Infection control guidelines and advice

You are here: Home > Practice & professional support > Coronavirus (COVID-19) - what optometrists need to know > COVID-19 Clinical Advice > Infection control guidelines and advice

Optometry Australia appreciates this is a concerning time for many optometrists, patients and practice owners. Within practices, there is a Work (occupational) Health and Safety (WHS) obligation to do everything reasonably practicable to ensure the health and safety of anyone who enters the workplace (including staff, patients, carers etc.). We therefore recommend that you take some time read our COVID-19 **Frequently Asked Questions** for clinical and infection control advice.

The following sets out practice disinfection protocols for optometrists during the COVID-19 pandemic. It includes advice for optometrists, patients and their family, dispensing staff, those conducting cleaning, preliminary testing, and front desk staff. We urge that you take steps to have a good understanding of infection control principles and to allocate time during and after appointments to implement these protocols.

All staff, patients, family

- Wash your hands frequently with soap and water, especially after going to the toilet or before eating. Dry hands with disposable towel instead of reusable.
- Practice social distancing, have as many meetings online as possible, avoid touching/kissing/hugging, and if required wave, elbow touch or fist bump instead of shaking hands
- Avoiding touching your face
- Cover your cough and sneeze and use hand sanitizer
- New social distancing guidelines apply to non-household, non-essential gatherings of more than two people. Keep social distancing in mind when conversing with staff and patients in the practice, and when not at work.
- If unwell with any symptoms (COVID-19 or not), practice self-isolation and remain home for 14 days
- Be kind and thoughtful to your colleagues in this stressful time

References

- Australian Government Department of Health; Environmental cleaning and disinfection protocols for health and residential care facilities
- Review of Optometric Business: Three actions to take to prepare your practice for coronavirus.
- American Optometric Association, COVID-19 guidance for optometry practices

Australian Government Department of Health; Limits on public gatherings for coronavirus (COVID-19)

For Optometrists

- Carefully observe the "five moments of hand hygiene"
 - Before touching a patient
 - Before a procedure
 - 3. After a procedure or body fluid exposure risk
 - After touching a patient
 - After touching a patient's surroundings
- Greet patients with a wave, or if necessary an elbow touch or fist bump
- Clean and disinfect frequently touched surfaces between each episode of patient care for e.g.; slit lamp, phoropter, trial frame, chair, accessories with an alcohol wipe or a pre-mixed alcohol/bleach solution on a new cotton bud (see above)
- Take particular care after touching a patient, to follow hand hygiene before touching keyboard and mouse
- Whilst taking history and speaking with patient, attempt to remain 1.5m away. Move your chair, computer and keyboard to achieve this.
- If any respiratory droplets have occurred show particular care in cleaning
- Observe current advice for screening patients and PPE
- Use slit lamp shields to reduce potential droplet trasnmission
- Unless you are examining a child or someone who requires a guardian, strongly discourage family or friends attending the appointment keeping in line with new social distancing regulation

• Further to specific advice regarding infection control for optometrists, the Department of Health has recently updated environmental and disinfection protocols for COVID-19.

References:

- Australian Government Department of Health; Environmental cleaning and disinfection protocols for COVID-19
- American Optometric Association; COVID-19 guidance for optometry practices
- Australian Government Department of Health; Limits on public gatherings for coronavirus (COVID-19)

For Patients

- Consider rescheduling non-essential review appointments
- Do not attend regular appointments if you are experiencing any upper respiratory symptoms, have travelled in the last 14 days, know anyone that is unwell or have been in contact with any confirmed COVID-19 cases
- Avoiding touching your face
- Cover your cough and sneeze and use hand sanitizer
- Wash your hands frequently with soap and water, especially after going to the toilet or before eating

References:

Australian Government Department of Health; Environmental cleaning and disinfection protocols for COVID-19

