

## **Ophthalmological Society of Nigeria Advisory on COVID-19**

Due to the COVID-19 pandemic and the recent announcements by His Excellency President Muhammadu Buhari reducing social interactions and other advisories from The Nigerian Centre for Disease Control and other state governments, it has become imperative for The Ophthalmological Society of Nigeria (OSN) to issue its advisory for all Ophthalmologists.

The Ophthalmological Society of Nigeria now finds it essential that all ophthalmologists should immediately cease providing any treatment other than urgent or emergency care. This recommendation is endorsed by the Nigerian Medical Association, West African College of Surgeons and The National Postgraduate College as well as the OSN Board of Trustees.

The present reality of the risk of spread of the COVID-19 pandemic is at our doorstep, we have the responsibility to protect not only our patients but ourselves too. Both local and international public health guidelines advice two urgent steps.

First, we must reduce the risk of the SARS-CoV-2 virus transmission from human to human and the rate of new case development. Second, we must as a nation conserve needed disposable medical supplies and focus them to the hospitals where they are most needed.

Accordingly, the Ophthalmological Society of Nigeria (OSN) strongly recommends that all ophthalmologists provide only urgent or emergency care. To serve as a guide we are attaching a list of possible urgent and emergency cases as suggested by The American Academy of Ophthalmology. We are aware that the dynamics of the pandemic is rapidly changing and the definition of an urgent or emergency case will equally change with different scenarios. As a result, the attached list is simply suggestive and Ophthalmologists are advised to apply careful clinical judgement and consider the effects of the pandemic in each locality.

Ophthalmologist are also advised to take extra precautions to prevent being infected or spreading the infection to other colleagues, staff and patients. The use of slit lamp screens, face masks, hand gloves, protective eye wear and full protective personal equipment (PPE) where appropriate is strongly advised. Thorough disinfection of instruments and furniture is also advised at this time. We believe that with all hands on deck we can reduce the spread and mortality from COVID-19.

Several institutions around the world have developed protocols to be adopted by ophthalmologists to safeguard the health of the patients and the physicians. One of such, that is home grown, is that of University of Abuja Teaching Hospital which is recommended for use by our members. The document is also attached as an appendix.

Please be safe.

Thank you.

Bade Ogundipe

OSN President

3<sup>rd</sup> April, 2020

## APPENDIX 1

### List of possible urgent and emergency cases as suggested by American Academy of Ophthalmology

| <b>Surgical Procedure</b>      | <b>Indications</b>  |
|--------------------------------|---|
| Biopsy of orbit                | Suspected malignancy or immediate sight-threatening condition   |
| Biopsy of temporal artery      | Suspected giant cell arteritis  |
| Brachytherapy                  | Intraocular malignancy  |
| Cantholysis                    | Sight-threatening conditions  |
| Canthotomy                     | Sight-threatening conditions  |
| Cataract surgery               | Congenital cataract in the amblyopic period, monocular patients with documented vision loss precluding driving, reading or self-care, lens-induced glaucoma, angle-closure glaucoma, acute lens complications, or severe anisometropia of fellow eye post recent lens extraction in first eye |
| Closure of cyclodialysis cleft | Sight-threatening hypotony due to trauma  |
| Corneal transplantation        | Pediatric patients with corneal blindness in both eyes in their amblyopic period  |
| Decompression of dacryocele    | Neonate with obstructive respiratory compromise   |
| Decompression of orbit         | Orbital tumor with impending vision loss  |
| Drainage of abscess            | Orbital cellulitis  |
| Drainage of choroidals         | Appositional choroidal effusion, suprachoroidal hemorrhage, or flat anterior chamber  |
| Enucleation                    | Ocular trauma, infection, intractable glaucoma, globe perforation, intractable pain, or intraocular malignancy  |
| Evisceration                   | Sight-threatening infection, or intractable pain  |
| Examination under anesthesia   | Pediatric patients with retinoblastoma, endophthalmitis, Coats Disease, uveitis, glaucoma, ocular trauma, retinal detachment, or presumed intraocular foreign body  |
| Excision of tumors             | Malignancy or sight-threatening tumor   |
| Exenteration                   | Life-threatening infection  |
| Exploration of orbit           | Life-threatening or sight-threatening conditions  |

