



TAMILNADU OPHTHALMIC ASSOCIATION

COVID 19 Preferred Practice guidelines - **Version 1**

COVID 19 has changed the way hospitals and clinics function. Both the art and science of medicine is being redefined. TNOA is confident that the Ophthalmic fraternity will overcome this challenge, keeping its values and traditions intact. Based on the request of members, TNOA formulated the guidelines with the help of office members, senior practitioners and experts in the field. TNOA Guidelines are dynamic and will be updated regularly, based on the MOHFW, TN Govt norms and guidelines issued by statutory bodies.

- All Ophthalmic services are to be resumed. The recommissioning of Eye care centres / clinics / hospital should be done after a thorough inspection, disinfection and maintenance visit of the hospital or eye care facility by a team of staff.
- The resumption of service may start with emergency and essential services with a Triage system, appropriate and rational use of PPE by the staff. The administrative procedures like staff training, standard operating procedures on triage, PPE usage and infection control measures based on IPC norms issued by health authorities should be followed.
- Members need to remember that COVID 19 will be a challenge to practice at least for the next couple of years. Even though lockdown has helped to slow down the epidemic, delayed peaking, second wave, and reinfection have to be taken into consideration while framing practice procedures for Doctor and staff safety. We suggest facilities for.
 - a) Triaging
 - b) Hand washing
 - c) Physical distancing
 - d) PPEs are developed in the practice as per the size of the clinic / hospital

The management / doctor has to streamline

- 1) Consider every patient as a Covid suspect, as many people are asymptomatic carriers
- 2) Consider streamlining appointment system for patients
- 3) Triage and timely referral
- 4) Split the staff into groups to ensure continuous availability of staff, considering high risk of transmission among healthcare staff, staff fatigue and PPE usage.
- 5) Follow Government of India guidelines on rational and appropriate use of PPE as per the type of work and risk profile for doctors and healthcare workers. (table attached)
- 6) Ensure Infection control precautions – like mask for all patients and attenders , hand hygiene by soap and water or alcohol based hand rub
- 7) Ensure frequent cleaning and disinfection of patient care areas in high touch areas like door knobs, handrails, table surfaces, chairs/ sofas and chin rest of equipments.

Choice of disinfectant as per Guidelines issued by MOHFW -Diluted household bleach solution (1% Sodium hypochlorite) is effective for most non-metallic, non-fabric surfaces and Alcohol swab for metallic surfaces. .

