

		Red	Amber period	Green
		May fluctuate between these three states on a national or local level ¹		
		COVID-19 is in general circulation NHS services at critical risk	COVID-19 is in general circulation. Phased reopening with social distancing and infection control.	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
		Lockdown may be activated	Period of sustained transmission	Low sustained transmission How this is achieved and assessed to be determined by public health and national governments
		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 as judged by a clinician ^{2,3}	Needs and/or symptoms led eye care as judged by a clinician. Start to meet outstanding eye care needs as capacity permits ²	Resume all eye care on an open access basis
Contact lens practice	Essential urgent or emergency CL practice/medical contact lens fitting ⁴	Needs and/or symptoms led CL check-ups ³	Needs and/or symptoms led CL check-ups. Start to meet outstanding CL check-up needs	Fitting of non-medical CLs
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			
Infection control and decontamination	Yes			
Slit lamp guard	Yes			
PPE (Direct care, closer than 2m)	Disposable gloves	Yes	As per nation's public health advice.	
	Disposable apron			
	FRFM IIR	Yes	As per nation's public health advice	
	Eye/face protection (visor/goggles)	Risk assessment based on nation's public health advice		
	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)		
Clinical tests	Micro-aerosols (<i>Blephex and Alger brush</i>)	No	No	Risk assessment based on updated evidence
	Fundus imaging/OCT/Optomap	Yes		
	Direct ophthalmoscopy	Use fundus imaging where possible	Use SL-BIO or equivalent where possible	
	Tonometry	If clinically necessary, see guidance on method		
	Refraction	Limited only	Modified ⁵	Yes
	Visual fields	Only complete when clinically indicated ⁶		Yes Re-introduction of normal case finding tests
		Use equipment that can be disinfected		
HES referrals	Emergency and urgent only	As local protocols		Yes
Examinations for people who are being shielded, shielding, or self-isolating ⁶	Virtual where possible. Full PPE if face-to-face provided ⁸			Normal service commences following national public health guidance
	Emergency/urgent care based on local protocols.	Urgent/emergency and essential.	Yes if symptoms.	
Domiciliary appointments	Essential care based on national protocols. ⁹	Domiciliary examinations restarted as per local protocols		

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. Where capacity allows, asymptomatic patients may be seen based on nation's advice.
4. This would include CL fitting where is it needed to enable someone to wear PPE
5. To reduce the time the patient spends in the consulting room. Full refraction may be performed if clinically necessary based on professional judgement.
6. 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.
7. Eyecare to be provided in the patient's own home where possible and safe to do so.
8. 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
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf)
9. 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.