### PPE and staff protection requirements for ophthalmology

**Performing an AGP**
- Disposable gloves: ✓ single use
- Disposable plastic apron: X
- Disposable fluid resistant gown: ✓ single use
- Fluid resistant surgical mask: X
- Filtering face piece respirator: ✓ single use
- Eye/face protection: ✓ single use
- Slit lamp breathguard: X

**High risk acute areas eg theatres where AGPs performed, ITU, HDU (eg ophthalmology review of ITU patient)**
- Disposable gloves: ✓ single use
- Disposable plastic apron: ✓ single use
- Disposable fluid resistant gown: ✓ sessional use
- Fluid resistant surgical mask: X
- Filtering face piece respirator: ✓ sessional use
- Eye/face protection: ✓ sessional use
- Slit lamp breathguard: X

**Theatres where AGPs not done**
- Disposable gloves: ✓ single use
- Disposable plastic apron: ✓ single use
- Disposable fluid resistant gown: ✓ risk assess single use ie instead of apron if splashes likely
- Fluid resistant surgical mask: ✓ single or sessional use
- Filtering face piece respirator: X
- Eye/face protection: ✓ single or sessional use
- Slit lamp breathguard: X

**Working in inpatient area within two metres eg ophthalmology review of ward patients**
- Disposable gloves: ✓ single use
- Disposable plastic apron: ✓ single use
- Disposable fluid resistant gown: X
- Fluid resistant surgical mask: ✓ sessional use
- Filtering face piece respirator: X
- Eye/face protection: ✓ sessional use
- Slit lamp breathguard: ✓ if using fixed slit lamp

**Emergency and acute hospital eye clinics**
- Disposable gloves: ✓ single use
- Disposable plastic apron: ✓ single use
- Disposable fluid resistant gown: X
- Fluid resistant surgical mask: ✓ sessional use
- Filtering face piece respirator: X
- Eye/face protection: ✓ sessional use
- Slit lamp breathguard: ✓

**Non-emergency /acute eye outpatients**
- Disposable gloves: ✓ single use
- Disposable plastic apron: ✓ single use
- Disposable fluid resistant gown: X
- Fluid resistant surgical mask: ✓ sessional use
- Filtering face piece respirator: X
- Eye/face protection: ✓ sessional use
- Slit lamp breathguard: ✓

Single use = disposal or decontamination of device between each patient/procedure, dispose at end of session
Sessional use = dispose at end of session eg at the end of morning clinic or when leaving the care setting

### AGPs: ophthalmology relevant aspects in **bold:**
- **Intubation, extubation** and related procedures eg manual ventilation and open succioning of the respiratory tract
- Tracheotomy/tracheostomy procedures (insertion/open succioning/removal)
- Bronchoscopy and **upper ENT airway procedures** that involve succioning
- Upper Gastro-intestinal Endoscopy where there is open succioning of the upper respiratory tract
- Surgery procedures involving high-speed devices
- Some dental procedures (eg high-speed drilling)
- **Non-invasive ventilation** eg CPAP and laryngeal masks
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum • High flow nasal oxygen.

Ophthalmologists and other ophthalmic clinical professionals performing similar clinical assessments are in prolonged close contact with patients and may be at higher risk of infection than other specialties. The table interprets the PHE guidance for the specifics of ophthalmology care.

General principles

1. Defer all low risk and non-urgent care, risk assess others for deferment or remote consultation where possible.
2. If likely infected, if possible defer high risk /urgent care until well.
3. **Maintain a scrupulous standard of infection control.** Good hand and tissue hygiene are key: CATCH IT, BIN IT and KILL IT.
4. Minimise accompanying adults in the examination room, wherever possible only allowing the patient in.
5. Minimise staff in the operating theatre.
6. Clean the consulting room door handle after each patient.
7. Minimise the time in close contact, using alternative treatment where appropriate.
8. Clean slit lamps before and after each patient, including the breathguard, on/off switch and any controls used.
9. Ensure the clinical area and all equipment is cleaned regularly.
10. Clinical staff not in uniform who are in close contact with patients should wear scrubs.

Notes on specific PPE

- The same surgical mask may be worn for multiple patients to be seen at the slit lamp. However, scrupulous care must be taken not to transmit the virus on the front of the mask via hands or clothes. If using the same mask, do not take on and off between patients and do not allow it to dangle on the chest.

- PPE should be put on and removed in an order that minimises the potential for self-contamination: the order for PPE removal is (i) gloves, (ii) hand hygiene, (iii) apron or gown, (iv) eye protection, (v) surgical face mask or FFP3 respirator and (vi) hand hygiene.