

**Guidelines for functioning across
Sankara Eye Hospitals -India following lifting of lockdown**

Re Start

Getting Ready for Post COVID19





Re Start

Getting Ready for Post COVID19



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COVID19 has compelled organisations to relook at how eye care is delivered. Sankara Eye Foundation India through a consensus of its senior leaders and with reference to published guidelines from various organisations has drawn up this document to serve as a guideline to its team working across India.

While the primary objective is to both safeguard the health and wellness of our team members , equally important is to ensure adherence to best practices in patient care.

The guideline is a dynamic document and we expect the practices advised in this to change as we get a better understanding of the COVID19 strain. It covers the functioning in the outpatient clinic, in patient services, managing ocular diagnostics , use of personal protective equipment and methods of sanitation and disinfection and also on the ideal format for deployment of the manpower at hand.

The guideline has been ratified by the Governing Body Medical Administration of Sankara Eye Foundation India and approved by the Leadership Council of SEF , India for immediate implementation.

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Staff Health & Welfare



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Before they leave for work , all staff would send a message confirming that

- they DO NOT have a fever or symptoms of COVID19.
- they have NOT visited any area demarcated as containment zone or met anyone who is COVID positive

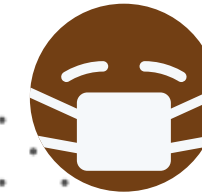


Commute to work

Avoid Public Transport. If unavoidable sit alone if possible and keep windows open.

Use the hospital provided transport where available or use private vehicles.

Maintain social distancing and use a mask all through.



Before putting the mask wash hands with soap and water

Make sure it covers your nose and mouth with no GAP

Avoid touching your face “Eyes, Nose, Mouth are the entry ports for the virus”



Home Rules

Stay home if sick.

Avoid visiting areas that are declared containment zones by the Government. Avoid Guests , and unnecessary visits outside to prevent any infection being picked up.

Frequent Hand Hygiene with Soap & Water to be practised.

Have a bath on return from hospital, Disinfect your mask as advised

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@ Hospital



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Everyone entering the hospital would be screened for temperature using a non contact thermal gun (infrared thermometer).

If found to have fever you would be asked to return.



General norms to be followed while posting.



The entire team to be divided into 2-3 units.

Recognising risk of one of our team getting infected with COVID & to ensure continuity of service the following is proposed;

- Where possible it will be ensured that no 2 consultants from the same department will be in the hospital at the same time, even if they are , they will do utmost not to interact .
- All spouses , roommates and those sharing accommodation would be posted together.

*Category 1: Mandatory
Required on Campus*



Chief Medical Officer
OT Staff
Quality Champion
Infection control nurse
Senior Consultants *
Senior staff in OPD & IPD
Senior Optometrists

*Category 2: Not Required on
Campus - Can Telework*



Administrative Team
(Human Resource,
Marketing , Finance Etc)
Biomedical Team
Registrars*
Clinical Research Team

*Category 2: Not Required on
Campus - Cannot Telework*



Optometry Interns
DoA (Ophthalmic
Assistants) Students
Outreach Field Staff
Special Projects Staff
Drivers*

Fellows*

Hygiene & Sanitation



All staff would use the hand sanitiser on entry.

The biometry system can be accessed only thereon.

Keep your masks on throughout your stay in the hospital.

Avoid crowds and if meeting any person maintain social distancing and avoid handshakes.

Avoid carrying bags and wallets as they may get contaminated.

Before drinking water ensure use of hand sanitiser.

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Patient Flow



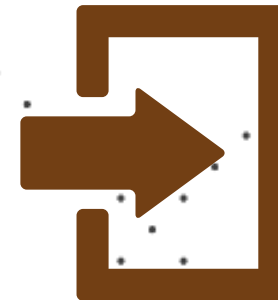
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Single Entry for Patients & attenders

