CONTROL OF INFECTION IN OPHTHALMIC PRACTICE

Risk Reduction Principles

Consider all patients and staff as a potential infection risk.
- Staff and patients should wash hands with soap before commencing any examination.
- Wash hands with soap before and after every clinical procedure, even if gloves are worn.
- Staff and patients with any broken skin, however small, must wear an occlusive dressing.
- Staff with any known or suspected infection should not have direct patient contact.

Wet hands with clean, preferably running, water.
- Apply soap or cleanser.
- Rub palm to palm.
- Rub back of left hand over right palm.
- Rub back of right hand over left palm.
- Rinse off soap with clean, preferably running, water, and dry well.

In the event of a needle stick injury
• Allow the wound to bleed freely for a few minutes.
• Wash with soap and water.
• Cover with a sterile dressing.
• Note the details, if known, of the person on whom the needle was used, and if possible check their HIV status.
• Report the incident to the person in charge.

The injured person should be examined by a medical practitioner and referred for treatment if HIV transmission is a confirmed risk.

Wear heavy duty gloves for all cleaning procedures.
- Clear up any spillages of blood or other body fluids immediately, then:
  • Cover with bleach and leave for 15 minutes.
  • Wipe with disposable paper tissue or cloth.
  • Wash the surface with a clean cloth, detergent and water.
  • Burn all cleaning tissue and cloths.
- Burn or bury soiled materials and other waste.

Used needles and other sharps: dispose of immediately into a puncture-resistant container. Make sure plenty are available in all areas where needles are used.
- Never re-sheath a disposable needle. One third of needle stick injuries are reported to occur during re-sheathing.
- If a needle stick injury occurs, remove the glove and instrument from the surgical field. (See below for procedure following a needle stick injury).

Applanation tonometer prisms (tips only), diagnostic contact lenses, A-scan probes, occluders and pin-holes should be wiped with disposable paper tissue after each use. Store in sodium hypochlorite 1% in a non-metallic pot for 10 minutes, rinse in sterile water and dry before re-use.
- Silt lamp: chin rest, head rim, handgrips and table top should be washed with detergent and water between each patient examination.

Control of infection principles must be applied in each and every situation, and not only when infection hosts are known or suspected.

The risk of HIV transmission after a single needle stick injury is small; the overall risk is about 3 per 1,000 injuries. HIV remains the least likely occupational infection to be transmitted, but still causes the most anxiety. Health care workers may become complacent about other serious and more likely risks.

The prion diseases, eg Creutzfeldt-Jakob Disease (CJD), also give genuine cause for concern. CJD is resistant to most sterilization methods. The only guaranteed measure to prevent CJD cross-infection is the use of sterile, single-use disposable instruments.


References are available on request.

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