

LV Prasad Eye Institute



**SECONDARY CENTRE
PROTOCOL
POST COVID -19**

**Manual of Procedures
Handbook of VVC Team**

*Resilience.....
Resurgence.....
Revamping.....
Eyecare for
everyone.....*

**Gullapalli Pratibha Rao
International Centre for
Advancement of Rural
Eye care**

PROTOCOL FOR SECONDARY CENTRES POST COVID-19

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Patient workflow after lockdown

Reopening after lockdown will be in three phases (4-18 May, 18-31 May and 1st June onwards)

- Phase 1 – OPD: 40 patients (10-12/ hour); Surgeries: 5/day)
- Phase 2 – 50 patients per day (10-15/hour); Surgeries: 6 / Doctor / Day)
- Phase 3 – full-fledged OPD & Surgeries

Note: No. of patients is indicative and may differ from One SC to other based on seating capacity and other facilities.

The patient flow is divided into the areas

1. Patient at Main gate/Entrance
2. Goes to reception
3. Waiting hall
4. Examination room (VT and Doctor)
5. Advice / Counselling

Main gate/Entrance:

Security

1. Check hands for quarantine stamp on the palm
2. Thermal temperature checking of everyone – staff, patients, attendants, visitors – anyone who enters the premises
3. Give them and their attendants' sterillium – or make arrangements for hand wash with soap and water (No attendant allowed, unless the patient is a child or is disabled).
4. Note down contact details of patients, attendants, and their ID card in a register

CEC/CBR staff

1. Take COVID-19 questionnaire - If all answers are negative, then they will direct patients to the Reception area
2. Manage crowd at different level and if need arises, they will go to Vision Centres

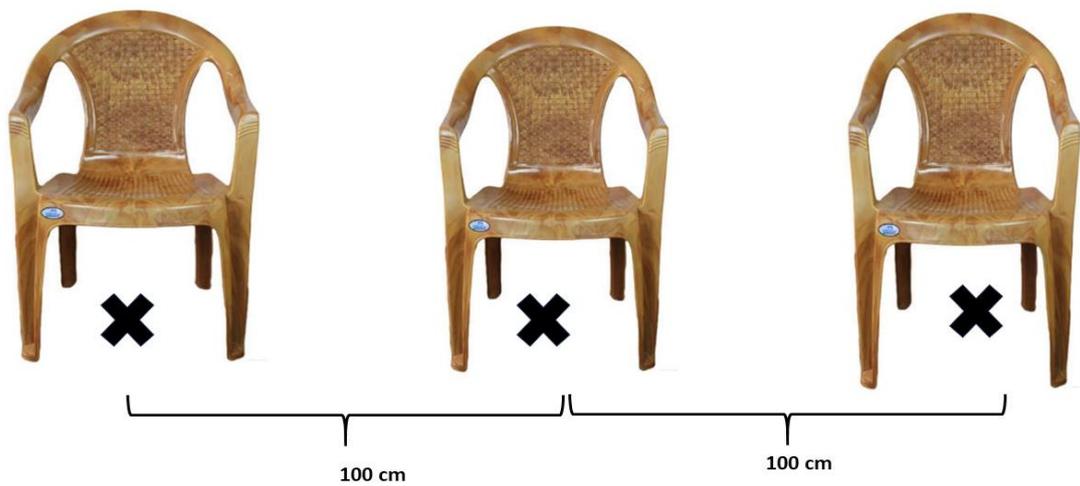
Reception: If possible, to have a shield similar to what we have at Railway station (or something like what we have in Pharmacy)

Counsellor

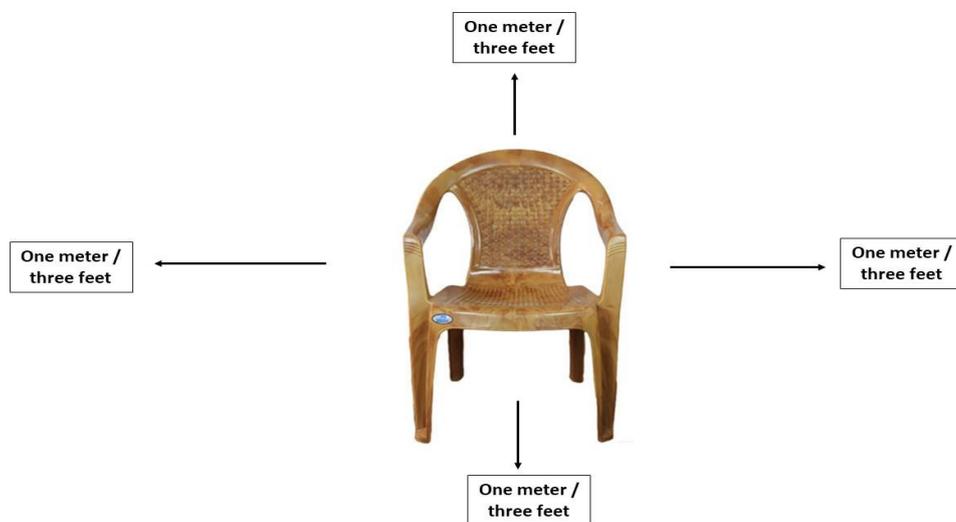
1. Call One patient at a time. Tell the patient to only speak when asked for, not to remove the masks – neither by patients nor by the attendants
2. Entry of the data in the EMR
3. Aadhar card – to be handled with non-touch technique – Ask the patient to hold it, check the address to see if patient is from hot spot areas, note down the Aadhar number
4. Do sterillium handrub between two patients
5. Use sterillium before touching computer, mouse or anything if they have touched anything of patient including papers, Aadhar card, MRD identification card
6. Direct the patient to go the waiting hall – give the patient numbers and ask them to follow the social distancing marking and sit in the designated chair.

