Coronavirus RCOphth– summary of key actions 19th March 2020

Admin and managers:

- Ensuring systems in place to identify and prevent arrival or entry to clinic of high risk and symptomatic patients
- Planning and implementing emergency response for service maintenance, including:
    - Cancel/defer elective surgery and non urgent outpatient attendances
    - Deflect non serious unplanned attendances
    - Establish communications with patients
    - Defer or rebook low risk and non urgent
    - Support identification and implementation of telephone and video consultations
    - Organising tiers of staff and cross cover as gaps emerge when staff are off
- Facilitate interactions of ophthalmology team and infection control experts
- Ensuring staff are informed of how to identify, isolate high-risk patients
- Ensuring supply of and training for PPE for low and high risk patients
- Ensuring dissemination of national and hospital information on Covid-19 response.

Ophthalmology clinical leads and consultants:

- Work with managers on emergency response planning including identifying which patients to defer, which to offer remote consultation and which to continue seeing – refer to RCOphth escalation policy document for guidance
- Support staff and help to identify how to maintain services including different deployment of staff, rotation and cover of gaps, and use of equipment and space
- Work with admin and non medical staff to communication with patients and reassure that those who need to come will be protected as much as possible from covid infection risks and those who are asked not to come now will be protected as much as possible from harm to eye condition and sight.
- Show leadership and maintain calm.

Clinicians

Table: PPE for patients still needing to be seen

Category	Standard slit lamp Examination	Prolonged close exam e.g. PRP laser	Aerosol generating procedures eg GA
Asymptomatic	Reduce time in close contact Scrupulous standard infection control Slit lamp breathguard Surgical face masks at discretion	Reduce time in close contact if possible or deliver by other means Scrupulous standard infection control Slit lamp breathguard Surgical face mask	Standard infection control procedures
Symptomatic / likely Covid +ve	Defer and isolate until safe to see unless absolute emergency sight- or life-saving treatment required. Provide phone or video advice if required		
Symptomatic / likely Covid +ve who must be seen	Isolate Use full PPE: Disposable gloves Disposable plastic apron Fluid resistant surgical mask Disposable eye protection as required	Isolate Use full PPE: Disposable gloves Disposable plastic apron Fluid resistant surgical mask Disposable eye protection as required	Isolate Use full PPE: Disposable gloves Disposable gown FP3 respirator mask Disposable eye protection

Scrupulous infection control procedures for all patients

• Good hand hygiene.

• 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.

• Clean slit lamp before and after each patient, including the on/off switch and any controls used during the examination.

• Clean consulting room door handle.

• Areas and equipment regularly cleaned.

Reducing exposure for those who must attend

- Minimise on site waiting time / patient journey time.
- Minimise close packed waiting areas.
- Reduce staff-patient contact time.
- Use treatment changes that can reduce the frequency of required attendances for the next few months eg changes in intravitreal treatment regime or longer-acting drug.
- Limit the number of accompanying adults with the patient.
- Establish as much of the medical and ophthalmic history, or investigation results, as possible before calling the patient into the room.
- Keep more than one meter away from patients except where clinical examination requires it.
- When testing visual acuity, start from the lowest achievable line to speed things up.
- Keep the examination brief and pertinent to the decision making required.
- Avoid re-examination of patients who have already been assessed.
- Avoid a special test (visual field, OCT, ultrasound) unless absolutely critical to decision making.
- Minimise lengthy procedures at the slit lamp.
- Use other investigations if they can provide the required clinical information and reduce the time of close contact e.g at slit lamp or gonioscopy e.g. van herick, ret cam, optos, OCT, anterior segment cameras, ultrasound.
- Where appropriate use an indirect ophthalmoscopy in preference to slit lamp examination or laser delivery.
- Restrict general anaesthesia to cases where there is no other option.

Immunosuppressed, vulnerable and high risk patients

- Defer care if safe.
- Review by telephone or video triage where clinically appropriate.
- Arrange local blood test taking and remote monitoring for therapy.
- Arrange continuing supply of their medicines by registered post or local pharmacy.
- If must be face to face, take extra efforts to isolate them from other patients via a dedicated clinic area or time period.