Optometric primary eye care during the COVID-19 pandemic



		Red Amber period			Green
				e states on a national or local level ¹	
		COVID-19 is in general circulation NHS services at critical risk	COVID-19 is in general circulation. Phased reopening with social distancing and infection control.	COVID-19 is present in the UK, but the number of cases and transmission is low. Most services reopen with social distancing and infection control	New normal. May require increased use of routine PPE
		Lockdown may be activated	Period of sustained transmission	Low sustained transmission How this is achieved and assessed to be determined by public health and national governments	To be determined by national governments and public health
		Telephone and video review offered in the first instance to determine COVID-19 status and level of eyecare need.			
		Remote dispensing of spectacles or contact lenses when in the patient's best interests			
Face to face examination		Essential, urgent and emergency only	Needs and/or symptoms led eyecare ²	Needs and/or symptoms led eye care. Start to meet outstanding eye care needs as capacity permits ²	Resume all eye care on an open access basis
Contact lens practice		Essential urgent or emergency CL practice/medical contact lens fitting ³	Needs and/or symptoms led CL check-ups	Needs and/or symptoms led CL check-ups. Start to meet outstanding CL check-up needs	Fitting of non- medical CLs
Protocols in place to ensure COVID-19 cases (staff/patients/visitors) do not attend the practice.		Yes			As required by national public health guidance
Strict social/clinical distancing		Yes			
Infection control and decontamination		Yes			
Slit lamp guard		Yes			
closer	Disposable apron	Yes	As per nation's public health advice.		
PPE (Direct care, than 2m)	FRFM IIR	Yes As per nation's public health advice		Risk assessment	
	Eye/face protection (visor/goggles)	Risk assessment based on nation's public health advice			
Ъ	The patient wears a mask/face covering	At practice discretion based on nation's public health advice. (May be cloth or FRFM if supplies available)			
Clinical tests	Micro-aerosols NCT, Blephex and Alger brush	No	No	Risk assessment based on updated evidence	
	Fundus imaging/OCT/ Optomap	Yes			
	Direct ophthalmoscopy	Use fundus imaging where possible	Use SL-BIO or equivalent where possible		Yes
	Tonometry	If	If clinically necessary, use Goldmann or iCare		
	Refraction	Limited only	Modified ⁴	Yes	
	Visual fields	Only complete when clinically indicated ⁵ Re-introduction of normal case finding tests		Yes	
		Use equipment that can be disinfected Emergency and As lead protected			
HES referrals		urgent only As local protocols		Yes	
Examinations for people who are being shielded, shielding, or self-isolating ⁶ Domiciliary appointments		Virtual where possible. Full PPE if face-to-face provided ⁷			
		Emergency/urgent care based on local protocols. Essential care based	Urgent/emergency and essential.	Yes if symptoms.	Normal service commences following national public health
		on national Domiciliary examinations restarted as per local protocols protocols. 8		guidance	

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- The phases will be informed by the Joint Biosecurity Centre (JBC), together with national governments and PHE/PHW/PHS/PHA. Things may fluctuate between the These recommendations apply equally to both NHS and non NHS-funded care
 This would include CL fitting where is it needed to enable someone to wear PPE
 To reduce the time the patient spends in the consulting room
 To reduce the time the patient spends in the practice. Visual field tests should not be conducted on a 'blanket' basis as part of pre-screening for example.

- 4.
- Eyecare to be provided in the patient's own home where possible and safe to do so.
- Full PPE includes gloves, FRFM, apron and eye/face protection. For domiciliary care public health guidance is to risk assess whether to wear eye/face protection (table 2
 - $\underline{\text{https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatie}$ nt community_and_social_care_by_setting.pdf)
 In Scotland and Northern Ireland all face to face domiciliary examinations have been suspended. In England and Wales essential eyecare can be provided face to
- face if needed.