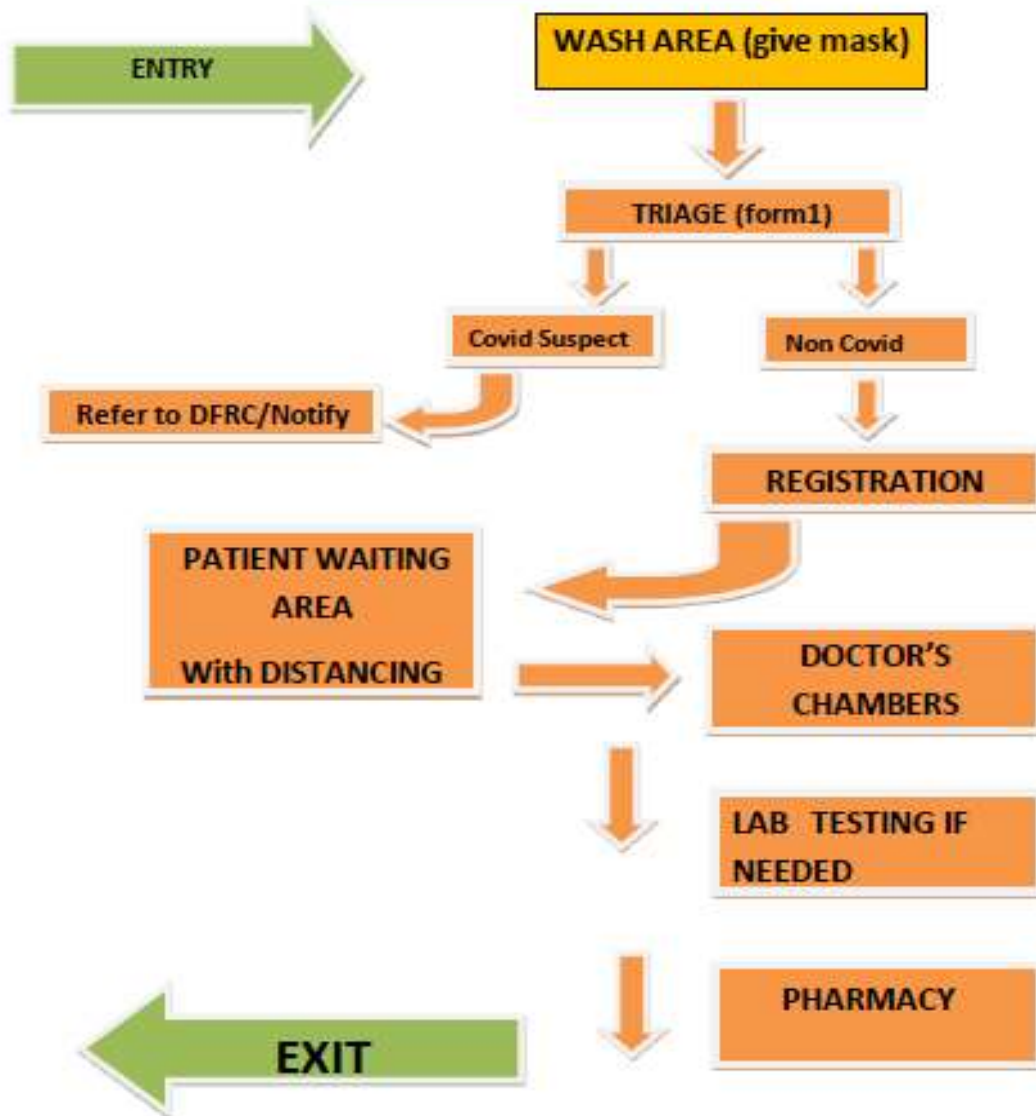
- 8) Its advisable to train staff on hand hygiene practices, use, Reuse and disposal of masks (cloth, 3 ply or N95 masks as the case may be), maintaining social distancing and limiting talking in clinical areas.
- 9)
 - a) Make a single entry point to the clinic/ hospital with screening of the patient and bystanders. A self-declaration form may be given to the patients. The staff manning this area can use a three layer mask and gloves.
 - b) Ensure strict physical distancing in the various areas especially waiting areas of the clinic/hospitals. The waiting areas may be kept outside with chairs at more than one metre distance. Spaced appointments may be given to avoid crowding.
 - c) Provide hand-washing facility outside the single entry point to the clinic/ hospital.
 - d) Provide hand sanitizers in all the clinical areas and ensure availability in the consultation rooms.
 - e) Ask the patient to cover nose and mouth using towel / cloth or mask before entering.

- f) Keep the patient seated at a distance of 1 to 1/2 metres.
- g) If the patient has to be examined, use three layer mask and disposable gloves (non sterile is sufficient).
- h) Ensure minimal touch examination and avoiding examination of mouth or throat
- i) Clean the seat and table with sodium hypochlorite solution (1%). Any material discarded by the patient also may be disinfected with hypochlorite.
- j) As far as possible don't allow any accompanying persons inside.
- k) Ensure Natural ventilation by opening windows and using exhaust fans. If Airconditioning is necessary, maintain optimal temperature (between 24 to 28 degree) and relative humidity (from 40 to 70 RH).
- l) Floors and furnitures to be periodically cleaned by a surface disinfectant like sodium hypochlorite solution
- m) Periodic cleaning of mobile, torch, etc. with alcohol based wipes
- n) To avoid risk to the family members its advisable to keep all your hospital-dress, shoes etc. outside the residence before entering.
- o) Remembers not to touch your nose, mouth, eyes & face during or after examining the patient.
- p) Tele ophthalmology consultation may be considered for triaging, history taking and follow up consultations. Acrylic visors are protective and should be preferred in OTs.

Pay regular salary to staff. Accordingly calibrate the charges.

Postpone GA cases and aerosol generating procedure unless is emergency or essential.

