

**LV Prasad Eye Institute**



**VISION CENTRE  
PROTOCOL - POST  
COVID-19**

**Manual of Procedures**

*Resilience.....*

*Resurgence.....*

*Revamping.....*

*Eyecare for*

*everyone.....*

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

## PROTOCOL FOR VISION CENTRES - POST COVID-19

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## I. Procurement of supplies

Vision Technician should procure the consumable in adequate quantities from the secondary centre (“COVID-19 VC Supplies pack”). In addition to the regular consumables such as eye drops, the following supplies are recommended as a part of this pack. The stocks and refilled / indent requested keeping at least a week buffer is available.

No.	Item	Quantity
1	N95 Face masks	4
2	Sterillium bottles (500 ml)	4
3	Lysol - Surface disinfectant solution (1000 ml)	1
4	Hydrogen Peroxide bottle (1000 ml)	1
5	70% Isopropyl Alcohol wipes / swabs (100/box)	4
6	OS Visors (LVPEI-made)	2
7	Plastic disposable gloves & Ziplock covers	1 +1 box
8	Disposable pens	5
9	Sketch Markers / Stickers / White tape (to mark seating on the benches/circles 3-feet apart in the dispensing area and also on the steps leading into the VC) & Ribbon	2
10	Liquid soap bottle + Refill (1000 ml)	1
11	Slit-lamp Barrier sheets (to be made at secondary centre) – (Video attached)	4
12	Transparent OHP Sheets for retinoscope barriers sheets (to be made at VC)	10
13	Two trays each (Red and Green) for optical dispensing; Two Bins for gowns and two N95 masks along with plastic covers	6
14	Spray bottles	2
15	Cloth Gowns / Surgical caps	2 +2
16	Buckets / Mops / Sponge / Lint-free cloth	As required

\* Include IEC material / posters for display as applicable

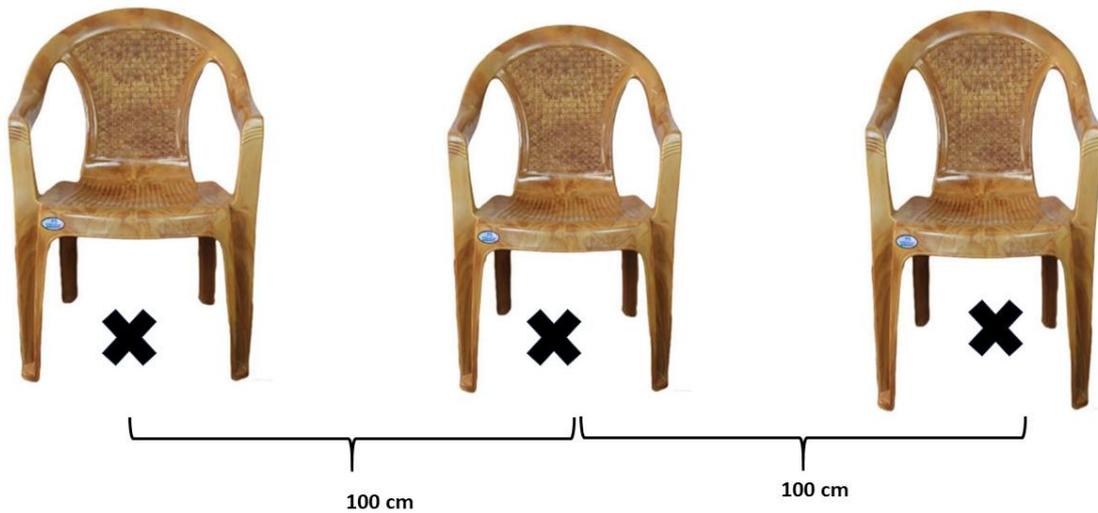
If possible, VCC with the help of the SC team can prepare the “COVID-19 VC Supplies pack” with sufficient quantities of supplies and keep them ready for collection/distribution. The “COVID-19 VC Supplies pack” will be either collected from the SC by the VT or carried by the Optical Delivery person / VCC and delivered at the VC on the first day after the lockdown.

## 2. Preparation of the vision centre

Before starting the services, on the first day after the lockdown, the VT should undertake the following activities in preparation to start patient care.

