# OSSA

**The Ophthalmological Society of South Africa**

Turner House
38 Jonsson Lane
Durban
4000

Tel : +27 12 347 0048
Fax : 0866 005 138
operationsmanager@ossa.co.za
website : www.ossa.co.za


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## OSSA recommendations on patient consultations during Covid-19 pandemic

These guidelines outline the considerations and precautions that ophthalmologists should review in their consultation process and interactions with patients.

There is currently controversy and various conflicting articles regarding what constitutes appropriate PPE (personal protective equipment) for ophthalmologists performing ophthalmic examinations in both the office and hospital setting. These guidelines were compiled by reviewing the existing literature on COVID-19 to date and analysing guidelines by the American Academy of Ophthalmology, the Royal College of Ophthalmology and other reputable sources.

Ophthalmology 'outpatient' consulting may take place in different clinical settings in our country:

- Stand-alone office, not attached to a hospital or healthcare facility, where a patient can walk directly into your office
- Office-based but within a hospital or healthcare facility, where a patient may or may not be screened at the main entrance
- Larger shared clinics with other specialities
- Small and large state hospitals, where there are several points of contact (screening, checking in, file retrieval, testing areas, large waiting areas)

The clinical setting of each ophthalmologist is unique, and it is therefore important that ophthalmologists use their clinical judgment in applying these guidelines to their own practice. We will be required to continue these protective measures for the foreseeable future.

This document does not cover surgical procedures. Please refer to the OSSA guideline document on post-lockdown non-urgent/emergent surgery for guidance on recommencing these surgical procedures in a responsible manner.

This document also does not dictate which patients can or cannot be seen during the different levels of lockdown. The lockdown is being lifted incrementally, and ophthalmologists should use their clinical discretion when deciding whether a patient needs to be seen in person or not.

**<u>Ophthalmic examinations in the office setting</u>**

1. **Prior to entering premises**

- The treating ophthalmologist should decide if the patient requires a face-to-face consultation or a telephonic/virtual consultation.

- Where the setup permits, patients should be asked prior to entering the premises about fever and respiratory illness and whether they or a family member have had contact with another person with confirmed COVID-19 in the past 14 days. If the answer is yes to either question, they should not be seen physically but advised to first speak to their general practitioner about testing. (NICD recommendations are constantly changing so please consult the latest guideline)
- Where the setup permits, patients can be provided with an electronic patient detail form which they complete prior to attending a physical appointment.
- Patients may either be asked about symptoms prior to arrival, or complete a questionnaire on arrival. Non-contact temperature testing may assist in identifying asymptomatic patients who have fever.
- Any accompanying persons should not enter the building. Patients who require assistance, or children, should not be accompanied by more than 1 person.
- All patients entering the waiting room area should wear a mask, as per government regulation.
- Patients who are early for appointments should wait in their vehicle or outside the premises until their appointment time.

**2. In the waiting room**

- Minimise on-site waiting time.
- Reduce workforce-patient contact time. If practically possible, consider dividing staff into teams.
- Hand sanitizer should be available for patients to sanitise their hands upon entry into the waiting area.
- Keep the waiting room as empty as possible. Advise seated patients to remain at least 2m from one another. As much as prudent, reduce the visits of the most vulnerable patients.
- Schedule appointments far enough apart that the necessary cleaning and disinfecting of rooms and equipment can be done in-between.
- Have staff complete paperwork on behalf of patients, if practical.
- Have a specific patient pen for signatures. Sanitise the pen between use.
- Have a plastic screen between reception staff and patients, if possible.
- All staff should wear masks and sanitise hands between patients.
- All surfaces that patients touch should be disinfected between patients.
- Magazines and articles that are regularly handled by patients should be removed from the waiting room.
- Ensure good ventilation of the area.
- Regularly disinfect or preserve surfaces that are regularly touched, such as computer keyboards, mouse or ophthalmic equipment

**3. Consultations**

- Allow for a doctor-patient distance of no less than 1m during consultation, except during slit lamp evaluation.
- During the entire visit, the patient and the ophthalmologist should wear masks (as per government regulation). In regions with a high prevalence of COVID-19, an N95 mask for the ophthalmologist can be considered when available. N95 masks can be reused as per the CDC recommendation, so as not to unnecessarily deplete limited stocks.
- Establish as much of the medical and ophthalmic history, or investigation results, as possible before calling the patient into the room
- Keep examinations brief and pertinent to the decision making required.

- Avoid re-examination of patients who have already been assessed.
- Limit investigations (visual field, OCT, ultrasound) unless critical to decision making.
- Ensure single-use tonometry tips or sterilise a Goldmann tonometer tip with alcohol or peroxide, as per regulations, between patients.
- Minimise lengthy examinations or procedures at the slit lamp.
- Intravitreal injections: see the SAVRS guidelines on patient selection for intravitreal injections during COVID-19.
- The use of commercially available slit-lamp barriers or breath shields is encouraged, as they may provide a measure of added protection against the virus. These barriers do not, however, prevent contamination of equipment and surfaces on the patient's side of the barrier, which may then be touched by staff and other patients and lead to transmission.
- Increasingly, ophthalmologists will be asked to examine and perform office-based procedures on patients who have recovered or are recovering from COVID-19. Because viral shedding can be prolonged (up to 37 days in one study), repeat testing (RT-PCR performed on a nasopharyngeal swab) is recommended for patients prior to treatment if less than 6 weeks from COVID-19 diagnosis, except in emergent circumstances. If COVID-19 testing is positive, delayed or not available, the treating ophthalmologist should wear an N95 mask, rather than a surgical mask, in addition to gown, gloves and eye protection.

The situation remains fluid and as more information becomes available and NICD recommendations change, these guidelines may need to be updated.

Dr Linda Visser

President, OSSA