Waiting hall

1. No newspaper, magazines, brochures at this moment
2. Chairs to be cleaned every day in the evening



Chairs should always be placed over the cross made with white tape / Marker



Examination room - VT

One VT per room, no overcrowding

1. To call patients, not to speak to patient when they are coming to the examination room
2. Tell the patient that you will see them and no talking unless asked for
3. Use your own pen and do not share it with anyone
4. Open door policy and good air ventilation without AC usage in OPD
5. Do not take two patients in one room or examine two patients in one room or have two different VTs in one room
6. Do autorefractometer while bringing them for examination. Clean the chinrest, forehead band and the autorefractometer knob after you see the patient with alcohol wipes. Have a shield on autorefractometer for your protection. Do not unnecessarily touch patient's head, Tell the patient to bring his head forward and touch the band
7. To read the patients file before you go out and call the patient – so that you do not spend time reading the patients file when they are sitting in the room with you
8. Ask patient to sit in the chair, take history in one go maintaining social distancing
9. Refraction and vision – Protocol attached
10. Clean trial frame, Lenses which you have used including pinhole, occluder with alcohol wipes. Do not keep them in the set without cleaning those.
11. Slit lamp examination – Tell the patient what you are going to do and tell them not to talk to you when you examine them on slit lamp – try to finish the examination as early as possible without missing any findings
12. IOP measurement – case based - ophthalmologist to decide
13. Conjunctivitis patients – you may call the doctor and examine in separate room – Guidelines attached
14. **Dilatation:** Anyone with 6/6 and N6 vision (including prebyopes), do not dilate. However, they would need a through clinical examination including checking of RAPD, same for, follow ups where it is not needed, should not be dilated. Pull the lower lid with Johnson bud and then put the dilating drops
15. Do not have patient for more than 10-12 minutes in your room if you are doing refraction. Do your workups faster, do not waste time during examination. See to it that you have all supplies in every room. Check this every day in the morning before you start OPD including Doctors room. Do not take patient from one room to the other room for any examination
16. Clean everything with alcohol wipes / sterillium after you send the patient out. Do not tell the patient go to waiting hall/ reception, take them yourself in person and call the next patient.
17. Take sterillium again before you start examination of the next patient.
18. Syringing: Not to be done. ROPLAS to be checked by the doctors only

Doctor's room: No overcrowding, same instructions as above

1. Fundus to be seen in lying down position from head end – Indirect Ophthalmoscopy or with. +90/78 D lens. Use no touch technique. For indirect ophthalmoscopy, can use cotton swab stick to open the lids and throw it away.
2. Gonioscope to be washed with soap and water after every use.
3. Applanation tonometer prism to be cleaned with 70% isopropyl alcohol sterile wipes after every patient. The tonometer prism to be dipped twice daily for 5 minutes in 1:10 Sodium hypochlorite solution to disinfect the prisms
4. Stop Contact Lens trial, direct ophthalmoscopic evaluation.

5. BCL if needed – only if emergency (not for every patient with defect, post op pterygium, do not put) – to be placed in lying down, put anaesthetic drops and then to put the BCL from headend of the patient with forceps if possible. Ask the patient to pull the lower lid himself and the doctor to pull the upper lid with Johnson Bud
6. Reduce follow up visits for all patients – do not call patients such as VKC, Allergic conjunctivitis, conjunctivitis patients for early follow ups, etc.
7. In case of referrals, give them the violet referral slip and direct them – use your pen only, do not share the pen. Keep cleaning your pens between two patients if you are using more often.
8. Do not prescribe NSAID to any patient
9. Non-mydriatic fundus camera can be used to expedite the examination process

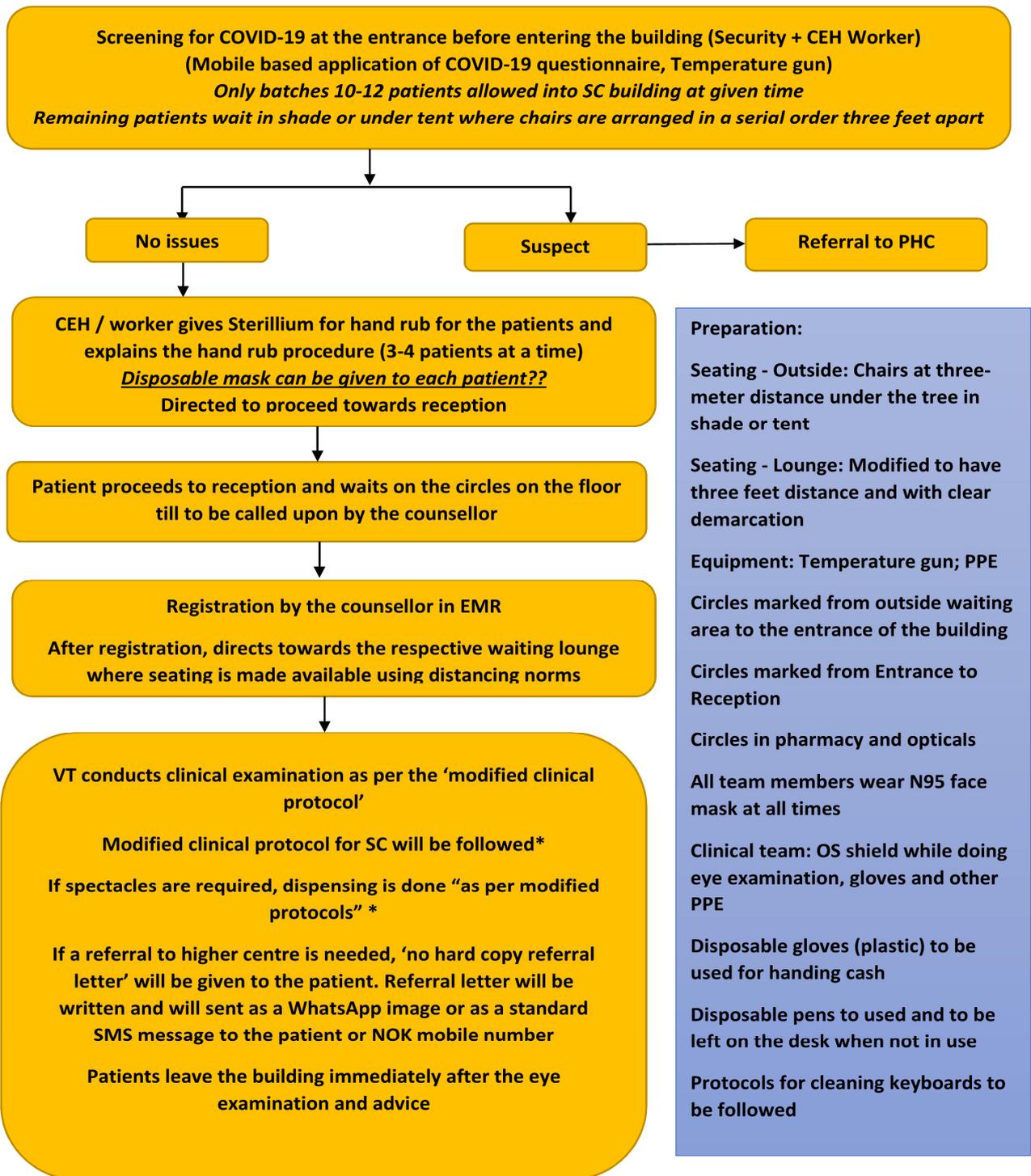
Diagnostics:

