

Ensuring safety & precautions during and post COVID-19 pandemic

Coronavirus can spread through the eyes, nose and mouth and cause mild to severe respiratory illness symptoms such as fever, cough and shortness of breath which can show up 2 to 14 days after a person is exposed. People with severe infections can develop pneumonia and die from complications of the illness. Limiting nose, mouth and eye exposure can help. Here's why:

- When a sick person coughs or talks, virus particles can spray from their mouth or nose into another person's face. One is most likely to inhale these droplets through mouth or nose, but they can also enter through eyes.
- One can also become infected by touching something that has the virus on it like a table or doorknob, and then touching their face, nose, mouth and eyes.

Scope: In view of the ongoing COVID-19 pandemic, it is important for Vision Centre (Primary Eye Care Centre) service providers to follow certain guidelines as precautionary measures to protect their staff, patients, attendants of patients and visitors from any possibility of infection.

Stakeholders:

- Service providers – Optometrists, Vision Technicians, Community Health Workers, other VC staff (like cleaning staff)
- Beneficiaries – Community members visiting the Vision Centre (VC), camps or those being visited at home
- Others: Wider community, project coordinators/ hospital staff on monitoring visits



1. VC staff safety

- Identify zones with the help of government sources that are not in pandemic spreads and are in green zone. The adjacent villages, wards to be watched carefully and on a regular basis.
- The staff at the VC to be fully trained in guidelines before deploying them in the VC.
- All VC staff should also be checked daily for health anomalies before being allowed to work at the centre. It is mandatory for Vision Technician / Optometrist, Reception/ Optical staff to wear PPE as per the protocol before initiating VC activities.
- Rechecking sanitizers, hand washing stations for required amount of sanitizers (with minimum 60% alcohol content)/ soap and water for washing, etc.

2. For the VC

Training on self-care and personal protection: The VC staff should receive rigorous training before VCs commence and then continuous training at least once a week (for at least one month) about the standard protocols and the periodical update of them to be brought to the knowledge of the staff.

Notice: It is important to mention key Standard Operating Protocol on the walls in the local language so that the patients visiting to VC can read and understand.

Informing health officials/ Village leaders: Before restarting the VCs, it is important to inform the local health officials/ village leaders about the reopening of the VCs. Also to explain the Standard Guidelines that would be followed in the VC.

It is important to keep watching the Zone related information. If it turns out to Red or announced as a containment area of VC location, it should be shut down immediately.

3. Before allowing the patients into the VC, ask the following 4 questions:

- *In the last 4 weeks have they travelled to a hot spot or a non-green zone?*
- *Are they in the quarantine period? (Look for a stamp on hand or arm – applicable in some states)*
- *In isolation - has or is someone in the family COVID-19 positive presently or did they have contact with COVID-19 positive patient?*
- *Do they have fever (more than 99° F (37.2°C), cough, cold, loss of smell?*

VC staff could be asked to remember the basic questions to ask and symptoms to watch out for by remembering **PQrST** (Positive, Quarantine, Symptoms, Travel) and **Fools** (Fever, Cold, Cough, Loss of Smell).

If the answer is 'Yes' to any of these 4, the patient must not be allowed to enter and screening should not be performed. The patient should be referred/directed to the nearest COVID-19 designated centre for evaluation as per government guidelines. These are applicable to the physician, caregiver, screening team, any visitor and hospital staff as well.



This should be done at the place of entrance.