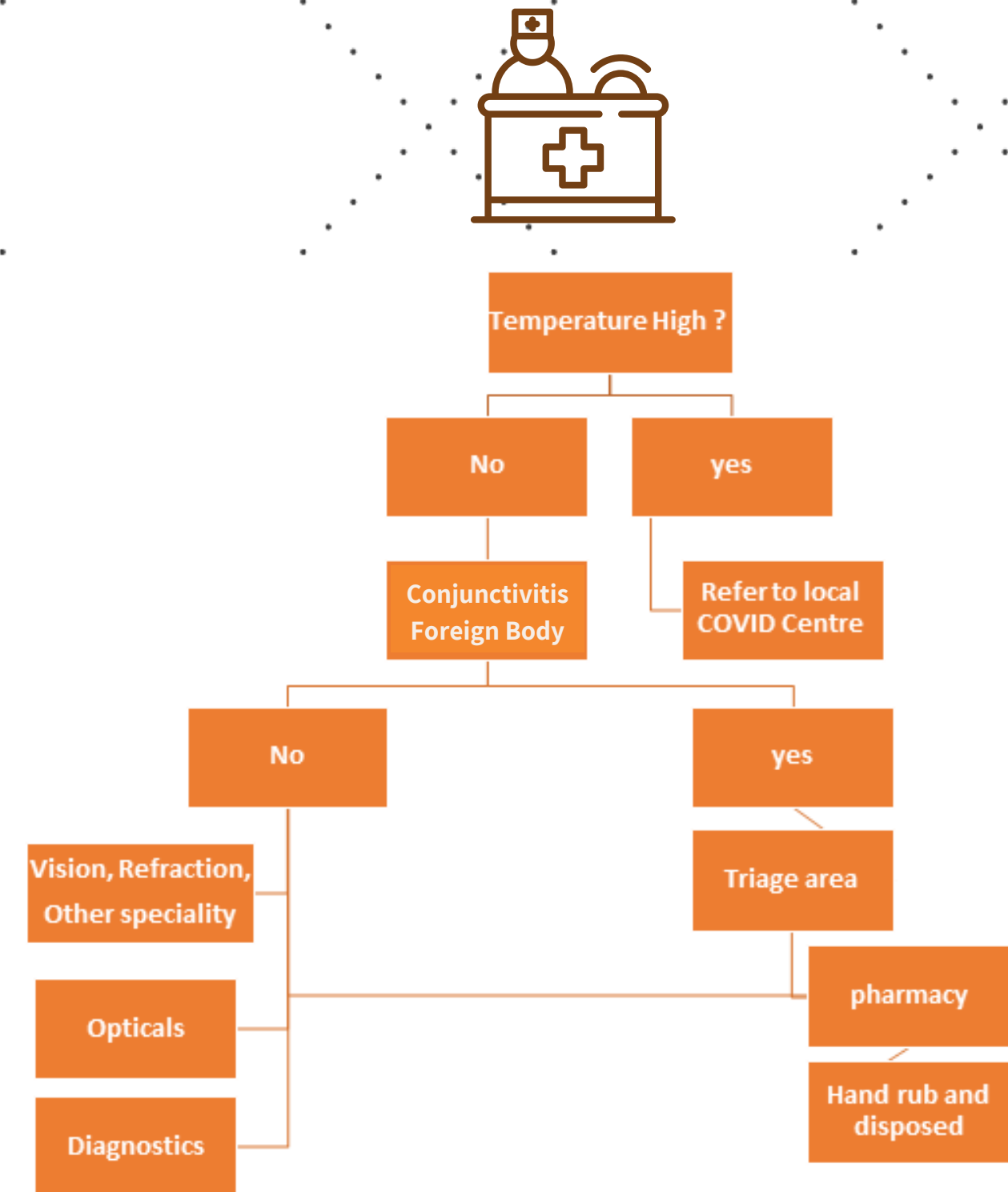
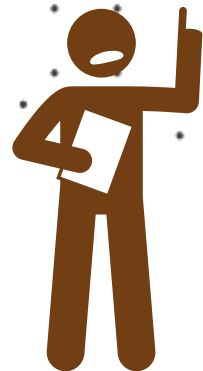
Only one attender per patient. Additional attenders requested to wait outside the premises

All patients to have temperature screened by dedicated staff .(Security officer)



Once completed they are to sign the declaration form .

- He/she would be confirming absence of COVID19 symptoms & disease.
- Form also to include that attender also asymptomatic
- Further deceleration of no travel to a containment zone nor come in contact with a person found to be COVID positive.
- Declaration also would be an assent to examination & treatment with a clause informing of possible cross infection from contacts (staff / other patients) at the hospital despite best efforts

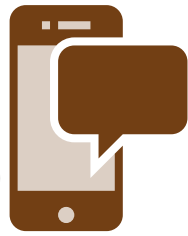


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Patient Flow



If fever and or severe cough evident patient and attender sent to nearest screening centre after recording contact details.



