STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

BLAST FAX 2019-08

TO:

Outpatient clinics, Hospitals, Outpatient Surgical Facilities

FROM:

Vivian Leung, MD

Healthcare-Associated Infections & Antimicrobial Resistance Program

Coordinator

SUBJECT:

Joint Commission Bulletin

DATE:

June 24, 2019

The Joint Commission (TJC) has identified inadequate reprocessing of ophthalmology equipment on a number of recent healthcare facility inspections. TJC released a "Quick Safety" bulletin in May, highlighting the issues with tonometers and other types of ophthalmic equipment.

TJC has requested that CDC share this bulletin with public health authorities to share with facilities that might have ophthalmology equipment. Please see attached for the bulletin, also available at https://www.jointcommission.org/assets/1/23/Quick Safety Disinfection of tonometers FINAL.pdf.

Devices that contact mucous membranes, like the eye, or non-intact skin are considered semi-critical and require high-level disinfection or sterilization, and devices that enter sterile tissue or the vascular system, such as surgical equipment, are considered critical and require sterilization, as described in the HICPAC Guideline for Disinfection and Sterilization in Healthcare Facilities (https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html).

Reprocessing instructions for semi-critical devices should describe at least one method of cleaning and at least one method of high-level disinfection or sterilization. Identification of inadequate manufacturer device reprocessing instructions should be reported to FDA at https://www.fda.gov/medicaldevices/medical-device-safety/reporting-allegations-regulatory-misconduct.





Blast Fax 2019-08 Page 2

Please work with infection prevention personnel in your facility to ensure adequate disinfection of tonometers and other ophthalmology devices as described in the bulletin. The Connecticut Department of Public Health, Healthcare-Associated Infections & Antimicrobial Resistance Program is available to answer questions about infection prevention at 860-509-7995.



Disinfection of tonometers and other ophthalmology devices

Editorial Note; Please direct this Quick Safety to your organization's infection control and ophthalmology leadership.

Issue:

Health care organizations and providers that use tonometers and other devices that touch eyes need to be aware of an infection risk to patients. The American Academy of Ophthalmology has reported that transmission of adenovirus and herpes simplex virus HIV, hepatitis C virus (HCV), enterovirus 70, Pseudomonas aeruginosa, methicillin-resistant Staphylococcus aureus, Acanthamoeba, and prions (transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease) could occur from failure to adequately disinfect ophthalmology devices, such as tonometers.¹

Despite this information, a review of Joint Commission survey data identified either a lack of awareness of the requirements or misinterpretation of manufacturer's instructions — combined with lack of staff training and leadership oversight — related to the disinfection of ophthalmology devices. This has resulted in multiple declarations of an immediate threat to health and safety of patients.

Lack of compliance with reprocessing has been observed with the following items:

- Tonometers
- YAG laser lens
- Eye specula

Tonometer tips are particularly problematic because disinfectants can dissolve the glue that holds the hollow tip together, causing the tip to swell and crack. It's important to note that tonometer tips have been identified as sources of ophthalmic nosocomial outbreaks commonly linked to adenovirus types 8 and 19. Desiccated virus remains viable and can be recovered after 49 days on dried plastic or metal surfaces.¹

Areas where these items are used include:

- Emergency departments
- Urgent care centers
- Ophthalmology clinics, optometrist offices, and procedure rooms
- Neonatal intensive care units (NICUs)

Items that touch mucous membranes — such as the eye — must be, at minimum, high-level disinfected. Items that contact or enter sterile tissues — such as instruments that are used for surgical procedures — or touch an ulcerated cornea must be sterilized.

Safety actions to consider:

Health care organizations can use the following safety actions to protect patients from the risk of infection associated with tonometers and other ophthalmology devices:

- Review cleaning and disinfection instructions for use of eye instruments to ensure that they are being reprocessed appropriately. Items that touch intact surfaces of the eye must be high-level disinfected. Those that touch non-intact surfaces of the eye or are used for eye surgery must be sterilized.
- Ensure that disinfectants listed as compatible, other than bleach, are U.S. Food and Drug
 Administration (FDA)-approved high-level disinfectants. Manufacturers often list products as
 compatible that may be used for pre-cleaning. Some of these products may be commonly available
 surface disinfectants but are not effective as high-level disinfectants.
- Have available and follow manufacturer instructions for use for both the devices used for
 ophthalmology examinations and procedures, as well as cleaning and disinfection products.
- Have an individual who is knowledgeable about the different types of disinfectants review the
 product label and instructions for use. If instructions are unclear, technical services for the
 manufacturer of the item and any products used in conjunction with reprocessing should be
 contacted.



Legal disclaimer: This material is meant as an information piece only; it is not a standard or a Sentinel Event Alert.

The intent of Quick Safety is to raise awareness and to be helpful to Joint Commission-accredited organizations.

The information in this publication is derived from actual events that occur in health care.

Quick Safety Issue 49, May 2019 Page | 2

Resources:

1. Disinfection of Tonometers: A Report by the American Academy of Ophthalmology. Ophthalmology. 2017 Dec;124(12):1867-1875. doi: 10.1016/j.ophtha.2017.05.033. Epub 2017 Jul 11 Note: This is not an all-inclusive list.

