



COVID 19

AIOS Operational Guidelines for Ophthalmic Practice during COVID 19 outbreak

As per Annexure to Ministry of Home Affairs Order No. 40-3/2020-D dated 24.03.2020 : Guidelines on the measures to be taken by Ministries/Department of Government of India, State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country *Section 3 "Hospitals and all related medical establishments, including the manufacturing and distribution units, both in public and private sector, such as dispensaries, chemist and medical equipment shops, laboratories, clinics, nursing homes, ambulance will continue to remain functional"*

In this regard, AIOS advises its members that Emergency Eye Care Services to be provided in case of need.

Scheduled Appointments

AIOS recommends :

1. Postponement of all the routine outpatient consultations by 4 weeks
2. Postponement of all elective surgeries and procedures for 4 weeks

Ophthalmic Emergencies

1. AIOS recommends that all ophthalmologists provide urgent or emergent care, and triage and reschedule all elective OPD visits and procedures.
2. Urgency is determined by the ophthalmologist's judgement and must always consider individual medical and social circumstances.

Preventive Measures (General):

For staff:

- All staff members to mandatorily wear face mask in hospital premises
- ONE attendant per patient policy to be strictly followed.
- Educate patient and their families about early identification of symptoms and essential preventive actions.
- Preferably a patient screening desk should be functional with staff available with best available methods of Personal Protective Equipment.
- All persons (patients, attendant, visitor & Staff) coming to hospital shall PASS the “THERMAL SCREENING” (Based on history and non-contact thermometer, if available)
- Every person shall DO HAND WASH in the hospital at entry point
- Following questions shall be asked to every patient / visitor and if Yes, This self-declaration form has to be filled by the patient/attendant:

Declaration/ Screening form For Covid -19 Infection

Name of the Patient :-
Age/ Sex :-
Address :-
an
Mobile No :- E- mail ID:-

Covid - 19 Questionare		YES	NO
1	Do you have symptoms of Fever, Cough, Sneezing, Sore throat ,fatigue,myalgia.		
3	Do you have Difficulty in breathing?		
4	Have you travelled outside the country in past 30 days?		
	If Yes, Mention the Countries		
5	Have you travelled inside India to other cities in past 15 days.		
	If Yes, Mention the Cities		
6	Exposure to a confirmed Covid -19 case OR to Suspicious patient in the last two weeks?		
7	Have you visited a health care facility in the past two weeks ?		

Signature of the Patient :-

The above information is true to the best of my knowledge . I understand that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Staff sign:- Date:-

- All the OPDs will have hand sanitizers for the staff use
- Staff shall practice hand wash on an hourly basis
- Information and Education content should be displayed periodically in waiting areas, if available.
- Disposable operation theatre (OT) gown to be use in OT.

For Patient:

1. Patient with fever and symptom of sneezing must wear face mask.
2. Maintaining 1 meter / 3 feet distance between 2 patients and the same distance between Healthcare workers and patients (this also includes distance from registration desk surface / other surfaces)
3. Reducing instances of hand to hand transfer (handing over of bills/ prescriptions)
4. Avoid cash transaction.
5. In case of sneezing, cover mouth with tissue / flexed elbow, the used tissue to be immediately thrown in a CLOSED bin
6. Discourage self-medication.

Out Patient Department:

AIOS suggests following ophthalmic emergencies (OPD consultation, procedures, surgery)

Eye emergencies- OPD services

1. Chemical Injuries
2. Blunt Trauma or Perforating Injuries
3. Open globe Injuries with or without foreign body
4. Lid trauma
5. Angle closure glaucoma
6. Neovascular Glaucoma
7. Elevated Intraocular pressure >38mm Hg
8. History of recent onset sudden vision loss (<2weeks) -CRAO/CRVO/VH/
Retinal Detachment
9. Retinal Tears
10. Endophthalmitis
11. Expulsive Choroidal Haemorrhage
12. Exposed infected buckle
13. Orbital cases with vision loss
14. Severe inflammation- lid/ orbit
15. Tumour cases with vision loss
16. Corneal abrasion/ Superficial FB (including Contact lens lost in eye)/
Ulcer
17. Post-operative follow-ups

