



QUINTE HEALTHCARE CORPORATION

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Policy Title

Title: Maternal/Child – Ophthalmia Neonatorum Prophylaxis		Policy No:	3.10.19
		Original Issue Date:	October 14, 2003
Manual:	Clinical	Last Review Date:	
		Last Revision Date:	December 20, 2018
Department:	Maternal Child	Policy Lead:	Director – Maternal Child Program
Approved By:	Maternal Child Program Advisory Committee		

1. POLICY

Neonatal ophthalmia prophylaxis is a standard of care in the Province of Ontario under the Health Protection and Promotion Act.

To prevent ophthalmia neonatorum, an effective prophylactic agent will be instilled into the eyes of all newborn infants within the first hour after birth or in the case of emergency as soon as is practicable.

The Health Protection and Promotion Act allow for the health care provider to grant an exemption of prophylaxis if the following criteria are met:

- The parent/guardian has submitted a written request that the prophylaxis not be given.
- The parent/guardian has been informed of the benefits and the risks of administration of neonatal ophthalmia prophylaxis.
- The parent/guardian has been informed of the potential risks to the infant of not receiving neonatal ophthalmia prophylaxis.
- Assessment by the Health Care Provider determines there is no serious risk of transmission of an infectious agent that may cause ophthalmia neonatorum.

2. DEFINITIONS

Ophthalmia Neonatorum: defined as conjunctivitis that occurs within the first four weeks of life. Many different bacteria and viruses can cause ophthalmia neonatorum but the two of most common concern are chlamydia trachomatis and Neisseria gonorrhoea (can quickly progress to corneal ulceration and permanent visual impairment).

3. PROCEDURE

1. Obtain verbal consent for administration and explain the procedure to the parent.
2. Gently wipe each eyelid with gauze to remove foreign matter and permit adequate eversion of the lower eye lid.
3. Place a 1 to 2 cm long line of erythromycin 0.5% ointment in each lower conjunctiva area from the conjunctival sac outward. The tip of the tube should never touch the infant's eye or eyelid.
4. After one minute, gently wipe excess ointment from the eyelids and surrounding skin with gauze.
5. Document the administration on the CMAR.

Parent/Guardian Refusal Procedure:

1. Verify a written request from the parent/guardian to not administer ophthalmia neonatorum prophylaxis is on the chart.
2. Ensure the parent/guardian has been informed of the benefits and risks of the infant receiving prophylaxis.
3. Ensure the parent/guardian has been informed of the potential risks of the infant not receiving prophylaxis.
4. Review the gonorrhoea and chlamydia results and ensure they are negative.
5. Review with the parent and have them sign the Assumption of Risk Form – Refusal of Infant Eye Prophylaxis (Appendix A).
6. Document the prophylaxis was not given, the discussions and interventions that were completed in the infant's health record.

In the event the parent/guardian is refusing ophthalmia neonatorum prophylaxis and the results for gonorrhoea and chlamydia are not available or positive notify the MRP.

If there are any questions or concerns regarding serious risks of transmission of an infectious agent that can cause ophthalmia neonatorum notify the MRP.

The MRP will notify the Medical Officer of Health for further direction if it is determined the patient does not meet the criteria to have an exception granted as defined by the Ontario Health Protection and Promotion Act.

Document the assessment, health teaching and actions in the infant's health record.

APPENDICES AND REFERENCES

Appendices: Appendix A – *Refusal of Prophylaxis for Ophthalmia Neonatorum Assumption of Risk Form*

References:

Canadian Paediatric Society (2015). Preventing ophthalmia neonatorum. *Paediatrics & Child Health*, 20 (2): 93 – 96.

Health Protection and Promotion Act, *R.S.O., Regulation 557 Communicable Diseases.*