ACO
INFECTION PREVENTION
AND
CONTROL POLICY

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ALBERTA college of OPTOMETRISTS

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.

The optometric profession in Alberta has a long tradition of providing safe, hygienic and competent care to the public. Optometrists will comply with all ACO Clinical Practice Guidelines to prevent the possible transmission of any infection or disease caused by the provision of health care procedures. As such, it is extremely important that all optometric 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 Infection Prevention and Control Strategies and the Alberta Dental Association and College Standards of Practice on Infection Prevention and Control used in the development of this policy.

Goals

Every optometrist and their staff should strive 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. **Implement additional precautions and clinic protocols during pandemic and epidemic crisis events as outlined in this policy and on the Alberta Health Services website.**

3. **Be familiar with and implement the strategies described in the ACO Immunization and Vaccination Clinical Practice Guidelines.**

4. **Be familiar with and follow proper protocols as outlined in the Optometrist's Guide to Occupational Health and Safety Responsibilities Manual and the *Alberta Occupational Health and Safety (OHS) Act, Regulation and Code*.**

General Infection Prevention and Control Guidelines

1. **All optometrists and staff shall participate in regular education and training to ensure that 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; or, when handling any potentially contaminated substance. Hands should be vigorously washed with soap and running water for a minimum of 20 seconds and thoroughly dried with a fresh cloth, towel or disposable paper towel.**

3. **Alcohol-based 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. In particular, if hands are soiled or have grease on them, then hands must be thoroughly washed with soap and water before using hand sanitizer. Expiry dates should be checked and sanitizers should not be used beyond their expiry date.**

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.**

5. **Sinks designated for hand hygiene should not be used for other purposes such as food preparation or device/equipment cleaning.**

6. **Optometrists, staff and patients who develop potentially contagious conditions are encouraged to stay away from the clinic to prevent transmitting their condition to other patients and/or co-workers.**

Personal Protection Equipment (PPE) – General Guidelines

1. **Single-use latex or vinyl gloves must be available in every clinic and must be worn for procedures involving contact with blood or body fluids. Tears are not included unless the tears are contaminated with blood. Hands should be thoroughly cleaned before donning and after doffing gloves. Disposable gloves must be immediately disposed of in a proper manner following each use. Single-use disposable gloves cannot be washed or disinfected to be reused for multiple patients.**

2. **Masks and protective safety eyewear must be available in every clinic and are to be used for procedures involving the possibility of splashes of blood or other potentially infectious bodily fluids, tissues or airborne particles. All Personal Protection Equipment must be removed before contacting any other surface such as a computer keyboard, doorknob, countertop, etc.**

3. **Appropriate PPE offers protection against unexpected incidents and must be worn when reprocessing semi-critical devices, handling biomedical waste or when providing care to potentially contagious patients:**
    - **All staff involved in direct patient care should be trained in the proper donning and doffing of PPE.**

AHS Guide to Proper Donning of PPE	**AHS Guide to Proper Doffing of PPE**

4. **Gloves must be worn when handling sharps containers; and, sharps containers must not held against the body.**

5. **All optometric clinics are responsible for sourcing their own PPE supplies. If an optometric clinic does not have an adequate supply of PPE, they are not allowed to remain open. The link for ordering PPE from the provincial government is:** https://xnet.gov.ab.ca/ppe

Clinic Protocols during Pandemics and Epidemics

The provision of eye care services occasionally requires examination of the eye and its surrounding tissues at a very close range. Unfortunately, during pandemic and epidemic outbreaks, this places all patients, staff and optometrists at a higher risk of potential transmission of a contagious disease:

1. All optometric clinics must conduct pre-appointment triage strategies to protect patients, staff and optometrists:
    - Identify the exact nature and urgency of the issue or condition the patient is experiencing to allow you to appropriately schedule the patient to limit the potential transmission to other patients and staff. All "at-risk" patient groups should be scheduled to minimize possible contact with other patients.
    - Attempt to identify whether the patient is experiencing any signs or symptoms of a pandemic infection, has recently travelled; or, has been exposed to a contagious individual. If so, they should be encouraged to take a self-assessment test, call 811 for further instructions and be discouraged from attending your clinic in-person.