4. At entrance

- There should a designated area for hand washing, thermal detection and history taking of patients walking in.
- Preferable that hand wash is done before entering in the facility. It is recommended to avoid wearing watch and rings as these item hamper the compliance of hand hygiene.
- Patients, Attendants, Visitors, staff who are not wearing masks / face properly covered will not be admitted into the VC.
- To avoid over-crowding at VC, if needed token system to be introduced and patients asked to wait / come back till the appointed time. In case of waiting, physical distancing norms to be followed.
- A staff member with requisite PPE after hand washing / sanitization will conduct temperature check through IR thermometer for every person, entering the VC premises. The patients identified with any COVID-19 like symptoms would be urged to visit the appropriate hospital / Centre for further diagnosis. Such patients to be politely denied entry to the VC and requested to come after 20 days.
- Patients can be requested to remove footwear, wherever possible outside the VC premises.
- Temperature to be taken through an IR thermometer and be noted in a register with all relevant details such as name, age, gender, phone number, address etc. Staff must be made aware that it is mandatory to maintain details of patients who are requested to return back due to any symptoms.
- All referral shall be noted in the register, and this needs to be maintained for future reference.
- Daily attendance shall be maintained for whosoever is visiting the VC for any reason. This information will help in the future if any quarantine situation arises to trace all the visitors (staff; patients; attendant and visitors).
- Elderly patients or person with disability who require attendant help should be managed by the VC staff to the extent possible so that the attendant (if any) can be requested to wait outside. Avoid allowing the attendant to enter unless it is required.





5. Waiting areas

- Number of patients in the VC waiting area at any given point of time should be restricted to a maximum of one to two (depending on size / space of VC) and maintaining enough physical distancing. Minimum 1 meter' area distance should be available between seats. Three seated metal chairs or chairs with arm rest to be strictly avoided, if possible. Or following measure shall be taken.
- If more than 2 patients walk in at the same time, other than one patient all others (including attendants) can be requested to sit outside keeping at least a meter distance. Even outside, physical distancing of minimum 1 meter to be maintained. Mark the waiting position in white and patient would wait in the marked position. (Depending on the size of VC space – outside, pre mark it and see how many patients can be accommodated at once. It will vary from one VC to another).
- Routine daily cleaning of the clinic environment with appropriate disinfectant (*1% Sodium Hypochlorite solution is recommended*) it is vital at least in the morning prior to starting work and evening after the patients leave. A specific timing can be maintained (morning and evening for 30 minutes each).



6. Registration desk

- The distance between the staff and patients should be at least 1meter / a barrier shield could be created to prevent aerosol dispersion.
- Records; pens should be used properly and avoid physical touch during the registration. Avoid asking patient to write on the registers and/ or using his/ her pen.
- Proper covering of nose and mouth by using mask and monitor the patient's usage of mask are necessary.
- Guiding patients to next stage of examination with required space.

