

A Carbon Monoxide breath test does not fall into the category of aerosol generating procedures which have been associated with increased risk of transmission of respiratory infection<sup>i</sup>.

However universal infection prevention & control practices should be followed when undertaking COBT<sup>ii</sup>, as well as the further precautions listed below.

1. **Symptom check**- for example you may ask clients to check their temperature before arrival to clinic and request they do not attend if they are unwell or displaying symptoms of Covid.
2. **Risk assessment** on the CO monitoring process must be completed – does the benefit of doing the test outweigh the risk<sup>iii</sup>.
3. **Hand washing**: The client must clean hands before entering the clinic – hand gel must be available for this in the absence of hand washing facilities.
4. **Gloves**: If a client is wearing gloves, they need to be asked to remove them as the virus is more likely to survive on this surface. They must decontaminate their hands by using alcohol based hand rub or wash their hands with soap and water and dry.
5. **Clinic**: The consultation must be completed in a ventilated room (open windows if possible)
6. **Social distancing** must be maintained (2m if possible).
7. **Face covering**: If social distancing cannot be maintained, the advisor must wear a mask.
  - Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient.
  - Surgical masks should be worn by all healthcare workers for all encounters of 15 minutes or more with other healthcare workers in the workplace, where a distance of 2m cannot be maintained.<sup>iv</sup>
8. **Consumables**: Ensure tissues and hand gel are available in the clinic room.
9. **The test**: The client can insert the single use mouth piece themselves (NO GLOVES) and hands must be cleaned again before handling the machine by using an alcohol hand rub.
10. **The D-Piece** incorporates a one-way valve and an infection control filter, which has been tested vigorously by Public Health England to prove it removes and traps 99% and 97% of airborne bacteria and viruses respectively. Bedfont recommends the D-piece can be used for a continuous 30 days in conjunction with single-patient-use mouthpieces.<sup>v</sup>
11. **Disposal**: Ask the client to remove the mouth piece after the test and dispose in clinical waste bin if available – if not general waste bin can be used.
12. **Decontaminate**: The monitor must be cleaned and disinfected (wipes) as per manufacturer's instructions after each client by the advisor. The advisor should wear gloves for this. Remove gloves and dispose in a waste bin and clean hands by washing or using an alcohol hand rub.

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### Please note:

1. This purpose of this note is to provide information only. Please adapt for your own service.
2. The information contained in this note is in line with current guidelines, July 2020.
3. For the most up to date information please visit [HPSC.ie](https://www.hpsc.ie)
4. If you do not use a Bedfont CO monitor, please check with the manufacturer webpage/FAQs regarding use of your monitor and coronavirus.

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i [HPSC Guidance on COVID-19 v2.1. 26.05.2020](#)

ii [HPSC Standard Precautions Infection Control](#)

iii [HSE Risk Assessment Tool](#)

iv [Current recommendations for the use of Personal Protective Equipment \(PPE\)](#)

v [Bedfont - D Piece](#)