Conjunctivitis is caused by a variety of bacteria and viruses, but adenovirus is a primary cause of outbreaks in healthcare 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.

**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 handwashing 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**

Healthcare 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).

Healthcare 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 Control Network, Infection Prevention and Control, North Simcoe Muskoka Infection Control Network, Infection Prevention and Control

1 Ontario Agency for Health Protection and Promotion (Public Health Ontario)

Correspondence to:
Kevin.Katz@nygh.on.ca
Prevention & Control in Clinical Office Practice may be useful to you in evaluating your 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

Specialists in soiled utility room solutions

Does your facility struggle with outbreaks of HAI’s?

Effective human waste management will improve infection control by minimizing the risk of HAI’s.

We engineer and manufacture pulp macerators for the safe & complete disposal of single use human waste containers.

Our macerators are precision engineered in the UK, easy to install using existing drainage, user friendly, and we supply full staff training pre & post installation.

Our range of Pulpmatic pulp macerators:-

- Reduce the risk of contamination using hands free technology
- Feature antimicrobial surfaces to eliminate growth of harmful bacteria
- Incorporate anti-blockage systems to ensure complete waste removal
- Offer immediate savings with less water & electricity, reducing staff time

DDC Dolphin Canada Inc.
Tel: 604 512 8848 | Email: canada@ddcdolphin.com
www.ddcdolphin.com