

Advice for optical practices: Ebola virus disease and mitigating risk

This resource builds on the advice relating to the containment of the risk of Ebola transmission for primary care clinicians (from Public Health England) and for optometrists (College of Optometrists/AOP). It includes advice for practices and all professionals in the optical sector.

The key is always to practise normal optical practice hygiene (the virus is weak, can only transfer by contact with bodily fluids (not air) and is killed by soap and water and other disinfectant hand wash solutions) and always to act in the best interests of patients and staff.

About Ebola

There is an ongoing outbreak of Ebola in West Africa, which the World Health Organisation declared a Public Health Emergency of International Concern in August 2014. Optical practices must be aware that, whilst highly unlikely, it is possible that travellers infected in **Guinea, Liberia or Sierra Leone** could arrive in the UK, potentially infecting others. Both staff and patients may be at risk.

How to identify Ebola risk

Is the person complaining of fever or feeling unwell? Have they had a fever (above 38°C) or a history of fever within the past 24 hours?	AND Has the person returned from Guinea, Liberia or Sierra Leone or cared for an individual with Ebola in the past 21 days?	Symptoms include fever, severe headache, muscle pain, weakness, diarrhoea, vomiting, abdominal pain, unexplained haemorrhage, red eyes
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Steps to take if an at risk person is identified

- If a person is identified as being at risk via telephone they should be directed to call NHS 111 who can advise them further. You should advise them **not** to attend the local GP or A+E department.
- If the at risk individual is on site then, without making physical contact, direct the patient to an empty area or room and call NHS 111 who will advise you on the next steps.
- You may consider removing all removable items from this area prior to placing a person there to minimise the need for later cleaning should Ebola be diagnosed. It is possible the room may not be able to be used until it is decontaminated, so if you use a clinical room make sure to keep people away from equipment such as slit lamps. Your Local Health Team can advise you (see Resources).
- You should also contact your Local Health Protection Team. You can find regular and out-of-hours contact information about your Local Health Protection Team via the postcode finder available at <http://tinyurl.com/nl4opwp> and can fill in the poster below for your practice (see Resources).
- When dealing with an at risk person you should keep following good hygiene and avoid direct contact to minimise the threat of infection. Maintaining good, clear communication in handing over a patient is also important – for example if you are advised to call an ambulance you should make it clear that the patient is suspected of being at risk of having Ebola.

Precautions to take – All staff

- Make sure that all staff members, including all reception staff, have read this guidance.
- Good infection control procedures, such as regular hand washing, are important to minimise the spread of all infectious disease. You may need to remind your staff of your practice policy in these areas.
- It is important to check with practice staff that they are not at risk because of recent travel to affected countries or contact with people who have. Staff that have volunteered in affected countries in the last

21 days, or know someone who has, should contact the charity involved. Most charities will have followed Foreign and Commonwealth Office travel restrictions and risk here is low.

Other precautions

- Transmission of Ebola can only be caused through direct contact with blood or other bodily fluids of people infected with Ebola. In optical practices the risk, although small, is likely to come through contact with the eyes. This means that direct contact with eyes, tears and contact lens aftercare with an infected person are risks.
- It is unlikely there will be a scenario where a contact lens patient is suspected or infected with Ebola. However should such a patient present, the patient should remove their own contact lens, place them in their contact lens case and wear their spectacles. NHS 111 should be called, and if necessary the Local Health Protection Team, to ensure effective disposal of all contact lens products and solutions. Normal post patient contact hand cleansing is the best protection and the steps above should be followed.
- When assessing used contact lenses e.g. during aftercare or via the post, normal precautions when handling used contact lenses should apply. If there is any doubt, the same steps as with patients physically present should be followed, including rigorous hand hygiene.

Further guidance

- Public Health England has produced definitive guidance for primary care providers on managing patients who require assessment for Ebola virus disease, available at <http://tinyurl.com/ko8w4d>. Pages 6-9 deal with disinfecting a room, although you should be advised by your Local Health Team.
- A full list of all government resources on Ebola is also available at <http://tinyurl.com/lce8ovc>
- Clinical staff should be made aware of the College of Optometrists/AOP guidance available at <http://tinyurl.com/l7d24sf>
- Practice policies should comply with the College of Optometrists guidance on infection control, available at www.college-optometrists.org/InfectionControl
- There are further useful explanatory notes on Ebola available at <http://tinyurl.com/q63crvh>

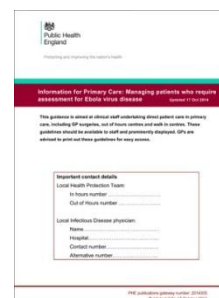
Resources



This patient focused poster can be put up in practices and is available for download at <http://tinyurl.com/koct23w>



This short leaflet can be printed and handed to all practice staff and is available at <http://tinyurl.com/pwg5lf8>



This sheet can be downloaded from <http://tinyurl.com/mtqufxw> and made available in the staff area of your practice. Local Health Protection Team information is available via this postcode finder: <http://tinyurl.com/nl4opwp>