

# Conjunctivitis in Long Term Care

## Site Applicability

All PHC Long Term Care Sites.

## Practice Level

Basic: Direct care staff including RN/RPN/LPN as well as CNL/RCM

## Need to Know

Conjunctivitis is an infection of the mucous membranes covering the eyeball (sclera; white of the eye), and inner eyelids. Infections can be bacterial or viral.

Clustering in Long Term Care (LTC) is common as conjunctivitis is highly transmissible and can affect both staff and residents.

The most effective way to stop and prevent the spread of microorganisms that cause conjunctivitis is [hand hygiene](#).

## Description of the Condition

Conjunctivitis is an infection of the mucous membranes covering the eyeball (sclera; white of the eye), and inner eyelids. Infections can be bacterial, chlamydia, viral, fungal, or parasitic and may last from days to months. Most cases of conjunctivitis are viral and it is expected that most patients will go through a self-limited course, with spontaneous resolution after supportive therapy. “Pink eye” is a synonym for viral conjunctivitis. Adenovirus is one of the most frequent, severe, and easily transmissible forms of conjunctivitis. Viral conjunctivitis is often bilateral. Bacterial conjunctivitis is often unilateral.

### Signs & Symptoms

Redness of the conjunctiva develops very quickly, and residents often experience excessive tearing and irritation, or a sensation of having a foreign object in the eye. Crusting or “mattering”, which causes the eyelids to stick together, is common and should not be confused with purulent discharge. Usually, only one eye is affected but both may be impacted rarely.

### Incubation Period

Variable depending on causative microorganism. For adenovirus the incubation period varies from 5 to 10 days, with clinical conjunctivitis lasting 5 to 15 days.

**Period of Communicability**

Variable depending on causative microorganism. For adenovirus the period of communicability is until symptom resolve. Many different adenovirus serotypes cause conjunctivitis and once an immunocompetent person has conjunctivitis from one serotype, they are protected from a recurrent adenoviral infection caused by the same serotype.

**Routes of Transmission**

The causative microorganism most often originates from the resident's own hands, face or anterior nares, called endogenous transmission. Direct transmission via contaminated healthcare worker hands or from reservoirs such as ophthalmic solutions or medications, towels, and/or sharing eye make up is also possible.

**Populations at Risk**

Elderly individuals may be at increased risk for conjunctivitis due to age-related changes. Atrophy of the conjunctiva, decreased tearing, and decreased lysozyme production (an enzyme that attacks bacterial) result in inefficient clearing of bacteria from the eye.

**Assessment and Intervention**

Assess the resident for at least 1 of the following criteria, and if present notify the MRP and IPAC:

- Purulence appearing from 1 or both eyes.
- New or increased conjunctival erythema (redness), with or without itching
- New or increased conjunctival pain, present for at least 24 hours

**Infection Control Precautions**

- **Routine Practices:** Residents who develop conjunctivitis should be managed with [Routine Practices](#). Gloves should be worn when touching the affected eye, drainage, or items soiled with drainage.
- **Hand Hygiene:** Impeccable [hand hygiene](#) is essential. Hands should be cleaned before and after every resident contact, before and after glove use, and after touching potentially contaminated items. Using an alcohol based hand rub solution is preferred if hands are not visibly soiled.  
  
Residents should be encouraged/assisted to perform hand hygiene in order to prevent endogenous infection and transmission from an infected to a non-infected eye.
- **Resident Hygiene:** Ensure staff and residents are using proper hygiene techniques, including cleaning the face first prior to completing the rest of the bed bath. If conjunctivitis is present and eye cleaning is required, clean the non-infected eye first. Sometimes an eye patch is used to limit the resident from touching the eye.
- **Equipment:** Clean and disinfect shared equipment routinely and between different residents.
- **Visitors:** Education should be provided regarding hand hygiene, and visitors must perform hand hygiene before entry and on leaving the room.

**Lab Testing**

- Routine laboratory evaluation is not needed in most cases of conjunctivitis in LTC.
- To collect a bacterial culture if ordered, gently sweep in an outward direction a sterile, cotton-tipped swab along the groove that forms when the lower lid is pulled out and down.
- To collect a viral swab if ordered, gently sweep in an outward direction a sterile, viral swab along the groove that forms when the lower lid is pulled out and down.

**Treatment**

- Not all cases of conjunctivitis need antibiotics. If administering eye medication, use aseptic technique (i.e., perform hand hygiene and don gloves).
- Warm compresses may help clear the lids of crust and speed resolution of inflammation.
- Cool compresses may provide relief from itching.

**Transfer/Discharge Planning**

- Notify the receiving facility, hospital, nursing home or community agency involved in the resident's care of their status.

**Outbreak Management**

- Direction will be provided should the Infection Control Practitioner/Physician determine there is an outbreak of conjunctivitis.

**Related Documents**

- [B-00-11-10191](#) - Hand Hygiene
- [B-00-07-13045](#) - Routine Practices - Infection Control

**References**

- Centers for Disease Control. (2022). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Public Health Agency of Canada. (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care. Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>



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