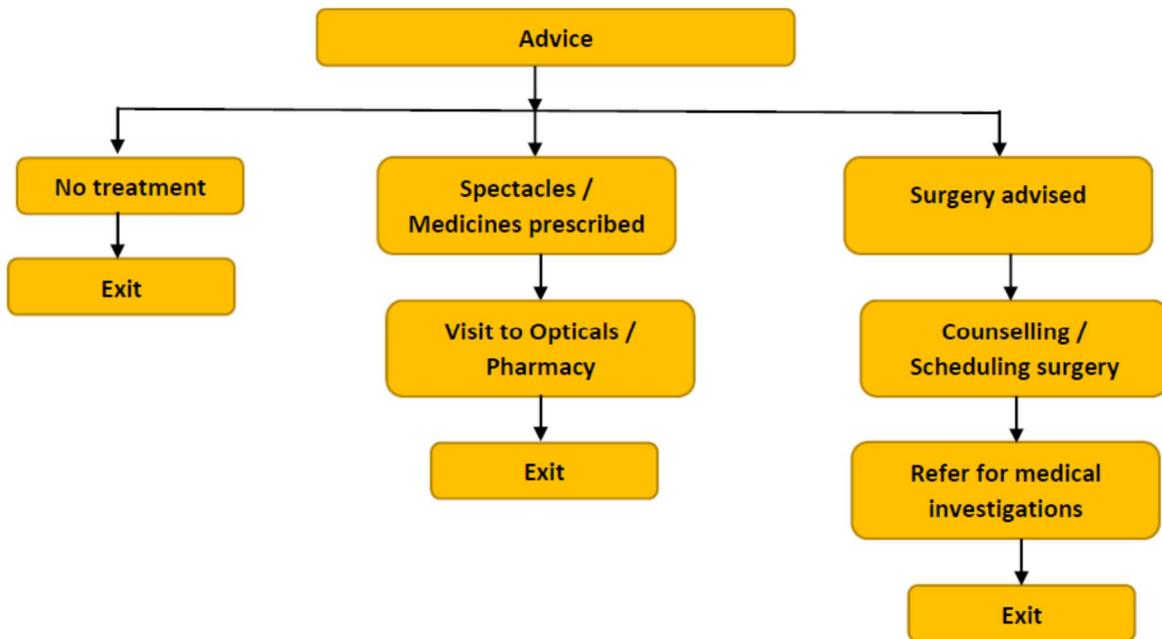
1. Everything should be wiped clean between two patients – you may use 70% isopropyl alcohol sterile wipes for the same
2. HVF – Clean trial frames, lenses, chin rest and the head band
3. Keratometry – Clean the chinrest, headband after every patient – have a barrier between you and patient
4. A scan – Do not go very close to the patients while doing A scans, clean probe between two patients
5. No Phoropter/No Om device to be used during this period till guidelines are circulated
6. Syringing: Not to be done. ROPLAS to be checked

Counselling/Checkout:

1. Do not talk directly facing the patient. Can sit diagonally.
2. Explain them all the details and schedule surgeries and send the patient out of the hospital - Patient should not be in the hospital after checkout or counselling is done

Modified workflow for secondary centres – Post COVID-19





Preop Investigations for surgery

1. As far as possible, get physician fitness for all surgical patients.
2. Do COVID Test for every patient. If not available, X ray Chest to see ground glass appearance – if present, do not do surgeries and direct them to Government hospital.
3. Other investigations that can be done are CT chest, C-reactive protein and serum amyloid A
4. ECG – clean the lids and wires after every ECG performed
5. Routine RBS can be done at the centre with proper precautions
6. BP measurement to be done in Wards
7. Between two patients always take Sterillium

Inpatient wards:

1. Temperature measurement with infrared digital thermometer
2. ECG electrodes and wires cleaned with alcohol swabs
3. History of COVID exposure-History of fever, cough, travel history, history of contact with any COVID patient – COVID -19 questionnaire
4. Beds to be spaced out and if they are close to each other, have one patient every alternate bed, the empty bed should not be used by any one
5. Wash the bedsheets after every use, the same bedsheets should not be used for the next day patients or any other patient
6. Remove blankets from the Ward areas
7. Whatever you do, keep using sterillium between two patients
8. Do not put drops without taking sterillium for every patient. Put drops with 'no touch' technique.
9. Measuring blood pressure – to be done
10. No visiting hours
11. Not to admit patients for medical treatments
12. Try and do as many as day care surgeries

Operating room

Preop area:

1. No two patients at one time in the Preop area
2. To take sterillium before giving block
3. To clean hands before touching computer, keyboard and mouse if you have touched patient

Operating Room

1. All standard protocols of OR remain the same
2. As far as possible, perform day care surgeries
3. Before operating, COVID testing should preferably be performed. If COVID positive, refer to the Government hospital – Inform patient beforehand to inform you on phone if the test is positive
4. Routine chest X-ray - to check for ground glass appearance
5. A physician fitness to be obtained for every patient including ruling out airway pathologies, particularly underlying pneumonia.
6. AHU with increase fresh air exchange. If possible, consider retrofitting dynamic UV and ultra-filters to HEPA, reduce turbulence in OR e.g. minimize opening and closing doors and moving machines.
7. Choose the quickest possible surgical procedure
8. Prefer topical anaesthesia over local anaesthesia
9. No sac related procedures to be done
10. Minimum number of staff in the OT
11. Pulse oximeter to be put for all patients – and to clean this after every use
12. Instruments used for one patient not to be used for next patients
13. Nasal prongs – not to be reused – have adequate supply
14. Intracameral antibiotics – you can prepare syringes and place it on a sterile trolley, have one syringe transfer to your surgical trolley before you start the case and touch the patient
15. Trypan blue – Same as above
16. Phaco tubings – not to be reused, autoclave those, try and do SICS more often as
17. For phacoemulsification it should be assumed that phaco with excess BSS near the vibrating tip can generate aerosols. Considering there are a few reports of 2019-n-cov in tears, a clear plastic sheet over the surgical area to catch any generated aerosols is recommended. – One cassette per patient
18. As practiced, scrub after each case and change all consumables after each case
19. Protocol based disinfection of the OT should be done after each surgical procedure

Stores

Stock taking of all materials (masks/ caps/visors/gowns/PPE/ sterillium/ cleaning antiseptics).

1. Two cloth masks to each worker, disposable masks daily for those in yellow category and four N95 masks for those in red category. For N95, everyone in red category to receive four of them. If we use mask No 1 on day one, it can be reused on 5th day and one mask can be used maximum for 5 days each.
2. One/Two visor for each employee every month.
3. Four gowns for each in yellow and red category. These have to be changed daily and the first gown will be worn again on 5th day.
4. Stock of at least five PPE per month per centre.
5. Review monthly requirement and place order accordingly.