- Remove the door curtains, if there any and store them
- Cleaning all the surfaces with disinfectant and these include
  - The furniture including the chairs/benches, optical desk, the partition doors
  - The optical mirror used for frame selection
  - Desk in the examination room
- Clean the clinical equipment
  - Clinical equipment such as trial frame and lens case, retinoscope, ophthalmoscope, slit lamp (around the oculars, chin rest, headrest, handles where the patient is likely to hold when doing the slit-lamp examination)
  - Clean examiner and patient stool
  - Clean the Tab and the case with the alcohol wipes (video available for demonstration)
  - Place the transparent plastic barrier sheet for slit lamp with the help of bio-medical person (video available for reference)
  - Place the transparent sheet barrier for retinoscope (as shown)
- Preparing the waiting area (images attached for reference)
  - **Benches:** Please take a white tape and mark two feet lines with white tape
  - **Individual chairs:** Please mark 3 feet distance and place the chairs on the marks only
  - **Three seaters:** Mark on the back surface of first and the last chair
- Preparing the dispensing area
  - Clearly mark circles of about one feet diameter at the other end of the display unit desk with about 100 cm between the circles (image is shown)

### 3. Modifications of seat arrangements in the VC



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



Partition to be cleaned with disinfectant, including the handle

Open door policy to be followed  
"Keep internal doors open"



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

#### 4. Dress code and Personal Protective Equipment (PPE) for VT

Vision Technicians are in direct contact with the patients hence come under Red Category.

##### Dress code:

- Regular uniforms
- Shoes mandatory for all
- Avoid watches and minimal or 'no use' of jewellery such as rings, chains etc.

PPE	Frequency of changing	Comment
<b>Masks – N95</b>	To be changed after 4 days of usage receive four of them. If we use mask No 1 on day one, it can be reused on 5 <sup>th</sup> day and one mask can be used maximum for 5 days each.	Four masks provided. Number them as 1,2,3,4 Mask on day one, it can be reused on 5 <sup>th</sup> day and one mask can be used maximum for 5 days each. Day 1-Mask 1; Day 2-Mask 2; Day 3-Mask 3; Dy 4-Mask 4; Day 5- Mask 1 and so on. Used masks should be stored in individual on ziplock covers
<b>Surgical cap</b>	Daily	Wash it after single use
<b>Gloves (unsterile)</b>	Daily	Discard after single use in a separate dustbin
<b>Protective goggles /</b>	Cleaned with hydrogen peroxide solution and to be re-used	One pair of googles provided Those with refractive can continue with their glasses; Protective goggles can be worn on top of the spectacles
<b>Visors</b>	Monthly	To be cleaned daily Discard it after one month
<b>Cloth gowns</b>	Daily	Two gowns will be provided. Wash it after single use

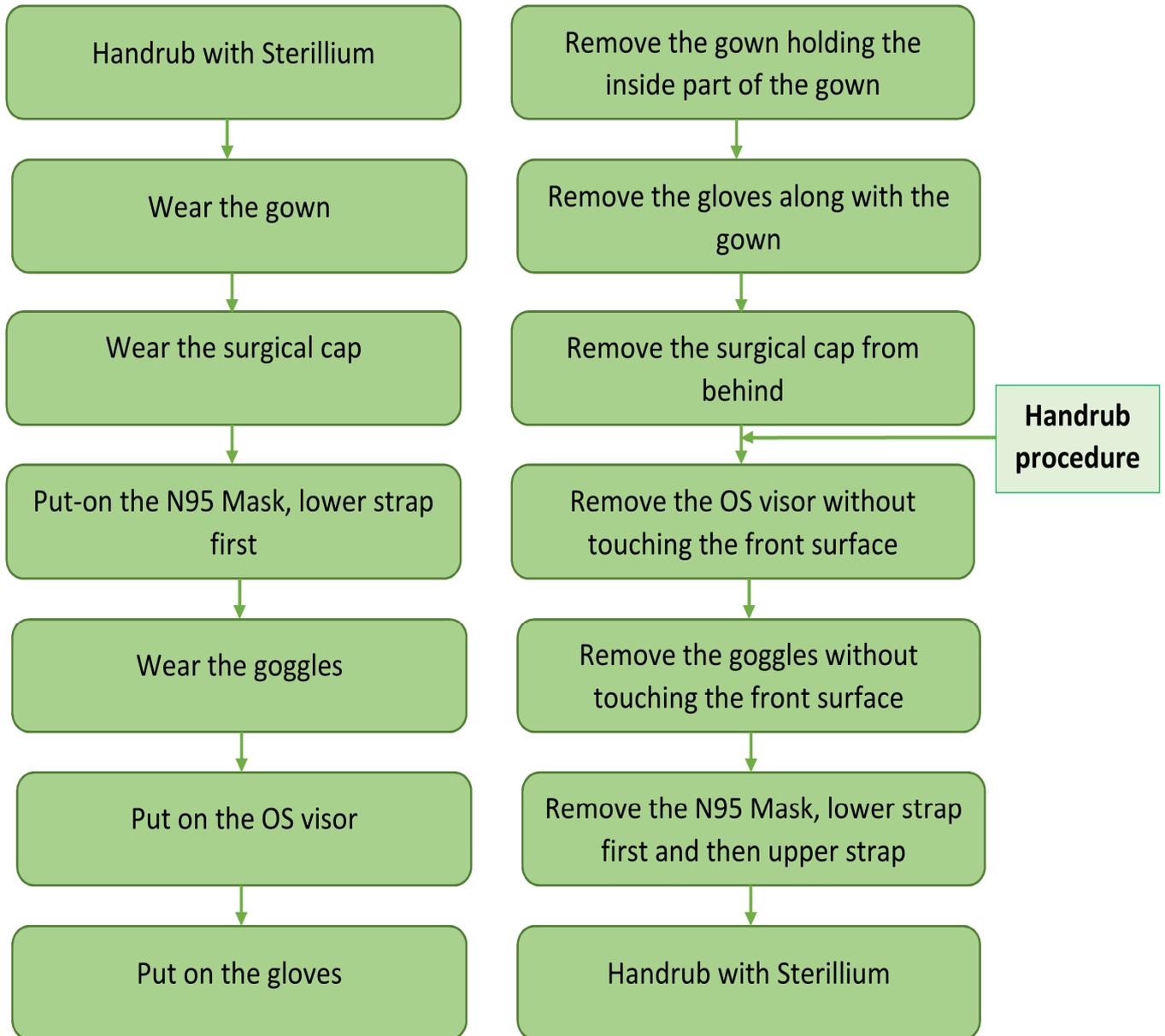
\* Place the used cloth gowns, surgical caps in separate bin (Red bin) and washed/cleaned ones in a different bin (Green bin). These bins need to be cleaned with hydrogen peroxide solution every week. Steps in donning and removing PPE is shown in the following pages.