CLINICIAN PRACTICING GUIDELINES



Norms For Washing Area:

1. Water/ Soap/ preferably Elbow tap for hand wash (all the patients who are coming to the clinic should wash their hand and feet with soap and water.)
2. Disposable wipes / Tissues to wipe.
3. Posters for reminding handwash and the right technique of Hand Wash Techniques may be displayed
4. Advise patients and attenders to wear cotton or 3 ply mask continuously Ply mask to be provided before patient enters the Triage area

Norms For Triage Area:

1. No attenders if the patient is stable
2. Details of the patient including mobile number to be collected)
3. Physical distancing should be maintained at minimum 3 feet from patient to patient and patient to staff preferably by a barricade.
4. Advise patient to wash their hands / Sanitize the hands with alcohol based handrub
5. Record the - Temperature by Thermo Scanner
6. Do not hand over the registration and consent form to the Patient.

Norms for Registration Area

1. Prefer Appointment system and only one patient at a time
2. No attenders if the patient is stable
3. Patient enters the registration room with mask
4. Physical distancing should be maintained 4 feet from patient to patient and patient to staff preferably a barricade.
5. The staff manning this area can use a three layer mask / face shield, gloves.
6. Sanitize the hand of each patient
7. Details of the patient to be collected
8. Document all the details in the form as well as in the Register or computer.
9. Do not hand over the Form to Patient.
10. Send the form to Doctors chamber.
11. Fee can be collected preferably by electronic transfer/ cash by non touch technique in to a box with formalin.

Norms For Waiting Area

1. Prefer not to make the patient wait.
2. Mark the areas with proper distancing of 1metre.
3. Stool without arms preferred

4. Not more than 10 patients in a well ventilated 400 sq. ft. room at a time

Norms For Doctors Chamber

1. Avoid AC room. If used , AC 25 to 30 degree at humidity 40-70%
2. Non-touch technique
3. Doctor and only one staff with N 95 mask/ face shield/gloves and cloth full gown if felt needed with plastic apron.
4. 1 metre distance from patient to doctor
5. Prefer stool without arm chair for the patient
6. No attenders if patient is stable
7. Prefer not to touch the patient .Avoid other Systemic examination.
8. Prefer to see the Patients previous records/reports etc without touching from distance.
9. Computer generated / hand written prescriptions can be given to the patient / sent directly to pharmacy after collecting the fee
10. Stools should be cleaned with 1 % sodium hypochlorite or Lysol as soon as every patient gets up.
11. Next patient to be examined only after cleaning the equipment and surrounding.
12. Hand hygiene to be meticulously followed by all Health care professionals in between *patients*.

Norms for Pharmacy

1. Proper distancing must be followed in front of Pharmacy
2. Better have Glass partition in front
3. Make sure that everybody is wearing the mask including attender/ patient buying medicine, all staff in pharmacy.
4. Limit no of staff to 2 or 3.
5. Better avoid handling prescriptions and prefer electronic/ see through glass
6. Place all medicines in a cover and hand out through an opening avoiding physical contact.
7. Cash can be collected preferably by electronic transfer/ cash by non-touch technique in to a box with formalin
8. Frequently disinfect all contact surfaces such as table tops/cash counter and follow hand sanitizing.

Norms For Disinfection And BMW

DISINFECTION PROTOCOLS as per the Guidelines

- Dedicated infection control teams to be formed
- Disinfection chart should be displayed at every ward, toilets, nursing stations, lab, pharmacy, X-ray and other diagnostic places etc.
- Disinfect / clean the entire area every 2 to 4 hrs. depending on the patient flow.
- Seat and touchable areas as frequently as needed
- Use 1 % Sodium Hypochlorite Solution for cleaning the floor and surfaces
- 5% Lysol Solution for ward / theater
- 3 Bucket system/ sprayer to be used for floor cleaning
- 2.5 % Lysol Solution for Door handles, Various surfaces touched by the patients Vehicles, other buildings.

Preparation:

- Preparation of 5 % Lysol (1 litre of Lysol in 9 litres of water)
- Preparation of 2.5 % Lysol (1 litre of Lysol in 19 litres of water)
- Preparation of 1 % sodium hypochlorite solution: 28.4 grams of dry bleaching powder to 1 litre of water or 284 grams (2 scoops) to 10 litres of water.
- Preparation of 0.5 % sodium hypochlorite solution: 14.2 grams of dry bleaching powder to 1 litre of water or 142grams (1 scoop) to 10 litres of water.

