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PATIENT CARE OBJECTIVES

The goals of the following policy and procedures are implemented to prevent transmission of conjunctivitis within the Wilmer Institute and are provided to prevent the spread of infection to patients and personnel in the Institute. The procedures are implemented under the direction of the Wilmer Infection Control Committee and the Department of Hospital Epidemiology and Infection Control. Annual infection control training sessions to communicate the following information and ad hoc sessions to provide updates about disease activity in the community and the Institute are provided as necessary.

RESPONSIBILITIES

JHH/JHU/JHMI Staff - To follow the policy as outlined.


Supervisor/Managers of all Departments - Ensure employee compliance with this policy.

Wilmer Infection Control Committee - Will review this policy every 3 years.

Department of Hospital Epidemiology and Infection Control - Will bring these policies to the Hospital Epidemiology and Infection Control Committee to review and approve as appropriate.

PROCEDURES

- To prevent and control the spread of conjunctivitis, two levels of alert (Yellow, Red) are specified, each indicating what actions are necessary to protect personnel and patients at the Institute. **Condition Yellow** is one of caution, which specifies infection control measures for the baseline, non-epidemic occurrence of conjunctivitis in patients or personnel presenting to the Institute. These should be the usual, ongoing infection control procedures for the Institute. **Condition Red** is a situation in which the Institute is on full alert during a suspected outbreak of viral conjunctivitis or keratoconjunctivitis. In this setting, patients are regularly presenting themselves to the Institute for evaluation of conjunctivitis and the likelihood of transmitting viral conjunctivitis to other non-infected individuals is extremely high.
- A central component of the infection control measures are one dedicated room, the Red Eye Room, to be used only for the evaluation and treatment of patients with suspected conjunctivitis. The Red Eye Room is located in the Wilmer ER. This room contains dedicated equipment and supplies, to evaluate and treat patients without the need to move them to other rooms or to share equipment and supplies with other rooms. The Red Eye Room has a designated waiting area, which is physically separated from the other waiting area.
- Below are operational definitions for viral conjunctivitis, followed by the specific infection control measures for each of the two levels of alertness for conjunctivitis. The measures are divided among the following five categories:
 - Patient control and management
 - Hand washing
 - Instrument disinfection
 - Medication distribution
 - Employee furloughs

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DEFINITIONS


- Possible conjunctivitis
The presence of conjunctival inflammation and injection.
- Possible viral conjunctivitis
The presence of conjunctival inflammation and injection, conjunctival follicles, and ocular discharge.
- Possible nosocomial viral conjunctivitis
Possible viral conjunctivitis in a patient who was previously examined in the Institute 3 - 14 days before the onset of symptoms.

CONDITION YELLOW

- Condition Yellow indicates a state of caution in which infection control measures for the baseline, non-epidemic occurrence of conjunctivitis in incoming patients are used. These should be the standard infection control procedures for the Wilmer Institute.
- Patient Control and Management
During Condition Yellow, patients arriving for registration at the Wilmer entrance will not be routinely screened. However, any patient who is noted by the professional staff to have signs and symptoms of conjunctivitis shall be referred to a Red Eye Room. If a diagnosis of nosocomial conjunctivitis is suspected, the case shall be logged and reported to the Hospital Epidemiology and Infection Control Department at 5-8384.
- Hand washing
Each employee must wash their hands with antibacterial soap for at least ten seconds before and after each patient, including each time gloves are removed after patient contact. Hands are to be dried with clean paper towels only. (See Hand washing Policy ICPM).

Any problems with supplies for hand washing or drying should be reported to the Environmental Services Department. Notify the Hospital Epidemiology and Infection Control Department of any ongoing problems with the maintenance of adequate supplies.

- Instrument Disinfection
The following instruments may transmit adenovirus and possibly other agents. Goldmann tonometer tip, pneumotonometer tip, contact, diagnostic and treatment lenses, pinhole/occluder, any instrument contaminated with eye secretions. The physician or physician extender evaluating a patient or the area technician are responsible for cleaning and disinfecting of equipment as outlined below.
 - **Disinfection of Goldmann Tonometers**
Clean and disinfect Goldmann tonometers after each patient use by wiping with alcohol then rinse with water or saline and then dry them with a clean tissue or gauze.
 - **Disinfection of Pneumotonometers**
Physicians and physician extenders should use sterile tonometer probe caps on pneumotonometers. Discard the probe caps after each patient measurement. Disinfect the surfaces of the hand-held part of the instrument by wiping with alcohol after each patient use.


