

COMMUNITY EYE-HEALTH AND VISION CENTRE GUIDELINES DURING COVID-19

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ABSTRACT

The covid-19 pandemic has disrupted our society, In all fields they are re-organized themselves to serve the society like that health system is also re-organized itself. In that view eye experts meeting was held to prepare a roadmap for PEC in the days to come. Guidelines are needed for PEC activities like vision testig, refraction, optical dispensing, counseling etc. PEC workers may strictly followes social distancing norms (minimum 3 feet) for minimizing risk of exposure and need access to appropriate personal protective equipments like gloves, mask. shields, while examine eye patients. this is also an opportunity to start

running telemedicine consulting for all emergent people that can not be managed at the primary level. The guidelines is necessary for working enviornment and government directives time to time.

KEYWORDS:- COVID-19, Guidelines, Primary eye care, vision centre.

INTRODUCTION

The covid-19 emergency in 2020 has larg global outbreak and is a major public health issue According to WHO there are millions of patients reported globally and many more deaths.in that situation eye care workers need practiceand safe guidelines to be able to provide services without any threat of infection. Therefor it is essential to devlop uniform and standred community based eye care guidelines which insure the safty of eye care workerswhile delivering community eye care services during present days.

METHODS

All india ophthalmic society

Representatives of NPCB

Government of india

Ministry of health and family welfare

AIIMS delhi

Leading health care NGOs

Together develop guidelines for delivering eye health services the present guidelines updated based on context of work environment and changes in government directives from time to time.

Guidelines for functioning of eye care facilities under npc & vi

Sr.no. Guidelines

1. All eye care facilities to carry out routine clinical activities including OPD, IPD, surgical procedure in all areas except in containment areas in red zone.
2. But all due precaution for preventing spread of infection to be taken like social distancing wearing of face mask, face shields and goggles etc. and frequent hand wash hand rub.
3. Ensure minimum patients at any given in the premises and maintain social distancing norm of six feet between the patients.
4. SOPs regarding the above points may be made and strictly enforced.
5. Ensure minimum touch of OPD cards, trial frame, trial lenses, and other instruments being used in eye OPD and there frequently disinfection.
6. Ensure patient wears a face covering and uses hand rub before entering the OPD and does not have symptoms like COVID-19 infection.
7. A special consent form should be got filled by the patient before any invasive procedure is undertaken disclaiming responsibility from development of future coronavirus infection in the patient. This fact should well explained to the patient.
8. No outreach camps to be undertaken no mobile vans to be sent in the fields.
9. Teleophthalmology and teleconsultation practices to be explored and encouraged in difficult areas.
10. IEC messages through digital means only.
11. No eye ball retrieval from homes, however hospital cornea retrieval program can be continued in non covid-19 dead patients for need of cornea for therapeutic purpose only.
12. During surgical procedure the surgeon and OT team should follow the guidelines and precaution as for other surgery (as per MoHFW additional guideline).
13. Presurgical COVID-19 test on patients are not mandatory.

Community Eye –health and vision center guidelines

Area affected by the covid-19

The countries are divided in to different zones according to status of covid-19 reported as follows

Green zone:- They can be difined as those districts having zero confermed case of corona virus in the last 21 days.

Red zone:- Or hot spots districts, Districts withn sevral active cases high doubling rates of confirmed cases are labled red zone.

Orange zone:- Those zone which are neither red nor green zone are called orange zone For serving people in different zone with eye care facilitise NPCB&VI has released the guidelines for functioning of eye eye care facilitise during pandemic.

Vision centre:- It is suggested that some activitise are postponed at the vision centre that including school vision screening and training of teachers in the school community gathering for information education And communication Oactivitise and health education eye screening camps for cataract dibetic retinopathi and other ocular morbidity however training program for accredited social health activist and community eye care workers planned through telehealth.

Social distancing in vision centres

There should be adiquet space for patient consultation refraction and dispensing spectacles and distance of 1m always be ensured.

First room should provide for patient reception and waiting area and spectacle dispensing unit preferably 10*8 a seprate area should be available for patient examination and refraction Preferably 10*8.

A private space should be provided for the office and spectacles work shop 6*6 the vc should ensure social distancing at each step patient reception opticle counter patient wating area client examination station unidirectional flow of patient is ensured and entry and exit must be different if there are two doors.

Point of entry screening and check in

Every VC should set up an entry control and screening facility at the point of entry for health care worker provided by PPE kit N95 mask gloves face shield who is posted for point of entry there should be security barrier between patient and health worker.

Symptom screening

History of fever cough breathlessness loss of smell or acute conjunctivitis in patient or family member in the last 2 weeks is enquired

Fever screening

Body temperature of more than 98.6 F or 37 C must be immediately escorted to an isolation waiting area and seen by optometrist in PPE kit. In absence of ophthalmic emergency patient refer to physician or COVID care center for appropriate treatment.

Once entry screening with infrared thermometer patients and their relatives ensure with three ply mask and disinfect hands with sanitizer. Daily list of patients and other hospital visitors with their mobile number and address on ID proof for contact tracing if necessary in future.

Protocol for dilation

The health care worker avoid touching patient while instilling dilating drops. He should instruct to patients to pull the lower eye lid down and drop will be instilled if HCW touch the patient use the ear bud to pull lid or use the gloves for touch the patient.

Visual acuity

When testing visual acuity one may start from the lowest achievable line to speed things up one should avoid using occluder and request patient to close the non testing eye with their palm after using sanitizer at least 1m distance from the patient should be maintained while assessing visual acuity.

Near vision

Near vision chart should be held with gloved hands at appropriate distance instead of patient holding the chart.

Precaution during performing refraction

The optometrist as well as the patient should not speak during the examination and optometrist avoid touching the patient head or face trial frame and lenses clean with sanitizer after every patient.

Retinoscope occluder lens pinhole must be sanitized after every patient examination all the patients with conjunctivitis examine in isolation with all precautionary measures like N95 mask

protection goggles ppe kit hand gloves disposable etc. because the conjunctivitis is reported as part of disease spectrum of COVID 19.

Hand hygiene

Optometrists perform hand hygiene using alcohol based hand rub minimum 20s or by washing with soap and water minimum 20s.

Counseling

Once the patient with cataract all precautionary measure should be taken confirmatory test for covid 19 and chest Xray may done the patient may counseled for surgery and special covid 19 consents should be taken before the surgery.

Advise for vision centres

It is mandatory to vision centres to avoid over crowding and socialgathering by means of health talks.

If want than online meeting aaps such as google meet zoom app skype meet app and health material screen on charts tv monitors.

Also dispose the all mask ppe kit face shield hand gloves after every day finishing work in coloured coded bins 3ply mask head caps ppe suitsdisposable gowns in yellow bin Gloves in red bin etc.

CONCLUSION

The covid 19 pandemic is going to stay for long time it is mandatory to all health worker to live with it for people wearing mask frequent hand sanitise avoid social gathering is compulsory and for health worker wearing ppe kit work place mask face shield gloves on work place and dispose it an aproiate manner according guidlins published by health ministry. use telemedicine pathy more and more time when ever necessary all health nworker updated day by day according to guide lines published by health ministry it is necessary to follow all the precautionary measure by peoples and health worker to fight against covid 19 pandemic.

ACKNOWLEDGMENT

Vision 2020

NPCB&VI

Community ophthalmology

Major NGOs representatives

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