\*\* Throw used gloves and masks is a plastic cover placed in covered dustbin with foot opener.

\*\*\* All these material should be discarded as per local municipal norms.

Guidelines for using N95 Mask: [https://www.youtube.com/watch?v=zoxpvDVo\\_NI](https://www.youtube.com/watch?v=zoxpvDVo_NI)

## 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>

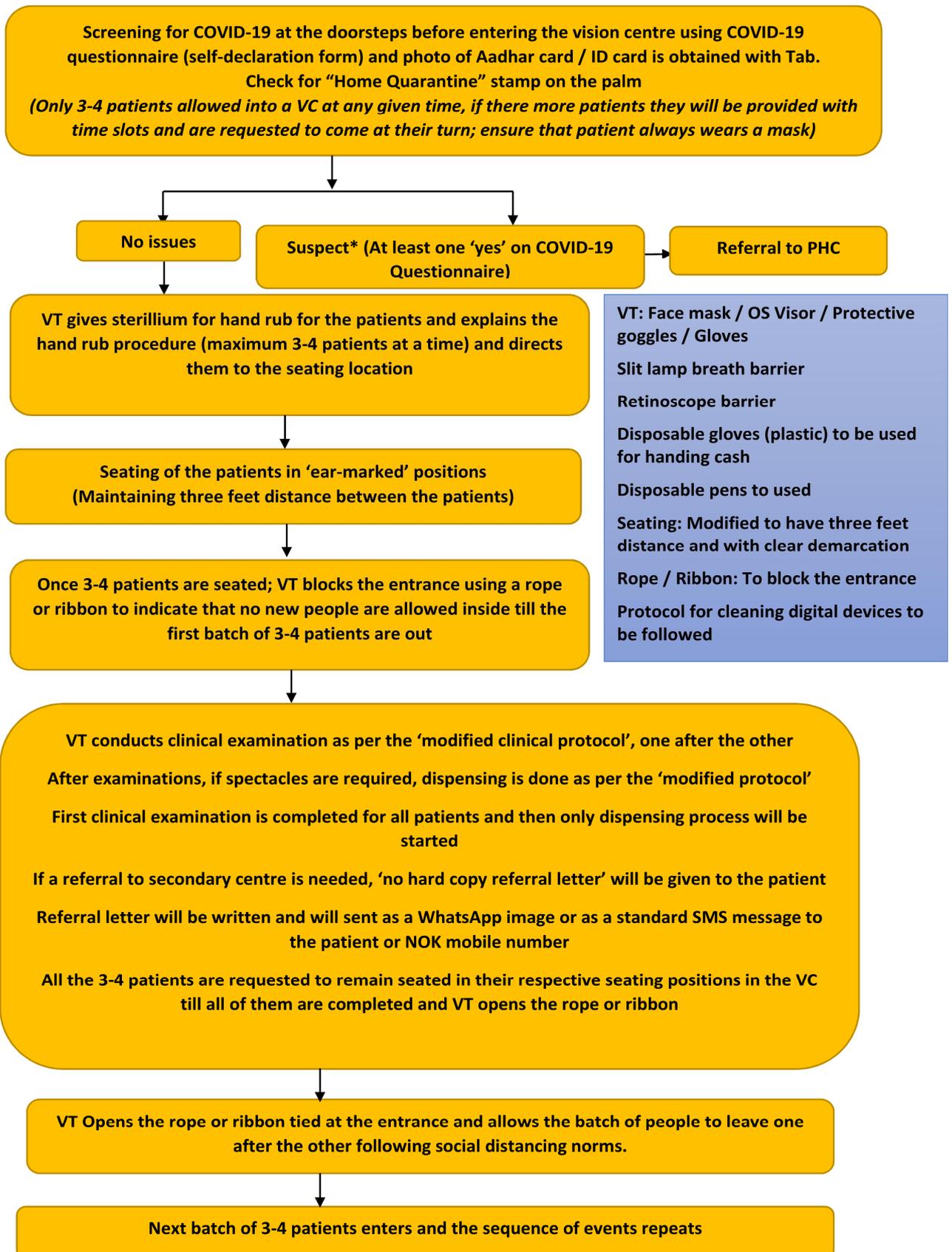
\* PPE can be removed and re-used after lunch / after a break. Please make sure that the exposed portion of the mask is not touched.

