

# STANDARD OPERATING PROCEDURE FOR Management of Emergency Eye Patients during COVID-19 Outbreak

## RISK REDUCTION STRATEGIES

- Separate entrance next to Boaters for OPD patients whilst ED patients **ONLY** will enter through the main doors of BMEC Large sign boards with the help of receptionist and triaging staff to ensure that this rule is enforced.
- Reduce to only one companion per patient if required due to clinical or social needs, otherwise no relatives or carers permitted into ED to support social distancing. One parent or carer is able to accompany a child.
- **NO** City or local hospital inpatients from RED WARDS to be reviewed in Eye ED. They will have to be seen in the respective ward by on-call team or local hospitals by their own team.
- Investigations are only to be requested if they are **ESSENTIAL** to diagnosis and subsequent treatment. Please discuss with senior ophthalmologist or consultant if unsure.
- Document any COVID-19 suspect on Medisoft and Unity.
- Everyone coming through ED entrance are required to have their hands scrubbed with wall mounted alcohol gel and wear a clean surgical face mask.
- All staff to adhere to strict hand hygiene and cleaning of equipment after use and in between patients.

## SCREENING AND MANAGEMENT OF SUSPECTED COVID-19 CASES

- a. See flow chart on management of telephone triage.
- b. On arrival to BMEC, the patient (and their companion) will be asked the current screening questions.
- c. If the answer is yes to any of the above questions, the pre-triage nurse is informed.
- d. The pre triage nurse will don mask, apron and gloves and take the patient to out of the main entrance – around to the ambulance entrance and into the curtained cubicle.
- e. The pre triage nurse will assess the patient's ophthalmic symptoms, if appropriate – will discharge with advice. Patient will exit through ambulance door. Nurse will don clean gloves and clean the area. Will doff PPE and perform hand hygiene in HWB.
- f. If the patient has a complex ocular history, the pre triage nurse will use the spare telephone triage phone to call the senior doctor – usually in ED Room 1 (6710) or the floating consultant if there is one rostered.
- g. The clinician will provide advice if appropriate – then discharge. If they feel the patient needs to be seen, they will come through to the Clean Utility and don PPE before coming to the cubicle area.
- h. Once in isolation room, the clinician will **IMMEDIATELY** assess the patient. These patients take priority to ensure that they are safely discharged as soon as possible.