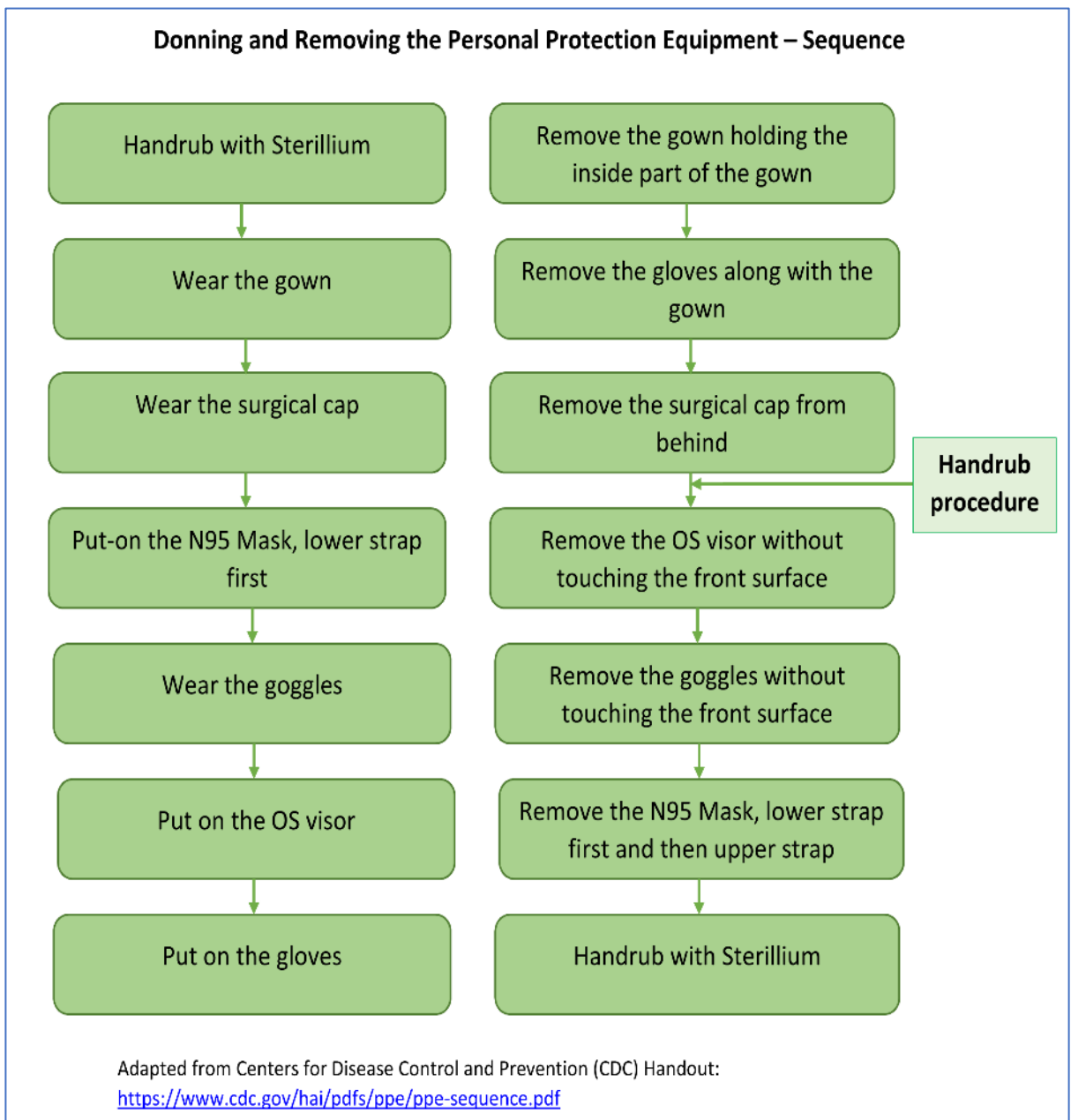


7. Personal Protective Equipment (PPE):

Wear appropriate PPE that must include hand gloves, cap, protective goggles/ visors, mask N95), face shield / visors, outer coat (gown not apron). Hand sanitizer – for personal use.

- Clinical staff (Vision Technician / Optometrist) – N 95 Mask with side sealed with tape, protective eye wear / visor, gown, cap, gloves.
- Non clinical staff: Mask, face shield / visor (prevent aerosol during interaction), gloves.
- Housekeeping staff (wherever applicable): Triple layer mask, protective eye wear, rubber gloves. Good to have-plastic apron.

7.1 PPE donning / Wearing & Removing Sequence:



7.2 PPE discarding process:

- Used linen (Cap, gown) will be treated as infected linen; same policy will be applicable for collection and washing.
- After doffing linen MUST be dipped in 1% Sodium Hypochlorite solution. It needs to be taken out after 20-25 minutes and then washed with soap and clean water and then dried thoroughly before re-use.
- Provision of dipping to be made in advance.
- VC to follow biomedical usage policy as per the hospital policies.

7.3 Cleaning/ Sanitising and PPE usage

- Removal of PPE / discarding in a yellow disposable bag as per the biomedical waste management rule instructed by the hospital. Hand washing with soap and water for a minimum of 30 seconds needs to be done after the same.
- Keep following points in mind while cleaning:
 - Start cleaning from cleaner areas and proceed towards dirtier areas.
 - High contact surfaces should specially be cleaned.
 - For metallic surfaces like door handles, security locks, keys etc. minimum 60% alcohol content sanitisers can be used to wipe down surfaces where the use of bleach is not suitable.

