



Rajasthan Ophthalmological Society

(Affiliated to All India Ophthalmological Society)

Reg. No. : 1199/2009-10 (March 16th, 2019)

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COVID 19: ROS Guidelines for Ophthalmic Practice

(Created by Dr. R.K. Sharma, Dr. Suresh Pandey, Dr. Arun Kshetrapal,
Dr. Harshul Tak & Dr. Vishal Agarwal)

In the tough times of COVID 19 Pandemic, Rajasthan Ophthalmological Society (ROS) has decided to come up with the guidelines for ophthalmic practice. These are the general recommendations from ROS and may need to be modified based on the evolving situation. ROS members should visit ROS website page or WhatsApp group for the update.

ROS members are requested to protect themselves, their staff, and patients by taking all precautions and by using their discretion to minimize spread of virus during the COVID19 pandemic. All ROS members are requested to train your entire hospital team and ensure everyone to take due caution and to follow the protocol.

The COVID19 Guidelines for ROS members have been basically divided into three parts:

- ***During the period of Lockdown (Till April 14, 2020 or as decided bygovt.)***
- ***OPD after lockdown***
- ***OT / Surgical procedures after lockdown***

Part I. DURING THE PERIOD OF LOCKDOWN

Guidelines for the patients

- No person (Patient/attendant) to be allowed inside the premises without a mask.
- Provision of hand sanitizer for the patient and attendant at entry or they shall do hand wash at entry point of hospital.
- Taking of history of the patient and attendant in the prescribed self-declaration Performa before the patient reaches the registration.
- Temperature measurement with non-contact thermal temperature gun of patient and attendant.
- Signing of consent form for check up in the times of COVID 19 by patient and attendant.
- Photo copy of ID card should be collected at the reception desk.
- Preferably only one (or no) attendant allowed per patient while examining. (Two attendants allowed only if the patient is a child or in case of debilitated patients)

Guidelines for the Hospital Staff

- All staff should wear mask.
- Should frequently use hand sanitizer /wash hands at regular interval.
- Minimal conversation with patient and amongst each other.
- Clean the surfaces of all equipment after seeing the patient.
- Hospital staff should not be allowed to use mobile phones.
- Ascertain and register the patient only if it's an emergency.
- Guide the patient to come at a later date in non emergency cases.
- Allow minimum number patients in OPD and make them sit at distance.
- Avoid cash transaction (promote cashless).



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Guidelines for the Ophthalmologist

- Minimal speaking during the OPD.
- Minimize contact procedure.
- Avoid dilating the pupil.
- Avoid using direct ophthalmoscope, preferably examine with I/O or loupe.
- Avoid contact lens trial.
- Avoid touching files, case sheets, prescription etc brought by patient.
- Avoid performing non-essential procedures such as refraction etc
- Minimize investigations if possible (OCT, FFA, NCT, AR, etc.)
- Maintain minimum one meter distance from patients.
- Use gloves while touching the patient.
- Use cotton buds to open the lids.
- Use hand sanitizer in between two patients.
- Frequently clean surface/equipment.
- Use face shield if possible.
- Don't allow patient to stay in consulting chamber for long.
- Slit lamps to have acrylic/ plastic / X-ray sheets attached so that the direct contact with the patients is avoided. Material used should be able to clean with alcohol swabs. To be cleaned every 2 hours.
- Only emergency surgeries to be performed

PART II: OPD AFTER LOCKDOWN (APRIL 15, 2020 or as decided by government)

All ROS members should take maximum precautions at Ophthalmic Evaluation and OPD Procedures for 2 to 3 months (depending on situation) to minimize transfer of COVID 19 from asymptomatic carrier.

Train your entire hospital team and ensure everyone to take due caution and to follow the protocol as described above. besides this

- Be prepared to see fewer patients scattered over the whole day to prevent overcrowding.
- Encourage telephonic/WhatsApp consultation for patients who can postpone their visit for few weeks to avoid overcrowding in hospital after lockdown period.
- Speak as less as possible during OPD consultation.
- Protection for mouth, nose, and eye using masks.
- Encourage digital payment to minimize cash handling.
- Flash (torch) light examination (with loupe) for routine eye cases.
- Use of slit lamp (if necessary) with barriers or breath shields.
- Refraction, with all precautions, if necessary.
- Alcohol based hand sanitizer before and after examining each patient.
- Avoid nasolacrimal syringing at least for few weeks.
- Avoid all aerosol-based procedures including NCT (if possible).
- Disposable gowns, gloves and eye protection, and N95 mask are recommended if any procedure is planned that will result in aerosols.
- Disinfect (using standard protocols) all OPD instruments and probes used in direct contact to the patient's tear film and ocular surface before re-use.



