

STANDARDS OF PRACTICE

INFECTION CONTROL IN THE OPTOMETRIC OFFICE

Name:	Infection Control in the Optometric Office
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Optometrists and staff shall practice effective hand washing before and after any physical contact with a patient. Hands should be washed with soap and water and thoroughly dried with a disposable paper towel. Hand sanitizers may be used in-between soap and water washing; however, hand sanitizers are not considered adequate to replace washing with soap and water.

1. Single use latex or vinyl gloves must be available in every office and are to be worn for procedures involving contact with blood or body fluids. Tears are not implicated unless contaminated with visible blood.
2. Masks and protective eyewear must be available in every office and are to be used for procedures involving the possibility of splashes of blood or other potentially infectious bodily fluids, tissues, or airborne particles.
3. All contact lens, pharmaceutical and other solutions shall be stored according to manufacturer specifications and checked for expiration dates on a regular basis. If the solution or pharmaceutical product has expired or contaminated in any way, it must be discarded in an appropriate manner.
4. Contact lens storage cases may not be reused for different patients unless disinfected following infection control guidelines.
5. Disposable Soft Trial contact lenses are to be used only once and then discarded in an appropriate manner.
6. Reusable gas permeable, specialty soft and hybrid diagnostic contact lenses may be reused following proper cleaning and disinfection.
7. Optometrists are responsible for monitoring and discarding expired or potentially contaminated trial contact lenses and solutions.
8. Contact lens training areas should be cleaned and disinfected in-between use by different patients.
9. Optometrists should dispose of sharps appropriately - do not recap or reuse used needles.
10. Sharps disposal containers must:
 - a. Be spill-proof, puncture-resistant, properly labelled and able to be incinerated
 - b. Have clearly defined fill line
 - c. Be placed as close as possible to where sharps are used to ensure all optometrists and staff use the sharps container provided

- d. Local regulations should be consulted for instructions regarding the proper disposal of sharps in the jurisdiction
11. Any optometrist or staff member who believes they may have contracted a blood-borne infection, including but not limited to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) must seek the advice of a physician.
12. An optometrist must not deny optometric care to a patient positive for a blood-borne infection (e.g. HIV/HBV/HCV) or other conditions low-risk for person to person transmission when using appropriate personal protective measures (e.g. MRSA, VRE, etc.).

Disinfection and Sterilization

1. Disinfection of NON-Critical Surfaces: non-critical surfaces are considered surfaces that may come into contact with patient's clothing and/or intact skin.
 - a) General use non-critical surfaces such as examination chairs, pens, countertops, waiting room chairs, telephones etc. are to be cleaned and disinfected with a commercially available disinfectant cloth and/or solution as required.
 - b) Non-critical surfaces that contact a patient's clothing and/or intact skin during patient examination procedures such as chin rests, forehead rests, occluders etc. should be cleaned and disinfected with a commercially available disinfectant cloth and/or solution between every patient.
 - c) Any non-critical surface that contacts a patient's broken skin or becomes potentially contaminated in any way should be cleaned and disinfected immediately.
2. Disinfection of Semi-Critical Surfaces: Semi-Critical surfaces are surfaces that come into contact with mucous membranes (i.e.: conjunctiva, cornea, lids, tears) such as tonometer tips, pachymeter probes, gonioscopy, fundus contact lens, reusable contact lens trials, and foreign body removal instruments, etc. Semi-critical surfaces may be cleaned and disinfected by immediate cleaning of any gross tissue, soil or fluid (if present) and the following:
 - a. Immersing for 10 minutes in one of the following sterilants followed by a rinse with sterile saline and air dried before reuse.
 - i. 3% hydrogen peroxide
 - ii. 0.5% sodium hypochlorite solution (1:10 dilution of household bleach)
 - iii. Any other industry approved commercial grade germicidal sterilant solution
3. Biomedical Waste Management: Each practice should have policies and procedures for proper storage, handling and disposal of biomedical waste for post-exposure management, including keeping biomedical waste in a secure area and allowing access only to authorized personnel while waiting for transport to a disposal site. Optometrists and staff need to be aware of local waste bylaws and levels of operation of local landfills and incineration facilities in your municipality. Optometrists are to contact Saskatchewan Health if there are questions or concerns about disposing waste.