



24<sup>th</sup> March 2020

TO ALL EYE CARE PROFESSIONALS

**RE: EYE CARE PROFESSIONAL ASSOCIATIONS POSITION STATEMENT ON COVID-19 DISEASE**

Corona Virus Disease (COVID-19) outbreak was declared by WHO as a global health emergency. The pandemic in China, South Korea and Italy has provided key lessons for the eye care fraternity:

That eye care professionals are among the health care providers at greatest risk of contracting the disease because of a number of factors: examining the patient at close proximity and the necessity to place hands on the patients' face and eyelids. Furthermore, elderly patients and those with comorbidities make a significant proportion of patients seeking eye care and thus are at increased risk of acquiring and developing severe COVID –19 disease.

In the light of increasing cases of COVID-19 diseases in Kenya, there is an increased risk of potential infection to the eye care providers and patients. We wish to emphasize on strict observance of the stated measures by WHO and other health organisations such as social distancing, frequent washing of our hands and proper sterilization of equipment and other protective measures. Therefore, we would like to encourage all the eye care professionals and eye hospitals to observe the following measures:

1. **Postpone all non-emergency/non-essential clinic visits and elective surgery.** Only emergency eye care cases should be attended to.
2. **Vigilance is required in the case of conjunctivitis** because about 1-3% of COVID-19 patients may first present with conjunctivitis. The virus may also possibly be transmitted by aerosol contact with the conjunctiva. The conjunctivitis may be mild and the condition will resolve without treatment.

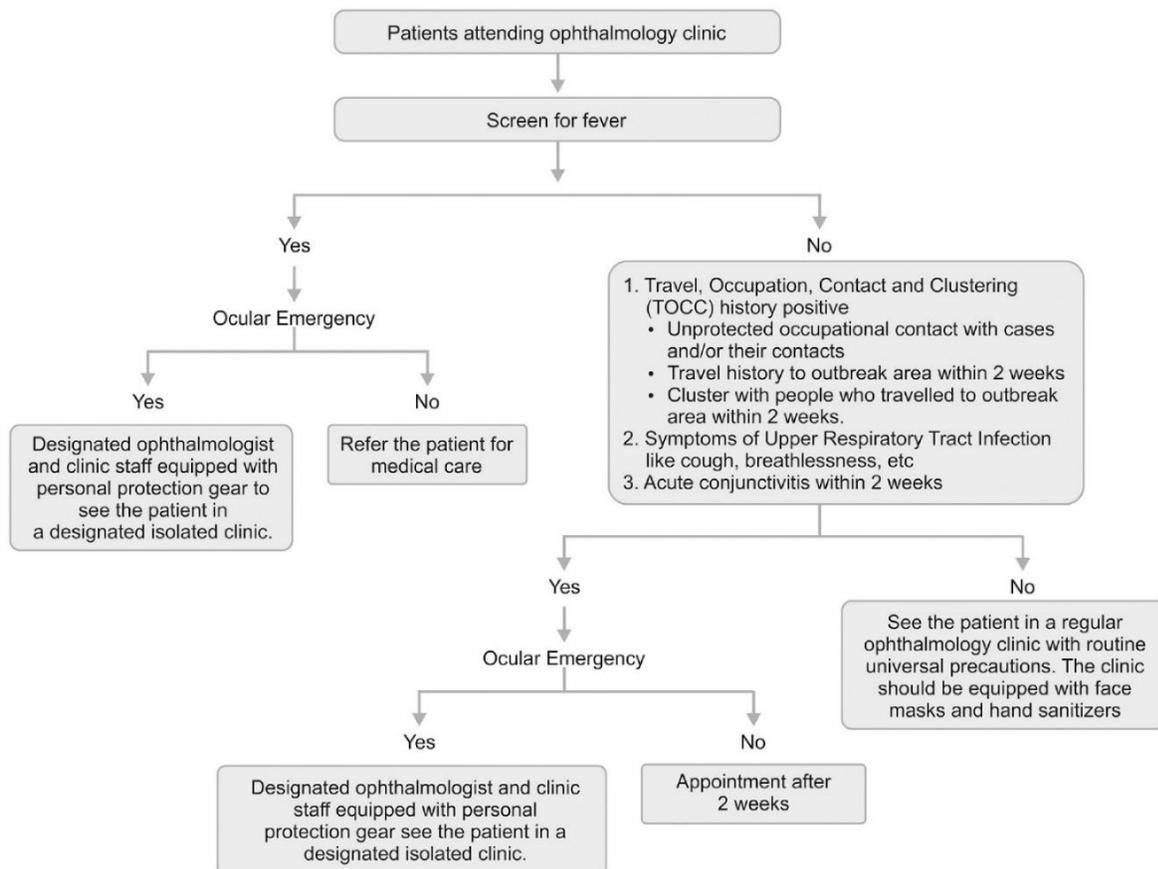
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### 3. The following are recommended measures to reduce risks of transmission

#### i. Patient triage

Screening of patients **prior to entering the hospital/unit** for COVID-19 symptoms (**fever, cough, respiratory symptoms**) (see Figure 1). Monitor temperature **using an infrared/gun thermometer for all patients and staff** entering the department/unit. Patients meeting the following criteria should be referred and notified to the nearest government infectious disease centre.

