



PHILIPPINE ACADEMY OF OPHTHALMOLOGY

Recommendations for Ophthalmic Practice Management During the COVID-19 Pandemic

I. Practice Operations and Safety Considerations

II. Tele-ophthalmology

Introduction

The risk of patients and ophthalmologists acquiring Covid-19 infection during an ophthalmologic consult or surgery must be weighed against the risk of failure to treat serious eye diseases. Thus, the recommendations set here seek to find balance between delivering eye care to urgent and emergent cases and limiting patient traffic in the eye clinics by promoting physical distancing and protecting the most vulnerable population taking into account the presence of asymptomatic carriers and the slow incubation period of the disease. Ophthalmologists need to have plans to prioritize care for patients who have sight or life threatening conditions, to deliver non face-to-face (F2F) care, and to defer appointments for non-urgent consultation and elective surgery.

I. Practice Operations and Safety Considerations

Recommendations on Urgent and Non-Urgent Care

The Philippine Academy of Ophthalmology (PAO) recommends that all ophthalmologists cease all face-to-face out-patient consultations and treatment other than urgent or emergent care during the Covid-19 pandemic. This includes both clinic-based and surgical care. The urgency is determined by the ophthalmologist's clinical judgement and must always take into account the patient's medical and social circumstances. The PAO has released a risk stratification guideline to help its members in the clinical decision-making process.

We are, first and foremost, physicians who must do what we can to help reduce the transmission of the virus and not be a vector of a potentially fatal disease to our patients and to other medical staff. All other factors such as business, finance, and inconveniences should remain second priority at this time.

Ophthalmologists are at increased risk of exposure to higher viral loads of SARS-CoV-2 due to the proximity of our interactions with patients. Although viral transmission occurs chiefly via respiratory droplets within a range of about 2 meters, fomite transmission from contaminated surfaces can also occur. There is still controversy as to whether the virus is shed in tears. It therefore follows that all practicing ophthalmologists should adopt all necessary procedures to limit the transmission of Covid-19 while continuing to provide urgent patient care.

Appointments and Scheduling

1) Evaluate and see only patients with urgent or emergent needs or those requiring frequent management to prevent vision loss. This approach will limit exposure, enable the patient requiring urgent care to be seen, and provide continued income from the practice. All elective clinical services should be suspended. Consults of patients who are elderly or with multiple co-morbidities should be deferred, if possible.

2) Emphasize to patients that non-urgent appointments are being rescheduled but their physician is accessible should there be an emergency or when there are changes to their vision that require care.

3) Pick a safe date to reschedule, based on the guidelines of your locality.

4) Utilize telephone or video-conference consultations. These should be encouraged as this will help inform the ophthalmologist of the urgency for care and the ophthalmologist can provide explanation and reassurance to the patient.

5) In group practices, consider creating physician-staff teams and do not change team members. This makes it easier to monitor who tests positive within the team, curbs the spread to other physician-staff teams, and allows the practice operations to continue.

6) For clinics with more than 1 staff member, consider to stagger schedules. Non-essential staff members should be asked not to report to work.

7) For those patients requiring F2F consultation, encourage these patients to set an appointment. A phone triage system should be set up to identify patients with fever, respiratory symptoms, other associated symptoms or recent travel to outbreak areas in advance. These individuals should be encouraged to postpone their appointments for at least 14 days and should not be seen unless the clinic is equipped with extra protective measures.

8) If F2F consultation cannot be avoided, patients can be checked-in by phone and instructed to wait in the parking lot or an ante room to be called in. If possible, data collection and history taking is encouraged to be done over the phone to decrease F2F interaction. Encourage patients to come in only during their appointment time to avoid crowding inside the clinic.

9) Install signage outside the clinic warning sick and exposed patients and family members to reschedule their visits, especially if the exposure is within 2 weeks.

10) It is also recommended to display a signage on RA 11332: Mandatory Declaration of Covid 19 Status and Test Results.

11) Use screening questions and require temperature check on all patients before allowing them to enter the clinic.

