



**ACO**  
**INFECTION PREVENTION**  
**AND**  
**CONTROL POLICY**

**Effective March 1, 2015**



# Alberta College of Optometrists

## Infection Prevention and Control Policy

The objective of this policy is to:

- Provide clinical, evidence-based guidance to Doctors of Optometry on appropriate infection prevention and control procedures.
- Protect the health of Albertans by preventing and controlling the transmission of infections.
- Assure Albertans of the quality of infection prevention and control in optometric offices in Alberta.

Health care associated infections have been implicated and confirmed as a significant cause of increased illness and death. As such, it is extremely important that all health care services are provided in a clean, safe and hygienic setting. The following procedures and policies are based on the best available and most current optometric and medical clinical evidence and research.

We wish to acknowledge Alberta Health and Alberta Health Services previously published Infection Prevention and Control Strategies and Standards used in the development of this policy.

### Goals

**It is the goal of every optometrist and their staff to:**

- 1. Be familiar with and implement the strategies described in the ACO Infection Prevention and Control Policy to reduce or prevent the acquisition and/or transmission of infections in optometric offices.**
- 2. Be familiar with and implement the strategies described in the ACO Immunization Policy.**
- 3. Be familiar with and follow proper protocols as outlined in the Optometrist's Guide to Occupational Health and Safety Responsibilities Manual.**

### General Guidelines

- 1. All optometrists and staff shall participate in regular education and training to ensure appropriate infection prevention and control procedures and protocols are followed.**
- 2. All optometrists and staff shall practice effective hand washing before and after any physical contact with a patient. Hands should be vigorously washed with soap and water for a minimum of 15 seconds and thoroughly dried with a fresh cloth, towel or disposable paper towel.**

3. Hand sanitizers may be used in-between soap and water washing; however, hand sanitizers are not considered adequate enough to totally replace hand washing with soap and water.
4. Fingernails should be natural, clean, healthy and short. Nail tips must not exceed 6 mm (0.25 inches). Artificial nails, nail enhancements (including gel and acrylic nails) and chipped nail polish must not be worn when providing direct patient care or when reprocessing optometric equipment or devices.

### **Personal Protection Equipment**

1. Single-use latex or vinyl gloves must be available in every office and must 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. Tears are not implicated unless contaminated with visible blood.
3. Appropriate Personal Protection Equipment offers protection against unexpected incidents and must be worn when reprocessing semi-critical devices or handling biomedical waste.

### **Pharmaceutical Products**

1. All pharmaceutical products shall be stored in an appropriate manner and checked on a regular basis. If the pharmaceutical product becomes expired, recalled, contaminated or damaged in any way, it must be labelled "For Destruction Only" and disposed of by forwarding to your local medical waste management facility, manufacturing company or local pharmacy.
2. Regarding internal use of pharmaceutical products, single-use minimis are the preferred form of usage. If multi-use pharmaceutical products are used, the tube or bottle must not come into direct contact with the patient's eyelashes, conjunctiva or skin; and the tube or bottle cap must be replaced immediately after use.
3. Pharmaceutical products must be disposed of immediately if the product is recalled, damaged, deteriorated, expired, tampered with or contaminated.
4. As all pharmaceutical products have a limited shelf life after opening of the tube or bottle; optometrists must dispose of all opened tubes or bottles as per the manufacturer's Product Characteristics.
5. Due to the possible risk of contamination or tampering, optometrists may not dispense, reuse, repackage or sell any pharmaceutical product that has been returned to their office.

## **Contact Lens Practice**

1. **Reuse of trial contact lenses shall conform with the following rules:**
  - Reusable gas permeable, specialty soft and hybrid diagnostic contact lenses may be reused following proper cleaning and disinfection with a commercially available disinfection system.**
  - Disposable soft trial contact lenses are to be used only once and then discarded in an appropriate manner.**
2. **Contact lens storage cases may not be reused for different patients.**
3. **Optometrists are responsible to monitor and discard recalled, damaged, deteriorated, mislabelled, expired or potentially contaminated contact lenses and solutions in an appropriate manner. Appropriate disposal includes sending the product to your local medical waste management facilities or by returning the product to the manufacturing company with an accompanying note stipulating the product is recalled, damaged, deteriorated, mislabelled, expired or contaminated and is being returned for destruction only.**
4. **Contact lens training areas should be cleaned and disinfected in-between use by different patients.**
5. **Optometrists are allowed to exchange and/or refund contact lenses and contact lens solutions that have been returned to their office; however due to the possible risk of contamination or tampering, optometrists are not allowed to dispense, reuse, repackage or sell any contact lens or contact lens solution that has been returned to their office.**

## **Disinfection of Non-Critical Surfaces and Devices**

1. **Non-critical surfaces and devices are considered surfaces and devices that may come into contact with patient's clothing and/or intact skin.**
  - General use non-critical surfaces and devices such as examination chairs, pens, countertops, waiting room chairs, telephones, etc. are to be cleaned and disinfected with a commercially available low level disinfectant cloth and/or solution on a daily basis.**
  - Other non-critical surfaces and devices that contact a patient's clothing and/or intact skin during patient examination procedures such as chin rests, forehead rests, occluders, stethoscopes, etc. should be cleaned and disinfected with a commercially available low level disinfectant cloth and/or solution on a more regular basis.**

- Any non-critical surface or device that contacts a patient's broken skin or becomes potentially contaminated in any way should be cleaned and disinfected immediately using a high level disinfectant.

