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Infection Control In Practice



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Working in practice means coming into close contact with the general public, which in turn means exposure to germs, bugs and potential infections. This webinar will look at how we can minimise the risk of contamination to protect ourselves and our patients.



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First of all we are going to discuss the “danger zones”, by which we mean the areas where infection can be spread.





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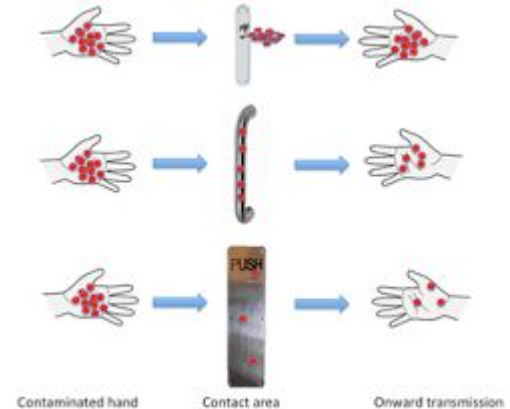
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This can occur in two ways:

Person to Person



Transmission via a
contaminated object





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So, what are the 4 main routes of transmission of infection from person to person?

1. Physical touch

This can happen in many ways in practice. From meeting and greeting your patients with a handshake and adjusting spectacles to performing eye examinations.



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Physical touch can spread:

- ophthalmic infections, such as bacterial and adenoviral conjunctivitis
- skin infections, for example staphylococcus, herpes simplex, impetigo or fungi, and
- enteric infections, for example viral gastroenteritis



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2. Airborne Particles

This can also happen in many ways in practice. Airborne particles can be released through coughs and sneezes and also through tests that disrupt the tear film, like taking IOP's with a non contact tonometer. Or, through patients talking and breathing in close proximity.



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- you are at a special risk of the transmission of airborne infection because of the proximity to the patient's nose and mouth
- potentially infectious respiratory aerosols are generated when an individual sneezes, coughs or talks. Particles over 5 microns in diameter do not normally travel more than 1m but smaller particles can travel longer distances and remain airborne for longer



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Airborne particles can spread respiratory infections such as Coronavirus or Tuberculosis as well as coughs, flu's and colds.



- ### 3. Bodily Fluids
- you are at extremely low risk of transmitting blood borne viruses, such as human immunodeficiency virus (HIV) and hepatitis B and C, in optometric practice
 - tears can contain infectious agents (including these viruses, and others that are much more contagious, such as adenovirus) which may be transmitted to yourself or to other patients if your hands are not properly cleaned after the clinical examination
 - all spillages of blood and body fluids should be cleaned up immediately using a product that contains a detergent and disinfectant. Do not use mops for this – use disposable paper towels and dispose of as clinical waste



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4. Use of Sharps

- the main risk of transmission is associated with invasive procedures in which injury, for example needlestick, could result in blood from the infected individual entering open tissues of another person.
- Very low risk in practice, however, use of communal tools such as sharp screwdrivers could result in a sharps injury and possible transmission of an infection.



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What effective measures can we take
to minimise the risk of person to
person transmission?

Hand hygiene:

You must decontaminate your hands, as appropriate:

1. before every episode of direct patient contact or care
2. after every episode of direct patient contact or care
3. after any exposure to body fluids (including tears)
4. after any other activity or contact with a patient's surroundings that could potentially result in hands becoming contaminated, and
5. after removal of gloves.



You should also decontaminate your hands:

1. before (and after) contact lens insertion or removal
2. after going to the toilet
3. when hands are visibly dirty
4. before (and after) contact with ocular surfaces and adnexae
5. before (and after, if necessary) administering medication, for example eye drops, and
6. after any possible microbial contamination, e.g. contact with body fluids, wounds, or clinical waste.



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Remember, it is important to wash your hands properly as demonstrated in the guidelines:

Hand-washing technique with soap and water



Create your own
<https://www.youtube.com/watch?v=9j3333333333>

Shake it Off
Taylor Swift

Adapted from the original rights holder, who adapted from the World Health Organization Guidelines on Hand Hygiene in Health Care.