12) Patients should be encouraged to call the clinic in case they become symptomatic within 2 weeks after F2F consultation. The patient's phone numbers should also be obtained so they can be informed if the ophthalmologist or any of the staff develop any symptoms.

13) Provide access to alcohol/hand sanitizer within the premises.

Eye Examination

1) A breath shield should be installed on the slit-lamp. 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.

2) Protective masks should be worn at all times by both patient and the ophthalmologist, as well as by the clinic staff (secretary, ophthalmic assistants).

3) Personal protective equipment (PPE) such as gloves, protective glasses or eye wear, and gowns are highly recommended.

4) To further decrease the risk of any virus transmission, avoid speaking during the slit-lamp examination.

5) Extra precautions should be taken when examining patients with conjunctivitis. This includes seating the patient away from other staff and patients, wearing appropriate PPE, and thorough cleaning of all surfaces in contact by the patient. Avoid performing tonometry on such patients.

6) Always observe proper hand washing technique in between patients.

7) When performing funduscopy, use of condensing lens on the slit-lamp or indirect ophthalmoscopy is preferred over direct funduscopy.

8) Proper handling of eyedrops must be observed. Avoid touching the dropper tip on the lids and eyelashes. Disinfect the exterior of a multiple dose ophthalmic/eyedrop bottle with 1:100 dilution bleach wipes. Store the eyedrops in a tray lined with cloth soaked in nontoxic sterilizing solution.

American Academy of Ophthalmology (AAO) Eye Examination Precautions According to Clinical Situation www.aao.org/headline/alert-important-coronavirus-context

Clinical Situation	Patient Management Precautions
Routine ophthalmic issues and previously scheduled appointments	<ul style="list-style-type: none"> • Routine problems should be deferred • Previously scheduled appointment should be cancelled • Appointments should be rescheduled only upon clearance from public health authorities • Refill all necessary medications
Urgent ophthalmology appointment for patient with no respiratory illness symptoms, no fever, and no Covid-19 risk factors	<ul style="list-style-type: none"> • Standard precautions (hand hygiene, cough etiquette, use of PPE, cleaning and disinfecting environmental surfaces) • Added precaution of not speaking during slit-lamp examination is appropriate • Use of surgical mask and eye protection for the clinician as well as surgical mask for the patient may reduce asymptomatic and pre-symptomatic transmission
Urgent ophthalmic problem in a patient with respiratory illness symptoms, but no fever or other Covid-19 risk factor	<ul style="list-style-type: none"> • Patient can be seen in the eye clinic • Patient should be placed in an examination lane immediately with the door closed and placed in surgical mask. Ophthalmologist and assistant require surgical masks at minimum • Gown, gloves, surgical mask and eye protection are recommended for the clinician • Examination room must be disinfected after examination
Urgent ophthalmic problem in patient who is at high risk for Covid-19	<ul style="list-style-type: none"> • The patient is best sent to the ER or other hospital-based facility to evaluate for, and manage, Covid-19 • If the patient has an urgent eye problem based on screening questions, the most appropriate setting to evaluate such individual is a hospital with a facility equipped to provide eye care • If Covid-19 is confirmed, national and local guidelines for care of suspected Covid-19 patients should be followed for health care facility preparation. • Eye care is best provided in the hospital setting. Transmission precautions for treating ophthalmologists include wearing surgical mask, gown, gloves and eye protection (face shield or goggles)
Urgent ophthalmic problem in a patient with documented Covid-19 or person under investigation	<ul style="list-style-type: none"> • Patient should remain in the hospital setting, if possible • Determine whether the eye problem is urgent based on screening questions, and if so, evaluation and management should be in the hospital setting • If the patient is not hospitalized at the time of referral, the patient is best referred to the ER or other hospital-based facility equipped to manage both Covid-19 and eye care. • CDC or hospital guidelines should be followed for care of Covid-19 patients • Transmission precautions for treating ophthalmologists include wearing n95 mask, gown, gloves and eye protection (face shield or goggles)

Social Distancing

- 1) Establish a protocol to verify if the patient should be recommended for telemedicine
- 2) Only allow patients (e.g., no family members) inside the examination room. If this restriction is not possible, allow only one person to accompany the patient. Specify that children should never come to the clinic unless they are the patients.
- 3) Create personal space of 6 feet (2 meters) by taping off or placing “No Sitting” signs on chairs in waiting areas. Keep the waiting room as empty as possible.
- 4) Discourage congregating of clinic staff especially during breaks.

