



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

RANZCO position statement

COVID-19: Practical guidance for general practitioners performing eye examinations

Approved by: RANZCO Board

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The Royal Australian and New Zealand College of Ophthalmologists and The Royal Australian College of General Practitioners make the following recommendations regarding eye examination during the COVID-19 pandemic.

Advice for General Practitioners

GENERAL ADVICE

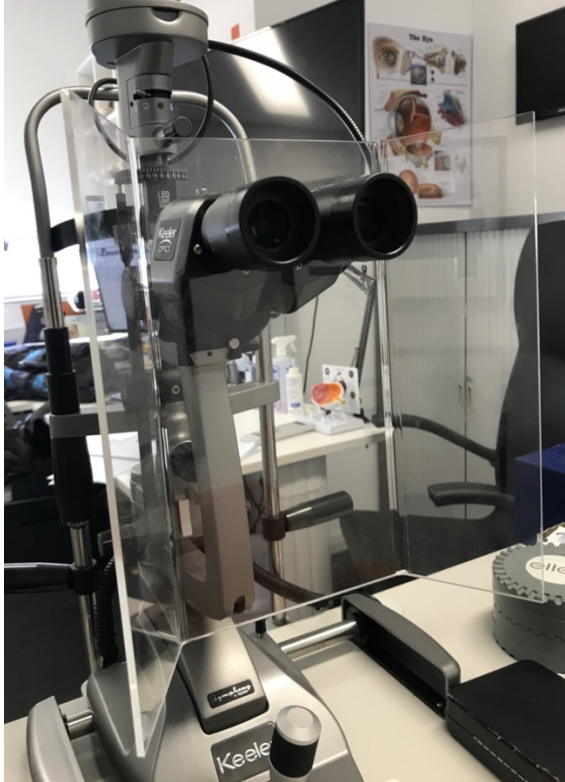
- Consider phone consultation or videoconference for all patients. This is particularly relevant for patients describing an acute red eye or conjunctivitis, fever or respiratory symptoms. COVID-19 is known to cause conjunctival congestion in approximately 0.8% of patients infected by SARS-CoV-2.¹
 - If there is no visual loss or discharge, please advise your patient to use artificial tears, 3-4 times daily, for a few days
 - If discharge is present, advise use of over the counter Chloramphenicol (Chlorsig) eyedrops 4 times a day
 - If there is no improvement or symptoms worsen, notify an ophthalmologist so that they can arrange a consultation via telehealth.
- Minimise patient wait and consultation (staff-patient contact) times in the clinic. Try to establish as much of the history and investigation results before calling the patient into the consultation room.

SPECIFIC ADVICE

- Only perform an examination if it will change your management plan
- Perform as much history and examination (e.g. visual acuity) as possible at a distance of at least 1.5m
- Some examination techniques can be performed without touching the patient: visual acuity, confrontation visual fields, pupillary light reaction, red reflex, extraocular movements. When testing visual acuity, start at the lowest line to speed things up.
- Avoid routine tonometry, and do **NOT** use puff tonometry
- Avoid direct ophthalmoscopy if possible
- If close-up examination is required, consider wearing a face mask. Both examiner and patient should refrain from talking if possible.
- Slit lamp use should be avoided, but if it is necessary ensure a breathshield of sufficient size to limit droplet spread is installed (see attached photo).
- If a patient with known COVID-19 needs urgent eye care, they should be referred to a hospital (phone the fever clinic ahead of time for directions and use infection control) or discuss with an ophthalmologist.

Slitlamp Breathshields:

1. Commercial



2. Home-made from piece of plastic from Bunnings



1. Guan WJ, Ni ZY, Hu Y, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med* 2020;28:28.

Record of Amendments

Page	Details of Amendment	Date amended
Entire document	Created	