Inclusive Eye Health (IEH) COVID-19 Guidance Note

Latest Update: 09 April 2020

Introduction

Since the first reported cases in China in December 2019, COVID-19 caused by SARS-CoV-2 has emerged as a global health crisis. The rate of COVID-19 infection and ensuing strain on health systems and healthcare professionals may result in some eye health partner hospitals and healthcare facilities to adapt their strategy to prioritise saving lives, i.e. from prioritising saving sight. CBM's Inclusive Eye Health (IEH) initiative, which includes eye health and Neglected Tropical Diseases (NTD) has put together this Guidance Note with practical recommendations to prevent and reduce COVID-19 infection at the eye units/hospital and community levels. In particular, this update addresses management of patients and healthcare workers at aforementioned levels, in areas of testing, protection and isolation. However, this does not include any recommendations on intensive care of patients, as it is outside IEH's remit.

Important: This document should not be interpreted as a policy document and does not supersede instructions by Government (national, local) Ministries of Health and other administrative units. Partners are advised to adapt the recommendations in this document as per national guidelines and local hospital practices to manage exposure to infection in line with stage of the pandemic and prevailing local situation.

The Approach

Given various contact points in eye care service delivery, the following recommendations for COVID-19 infection management are classified under two categories, i.e. measures at eye unit/ hospital and measures at community level.

Part I: Guide to Measures at Eye Units

Infection management and control should be prioritised at eye units/ healthcare facilities so as to minimise risk for patients and staff. To facilitate this, IEH has put together following recommendations in areas of patient management in outpatient and inpatient clinics, eye care staff management, and healthcare infrastructure management.

A. Temporarily Adapting Outpatient Services

1. Reducing Patient Numbers – To minimise risk of infection exposure and manage outpatient numbers, following measures may be taken:
   a. If possible, contact patients via SMS or other messaging services and advise them to postpone their non-urgent appointments (such as optometrist visit) or seek services at alternate healthcare stations (e.g.

pharmacies for drug prescription continuation). The message should also include contact details should the patient wish to respond.

   b. Cancel scheduled outreach camps (e.g. cataract) to minimise resultant patient backlog.

2. Alternate Triage – Eye units or the hospitals they are part of should develop and follow an alternate triage mechanism in line with local guidelines or Government recommendations for patients who present themselves at the outpatient department. Some key actions may include setting up triage stations at the entrance of the facility, and training healthcare staff adequately to evaluate whether to counsel the patient and ask them to postpone their non-emergency visit, or follow appropriate case management if the patient is exhibiting any COVID-19 symptoms (Lai THT, et al., 2020). All clinical staff at such triage stations must be wearing appropriate personal protective equipment (PPE) (Li J-PO, et al. 2020).

B. Patient and Staff Recommendations for Inpatient Areas

1. Isolation and Protection – The following flow chart depicts one of the possible measures of isolating and protecting staff and patients in the inpatient clinic.
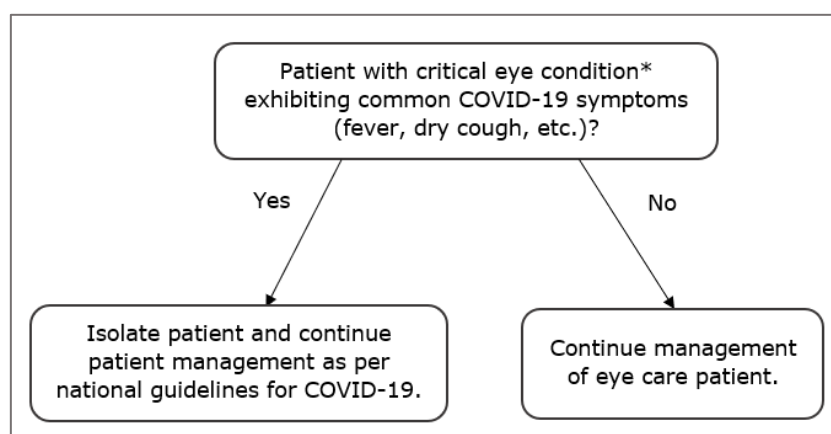

Figure 1 - Patient Management in Inpatient Areas

* *- Critical eye condition implies any sight-threatening condition.*

It is recommended to arrange regular test on priority basis for clinical staff given their exposure to patients suspected of COVID-19, or if they exhibit some of the symptoms themselves.

2. Assisting in General Hospital Activities – Clinical staff may be assigned to support the hospital's COVID-19 response action, taking care to ensure that there is enough support in the eye unit for critical patients.

In addition, it is key that any staff who deal with patients, and in particular suspected COVID-19 patients, also use appropriate PPE and follow hospital and Government guidelines as prescribed.

C. Healthcare Infrastructure Management

Slit lamps and other ophthalmic equipment should be equipped with a breath guard, as shown in the picture below.

