

How should practices, equipment and spectacles be cleaned at this time?

The advice to practices is to ask any patient that feels unwell, in any way, to not present to the practice at all. The Government advice provided to the public is to self-isolate if they are showing symptoms that could be COVID-19 therefore patients attending optical practices for eye care should not be a risk. Practices should not deliver care to patients who have COVID-19 as they are not in supply of PPE. OFNC advises that cleaning of practices is carried out more regularly at this time and it is not unreasonable to ask patients who attend to wash their hands on entering or use hand sanitiser. The usual formal sanitising procedures should be adhered to as stated in the ABDO advice and guidelines on our website:

Principles of Cleaning, Sterilisation & Disinfection

There are numerous pieces of equipment that regularly come into contact with patients e.g. trial frames, chin rests, refractor heads, hand held occluders and rulers, as well as ophthalmic devices which come into direct contact with ocular tissues e.g. tonometer heads, gonioscope and other contact lenses. It is essential that they are all appropriately decontaminated, for example by wiping headrests and/or chin rests with a disinfectant wipe, to reduce the risk of transmission of infection.

There are three levels of decontamination:

Cleaning – The removal of organic and inorganic debris from a surface which might support micro-organisms and provide insulation that reduces the efficiency of disinfecting or sterilisation procedures. Detergents and ultrasonic cleaners are frequently used for cleaning purposes.

Disinfection – A treatment that reduces the number of viable micro-organisms but not necessarily bacterial spores or some viruses. Disinfection can be achieved by physical methods such as heat or by the use of chemical disinfecting agents. Chemical disinfection can be an uncertain procedure as it involves an integration between the chemical used, the micro-organism and exposure time.

Sterilisation – A treatment, which completely kills or removes all kind of micro-organisms including spores. Sterilisation can be achieved by ionising radiation, by gaseous ethylene oxide, by gaseous hydrogen peroxide, by low pressure steam and formaldehyde, by filtration, by dry heat (hot air oven) or by moist heat (autoclave).

To be effective all items must be physically clean before being exposed to any sterilisation or disinfection process.

Not all equipment, however, needs to be sterile before use and the following is a general guideline:

Sterile – Equipment introduced into a sterile body area or in contact with a break in the skin or mucous membrane.

Disinfected – Equipment in close contact with body surfaces or intact mucous membranes, such as the ocular surface e.g. tonometer heads, gonioscope and other contact lenses.

Clean – Equipment not coming into close contact with mucous membranes or sterile body areas e.g. trial frames, refractor heads.

Surfaces in the consulting room should be cleaned after every patient with detergent and water unless contaminated with body fluids. If contaminated with body fluids a chlorine-based disinfectant should be used. All consulting rooms should have access to a wash hand basin and it is good practice for this to be within the consulting room