## 5. Cleaning protocol for equipment and the VC facility

Type of surface	Disinfectant to be use	Frequency of cleaning
<b>Metallic surfaces</b> <ul style="list-style-type: none"> <li>• Door handles,</li> <li>• Desk handles, etc</li> <li>• Locks, keys</li> <li>• Partition surfaces</li> </ul>	Regular household solution such as Lizol / Lemonizer and water (Lysol Disinfectant Surface Cleaner)	Twice a day* (Once in the morning after opening and once after lunch)
<b>Electronic /IT equipment</b> <ul style="list-style-type: none"> <li>• Monitor, Keyboard, Mouse</li> <li>• Mobile, Tablet</li> </ul>	70% Isopropyl Alcohol wipes	Three times a day
<b>Floor</b> <ul style="list-style-type: none"> <li>• All open area in the examination room, waiting and seating area</li> </ul>	Regular household solution such as Lizol / Lemonizer and water (Lysol Disinfectant Surface Cleaner) <ul style="list-style-type: none"> <li>• About 30ml for 4 Litres water</li> <li>• Apply /Sprinkle on the surface until thoroughly wet</li> <li>• Wipe with a clean cloth, sponge, or mop</li> </ul> To Sanitize: Leave for 1 minute before wiping To Disinfect: Leave for 10 minutes before wiping	Three times a day
<b>Wooden surfaces</b> <ul style="list-style-type: none"> <li>• Desks / Benches / Chairs</li> </ul>	0.5% Hydrogen Peroxide solution in a spray bottle or Regular household solution such as Lizol / Lemonizer and water (Lysol Disinfectant Surface Cleaner)	Twice a day* (Once in the morning after opening and once after lunch)
<b>Medical equipment</b> <ul style="list-style-type: none"> <li>• Slit lamp including barrier</li> <li>• Trial frame</li> <li>• Retinoscope / Barrier sheet</li> <li>• Barrier for Forus camera</li> </ul>	70% Isopropyl Alcohol wipes	Every time before starting an eye examination
<b>Dispensing area</b> <ul style="list-style-type: none"> <li>• Spectacles frames</li> <li>• Display mirror</li> <li>• Display unit desk</li> </ul>	0.5% Hydrogen Peroxide in a spray bottle	After every patient

\* Cleaning will be done by the Vision Technician

**Modified workflow for vision centres – Post COVID-19**



**\*\* Temperature guns to be made available in VCs where there more 15 patients per day. Also need assistance from field assistants for these VCs; Temperature should assessed on all patients.**

## 6. Clinical Examination protocol

### Pre-requisites:

- Mask and protective glasses at all times
- OS visor when dealing with patients at the entrance, while dispensing or communicating with the patient in the clinics
- Insist patients wear a mask or cover their nose and mouth with cloth/scarf
- Try to complete examination and counselling as quickly as possible

The patient is greeted (non – contact method) and instructed to be seated on the patient's stool to start the eye examination.

**Demography and History taking:** The standard protocol applies. Personal and demographic information is obtained. The patients are enquired about the presenting ocular complaints along with any relevant history of eye problems. Details of general health and systemic diseases along with the significant family history of eye problems are also recorded.

**Change:** Questions are also on the recent history of fever, cold, cough and breathing problems in the last two weeks to the patients and also family members. Aadhar card number and mobile number (of self or next of kin) are mandatory.

*Offer sterillium to the patient and demonstrate the hand rub technique to clean their hands after history taking*

**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.

**Slit-lamp examination:** Slit-lamp examination should be performed on all patients. The lids and lashes, conjunctiva, cornea, anterior chamber, iris, pupil, and lens of both eyes should be examined in detail. Any deviation from normal should be recorded and referred for further evaluation. The depth of the anterior chamber is assessed using the Van Herrick technique.

**Change:** Slit lamp has a transparent barrier to prevent exposure. Avoid touching the eye of the patients during the examination. Headrest, chin rest and the handles should be cleaned alcohol wipes after every patient.

**Applanation tonometry:** The intraocular pressure is recorded as a routine the VC. The probe of the tonometer should be cleaned with alcohol swabs after every use.

