



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
- 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 ○ 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.*)
- 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.

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 airconditioned indoor environments).
- Survival on environmental surfaces is also dependent on the surface type.¹ 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 (PHE) updated their guidance on COVID-19: **Guidance on Homecare provision** on the 19th March 2020 and their full guidance document can be found via the link:

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

The PHE Home Care guidance states:

If neither the individual nor the care worker have symptoms of COVID-19

- If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.
- General interventions may include increased cleaning activity and keeping property properly ventilated by opening windows whenever safe and appropriate.
- Care workers should follow advice on [hand hygiene](#).

The PHE Home Care guidance states:

- If the individual being cared for has symptoms of COVID-19 then the risk of transmission should be minimised through safe working procedures.
- PPE
 - Care workers should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.
 - Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.
 - New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.
 - These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours

Although TSA Service Providers are not specifically Home Care (CQC) Registered providers, this is probably the closest guidance available in relation to the role of a responder and the level of contact they may have with a Service User.

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/>

Public Health England have also provided guidance for ambulance services which may also be useful for TSA members and service providers: <https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts>

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 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.