Ensure space for additional attenders to wait , provisioning for drinking water, disposable cups, trash cans, pedestal fans etc



Hand wash and sanitizer for every patient and attender out side the entrance



Maintain Social Distancing all through. 1/3 of seating capacity to be used to ensure adequate spacing.



Triage in well ventilated area by doctor in full PPE with slitlamp for infections and /or redness as informed by registration staff.

Staff for triage to be posted for 4 hours.



All patients and attenders to wear a mask while in the hospital. If needed to be provided one at cost



Only attender to be allowed to the pharmacy while patient waits. If a chronic condition , encourage them to minimise return by stocking adequately for 45 days



Cross-Consult only where absolutely needed. Complete all tests and examinations if possible on the same day to prevent repeated exposure.

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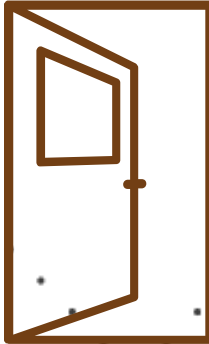
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Consultation Room



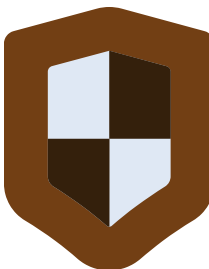
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Keeping your door open and ensure ventilation, if using an air conditioner then ensure there is a filter that is cleaned and disinfected.

Minimise furniture , and allow only one attender in your room.



Wear PPE -use face mask, double glove and goggles.

Use a slitlamp guard to prevent any droplet spread. We have provided acrylic cutouts for your use, alternately you could fashion them from the plastic file holders or from OHP sheets.

Use earbuds to touch eyelids & discard after use

Outer gloves discarded after each patient if visibly soiled, or used after wiping and allowing to dry after use of isopropyl alcohol 70% or alcohol handrub if not soiled.

Disinfect Slit-Lamp after every patient with 70% alcohol or equivalent.



NCT not to be used as there is a concern of generating aerosols. Use Tonopen or iCare Tonometer. Tonometer tip is cleaned with 70% alcohol and allowed to dry in room air. You could use an applanation tonometer too.

Do not ask your staff to assist in holding a patients head on Slit-lamp , instead ask the attender to do so.

Avoid unnecessary conversation with the patient while examining them.



Surgery can be posted based on Guidelines. Consider surgeries for patients with emergency eye conditions and for cataracts that have a visual acuity that leaves the patient severely visually impaired ,at risk of injury.

Reviews spaced out as far as possible. Consider lean periods or even video based consultations.

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*Contact equipment
in which patients' eye is touched*



Applanation Tonometer
Gonioscopy
A scan Biometry
Ultrasound B scan
UBM
Pachymetry
ERG

*Non-contact equipment
in which no direct contact happens*



Autorefractors /Autokeratometers
Lensometer
Optical Biometry (IOL Master/Lenstar)
Specular Microscopy
Corneal Topography
Humphrey Visual Field Analyser
OCT / FFA
Lasers – Green/YAG/PASCAL
Slit lamp



Lensometer : wiped with 70% isopropyl alcohol.

Probes: clean with 70% isopropyl alcohol swab & air dry for 30 seconds

UBM: shell and probe washed with distilled water after use (avoid alcohol or sodium hypochlorite which may damage the probe)

Tonopen / Icare tonometer: Change tip cover or magnetic tip for every patient. Handle disinfected with isopropyl alcohol 70%

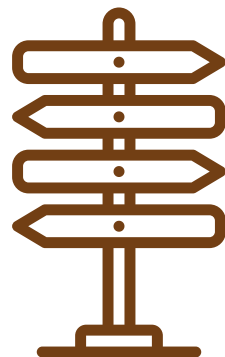
Applanation tonometer: Prism wiped with 70% isopropyl alcohol & air dried for 3 minutes. End of day, prism can be soaked in 1% sodium hypochlorite for 3 minutes

ERG: If Burian Allen electrodes used, use soap and water for at least 40 seconds .

Contact Lens: Avoid trial with RGP or Scleral Lenses. For soft lens trial use disposable lenses.