8. For optometrists while examining the patient

- Hand hygiene must be performed before and after every patient/ procedure.
- Minimise patient contact time by reviewing the notes beforehand. Avoid shaking hands, or any other patient contact, as much as possible.
- Be on alert for patients who present with conjunctivitis, especially with flu-like symptoms (fever; cough; sore throat; runny or stuffy nose; head congestion; headache; nausea; shortness of breath; fatigue). Please alert the Community Health Worker if you identify such a patient. All patients with conjunctivitis are to be considered at risk for COVID-19. Appropriate care to be taken while examination. Kindly refer to relevant COVID-19 Centre and after the assessment at the centre and certification of not having COVID-19 then the patient can be referred to base hospital.
- Eye examination – Non-essential imaging/testing should be deferred, and equipment use should be kept to a minimum. Perform relevant eye tests only. Prefer non-invasive tests above invasive one as much as possible.



- Slit lamp examination should be used with commercially available slit-lamp barriers or breath shield. These may be available commercially or they can be made from materials such acetate sheets (used for overhead projectors), clear plastic or Perspex. Cut holes for the slit lamp eyepieces; it may help to use a cardboard template. Slit lamp must be cleaned with alcohol swab after every patient especially the chin rest; forehead rest; joy stick; grab bar; table top etc.
- Avoid Tonometry if possible. If used then tonometer must be cleaned with alcohol swab in between patients, and disinfected with 1% sodium Hypochlorite solution at the end of the day.
- Strict no, for doing AR, NCT and Syringing, contact lens trials etc.
- Trial frame, also needs to be disinfected with alcohol swab after every patient.
- Good ventilation needs to be maintained, suggested open door policy for air changes
- Defer routine visits, especially for more vulnerable patients with pre-existing conditions at this time.
- Do refer patients to base hospital for those who can't be examined in this period at VC due to procedural issues.



9. General precautions

- If one has a refractive error, avoid wearing contact lenses as that leads to touching eyes more often than the average person. If possible wear glasses as it minimises the frequency of hand-to-eye contact.
- If an urge to itch or rub the eye is felt or even to adjust the glasses, use a tissue instead of fingers. Dry eyes can lead to more rubbing, so consider adding moisturizing drops to the eye routine.
- Do wash hands before eating, after using the restroom, sneezing, coughing or blowing nose as per the steps and instructions laid down by WHO.

The above guidelines are prepared by Mission for Vision and in case of any queries or more information please feel free to contact Mission for Vision at info@missionforvision.org.in

Prepared as on 25th June and may need to be revised according to changes in protocols and guidelines as applicable from State / Central or expert bodies.

References:

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.cehjournal.org/article/protecting-yourself-and-your-patients-from-covid-19-in-eye-care/>
- Facing COVID-19 in Ophthalmology department: Mario R Romano, Alessio Montericcio, Clara Montalbano, Raffaele Raimondi, Davide Allegrini, Gabriella Ricciardelli, Martina Angi, Luca Pagano & Vito Romano 07 Apr 2020.
- Guidelines on disinfection of common public places including offices

Poster for display

Containing Covid 19 (Corona Virus)

If you have

- Fever
- Cough
- Breathing problems
- Other Flu Symptoms

Or if you have travelled abroad in the last 14 days

Please Do not Enter

You are advised to stay at home and contact your physician on phone if you have these symptoms.

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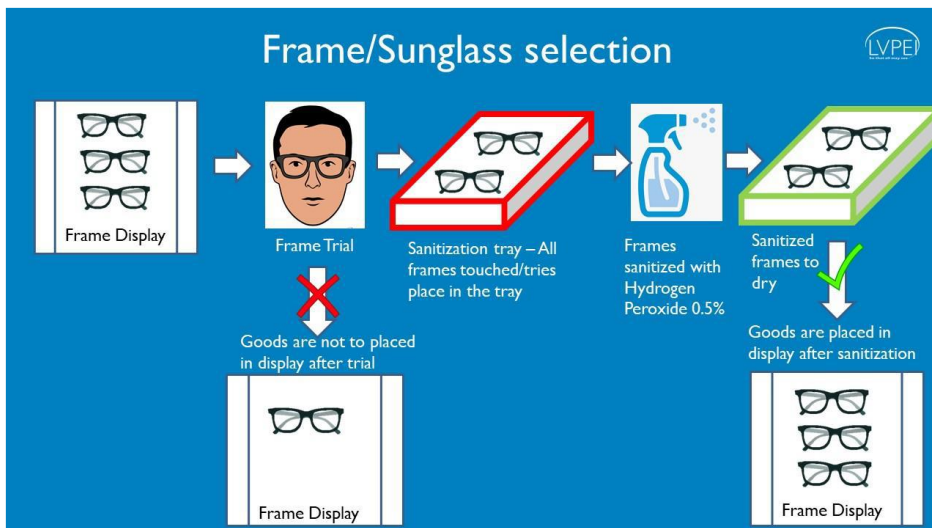