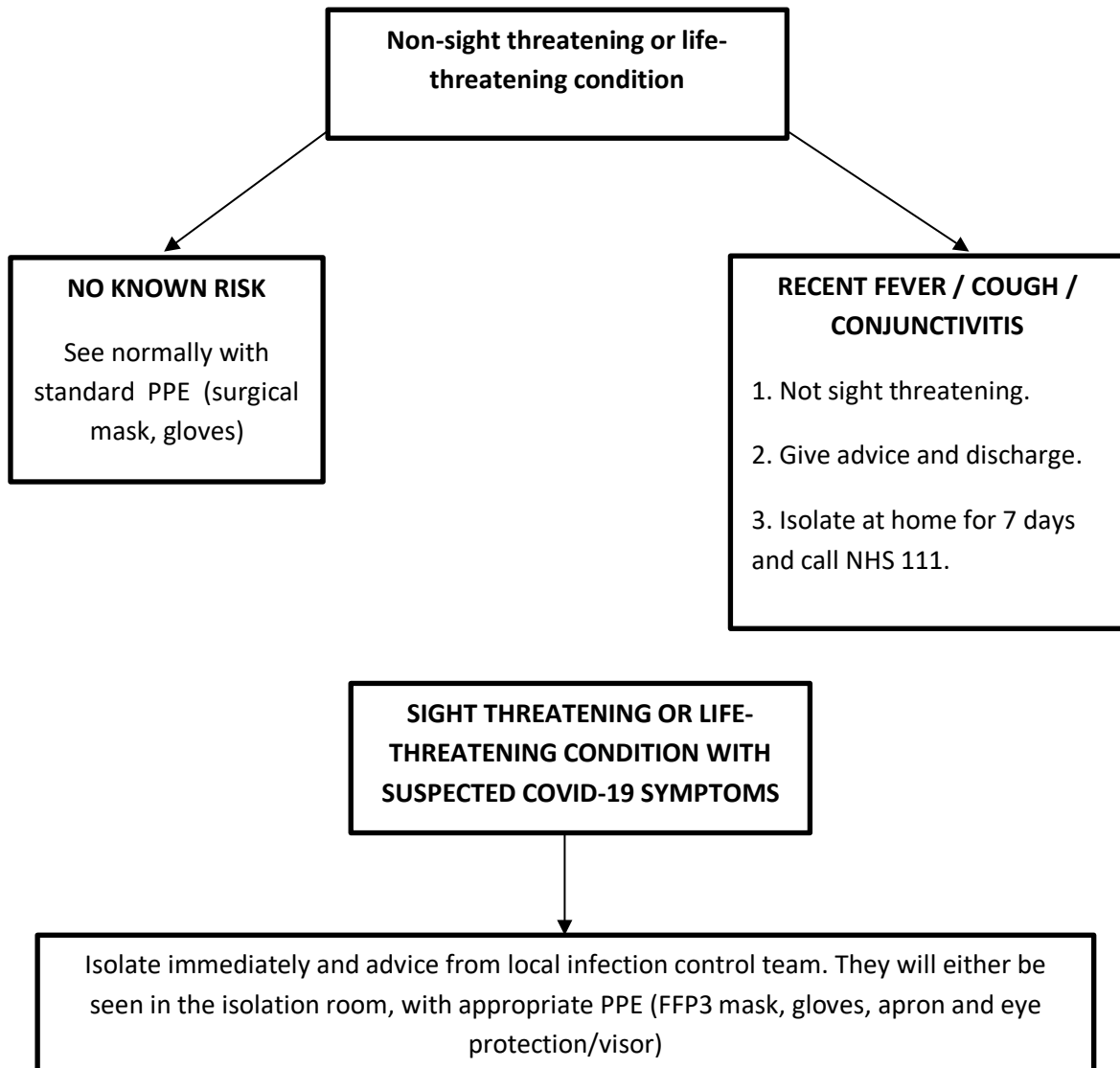
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- i. If the isolation room is in use, other suspected COVID-19 patients are recommended to return to their car (if available) or wait outside the hospital premises while their case is **IMMEDIATELY** discussed with an ophthalmologist.
- j. If the patient is able to be discharged once reviewed, the patient will exit through the ambulance entrance. FP10 prescription issued to patient if required. The clinician will change their gloves and clean the slit lamp and chair. Once this is completed, they will doff their PPE and perform hand hygiene in the HWB.
- k. If patient requires admission for the ophthalmic condition, contact infection control for advice. They will then be transferred to the designated isolation room in the eye ward (*SR1 currently*) using all appropriate PPE safety precautions when transferring (please seek the advice of infection control). Patient to wear mask during transfer.
- l. Once used, isolation room must then be decontaminated by the housekeeping team, ready for next use. Domestics must be informed of the reason for deep cleaning.
- m. If in any doubt, please contact local infection control team or consultant ophthalmologist on duty.

<b>Transmission based precautions (TBPs): Personal protective equipment (PPE) for care of patients with pandemic COVID-19</b>				
	<b>Entry to cohort area (only if necessary) no patient contact*</b>	<b>General ward *</b>	<b>High risk unit ICU/ITU/HDU</b>	<b>Aerosol generating procedures (any setting)</b>
<b>Disposable Gloves</b>	No	Yes	Yes	Yes
<b>Disposable Plastic Apron</b>	No	Yes	Yes	No
<b>Disposable Gown</b>	No	No	No	Yes
<b>Fluid-resistant (Type IIR) surgical mask (FRSM)</b>	Yes	Yes	No	No
<b>Filtering face piece (class 3) (FFP3) respirator</b>	No	No	Yes	Yes
<b>Disposable Eye protection</b>	No	Risk assessment	Risk assessment (always if wearing an FFP3)	Yes

\*Personal protective equipment (PPE) for close patient contact (within 1 metre) also applies to the collection of nasal or nasopharyngeal swabs