6. While receiving any material to centres – keep the materials separate and wash hands after touching those. Same when the material is taken to OR.

Support Services:

Pharmacy:

Social distancing is to be maintained here too. – Have circles drawn on the floor to indicate social distancing. No overcrowding.

Cafeteria/Water dispensers

1. The tap of water dispenser should be cleaned with alcohol wipes frequently by housekeeping staff (or may be CEC worker – but to wear gloves while cleaning this)
2. To use disposable glass – Not to touch these glasses with soiled hands, have the glasses separated before only so that patients do not touch many glasses while taking one

Biomedical waste disposal:

1. Have all dustbins with covers as per local municipal norms.
2. Waste disposal as per local municipal norms

Housekeeping:

1. Not to come in close contact with patients
2. To wipe clean the door knobs, handles of the rooms OPD areas, waiting hall, examination room, all surfaces – Two hourly in patient care areas
3. Wheelchair to be cleaned after every use
4. Floor to be mopped four times a day in the OPD rooms and waiting halls, corridors
5. Bathrooms – to be cleaned along with basins, use separate cleaners for both

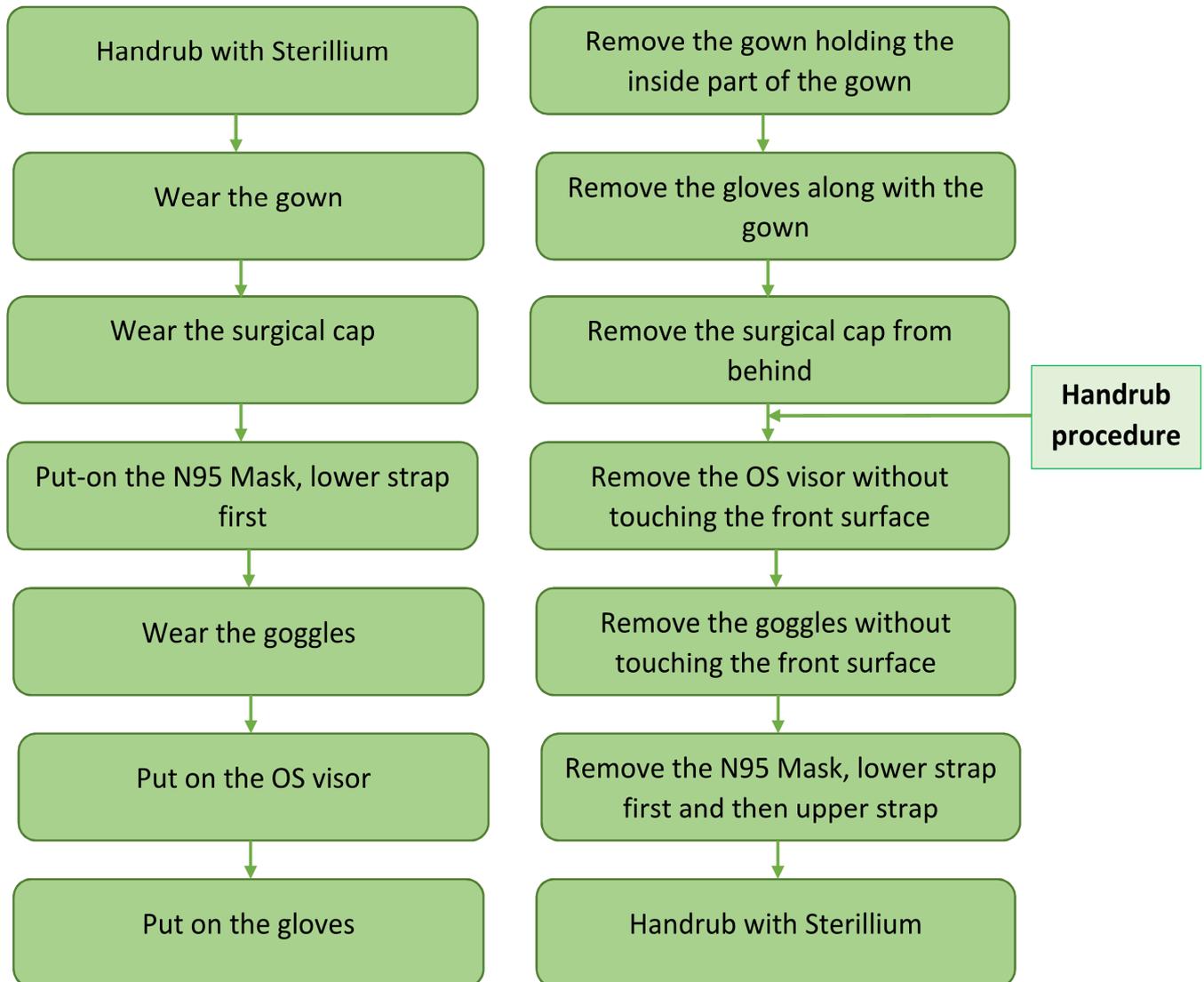
Personal Protective Equipment for VVC team

Staff	Cloth mask	Surgical mask	N95 mask	Gloves	Visor	Gowns
Security	Yes	----		Yes	Yes	----
CSP staff	Yes	----		Yes	Yes	----
Reception	----	Yes		Yes	Yes	----
Vision technician	----	----	Yes	Yes	Yes	Yes
Ophthalmologist	----	----	Yes	Yes	Yes	Yes
Counsellor	----	Yes		Yes	Yes	----
Ward nurse	----	----	Yes	Yes	Yes	Yes
Operating room staff	----	----	Yes	Yes	Yes	Yes
Stores	Yes	----	----	Yes	Yes	----
Pharmacy	----	Yes	----	Yes	Yes	----
Opticals	----	Yes	----	Yes	Yes	----
House keeping	----	Yes	----	Yes	Yes	----
PCA	----	Yes	----	Yes	Yes	----
Driver	Yes	----	----	----	Yes	----

- All need to wear full sleeves shirt and maintain social distancing
- Social distancing to be maintained at all levels
- All patients to wear mask at all times

Using Personal Protective Equipment

Donning and Removing the Personal Protection Equipment – Sequence



Adapted from Centers for Disease Control and Prevention (CDC) Handout:
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Guidelines for visual acuity assessment and refraction

Visual acuity assessment for distance: Visual acuity for distance is assessed using standard illuminated Snellen's visual acuity chart in all subjects in an adequately illuminated room at six meters distance. Visual acuity is measured separately for both the eyes. If the patient is using spectacles VA is measured with spectacles.

Change: L-Occluder should not be used, instead the patient should be instructed to close the non-testing eye with their hand (not fingers). Pinhole visual acuity is not required. At least one meter distance from the patient should be maintained while assessing visual acuity.