For Dispensing Staff

- Carefully observe the "five moments of hand hygiene" as above
- Greet patients with a wave, or if necessary an elbow touch or fist bump
- Clean rulers, pupilometers, pen torches and other equipment with an alcohol wipe before use on a patient and after, in front of the patient
- Practice selection when trying on frames: patient doesn't touch frame and staff initially collect the frame for the patient to try on. Post trying on frames, separate the touched frames and clean them with an alcohol wipe or other suitable disinfectant to reduce viral load, being careful in your selection as not to damage frame.
- Clinell Ideal for use on both surfaces and non-invasive medical devices. Near-neutral pH formula ensures improved material compatibility and is proven to kill Klebsiella pneumoniae (CRE), Enterococcus faecium (VRE) and Norovirus in 60 seconds. TGA registered as a Class IIB Low-Level Instrument Grade Disinfectant, compliant with AS/NZ 4187 Australian Standard. (NB-We have been informed that at 16-03-2020 these are now out of stock).
- Tristel Duo For equipment in contact with a mucosal surface (e.g. tonometers, gonio prisms) this new chlorine dioxide disinfectant has emerged as a good option for optometrists to consider using as it has TGA approval for high level disinfection of instrument grade surfaces compliant with the ASNZ 4187 Australian Standard. It is sporicidal, mycobactericidal, virucidal, fungicidal and bactericidal.

References

- Review of Optometric Business: Three actions to take to prepare your practice for coronavirus.
- American Optometric Association, COVID-19 guidance for optometry practices

For Cleaners/those conducting cleaning

- See Australian Government Department of Health; Environmental cleaning and disinfection protocols for health and residential care facilities
- Frequent, mechanical cleaning and disinfection is the best way to reduce transmission of diseases such as COVID through surfaces
- The length of time that COVID-19 can survive on surfaces varies depending on environmental factors, but current thought is it does not survive much longer than droplets drying out.
- Avoid touching face, especially mouth, eyes and nose while cleaning
- Cleaning staff should wear gloves for cleaning, including removal of trash, and should be thoroughly washed with soap and water afterwards.

The frequency of cleaning depends on the frequency surfaces are touched/exposed:

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Use disinfectant wipes in accordance with advice from the Centers for Disease Control and Prevention (US)

If wipes are not available use pre-mixed spray bottle with bleach

Prepare a bleach solution by mixing;

5 tablespoons (1/3 cup) bleach per 4.5L of water, or 4 teaspoons bleach per L of water

- Surfaces that are dirty can be washed with soap and water before being sanitized
- Extra wiping may be required between patients dependent on risk profiles
- Clean computers, computer accessories and screens, chairs and desks daily
- Clean minimally touched surfaces daily (floor, walls, windows etc.)
- For adequate disinfection use; alcohol solutions with at least 70% alcohol, diluted household bleach solutions and most household disinfectants.

"Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past expiration date. Never mix household bleach with ammonia or any other cleaner. Unexpired household bleach will be effective against COVID-19 when properly diluted"

For soft surfaces such as curtains, carpets and couches remove any visible contamination and clean with cleansers appropriate for those surfaces. If the items can be laundered do so on the warmest appropriate water settings. Otherwise, use products with the EPA-approved emerging viral pathogens claim.

Keep in mind the hazards of using cleaning products and ensure proper ventilation, and use PPE for safety as required (e.g. safety glasses for bleach splash)

Bleach solution should be made up daily.

If cleaning the area following a known COVID-19 case;

Wear full PPE including mask, gloves and eye protection.

Wait as long as practical before beginning cleaning to reduce transmission risk, if possible wait 24 hours.

Focus especially on frequently touched surfaces.

For more information on terminal cleaning see the Australian Government, Department of Health: Coronavirus disease (COVID-19) Environmental cleaning and disinfection protocols for health and residential care facilities.