Cleaning Protocols

- 1) Enforce standard use of hand sanitizer by all visitors to the clinic.
- 2) Encourage frequent and thorough disinfecting of waiting rooms, restrooms, and exam lanes to include chairs, desk surfaces, keyboards, mouse, slit-lamps, occluders, tonopens, etc.
- 3) Install sneeze guards or breath-shields on all slit lamps and diagnostic equipment that require close contact between patients and staff. 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. In general, barriers are not a substitute for careful cleaning of equipment between patients.
- 4) Disinfect in between consultations. Decontamination of surfaces, protection of mucous membranes with the use of appropriate PPE, and good hygiene are vital to reduce the transmission risk.
- 5) Review protocol with clinical staff for the use of gloves, masks, alcohol wipes, etc., Provide staff orientation regarding public transportation, protocols for entering and leaving homes, change of uniform and shoes when entering the clinic.
- 6) Increase signage in restrooms for proper hand hygiene.
- 7) Current CDC recommendations for disinfectants specific for Covid-19 include: diluted house bleach (5 tablespoons bleach per gallon of water), 70% alcohol solutions and EPA registered household disinfectants (Clorox brand products, Lysol brand products, etc.).
- 8) Using 70% alcohol solution in cleaning the tonometer tip and allowed to dry in room air is effective against Sars-CoV-2 virus. Use single-use, disposable tonometer tips if available.
- 9) Follow the proper medical/biological waste disposal procedures.
- 10) Ensure adequate stocks of PPEs and disinfectants.

Operating Room

1) Circumstances vary for hospitals, hospital-based outpatient surgery departments, free-standing ambulatory surgery centers, and office-based procedures. However, all ophthalmologists should adjust their surgical volumes.

2) Keep in mind that patients should receive appropriate and timely surgical care, including operative management, based on sound surgical judgement and availability of resources.

3) Consider non-operative management whenever it is clinically appropriate for the patient.

4) Consider waiting for the results of COVID-19 testing in patients who may be affected.

5) Even outpatient ambulatory surgery center based procedures may expose other patients and healthcare workers to virus shed from asymptomatic patients or even asymptomatic physicians.

6) Micro-aerosol generating procedures, such as operations under general anesthesia (GA) should be avoided unless considered urgent by the surgeon. Surgical patients requiring GA should be tested for SARS-CoV-2 whenever possible.

7) Aerosol generating procedures (AGP) increase risk to the health care worker but may not be avoidable. For patients who are or may be infected, AGP (intubation, extubation, bag masking, electrocautery of blood, endoscopy, etc) should only be performed while wearing full PPE including an N95 mask or powered, air-purifying respirator (PAPR) that has been designed for the operating room.

8) Surgeons and personnel not needed for intubation and extubation should remain outside the operating room until these are completed for patients with or suspected of having Covid-19 infection.

9) Negative pressure operating rooms and/or anterooms when available are recommended.

10) Surgical team PPE is composed of the following: hooded isolation gown, double caps, protective mask (N95), medical goggles, boot covers, and two layers of latex gloves. Powered air purifying respirator (PAPR), if available, replaces N95 and medical goggles.

11) Upon entry to the OR, a sterile disposable non-woven polypropylene surgical gown must be worn with an additional layer of sterile gloves.

12) Use smoke evacuator when electrocautery is used.

13) If transport of a patient with or suspected to have Covid-19 infection to an outside recovery area or intensive care unit is necessary, endorse to a minimum number of transport personnel who are waiting outside the operating room. Personnel should wear PPE as recommended. PPE should not be the same as worn during the procedure.

14) The surgeon should remove clothes worn from home and keep in garment bag. Scrub suit should be worn after arrival at the hospital. After separating from the patient,

scrub suit should be removed and consider showering before changing into a clean scrub suit or home clothes.