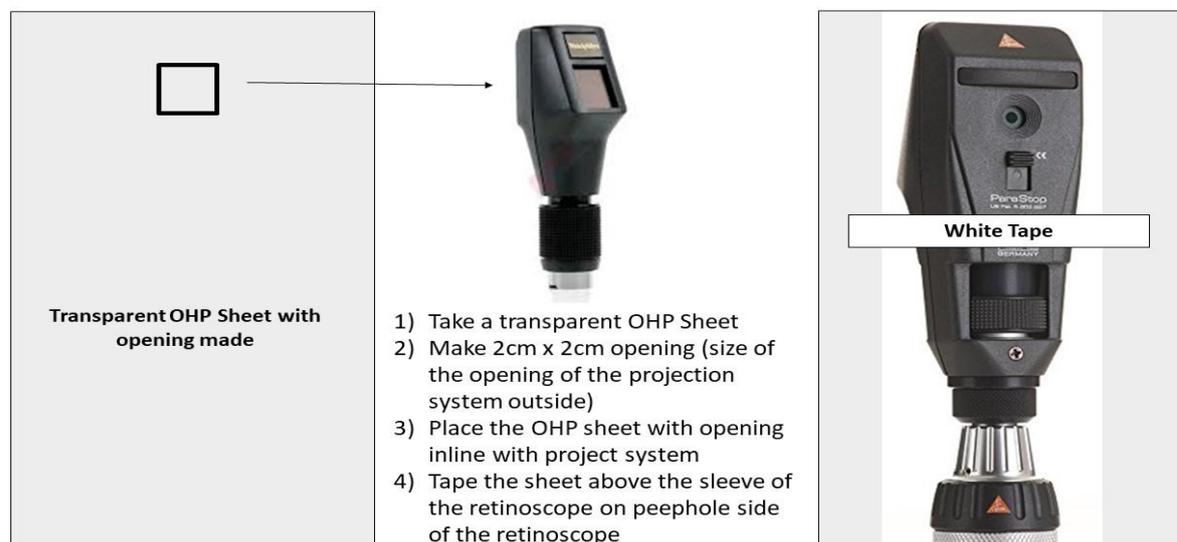
Near Vision assessment: Near visual acuity is measured in all patients for each eye separately using standard near vision acuity card under adequate illumination. If the patient is using spectacles for near, near vision should be measured with spectacles.

Change: VT should hold the near vision chart at a distance of 35-40 cm instead of patients. At least one-meter distance from the patient should be maintained while assessing visual acuity. VT should stand to do the procedure of assessing near vision so that he/she is at a higher level compared to that of the patient.

Objective and Subjective Refraction: Objective and subjective refraction should be performed on all patients as per the VC protocol.

Change: The Trial frame is cleaned with an alcohol wipe before placing it on the patient for refraction. Touching the forehead of the patient to measure working distance should be avoided. All the lenses used for neutralization should be placed on the desk and should be kept in the trial box only after cleaning each lens and occluder with alcohol wipes after subjective refraction. The trial frame also should be cleaned again.

Retinoscopy barrier, similar to the slit lamp barrier should be used while doing retinoscopy used as shown.



Based on the guidelines, prescribe and dispense spherical equivalent lenses wherever possible so that movement of lenses from Hyderabad to VC and other logistics can be minimized. Avoid oblique cylindrical axis and small cylindrical prescription as far as possible.

Lensometry: If the patient is using spectacles, the power of the lenses is measured using a lensometer or through the hand neutralization method.

Change: Use hand neutralization technique instead of lensometer to assess lens power. Clean the spectacles with hydrogen peroxide before giving it back to the patient. Clean the spectacles with hydrogen peroxide before giving it back to the patient.

Guidelines for Patients with Conjunctivitis

Note: conjunctivitis is very rare in COVID positive patients. It is not a presenting symptom and the risk of transmission is in no way higher. However, this disease is extremely contagious, and we have been seeing several patients of late with adenoviral conjunctivitis. Our team can contract conjunctivitis. Or other patients who visit us can get affected. Hence these guidelines have been created for our and our patients' safety,

Any examination should be carried out strictly after general triage: (screen for fever, cough, travel history, contact with travellers in family etc.)

History: Suspect conjunctivitis if chief complaint is red eye, watery discharge, mild pain, mild to moderate lid edema and more than one family member affected. Vision is usually not affected.

Examination: Examine with torch light, following all protocols of personal protection, wearing mask, plastic protective visor and gloves. Avoid slit lamp examination in mild cases. During slit lamp examination, don the PPE, use gloves, clean all surfaces after examination. Do not permit patient to touch any surface or door etc. Wash your hands thoroughly with soap and water.

The patient should wear a mask and requested to not speak unless necessary, not to sneeze or cough during examination.

DO NOT CHECK IOP AND DEFER FUNDUS EVALUATION

Treatment: Mild cases, no cornea involvement: prescribe topical lubricants, cold compresses, anti-inflammatory (Paracetamol 650 mg sos), sterile wipes, dark glasses. Ask the attender rather than the patient to buy the same from the pharmacy. (Pharmacy to be instructed regarding personal protection while dispensing medication)

Prophylaxis: Explain personal hygiene, precautions and how to avoid spread to fellow eye and to family members

Follow up: in mild cases, no need for follow up. Counsel the patient that the condition will worsen over the next one to two weeks before it gets better and to follow up only in case of photophobia, moderate to severe pain and decreased vision
Doctor's number to be shared and the patient can be followed up via whats app.

Follow up is required if the patient has subepithelial infiltrates, pseudomembranous conjunctivitis, severe forms, pediatric patients. Call them after two weeks. **NO NEED FOR ONE WEEK REVIEW.**

Use of topical steroids: in cases with sub- epithelial infiltrates and pseudomembranous form, based on severity, **START FROM THE BEGINNING.** Can chose loteprednlol/fluorometholone or prednisolone based on severity. Call these patients for follow up after 2 to 4 weeks.

Optical outlets Work Processes and sterilization protocol

Version-1

Final correction done on 20/04/2020

Clients walk into optical outlets for many reasons such as to collect prescriptions, general enquiry, Window- shopping to check on the collection and spectacle services.

Initial contact - Welcoming customer:

- Avoid handshake and stick to greeting with folding hands "Namaskaram".
- Hand disinfection with Sterillium for those who walk into opticals. Maintain Social distancing.
- Give warm smiles and comfortable welcome, minimal talk,. You can put up poster in Telugu/English/odiya that our customers are welcome and we Give Best Service but will be talking less, using hand signs more and maintaining social distance due to COVID-19 situation.
- Also poster should mention that the Optical facility is using Best practices and sterilization methods to prevent any infection spread amongst customers. Cooperation of customers is solicited.
- Ensure every patient/child/attendant who enter have a proper face mask that they keep on properly throughout the stay in the shop.

