

January 24, 2019

Dr. Geoff Taylor
Provincial Medical Director, Infection Prevention and Control
Alberta Health Services

Ms. Karin Fluet
Senior Provincial Director for Infection, Prevention, & Control
Alberta Health Services

Re. Disinfection of Ophthalmic Diagnostic Instruments that Contact the Ocular Surface

Dear Dr. Taylor and Ms. Fluet,

The Canadian Ophthalmology Society (COS), through discussion with the Eye Physicians and Surgeons Association of Alberta (EPSAA), has become aware of proposed changes to Alberta regulation surrounding the disinfection of ophthalmic diagnostic instrumentation that comes into contact with the ocular surface. These changes are outlined in the Alberta Health Services (AHS) Briefing Document, dated February 26, 2018 which covers Medical Device Reprocessing (MDR) of Semi-Critical Devices used in Ophthalmology. We are writing to you today to express our concern with the proposed approach, and to update you on some work COS has undertaken on this issue which may be of interest to you.

The COS agrees with EPSAA that patients expect that measures should be in place to reduce the risk of disease transmission during health care delivery. We also share their concern that introducing requirements for high level disinfection for all of this equipment may create new risks for patients from inadvertent exposure to toxic chemical residue and potential harm from degradation of the surface of this equipment over time, leading to reduced sensitivity and increased risk of infection or ocular surface trauma.

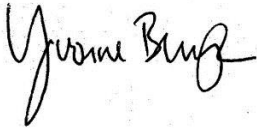
The existing literature in this area is conflicting and it appears that the risk of disease transmission in the clinical setting has been poorly quantitated, nor does it appear that there is a practical means to reduce all theoretic risks. In order to try to bring some clarity to these issues, the COS and EPSAA have partnered with The Canadian Agency for Drugs and Technologies in Health (CADTH) to critically review the literature to try to determine the best evidence based approach to this problem. The timeline for completing this work is the end of February 2019.

Given the implications of the new regulations on clinical care in ophthalmology, and the lack of evidence for high level disinfection, the COS urges that any decision on new regulations in this area be deferred until the CADTH report has been completed. In addition, consultation with ophthalmology prior to decisions and initiation of protocols occurs. At that time the COS and EPSAA would request an opportunity

to schedule a discussion with the IPC around the report, with the goal of arriving at the best evidence-based practice in this area.

We look forward to your response.

Sincerely,



Yvonne M. Buys, MD, FRCSC
President
Canadian Ophthalmological Society

Cc: Dr. Verna Yiu, President & CEO Alberta Health Services
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