Lenses (+20D/+78D/+90D/Gonio/Laser): Clean lenses thoroughly with soap and water every day.Spray Isopropyl alcohol (99.9%) after use.Allow lens to air dry before replacing in the case

Trial frame : frame and rim of trial lenses wiped with 70% isopropyl alcohol .Alternatively trial frame may be soaked in 1% sodium hypochlorite for 10 minutes between patients.



Minimise or postpone investigations where possible.

Schedule appointments such that not more than one patient is waiting at any given time.

Avoid investigations that may take over 20 minutes

Use 70% alcohol based solution to disinfect probes.

Body of equipment cleaned with 70% isopropyl alcohol or 2% Lizol surface cleaner (one bottle cap diluted in 4 litre water)

All healthcare workers to use appropriate PPE. All patients should wear mask



General instructions for non-contact equipment

Chin rest, forehead rest, handles, table and surface touched by patient: cleaned with 70% isopropyl alcohol. Allowed to dry before taking up the next patient.

Computer key board and monitor : wiped with a tissue soaked in isopropyl alcohol, taking care not to let moisture enter them

External body of equipment : wiped with 70% isopropyl alcohol, Alternately 2 % Lizol may be used. Wipe leaving lens cap.

Visual field analyser

Trigger/buzzer held by patient and occluder used on eye should be cleaned with 70% isopropyl alcohol

Bowl of the perimeter CANNOT be disinfected. It is wiped with a soft cloth/tissue. Hence patient mask mandatory. Allow 20-30 minutes between patients. Keep door open.

Defer repeat test in the same visit in case patient is unable to give reliable readings.

OCT /LASER

Cover the objective lens area with cling wrap .45 gauge Polyolefin or POE cling wrap (crosslinked or non-crosslinked) should be used, as this provides high tensile strength and clarity.

Clean the cling wrap with 70% isopropyl alcohol after each use.

In case slit lamp delivery is required ensure beath shield and surgeon can consider using N95 mask.

Cautionary Note: Optics Cleaning can damage optics. Hence clean gently. Do not apply pressure. Do not use cotton/buds – Use lint free cloth or chamois leather.

Corneal Topography :Protocol similar to Visual Field Analyser

FFA

Appropriate precautions as in case invasive procedures to be taken while injecting the dye.

Body may be wiped with 70% isopropyl alcohol & lens may be cleaned with 99.9% isopropyl alcohol

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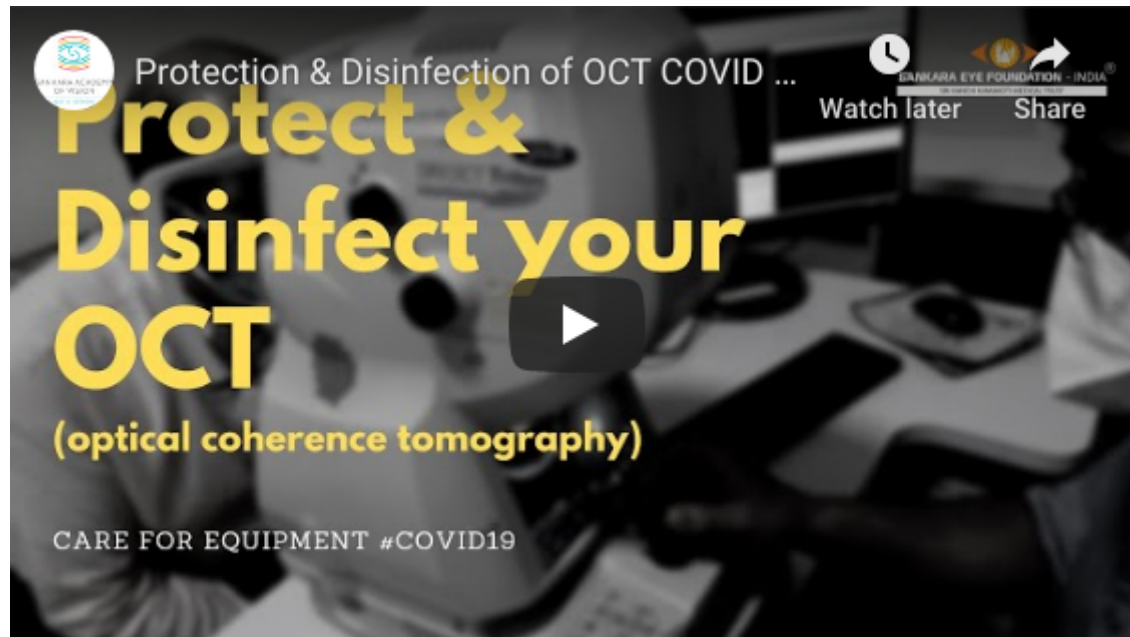
Diagnostics



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Click on these videos to know more on how to clean your specialised equipment like OCT & LASERs



<https://youtu.be/ROyT-Cr20kA>



https://youtu.be/bC-1_XGo5JE

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Counselling & Preop Evaluation



Counselling



One attendant with the Patient , both to wear mask.