How-to video on creating protective slit-lamp shield using readily available materials: https://www.youtube.com/watch?v=jK2pwq8_bLA

After each patient encounter, all equipment should be disinfected, and again at the end of the clinical session.

All infrastructure at the eye unit/ hospital can be temporarily utilised for COVID-19 life-saving response as needed, and as per Government guidelines.

Part II: Guide to Preventive Measures at Community Level

Communities and frontline health workers are the vanguard of safety in times of disease outbreak such as the current COVID-19 pandemic. Evidence shows that the most cost-effective strategies for implementation during pandemics especially in resource-constrained settings are:

- investing to actively engage communities and frontline health workers;
- improving access to water and sanitation for the most vulnerable;
- rapidly sensitizing communities to increase understanding and dispel myths about the disease and interventions.

As far as possible, communities should be fully involved in the design of any initiative to contain the spread of COVID-19 to ensure their ownership and commitment.

Below are the recommended strategies to prevent and control the spread of the virus at the community level.

A. Protection

- Recommend self-isolation for anyone infected, having symptoms such as fever, coughing, etc., or feeling sick, elderly or with underlying health problems.
- Design and implement supportive crowd-control and other measures to ensure recommended distancing is observed in communities and also with service providers at all critical points.

- Provide basic PPE (including water, soap, face masks) for community volunteers and frontline health workers at community health centres and primary health facilities.
- Suspend all non-essential program activities which require mass gatherings (including Mass Drug Administration, screening activities, surveys and outreach camps).
- Provide only emergency treatment required for NTDs (e.g. acute lymphedema attack) which should be done in line with national policies and directives on protection against COVID-19.
- Consider "shielding" approaches with strict separation and support for the most vulnerable members of a community such as persons with disability. This may be done at village or household levels.

B. Inclusive Emergency Water Sanitation and Hygiene (WASH)

IEH recognises the vital role of inclusive emergency WASH in the containment of COVID-19 transmission and recommends the following:
- Increasing water access **-** priority should be given to the vulnerable and persons with disability.
- Promotion of hand hygiene at all times keeping in mind that the virus can also live on surfaces. Basic hygiene kits, containing soap and hand sanitizers to be distributed, with priority to persons with disabilities.

C. Inclusive Health Education and Promotion

IEH recommends the following measures in health promotion to initiate behavioural change at the community level:
- Train community volunteers and frontline health workers to understand and utilize educational materials and guides.
- Support the distribution of materials in the local language as well as mass media and social media. The choice of media channels used should not increase the risk of spreading the disease (see WHO guidelines).
- Pro-actively identify and dispel myths about the disease, how it spreads and how it is prevented or treated. Develop and distribute easy to understand and evidence-based fact sheets on COVID-19.
- Develop and contextualised posters and other accessible educational materials to promote thorough and frequent hand washing with soap, contextual smart distancing and the use of (locally/self-made) face masks.
- Identify and train ambassadors to promote 'clean hands' and 'smart distancing' in communities through live radio and TV in local languages.
- Develop and air radio jingles in local languages with focus on dispelling myths, hygiene promotion, prevention of infection and special care needs for vulnerable groups.
- Ensure all messages and interventions are fully accessible to all - including the poor, children, women, minorities and people with disabilities
- All actions in the community should include measures to protect those involved where there is the potential for infection. Government guidelines should be followed.

Resources

1. Be My Eyes – a free app available for iOS and Android devices, that matches sighted volunteers with visually impaired service seekers, for support on everyday activities. For e.g., A sighted volunteer can receive a call asking for help to identify expiry date on medicines, or read an important communication received via post on how to stay safe and isolate, etc. No phone numbers are shared, and language support is available.
2. PatientSphere for COVID – a free app by Open Health, an organisation based in California, USA. Available for iOS devices, the app helps individuals record and track their symptoms, which they can share with healthcare professionals on visit.

References

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3. AAO - Important coronavirus updates for ophthalmologists: https://www.aao.org/headline/alert-important-coronavirus-context
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7. Inclusion Europe - Easy-to-read information about Coronavirus in multiple languages: http://www.inclusion-europe.eu/easy-to-read-information-about-coronavirus/
8. Centre for Disease Control and Prevention - Water, Sanitation, & Hygiene (WASH)-related Emergencies & Outbreaks: https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/index.html
9. WHO - Country and Technical Guidance on COVID-19: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

10. WHO - Interim Guidance for Implementation of NTD Programmes: https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/
11. London School of Hygiene and Tropical Medicine - Guidance for the Prevention of COVID-19 Infections Among High-risk Individuals in Camps and Camp-like Settings: https://www.lshtm.ac.uk/sites/default/files/2020-04/Guidance%20for%20the%20prevention%20of%20COVID-19%20infections%20among%20high-risk%20individuals%20in%20camps%20and%20camp-like%20settings.pdf