COMMON

- Daily all their clothes, cloth mask to be soaked in 0.5% Sodium Hypochlorite solution for 15 minutes, Wipe the plastic apron with 0.5% Sodium Hypochlorite solution
- Then immediately to be washed with Soap & Water.
- Dry in open terrace.
- Face shield to be dipped in Soap water for 10 minutes and to be washed & dried to be used next day
- N-95 mask to be hung in the room to be used after 72 hours or keep the mask in hot air oven at 65 degree centigrade for 30 minutes remove and can be used.

Note: Preparation of 0.5% Sodium Hypochlorite solution
1Scoop Bleaching Powder in 10 Litres of Water.



- The instruments to be left in dilute bleach for less than 10 minutes and Should be cleaned in boiled water immediately after decontamination to prevent discolouration and corrosion of metal.

Staff Management

1. Training of doctors, nurses and all Hospital Staff for adapting to current protocols
2. Have only required no of staff in all areas.
3. In Reserve 30 % staff must be there.

Common note:

- Proper Signage's to be placed in all areas
- Proper Patient education Posters to be placed in all areas.
- Proper Physical Distancing to be maintained every were
- Frequent hand sanitation to be followed frequently
- Frequent Training to Staff
- Visitors strictly not allowed.

While Back to Home:

📌 *Ring up home when you start from hospital.*

- Someone at home should keep the front door open (so that you don't have to touch the calling bell or door handle) and a bucket of water with washing soap powder or bleaching powder added to it in the front door.
- Keep things(car keys, pen, sanitizer bottle, phone) in a box outside the door.
- Wash your hands in the bucket and stand in the water for a few minutes. Meanwhile use tissue and sanitizer and wipe the items you have placed in the box and the box.
- Wash your hands with soap water again
- Now enter the house without touching anything.
- The bathroom door is kept open by someone and a bucket of detergent soap water is ready. You take off all your clothes including innerwear and soak inside the bucket
- Then take a head bath with a shampoo and body bath with soap
- Wash your clothes/ put in washing machine with high temperature settings and dry clothes in direct sunlight