15) Hands should be washed frequently and safe social distancing should be maintained.

AAO List of Urgent/Emergent Ophthalmic Surgeries

www.facs.org/covid-19/clinical-guidance/elective-case/ophthalmology

Biopsy of orbit	Suspected intraocular malignancy or immediate sight-threatening condition
Brachytherapy	Intraocular malignancy
Cantholysis	Sight-threatening conditions
Canthotomy	Sight-threatening conditions
Cataract surgery	Congenital cataract in the amblyopic period, monocular patients with documented vision loss precluding driving, reading or self-care, lens-induced glaucoma, angle-closure glaucoma, acute lens complications, or severe anisometropia of fellow eye post recent lens extraction in first eye
Closure of cyclodialysis cleft	Sight-threatening hypotony due to trauma
Corneal transplantation	Pediatric patients with corneal blindness in both eyes in their amblyopic period
Decompression of dacryocele	Neonate with obstructive respiratory compromise
Decompression of orbit	Orbital tumor with impending vision loss
Drainage of abscess	Orbital cellulitis
Drainage of choroidals	Appositional choroidal effusion, suprachoroidal hemorrhage, or flat anterior chamber
Enucleation	Ocular trauma, infection, intractable glaucoma, globe perforation, intractable pain, or intraocular malignancy
Evisceration	Life-threatening infection, or intractable pain
Examination under anesthesia	Pediatric patients with retinoblastoma, endophthalmitis, Coats Disease, uveitis, glaucoma, ocular trauma, retinal detachment, or presumed intraocular foreign body
Excision of tumors	Malignancy or sight-threatening tumor
Exenteration	Life-threatening infection
Exploration of orbit	Life-threatening or sight-threatening conditions
Fenestration of optic nerve sheath	Progressive vision loss
Filtration surgery	Uncontrolled intraocular pressure that is sight-threatening who are poor candidates for trabeculectomy or aqueous tube shunts
Frontalis sling	Sight-threatening congenital ptosis

Goniotomy ab externo or ab interno	Uncontrolled intraocular pressure that is sight-threatening
Insertion of drainage implant with or without graft	Catastrophic or rapidly progressive glaucoma
Laser indirect retinopexy – complex	Retinal detachment, retinal tear, or ocular trauma
Laser photocoagulation	Pediatric patients with retinopathy of prematurity (if this can't be in NICU)
Pars plana lensectomy	Acute lens complications
Peeling of membrane/ internal limiting membrane	Proliferative diabetic retinopathy, proliferative vitreoretinopathy, complex preretinal membrane, complex macular pathology, or macular hole
Pneumatic retinopexy	Retinal detachment
Probing of nasolacrimal duct	Dacryocystocele
Reconstruction of ocular surface or other tectonic procedures	Acute chemical injury, or acute Stevens Johnson Syndrome
Removal of aqueous drainage implant	Endophthalmitis, corneal touch, corneal decompensation, or exposed plate
Removal of intraocular foreign body	Presumed intraocular foreign body
Repair of anterior segment or cornea	Lacerations, blunt rupture, or deeply embedded corneal foreign body
Repair of canalicular laceration	Injury or trauma to their canaliculus
Repair of dehiscence of corneal graft or other anterior segment wound	Wound dehiscence or other wounds, including dislocated LASIK flaps
Repair of extrusion or complication of keratoprosthesis	Complications with implanted devices in their cornea or anterior segment
Repair of eyelid/face	Lacerations of eyelid or face
Repair of facial fractures	Displaced facial bone fractures
Repair of open globe	Ocular trauma
Repair of operative wound(s)	Bleb leaks, wound leaks, over filtration, under filtration, bleb scarring, sight-threatening hypotony, or shallow anterior chamber
Repair of orbital fracture	Hemodynamic instability or oculocardiac reflex
Repair of perforation or impending perforation of cornea or sclera	Corneal and scleral injury or trauma
Retrobulbar injection	Pain due to ocular diseases causing significant compromise of quality of life