References:

- Review of Optometric Business: Three actions to take to prepare your practice for coronavirus
- Centers for Disease Control and Prevention, US: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
- Centers for Disease Control and Prevention, US: Isolation Precautions: Guideline for Isolation Precautions, Preventing transmission of infectious agents in healthcare settings
- Centers for Disease Control and Prevention, US: Environmental Cleaning and Disinfection Requirements
- Centers for Disease Control and Prevention, US: Interim Guidelines for Businesses and Employers to Plan and Respond to COVID-19

For Preliminary Testing

- Carefully observe the "five moments of hand hygiene" (as above)
- Wipe down all surfaces and desk morning, midday and evening with disinfectant wipes or a pre-mixed alcohol/bleach solution on a new cotton bud (see above)
- Greet patients with a wave or, if necessary, an elbow touch or fist bump
- Clean and disinfect frequently touched surfaces between each episode of patient care for e.g autorefractor, chairs with an alcohol wipe
- Discuss use of NCT with optometrist; consider using tonometers with disposable tips or ones that can be cleaned in line with the **infection** control guidelines.

References:

Australian Government Department of Health; Environmental cleaning and disinfection protocols for health and residential care facilities

Review of Optometric Business: Three actions to take to prepare your practice for coronavirus

For Front Desk Staff

- Wipe down all surfaces and desk morning, midday and evening with disinfectant wipes or a pre-mixed alcohol/bleach solution on a new cotton bud (see above)
- Keep front desk clear of clutter, to make cleaning easier
- Remove all mints, pens, floral arrangements and other accessories. Remove all toys and magazines from waiting area, and coffee/tea/water dispensing implements.
- Minimise patient use of pens, and if required, sanitise in front of patient before providing the pen and then after use with an alcohol wipe
- Clean EFTPOS terminals between patients and encourage contactless payments over cash
- Ask all patients the healthcare questionnaire before appointments (over the phone), and reschedule non-essential appointments. Repeat healthcare questionnaire on arrival at the practice.
- Place visual alerts at the entrance and in strategic places; see here for examples provided by Optometry Australia
- As patients enter the practice, ask them to sanitise their hands with alcohol/direct them to wash their hands
- Consider social distancing and encourage patients to remain 1.5m from the desk
- Keep a daily log of patients, people in the practice and contact numbers and ensure someone has taken it home/has access remotely in case potential exposure requiring contacting patients
- Have information handy for where patients can be tested if required
- Ourrent government regulation discourages non-essential gatherings of more than 2 people. Ask people accompanying patients to wait outside, unless they are essential guardians (e.g. for children)

References

- Centers for Disease Control and Prevention, US: Isolation Precautions: Guideline for Isolation Precautions, Preventing transmission of infectious agents in healthcare settings
- Centers for Disease Control and Prevention, US: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
- Review of Optometric Business: Three actions to take to prepare your practice for coronavirus.
- American Optometric Association, COVID-19 guidance for optometry practices

Australian Government Department of Health; Limits on public gatherings for coronavirus (COVID-19)

Resources:

Optometry Australia Infection Control and COVID-19 Factsheet – *Pharma* June 2020. Includes surface and instrument disinfection considerations such as for tonometers, visual fields and contact lenses.

Further infection control training

The Australian Department of Health is offering a free 30-minute **online training module** for health care workers in all settings. It covers the fundamentals of infection prevention and control for COVID-19.

Further, the World Health Organisation also is offering a 60-minute online training module targeted at health care and public health professionals around the world (available in multiple languages)

Patient alert posters

Patient alert posters and social media tiles are also available from both **Optometry Australia** and the **Department of Health**. Some of Optometry Australia's posters have editable fields to suit your practice preferences.

Support for our members

We realise this is a difficult and uncertain time for all of us. **Optometry Australia's optometry advisor helpdesk** offers our members dedicated experienced optometrists ready to provide confidential support.

Optometry Australia's advisor helpdesk Email: national@optometry.org.au Phone: (03) 9668 8500 Operating hours: Monday to Friday, 9.00am to 5.00pm AEST