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Vision Centre optical system guideline.

Spectacle Dispensing protocol and workflow

- Wear plastic gloves and mask while showing frames to patients and also while collecting cash. Encourage online transactions for collection of fees and spectacle money.
- Keep a safe distance from patients all the time.
- Avoid patients touching the frames or lenses if they not purchasing them.
- Avoid keeping hands-on display counters.
- Clean the frames/lenses once shown to patients as per the guidelines (Two tray system).



Use Red taped tray to keep frame to keep frames tried by patients



After sanitisation please place the frames in Green taped tray and later place back in display unit



Optical outlet protocol while spectacle selection and placing order

Each patient to sanitise their hand before entering to the opticals area



Optometrist / Health worker to maintain physical distance and talk less to patient to minimise aerosols. Use more of gestures and explain product from leaflet (do not share leaflet with patient) /sample



Clean PD scale / Pupilometer before taking the IPD. Wear face shield. Explain process to patient and ensure not to go close to patient.



Keep PD scale / Pupilometer used for IPD in red taped tray and sanitise before shifting to green taped tray for using in next patient.



Optometrist/ health worker to sanitise their hand before and after handling cash



Sanitise the selected frame and keep in an envelope to send for fitting. In case patient brings their own frame for fitting then ask patient to place it in red taped tray for sanitisation using solution.



Clean the display table and other touch points immediately before attending next patient.



Optical outlet protocol while receiving prepared spectacle and dispensing final spectacle to patient

Sanitise box received from spectacle fitting vendor with H₂O₂ solution.



Keep received spectacle in red tray and sanitise frames and lens with H₂O₂ solution.



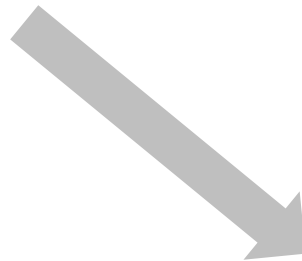
Do quality check of spectacle on lensometer / hand neutralisation for power and check visible fault if any.



Keep sanitised spectacle in green tray.



Pass quality control



Quality control fail

Keep spectacle in spectacle box with cloth and label respective order.

Send back to spectacle fitting vendor.



On spectacle delivery day, sanitise patient hands and ask patient to handle spectacle.



Perform necessary adjustment same day to reduce patient walk in on other days.



Optometrist/ health worker to sanitise their hand before and after handling cash advance receipt. Then give final bill.



Preparing and use of Frame cleaning solution

Hydrogen Peroxide solution

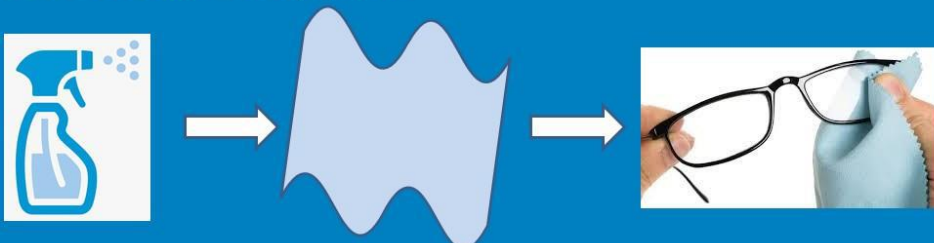
- Hydrogen Peroxide is commonly available in medical stores/ pharmacies or supermarkets in the concentration of 3% to 3.6%. It must be diluted to 0.5% concentration before usage.
- In case of 3% concentration, you need 1 part of Hydrogen Peroxide and 5 parts of water to dilute into 0.5%.
- In case of 3.6% concentration, you need 1 part of Hydrogen Peroxide and 6 parts of water to dilute into 0.6%.
- Store the 0.5% Hydrogen Peroxide solution in a spray bottle.
- After customer trial, spray the Hydrogen Peroxide solution onto a clean cloth and clean the frames/ sunglasses.
- After cleaning, keep the Hydrogen Peroxide solution in cool and shady place.
- This solution is safe on the frames and is non-corrosive.



