

## Introduction

Since the first reported cases in China in December 2019, COVID-19 caused by SARS-CoV-2 has emerged as a global health crisis. SARS-CoV-2 is known to spread mainly through respiratory droplets and contact with infected patients. There has been some evidence of its presence in tears and conjunctival secretions, which opens up the possibility of infection spread within ophthalmological services and putting patients as well as everyone involved in eye health services at risk. With this Guidance Note, CBM's Inclusive Eye Health (IEH) initiative aims to provide practical recommendations to support our eye health partners and communities we work in, to prevent and reduce COVID-19 infection.

**Important:** This document should not be interpreted as a policy document and does not supersede instructions by Government (national, local) Ministries of Health and other administrative units. In addition, it is recommended that partners develop their own protocols as per national guidelines and stage of the pandemic.

## The Approach

Keeping in mind various contact points in eye care and preventive measures at community level, recommendations are set in the following areas.

### I. Guide to Eye Care Services at Healthcare Facilities

Though uncommon, there is growing evidence on infection spreading when examining asymptomatic patients, presence of COVID-19 in tears, and through conjunctivitis, which has been seen as an early symptom, occasionally manifesting earlier than cough and fever (Lai THT, Tang EWH, Chau SKY, Fung KSC, et. al, 2020). Following recommendations can be adapted as per national guidelines and local hospital practices to manage exposure to infection as per stage of the pandemic and prevailing local situation.

#### Temporarily Adapting Patient Services

1. Reducing Patient Numbers – Evaluate OPD figures to minimise risk of infection exposure and manage outpatient numbers as follows:
  - a. If possible, contact patients via SMS or other messaging services and advise them to postpone their non-urgent appointments or seek services at alternate healthcare stations (e.g. pharmacies for drug prescription continuation). The message should also include contact details should the patient wish to respond.
  - b. Cancel any scheduled outreach camps (such as for cataract, screening, etc.) and elective services such as optometrist visit, in order to minimise resultant patient backlog.
2. Alternate Triage – The following suggested flow-chart (Lai THT, Tang EWH, Chau SKY, Fung KSC, et. al, 2020) maps alternate triage process may prove helpful in activating alternate triage mechanism to identify patients suspected of COVID-19 and thus minimise risk of exposure and spread of the virus. Please note that at each step, it is recommended to wear appropriate personal protective equipment such as protective eye wear, and ophthalmologists

attending to high-risk cases in addition to the above should be provided isolation gowns, caps, and N95 respirator.

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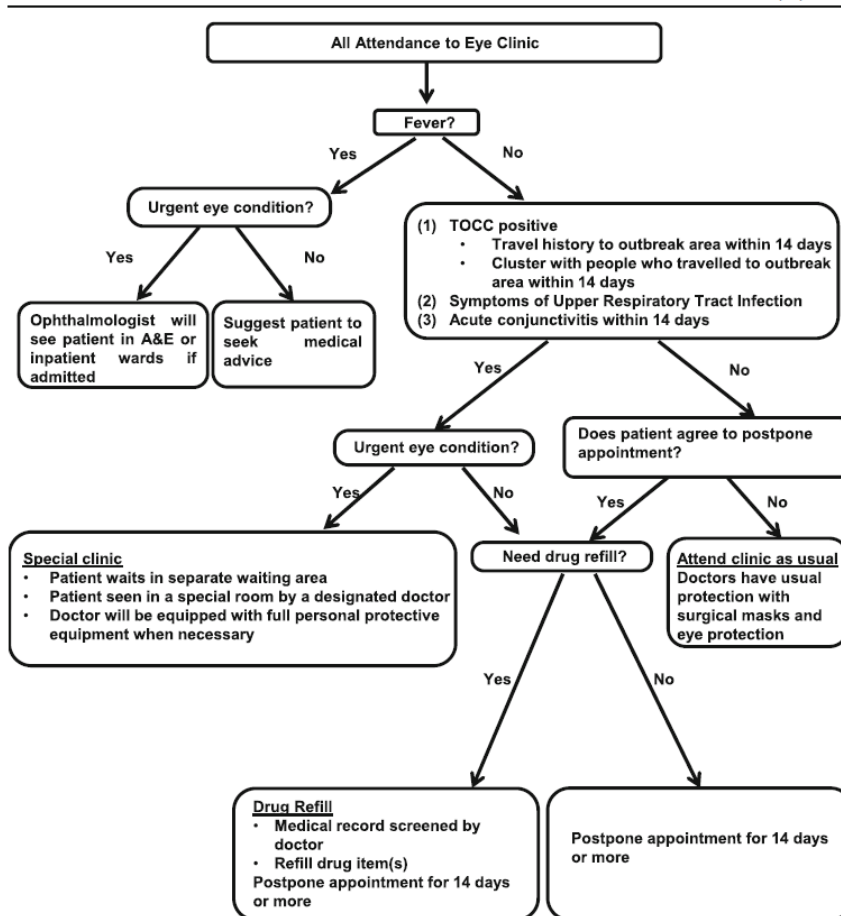