Revision of drainage implant with or without graft	Implant/tube exposure that might be sight threatening, endophthalmitis, malpositioned tube endangering eye or excessive inflammation, a tube that might worsen vision due to corneal edema or iritis or cystoid macular edema, or with a severe tube malposition causing rapid visual loss
Scleral buckle	Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, or intraocular foreign body
Synechiolysis	Lens-induced glaucoma or angle-closure glaucoma
Tarsorrhaphy	Impending corneal compromise
Trabeculectomy with or without scarring	Catastrophic or rapidly progressive glaucoma and markedly elevated intraocular pressure, or uncontrolled secondary or primary glaucoma
Trabeculotomy	Uncontrolled intraocular pressure that is sight-threatening
Trans scleral cyclophotocoagulation	Uncontrolled glaucoma or absolute glaucoma with a blind and painful eye
Vitrectomy	Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, intraocular foreign body, misdirected aqueous, ciliary block glaucoma, malignant glaucoma, a vitreous prolapse, or a tube shunt that blocks filtration
Washout of the anterior chamber	Hyphema that is sight-threatening



References:

<https://www.aao.org/practice-management/article/coronavirus-practice-operations-safety-advice>

<https://www.esoprs.eu/news/recommendations-for-oculoplastic-surgeons-during-the-covid-19-pandemic/>

<https://www.aao.org/headline/alert-important-coronavirus-context>

<http://www.icoph.org/downloads/MSO-COVID-19-Statement.pdf>

https://ranzco.edu/wp-content/uploads/2020/03/RANZCO-Coronavirus-COVID-19-Guideline_05032020.pdf

<https://www.facs.org/covid-19/clinical-guidance/elective-case/ophthalmology>

<https://www.facs.org/covid-19/clinical-guidance/surgeon-protection>

Philippine College of Surgeons Memorandum. March 26, 2020

Stress Management

The Covid-19 disease outbreak has caused overwhelming fear and anxiety among Filipinos. People react differently to stressful situations but, as doctors, we are prone to respond more strongly because our dealings with patients and our work in clinics or hospitals, increase our exposure to the virus.

Stress prevention and management are critical in order for ophthalmologists to stay well, think clearly and continue to be of help during the pandemic.

Manifestations of stress during an infectious disease outbreak include: fear and worry about one's health and the health of loved ones, changes in sleep or eating patterns, difficulty sleeping or concentrating, worsening of chronic health problems, and increased use of alcohol or tobacco. When stress builds up it can cause:

- 1) Burn-out, described as feelings of extreme exhaustion and being overwhelmed
- 2) Secondary traumatic stress (STS) includes stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from direct exposure to a traumatic event

Signs of Burn-out	Signs of Secondary Traumatic Stress
<ul style="list-style-type: none">• Sadness, depression or apathy• Easily frustrated• Blaming of others, irritability• Lacking feelings, indifferent• Isolation or disconnection from others• Poor self-care• Tired, exhausted or overwhelmed• Feeling like a failure, nothing you can do will help, you are not doing your job well, or you need alcohol to cope	<ul style="list-style-type: none">• Excessive worry or fear about something bad happening• Easily startled or on guard all the time• Physical signs of stress (racing heart)• Nightmares or recurrent thoughts about the traumatic situation• Feeling that other's trauma is yours

Responding to Covid-19 can take an emotional toll on doctors. The following can reduce the secondary traumatic stress (STS) reaction of healthcare providers:

- 1) Acknowledge that STS can impact anyone who is helping patients after a traumatic and stressful event.
- 2) Learn about the symptoms including its physical (fatigue, illness) and mental (fear, withdrawal, guilt) manifestations.
- 3) Allow time for you and your family to recover from responding to the pandemic.
- 4) Create a menu of personal self-care activities that you enjoy, such as spending time with family, exercising or reading a book.
- 5) Take a break from media coverage of Covid-19.
- 6) Ask for help if you feel overwhelmed or concerned that Covid-19 is affecting your ability to care for your family and patients.

Taking care of patients during a pandemic can be both rewarding and stressful. Recognizing and coping with stress will help you stay well and allow you to keep helping those who are in need.