18. Conjunctivitis (rule out fever as this may need screening for COVID- hence need to be referred)
19. Patients requiring intravitreal injections with fresh bleed or those requiring for endophthalmitis
20. One eyed patients on anti VGEF with sudden loss of vision

Procedures and Surgery

1. OPD and minor procedures and surgeries as required for the alleviation of the above, which, if not performed, will have a bearing on loss of vision, eye or life.
2. Avoid DCR and nasal endoscopy procedures.
3. No routine AR & NCT for each patient. To be done only if required by the doctor
4. Minimise procedures requiring touching of the eye by hand and/or lenses/equipment, where not of immediate critical importance for patient management.
5. The paramedical staff may be the first point of contact, and so they will not be in a position to decide based on diagnosis.
6. They may be given a list of presenting complaints to filter out the emergencies:
 - Injury to eye (chemical, thermal, mechanical)
 - Sudden loss of vision
 - Sudden onset of pain in eyes
 - Acute red eye
 - Acute onset lid lesions
 - Sudden onset of diplopia
 - Sudden onset of drooping of lids
 - Sudden onset of Halos
 - Photophobia
 - Sudden onset of discharge from the eye
 - Sudden onset floaters and or flashes
7. Social Distancing may be ensured in waiting space.
8. Plastic folders used for Patient Coordination slip to be discontinued to avoid multiple touching.

Social Distancing

1. Patients and staff shall be greeted with “Namaste” (No handshakes)
2. **Screening Desk:** 1 meter distance must be maintained at the screening desk by marking on floors by temporary marker.
3. **Registration Desk:** 1 meter distance must be maintained at registration counter by any mode Eg. Line on floor at 1 meter
4. **Patient Waiting areas:** 1 meter distance must be maintained by either way Chalk marks on sofas/Chairs to be used for sitting
5. **Virtual Meetings** may continue through Zoom, Skype or any other software.

Housekeeping Protocol

Because of COVID 19 outbreak, The hospital areas shall be classified as following:

High risk areas:

OT, Registration, OPD, Counselling room, Consultation room, Patient waiting areas, Lifts, Washrooms

Moderate risk areas:

Meeting halls, Lounges, Cabins

Low risk areas: NIL

1. Floor of All the high risk areas MUST be cleaned with 1% Sodium Hypochlorite every 2 hourly and Moderate risk areas 3 times a day.
2. Deep Cleaning to be done any time when there is any contamination.
3. Door handles, side rails on stairs, bed side rail, high touch surface like-reception counter, help desk, gate with 1 % Sodium Hypochlorite (4 Times /Day)
4. Chair in the waiting area (head end, arm rest etc) , Electronic /IT equipment like monitor, Key board, Mouse etc must be done with alcohol swab every two hourly
5. All Wheel chair and Stretcher trolley must be cleaned with 1% Sodium Hypochlorite solution
6. Fogging of entire hospital shall be done on weekly basis

Waiting Hall Guidelines

1. To Keep the waiting room as empty as possible
2. Seating to be arranged in a manner that patients should remain at least 3 feet from each other
3. Only one attendant per patient
4. To keep the waiting time minimum in the hospital premises
5. Face masks for all the patients and their attendants
6. Provision of hand sanitizers in the waiting hall
7. Keep open as many doors as possible to avoid touching of doorknobs
8. Sanitize the waiting hall and most-touched surfaces periodically