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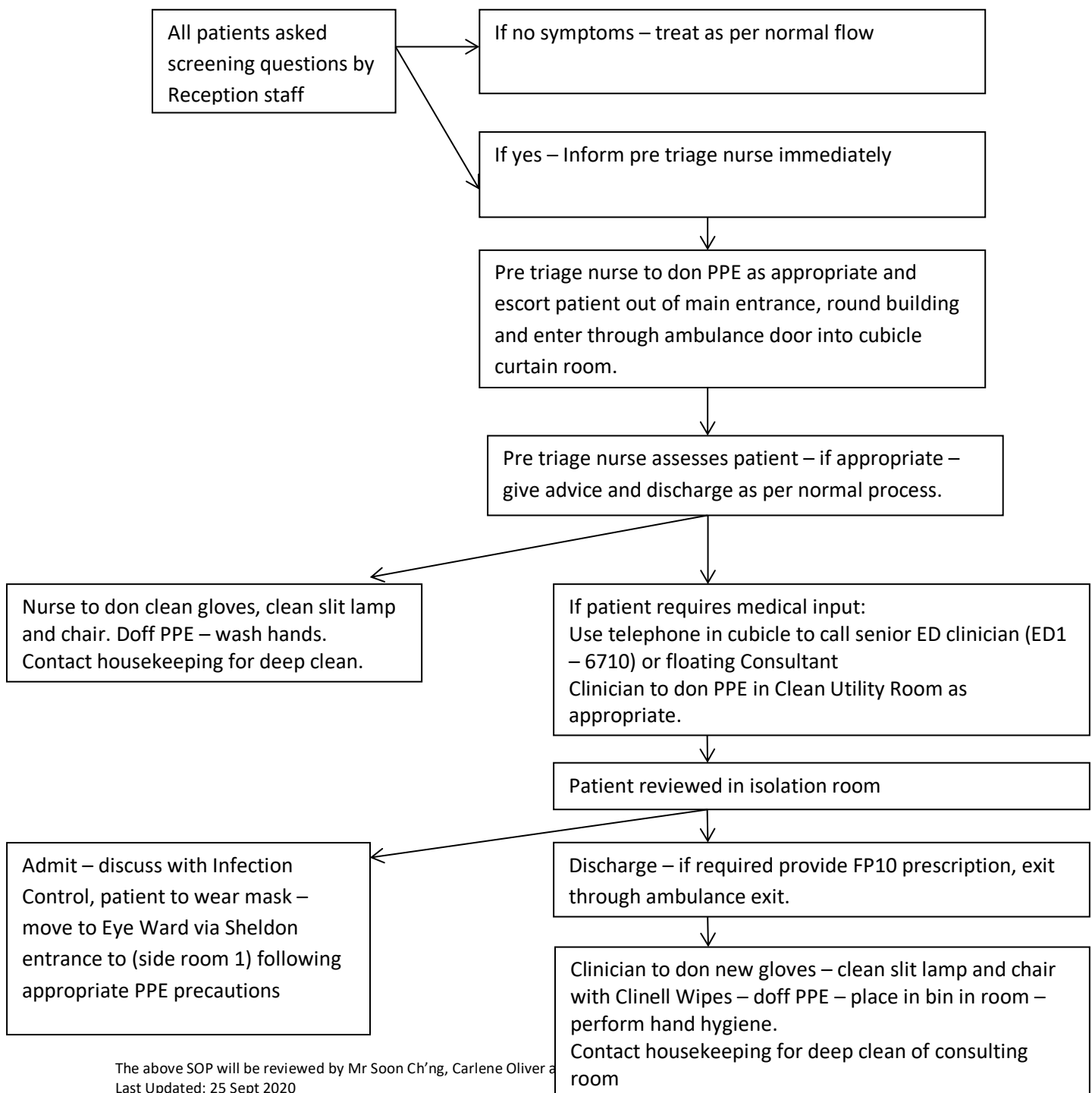
## **SIGHT THREATENING OR LIFE-THREATENING CONDITIONS:**

- Chemical eye injury
- Corneal ulcers
- Papilloedema
- Painful ptosis +/- double vision suggestive of cranial nerve III palsy or Horner's syndrome
- Penetrating eye injury, intraocular foreign body or significant blunt trauma to the eye
- Raised intraocular pressure suggestive of acute angle closure glaucoma
- Suspected endophthalmitis
- Suspected giant cell arteritis
- Suspected orbital cellulitis
- Suspected retinal detachment or tear
- If any doubt regarding diagnosis, please discuss with the most senior ophthalmologist on duty

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### Flow chart for the care of suspected COVID 19 patients at BMEC ED

1. Patients utilising the telephone triage phone will be asked the current screening questions.  
Patients – No: follow normal process  
Patients – Yes: discuss with SPR on call, medical triage to be undertaken. If necessary, to come in, negotiate time and admit through ambulance door and into curtain cubicle (see below for details).
2. Patients from NHS 111 using the ED mobile telephone number – as for number (1) steps.
3. Patient who walk in to BMEC ED:



The above SOP will be reviewed by Mr Soon Ch'ng, Carlene Oliver and  
Last Updated: 25 Sept 2020

BMEC: Birmingham Midlands Eye Centre; ED: Emergency Department; OPD: Outpatients Department; PPE: Personal Protective Equipment

# COVID-19 Emergency and Urgent Admissions BMEC, September 2020

