

## **POSITION OF THE NATIONAL OPHTHALMOLOGY CONSULTANT ON THE CONDUCT OF MEDICAL ACTIVITIES IN CONNECTION WITH THE SARS-CoV-2 EPIDEMIC.**

– Updated version of 1 May 2020

The purpose of this document is to regulate the operation of providers of medical services in the field of ophthalmology. The recommendations contained here may be subject to change as the epidemic progresses.

This document does not relieve physicians of their individual responsibility resulting from the practice of their profession and their current duties relating to the introduction of the state of the epidemic under the Act of 5 December 2008 on the prevention and control of infections and infectious diseases in humans.

Compliance with the recommendations minimizes but does not eliminate the risk of contracting SARS-CoV-2. This document serves as a reminder of key principles of conduct to be followed by ophthalmologists during the epidemic that take into account the specificity of their profession.

### **Work organization**

1. Scheduled outpatient appointments should be resumed. Urgent cases diagnosed as set out below should be admitted first. In the case of scheduled patients, the actual need for a visit should be established during a remote medical consultation (patient interview). For epidemiological reasons and due to the requirement to maintain social distance (2 meters), the number of face-to-face visits should be no more than half of what it was prior to the epidemic. The number of outpatients should be adjusted to the capacity of the clinic in accordance with the principles of social distance.
2. During the visit the patient may be accompanied by a maximum of one person (guardian/spouse/parent).
3. When organizing work, a multi-level patient qualification system based on epidemiological interviews should be used to exclude individuals from high risk groups of SARS-CoV-2 infection (by telephone, at the entrance to the building, at the registration desk and in the physician's office). The system used will depend on the organization of work in place in a given medical facility (use the enclosed questionnaire).  
Each patient must disinfect their hands at the entrance to the medical facility. If possible, the body temperature should be measured using a contactless thermometer. If the patient has a temperature of 38°C or higher, with or without symptoms from the lower respiratory tract, the ophthalmological visit should be postponed and the patient should be referred for further diagnosis in accordance with the applicable procedures, unless it is an emergency, in which case the visit must proceed in accordance with the medical facility's procedures. Each suspected case should be isolated and a PCR test should be performed in accordance with the facility's procedures. Depending on the result of the test, the facility's procedures must be followed.
4. Diagnostic tests that produce air-puff intraocular pressure are not recommended. If ophthalmic procedures related to the production of aerosol (phacoemulsification, use of vitrectomies, diathermocoagulation, procedures related to the use of different types of lasers), the precautions described below should be used.
5. Scheduled hospital admissions should be carried out in accordance with the guidelines set out below. However, urgent cases should be admitted in the first place. Patients are admitted to the ward only if, after examination, the physician decides that hospitalization is necessary and possible.

### **Rules of personal hygiene**

1. Wash and disinfect hands before and after each patient contact.
2. Do not touch your nose, mouth and face with your hands.
3. Use disposable gloves to open doors, use a slit lamp, etc. Disposable gloves must be discarded after each use.
4. Disinfect handles and touch points with disinfectant.
5. Pay attention to the disinfection of writing utensils, keyboards and other accessories that have been touched by the physician or the patient.
6. The slit-lamp examination of the patient should be as short as possible.
7. The physician and the patient should refrain from speaking while the slit-lamp examination is performed (despite the presence of covers on the slit lamp).
8. The visit should not last longer than 15 minutes and the interview with the patient should be carried out at a minimum distance of 2 meters.

Disinfection and its extent should be in accordance with the procedures in place in the medical facility.

### **Personal protective equipment**

1. Disposable, waterproof long-sleeve apron
2. Disposable protective gloves
2. Surgical mask, FFP2 and FFP3 mask or N95, N99 equivalent
3. Protective visors, goggles, safety glasses

The use of personal protective equipment should be relative to the degree of risk:

- a) high risk – suspected, urgent case, with contact with the eye surface – 1, 2, 3, 4 category PPE
- b) low risk – scheduled patient without contact with the eye surface – 2 and 3 category PPE

### **Urgent cases**

1. Surgical
  - a. Eye injury
  - b. Retinal detachment and urgent vitreoretinal surgery cases
  - c. Glaucoma treatment
  - d. Cancer treatment
  - e. Ophthalmic transplantology
  - f. Treatment of age-related macular degeneration (AMD)
  - g. Treatment of diabetic macular edema (DME)
  - h. Treatment of ocular adnexa conditions that prevent the patient from functioning
  - i. Cataract removal surgery:
    - congenital cataract leading to visual impairment
    - cataract in one eye hindering daily functioning (driving, reading, etc.)
    - cataract leading to acute iridocorneal angle closure
    - removal of the lens in acute lenticular complications (subluxation of intraocular lens, secondary post-traumatic glaucoma, intumescent cataract)
    - anisometropia after fellow eye surgery hindering daily functioning
2. Conservative ophthalmic treatment
  - a. red eye syndrome
  - b. eye injury
  - c. foreign body
  - d. sudden visual impairment
  - e. eye pain
  - f. purulent conditions of the ocular adnexa, tear ducts and cornea
  - g. exacerbation of chronic ophthalmic conditions
  - h. diagnosis of retinopathy of prematurity
  - i. chronic eye diseases

### **Scheduled cataract surgeries**

1. As far as scheduled cases are concerned, the facility is to be used at 50-70% of its capacity to ensure compliance with social distance requirements.
2. Preference is to be given to both eye surgeries in order to reduce the number of pre- and post-operative visits.

3. Preference is to be given to the use of intraoperative (intraocular) mydriasis in order to reduce staff and patient exposure.
4. Use of remote means of communication in postoperative care to reduce the number of visits.

In cases where intervention is required, please contact the relevant Provincial Consultant or National Ophthalmology Consultant.

In accordance with the letter ref. KNN.07.35.2020.AGR of the Secretary of State Józef Szczurek-Żelazko of 20 March 2020 concerning the procedure for issuance of recommendations by National Ophthalmology Consultants during the SARS-CoV-2 epidemic, the guidelines have been accepted by the Ministry of Health represented by Director Małgorzata Zadorożna,

Chief Sanitary Inspector represented by the Deputy Chief Sanitary Inspector Izabela Kucharska.

National Ophthalmology Consultant

Prof. dr hab. n. med. Marek Rękas



Signed by /  
Podpisano przez:  
Marek Tadeusz Rękas

Date / Data: 2020  
05-01 15:40

**PRE-QUALIFICATION SURVEY**

PATIENT NAME	PERSONAL IDENTITY NUMBER (PESEL)										
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- 1) Have you been in areas with a coronavirus outbreak in the last 14 days?  
 Yes  
 No
- 2) Have you had contact with persons diagnosed with coronavirus in the last 14 days?  
 Yes  
 No
- 3) Do you have any of the following symptoms:  
 Fever  
 Cough  
 Shortness of breath – difficulty in getting air
- 4) Are you in quarantine or isolation?

DATE WHEN COMPLETED	
LEGIBLE PATIENT SIGNATURE	
STAMP AND LEGIBLE NURSE SIGNATURE	