**Change:** The following patients can be exempted from the IOP measurement. Among those whom IOP is to be measured, ask the patient to look up, use a cotton bud to pull the lower lid to and instill paracaine eye drops. Do not touch the eyes with your hands. Ensure that maximum possible distance is maintained while instilling the drops and fluorescein stain. Throw away the cotton bud after a single-use.

- Patients less than 30 years of age
- History of redness in the last 2-3 weeks
- Patients with advanced cataract and other cases that are likely to be referred to SC
- Distance vision 6/6 and N6 for near

**Direct ophthalmoscopy:** Using a direct ophthalmoscope, the disc, macula, blood vessels, and central retina should be examined for abnormalities. The cup/Disc ratio should be examined and recorded on the case sheet.

**Change:** Direct ophthalmoscopy can be avoided on all patients until further notice

**Lensometry (if the patient is using spectacles):** 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.

Teleophthalmology for the Anterior segment will be done as per the existing guidelines.

Referral guidelines will remain the same.

### **Other devices and applications**

**Folding phoropter:** Folding phoropter need not be done until further notice

**OM device:** Can be avoided until further notice

**Fundus Camera:** A breath barrier will be installed with the help of Forus team. Fundus photography will be done only in following cases.

- Patients with history of diabetes
- IOP >20 mm of mercury
- Shallow anterior chamber
- Vision not improving with refraction beyond 6/12 and clear media
- If a patient has RAPD

**Important:**

- Only a batch of 3-4 patients are ALLOWED inside the centre at all times, they are taken into the VC in a batch and will leave only when all of them are examined.
- Until that time, the entrance of the VC is closed using a rope or a ribbon
- No attendants are allowed into the VC.
- All patients should have their hands cleaned with sterillium as soon as they enter into the VC, before testing visual acuity and before frame selection
- Pre-screening of every patient using COVID-19 questionnaire is mandatory before entering into the VC
- Patients will be seated only in the demarcated areas while waiting for their turn
- VT should always use face mask, OS visor while communicating with the patient and plastic disposable gloves when handling cash
- Only one patient at a time in the examination room should be practiced
- Dispensing should be done only after the batch of 3-4 patients are completely examined, one after the other.
- The vision centre should be kept clean and tidy
- All the instruments / equipment should be kept covered when not in use

## 7. Guidelines for Spherical Equivalent prescriptions

Following are the guidelines for dispensing spherical equivalent prescriptions

- Please do not prescribe cylindrical powers unless it is at least 0.75 Dc or more and causing at least two-line reduction on the standard Snellen chart
- Prescribe a spherical equivalent if the cylindrical component of the prescription is less than or equal to half of the sphere, provided visual acuity of at least 6/12 is achieved
- For example, if the prescription is -2.0 / -0.50 X 90, prescribe -2.25 Ds only.
- Prescribe a spherical equivalent if the cylindrical component of the prescription is less than 1.0 Dc, provided visual acuity of at least 6/12 is achieved
- For example, if the prescription is -1.0 / -0.50 X 90, prescribe -1.25 Ds only

