## Optometric primary eye care during the COVID-19 pandemic

### Red

<table>
<thead>
<tr>
<th>Red</th>
<th>Amber period</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 is in general circulation NHS services at critical risk</td>
<td>COVID-19 is in general circulation. Phased reopening with social distancing and infection control.</td>
<td>COVID-19 is present in the UK, but the number of cases and transmission is low. Most services reopen with social distancing and infection control.</td>
</tr>
<tr>
<td>Lockdown may be activated</td>
<td>Period of sustained transmission</td>
<td>Low sustained transmission How this is achieved and assessed to be determined by public health and national governments</td>
</tr>
</tbody>
</table>

### Telephone and video review offered in the first instance to determine COVID-19 status and level of eyecare need. Remote dispensing of spectacles or contact lenses when in the patient's best interests

### Face to face examination

- Essential, urgent and emergency only
- Needs and/or symptoms led eyecare
- Needs and/or symptoms led eye care. Start to meet outstanding eye care needs as capacity permits
- Resume all eye care on an open access basis

### Protocols in place to ensure COVID-19 cases (staff/patients/visitors) do not attend the practice.

- Yes
- As required by national public health guidance

### Strict social/clinical distancing

- Yes
- Risk assessment

### Infection control and decontamination

- Yes
- Risk assessment based on nation's public health advice

### Slit lamp guard

- Yes
- Risk assessment

### Protocols in place to ensure COVID-19 cases (staff/patients/visitors) do not attend the practice.

- Disposable gloves
- As per nation’s public health advice.
- Yes

- Disposable apron
- As per nation’s public health advice
- Yes

- FRFM IIR
- Risk assessment based on nation’s public health advice
- Yes

- Eye/face protection (visor/goggles)
- Risk assessment based on nation’s public health advice
- Yes

- The patient wears a mask/face covering
- At practice discretion based on nation’s public health advice. (May be cloth or FRFM if supplies available)
- Yes

### Clinical tests

<table>
<thead>
<tr>
<th>Micro-aerosols NCT, Biphex and Alger brush</th>
<th>Yes</th>
<th>No</th>
<th>No</th>
<th>Risk assessment based on updated evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundus imaging/OCT/Optomap</td>
<td>Yes</td>
<td>Use fundus imaging where possible</td>
<td>Use SL-BIO or equivalent where possible</td>
<td></td>
</tr>
<tr>
<td>Direct ophthalmoscopy</td>
<td>Limited only</td>
<td>Modified</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Tonometry</td>
<td>If clinically necessary, use Goldmann or iCare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refraction</td>
<td>Modified</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual fields</td>
<td>Only complete when clinically indicated</td>
<td>Yes</td>
<td>Re-introduction of normal case finding tests</td>
<td></td>
</tr>
<tr>
<td>Use equipment that can be disinfected</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HES referrals</td>
<td>Emergency and urgent only</td>
<td>Emergency and urgent only</td>
<td>As local protocols</td>
<td>Yes</td>
</tr>
<tr>
<td>Examinations for people who are being shielded, shielding, or self-isolating</td>
<td>Virtual where possible. Full PPE if face-to-face provided</td>
<td>Emergency/urgent care based on local protocols</td>
<td>Urgent/emergency and essential</td>
<td>Yes if symptoms</td>
</tr>
<tr>
<td>Domiciliary appointments</td>
<td>Essential care based on national protocols</td>
<td>Domiciliary examinations restarted as per local protocols</td>
<td>Normal service commences, following national public health guidance</td>
<td></td>
</tr>
</tbody>
</table>

### Explanatory notes

1. The phases will be informed by the Joint Biosecurity Centre (JBC), together with national governments and PHE/PHW/PHS/PHA. Things may fluctuate between the various states and the UK nations may be in different phases at different times, so you must stay up to date with your national advice.
2. These recommendations apply equally to both NHS and non NHS-funded care.
3. To reduce the time the patient spends in the consulting room.
4. To reduce the time the patient spends in the practice. Visual field tests should not be conducted on a ‘blanket’ basis as part of pre-screening for example.

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5. Eyecare to be provided in the patient’s own home where possible and safe to do so.
6. Full PPE includes gloves, FRFM, apron and eye/face protection. For domiciliary care public health guidance is to risk assess whether to wear eye/face protection (table 2
7. In Scotland and Northern Ireland all face to face domiciliary examinations have been suspended. In England and Wales essential eyecare can be provided face to face if needed.