



Tips to Maintain and Disinfect Safe Patient Handling Equipment During COVID-19

The current COVID-19 pandemic has taken its toll on just about everyone throughout the world. Employers and employees within every industry have, in some way, been adversely affected by the quick onset and even faster spread of this novel virus.

As we shift toward re-opening business and bringing employees back to work, there are several guidelines and strategies in which businesses must comply as we see an increasing number of employees returning to work.

One of the industries most affected by COVID-19 is healthcare. Due to the face-to-face, hands-on nature of their work, healthcare employees risk regularly exposing themselves to germs and other illnesses. While disinfecting rooms, surfaces, gowns and various equipment is crucial to any healthcare setting, there is heightened awareness due to COVID-19. The unknowns remain challenging, including how rapidly the virus spreads.

Since Safe Patient Handling (SPH) equipment is used up close and personal, it is critically important to properly disinfect and maintain such equipment. First, let's discuss the difference between cleaning and disinfecting.

Cleaning vs. Disinfecting

The Centers for Disease Control (CDC) indicates that cleaning is when one simply removes dirt, grime and other substances from surfaces. Though the surface may look clean once dirt is removed, this process does not kill germs and pathogens.

Disinfecting is the process by which certain chemicals that can kill pathogens are used. Disinfecting after cleaning a surface reduces the risk of infection and prevents the virus from spreading.

It is important to follow all established procedures, which are newly modified and often rapidly changing, as outlined by your infectious disease control department to ensure the appropriate strength is being used for the designated pathogen.

Below are some basic disinfecting guidelines.

1. Choosing a Disinfectant



In the healthcare industry, some of the more widely used disinfectants include OxyCide Daily Disinfectant Wipes (Ecolab) Wipes, PDI Sani-Cloth AF3 Germicidal Disposal Wipes, PDI Super Sani-Cloth Germicidal Disinfectant Wipes, and PDI Sani-Cloth Germicidal Disposable Wipes. Certain regularly used products may not be available and diminishing stockpiles have caused restrictions in use and the need for alternatives. In addition, be mindful that some products may not be suitable for all types of surfaces.

2. Multiple Patient Use Equipment



If the equipment is to be used for multiple patients, there is usually a two-to-five minute waiting period once the germicide has contact with the disinfectant; however, some disinfectants require up to 10 minutes of saturated contact time.

Some disinfectants have a very low contact time and will only need two minutes before using equipment for multiple patients. It is important to thoroughly disinfect all surfaces of shared equipment in accordance with the manufacturers' guidelines prior to allowing another patient or staff member to come in contact with it.

3. Designated Patient Equipment



If there is a need to designate equipment for a specific patient during his or her stay, it should be wiped down at the end of the day, along with high-touch areas in the room. Once that particular patient leaves, a terminal cleaning should be conducted to ensure the entire room, and the equipment in that room, is thoroughly disinfected. Disposable equipment should be discarded. It should not be sanitized or reused unless allowed by the manufacturers' guidelines or approved by infection control in consultation with hospital leadership.

4. Laundering for Slings



Many hospitals and healthcare facilities use third-party laundering services. For hospitals with Environmental Services Departments responsible for the laundering, the slings should be gathered, bagged and washed separately following manufacturers' recommendations.

5. High-Touch Electrical Components



Many of the newer, more technologically advanced SPH handling units have touch-screen controls. The screens are often made with what is called an oleophobic coating. Some disinfectants can damage the surface of these of the high-touch electrical components. Ensure a disinfectant is used that will not harm the oleophobic coatings or damage circuitry is utilized.

6. Mixing and/or Diluting Chemicals



Some disinfectants mentioned above have an ammonia solution. Bleach, when mixed with ammonia, creates toxic vapors called chloramines, which can severely damage the respiratory system and can potentially be life threatening. Also, never dilute a disinfectant solution because that will decrease its effectiveness. Further, mixing chemicals may create a risk of fire and cause harm to the healthcare worker, the patient, others in the vicinity, and the property.

In addition to the information above, it is important to include that, regardless of the program and steps taken to ensure proper disinfection, healthcare facilities should always work with their infectious disease control team for additional guidance.

Further, always ensure that the equipment manufacturer's recommendations are followed when selecting a disinfectant or an approved alternative. Such equipment is expensive and ensuring the longevity is vital to maintenance and safe function. This is also a factor that the Joint Commission reviews to ensure facilities are following manufacturers' recommendations.

Lastly, with all of the donning and doffing of PPE, and caregivers being stretched so thinly these days, do not forget to take the step to actually use SPH equipment when caring for a patient. This equipment is essential to reducing a variety of potential injuries.

