

## Infection Control in Optical Practice

### Q&A responses by Cindy Tromans

- 1 Can we decline to see patients who aren't well, or who refuse to wear masks?  
*If you consider that there is a risk of respiratory infection current professional guidance states that a Fluid Resistant Surgical Mask (Type IIR). I would suggest that this is explained to the patient but if they refuse you must ensure that you understand the reasons why e.g. asthma. This is very much a matter of your personal professional judgement if the patient still declines.*
- 2 How much protection does a mask provide to the wearer? We were always told that it was to protect others from the wearer?  
*Type IIR masks are not sealed but they will afford a degree of protection to the wearer but are also used to prevent the airborne transmission of respiratory infection from the wearer to others.*
- 3 What do you think of UV light to sanitise frames?  
*I am not aware of any approved medical devices specifically for spectacle frames although I am aware there are many on the market. I am not sure how thoroughly that are tested or how safe they are.*
- 4 The eye patch used for visual fields is constantly touched by staff and patient alike yet not cleaned after each use. Have you a good strong piece of advice we can use in store in how to manage this?  
*Use a disposable eye patch.*
- 5 Can patients use alcohol-based hand wash for CL removal?  
*You would need to ensure that there was no residual gel on hands before CL removal.*
- 6 Surely coughing into the crook of your elbow means your sleeve is riddled with potential infection and you take that around all day, and then if you fold your arms at some point your hand will become contaminated?  
*Absolutely and that is why 'bare below the elbows' is required in hospital clinical practice.*
- 7 Would you suggest it's advisable to stay away from practice for mild winter illnesses?  
*That is your personal and professional judgement and you need to weigh up the risks of transmitting infection to your patients and practice staff.*
- 8 Do I have a duty to test for Covid, if I feel ill, before going in to work?  
*No, there is currently no requirement to do a COVID-19 rapid lateral flow test if you have symptoms <https://www.nhs.uk/conditions/covid-19/covid-19-symptoms-and-what-to-do/>*
- 9 If I have a common cold and test negative for Covid, is it still ok to go into work and possibly wear a mask? All my colleagues work with coughs and colds as long as their Covid tests are negative.  
*Again, this is a matter for your personal and professional judgment. Not all respiratory infections are COVID and other respiratory illnesses e.g influenza can be a very serious illness for some individuals.*
- 10 We recently received a request from PSCE dept to test a person who was currently testing positive for Covid-19. What would be your response to this?  
*I would question whether it was required urgently or whether the test could wait until the patient recovered.*
- 11 Can a CLO refuse to test a Px that has admitted to testing positive to Covid and other Px's presenting symptoms?  
*Similar answer to Question 1.*

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- 12 We removed our children's toy box from the waiting area during Covid and have not yet replaced it. Would you advise if putting this back in would be just too much of a risk and responsibility?  
*I would advise that you have a cleaning and disinfection process in place for your toys.*
- 13 With hindsight was infection control in practice inadequate pre-Covid?  
*Good question! I think that we may not have thought of our practices as healthcare settings but at least we are more familiar with infection control now.*
- 14 What are your thoughts on chin rest disposable tissues? I view them as a risk to infection, as once someone has rested their chin on the slit lamp rest, it basically infects all the multiple tissues. Bacteria and viruses don't like a cleaned disinfected flat surface. I have therefore done away with any tissues on the slit lamp chin rest and use Clinitex wipes in front of each Px prior to examining them.  
*I agree that wiping down the chin rest and supporting structure with an appropriate disinfectant wipe would be a more effective method for infection control. We do not use them in hospital practice.*
- 15 I haven't used chin rest tissues since covid (in case the patient coughs on them) is that guidance still, correct?  
*See q15.*