## **Disinfection of Semi-Critical Devices**

1. Semi-critical devices are devices that come into contact with mucous membranes (i.e. conjunctiva or cornea) such as tonometer tips, pachymeter tips, gonioscopes, fundus contact lens, foreign body removal instruments, Alger brushes, etc.
2. Single use semi-critical devices are the preferred choice.
3. Re-usable or multiple-use semi-critical devices that can withstand high level disinfectants such as Alger brushes, sharps and foreign body removal instruments may be cleaned and disinfected by one of the following:
  - Immediate cleaning of the device by manually scrubbing of any gross tissue, soil or fluid (if present), followed by rinsing with sterile saline, air drying and processing in a steam sterilizer. All devices must be properly stored after sterilization. The sterilizer must be tested and monitored on a regular basis for quality assurance.
  - Immediate cleaning of the device by manually scrubbing of any gross tissue, soil or fluid (if present), followed by rinsing with sterile saline or tap water, air drying and one of the following disinfection techniques:
    - Immersing for 10 minutes in one of the following sterilants followed by a rinse with sterile saline and air dry before re-use.
      - 6% hydrogen peroxide
      - 7% accelerated hydrogen peroxide
      - 2% glutaraldehyde
      - 0.2% peracetic acid
      - 0.55% ortho-phthalaldehyde (OPA)
      - 0.5% sodium hypochlorite solution (1:10 dilution of common household bleach that must be constituted and discarded on a daily basis)
      - Any other commercial grade high level disinfectant solution approved by the ACO.
4. Re-usable or multiple-use semi-critical devices that cannot withstand high level disinfectants such as corneal pachymeter tips, applanation tonometer tips, gonioscopes and fundus contact lenses should be cleaned and disinfected by immediate wiping of the contact surface with 70% ethanol or isopropyl alcohol and air drying.

5. Single use, sterile, silicone applanation tonometer shields are also considered appropriate if discarded after each use.

## **Sharps**

1. Optometrists should adhere to the following appropriate precautions in the handling and disposal of sharps and surgical instruments including syringes, needles, scalpel blades, etc.:
  - Do not recap used needles.
  - Do not use any sharp or surgical instrument that may have potentially been contaminated or tampered with.
2. Sharps containers must:
  - Be spill-proof, puncture-resistance, properly labelled and able to be incinerated.
  - Have a clearly defined fill line.
  - Be placed as close as possible to where sharps are used to ensure all optometrists and staff use the sharps containers provided.

## **Contagious Conditions**

1. Optometrists and staff who develop potentially contagious conditions are encouraged to stay away from the office to prevent transmitting their condition to patients and/or co-workers.

## **Blood-Borne Infections**

1. Any optometrist or staff 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 contact the nearest Emergency Room for possible prophylactic medication treatment, possible referral to an Infectious Disease Specialist and seek the advice of the Provincial Expert Review Panel. Be sure to document the procedure you were performing as well as the time, date and location of the incident.
2. Screening of optometrists and their staff is not mandatory. Testing is considered voluntary with appropriate safeguards for confidentiality and with comprehensive pre and post-test counselling.
3. All optometrists and their staff are encouraged to learn their HIV/HBV/HCV status if their practice involves invasive patient contact. Tests are not implicated unless they are contaminated with blood.
4. If an optometrist or staff is diagnosed with acute HBV infection, he/she must refrain from invasive patient contact until he/she is no longer HBsAg-positive.

5. **The Public Health Act of Alberta requires that the Minister of Health is informed of all HBV/HCV infected health care workers.**
6. **HIV/HBV/HCV infected optometrists have the same right to confidentiality as any patient seeking or receiving medical care. Optometrists are not required to inform their staff, patients, employers or other health care workers that they are HIV/HBV/HCV positive.**
7. **An optometrist must not deny optometric care to a patient based only on that patient being HIV/HBV/HCV positive.**

## **Biomedical Waste Management**

1. **Optometrists and all staff who handle biomedical waste should understand and follow appropriate infection control procedures.**
2. **Each practice should have policies and procedures for proper storage, handling and disposal of biomedical waste and for post-exposure management including:**
  - Keep biomedical waste in a secure area and allow access only to authorized personnel while awaiting transport to a disposal site.**
  - The transporter is responsible for waste security while en route to the disposal site.**
  - Be aware of local waste bylaws and levels of operation of local landfills and incineration facilities in your municipality.**
  - Dispose of biomedical waste on a regular basis. The preferred method of disposal is incineration.**
3. **Each practice should have policies and procedures for proper storage, handling and disposal of microbiological (including laboratory diagnostic specimens and cultures) and soft waste (including dressings, sponges, equipment or other soft material saturated with blood or purulent discharge) including:**
  - Place microbiological and soft waste in impervious waste bags (strong plastic or double bagged).**
  - Dispose of microbiological and soft waste as soon as reasonably possible. The preferred method of disposal is incineration.**
  - Contact Alberta Health about disposing waste that may be potentially contaminated with high-risk agents such as *Arenaviridae, Bunyaviridae, Filoviridae, Flaviviridae, Herpesviridae* or *Poxviridae*.**
4. **Each practice should have policies and procedures for proper handling and disposal of blood and body fluids (excluding tears unless contaminated with visible blood) and pathological and anatomical waste including:**

- Place blood and body fluids in sealed impervious waste bags (strong plastic or double bagged).
- Dispose of blood and body fluids as soon as reasonably possible. The preferred method of disposal is incineration.

## **References**

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