➤ **PATIENT: FACE MASK PREFERABLY 3PLY MASK**

➤ **ALL OTHER STAFF INCLUDING DOCTORS:**

➤ N95 MASK

➤ CLOTH MASK OVER THAT

➤ FACE SHIELD

➤ GLOVES

➤ **HOUSE KEEPING**

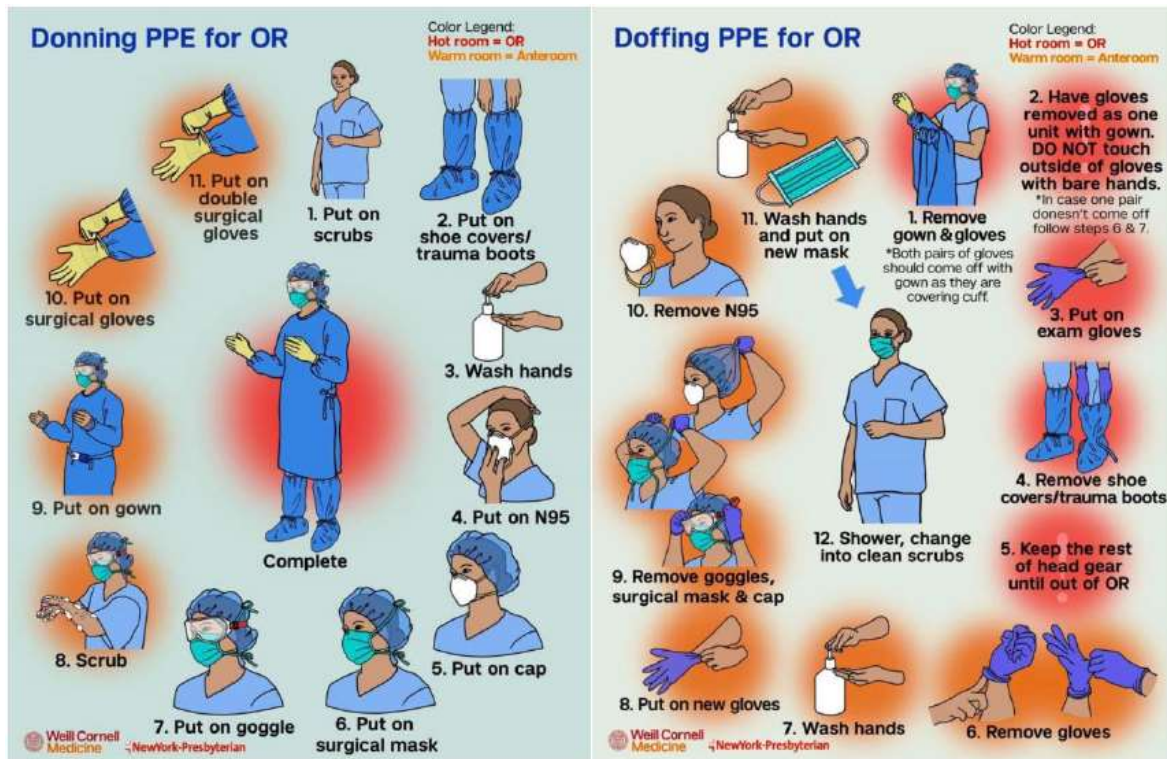
➤ **Plastic apron**

➤ Elbow level gloves

➤ Leggings

➤ Cloth mask

➤ Face shield



Rational use of PPE for Non COVID

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

1. Out Patient Department

S.No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Help desk/ Registration counter	Provide information to patients	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Physical distancing to be followed at all times
2	Chamber of Dental/ENT doctors/ Ophthalmology doctors	Clinical management	Moderate risk	<ul style="list-style-type: none"> ▪ N-95 mask ▪ Goggles ▪ Latex examination gloves + face shield	Aerosol generating procedures anticipated. Face shield, when a splash of body fluid is expected
3	Pharmacy counter	Distribution of drugs	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	Frequent use of hand sanitizer is advised over gloves.

4	Sanitary staff	Cleaning frequently touched surfaces/ Floor	Mild risk	<ul style="list-style-type: none"> ▪ Triple layer medical mask ▪ Latex examination gloves 	
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With respect to the current COVID -19 situations. We would like to adhere to government regulation and safety precautions as follows:

1. Kindly maintain social distancing at all places
2. Kindly pay attention to the instructions from our staff
3. Kindly avoid touching any furniture / door / handles
4. Kindly use sanitizer when required
5. Keep handy of the correct change / denomination digital Payment methods preferred
6. Only one attender will be allowed per patient
7. Face mask is compulsory. (Face mask / surgical hand rub Available at our pharmacy)

தற்போதைய COVID -19 நிலைமை தொடர்பாக. அரசாங்க ஒழுங்குமுறை மற்றும் பாதுகாப்பு முன்னெச்சரிக்கை நடவடிக்கைகளை நாங்கள் பின்வருமாறு பின்பற்றவிரும்புகிறோம்:

1. சமூக இடைவெளியை கடைப்பிடிக்கவும்
2. செவிலியர் எடுத்துரைக்கும் குறிப்புகளை கவனமாக கேட்டு அதை பின்பற்றவும்
3. கதவுகள் மற்றும் கைபிதிகளை தொடுவதை தவிர்க்கவும்
4. தேவைப்படும்போது தயவுசெய்து கிருமிநாசினி திரவத்தை யன்படுத்துங்கள்
5. சரியான சில்லறை அல்லது டிஜிட்டல் கட்டண முறைகளை கையாள வேண்டுகிறோம்
6. ஒரு நோயாளியுடன் ஒரு துணை நபர் மட்டும் அனுமதிக்கப்படுவீர்
7. முகக்கவசம் கட்டாயம் அணியவேண்டும். (முகக்கவசம் இல்லாதவர் செவிலியரை அணுக வேண்டும்)

DECLARATION / SCREENING FORM FOR COVID - 19 INFECTION

கோவிட் தொற்று - 19ற்கான அறிவிப்பு / ஸ்கிரீனிங் படிவம்

NAME OF THE PATIENT :

நோயாளியின் பெயர் :

AGE / GENDER :

வயது / பாலினம் :

ADDRESS :

முகவரி :

MOBILE NO. :

அலைபேசி எண், :

EMAIL ID :

மின்னஞ்சல் முகவரி :

COVID - 19 QUESTIONARE		YES	NO
1	Do you have symptoms of Fever, Cough, Sneezing, Sore Throat, Fatigue, Myalgia உங்களுக்கு காய்ச்சல், இருமல், நுமம், தொண்டை வலி, சோர்வு, உடல் வலி போன்ற அறிகுறிகள் உள்ளதா?		
2	Do you have difficulty in breathing? உங்களுக்கு சுவாசிப்பதில் சிரமம் இருக்கிறதா?		
3	Have you travelled outside the country in past 30 days? கடந்த 30 நாட்களில் நீங்கள் நாட்டிற்கு வெளியே பயணம் செய்திருக்கிறீர்களா?		

