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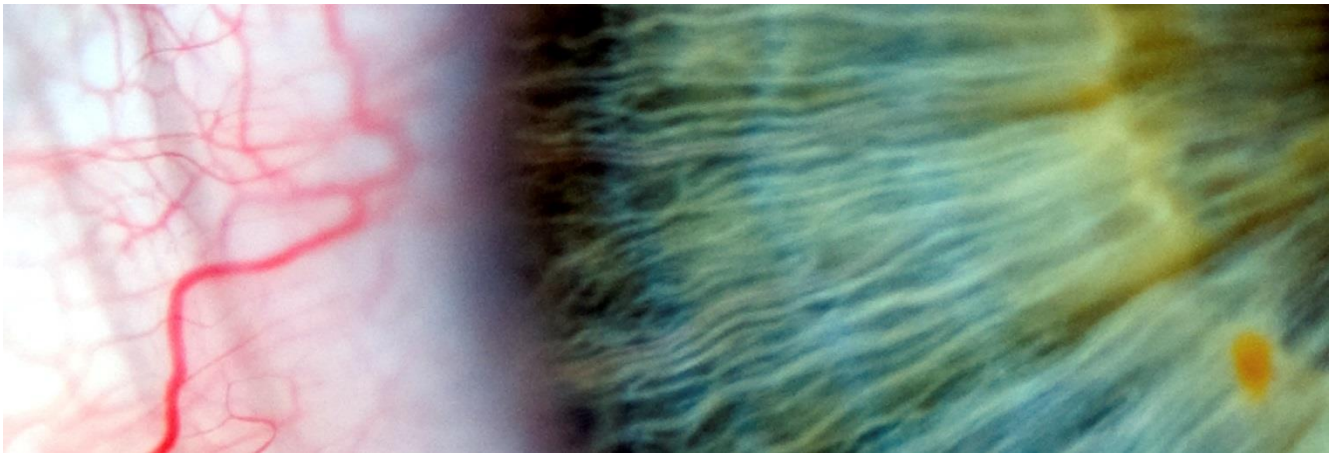
Recommendations for Conjunctivitis Prevention in Ophthalmology/Optometry Clinical Office Practice



Conjunctivitis is caused by a variety of bacteria and viruses. Adenovirus is a primary cause of conjunctivitis outbreaks in health care settings, particularly in eye clinics/offices. Both patients and health care workers may acquire and transmit adenovirus during these outbreaks.[5] Since adenovirus is shed before onset of symptoms, consistent application of infection prevention and control measures is necessary to protect patients and staff from infection caused by this and other organisms.

Hand Hygiene

Perform hand hygiene according to the *4 Moments for Hand Hygiene* in Ontario's *Just Clean Your Hands* program:

1. Before contact with the patient or items in the patient's care environment.
2. Before any clean/aseptic procedure.
3. After any exposure risk to body fluids, including tears (even if gloves worn).
4. On leaving the patient or patient's care environment.

Alcohol-based hand rub or a hand washing sink with soap and water must be provided at the point-of-care, i.e., within arm's-length of the patient.

Personal Protective Equipment

Gloves should be worn when examining a patient with conjunctivitis[4]. Clean hands before putting on and immediately after taking off gloves.

Environment and Equipment Cleaning

Equipment /devices that come in contact with non-intact skin or mucous membranes, e.g., conjunctiva, are classified as semi-critical and require high-level disinfection as a minimum standard. Reusable tonometers and other ophthalmologic equipment (e.g., intra-ocular ultrasound probes, fundus contact lenses, gonioscopy lenses, rigid contact lenses) that touch the eye must undergo cleaning followed by high-level disinfection (e.g. hydrogen peroxide formulations) between patient use. Cleaning with alcohol is not sufficient.[1,2,3] Semi-critical medical equipment/devices designated as single-use by the manufacturer must not be re-used on another patient.[1]

For tonometry:

- Clean reusable components of the tonometer according to manufacturer's instructions following use with each patient.
- Use only tips and covers that are approved for use by the tonometer manufacturer.
- Where possible, use disposable/single-patient use devices (e.g., tonometer tips/tip covers).
- If disposable tips/tip covers are used, remove and discard tips/tip covers after use on a patient. A new tip/tip cover must be used for each patient.
- If reusable tips/tip covers are used, they must be high-level disinfected between each patient.
- When hand-held tonometers are used with tip covers, the tip does not require high-level disinfection between uses. Follow manufacturer's instructions for cleaning the tip. This is an exception to the usual practice of high-level disinfecting semi-critical devices following use of a sheath or cover.[3]

Facilities must have a dedicated area for reprocessing these devices, trained staff, and sufficient supply of reusable and single-use instruments and devices to support these recommendations.

Adenovirus may survive on surfaces for prolonged periods.[5] Items that may have been touched by the patient in the waiting room and examination room, e.g., arm rests on chairs, should be cleaned and low-level disinfected with a hospital grade disinfectant that has a virucidal claim. (These are available as convenient to use disinfectant wipes.)

Work Restrictions

Health care workers with adenovirus conjunctivitis must not provide patient care from the day of onset of conjunctivitis for a period of 14 days. If the second eye becomes infected, the period is extended to 14 days after onset in the second eye.[4] Health care workers with bacterial conjunctivitis should be restricted from patient care for the duration of symptoms and instructed on proper hand hygiene.[4]

Resources

The following resources from the Provincial Infectious Diseases Advisory Committee's (PIDAC) *Best Practices for Infection Prevention & Control in Clinical Office Practice* may be useful to you in evaluating you current practices related to infection prevention and control and/or medical device reprocessing:

- *Appendix J: Checklist for Office Infection Prevention and Control*
- *Appendix M: Checklist for Reprocessing*

References

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3. Alberta Health Services. Infection prevention and control guidelines for cleaning and disinfection of reusable instruments that contact the surface of the eye. Edmonton, AB: Alberta Health Services; 2013 [cited 2016 Jun 20]. Available from: http://www.albertahealthservices.ca/assets/infofor/hp/if-hp-ipc-bpg-reusable-eye.pdf

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5. Centers for Disease Control and Prevention. Adenovirus-associated epidemic keratoconjunctivitis outbreaks - four states, 2008–2010. MMWR Morb Mort Wkly Rep. 2013; 62(32):637-41. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6232a1.htm

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