Counselor to wear Face Shield, Mask and Gloves and counselling to be done in a well-ventilated room

Name of patient, attendant and the counselor attending the patient to be recorded in register. For possible contact tracing.

Advise patient to not travel , and possible cancellation if symptoms or history of contact noted on day of surgery.

If Fitness for surgery got outside, can email or WhatsApp report and bring hard copy on day of surgery.

Preoperative investigations

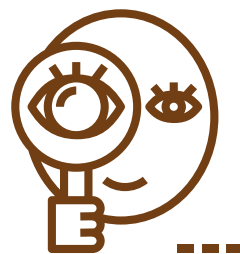
Should be completed on same day whenever possible.

Investigation to be done One patient at a time .

Attendant not to be present in investigation room.

Prefer non-contact procedure like optical biometry.

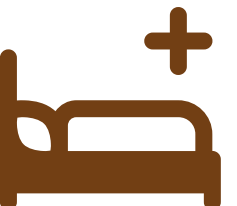
AIOS has suggested Chest Xray, until the norms change consider it after discussion with anesthetist.



Self-declaration to be refilled on day of surgery

- No History of fever , cough and respiratory difficulty to be confirmed-for patient and any member in the family
- No Travel history and visit to any public area for patient and his/her family in last 3 weeks to be confirmed
- History of any medication to be recorded

While scheduling surgery remember to allocate 30 minutes between procedures.



On Admission in Ward

Staggered admissions with patients coming from a distance be taken up later in the day as they may not be able to report on time.

One patient per room ,with doors and windows open.

Daycare facility to be deferred till current crisis blows over. If no such possibility, ensure 5 feet distance and admit younger patients with minimum co-morbidity.

Patient to change from street clothes and a fresh mask to be provided

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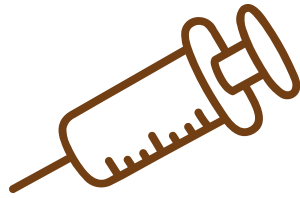
Operation Theatre



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Block Room



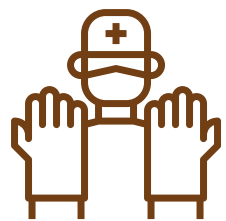
One patient at a time to enter. Minimal personnel (hospital) to be allowed.

Avoid General Anesthesia where possible. Topical Anesthesia to be preferred.

Keep minimal vocalization and when communication needed speak from at least distance of 5 feet. •

The couch to be disinfected after every patient with 70% alcohol swab or freshly prepared 1% Na hypochlorite solution

Wear double glove before injection and change gloves after every patient.



In the Operating Room

Minimum staff in OR. Limit it to surgeon, scrub sister, circulating nurse, anesthetist and one assistant only.

Surgeon to use gown with respirator, goggles, gloves and shoe cover ; assisting nurse to use face-shield , mask and gloves ; anesthetist to use N95 or equivalent , face shield and gown.

Perform procedure as routine

OR to be cleaned in between every patient (change bed sheet , clean head end with Alcohol swab and floor with 4 % Aldason.

Team present during surgery in OR along with name of patient to be recorded.

Wait for 15 minutes between cases with the air conditioner on as this will permit 4-6 air exchanges to be completed.

Only one OR to be used for up to 6 patients.

Avoid linen as much as possible for patient, use if needed to cover patient.

End of day entire OR including walls , AC vents and all equipment to be cleaned and disinfected (Deep Cleaning Protocols)

Any linen used to be carried to laundry in a closed trolley and disinfected with dilute hypochlorite before wash.

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Post Operative Care



Recovery



During discharge patient is called for from the room.

Discharge summary and instructions by staff wearing face shield, mask and gloves.