List of Centers Offering Free Online Psychosocial Services During the COVID 19 Pandemic:

- 1) UP Diliman Psychosocial Services Mental Health For Frontliners- 09063743466, bit.ly/psycservhcw
- 2) HOPE Line Philippines - 09188734673, 0288044673, 09175584673
- 3) National Center For Mental Health Crisis Hotline - 09178998727, 028998727
- 4) Philippine Mental Health Association Online Support - 09175652036
- 5) Ateneo Bulatao Center For Psychological Services - www.ateneobulataocenter.com
- 6) SLU - Sunflower Children and Youth Wellness Center (Baguio City) - 0915541550
- 7) USC Mental Health Support for Covid Frontliners (Cebu City) - www.facebook.com/USC-Mental-Health-Support-for-Covid-19-Frontliners-105068654461755
- 8) Western Visayas Psychosocial Support for COVIC 19 - www.facebook.com/westernvisayas.psychosocial
- 9) Camp Navarro General Hospital, Health Service Center (Zamboanga City) 09173051891 or 09666916116
- 10) Psycli-nik psychological assessment and intervention services (Zamboanga City) 09173051891

References:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?>
<https://emergency.cdc.gov/coping/responders.asp>

II. Tele-Ophthalmology

The following text is intended to provide guidance on the requirements of phone and virtual encounters with ophthalmology patients.

General Principles:*

1. Physicians should be transparent to patients. Inform them that the platform being used entails privacy risks. Inform them too, that a telehealth consult may not be equivalent to a face to face consult. Patients should likewise be told if the consult is being recorded.
2. Any personal information obtained in the course of the consult should be kept confidential, and only those involved in the patient's care should have access.
3. Personal information of patients should not be used for any other purpose, other than medical treatment.
4. Store only information that is necessary for the patient's care. Information should be secured when saved in computers and electronic devices such as password protecting files or folders, and securely deleting files when no longer needed.
5. Where the hospital or a private clinic does not have a system in place providing secure platforms to their physicians, the physicians who opt to use messaging applications and other platforms should check the privacy settings of the platform. Patients should be informed that the available platforms are not fully secure, and they should be given the option not to proceed with the consult. Do not use public-facing platforms like YouTube or Facebook Live for telehealth consults.
6. Healthcare providers should choose a place to conduct the telehealth consult beforehand, so that it is conducive to communicating with the patient, and that interruptions or potential unwarranted disclosures are avoided.

*Adapted from <http://newsbytes.ph/2020/03/patdu-privacy-should-not-be-an-obstacle-to-telemedicine/>

Draft statement that may be incorporated into the patient's record:

Consent: I introduced and identified myself, received verbal consent from the patient to proceed with this video and/or telephone visit, and made the patient aware that the same confidentiality and information security practices apply to this encounter as apply to an in-office visit.

- *I verified the patient's name and date of birth.*
- *I verified the following:*
 - *Patient location: () work; () home; () other*
 - *Physician Location: () clinic; () Home; () other*
- *I verified that the patient is a NEW/ESTABLISHED patient*
- *This telehealth visit was necessitated by the social distancing mandate associated with the 2020 COVID-19 global pandemic.*

I spent a total of XX minutes during this real-time, interactive virtual clinical encounter, which was conducted virtually using (video-conference OR telephone) technology. Greater than 50% of the time spent was devoted to counseling and coordinating care including review of records, pertinent lab data and studies, as well as discussing diagnostic evaluation and work up, planned therapeutic interventions and future disposition of care (this includes any additional research needed to obtain further information in formulating the plan of care of this patient). This telehealth visit also included specific counseling of the patient regarding their disease and diagnosis.

April 7, 2020

Disclaimer

These recommendations should not be considered as rigid guidelines, and are not intended to supplant clinical judgement or the development of consensus regarding institutional approaches to treatment. There is a great deal of uncertainty around this evolving pandemic and information may change rapidly.

It is possible that the strategies outlined in this document could be replaced as our understanding of COVID-19 evolves, especially with the unique challenges that it poses within each hospital, locality, and healthcare environment.