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College of Ophthalmologists

# Infection Control Guidelines to Prevent Nosocomial Epidemic Keratoconjunctivitis (EKC)

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## 1. Purpose and scope

EKC is usually caused by adenovirus. Adenovirus is readily transmissible by infected secretions, and can persist on surfaces and fomites for several weeks. Alcohol is ineffective against adenovirus, however it is a useful disinfectant of other organisms and can be used for routine disinfection of tonometer prisms between non-EKC patients

## 2. To minimize the risk of EKC outbreaks, eye practices should:

- 2.1.** Practise hand hygiene between each patient, as per infection control standards promulgated in each jurisdiction. Ensure that good hand hygiene facilities are readily accessible for all staff and that hands are cleaned between each consultation.
- 2.2.** Clean all equipment surfaces with a neutral detergent between at risk patients. This should be done by squirting the detergent onto a clean cloth and wiping down the equipment surface (i.e. not spraying).
- 2.3.** Train reception and front line staff to ensure that persons presenting with “red eye” not undergo routine preliminary examination protocols without first checking with the clinician. Where possible, such patients should be isolated from other staff and patients.
- 2.4.** Use single-dose vials of anaesthetic and dilating drops, discarded after each patient. Where single dose vials are unavailable, the use of individual fluorescein strips to instill anaesthetic or dilating solutions to each patient is acceptable. At all times clinicians and staff must ensure the dilating and anaesthetic bottles do not contact patients or their own hands. If contact occurs the bottle must be discarded.
- 2.5.** Use tonometry appropriately for each patient. Consider the option of single use tonometer prisms that can be discarded after each patient.
- 2.6.** If reusable tonometer prisms are utilised in the practice, have sufficient prisms for the patient load. Inspect the tonometer prisms for damage before use and discard any damaged prisms.
- 2.7.** Ensure that reusable tonometer prisms are disinfected between each patient by wiping with an isopropyl alcohol swab and allowing to air dry before use.
- 2.8.** Any tonometer prism used on a patient with suspected conjunctivitis must be removed from further use until decontaminated by the following procedure. All tonometer prisms should also be decontaminated by this method at the end of each clinic session:

- Don personal protective equipment (minimum: gloves and eye protection from splashing)
- Wash under running water to remove any visible debris
- Dry with clean tissue, wipe with 70% isopropyl alcohol swab
- Allow to air dry
- Soak for 10 minutes in 0.05% sodium hypochlorite solution
- Thoroughly rinse and store dry for future use
- Discard the sodium hypochlorite solution each day and wash the soapy container in hot soapy water then store dry between each use.

**2.9.** Ensure that all practice staff are aware of these guidelines, and regularly review compliance.

\*These guidelines have been developed in conjunction with NSW Department of Health

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