IPD measurement:

- Pupillometer is used for measuring IPD's of the clients.
- Pupillometer rests on the nose on the clients and forehead bar touches the patients. Nose pads and forehead bar of the Pupillometer to be sterilized with alcohol swabs after every use.
- Keep two trays: one after use and another after cleaning. First one marked with a red mark on which machine is placed after touching patient. After cleaning, place it in green marked tray.

Frame/sunglass trials:

- Use separate frame trays for each customer during the process of the frame selection
- All the frames tried by the customer will be put in the RED tray and then sterilized as per the frame sterilization protocol and put back into the display for other customers to try.
- Can also place in green tray till it dries, before putting back on the shelf. Shelf cleaning once at the end of the day If order is booked the frame selected will be cleaned as per the frame sterilization protocol and sent to stores and lab for further processing.

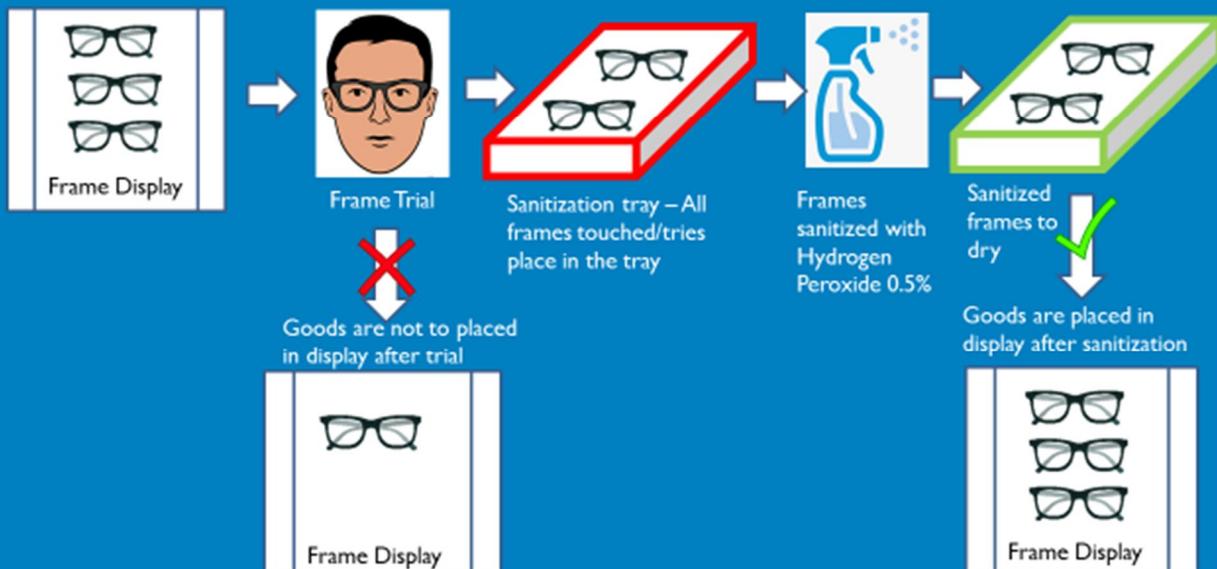
Optical Equipment Sanitization



- All optical equipment should be sterilized after using for a customer with Alcohol swabs.
 - ✓ PD Meters – don't miss nose pads and forehead bar
 - ✓ Scales –entire scale
 - ✓ Lens meter –after checking PGP
 - ✓ Frame measurement tools



Frame/Sunglass selection



Handling cash:

Currency notes are considered as fomites which contain bacteria and virus.

All the customers would be encouraged to use the following payments methods in the order:

1. Online digital payments using LVPEI UPI.
2. Card payment - Optical staff to sterilize hands with Sterillium after handling the customer's credit or debit card on the POS machines. Ensure hands are totally dry before touching anything.

3. Cash - Optical staff to sanitize the hands every time before and after they handle any currency. Do not lick finger while counting cash. Cash box cleaning: at end of the day.

Frame service:

- Staff to hand sanitize after handling customers own/used frames or spectacle cases during servicing of spectacles.
- Let patient open their spectacle case themselves and place spectacle/case in a red tray and not on any table/optical area surface.
- Tools used for replacing old nose pads are sanitized with alcohol based sanitizers and optical staff sterilized hands after handing over the frame to the customer before going up to take next task.

Optical Stores:

- Main functions of Optical Stores include to receive orders from outlets for processing, lenses from vendors, send ready orders to outlets and dispatch orders by post or courier.

Orders:

- Orders from outlets are sanitized as per the protocol in the outlet before sending to stores for processing.
- To be on the safe side, the orders received in the box are sterilized again with Frame cleaning protocol and spectacle box is cleaned with alcohol-based solution.
- All the orders received are placed in a RED tray, once cleaned they will be left in the GREEN tray to dry. Once dried will be placed in designated location till the lenses are received for the orders.

Lenses from Vendor:

- Lens delivery personnel gets screened at the entrance for any signs of COVID-19, like temperature. Should wear mask and be in the designated area with social distancing
- Optical staff count and verify the orders received for correctness and sanitize the hands with alcohol-based sanitizer.
- External delivery personnel is not allowed into the optical stores or lab and will be restricted to the room in front of the lab dedicated to receive the goods from Vendors.

Dispatching ready orders:

- Once the orders are ready to be sent to outlet or to be dispatched by courier, they will be kept in designated ready orders area in the room in front of the lab.
- Person who collects the orders sterilizes hands before touching the orders and checks for the correctness of the orders and collects them.

Courier dispatch orders:

- Once the entire spectacles are ready, they will be sterilized as per the frame sterilization protocol and packed in the courier box ready for dispatch. Couriers are

collected by the courier pick up person who will be restricted only to the vendor room in front of the lab.

- Courier pick up person will be asked to sterilize hands with alcohol based sanitizer immediately after entering the room before touching the orders. They will always use mask and have temperature checked before entry. They will not touch any area.
- Indian Post-dispatch order: As a process one of the persons from the optical stores visits the post office on a daily basis and submits the orders in post office. Initially when the number of orders are less [<2], post office visit will be minimized to 2 visits per week.
- The person should follow all personal hygiene measures, maintain social distancing in the post office and not touch unwanted objects in the public place. Once he reaches back to work washes hands with soap thoroughly.