## 8. Guidelines for dispensing readymade spectacles

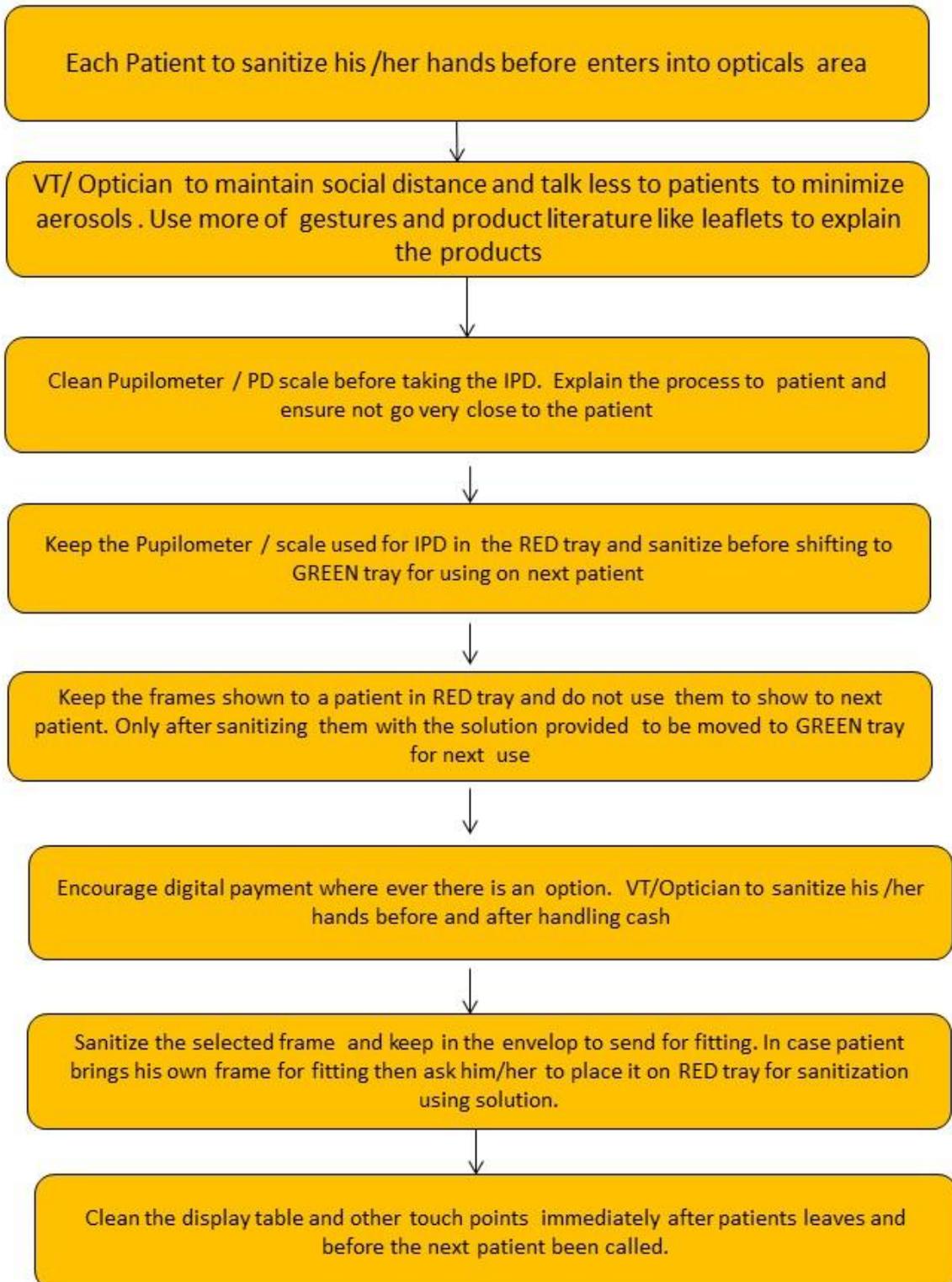
Following are the guidelines for dispensing readymade spectacles

- Unaided vision 6/12 in both eyes and need near addition only
- Distance power less than +/- 0.75 Sph or +/-1.00 cylinder and need near correction
- Prescribe a spherical equivalent and add it to near addition and dispense readymade glasses for near if unaided distance visual acuity is 6/12 or better