Consultation Room

In examination rooms, more detailed cleaning to be done

1. All slit lamps to have acrylic/ plastic / X-ray sheets attached so that the direct contact with the patients is avoided . Material used should be able to clean with alcohol swabs (To be cleaned every 2 hours)
2. In the exam rooms, slit lamp/ mouse/ keyboard/tablets will be cleaned by optometry staff/ fellows/ doctors twice a day and in between patients as often as needed using alcohol wipes
3. Clean hands with sanitizers before touching any equipment once patient has been touched
4. While performing any contact procedure like tonometry, gonioscopy, keratometry, A scan, B Scan, UBM, Humphrey Visual Fields, thoroughly clean instruments before and after every new case
5. OPD –Trial frames, lenses to be wiped with alcohol swabs after doing refraction for each case. All non-essential, non-critical examinations should be avoided and patient explained need for more elaborate testing in future as feasible
6. Special handling of conjunctivitis patients with non-contact gloves and cotton buds, after triaging for any COVID-risk factors
7. Open door policy at all locations (except operating room)
8. All used items MUST be disposed off in proper colour bins.
9. Additional Recommendations for Doctors and Optometrists
 - Stop Direct Ophthalmoscopy
 - Stop Contact lens trial
 - Stop routine refraction

Monitoring

Monitoring to be initiated and reinforced by Quality team. This includes monitoring of maintenance of personal hygiene measures, wearing masks, gloves by health care workers, proper history taking, one attendant policy, awareness of health messages and compliance

Monitoring is going to be a general responsibility. While daily monitoring is initiated by Quality department, all execution team process owners must monitor their own area and reinforce compliance. The Quality team will share the Instructions and forms.

Precautions at Ophthalmic Evaluation and OPD Procedures

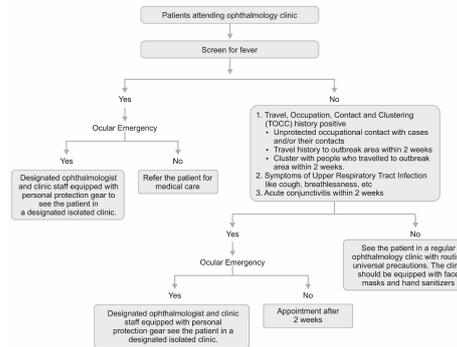
1. Protection for mouth, nose, and eye (with triple layered/N95 masks if available, goggles/ face shield)
2. Slit lamp barriers or breath shields
3. Alcohol based hand sanitizer before and after examining each patient
4. Speak as less as possible
5. Disposable gowns, gloves and eye protection, and N95 mask are recommended if a procedure is planned that will result in aerosols
6. Avoid nasolacrimal syringing if possible
7. Avoid all aerosol-based procedures including NCT
8. Disinfect (using standard protocols) all instruments and probes used in direct contact to the patient's tear film and ocular surface before re-use
9. In case of urgent ophthalmic problem in a patient who is at high risk for COVID-19, eye care is best provided in the multispecialty hospital setting. Transmission precautions for treating ophthalmologists include a full-body protection (HIV kit)
10. In case of urgent ophthalmic problem in a patient with documented COVID-19 or a person under investigation, the patient should remain in the multispecialty hospital setting, ICMR-GOI guidelines should be followed, transmission precautions for treating ophthalmologists include full-body protection.
11. Patients with conjunctivitis should be seen in a designated OPD room with an isolated waiting room by a designated ophthalmologist with full PPE
12. All Health care workers (HCW) coming in direct patient contact and ophthalmologists should change into scrubs at entry to the hospital and change out to street clothes at exit. They should be encouraged to take a soap bath at once they reach home.

13. Optimise support staff and HCW allocation (one-third to half of the regular staff per day)
14. **Prophylaxis:** ICMR has advised oral Hydroxychloroquine 400mg BD on day 1, followed by 400 mg OD weekly for 7 weeks.*

