**UPDATED 30 March 2020**

# The Royal College of Ophthalmologists
# Protecting Patients, Protecting Staff

**Protecting Patients**

During the COVID-19 pandemic, ophthalmology departments have a duty of care to protect patients, many of whom are at highest risk, being over 70 and with significant comorbidities. Any measures taken to protect eye patients should be consistent with action being taken elsewhere in the NHS and in the wider community.

The risk of patients acquiring COVID-19 infection during an ophthalmology appointment must be weighed against their risk of coming to harm through failure to treat serious eye disease. In this context, the Royal College of Ophthalmologists recommends the following actions, to be implemented at NHS clinics, private practice, and independent treatment centres with immediate effect:

1. All routine ophthalmic surgery should be postponed
2. All face-to-face outpatient activity should be postponed unless patients are at high risk of rapid, significant harm if their appointment is delayed
3. Ophthalmology Accident and Emergency Departments should stay open with Consultant level support for both triage decisions and seeing patients
4. Routine diabetic retinopathy screening should be postponed

*Specific exemptions:*
There will clearly be patients who need to be seen and treated urgently. These may include, but are not limited to, those with the following conditions:

- Exudative age-related macular degeneration
- Diabetic retinopathy
- Retinal detachments
- Advanced or rapidly progressive glaucoma
- Uveitis
- Ocular oncology
- Retinopathy of prematurity (screening and treatment)

Decisions regarding such patients must be based on their risk of significant harm if treatment is delayed.

*Mitigating risk:*
Ophthalmologists should review all waiting lists and outpatient clinics with a view to identifying patients that need surgery or to be seen in clinic. Patients who are deferred should be provided with appropriate advice by telephone and/or letter, and departments should organise effective telephone advice to patients concerned about their postponed appointments.

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Clinics and operating lists should be organised to minimise the time patients spend in the department and the number of other patients and staff they encounter. For example, it will be necessary to reduce the number of anti-VEGF injections per list, to enforce staggered arrival times, to use longer acting anti-VEGFs and to treat with ongoing injections with no clinical review.

## Protecting Staff

1. Full implementation of the measures to protect patients should reduce clinical activity by around 80 to 90% and is the first, most important step to protecting staff.

2. The next step is to review how many members of staff need to be physically present in the eye department.
   - Staff should only be present if there is a clinical need for them to be there. Some ophthalmology departments are dividing their staff into two teams, taking it in turns to provide the required clinical service on a weekly or fortnightly basis. Those working from home should expect to be called in to cover for sick colleagues. This model may not be appropriate for all eye departments, and ultimately may break down if staff are redeployed to other areas of their hospital.
   - Administrative tasks should, where possible, be undertaken from home or in individual offices away from clinical areas.
   - Only clinicians capable of making decisions should see patients.

3. Personal Protection Equipment (PPE)
   PLEASE SEE THE LATEST COVID-19 GUIDANCE ON PPE FROM THE COLLEGE 30 Mar 2020

   In line with advice with recommendations from Public Health England (25 Mar), the College is advising the following approach to the use of PPE

   A) Patients with no respiratory symptoms and no COVID-19 risk factors:
   - Clinicians may wish to wear standard surgical masks, whilst recognising that they are of uncertain benefit. Gowns and gloves are not recommended
   - Plastic breath shields attached to slit lamps may provide some protection but must be disinfected between patients because studies show that the COVID-19 virus is viable for up to 72 hours on plastic surface s
   - Avoid speaking at the slit lamp

   B) Patients with suspected or proven COVID-19 infection
   - Patients should be seen in a designated area within the eye department
   - Clinicians should wear a fluid repellent mask, gown, gloves and eye protection (face shield or goggles) reference PHE document

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