2. Telehealth platforms should be used to minimize potential transmission caused by potentially contagious patients attending your office in-person; however, it is the responsibility of the optometrist to determine if the care provided via a telehealth platform will meet ACO Standards of Practice.

3. Ensure that proper PPE is available for patients, staff and optometrists to use when providing care to potentially contagious patients:
    - Single-use disposable PPE (e.g. single-use disposable gloves) must be doffed and disposed of immediately after examining and/or treating a potentially contagious patient.
    - Reusable PPE (e.g. face shields) are to be cleaned and disinfected before reuse with another patient.
    - PPE shall be disposed of appropriately according to the ACO Infection Prevention and Control Policy.

4. Additional disinfection and cleaning protocols as outlined by the Alberta College of Optometrists and Alberta Health Services must be followed:
    - All patients must wash their hands or use alcohol-based hand sanitizer immediately upon entering an optometric clinic.
    - All optometrists and staff must wash their hands before and after each patient encounter; and before and after using disposable gloves.
    - All surfaces that may have been touched or exposed to droplets from patients, staff or optometrists must be immediately cleaned with a disposable disinfectant wipe. This includes debit/credit card terminals, telephone, pen, computer keyboard, intake clipboard, etc. Best practice is to not allow communal sharing of anything in your clinic.
    - Optometrists and staff must change their clothing and head coverings daily. The use of clinic scrubs is encouraged.

5. Additional layers of protection to prevent possible virus transmission can be achieved by:
    - The use of clear Plexiglas (or other similar material) as a breath and droplet shields for front desk counters and optometric diagnostic equipment (such as slit lamp, OCT, etc.).
    - Maintaining a physical distancing of 2m from other individuals.
    - All patients, staff and optometrists shall wear face masks for the performance of all close-contact activities and procedures (closer than 2m).
    - Requesting that patients, staff and optometrists do not speak during the provision of close-contact procedures.
    - Placing marks on the clinic floor to remind patients of proper social distancing requirements.

6. Optometrists must provide appropriate splash guards for the performance of any potential Aerosol Generating Medical Procedures (AGMP) such as Alger brush procedures, dilation and irrigation, NCT, etc.

7. In an effort to limit possible transmission vectors and abide by maximum gathering numbers in one location, patients should be encouraged to attend their eye appointment by themselves or with only one additional caregiver, if required.

8. Optometric clinics should also keep their waiting rooms and reception areas free of materials that may be touched by multiple individuals such as magazines, children's toys, advertising materials, etc.

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 in-office use of pharmaceutical products, single-use minims are the preferred form of usage. If a multi-use pharmaceutical product comes into direct contact with the patient's eyelashes, conjunctiva or skin, that tube, dropper or bottle must be discarded immediately. Pharmaceutical tube and bottle caps 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 immediately dispose of or return to the manufacturer all tubes or bottles past their expiry date, subject to recall, contaminated or 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 used by patients who remove their contact lenses for an eye exam or office procedure 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 Care Surfaces and Devices

1. **Non-critical care surfaces and devices are considered surfaces and devices that may come into contact with patient's clothing and/or intact skin. During non-pandemic or non-epidemic times:**
    - **General use non-critical care surfaces and devices such as examination chairs, pens, countertops, waiting room chairs, frames, telephones, office toys, 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 care 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 in-between each patient contact.**
    - **Any non-critical care 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 Care Devices

1. **Ophthalmic semi-critical care devices are devices that come into contact with the conjunctiva or cornea such as tonometer tips, pachymeter tips, goniolens, fundus contact lens, foreign body removal instruments, Alger brushes, etc.**

2. **If possible, single use semi-critical care devices are the preferred choice.**

3. **All offices shall have a designated, reprocessing area for collecting, cleaning and sterilizing semi-critical care ophthalmic instruments and devices that provides a one-way movement of devices through the reprocessing process, from dirty to sterile.**