4	If yes, mention the countries ஆம் எனில், நாடுகளைக் குறிப்பிடவும்		
5	Have you travelled inside India to other cities in past 15 days கடத்த 15 நாட்களில் இந்தியாவுக்குள் மற்ற நகரங்களுக்குச் சென்றிருக்கிறீர்களா?		
6	If yes, mention the cities ஆம் எனில், நகரங்களைக் குறிப்பிடவும்		
7	Exposure to a confirmed Covid – 19 case OR to suspicious patient in the last two weeks? கடத்த இரண்டு வாரங்களில் உறுதிப்படுத்தப்பட்ட கோவிட் - 19 அல்லது சந்தேகத்திற்கிடமான நோயாளிகளுடன் தொடர்பு		
8	Have you visited any hospital in the past two weeks? கடத்த இரண்டு வாரங்களில் தீங்கள் எந்த மருத்துவமனைக்கும் சென்றிருக்கிறீர்களா?		

The above information is true to the best of my knowledge. I understand that withholding any information is unethical and against the interests of the global population fighting this pandemic.

மேற்கண்ட தகவல்கள் எனது அறிவின் மிகச் சிறந்தவை. எத்தவொரு தகவலையும் நிறுத்தி வைப்பது தெரிமுறையற்றது மற்றும் இந்த தொற்றுநோயை எதிர்த்துப் போராடும் உலக மக்களின் நலன்களுக்கு எதிரானது என்பதை நான் புரிந்துகொள்கிறேன்.

Name & Signature of the Patient :

நோயாளியின் பெயர் மற்றும் கையொப்பம் :

Name & Signature of the Attender :

உதவியாளரின் பெயர் மற்றும் கையொப்பம்

Staff Name & Signature :

பணியாளர் பெயர் மற்றும் கையொப்பம்

Date : தேதி :

COVID-19 Pandemic Emergency Ophthalmic Treatment Consent Form

COVID-19 தொற்று அவசர கண் சிகிச்சை ஒப்புதல் படிவம்

Patient name :

நோயாளியின் பெயர் :

Age : வயது :

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

கொரோனா வைரஸ் நாவல் COVID-19 எனப்படும் நோயை ஏற்படுத்துகிறது என்பதை நான் புரிந்துகொள்கிறேன். கொரோனா வைரஸ் நாவலுக்கு நீண்ட அனடகாக்கும் காலம் இருப்பதை நான் புரிந்துகொள்கிறேன். இதன் போது வைரஸின் கேரியர்கள் அறிகுறிகளைக் காட்டாது, இன்னும் தொற்றுநோயாக இருக்கலாம்.

During the lockdown in the wake of the current Corona companion, I have come to the hospital by myself for Emergency Treatment.

தற்போதைய கொரோனா வைரஸ் தொற்றினை அறிந்தும், அவசர சிகிச்சைக்காக நானே மருத்துவமனைக்கு வந்துள்ளேன்.

I have been made aware of the fact that under the current pandemic all non-urgent ophthalmic care is not allowed.

தற்போதைய தொற்றுநோய்களின் கீழ் அனைத்து அவசரமற்ற கண் சிகிச்சையும் அனுமதிக்கப்படவில்லை என்ற உண்மையை நான் அறிந்திருக்கிறேன்.

If I am an asymptomatic carrier or an undiagnosed patient with COVID 19, I suspect it may endanger doctors and hospital staff. It is my responsibility to take appropriate precautions and to follow the protocols prescribed by them.

