

RANZCO guidelines for primary care of patients with eye symptoms during the COVID-19 pandemic

Patients commonly present to GPs, optometrists, pharmacists and other non-ophthalmologists for assessment of eye symptoms. In the past these professionals may have taken a history, performed an eye examination, commenced treatment and, where necessary, referred the patient to an ophthalmologist. This was especially so in rural and regional areas where ophthalmologists are less accessible.

The general COVID-19 response plan has the following core elements essential for a successful outcome:

- Social distancing with limited population movement and interpersonal contact
- Quarantining cases and intensive contact tracing, testing, and isolation of suspects
- Rigorous application of infection control principles
- Expansion of COVID-19 management capacity (specifically more PPE, more ICU beds, reduced routine health care).

As the application of COVID-19 response alters the usual primary eye care model, RANZCO recommends the following principles for primary eye care during the pandemic:

- Non-essential 'in-person' contact and consultations should be avoided
- Infection control protocols and appropriate PPE is necessary for clinical examination.

These principles lead to the following Pandemic Primary Eye Care guidelines for GPs, optometrists and others. RANZCO guidelines are designed to:

- Support the continued delivery of primary eye care by non-ophthalmologists, particularly in rural and regional areas.
 - Augment the safety principles and integrity of the general COVID-19 response.
 - Protect patients and practitioners from becoming infected with COVID-19.
1. Take a history which does not require an in-person consultation, telephone or telehealth being preferred method, especially if the history suggests examination of the eye is not essential.
 2. Only if you are able to *safely* conduct the necessary examination and administer appropriate treatment, begin management, referring for specialist care as necessary.
 3. If you are not confident of your diagnosis and/or the appropriate treatment, refer for specialist care ideally making direct contact with an ophthalmologist whilst the patient is still present – this might avoid an unnecessary additional consultation if deemed by the ophthalmologist they can continue the consultation via telehealth.

The principle of these guidelines are to ensure that:

- Patients may be assessed by their local primary care professionals as appropriate.
- They do not contravene general COVID-19 response principles.
- Redundant patient examination is not undertaken, and risk from patient contact is minimised.

What kinds of eye conditions are regarded as essential services?

For broad rules of thumb, the rationales for determining if ophthalmic services are essential and require referral for ophthalmic assessment urgently are:

1. Acute vision threatening conditions e.g. wet macular degeneration, retinal detachment, acute angle closure, infectious keratitis (e.g. painful eye in contact lens wearer)
2. Trauma with visual impairment
3. Painful eye conditions e.g. acute uveitis, scleritis, severe recurrent erosion syndrome
4. Acute neurological conditions e.g. sudden onset diplopia, acute ptosis with anisocoria, giant cell arteritis
5. Infections especially if vision loss is possible e.g. orbital cellulitis, contact lens wear associated red eye (especially if not resolving >24hours), conjunctivitis associated with reduced vision
6. Any condition that irreversible vision loss if not managed imminently (within 3 months)
7. Children who need spectacles and vision assessment to prevent amblyopia

See the RANZCO COVID-19 Triage Guidelines– this gives a comprehensive list of conditions and levels of urgency. Also refer to RANZCO COVID-19 Practical Guidance for GPs performing eye examinations.

Note: 1. The recently introduced telehealth measures may be used to minimise contact between a patient and health care practitioner. These bulk-billing only measures allow for a consultation between a patient and health care practitioner. However, they do not allow for advice between health care practitioners unless the patient is present on the call.

Note: 2. COVID-19 symptoms can include a viral conjunctivitis (conjunctival congestion and increasing tearing). If there are symptoms or history suggestive of COVID-19 the patient should be referred to a COVID-19 testing centre and further examination of the eye should be avoided unless deemed urgent and should only be undertaken with full PPE. Involve an ophthalmologist in the consultation if in doubt.

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