry good practice and to update the COVID-19 section of the TSA website as necessary. TSA are also lobbying at the highest level to ensure that TSA Members are recognised for the essential support they are providing to around 1.7 million Service Users.