- *Patients with history of travel from affected county in the last fourteen days, or history of contact with person who has recently travelled overseas.*
- *Raised temperature of 37.5 degrees Celsius.*



**Figure 1:** Suggested patient triage in an ophthalmology clinic (adapted from Lai THT, Tang EWH, Chau SKY, Fung KSC, Li KKW. Stepping up control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. *Graefes Arch Clin Exp Ophthalmol.* 2020. doi: 10.1007/ s00417-020-04641-8)

ii. **Direct and manage client/patient flow**

- Have a suitable waiting room to filter patients
- Ensure adequate distance between patients at all times.
- Identify elderly patients ( $\geq 60$  years) and those with co-morbidities as they are high risk. Their consultations need to be rapid and carried out with maximum protective measures.
- Patients presenting with conjunctivitis should be isolated and seen swiftly with minimal time on the slit lamp and at the clinic.

iii. **Environmental control**

- Alert all entrants to the department/unit on washing & sanitization points. Ensure that there is adequate water and soap for hand washing.
- Provide appropriate disposal methods in line with WHO Infection Prevention Control guidelines.
- Ensure you **sanitize your hands and the tools** (including the slit lamps) used to examine the patient, **before and after examining each patient**. Wash hands with soap that foams for at least 20 seconds.
- Always when in the hospital/examination room, **remain in a face mask**, protecting the mouth, nose, **with eye protection-goggles/shields**, besides usual dust/white coat.
- Use material available to you/in your context (e.g. laminated materials, transparencies or old X-ray Films) to **create a good barrier** between the health worker and the patient while using a slit Lamp (see Figure 2). Encourage minimal talking when using the slit lamp and **remember to sanitize the barrier too**. **Where possible** use a head mounted light source to do indirect ophthalmoscopy.



**Figure 2:** Creating a Slit Lamp Barrier

- Ensure **cleaning & disinfection** of all surfaces/ equipment /tools **every morning and evening with** solutions that have at least **65% alcohol**. This includes the furniture, light switches, door handles and door knobs.
  - **Apply barrier and reverse barrier nursing principles for suspected/confirmed cases.** Patients with proven COVID-19 who need urgent ophthalmic care may be examined in a separate isolated special examination room with preferably a separate waiting area manned with doctors and staff equipped with appropriate personal protective equipment which must include gloves, N-95 mask, gown and protective eyewear. All personnel coming in contact with a COVID-19 patient must be listed and followed up as per government protocol.
- iv. **Maintain patient records** daily and **report any incidences/issues** of concern to the authorities at the end of every shift.

**In summary the following table shows the five mandatory measures in an ophthalmology clinic.**

<b>1</b>	<b>Screen for fever at the point of entry and elicit a history of travel to affected areas during the incubation period, occupation, contact of suspected or confirmed cases, cluster of cases</b>
<b>2</b>	Those positive for #1, with no ophthalmic emergency, should be triaged to a designated medical facility
<b>3</b>	Those positive for #1 with an ophthalmic emergency should be seen by the staff geared in personal protective equipment in an isolated designated examination room with an isolated waiting area
<b>4</b>	Patients with conjunctivitis, with or without #1, should be seen by the staff geared in personal protective equipment in an isolated designated examination room with an isolated waiting area
<b>5</b>	Barrier care including N95 masks for all physically close ophthalmic procedures and universal precautions for all patients; decontamination of applanation prisms, contact gonioscopes, laser contact lenses, B-scan, and ultrasonic biomicroscope probes, etc.

**Table 1:** Khanna RC, Honavar SG. All eyes on Coronavirus-What do we need to know as ophthalmologists. Indian J Ophthalmol.2020 Apr;68(4):549-553.doi:10.4103/ijo.IJO\_516\_20.PubMed PMID: 32174565.

The guidelines above are bound to change as new evidences emerge. We are committed to keep it up to date. The eye care providers are advised to effect the measures stated above as soon as possible.

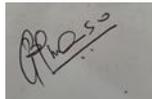
We should also work as a team as eye care personnel and other healthcare providers to fight this pandemic.

Sincerely,



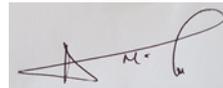
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