

PPE and staff protection requirements for ROP screening and treatment

090420

Examination setting	Disposable Gloves	Disposable Plastic Apron	Disposable Fluid Resistant gown	Fluid Resistant Surgical Mask (Type IIR)	Face Filtering Piece Respirator (FFP 3)	Eye/Face protector
No assisted respiratory support¹ Non COVID-19 SCREENING	✓	✓		✓ (sessional use)		✓ (risk assess if there is a likelihood of splashing of body fluids vs difficulty in obtaining good visualisation)
No assisted respiratory support COVID-19 suspected or confirmed² SCREENING	✓		✓ (single use)	✓		✓ (risk assess if there is a likelihood of splashing of body fluids vs difficulty in obtaining good visualisation)
With assisted respiratory support Non COVID-19 or COVID-19 +VE SCREENING	✓		✓ (single use if COVID+ve patient seen)	✓ (if invasive ventilation, sessional use)	✓ (if non-invasive ventilation or uncertain eg CPAP)	✓ (risk assess if there is a likelihood of splashing of body fluids vs difficulty in obtaining good visualisation)
COVID-19 suspected or confirmed OR COVID negative³ TREATMENT	✓		✓		✓	✓ (risk assess if there is a likelihood of splashing of body fluids vs difficulty in obtaining good visualisation)

1. Non invasive ventilation and intubation and extubation are AGPs, but invasive intubated mechanical ventilation ongoing is not an AGP
2. There is no strong evidence at present that vertical transmission of COVID-19 occurs in newborn infants of affected mothers. However, the data on this is limited and may change with increasing research as the pandemic continues to spread. This guidance therefore may alter.
 - Karimi-Zarchi M, Neamatzadeh H, Dastgheib SA, et al. Vertical Transmission of Coronavirus Disease 19 (COVID-19) from Infected Pregnant Mothers to Neonates: A Review [published online ahead of print, 2020 Apr 2]. *Fetal Pediatr Pathol.* 2020;1–5. doi:10.1080/15513815.2020.1747120;
 - Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records [published correction appears in *Lancet.* 2020 Mar 28;395(10229):1038] [published correction appears in *Lancet.* 2020 Mar 28;395(10229):1038]. *Lancet.* 2020;395(10226):809–815. doi:10.1016/S0140-6736(20)30360-3
3. Treatment procedures often require prolonged close contact of the ophthalmologist to a neonate and may require FFP3 mask if being undertaken in the presence of non-invasive ventilation (CPAP, Optiflow, HFOV etc)