நான் ஒரு அறிகுறியற்ற கேரியர் அல்லது COVID 19 உடன் கண்டறியப்படாத நோயாளி என்றால், இது மருத்துவர்கள் மற்றும் மருத்துவமனை ஊழியர்களுக்கு ஆபத்தை ஏற்படுத்தக்கூடும் என்று நான் சந்தேகிக்கிறேன். தகுந்த முன்னெச்சரிக்கை நடவடிக்கைகளை மேற்கொள்வதும், அவர்கள் பரிந்துரைத்த நெறிமுறைகளைப் பின்பற்றுவதும் எனது பொறுப்பு.

I am aware that I may get an infection from the hospital or from a doctor, and I will take every precaution to prevent this from happening, but I will not at all hold doctors and hospital staff accountable if such infection occurs to me or my accompanying persons.

எனக்கு மருத்துவமனையிலிருந்தோ அல்லது மருத்துவரிடமிருந்தோ தொற்று ஏற்படக்கூடும் என்பதை நான் அறிவேன். இது நடப்பதைத் தடுக்க நான் எல்லா முன்னெச்சரிக்கை நடவடிக்கைகளையும் எடுப்பேன். ஆனால் இதுபோன்ற தொற்று எனக்கோ அல்லது என்னுடன் உடன் வரும் உதவியாளர்களுக்கோ வந்தால் மருத்துவர்கள் மற்றும் மருத்துவமனை ஊழியர்கள் பொறுப்பல்ல என்பதை நான் அறிவேன்.

In case I or my attendant get the COVID 19 infection after the visit to the hospital, I will inform the hospital authorities at the earliest, so that appropriate tracking of the patients/attendants and hospital staff present on the day of my visit can be done.

நான் அல்லது எனது உதவியாளர் மருத்துவமனைக்குச் சென்றபின் COVID 19 நோய்த்தொற்று ஏற்பட்டால், நான் விரைவில் மருத்துவமனை அதிகாரிகளுக்குத் தெரிவிப்பேன். இதனால் எனது வருகை நாளில் இருந்த நோயாளிகள் / உதவியாளர்கள் மற்றும் மருத்துவமனை ஊழியர்களைப்

பற்றிய சரியான கண்காணிப்பு செய்ய முடியும்.

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to emergency treatment completed during the COVID-19 pandemic. If I hide my facts and relevant details and because of my knowing or unknowing behavior or action the hospital staff gets infected, I may be held responsible for appropriate compensation in the court of law.

இந்த படிவத்தில் நான் வழங்கிய தகவல்கள் உண்மை மற்றும் துல்லியமானவை COVID-19 தொற்றுநோய்களின் போது அவசர சிகிச்சைக்கு நான் தெரிந்தே மற்றும் விருப்பத்துடன் ஒப்புக்கொள்கிறேன். எனது உண்மைகளையும் தொடர்புடைய விவரங்களையும் நான் மறைத்தால், எனக்குத் தெரிந்த அல்லது அறியாத நடத்தை அல்லது நடவடிக்கை காரணமாக மருத்துவமனை ஊழியர்கள் பாதிக்கப்படுவார்கள் என்றால், நீதிமன்றத்தில் தகுந்த இழப்பீடு வழங்க நான் பொறுப்பெற்க்கூடும்.

SIGNATURE/THUMB IMPRESSION OF PATIENT

நோயாளியின் கையொப்பம் / கட்டைவிரல்

Name :

Date :

பெயர் :

தேதி :

Mobile Number :

அலைபேசி எண் :

Address :

முகவரி :

Name of the Attendant :

Date :

உதவியாளரின் பெயர் :

தேதி :

Signature of the Attendant :

உதவியாளரின் கையொப்பம் :

Name of the Doctor/Hospital Personnel :

Date :

மருத்துவர் / பணியாளர்களின் பெயர் :

தேதி :

Signature of the Doctor/ Hospital Personnel :

மருத்துவர் / பணியாளர்களின் கையொப்பம் :

.Disclaimer: These are only guidelines subject to change and revision at any time and as professional colleagues, you are free to make necessary improvisations to suit the circumstance.

Not for Legal purposes.