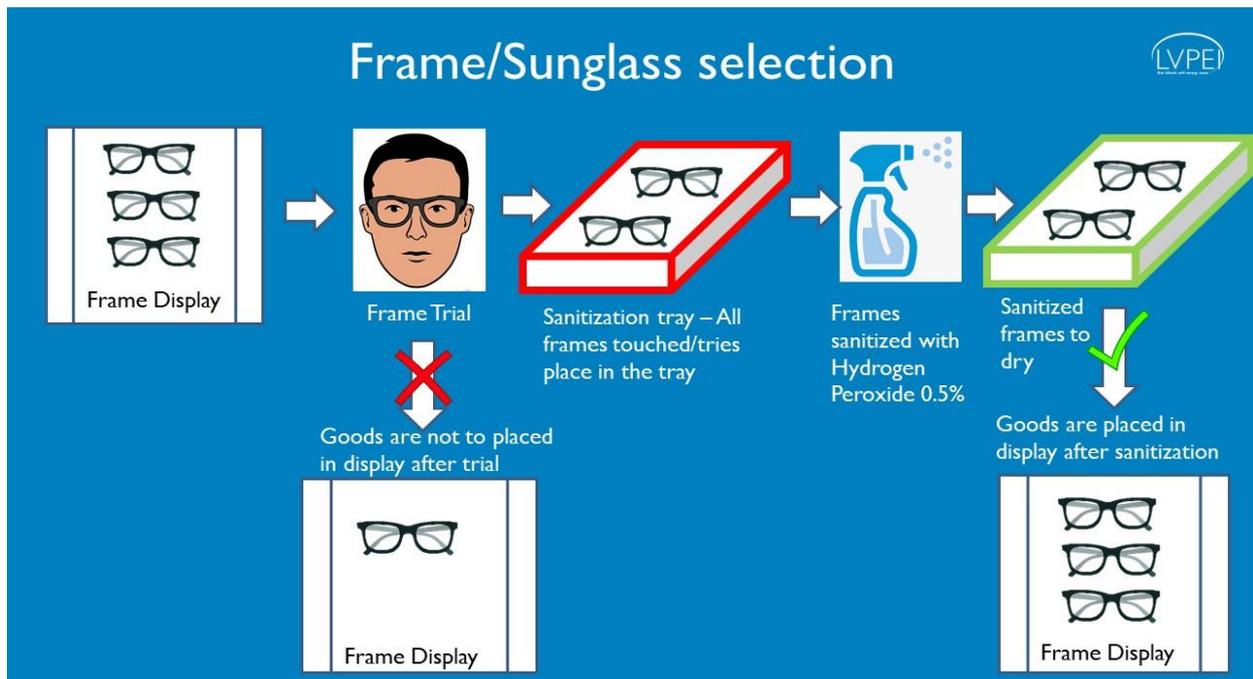
## 9. Spectacle Dispensing protocol

- Wear plastic gloves and mask while showing frames to patients and also while cash collection
- Keep a safe distance from patients all the time
- Avoid patients touching frames or lenses if not purchasing
- Avoid keeping hands-on display counters
- Clean the frames/lenses once shown to patients as per the guidelines (Two tray system)

## OPTICAL OUTLET PROTOCOL



## 10. Spectacles dispensing workflow



**Use Red Tray to place the frames tried by the patients**



**After sanitization, please place the frames in the Green tray and later back in the display unit**

## II. Preparation and use of Frame cleaning solution

LVPEI

### Frame cleaning solution

#### Hydrogen Peroxide[H<sub>2</sub>O<sub>2</sub>] 0.5% \*

Available in local pharmacies in 3% or 3.6% H<sub>2</sub>O<sub>2</sub>



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



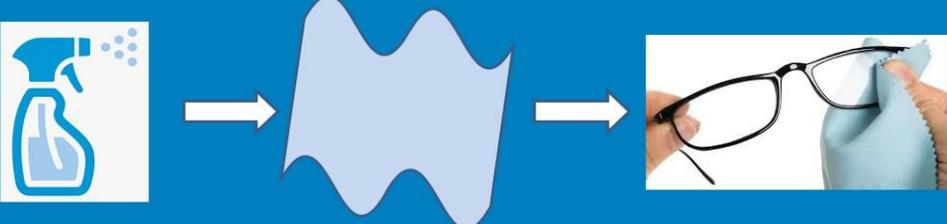
3.6 % Hydrogen Peroxide mix with 6 parts of water to make it 0.5% Hydrogen Peroxide and transfer to a spray jar

LVPEI

### Frame cleaning solution

#### Hydrogen Peroxide[H<sub>2</sub>O<sub>2</sub>] 0.5% \*

- Spray 0.5% H<sub>2</sub>O<sub>2</sub> 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



## 12. 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)*

	<b>Questions</b>	<b>Yes</b>	<b>No*</b>
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 traveled 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.*

### **13. VCC monitoring protocol**

#### **Roles and responsibilities**

##### **General:**

- Keep up to date information about situation in your VC areas
- Maintain the contact details of health department and call centre
- Take all the necessary precautions and maintain social distancing
- Avoid social gatherings, public meetings or participating in screening programs
- Avoid touching nose, mouth and eyes with your hands
- Make sure to clean or wash masks and gloves appropriately
- Use cloth or arms when you sneeze or cough
- Report immediately if you VTs of your respective VCs including family members are having a fever, a cough and difficulty in breathing.

##### **Travelling to VC:**

- Always carry sanitizer / sterilium, wear mask and cover face with scarf
- Use personal vehicle for safe travelling and avoid travelling in public transport
- Avoid shaking hands with anyone and use non-contact method of greeting
- Avoid travelling in Covid hotspots and red zone areas
- Check with VTs about availability of stocks before leaving for VC and carry insufficient stocks if any

##### **Frequency of Visits:**

- Visit at least twice a week to each VC and once a week for long distance VCs (>50 Kms).
- Talk to VTs and monitor virtually as frequently as possible.

## 14. VCC Monitoring Visit Check list – COVID-19

<b>Date :</b>	<b>Time of Visit :</b>
<b>Name of the VCC :</b>	<b>Name of the VC:</b>

S.No.	Nature of Activity	YES	NO	Remarks
1	Proper understanding of protocols & guidelines			
2	Awareness about patient referral if suspected			
3	Cleanliness & Hygiene of the VC as per protocol			
4	Adherence to cleaning process as per guidelines			
5	VT wearing mask, visor and PPE			
6	Proper use of temperature gun			
7	Protective sheets for equipment in place			
8	Social distance maintained by patients			
9	Registering Aadhar Card details			
10	Adherence to documentation and register maintenance as per protocol			
11	Recording patients health conditions and filling up questionnaire			
12	Patients wearing mask and applying sterilium			
13	Appropriate distance maintained during patient examination			
14	Disinfecting of equipment and furniture after every patient check out			
15	Adherence to spectacle display and dispensing process			
16	Proper disposal of used items pre and post examination			
17	Availability of sufficient cleaning chemicals / solutions			
18	Availability of sufficient clinical items			
19	Availability of sufficient stock of sterilium, tissues & soaps			
20	Availability of sufficient housekeeping material			