For GA recovery , staff monitoring to use mask (respirator) and face shield. Patient to be placed on a bed with guard rails and social distancing to be maintained.

Monitor probes to be cleaned with 70% alcohol.

Bed sheet and pillow covers to be removed and sent to laundry in closed bins or trolleys.

Clean high touch areas like door handle ,taps , bed rails with spirit(every 2 hours as per protocol).Floor cleaning with disinfectant like Lizol or 1% freshly prepared Sodium hypochlorite solution.

Wheel chair to be cleaned after every patient with alcohol swab or freshly prepared 1% Na hypochlorite

Post Operative Review



Encourage patients to consult through tele consult if a routine cataract is performed.

They could do this through an App or over a video consultation.

Routine queries on post operative care could be cleared through informational videos for the patient.

Minimise paper , as they are known to harbour the virus longer.

Advise patient to stock up the entire course of post operative medication considering possibility of the patient going in for a quarantine or supply chain concerns.

Ask attender who is going to apply medication to ensure hand hygiene and wear a mask while applying the eye drops.

Patient to self isolate to reduce chances of COVID19.

In person consultation to be planned in the afternoon during lean hours and on a lean day to ensure minimal waiting and interaction with other patients.

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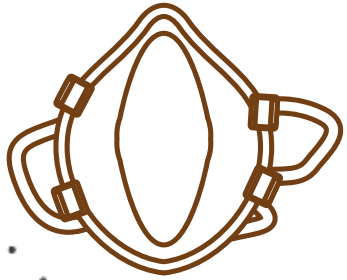
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Understanding PPE

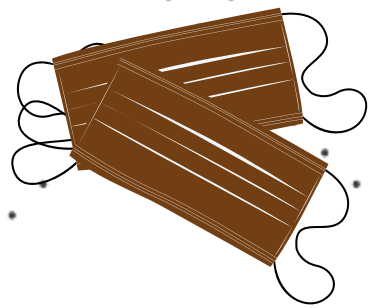


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Respirators unlike masks protect the wearer from small particle aerosols and large drops. Based on the country of origin they would be called N95/FFP2. Here 95 implies it filters out 95% of airborne particles.



3-layer surgical masks have Outer layer which is waterproof against droplet spray (usually colored), Middle layer has particle filter to block pathogens and inner layer is water absorbent to absorb moisture

Correct procedure of wearing triple layer surgical mask

Unfold the pleats; ensure they are facing down.

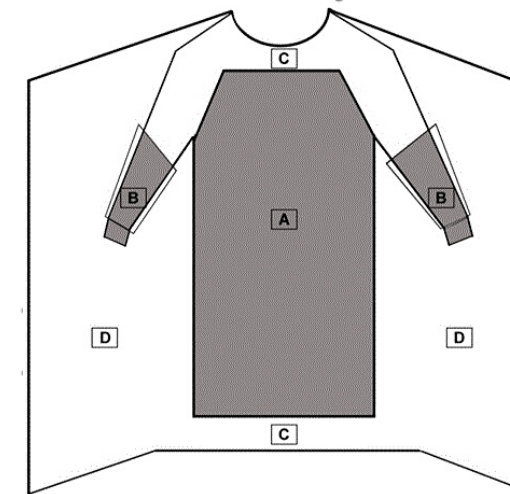
Place over nose, mouth and chin to fit flexible nose piece over nose bridge.

Secure with tie strings (upper string tied on top of head above the ears lower string at the back of the neck.) Ensure there are no gaps on either side of the mask, adjust to fit.

Change the mask after six hours or as soon as they become wet. To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

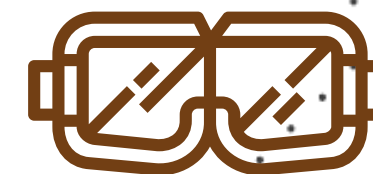
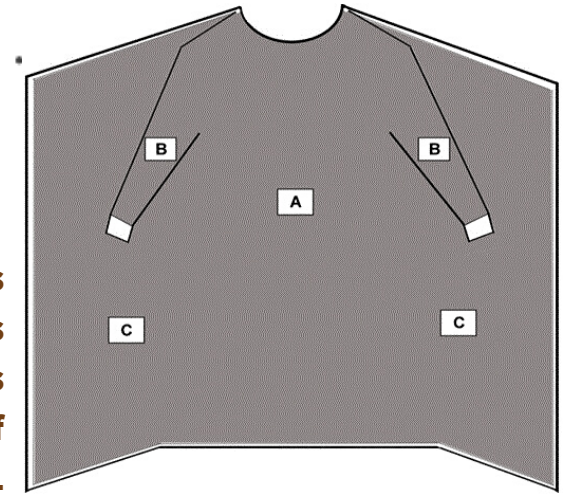
Surgical Gowns : garment worn by HCW during surgical procedures to protect both the patient and health care personnel from the transfer of microorganisms, body fluids, and particulate matter

