



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Corona Virus (COVID-19) Guideline

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1. Introduction and purpose

This guideline was developed by The Royal Australian and New Zealand College of Ophthalmologists (RANZCO). The purpose of the guideline is to outline the potential impact of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) and its Coronavirus Disease 2019 (COVID-19) on clinical practice in Ophthalmology and highlight risks of exposure and strategies to manage these risks. **The situation is evolving rapidly, and new information from the Australian Government Department of Health and New Zealand Ministry of Health should be reviewed daily.**

2. How to notify a suspected case of COVID-19

Symptoms are variable but the most common are **fever** (43.8% on admission and 88.7% during hospitalisation) and respiratory symptoms including **cough** (67.8%) (Guan, Liang et al, 2020).

COVID-19 has been declared an urgently notifiable disease under Part 9 of the *Public Health Act 2016* and there will be links to your local reporting mechanisms on your government health website.

(eg: in WA https://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions)

More information can be found at <https://www.healthdirect.gov.au/notification-of-illness-and-disease>

3. Countries and regions considered to pose a higher risk of COVID-19 transmission

As of 4 March 2020, the Australian Government Department of Health has named the following countries as being of higher risk of COVID-19:

- Mainland China
- Iran
- Italy
- South Korea

Those at moderate risk are:

- Cambodia
- Hong Kong
- Indonesia
- Japan
- Singapore
- Thailand

As the new evidence is emerging, information regarding current countries and particular areas within those countries of concern can be found at:



- Australia:
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert-travellers-and-visitors>

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm>
- New Zealand:
<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-self-isolation>

4. Managing patients from countries and regions considered to pose a risk of transmission

COVID-19 resources for health care professionals can be found here:

Australian Government Department of Health
<https://health.govcms.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-pathology-providers-and-healthcare-managers>

Communicable Disease Network Australia (CDNA)
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Routinely ask all patients before their appointment and again on arrival at the practice if they have returned from any of the countries, listed above (section 3), affected by outbreaks of the coronavirus (COVID-19) in the past two weeks.

Symptoms can appear 2-14 days after exposure. Ask patients if they have symptoms suggestive of COVID-19 including fever, respiratory symptoms (cough, sputum, shortness of breath), fatigue, myalgia, headache.

Most patients presenting with viral conjunctivitis will have adenovirus. However, a study by Guan W et al. indicated conjunctival congestion was present in 0.8% of the Chinese cohort of 1099 patients with laboratory confirmed COVID-19. There is some evidence that the virus can cause conjunctivitis and be spread by aerosol contact with conjunctiva. (AAO, Xia et al.).

Follow all recommended guidelines for protecting yourself (section 5a) and protecting your work environment (section 5b) against infection.

1. Non-urgent eye problem

Patients with a non-urgent eye problem who have travelled in a higher or moderate risk COVID-19 country within the last 14 days

OR

Patients who have been in close contact with a confirmed case of COVID-19 in the last 14 days

OR

Patients with symptoms suggestive of COVID-19

Should have their eye appointment postponed for 14 days until COVID-19 has been excluded.



2. Urgent eye problem

Ophthalmologists seeing a patient with an urgent eye problem who is at risk or has symptoms suggestive of COVID-19 (see 1. Non-urgent eye problem) will need to use their discretion to triage the relative urgency of each condition.

i) If the eye condition can wait, the patient should be referred to an appropriate clinical centre for testing. The current interim advice from the Australian Government Department of Health (<https://health.govcms.gov.au/resources/publications/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe>) suggests:

- Telephone the doctor or hospital emergency department to notify the patient will be referred
- If the patient experiences severe symptoms, call 000 and advise the operator that the patient is in self-quarantine because of COVID-19 risk.

ii) If the eye condition cannot wait, the current interim advice from the Australian Government Department of Health should be followed including:

- Immediately give the patient a N95/P2 (surgical if N95/P2 is not available) mask and ensure they put it on correctly.
- Direct them to a single room, whether or not respiratory symptoms are present.
- If this is the first contact with a health care provider, contact the local public health unit or state/territory communicable disease branch for advice if you are uncertain about the need for testing.
- Standard precautions, including hand hygiene (5 Moments), should be observed for all patients. Patients and staff should observe cough etiquette and respiratory hygiene.
- Contact and droplet precautions should be used for clinical assessment and collection of specimens from a patient under investigation.
- Perform hand hygiene before putting on Personal Protective Equipment (PPE): gown, gloves, eye protection (goggles or face shield) and N95/P2 mask. All assistants should do the same.
- To collect eye swabs, stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
- After the consultation, remove PPE and perform hand hygiene.
- Any contacted/contaminated surfaces should be wiped with detergent/disinfectant by a person wearing gloves, surgical mask and eye protection.
- Note that, for droplet precautions, a negative pressure room is not required, and the room does not need to be left empty after sample collection.

iii) Any patient with severe symptoms suggestive of pneumonia should be transferred to and managed in hospital. Call 000 and advise the operator that the patient is in self-quarantine because of COVID-19 risk.

5. Preventing infection

a) Protecting yourself and others

Some health services are recommending that Healthcare workers who have returned from any higher risk country should be advised not to undertake work in a health care or residential care setting for 14 days since leaving the high-risk country.



Implement basic infection control measures including hand hygiene, respiratory hygiene/cough etiquette (regular hand washing, covering mouth and nose when coughing and sneezing), and environmental disinfection. In suspected cases, using gloves, eye protection, appropriate face mask, disinfecting equipment in the office when in contact with bodily fluids, such as tears, can help prevent infection. It is important to proactively reinforce such infection mitigation techniques with doctors and staff, no matter the size of the office. Unfortunately, it is becoming apparent that patients may be infectious to others before they experience symptoms of infection themselves.

b) Protecting your work environment/clinic

After attending a suspected or confirmed case perform cleaning of the room as follows:

Specialised equipment:

Slit lamps, tonometer, contact lenses pinhole occluders or any other equipment that has come into close contact with the patient or mucosal surfaces should be cleaned with alcohol wipes or chlorine dioxide disinfectant immediately after seeing a suspect or confirmed case.

Disinfect all surfaces patients may have come in contact with, including door handles and frames, equipment, chin rests, chair etc as per other virulent diseases (such as viral conjunctivitis).

Examination room and communal areas in clinic cleaning:

If there has been a suspect or confirmed case, seen in the clinic cleaners should observe contact and droplet precautions and don PPE. Clean frequently touched surfaces such as doorknobs, bedrails, tabletops, light switches in clinic and communal areas.

A combined cleaning and disinfection procedure should be used, either 2-step – (i.e. detergent clean, followed by disinfectant); or 2-in-1 step - using a product that has both cleaning and disinfectant properties. Hospital-grade, TGA-listed disinfectant that is commonly against norovirus is suitable, if used according to manufacturer's instructions.

6. Where can I get more information?

- a) Call the National Coronavirus Health Information Line on 1800 020 080 (Australia) or the Healthline team on 0800 358 5453 or +64 9 358 5453 for international SIMS (New Zealand).
- b) Visit the homepages of the Australian Government Department of Health www.health.gov.au or the New Zealand Ministry of Health <https://www.health.govt.nz> for the latest updates.

7. References

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conjunctival secretions of patients with SARS-CoV-2 infection. J Med Virol.2020 Feb 26. doi: 10.1002/jmv.25725. [Epub ahead of print].
<https://www.ncbi.nlm.nih.gov/pubmed/32100876>

- World Health Organisation: <https://www.who.int/health-topics/coronavirus>
- Australian government:
<https://www.health.gov.au/resources/publications/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe>

www.health.gov.au

<https://www.healthdirect.gov.au/notification-of-illness-and-disease>
- New Zealand Government:
<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-self-isolation>

8. Record of amendments to this document

| Page | Details of Amendment | Date amended |
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