Other Observations / remarks if any:

Signature of VCC \_\_\_\_\_:

## 15. 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

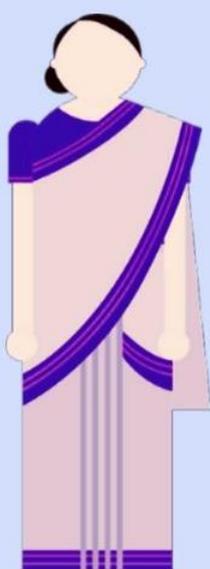
## 16. Resources

1. Preparing a Slit lamp shield: <https://youtu.be/VMMIt2aXGhk>
2. Handwashing technique: <https://www.youtube.com/watch?v=lisgnbMfKvI>
3. Hand cleaning with sanitiser: [https://www.youtube.com/watch?v=4xC-\\_7ZiQoY](https://www.youtube.com/watch?v=4xC-_7ZiQoY)
4. <https://www.youtube.com/watch?v=yC6IZPFjujc>
5. Wearing a surgical mask: [https://www.youtube.com/watch?v=qilLP\\_UnaHg](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

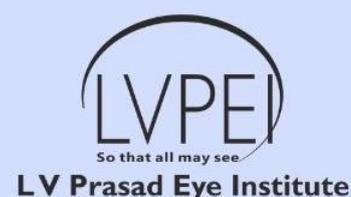


should be practised by everyone.  
Assume you are exposed to the coronavirus.



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

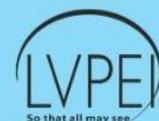
**STAY HOME,  
STOP THE SPREAD**



# 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.**

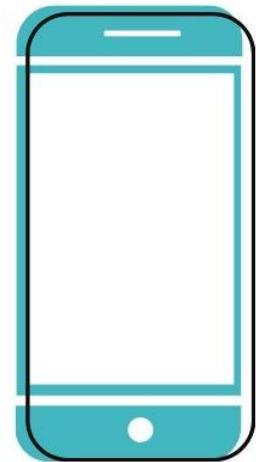


# Let's clean your Smartphone (Covid-19)

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



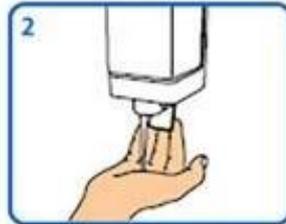
Keep in mind, not to get any moisture in any opening of the phone

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

# Hand-washing technique with soap and water



1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



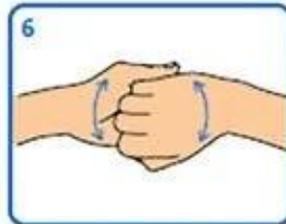
3 Rub hands palm to palm



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



5 Rub palm to palm with fingers interlaced



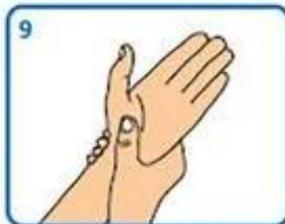
6 Rub with back of fingers to opposing palms with fingers interlocked



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



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



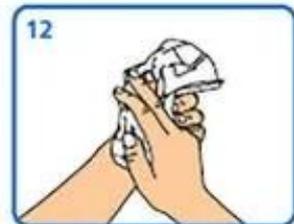
9 Rub each wrist with opposite hand



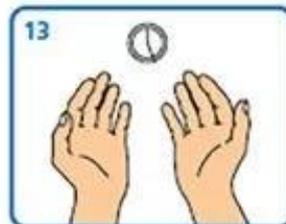
10 Rinse hands with water



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



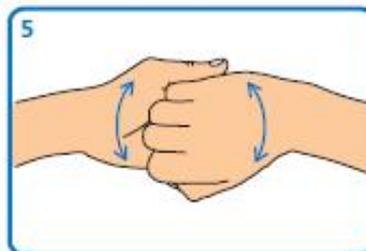
2 Rub hands together palm to palm, spreading the handrub over the hands



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



4 Rub palm to palm with fingers interlaced



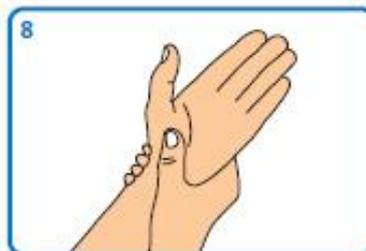
5 Rub back of fingers to opposing palms with fingers interlocked



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



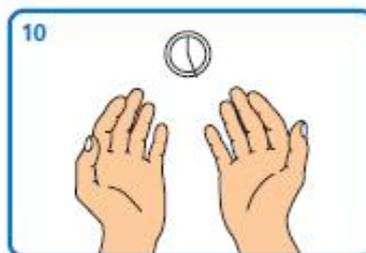
7 Rub tips of fingers in opposite palm in a circular motion



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>)