Precautions at Surgery

1. All surgeries must be day care unless the medical conditions or the Govt of India rules (eg for plaque brachytherapy) strictly mandate admission.
2. Routine screening Chest X-ray before each surgery, if possible
3. Avoid surgeries off-hours or with an incomplete team
4. Faculty or senior fellows or senior residents should preferably do the surgery – quick and safe surgery is warranted
5. Choose the quickest possible surgical procedure
6. Try to avoid GA unless mandatory
7. Prefer topical anaesthesia over local anaesthesia
8. PPE for all OT staff (HIV Kit for non-COVID-19 patients and a full-body suit for COVID-19 patients and suspects)
9. All universal precautions as usual
10. Minimum number of staff in the OT
11. **Stop positive ventilation in theatre during procedure and for at least 20 minutes after the patient has left theatre**
12. Smoke evacuation for diathermy
13. Aerosol generating procedures such as intubation, extubation, bag masking, electrocautery should be done by anesthetist and the surgeon while wearing full personnel protective equipment
14. Bare minimum staff should be present when the patients are intubated and extubated in the OT
15. No two patients should be handled together. There should be a 20-min time out between each surgery
16. Protocol based disinfection of the OT should be done after each surgical procedure
17. All HCW coming in direct patient contact and ophthalmologists should be encouraged to take a soap bath at once they reach home.
18. Prophylaxis: ICMR has advised oral Hydroxychloroquine 400mg BD on day 1, followed by 400 mg OD weekly for 7 weeks.

Triage System



*Usage of hydroxy-chloroquine as prophylaxis for SARS-CoV2 infection

AIOS recommends the use of hydroxy-chloroquine for prophylaxis of SARS -CoV-2 infection for high-risk population.

The Advisory provides for placing the following risk population under chemoprophylaxis with hydroxy chloroquine:

1. Asymptomatic Healthcare Workers involved in the care of suspected or confirmed cases of COVID -19
2. Asymptomatic household contacts of laboratory confirmed cases

The protocol recommended by the National Task Forces has been approved by the Drug Controller General of India for restricted use in emergency situations.

While following the above recommendations, all should take note of the following :

1. The placing of healthcare workers under chemoprophylaxis should not instill a sense of false security. They should follow all prescribed public health measures such as frequent washing of hands, respiratory etiquettes, keeping a distance of minimum 1m and use of Personal protective equipment (wherever applicable).
2. They should self - monitor their health and report to health authorities immediately in the event of them being symptomatic.
3. The high risk contacts of a positive case placed under chemo prophylaxis, should remain in home quarantine while on prophylactic therapy.
4. As recommended by the National Task Force, the drug should only be given on the prescription of a registered medical practitioner. The contraindications mentioned should strictly be followed.
5. Apart from the symptoms of COVID -19 (fever, cough, breathing difficulty), if the person on chemoprophylaxis develops and other symptoms, he should immediately seek medical treatment of the medical practitioner who has prescribed the chemoprophylaxis.

Created by: Dr Santosh G Honavar, Dr Namrata Sharma, Dr Mahipal S Sachdev on behalf of Governing Council of the All India Ophthalmological Society

Issued on: March 28, 2020

AIOS Governing Council

Prof. Mahipal S. Sachdev
President

Dr. Barun Kumar Nayak
President Elect

Dr. Lalit Verma
Vice President

Prof. Namrata Sharma
Hony. General Secretary

Prof. Rajesh Sinha
Hony. Treasurer

Dr. Partha Biswas
**Chairman Scientific
Committee**

Dr. Chitra Ramamurthy
Chairman ARC

Dr. Santosh G. Honavar
Editor-Journal

Dr. Arup Chakrabarti
Editor-Proceedings

Prof. S. Natarajan
Immediate Past President

Disclaimer : The document contains guidelines based on the information issued by various relevant organizations, and State and Central Governments as on the date of release. These Guidelines are provided for informational and educational purposes only. Adherence to any recommendations included in this document may not ensure successful outcome in every situation. Furthermore, the recommendations contained in this document should not be interpreted as setting a standard of care or be deemed inclusive of all proper methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. These guidelines reflect the best available information at the time the document was prepared. The results of future studies may require revisions to the recommendations to reflect new data. The guidelines do not replace or over-ride existing national/regional/local statutory requirements. The guidelines are to be tempered with the regional, local and individual hospital guidelines and expertise. The ultimate judgment regarding the propriety of any specific therapy must be made by the physician and the patient considering all the circumstances presented by the individual patient, and the known variability and biological behaviour of the medical condition. AIOS does not warrant the accuracy or completeness of the Guidance and assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of this Guidance or for any errors or omissions. AIOS will not be a party to for medico -legal implications arising out of following or not following these recommendations.