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- **Disinfection of Tonopens**
Discard the Tonopen covers after each patient measurement. Disinfect the surfaces of the instrument by wiping with alcohol after each patient use.
- **Contact Diagnostic and Laser Treatment Lenses**
Soak retinal and glaucoma lenses used for diagnostic and Laser treatment in hydrogen peroxide for at least ten minutes after each patient use. After soaking rinse the lenses with water or saline and dry them with a clean tissue or gauze.
- **Instrument Surfaces**
Disinfect all surfaces of instruments contacted by either patients or personnel (e.g. slit lamp knobs, handles, and tables) by wiping with an approved germicide at least daily and after any observed contamination by eye secretions. All employees must wash hands after contact with instrument surfaces contaminated by eye secretions.
- Medication Distribution
Discard and replace multidose dilating and other diagnostic eye drops at least monthly and whenever contamination of the dropper tip is suspected.
- Employee Furloughs
Relieve employees, who present to an ophthalmologist for evaluation, with possible viral conjunctivitis for 3 days. At day three they will undergo repeat ophthalmological assessment. Employees with ongoing signs and symptoms of viral conjunctivitis or positive culture for adenovirus will be relieved from duty for 2 weeks. The Faculty of the Cornea and External Diseases Service will make these dispositions.

Obtain conjunctival cultures, including culture for adenovirus, from employees evaluated in the Institute.

CONDITION RED

- Condition Red places the Institute on full alert during a suspected outbreak of viral conjunctivitis or keratoconjunctivitis. This condition occurs when patients continuously are evaluated for conjunctivitis and when the likelihood of transmitting the disease to other non-infected individuals is extremely high. When two or more patients develop nosocomial viral conjunctivitis during their visit to the Institute within a single week and are deemed related or possibly related, or the occurrence of twenty-five cases of possible viral conjunctivitis are logged in the Wilmer ER Red Eye Room in a single week, the Infection Control Epidemiologist or Nurse Manager of Wilmer 3 will notify the chairman of the Wilmer Infection Control Committee. The chairman will determine whether to implement Condition Red. When Condition Red is implemented, reversion to Condition Yellow may occur when two weeks has passed from the time of diagnosis of the last case of possible nosocomial viral conjunctivitis and when the weekly number of suspected cases as logged in the Wilmer ER Red Eye Room has dropped below twenty.
- Patient Control and Management
A designated health care worker will screen all patients as they register at the Wilmer entrance. Any patient with a red eye/eyes will be routed to a separate registration desk and to the Red Eye Room.

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- Hand washing
Each employee must wash hands as specified above under Condition Yellow. Notify the Hospital Epidemiology and the Infection Control Department promptly of any problems with the maintenance of adequate supplies.

- Instrument Disinfection
Avoid all forms of tonometry during Condition Red unless medically indicated. Do not use Pneumotonometers during Condition Red. If the physician or technician uses pneumotonometry they must disinfect all surfaces of the instrument by wiping with an approved germicide after each patient use.

Clean and disinfect any Goldmann tonometers, Tonopens, and contact diagnostic and laser treatment lenses used during Condition Red as described above.

Wipe all instrument surfaces in contact with either patients or personnel (e.g. slit lamp knobs, handles, and tables) throughout each patient care area with an approved germicide three times each day: (1) at the beginning of each day before patients are seen; (2) during the morning session; and (3) during the afternoon session. The chief technician in each area will implement and document the disinfection procedures.

Each employee must wash hands after contact with instrument surfaces contaminated by any part of the patient.

- Medication Distribution
If and when Code Red is declared, area technicians must discard all multidose dilating and other diagnostic eye drops. The technicians must substitute bottles of the smallest available volume for larger volume bottles if unit doses are not available. Discard all bottles at least daily in the Wilmer ER and weekly in the Residents' and Faculty Clinics.
- Employee Furloughs
(See B.5 under Condition Yellow)

SPONSOR

- Medical Care Evaluation Committee

DEVELOPERS

- Director of Wilmer Institute
- Chairperson of Wilmer Infection Control Committee
- Hospital Epidemiologist

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 10/01 Effective Date: 10/01
VICE PRESIDENT FOR MEDICAL AFFAIRS			

Date:			