Infection Control & TEC Equipment Decontamination during COVID-19©

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TSA Infection Control Guidance
V 1.6 - Updated 11.11.20

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/

Public Health England produced an illustrative guide to the use of PPE in a Community and Social Care setting, which is particularly relevant to TSA member organisations as follows:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925605/PHE_PPE_illustrated_guide_for_community_and_social_care_settings_OCT_2020.pdf

It is important that when PPE is worn, that it is put on and taken off correctly and disposed of safely. The Public Health England guide above includes a link to a video which shows how this should be done.

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/manufacturer guidance
- Industry 'good practice' suggestions

TSA Lobbying to Support Members

At the start of the COVID-19 pandemic, some TSA member organisations experienced difficulty obtaining the necessary PPE equipment, due to the unprecedented global demand. TSA recognised this as a significant industry wide issue and successfully lobbied at Government level for the TEC service providers to receive 'Key Worker' status.

After the initial shortfall in PPE availability in Spring 2020, most of our members now advise that whilst they are finding it more expensive, they do now have access to adequate PPE supplies and many have built up an increased stock of PPE supplies.

IMPORTANT NOTE: As we are now in Phase 2 of the COVID lockdown (Nov 2020), it is important that you let TSA know if you are experiencing any issue in obtaining PPE supplies, so we can continue to lobby for improved industry access if this is required.

Key Considerations for TEC Services

COVID-19 – Summary Information

Since the start of the pandemic, many providers have reviewed existing methods of service delivery and identified a range of opportunities to implement process changes, which reduced the need to physically attend a Service User's home.

Some industry examples of changes implemented that have so far worked effectively, include:

- Suspending or reducing on-site installations and maintenance visits
    - Many member organisations converted to sending out equipment for 'self-installation' and rapidly produced new guidance to support the installation process, whilst utilising the installation operatives to support service users remotely via phone or from outside the property to complete the installation when necessary.
    - Reducing the number of 'on-site' maintenance visits by issuing replacement pendants and faulty equipment by post and where possible, sending out replacement batteries for self-installation and using their installation operatives to 'triage' faults and provide remote guidance.
    - Some members set up contracts with courier services to support the delivery and collection of equipment which they report has worked effectively. Specific guidelines were implemented with the couriers for 'bagging and boxing' of the returns.

- Suspending or reducing the number of physical non-emergency responder visits and replacing these with a more pro-active approach to making remote well-being calls to vulnerable service users
    - In some cases, organisations used new technology systems to support this process e.g. using Artificial Intelligence systems to make pro-active wellbeing calls to a large number of service users that would not have been achievable with the limited 'human' resource availability.

Where it remains necessary to continue providing a physical response/installation service, Service providers should ensure that the safe systems of work and control measures continue and that complacency does not set in.

Some members reported that conducting ongoing awareness training and campaigns has been an effective method of keeping staff 'vigilant' throughout the pandemic. This is even more important as the number of cases has begun to increase and we've entered the second lockdown.

Visual Resources are available to support these ongoing campaigns via the Public Health England website and include posters, screen savers etc.

It is essential that as the pandemic continues and particularly with the 'spikes' now being experienced in many regions, that service providers continue:

- Educating staff about Standard Infection control procedures
  - **Public Health England** have updated their guidance on PPE and Infection Control *(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. (access to a training video link as detailed above is contained within the guidance)
    - 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 and/or increased demand for services
  - Although many of the teams across the TEC industry are now able to work from home, some members are experiencing an increase of staff sickness and staff having to self-isolate etc. which is having an impact on service delivery.
  - It is essential that organisations continue to plan for both reduced staffing capacity and/or increased demand, in order to be able to continue delivering the essential elements of service wherever possible.
  - Members should provide clear and accessible guidance to staff about when to self-isolate etc. Some organisations have reported that staff have 'self-isolated' when this may not have been required in accordance with the Govt. guidance.

- An assessment of the 'base facilities' for staff, where teams aren't able to work from home, including:
  - Restricting building/base access to non-essential staff
  - Continuing to implement rigorous cleaning regimes
  - Re-spacing desks/chairs etc. to ensure these are 2 metres apart where possible
  - Providing screens between desks
  - Providing easily accessible and sufficient supplies of hand sanitisers, desk wipes etc.
  - Allocating specific desks to individual members of staff and where desks have to be used by more than one member of staff, ensuring there is a rigorous approach to cleaning the desk between shifts etc.
- 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 still 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'**
- Refresher training for 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:

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- 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.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 updated their PPE guidance in July 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[1]
Any setting	Performing an aerosol generating procedure[2] on a possible or confirmed case[3]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✓ single use[4]	✓ single use[4]
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)[3] (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,8]
	Working in reception/communal area with possible or confirmed case(s)[3] and unable to maintain 2 metres social distance[6]	✗	✗	✗	✗	✓ sessional use[5]	✗	✗
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[3,7]	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ risk assess single or sessional use[4,5,8]
	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[9]	✓ single use[4]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✓ single use[4]	✗	✓ single or sessional use[4,8]	✗	✓ single or sessional use[4,8]
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)[3] – and direct resident care (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ sessional use[5]	✗	risk assess sessional use[5,8]
Any setting	Collection of nasopharyngeal swab(s)	✓ single use[4]	✓ single or sessional use[4,5]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note APGs are undergoing a further review at present)
3. 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-wn-cov-infection
4. Single use refers to disposal of PPE 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).
5. A single session refers to a period of time when a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure 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.
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered when there are high rates of community cases.
7. 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.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
9. 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. Some members have established good principles for the return of equipment which include:
    - Not re-using some elements of the equipment e.g. neck cords and wrist bands – providing new instead
- Staff must maintain high standards of infection prevention techniques, including thorough hand cleaning and use of the necessary PPE
- The use of 'swab testing' is recognised as 'good practice' to ensure that the decontamination processes are working effectively. This may include post-cleaning tests and tests within vehicles etc.
- 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 – some members have now set up isolated areas for returns.
- 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.

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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 continue reviewing 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. It is really important to ensure that staff are continuing to be vigilant and providing regular awareness sessions as part of tool box talks, team meetings, one to ones and on screen savers or with poster campaigns etc. can be very effective.

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.