Frame cleaning solution Hydrogen Peroxide[H₂O₂] 0.5% *



- Spray 0.5% H₂O₂ on a clean cloth and clean the spectacles or sunglasses, covering all parts of the frame especially the nose bridge and nose pads.
- Store in cool and shady place



Checklist of Sanitisation of The Store

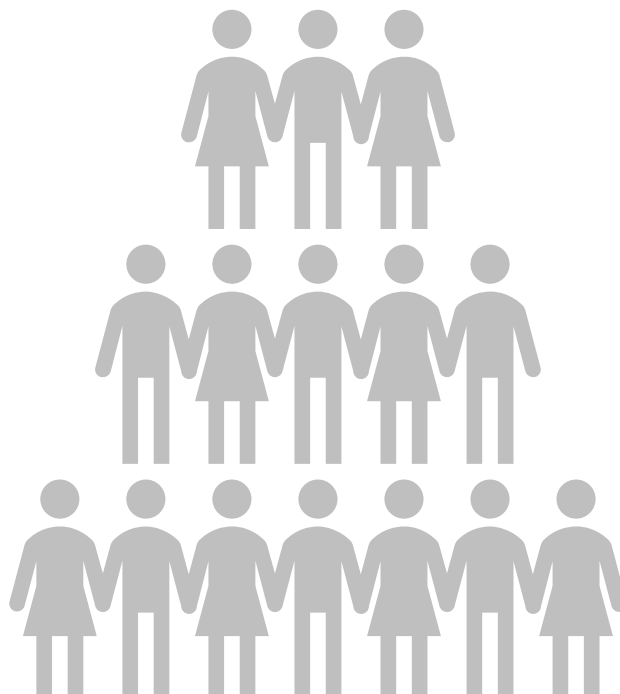
Please ensure a sanitisation checklist is prepared, filled regularly and filed at all stores

VC Name _____ VC Location _____

Date	Particulars of surfaces								Sign Off by VC optometrist		
	Reception counter	Keyboard & Mouse	Handles/ Door Knobs	Mirror	Patient Chairs	Counter tops	Table tops	Equipments	Morning	Afternoon	Closing

Reference:

1. Luxottica- Being Safe and Protected: Guidelines for eyewear store opening post COVID-19 lockdown.
2. LV Prasad Eye Institute: Protocol for vision Centres post COVID-19.



Annexure

Questionnaire for Staff

1. Did you have fever, cough, loss of smell & breathlessness recently?
 - a) Yes
 - b) No
2. Did any of your relative suffer from COVID-19 recently?
 - a) Yes
 - b) No
3. Did you or your relative (with whom you have had contact) travel to any COVID-19 affected areas / countries recently?
 - a) Yes
 - b) No
4. Was your family was quarantined for 14 days by the District health department recently?
 - a) Yes
 - b) No
5. Did you sterilise all the equipment which will be used for screening?
 - a) Yes
 - b) No

Questionnaire for patient

1. Did you have fever, cough, loss of smell & breathlessness recently?
 - a) Yes
 - b) No
2. Did any of your relative suffer from COVID-19 recently?
 - a) Yes
 - b) No
3. Did you or your relative (with whom you have had contact) travel to any COVID-19 affected areas / countries recently?
 - a) Yes
 - b) No
4. Was your family quarantined for 14 days by the District health department recently?
 - a) Yes
 - b) No





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