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- Patients with conjunctivitis should be seen in a designated OPD room with an isolated waiting room by a designated ophthalmologist with N95 mask.
- Mopping the entire OPD with one percent Sodium Hypochlorite solution after every 3 to 4 hours depending on the patient load. You can consider fogging in night time.
- All Health care workers (HCW) coming in direct patient contact and ophthalmologists should change & scrubs at entry to the hospital and change out to street clothes at exit. They should be encouraged to take a soap bath at once they reach home.
- Optimize support staff and HCW allocation (half of the regular staff per day) for few weeks after April 15, 2020.

PART III: OT / SURGICAL PROCEDURES AFTER LOCKDOWN

ROS members should take all cautions and due care to start routine eye surgery after lockdown is over. *Train your entire hospital team and ensure everyone to take due caution and to follow the protocol*

- Check list and revised COVID 19 Consent taken for minor and routine eye procedure
- All universal precautions and investigations as highlighted before.
- Patient for eye surgery should enter the OT with the mask and their face should be cover with mask all the times till he/she is in the OT.
- Minimum number of staff in the Operation Theater, minimal talking during the procedure
- Preference for Day Care Surgery. If possible, avoid night stay of any patient in the eye hospital.
- All cases, routine screening Chest X-ray before each surgery.
- All cases with history of fever, cough or history of travel, please ask them to get tested for COVID19 and proceed for eye surgery only if they are COVID19 negative.
- Emergency or routine, avoid surgeries off-hours or with an incomplete surgical team.
- Experienced or senior eye surgeon should preferably do the surgery – quick and safe surgery is warranted
- Choose the quickest and safest possible surgical procedure
- Prefer topical anesthesia over injectable/local anesthesia (when possible)
- General Anesthesia should be avoided , unless mandatory
- Personal Protection Equipment (PPE) for all OT staff (HIV Kit for non-COVID-19 patients and a full-body suit for COVID-19 patients and suspects)
- Stop positive ventilation in theatre during procedure and for at least 20 minutes after the patient has left theatre
- Smoke evacuation for diathermy



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- Aerosol generating procedures such as intubation, extubation, bag masking, electrocautery should be done by anesthetist and the surgeon while wearing full personnel protective equipment
- Bare minimum staff should be present when the patients are intubated and extubated in the Operation Theater
- No two patients should be handled together. There should be a 20-min time out between each surgery
- Protocol based disinfection of the OT should be done after each surgical procedure
- All HCW coming in direct patient contact and ophthalmologists should be encouraged to take a soap bath once they reach home.
- In case of urgent ophthalmic problem in a patient who is at high risk for COVID-19, eye care is best provided in a multispecialty hospital setting. Transmission precautions for treating ophthalmologists include a full body protection (HIV kit)
- In case of urgent ophthalmic problem in a patient with documented COVID-19 or a person under investigation, the patient should remain in the multispecialty hospital setting, ICMR-Govt . of India guidelines should be followed, transmission precautions for treating ophthalmologists include full-body protection.

Disclaimer: The document contains guidelines based on the information issued by AIOS, IMA and various relevant organizations, and State and Central Governments as on the date of release. These Guidelines are provided for informational and educational purposes only. Adherence to any recommendations included in this document may not ensure successful outcome in every situation. Furthermore, the recommendations contained in this document should not be interpreted as setting a standard of care or be deemed inclusive of all proper methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. These guidelines reflect the best available information at the time the document was prepared. The results of future studies may require revisions to the recommendations to reflect new data. The guidelines do not replace or override existing national/regional/local statutory requirements. The guidelines are to be tempered with the regional, local and individual hospital guidelines and expertise. The ultimate judgment regarding the propriety of any specific therapy must be made by the physician and the patient considering all the circumstances presented by the individual patient, and the known variability and biological behavior of the medical condition. Rajasthan Ophthalmological Society (ROS) does not warrant the accuracy or completeness of the Guidance and assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of this Guidance or for any errors or omissions . ROS will not be a party to for medico-legal implications arising out of following or not following these recommendations.

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Date: 06/04/2020

Dr. Sandeep Vijay
Date: 06/04/2020