Surgical Isolation Gown : used when there is a medium to high risk of contamination and a need for larger critical zones.



Entire front of surgical gown (areas A, B, and C) have at least level 1 barrier performance

Entire isolation gown (areas A, B, and C), including seams except cuff, hems & bindings have barrier performance of at least Level 1



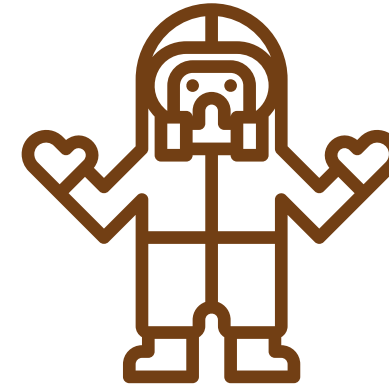
Goggles protect eyes and should fit snugly over and around eyes. Anti-fog feature improves clarity. Personal glasses not a substitute for goggles.

Face shields should cover forehead, extend below chin and wrap around side of face

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Personal Protective Equipment



Group	Station	Pandemic / epidemic protocol
Triage area		Coveralls Gloves Respirators Face shield Goggles
Service team	Registration, Appointment desk, Pharmacist ,Cashier ,Opticals , Counsellor ,Floor coordinator, Unit head	Cap Gloves Respirators Face shield Goggles
Clinical team	Optometrists Nursing Staff (OP &IP)	
Clinical team	Doctors	Gloves Respirators Goggles
Lab	Lab Technician GNM (lab)	Cap Gloves Respirators Goggles /Shield Shoe cover
OT	Anesthetists ,GA assistants VCT, GNM & Doctors	Cap Gloves Respirators Face shield /Goggles Shoe cover

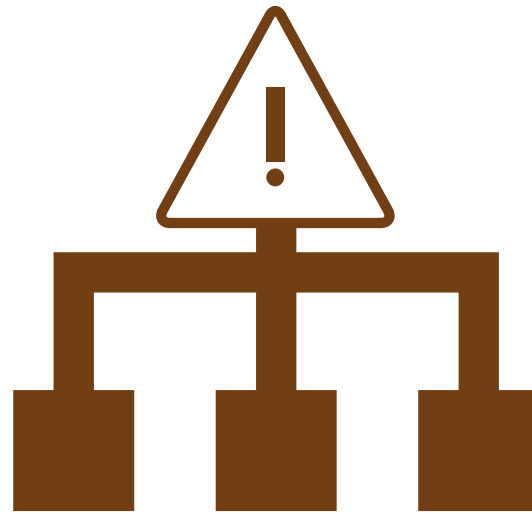
Group	Station	Pandemic / epidemic protocol
Admin	Accounts ,HR ,Facilities manager ,Stores and Purchase	Respirators
Facility	Electrician ,Plumber ,Gardener , Priest ,Driver ,Security	Respirators
	Housekeeping	Cap Heavy duty gloves Goggles / face shield Covered Shoes (preferably Gum Boots) Respirators
	Cafeteria	Cap Respirator Gloves

Those needing full coveralls , get into scrubs or comfortable clothes, remove jewelry and ensure you had water and food and visited washrooms etc. Personnel (doctors and nurses) would stay inside for 4-6 hrs

To monitor consumption of PPE on daily basis, use the PPE Burn rate calculator from CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

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Disinfection Focus

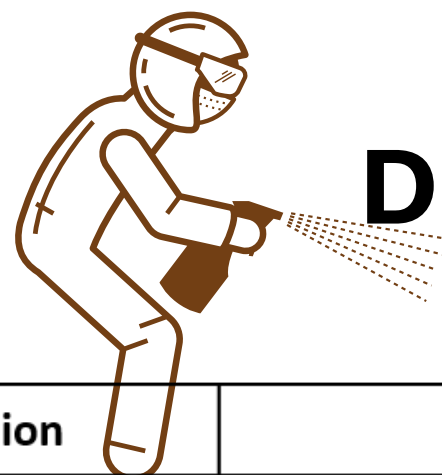
It is useful to categorise different areas of the hospital based on the possibility of transmission of Infection. Following is as adapted to our organisation. The cleaning regimen based on this classification is also mentioned.

