

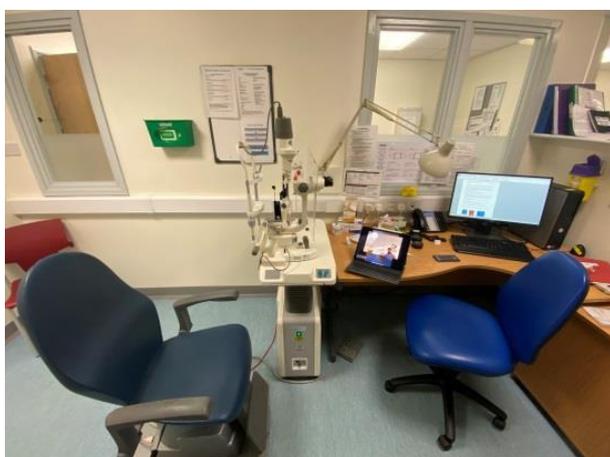
Near Telemedicine during Covid-19 using iPads and iPhones to minimise face-to-face contact

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Background: Ophthalmology cubicles are often confined spaces. We know that duration of time in a confined space can increase the risk of transmission of pathogens through aerosol or droplet spread.

The majority of an ophthalmology consultation consists of either taking a history or providing an explanation. The slit-lamp examination may put the ophthalmologist at particular risk as the ophthalmologist is only 20 centimetres from a patient's face, however, this is the standard of care in making an ophthalmic diagnosis for intraocular pathology. There is also direct mucous membrane contact when eye drops are administered.

With modern technology, we can mitigate against unnecessary face-to-face exposure by using video-calling software such as FaceTime, Skype, AttendAnywhere etc.



We propose: A patient enters a clinic room with a slit lamp and an iPad that is on a video call to an ophthalmologist. The ophthalmologist is in a separate room to the patient (using an iPhone or iPad) and explains that they will be asking questions over the iPad and will only enter the room to examine the patient once they have taken all the details. The ophthalmologist also explains that no talking is allowed whilst the ophthalmologist is in the room with the patient in order to reduce the risk of infection during the examination.

The ophthalmologist dons personal protective equipment, enters the room, examines the patient, and then leaves the room.

The ophthalmologist then continues the video call on the iPad in a separate room, and provides the explanation of the diagnosis and management to the patient.

They can leave a prescription or follow up paperwork outside the patients' room.

The iPad, slit lamp, door handles and surrounding area can be wiped clean ready for the next patient.

This will minimise the face-to-face contact to approximately 1 minute from 9 minutes.

