The ROYAL COLLEGE of OPHTHALMOLOGISTS

Coronavirus RCOphth update – need to know points

13th March 2020

Author: RCOphth Quality and Safety Group
With thanks for advice to Catherine Wagland, Infection Control Matron, Moorfields Eye Hospital

**Please note the coronavirus situation changes rapidly. This is the most up to date advice we have at this time, please check the Gov.UK website https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance and the RCOphth website for updated information https://www.rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/*

18 Stephenson Way, London, NW1 2HD T. 020 7935 0702
contact@rcophth.ac.uk rcophth.ac.uk @RCOphth

Contents

1 Background

How is the virus transmitted?

As a new disease, transmission may not be full understood, but the following is believed to be the case currently. Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. It is potentially transmissible through contact with or aerosol droplets from tears of infected patients. Isolation, standard cleaning and disinfection combined with suitable personal protective equipment (PPE) directed to the correct patients are very effective in preventing transmission.

What to do

Liaise closely with your infection control team to find out and follow national and local policy including the exact process for your eye clinic. The principles of action are as follows:

2 Actions you can take

Before arrival in clinic

Work with your hospital Infection Control (IC) team to ensure messages reach patients that, if they are at risk, they should seek advice on the telephone from NHS111 (NHS24 in Scotland) or from the eye clinic by phone, before attending their appointments or arriving at the hospital. This may involve website changes, communication in letters and text alerts, recorded messages on the hospital phone line, posters and admin staff at the front of the hospital or in reception, or proactively calling patients with appointments.

Detect at risk patients

Ask patients whether they have symptoms of coronavirus infection (fever, acute onset persistent cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing, muscle pains) or have had contact with a known or likely coronavirus infected person or it they have travelled to the at risk areas. Follow the detailed guidance on case definition and risk and categorise as detailed by Public Health England).
Also ideally establish if they have an immediately sight threatening issue but do not let that delay any required isolation or sending the patient home.
Ensure that you have a suitable isolation room agreed with IC, and you know where it, is or use the nearest room and shut the door if necessary.
Ensure you have a supply of PPE and understand how to use this including removal after use.

Dealing with each category

No known risk – see as normal, using standard infection control as for any patient (eg hand hygiene, clean instruments). There is no need for face masks or gloves.

Travel/contact but no symptoms – most hospitals are currently seeing as normal, using standard infection control as for any patient (eg hand hygiene, clean instruments). This may vary for eye clinics who need a decision on this locally.

Clinical symptoms or travel and clinical symptoms with no immediately sight or life-threatening symptoms – isolate immediately in hospital or at home, patient calls NHS111 and follows advice. Telephone advice on the eye condition can be provided by the eye clinic. Speak to your own IC team for further guidance as required.

Clinical symptoms or travel and clinical symptoms who have a possible/probable immediately sight or life-threatening issue - isolate immediately and seek advice from NHS111, local IC team or regional PHE or Health Protection team. They will need to be seen either by you or in another unit where the ophthalmic assessment and care can be delivered in a suitable isolation setting with specialist PPE and infection control processes.

Patient type	Change in guidance
For symptomatic, unconfirmed in-patients meeting the COVID-19 case definition	PPE revised to include a change from FFP3 respirator to fluid resistant surgical mask, gloves, apron and eye protection if risk of splashing into the eyes.
For confirmed cases of COVID-19	Full PPE ensemble continues to use FFP3 respirator, disposable eye protection, preferably visor, long sleeved disposable gown and gloves.
For possible and confirmed cases of COVID-19 requiring an aerosol generating procedure	Full PPE ensemble as per previous guidance for confirmed cases: FFP3 respirator, disposable eye protection, preferably visor, long sleeved disposable gown and gloves.

For all patients

Please be extra scrupulous for all patients using exemplary infection control processes – know and follow your local ophthalmology infection control policy carefully.

- Use good hand hygiene.
- Use good tissue practice - **CATCH IT, BIN IT and KILL IT** – cough/sneeze into a tissue, throw it away as soon as possible, wash your hands after coughing and sneezing as soon as possible.
- Support patients to use good tissue practice and hand hygiene
- Ensure areas and equipment are regularly cleaned.
- Clean slit lamp before and after each patient

Breathguards for slitlamps

Ophthalmology is not currently on the national list for high risk aerosol generating procedures or care BUT staff are concerned that there may be an increased risk because of the prolonged close contact on the slit lamp. Many units are trying to source large transparent plastic slit lamp breathguards but these are proving difficult to obtain in the UK. In the interim some hospitals have fashioned makeshift breath guards from A4 acetate sheets (previously used on overhead projectors) or A3 or A4 laminator "pockets" from a stationary shop and also can be ordered via NHS Procurement. The latter can be passed through a laminator to fuse the two layers to create a thicker clear sheet. By cutting circles out near the top of the sheet one can place it around the slitlamp eye pieces and secure above or below, trimming the bottom to not get in

the way. This makes a large transparent shield similar to but thinner than those commercially available. These home made sheets will require regular cleaning with alcohol wipes between patients. See pictures (with grateful thanks to Claire Morton, Abergele, North Wales and Gordon Hay and Will Tucker, Moorfields).

Reducing numbers seen or cutting elective care

Most hospitals and eye units are being asked to rapidly draw up plans to reduce or cease some or most elective care including theatre and any urgent care which can be done safely. We advise this is undertaken now and plans made to prioritise care which is sight or life threatening and how to deliver care non face to face or defer appointments.

At this point we would advise units to consider now whether patients need a consultation at all, or whether other forms of consultation can suffice such as telephone review or virtual clinics and make arrangements to deliver this.