High Risk areas	Moderate risk areas	Low risk areas
Operation theatre Emergency department/casualty Post-operative units Isolation wards, rooms & attached areas like bathrooms & toilets.	Medical and allied wards Laboratory areas Pharmacies Dietary services Laundry services Nurses/ rooms Doctors rooms	Departmental areas /office areas Outpatient department Non sterile supply areas Libraries Meeting Rooms Medical records section Stores section Telephone rooms, Electrical, Pump room, External surroundings Staff areas

Risk Category	Frequency of cleaning	Level of cleaning /disinfection	Method cleaning/Disinfection
High risk areas	Once in two hours and spot cleaning as required	Cleaning and Intermediate level disinfection	Cleaning with soap & detergent plus disinfection with alcoholic compound, hydrogen peroxide and phenolics
Moderate risk areas	Once in four hours and spot cleaning as required	Cleaning and low level disinfection	Cleaning with soap & detergent plus disinfection with phenolics
Low risk areas	Areas working round the clock once in a shift & areas having general shift twice in the shift and spot cleaning	Only cleaning	Physical removal of soil, dust or foreign material followed by cleaning with water and detergent

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Disinfection



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Area/Item	Process for Disinfection	Method
Floors	Lizol disinfectant or 1% Sodium Hypochlorite	Two buckets, one with plain water and one with detergent solution. Cleaning with Aldasan 2000 once a week
Ceiling & Walls	Lizol or 1% Sodium Hypochlorite	Damp dusting should be done in straight lines that overlap one another
Doors & Door Knobs	Surgical spirit or 70% alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Laboratories etc where spill care is required	1% Sodium Hypochlorite	As per spill management protocol. At the end, Wash mop with detergent and hot water and allow it to dry.
Stethoscope	70% Alcohol or surgical spirit	Should be wiped with alcohol based rub/spirit swab before each patient contact
BP Cuffs & Covers	70% Alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Thermometer	70% Alcohol	Should be wiped with alcohol based rub/spirit swab before each patient contact
Injection & Dressing Trolley	Lizol & 70% Alcohol	Clean Daily with detergent & water After each use, should be disinfected with 70% alcohol based reagent
Refrigerators	Lizol & Water	Empty the fridge and store things appropriately. Inside Cleaning: Weekly .Dry it properly and replace the things. Surface Cleaning : As for High Touch Surfaces
Equipment	All external surfaces with Lizol & water , sensitive probes (except UBM) and optics with isopropyl alcohol	
Railings	Surgical spirit or 70% alcohol	Should be wiped with alcohol based rub/spirit swab

Furniture can be cleaned with water and detergent, expect areas in direct contact with patient wherein either 70% alcohol, surgical spirit or 1% Sodium Hypochlorite could be used

Toilets for the floor & the closet use 1% sodium hypochlorite or commercial cleaner (Harpic)

Wear heavy duty/disposable gloves, disposable long-sleeved gowns, eye goggles or a face shield, and a medical mask. Hands should be washed with soap and water/alcohol-based hand rub immediately after each piece of PPE is removed

Mops: Immerse in 0.5% sodium hypochlorite* solution for 30 minutes & rinse with plain water

Buckets : Rinse with 0.5% sodium hypochlorite solution/ for 1 minute. Rinse with plain water

Trolley : Wipe down the trolley body with 0.5% sodium hypochlorite solution. Rinse with plain water

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References & Further Reading



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<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/tables/table2.html>

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https://nhm.gov.in/images/pdf/in-focus/Implementation_Guidebook_for_Kayakalp.pdf

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https://www.icmr.nic.in/sites/default/files/guidelines/Hospital_Infection_control_guidelines.pdf

<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>



<https://youtu.be/U2Y5HxrV5fc>

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S - Social Distancing

P - PPE use appropriately

A - Adhere to Guidelines

R - Regulate Self (Isolate)

K - Keep Hands Clean