Lens Edging Facility [Fitting Lab]:

- Staff in the lab neither will have direct contact with any external person nor will handle goods directly from the vendor, in case if he has to do so he will follow the stores protocol in receiving lens from the vendor.
- They will maintain social distancing, talk minimal and maintain all personal hygiene measures.
- All work tables will be kept clean at end of the day.
- All the orders when ready will be cleaned as per the frame cleaning protocol and handed over to optical stores to dispatch to respective location.

Frame Sanitization protocol:

- The cleaners normally used for frames in the store have an ethanol or propanol concentration level lower than those target levels and using directly denatured alcohol in high concentrations could damage a lot of frames based on different material combinations used to manufacture frames and sunglasses.
- Luxottica a leading frame manufacturer has suggested 0.5% Hydrogen Peroxide solution in common water to spray on the clean cloth before wiping it on the frames. 12 volumes (3.6% peroxide concentration) mix 6 part of water with 1 part of hydrogen peroxide or 10 volumes (3.0 % peroxide concentration), mix 5 part of water for each part of hydrogen peroxide and pour in spray bottles.

Frame cleaning solution

Hydrogen Peroxide[H₂O₂] 0.5% *

Available in local pharmacies in 3% or 3.6% H₂O₂



3 % Hydrogen Peroxide mix with 5 parts of water to make it 0.5% Hydrogen Peroxide and transfer to a spray jar

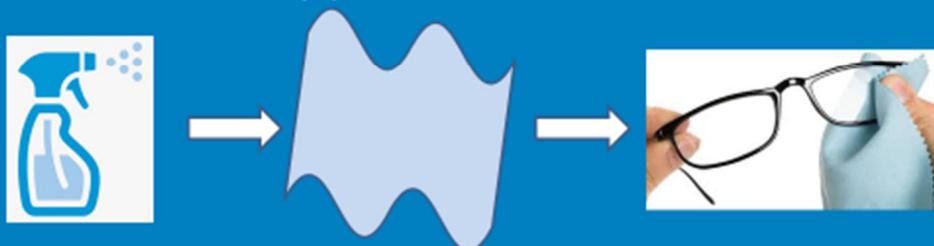


3.6 % Hydrogen Peroxide mix with 5 parts of water to make it 0.5% Hydrogen Peroxide and transfer to a spray jar

Frame cleaning solution

Hydrogen Peroxide[H₂O₂] 0.5% *

- Spray 0.5% H₂O₂ on a clean cloth and clean the spectacles or sunglasses, covering all parts of the frame especially the nose bridge and nose pads.
- Store in cool and shady place



Staff Protocols:

1. Local SC level planning HR need to be done
2. Staff not to report if they have cough/cold/fever or close family member in same house has this problem or is in isolation/quarantine/red zone etc
3. All staff to have temp check at arrival
4. All staff to wear Cloth masks from home all the time along with LVPEI face shield at time of entry. Face shield to be deposited back at exit, as per institute policy guidelines.
5. Staff to maintain social distancing strictly both at work and outside for safety of self and family

6. Other Best Hygiene Practices: Minimum talking. Minimum handling of phones. Sterilise phones as per protocol. Avoid touching things needlessly. Clean keyboards/mouse etc if used by different people. Hand hygiene while entering, exit and throughout the day.
7. On reaching home, all dress worn to work must be discarded directly for washing and not sit on bed/sofa etc with same clothes. Have a bath before touching kids/ family/fomites in the house. Keep a watch on other materials (keys/ wallets/ purses/ lunch box etc) that were exposed outside.
8. Do not get big bags/large purse etc to Institute, Bags etc should be left in car/scooter / at home or at security desk as per Institute policy. Put in your pocket or small purse the minimum that you need inside LVPEI. The more you get inside, the more difficult it will be to ensure no contamination.
9. All loose hair, especially women must be tied up and not left loose/flowing. Cap can be worn if needed.
10. Everyone, esp ladies should try to wear shoes rather than open sandals. Keep none or minimal rings/watches/ bangles/earrings/necklaces etc as these can get contaminated and difficult to clean.

Facility Protocols:

1. Cleaning of doors, tabletops, furniture, cupboard handles, floor, windows etc three times a day: morning, lunch time and at time of closure.
2. Also the chairs etc to be placed appropriately for social distancing.
3. Number of patients/attendants will be allowed at a time to the outlet, will depend on space and staff. In general, not more than 2 clients, attendants only if necessary. Let patients wait in waiting halls leaving their phone number so that staff can call one by one instead of let them wait in corridors.
4. Keep doors open all the time. Especially when a child comes in, we need extra help that child's hands are sterilized and child is not running around/touching things
5. Protocol for spray cleaning of the optical room after closing all materials in case a covid-19 positive patient/staff had visited inside and later we get info about this: To be followed Institute's protocol like any other place in the Institute.
6. SC protocols apply

COVID – 19 Questionnaire

(to be administered before entering the building / Centre)

Name: Age Gender

Phone No. Aadhar Card No.

Address / Village

(Have a list of notified local areas/ villages handy for quick reference; Verify the address mentioned by the patient with Aadhar card/driving license etc. without touching the card)

	Questions	Yes	No*
1	“Home quarantine” stamp can be seen on the palm?		
2	Measure and record the body temperature. Did the patient have a high temperature? Temperature value: _____ (Normal range: 97.7–99.5 °F)?		
3	Do you have fever, cough, breathing issues or running nose?		
4	Do your family members or close contacts have these problems?		
5	Have you travelled to Corona outbreak areas in the last two weeks?		
6	Any of your family members/neighbors tested positive of COVID-19?		

*If the response is ‘no’ for all the questions then, refer for an eye examination.

** If a thermometer is not available, the remaining four-questions should be asked.

General information

COVID-19 Symptoms: The symptoms of COVID-19 appear within two to 14 days after exposure and include fever, cough, a runny nose and difficulty in breathing

COVID-19 Spread: It primarily spreads through the respiratory droplets of infected people. If a person touches a surface or object that has been infected by the virus and then touches his own mouth, nose, or eyes, he/she may get infected. Currently, there is no treatment for COVID-19.

COVID-19 Prevention etiquette:

- Clean your hands often. Use soap and water, or an alcohol-based hand rub.
- Maintain a safe distance from anyone who is coughing or sneezing.
- Don't touch your eyes, nose or mouth.
- Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.
- Stay home if you feel unwell. Inform the reporting authority.
- If you have a fever, a cough, and difficulty breathing, seek medical attention.
- Female VT / employees – tie hair and wear shoes
- Wear minimum accessories and jewelry – watch, rings etc.
- Avoid big bags, helmet into VC premises

Social distancing: The WHO recommends that at least one metre (3 feet) distance between people at all times. This is because when someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. This should be followed at times.

Arogya Sethu App: All VTs should download the Arogya Sethu application developed by government of India in the smart phones and keep it active. This is mandatory.

