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PPE and Staff Protection Requirements for Ophthalmology

The ROYAL COLLEGE of OPHTHALMOLOGISTS

	Disposable gloves	Disposable plastic apron	Disposable fluid resistant gown	Fluid-resistant type IIR surgical mask	Filtering face piece respirator	Eye or face protection (risk-assess infection control risk against practical difficulties in using device)	Slit-lamp breathguard
Performing an Aerosol Generating Procedure (AGP)	✓ **single use**	✗	✓ **single use**	✗	✓ **single use**	✓ **single use**	✗
High risk acute areas: **theatres where AGPs are performed**, ITU, HDU **(e.g. ophthalmology review of ITU patient)**	✓ **single use**	✓ **single use**	✓ **sessional use instead of apron**	✗	✓ **sessional use**	✓ **sessional use**	✗
Theatres where AGPs not performed	✓ **single use**	✓ **single use**	✓ **single use instead of apron if splashes likely**	✓ **single or sessional use**	✗	✓ **single or sessional use**	✗
Working in inpatient area within two metres **(e.g. ophthalmology review of ward patients)**	✓ **single use**	✓ **single use**	✗	✓ **sessional use**	✗	✓ **sessional use**	✓ **if using fixed slit lamp**
Any outpatient activity **(e.g. eye clinic, eye A&E)**	✓ **single use**	✓ **single use**	✗	✓ **sessional use**	✗	✓ **sessional use**	✓

Single use = disposal or decontamination of device between each patient or procedure.
Sessional use = dispose at end of a clinical session e.g. at the end of a clinic or when leaving the care setting.

AGPs relevant to Ophthalmology in **bold**:

● **Intubation**, **extubation** and related procedures (e.g. manual ventilation and open suctioning of the respiratory tract) ● Any tracheotomy/tracheostomy procedures ● Bronchoscopy and **upper ENT airway procedures** that involve suctioning ● Upper gastrointestinal endoscopy where there is open suctioning of the upper respiratory tract	● **Surgery procedures involving high-speed devices** ● Some dental procedures (e.g. high-speed drilling) ● **Non-invasive ventilation** (e.g. 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 shows how the PHE guidance applies to ophthalmology care. Please also read the PHE guidance in full here.

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 or 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.
11. Patients should be asked to wear masks at the discretion of the clinical ophthalmology team.

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.