Please Drop your Cash here

தயவுசெய்து பணத்தத இங்கு வைக்கவும்

Collect your change here

உங்கள் சில்லறைகளை இங்கு பெற்றுக் கொள்ளுங்கள்

Please Don't Sit Here

தயவுசெய்து இங்கு உட்கார வேண்டாம்

Please Drop your New Registration Forms / Review Cards Here

இங்கு புதிய பதிவு படிவங்கள் / மறுஆய்வு அட்டைகளை இங்கே வைக்கவும்

Covid 19 -Drop your Signed Forms Here

உங்கள் கையொப்பமிட்ட படிவங்களை இங்கே வைக்கவும்

Please Drop your Prescriptions / Medications Here

தயவுசெய்து உங்கள் மருந்துசீட்டு / மருந்துகள் / மருந்து பாட்டில்களை இங்கே வைக்கவும்

Please Collect your Medications Here

உங்கள் மருந்துகளை இங்கே சேகரிக்கவும்

Pre Screening – 1

முன் பரிசோதனை – 1

Pre Screening - 2

முன் பரிசோதனை – 2

Guidelines for opticals:

Place sanitizing hand rub

Disinfect surfaces including doorknobs, tables and desks,

Install guideline posters

Store 0.5% Hydrogen peroxide solution in a spray bottle.

After customer trial, clean the frames with 0.5% Hydrogen peroxide with a clean cloth.

This solution is safe on the frames and is non-corrosive.

Encourage customers to only touch what they intend to purchase.

Change the water in the ultrasonic cleaner frequently.

OPD protocols in a nutshell:

Appointments:

Staggered appointments with a time lag between cases
Single Entry / Exit point
Soap and water wash / Sanitizer
Proper history taking
Avoid attenders except for elderly and children
Social distancing
Pre-screening forms – TNOA protocol
Self-declaration forms- TNOA protocol
Covid patient instructions – TNOA protocol

Slit-lamp examination – With barriers / Breath shields. Slit-lamp touch contact parts should be cleaned by alcohol wipes

Speak loudly clearly appropriately always Maintaining distance .

Avoid dilatation and naso lachrymal syringing.

If dilatation is mandatory, home dilatation is ideal if there is no contraindication.

Avoid non-contact tonometer, use AT following all appropriate cleaning disinfecting protocols.

Refraction can be performed auto-refractor or a streak retinoscope.

Trial frame and metal rim of the lenses used should be cleaned with alcohol-based sanitizer after use.

Avoid contact lens trial, can dispense known available powers.

Patients with conjunctivitis should be seen in a designated OPD room and all cases of conjunctivitis should be treated as COVID-19 suspects and should be examined with N95 mask and disposable gloves.

Precautions at diagnostic procedures:

Non-essential testing and imaging should be deferred.

Gonioscopy and field examinations should be avoided unless it is mandatory.

All imaging equipment should be cleaned before and after each patient as per the manufacturer's recommendations.

Elective surgery – can be postponed for the time being. We can wait till we receive confirmation from Director General of Health Service (DGHS) and Ministry of Health and Family Welfare.

Can consider doing emergency surgical cases now.

Avoid general anaesthesia.

Can do x-ray chest and pulse oximetry in addition to other routine tests.

PPE for all OT staff.

All mandated standard precautions to be taken, protocols followed.

Minimum number of staff in the OT.

There should be 20mins time out between surgeries.

OT should be fumigated with Bacilloid special at the end of every day.

UV sterilizer lights may be installed.

Linen handling:

Soiled linen should be washed with detergents at 70 C for at least 25 minutes and rinsed with clean water and allowed to dry in the sunlight.

However it is premature to form definitive surgical guidelines at this time and we must use our own discretion while planning elective procedures at such volatile times.

Using preferred practices as far as possible will help us prevail in these difficult times.

CLOSURE OF CLINICS/ HOSPITALS IF POSITIVE COVID CASE IDENTIFIED?

- Not all ways.
- Provided you follow all the protocols specified
- Proper(IPC) Infection Prevention and Control practices
- Proper Triaging
- Proper Notification done
- Proper Documentation etc.
- If in Non Containment area (Red Zone)
- They may not close for longer duration except for a brief period for Disinfection
- But the Dr and Staff who were in direct contact with the patient and suspected contacts will be traced and Quarantined for 14 days.

We definitely need to apply science, knowledge and experience, Keeping in mind the laws, which will help us tide over the situation and be a part of the society we live in.

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DR.V.THANGAVELU

President TNOA

DR.V.MADHAVAN

Hony. General Secretary TNOA

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