Fig. 2 Patient triage in the ophthalmology outpatient clinic. Abbreviations: A&E - Accident and Emergency Department; TOCC - Travel, Occupation, Contact and Clustering

Other precautions during triage should be to advise patients to not speak unless necessary, avoid nasal endoscopy tests, and if surgery under general anaesthesia is necessary, then if possible assess COVID-19 test results of patient and continue as per hospital's guidelines, in consultation with an anaesthesiologist, and in an isolated operating theatre with all staff wearing protective gear such as isolation gowns, N95 respirators and protective eyewear.

### Healthcare Infrastructure Management

It is recommended that slit lamps and other ophthalmic equipment should be covered to create a barrier during close-contact examinations, as shown in picture below.



This is a link to a YouTube video on creating protective slit-lamp shield using readily available materials:

[https://www.youtube.com/watch?v=jK2pwq8\\_bLA](https://www.youtube.com/watch?v=jK2pwq8_bLA)

After each patient encounter, all equipment should be disinfected, and again at the end of the clinical session.

## II. Guide to Preventive Measures at Community-level

The duration and severity of each phase of a pandemic can vary depending on the characteristics of the virus and the public health response. Hence, the need for a community tailored approach to contain the spread of COVID-19. While national governments have put some restrictions in place to contain transmission in communities, particular attention is recommended in the following two priority areas.

### Inclusive Emergency Water Sanitation and Hygiene (WASH)

IEH recognises the role of inclusive emergency WASH in the containment of COVID-19 transmission and recommends the following:

1. Increasing water access to all - Priority be given to the vulnerable and persons with disability. Country offices and partners would determine the best strategy to increase access to water for all in project communities.
2. Promotion of hand hygiene at critical times - Promotion of clean hands at all times including the five critical moments of hand hygiene (before eating, after playing, touch/handling animals, after using the toilets and during bathing) would be supported. Basic hygiene kit, which would include soap, and hand sanitizers are recommended, and persons with disabilities should be prioritised in accessing these facilities.

### Health Education and Promotion

IEH recommends following measures in health promotion to initiate behavioural change at the community level:

1. Support the development of COVID-19 facts sheet - The fact sheet will focus on dispelling myths. Countries would translate the factsheet into major local languages to increase community awareness.
2. Support development, adaption, and contextualisation of inclusive COVID-19 IEC materials. The IEC materials would highlight fast tracking, non-crowding smart distancing, and need for soap and hand hygiene in containing the spread of the virus.
3. Support the distribution of developed materials using mass media and social media. Choice of media channels will take into account the risk of spreading the disease based on WHO guidelines.

## Resources

1. [Be My Eyes](#) – a free app available for iOS and Android devices, that matches sighted volunteers with visually impaired service seekers, for support on everyday activities. For e.g., A sighted volunteer can receive a call asking for help to identify expiry date on medicines, or read an important communication received via post on how to stay safe and isolate, etc. No phone numbers are shared, and language support is available.
2. [PatientSphere for COVID](#) – a free app developed by Open Health, an organisation based in California, USA. Available for iOS devices, the app helps individuals record and track their symptoms, which they can share with healthcare professionals on visit.
3. BMJ – COVID-19 in Primary Care:  
[https://sandpit.bmj.com/graphics/2020/covid19\\_v3.0\\_web.pdf](https://sandpit.bmj.com/graphics/2020/covid19_v3.0_web.pdf)

## References

1. WHO – Country and Technical Guidance on COVID-19:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
2. American Academy of Ophthalmology – Coronavirus and Eye Care:  
<https://www.aao.org/coronavirus>
3. THT Lai, EWH Tang, SKY Chau, KSC Fung & KKW Li (2020). Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. Graefes Archive for Clinical and Experimental Ophthalmology. Available at: <https://doi.org/10.1007/s00417-020-04641-8> [Accessed 25 March 2020]
4. The Royal College of Ophthalmologists – COVID-19 clinical guidelines for ophthalmologists: <https://www.rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/>
5. John Hopkins University and Medicine – Coronavirus Resource Centre:  
<https://coronavirus.jhu.edu/>
6. International Disability Alliance (IDA) – Recommendations for governments and organisations of persons with disabilities:  
<http://www.internationaldisabilityalliance.org/covid-19>
7. Inclusion Europe - Easy-to-read information about Coronavirus in multiple languages: <http://www.inclusion-europe.eu/easy-to-read-information-about-coronavirus/>
8. Centre for Disease Control and Prevention - Water, Sanitation, & Hygiene (WASH)-related Emergencies & Outbreaks:  
<https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/index.html>