

Octopus perimeters

Considerations on how to clean perimeters to lower the risk of COVID-19 transmissions

1 Background

This cleaning advice has been written as a reaction to the COVID-19 pandemic. Given the severe threat to public health and our lack of in-depth knowledge on the transmission of the disease it is essential to minimize any proven or potential risk of cross infection, especially for non-disposable devices such as the Octopus 600 and Octopus 900. This advice has been written using the current limited knowledge of the disease

2 Cleaning and disinfection instructions

Any part of the device that has on purpose or accidentally been in contact with patient or operator should be disinfected prior to every examination (e.g., with 70% isopropyl alcohol) in order to comply with general hygiene requirements and according to instruction of use to prevent the transmission of infections.

3 Octopus 600

3.1 Overall cleaning of the outside

The outside of the Octopus 600 can be cleaned and disinfected using a soft, lint-free cloth dampened with a disinfectant (**e.g., with 70% isopropyl alcohol**). **Because the Octopus 600 is a closed device, this means that it can be disinfected with this approach.**



3.2 Response button, forehead rest, eye occluder

Applied parts such as the eye occluder, patient response button, forehead rest and chin rest (optional) as well as the corrective lenses and the patient-side cover are made of easy-to-clean plastics.

Because these applied parts are always in contact with patient and/or operator, they need to be disinfected PRIOR to every examination (e.g., with 70% isopropyl alcohol) in order to comply with general hygiene requirements and prevent the transmission of infections.

If available, use disposable occluders.

4 Octopus 900

4.1 Overall cleaning of the outside

The outside of the Octopus 900 can be cleaned and disinfected using a soft, lint-free cloth dampened with a disinfectant (**e.g., with 70% isopropyl alcohol**).



4.2 Response button, chin and forehead rest, eye occluder

Applied parts such as the eye occluder, patient response button, forehead rest and chin rest as well as other parts such as the corrective lenses are made of easy-to-clean plastics.

Because these applied parts are always in contact with patient and/or operator, they need to be disinfected PRIOR to every examination (e.g., with 70% isopropyl alcohol) in order to comply with general hygiene requirements and prevent the transmission of infections.

If available, use disposable occluders to lower the risk of transmission of infections.

4.3 Inner surface of bowl of Octopus 900

The inner surface of the bowl of the Octopus 900 is non-contact surface, as neither patient nor user comes into direct contact with it. It is unlikely for the inner surface to be touched accidentally.

Because the inner surface of the cupola is coated with a special paint finish designed to ensure optimum results in perimetric examinations, under normal circumstances, this inner surface should not be cleaned to avoid alterations to the surface which may negatively affect the perimetric result.

Should there be visible dirt, the following cleaning procedures are considered safe to avoid damage to the sensitive surface. For dust visible in the cupola, it can be removed by gently wiping with a soft, dry and fluff-free cloth. A soft cloth dampened slightly with mild soapsuds may be used for local cleaning in emergencies, such as if spots have appeared due to patients' sneezing. Do not rub the surface. Cleaning it with other products might cause alterations to the surface.

In order to minimize the transmission of any infectious disease, it is recommended that the patient wears a face mask during the examination! Make sure the face mask does not obstruct the field of view of the patient and does not interfere with the trial lens holder.

4.4 Reducing the risk for transmission of disease to staff members

To further protect staff, it is recommended to position and monitor the patient from at least 2m distance whenever possible.

To achieve this, the PC controlling the Octopus 900 should be placed at least at a distance of 2m from the Octopus 900 with a connecting cable of adequate length.

Rough height adjustment of tables and stools should be done prior to positioning the patient. Patients, who can position themselves without support, should be asked to do so and remotely instructed. Head and chinrest position can be controlled remotely via the PC, and eye monitoring can also be done remotely via the PC. It is recommended to do this whenever possible.

5 Further activities by Haag-Streit

The patient and operator are not in direct contact with the bowl and it is unlikely that the inner surface is touched accidentally. However, with the current limited knowledge on COVID-19, it is not known whether there is a risk of transmission of the disease based on potential contamination of the inside of the Octopus 900 bowl.

Nevertheless, given the severe impact on public health of COVID-19, Haag-Streit is looking into methods to safely disinfect the inside of the bowl and will keep you informed when we know more.