Scleral and RGB Contact Reprocessing Recommendation
11/21/2024
Katie Bashaw, Ambulatory Senior Infection Preventionist RISK SCORE- HIGH 8

Scleral and RGB Contact Reprocessing	
Affected PCCs:	VEI Clinics
S	Situation: The safe wearing of contact lenses and care to help prevent infection have many parameters, including corneal, limbal, or scleral fit, wear time, storage case considerations, hygiene of hands, face, and lids, solutions used for cleaning, storage, and wear of a lens and the susceptibility of the patient to infection (e.g. immunocompromised through disease or medication). 1. Trial contact lens / diagnostic contact lens: A practitioner or fitter only uses a trial contact lens to select the appropriate parameters for the intended wearer. A multi-patient use trial contact lens can be used on multiple people. 2. Contact lenses used in trial fittings that are not disposable should be disinfected between each fitting
B	Background: The clinic is performing the cleaning process according to the MIFU. There are other areas of concern for the prevention of infection that need to be explored to ensure there are no additional gaps in the cleaning processes for reprocessing. There are many brands and types of contact lenses with varying cleaning practices that leave a risk of missing the required cleaning steps. Unsure if these practices are being followed regarding cleaning the contact cases and following recommendations for discarding the lenses after the number of uses defined by the Manufacturer's instructions. Another option to consider if we are cleaning properly is the scleral application tools/plungers.
A	Assessment: The Manufacturer's Instructions for Use (MIFU) for contacts, cases, and applicator tool/plunger clearly state how often and how to reprocess and when to discard them. Each brand provides specific information on these requirements. Prion Disease Considerations Prion cannot be destroyed by boiling, alcohol, acid, standard autoclaving methods, or radiation. Prion transmission is rare, so it does not make economic sense for clinics to dispose of clinical instruments and any non-disposable contact lenses used for multi-patient purposes. As we learn more about Prion, healthcare centers may look to the development of disposable covers, shields, and other methods of protecting patients from used instruments.
R	Recommendation: 1. Contact lenses used in trial fittings that are not disposable should be disinfected between each fitting e of the following regimens: a. Disinfection of trial hard lenses should be performed with a commercially available hydrogen peroxide contact lens disinfecting system currently approved for contact lenses. b. RGP diagnostic/trial fitting contact lenses can be disinfected using the above hydrogen peroxide disinfection system. RGP lenses may warp if they are heat-disinfected.

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	2. Cleaning and disinfecting contact lens storage cases is also important. The American Optometric Association recommends that you replace your contact lens storage case at least every three months or sooner if recommended by the manufacturer. Discard the old solution from the wells of the case. Rub the case for at least five seconds, rinse with contact lens disinfecting solution, and then wipe dry with a clean tissue. Air-dry the case face down on a tissue with the caps off. Avoid washing the case with tap water, as this has been linked with an increased risk of infection. 3. Cleaning of Scleral Application Tool/Plunger: According to the Scleral Lens Education Society, clean and disinfect these tools, it is recommended that they soak in 3% hydrogen peroxide for 3 hours and then rinsed with sterile saline or scleral filling solution. These tools should be replaced every 3 months. 4. If a clinician suspects Prion or the patient discloses their prion disease, one should refrain from fitting the person with contact lenses and use all precautions to sterilize equipment and protect further patients and staff from contacting unsterilized surfaces. For patients seen with a known prion eye infection, it is recommended that fitting lenses are not used on the patient, or if they are, the lenses are discarded.
Response	This recommendation will be worked into the VEI TJC Project Plan Workgroup for challenges, barriers, and next steps. Katie Bashaw, Ambulatory Senior Infection Preventionist, will assist in leading this work with the HLD team.

***The VUMC Infection Prevention Ambulatory Team created this SBAR to provide recommendations and instructions for best practices to meet CDC, APIC, TJC, and MIFU guidelines.**

References:

Article Quoted:
https://www.aoa.org/AOA/Documents/Advocacy/HPI/Disinfection%20of%20Multipatient%20CLs%20in%20the%20Clinical%20Setting.pdf

Scleral MIFU:

https://synergeyes.com/wp-content/uploads/2019/12/75284-Rev-B-ISO-Diagnostic-Trial-Lens-MultiPatient-Use-Scleral.pdf

RGP MIFU:

https://synergeyes.com/wp-content/uploads/2019/02/Optimum-with-without-THP-Package-Insert.pdf

Hybrid MIFU:

https://synergeyes.s3.us-west-1.amazonaws.com/hybrids/75283-D_ISO+Diagnostic+Trial+Lens+Multi-Patient+Use-Hybrid.pdf

Option for single use:
https://bauschgp.com/wp-content/uploads/2014/10/GP-FITTING-GUIDE-2013.pdf

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RISK RATING KEY	LOW	MEDIUM	HIGH	EXTREME
	0 – ACCEPTABLE OK TO PROCEED	1 – ALARP (as low as reasonably practicable) TAKE MITIGATION EFFORTS	2 – GENERALLY UNACCEPTABLE SEEK SUPPORT	3 – INTOLERABLE PLACE EVENT ON HOLD

	SEVERITY			
	ACCEPTABLE LITTLE TO NO EFFECT ON EVENT	TOLERABLE EFFECTS ARE FELT, BUT NOT CRITICAL TO OUTCOME	UNDESIRABLE SERIOUS IMPACT TO THE COURSE OF ACTION AND OUTCOME	INTOLERABLE COULD RESULT IN DISASTER
LIKELIHOOD				
IMPROBABLE RISK IS UNLIKELY TO OCCUR	LOW – 1 –	MEDIUM – 4 –	MEDIUM – 6 –	HIGH – 10 –
POSSIBLE RISK WILL LIKELY OCCUR	LOW – 2 –	MEDIUM – 5 –	HIGH – 8 –	EXTREME – 11 –
PROBABLE RISK WILL OCCUR	MEDIUM – 3 –	HIGH – 7 –	HIGH – 9 –	EXTREME – 12 –