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Ophthalmology Consensus Statement on Preferred Practices during the COVID-19 Pandemic

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Description

The COVID 19 epidemic has taken proportions and has disintegrated lives encyclopedically. In the wake of governmental lockdowns, ophthalmologists need practical and practicable guidelines grounded on advisories from public health departments on how to conduct their duties during civil lockdowns and after these are lifted. we present a favored practice pattern (PPP) grounded on agreement conversations between leading ophthalmologists and health care professionals in India including representatives from major governmental and private institutions as well as the all India Ophthalmological Society leadership. In this document, the expert panel easily defines the range of conditioning for Indian ophthalmologists during the ongoing lockdown phase and preventives to be taken once the lockdown is lifted. Guidelines for triage, governmental guidelines for use of particular defensive outfit from ophthalmologist's point of view, preventives to be taken in the OPD and operating room as well as care of colorful ophthalmic outfit have been described in detail. These guidelines will be applicable to all practice settings including tertiary institutions, commercial and group practices and individual eye conventions and should help Indian ophthalmologists in performing their professional liabilities without being foci of complaint transmission.

The ongoing epidemic caused by the SARS – CoV-2 contagion has caused annihilation across the globe, forcing entire nations into a tone-assessed counter blockade to contain the original transmission and community spread of infection. The Government of India has commanded a country-wide total lockdown of all unnecessary services. This lockdown remains in effect from March 25 to April 14, 2020, which the government may incompletely relax the restrictions too sluggishly and totally ease in routine life. It's also possible that the lockdown may be extended depending on the situation, specifically the diurnal prevalence of new cases. In the wake of these unknown measures, ophthalmology conventions have been extensively impacted, with utmost suspending routine care and surgery and immolation only exigency services. Since ophthalmology is a stage alone specialty with fairly smaller eye and life hanging extremities, utmost of the practices have temporarily shut down. It's important to understand that during similar potentially long- winding afflictions, we need to achieve a professional and ethical balance between getting hotspots for viral transmission and furnishing services for ophthalmic extremities. An tract in the Indian Journal of Ophthalmology proved what was known about the COVID- 19 complaint from an ophthalmologist's point of view. Though practical and useful, some of these guidelines were empiric. Guidelines issued by other public and transnational bodies may not be directly applicable to India and to Ophthalmology. Also, there are several guidelines issued by health ministries of different countries, with some indeed suggesting that ophthalmic hospitals be ready to accommodate quarantined cases, leading to confusion and fear amongst ophthalmologists. Also, numerous questions remain especially about the resumption of ophthalmic practice once the governmental restrictions are lifted. Therefore, there's a need for a set of substantiation grounded and agreement- driven guidelines from a professional expert peer group.

Impact on Medical Circumstances

We essay to develop a favored practice pattern (PPP) grounded on agreement discussion between some of the leading ophthalmologists in India, major institutional representatives and the AIOS leadership. This document easily defines the diapason of conditioning for Indian ophthalmologists during the ongoing lockdown phase and preventives to be taken once the lockdown is lifted. Also, it's applicable to all practice settings including tertiary institutions, commercial and group practices and individual eye conventions. The ophthalmologists should triage cases and decide which case requires imperative care. It's recommended by this expert group that all ophthalmologists give only imperative care, after the triage and register all optional OPD visits and procedures. Urgency is determined by the ophthalmologist's judgment of the implicit threat to vision, eye and life and impact on the quality of life if undressed. One must always consider individual medical and social circumstances similar as the cases' age, laterality of the complaint, position of the case, and demand of caregiver, piecemeal from finances and vacuity of medical care after the exigency surgery. In our opinion, cases that can be laid over for further than 4 weeks without considerable threat of loss of vision, general health and performing should qualify as optional.

Grounded on the triage system, the expert group has classified OPD and surgical procedures as an exigency, critical and routine. This opinion- grounded triage can only be done after the case has been seen by the medical staff. Still, if the case has communicated the call center of the sanatorium for an appointment or is met with by the non-medical staff similar as the front Office or registration office before the medical triage, also they may be given a roster of presenting complaints that may indicate true extremities. Since it may be delicate to keep lower conventions open throughout the day in the midst of the lockdown, original ophthalmology societies at the quarter and megacity position can endeavor to bring ophthalmologists together and suggest time bound places for each practice to remain open at different times of the day or one practice open for an entire day by gyration in a given geographical position, or one centralized installation with ophthalmologists on a canon open for fixed hours depending on the locally anticipated patient volume. This will help distribute the exigency cargo on ophthalmologists and won't vexation the indigent cases who may have genuine ophthalmic extremities unconnected to the COVID- 19 extremity. Once entry webbing is passed, the cases and their attendants should be handed with three-bias surgical masks and hand sanitizers at least 70 alcohol grounded to disinfect their hands before they enter the waiting room. Surgical

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masks should be worn by everyone who enters the sanatorium. There should be obligatory hand sanitization at the point of entry.

Band Retinoscopy

Medical records of all the follow up cases should be pulled out previous to the patient visit. Formal check heft at the event office should be avoided. For new cases, patient information should be collected at the waiting room App- grounded online or submitted on messaging services similar as WhatsApp. However, App grounded mobile phone check- heft and payment should be enabled, without cases having to line- up at the event office, If possible. A special concurrence should be attained from all the cases who should state as follows I declare that during this lockdown and suspense of routine inpatient services and optional procedures in the wake of current COVID- 19 epidemic, I've come to the sanitarium on my own volition for an exigency treatment. A diurnal list of all HCW, cases, their attendants and other sanitarium callers with their vindicated mobile number and vindicated ID evidence should be maintained for contact tracing if necessary, in the future. Avoid dilatation and nasolacrimal syringing if possible. However, home dilatation is ideal if there's no given contraindication, if dilatation is obligatory for a follow- up case. Avoid all aerosol- grounded procedures including non-contact tonometer. Use of Ton open with a disposable tip or Goldman application tonometry with the cleaning of the application cone after every case is recommended if IOP dimension is necessary. Refraction can be performed using auto refractor or a band retinoscopy where commanded.

Trial frame and the essence hem of the lenses used should be gutted with alcohol- grounded sanitizer after use. Disinfect using standard protocols all instruments and examinations used in direct contact to the case's gash film and optical face. The retinal examination should be done in cases that need it, rigorously with a circular ophthalmoscope. Avoid direct ophthalmoscopy and contact lens-grounded fundus examination. Babies witnessing ROP webbing must be placed on a designated crib with a plastic or polythene distance, by the mama who uncovers the face of the child and way down more than 2 measures. The screener walks to the baby and defenses using circular ophthalmoscopy or a retinal camera. The hedge distance is replaced or sanitized between consecutive babies. In case of critical ophthalmic problems in a case that’s at high threat for COVID- 19, eye care is stylish handed in the multispecialty sanitarium setting. Transmission preventives for treating ophthalmologists include full body protection. In case of critical ophthalmic problem in a case with proved COVID- 19 or a person under disquisition, the case should remain in the multispecialty sanitarium setting, ICMR- GoI guidelines should be followed, along with transmission preventives for treating ophthalmologists, including full body protection.