4. **Re-usable or multiple-use semi-critical care 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 sterilized instruments and devices must be properly stored after sterilization. Manufacturer's instructions must be followed for the installation, operation, preventative maintenance and tested on a regular basis to ensure quality assurance monitoring of the equipment.**
    - **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 hypoclorite 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.**
        - **All high level disinfectant processes should be monitored and audited according to manufacturers recommendations.**
        - **The following processes must not be used for sterilization of ophthalmic instruments or devices:**
            - **Boiling;**

- **Ultraviolet light;**
- **Glass bead sterilization;**
- **Ovens designed for food preparation; or**
- **Microwave ovens.**

5. **Re-usable or multiple-use semi-critical care devices that cannot withstand high level disinfectants such as corneal pachymeter tips, applanation tonometer tips, goniolens 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. Although, diluted bleach is the recommended agent of choice, wiping surfaces with alcohol is considered acceptable.**

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

Disinfection of Critical Care Devices

1. **Critical care patient care items include any instrument or device which penetrates soft tissue, contacts bone, enters into or contacts the bloodstream or any other normally sterile body tissue.**

2. **Single use critical care devices are recommended when possible.**

3. **All clinics shall have a designated, reprocessing area for collecting, cleaning and sterilizing critical care ophthalmic instruments and devices that provides a one-way movement of devices through the reprocessing process, from dirty to sterile.**

4. **All multi-use critical care devices that are compatible with heat and moisture must be sterilized by steam sterilization. Manufacturer's instructions must be followed for the installation, operation, preventative maintenance and quality assurance monitoring of the equipment.**

5. **Carpet and cloth furnishings are extremely difficult to clean and cannot be reliably disinfected; as such, carpeting and cloth furnishings should not be used in Critical Care patient care areas.**

Sharps

1. **Optometrists must 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; however, one needle may be used for multiple injections on the same patient provided that the needle is recapped between each use by using a one-handed scoop technique or a commercial recapping device.**
    - **Do not use any sharp or surgical instrument that may have potentially been contaminated or tampered with.**
    - **Ensure that needles and syringes are for single use only and remain in sterile packaging until immediately prior to use and prepared in a contaminant free area. In addition, all needles should remain capped prior to use.**
    - **All medical sharps are discarded at point-of-use in a sharps container.**

2. **Sharps containers must:**
    - **Be tamper-proof, spill-proof, leak proof, puncture-resistance, properly labelled, secure until proper disposal and able to be incinerated.**
    - **Have a clearly defined fill line and be replaced prior to reaching capacity.**
    - **Be placed as close as possible to where sharps are used to ensure all optometrists and staff use the sharps containers provided in an appropriate manner.**
    - **Not be emptied and reused.**

Boil Water Advisory

1. **Boil water advisories occur whenever public health officials determine that municipally delivered tap water is unsafe to drink. During a boil water advisory, the following precautions should be taken:**
    - **Tap water may not be used for hand hygiene.**
    - **The use of bottled water for hand hygiene is considered acceptable.**
    - **When the boil water advisory is cancelled, all incoming public water system lines, including any taps or other waterlines in the optometric clinic should be flushed for 5 minutes before being used for hand hygiene.**

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 for blood-borne infections 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. Tears 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 or HCV positive; however, optometrists who test positive for HIV, HBV or HCV are required to immediately inform the Alberta College of Optometrists**

7. **An optometrist must not deny optometric care to a patient based only on that patient being HIV/HBV/HCV positive.**

Handling of Biopsy Specimens

1. **Biopsy specimens should be placed in a sturdy, leak-proof container with a secure lid for transportation. The optometrist should take care when collecting the specimen to avoid contaminating the outside of the container. If the outside of the container becomes or is suspected to be contaminated, it should be cleaned and disinfected or placed in an impervious bag prior to transportation.**

2. **Please refer to the ACO Lab Testing Addendum for appropriate protocols in the handling of biopsy specimens in your specific area of the province.**

Biomedical Waste Management

1. **Optometrists and all staff who handle biomedical waste should understand and follow appropriate infection control procedures and dispose of biomedical waste on a regular basis.**

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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