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Antibacterial Hand Gel

- Alcohol is not a cleaning agent so you should perform a proper handwash with soap and water at the beginning and completion of the clinic session, as well as after exposure to body fluids.
- Antibacterial handgels rapidly destroy microorganisms on the skin surface. However, they are not a cleaning agent and you should not use them if hands are visibly dirty or contaminated with blood, bodily fluids or other potentially infectious agents



- Alcohol handrubs are not effective against *Clostridium difficile* spores or norovirus (a cause of viral gastroenteritis) so you should use liquid soap and water in situations where there is potential for the spread of these organisms.
- Having antibacterial handgel available throughout the practice is a great way to encourage patients to maintain good hand hygiene.
- Communal areas, such as waiting areas, dispensing desks, reception or by the frame displays are good places to position them as patients in these areas will touch items around them.

Remember, it is important to maintain the integrity of your skin

To maintain the integrity of your skin, you should:

1. cover cuts and abrasions to skin with waterproof dressings (preferably coloured)
2. dry skin properly with paper hand towels after washing, and
3. use hand cream as appropriate; you should not share jars of hand cream with others.



Minimise the risk of airborne infection

1. covering your nose and mouth and using a tissue whilst coughing or sneezing
2. disposing of used tissues in the nearest receptacle as soon as possible
3. performing hand hygiene after coughing or sneezing
4. not working in clinical practice if you have an acute upper respiratory tract infection, such as the common cold, and
5. avoiding touching your mouth, eyes and nose unless you have performed hand hygiene



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So, what about infection from objects in practice?

The list is endless! We use many items of equipment in the test room that come into contact with the patient, as well as dispensing equipment and diagnostic equipment used for pre-screening.

Items such as frames, keyboards, mice, tools, pay points and phones are also hot spots as they are picked up and touched throughout the day by numerous people.

The practice environment has many surfaces and fixtures (such as door handles and light switches) where airborne particles can settle and easily be passed onto hands.



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Task...

Take a walk through your practice, following the patient journey and make a note of each object, or item a patient may come into contact with.



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What effective methods of preventing infection from inert objects could be implemented in practice?



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You should use the following routine infection control precautions:

1. maintain good hand hygiene
2. decontaminate equipment after use
3. disinfect used linen, and
4. decontaminate the environment:



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What about PPE?





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What PPE do I need?

- Facemask
- Apron
- Gloves
- Eye protection

<https://www.aop.org.uk/coronavirus-updates/ppe-guide>



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What type of facemask do I need?

A surgical mask with fluid resistance. These are labelled Type IIR and conform to BS EN 14683:2019 or equivalent.

Why not a type I or standard type II?

Neither of these masks contains a fluid resistant layer, this is the important part. It must be a Type IIR.

Can I use a FFP2 or FFP3 respirator?

Both of these will provide sufficient protection and are a higher grade of protection than surgical masks, however there are a couple of considerations.

1. Respirators are in short supply and should be prioritised for those who need them most. i.e. those treating patients with confirmed COVID-19.
2. Respirators require a fit test to ensure they perform as intended, their usage without a fit test may give a false sense of security.



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Do I need a new facemask for every patient?

No. Facemasks and goggles (if worn) can be used for the entire session as long as they aren't removed. Aprons and gloves are single use and must be disposed of after each patient.



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Donning and doffing PPE



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In what order should I put on, or take off PPE?

Putting on PPE in the correct order

1. Hand hygiene
2. Apron
3. Face mask
4. Eye protection
5. Gloves

Taking off PPE in the correct order

1. Gloves
2. Hand hygiene
3. Apron
4. Eye protection
5. Hand hygiene
6. Face mask
7. Hand hygiene



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Now we need to think about our patients. Identifying which patients could be more “at risk” is the first step in the event of an infectious disease being present in the community.



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There are a number of patient types who fall into the “vulnerable” category including:

- The elderly & frail
- Diabetics
- People undergoing treatment for illnesses such as cancer, or recovering from transplants/surgery
- People with immunosuppressive conditions or a weakened immune system

How can we protect our vulnerable patients?



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- Create a Vulnerable Patients database
- Manage recall - this could include limiting recall to vulnerable patients or adding information on to the contact advising the patient to call the store if they meet the vulnerable criteria
- Social distancing in practice - book patients in during a quiet time of day
- Maintain high standards of hygiene in practice
- Telephone triage - speak to patients prior to attending so they can be advised of any risk

Communication is key!



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- Covid has made us think and adapt but we must not lower standards post Covid
- Maintaining high standards of infection control show your patients that you are clinical and value their health
- Infection control measures not only protect patients, but they also protect you!
- Reduction in sickness levels will benefit the business
- Use this time to think and reflect about your working environment. How can you improve infection control? Where are the danger areas? How can you implement infection control measures?
- Think about your patients and what methods you can introduce to improve infection control
- Be safe, stay alert!



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