Precautions to be taken when travelling to VC:

- Always carry pocket sanitizer / sterilium, wear face mask and glasses (power/plano)
- Avoid travelling in crowded vehicles
- Avoid shaking hands with anyone and use non-contact method of greeting
- Maintain safe / social distance with co passengers during travel in public transport
- Use of personal vehicle for safe travelling is highly recommended

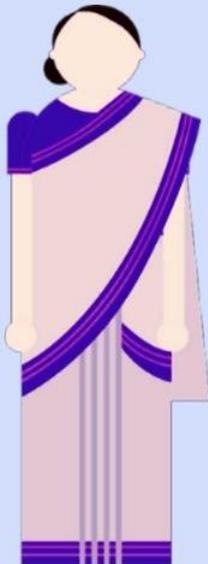
Resources

1. Preparing a Slit lamp shield: <https://youtu.be/VMMlt2aXGhk>
2. Handwashing technique: <https://www.youtube.com/watch?v=lisgnbMfKvI>
3. Hand cleaning with sanitiser: https://www.youtube.com/watch?v=4xC-_7ZiQoY
4. <https://www.youtube.com/watch?v=yC6lZPFjujc>
5. Wearing a surgical mask: https://www.youtube.com/watch?v=qilLP_UnaHg
6. Cleaning a mobile phone: <https://www.youtube.com/watch?v=XwPVqXrJitI>
7. <https://www.bbc.com/news/av/technology-51863924/coronavirus-how-to-clean-your-smartphone-safely>
8. <https://www.bbc.com/news/av/health-51722269/coronavirus-hand-washing-and-other-ways-to-protect-yourself>

Social distancing



should be practised by everyone.
Assume you are exposed to the coronavirus.



- Maintain at least 6 feet distance from others
- Avoid handshake or any contact with people and sharing objects
- Most importantly, stay at home

**STAY HOME,
STOP THE SPREAD**



Precaution is our best defence against **Covid19**



Use common sense to stay healthy. Wash your hands a lot. Follow good hygiene practices. And, avoid touching or rubbing your nose, mouth and eyes.



So that all may see
LV Prasad Eye Institute

Do not rub your eyes!

Good eye care practices in times of **Coronavirus**



This will lower your risk of infection. If you feel an urge to itch or rub your eye or even to adjust your glasses, use a tissue instead of your fingers.

If you must touch your eyes for any reason — even to administer eye medicine — **wash your hands first with soap and water for at least 20 seconds.**

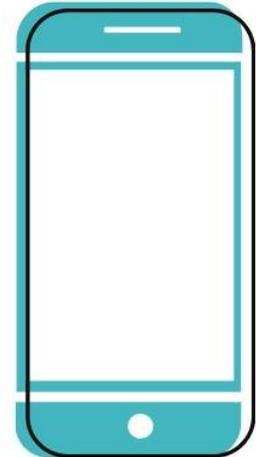


Let's clean your Smartphone (Covid-19)

Unplug your phone, turn it off and
remove its case

Dampen a microfibre cloth with water
& simple home-soap

Now gently rub the surface of phone with
the microfibre cloth



Keep in mind, not to get any moisture in
any opening of the phone

Finally, dry your phone with a clean,
dry microfibre cloth

All surfaces that could potentially be contaminated should be **cleaned** periodically. These include door handles, slit lamp handles, keyboard, mouse, computer, cell phones, tables and chair handles etc.

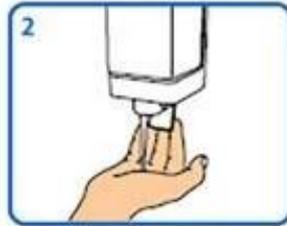


Stay safe from Corona Virus

Hand-washing technique with soap and water



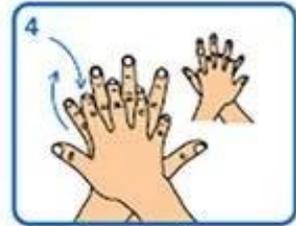
1
Wet hands with water



2
Apply enough soap to cover all hand surfaces



3
Rub hands palm to palm



4
Rub back of each hand with palm of other hand with fingers interlaced



5
Rub palm to palm with fingers interlaced



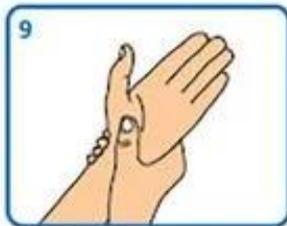
6
Rub with back of fingers to opposing palms with fingers interlocked



7
Rub each thumb clasped in opposite hand using a rotational movement



8
Rub tips of fingers in opposite palm in a circular motion



9
Rub each wrist with opposite hand



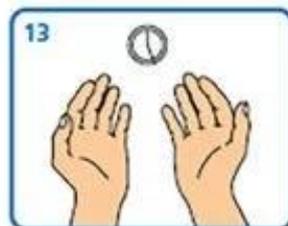
10
Rinse hands with water



11
Use elbow to turn off tap



12
Dry thoroughly with a single-use towel



13
Hand washing should take 15-30 seconds

Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



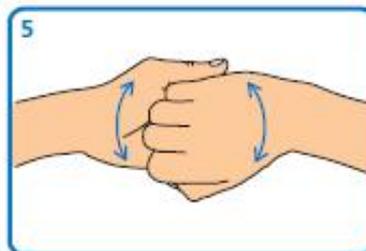
2 Rub hands together palm to palm, spreading the handrub over the hands



3 Rub back of each hand with palm of other hand with fingers interlaced



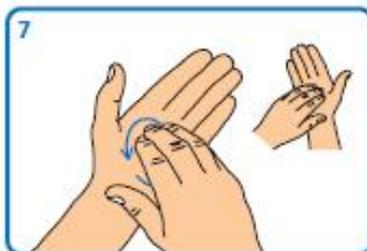
4 Rub palm to palm with fingers interlaced



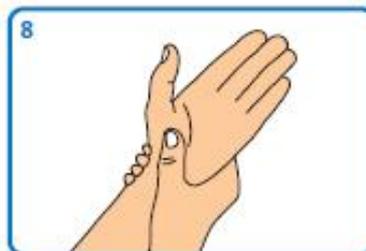
5 Rub back of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using a rotational movement



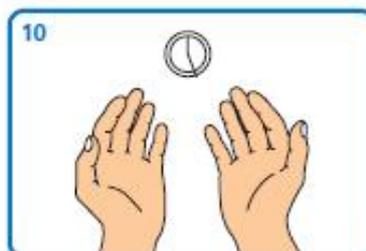
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



(Source: <https://images.app.goo.gl/oIXAEPdwAcG48M3RA>)