

Optometry Essential Services During the Lockdown Period

(Effective from Wednesday 1 April 2020, but subject to change pending guidelines from MOH which are updated on their website)

- It is recommended that optometrists screen patients telephonically, and if patients' symptoms indicate an ophthalmic referral is necessary, then discuss with appropriate (public or private) Ophthalmology service for consideration of direct referral without seeing the patient, generally to the local hospital eye clinic (not private facilities). This will depend on availability and access to Ophthalmology services. In some remote locations, it may be necessary for an Optometrist to assess and manage acute/non-deferrable cases but telephone advice from the local ophthalmologists should always be available and be considered.
- This applies particularly to patients at higher risk of COVID-19, where optometrists are advised to screen carefully with questions as outlined in section 3.
- Optometrists are always welcome to contact local ophthalmologists for advice if unsure.

This document is to be used in conjunction with:

- a) RANZCO COVID-19 Triage Guidelines
- b) Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong, Lai 2020
- c) References listed at the end of the document

1. 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. Vision threatening conditions e.g. Wet ARMD, retinal detachment, acute loss of vision, acute angle closure, microbial keratitis, HSK
2. Trauma with vision affected
3. Painful eye conditions e.g. acute uveitis, scleritis, REES
4. Acute neurological conditions e.g. sudden onset diplopia, acute ptosis with anisocoria, GCA
5. Infections especially if associated 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 will get worse if not treated in the next 4 weeks e. g. corneal graft failure
7. Children who need spectacles and vision assessment to prevent amblyopia

See RANZCO COVID-19 Triage Guidelines document – this gives a comprehensive list of conditions and levels of urgency.

2. Identify which optometrists are providing services and ensure there is geographic representation (Optometry leadership to organize in their regions in conjunction with the local DHB)

Optometrists with these conditions should not volunteer to work/provide essential services:

The following medical issues have been linked with increased risk from COVID-19:

- Heart disease
- Lung disease
- Diabetes
- Cerebrovascular disease
- Conditions causing immunocompromised states
- Individuals on immunosuppressant medications, including long-term treatment with steroids/prednisolone
- Liver or kidney disease
- Cancer
- Pregnancy

3. COVID-19 Screening questions to ask patients: (assess on the phone and confirm before permitting them to enter premises):

1. Are you unwell e.g. with fever, cough, sore throat or trouble breathing? OR have you travelled and returned from overseas in the past 14 days OR been in contact with anyone that has returned from overseas in the past 14 days.
2. If they answer YES to question #1 then they must be refused entry and, if they have respiratory symptoms, refer them to their GP. If they are a close contact or have had recent overseas travel, remind them of their requirement to self-isolate.
3. Triage their eye symptoms and refer them to the Eye Clinic at the Public Hospital if necessary (do not refer patients with suspicious COVID-19 symptoms to a private facility).
4. Patients should be advised to be transported by someone in their bubble, if possible. Advise them that their accompanying person should remain in the car. If their accompanying person needs to escort them into the premises, the same screening questions need to be asked of the accompanying person before they are permitted to enter.
5. Patients who are immunocompromised (e.g. cancer, on high dose steroids/prednisone) with a non-deferrable eye condition, it could be argued, might be better to be seen at a private facility to reduce their exposure to a hospital setting. However, many of them may not have the means to fund their private care, and all hospitals are exercising appropriate precautions for such patients.

4. How do Optometrists access PPE

If optometrists need PPE, email Rochelle Van Eysden rochelle@barringtoneyecare.co.nz or discuss with the local DHB (generally, such contact visits will have been discussed with the local hospital eye clinic anyway, as per question #1. above).

5. What PPE is required during a consultation?

Protective gear (current CDHB guidelines):

- Normal surgical mask for patient contact within 2m (for doctors/optometrists, nurses, techs, front desk admin)
- To lower the risk of transmission via drop-lets, install protective shields (made of plastic) on slit lamps and avoid touching the patient if possible (see Article Lai 2020)
- Minimise time in clinic as risk is for >15 mins contact
- For a clinical session (1/2 day) wear same mask (resources need to be used judiciously and sparingly)
- Careful hand washing, and cleaning after every patient, especially after removing mask - avoid touching the mask – handle by the ties/elastic when removing
- Scrubs not required in the community.

FYI: At the hospital: Single room for patients with respiratory symptoms if they absolutely need to be seen, after considering testing for COVID-19 as per Ministry of Health guidelines. Protection then is normal surgical mask, eye protection and gloves. Full PPE is not required but these requirements may change and please check the Ministry of Health website for the latest guidelines.

6. Provide information on guidelines for booking

- Follow, at a minimum, the current Ministry of Health guidelines, published on their website
- Ensure a clean and safe environment for all staff and patients
- Clinical and Administration staff will follow all MOH protocols and guidelines to ensure safety of all staff and patients
- Optometrists may wish to provide an essential service during the COVID-19 lockdown to see acute patients and patients with non-deferrable eye conditions only, in consultation with their local DHB ophthalmologists, or act as a communication portal to refer acute patients to the appropriate facility
- All patients should be screened telephonically, before giving them an appointment. If patients' symptoms suggest an ophthalmic referral is required, then refer directly to appropriate facility without seeing the patient.
- If they have a support person(s) with them, please ask the support person to wait in their car. If the patient is frail and unstable on their legs, support person will be permitted. (Remember to ask COVID-19 screening questions)
- Attempt to stand at least 2 metres back from them e.g. at reception desk or when opening the door.
- Ensure patient (and support people) sanitise their hands.
- Allow a minimum of **30 minutes** between appointment times.
- Avoid aerosolized non-contact tonometry. Consider Icare with disposable tips if possible.
- Staff working within 2 metres of a patient should wear a mask; it is ok to wear a mask for the whole session.
- Limit contact time with patients to less than 15 minutes where possible. Consider avoiding examination at slit-lamp and assess by alternative methods e.g. OCT and retinal photos. Equipment will require appropriate cleaning between patients. Recommend only essential investigations be performed.

- Cleaning of all equipment that the patient came in contact with (e.g. slit-lamp, camera, OCT etc) recommended between every patient.
- Post Visit Clean: Ensure all surfaces that the patient may have come in contact with are sanitised with the Sanicloths (or equivalent). This will include handrails, lift buttons or anything they may have touched or placed on the reception counter. Remember to clean door knobs/handles, phones, computer keyboard/mouse.

7. Reimbursement

Some DHBs are considering reimbursing optometrists who see patients in a location far from an eye department (e.g. Central Otago from Dunedin, a distance of 200km) if they are requested to see the patient by a DHB ophthalmologist. However, this would have to be negotiated with each DHB individually.

References:

1. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals>
2. https://www.newyorker.com/news/news-desk/keeping-the-coronavirus-from-infecting-health-care-workers?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker
3. https://www.healio.com/ophthalmology/cornea-external-disease/news/online/%7Bf289b03b-b6f4-4b43-8803-0cdca072e229%7D/coronavirus-shows-low-risk-for-being-spread-through-tears?utm_source=selligent&utm_medium=email&utm_campaign=ophthalmology%20news&utm_bt=4605780944254
4. Evaluation of coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection. Journal of Medical Virology 26 Feb 2020

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