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| Fenestration of optic nerve sheath                                    | Progressive vision loss  |
| Filtration surgery (XEN45 gel stent)                                  | Uncontrolled intraocular pressure that is sight-threatening who are poor candidates for trabeculectomy or aqueous tube shunts                |
| Frontalis sling   | Sight-threatening congenital ptosis  |
| Goniotomy ab externo or ab interno                                    | Uncontrolled intraocular pressure that is sight-threatening  |
| Insertion of drainage implant with or without graft                   | Catastrophic or rapidly progressive glaucoma   |
| Laser indirect retinopexy – complex                                   | Retinal detachment, retinal tear, or ocular trauma   |
| Laser photocoagulation  | Pediatric patients with retinopathy of prematurity (if this can't be in NICU)  |
| Pars plana lensectomy   | Acute lens complications   |
| Peeling of membrane/internal limiting membrane                        | Proliferative diabetic retinopathy, proliferative vitreoretinopathy, complex preretinal membrane, complex macular pathology, or macular hole |
| Pneumatic retinopexy  | Retinal detachment   |
| Probing of nasolacrimal duct  | Dacryocystocele  |
| Reconstruction of ocular surface or other tectonic procedures         | Acute chemical injury, or acute Stevens Johnson Syndrome   |
| Removal of aqueous drainage implant                                   | Endophthalmitis, corneal touch, corneal decompensation, or exposed plate   |
| Removal of intraocular foreign body                                   | Presumed intraocular foreign body  |
| Repair of anterior segment or cornea                                  | Lacerations, blunt rupture, or deeply embedded corneal foreign body  |
| Repair of canalicular laceration                                      | Injury or trauma to their canaliculus  |
| Repair of dehiscence of corneal graft or other anterior segment wound | Wound dehiscence or other wounds, including dislocated LASIK flaps   |
| Repair of extrusion or complication of keratoprosthesis               | Complications with implanted devices in their cornea or anterior segment   |
| Repair of eyelid/face   | Lacerations of eyelid or face  |
| Repair of facial fractures  | Displaced facial bone fractures  |
| Repair of open globe  | Ocular trauma  |
| Repair of operative wound(s)  | Bleb leaks, wound leaks, overfiltration, underfiltration, bleb scarring, sight-  |

|  |  |
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|  | threatening hypotony, or shallow anterior chamber  |
| Repair of orbital fracture   | Hemodynamic instability or oculocardiac reflex   |
| Repair of perforation or impending perforation of cornea or sclera | Corneal and scleral injury or trauma   |
| Retrobulbar injection  | Pain due to ocular diseases causing significant compromise of quality of life  |
| Revision of drainage implant with or without graft                 | Implant/tube exposure that might be sight threatening, endophthalmitis, malpositioned tube endangering eye or excessive inflammation, a tube that might worsen vision due to corneal edema or iritis or cystoid macular edema, or with a severe tube malposition causing rapid visual loss |
| Scleral buckle   | Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, or intraocular foreign body   |
| Strabismus surgery   | Torn or lost extraocular muscle  |
| Synechiolysis  | Lens-induced glaucoma or angle-closure glaucoma  |
| Tarsorrhaphy   | Impending corneal compromise   |
| Trabeculectomy with or without scarring                            | Catastrophic or rapidly progressive glaucoma and markedly elevated intraocular pressure, or uncontrolled secondary or primary glaucoma   |
| Trabeculotomy  | Uncontrolled intraocular pressure that is sight-threatening  |
| Transscleral cyclophotocoagulation                                 | Uncontrolled glaucoma or absolute glaucoma with a blind and painful eye  |
| Vitrectomy   | Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, intraocular foreign body, misdirected aqueous, ciliary block glaucoma, malignant glaucoma, a vitreous prolapse, or a tube shunt that blocks filtration  |
| Washout of the anterior chamber                                    | Hyphema that is sight-threatening  |

## **APPENDIX 2**

### **Practical Safety for Patients and Providers AT THE EYE CLINIC:**

#### **Standard infection prevention and control measures**

##### **INTRODUCTION**

The novel coronavirus (SARS-CoV-2) is a zoonotic virus which causes coronavirus disease (COVID-19) that could result in severe respiratory tract infections, and fatal respiratory distress. Clinical signs and symptoms include dry cough, fever, shortness of breath and conjunctivitis. The World Health Organization (WHO) has declared COVID-19 a pandemic which is increasingly spreading across geographical boundaries daily (WHO, 11 March 2020).

The aim of this communication is to provide clinical practice advisory and health education messages to eye care workers, as a reminder for standard infection prevention and control measures to prevent spread of communicable diseases for all healthcare workers when attending to patients.

##### **How to protect yourself: ADVISE to Eye Care Workers**

The health of the physician and medical staff is a top priority. Therefore, we have to be physically and mentally health-aware to provide good service to people. Tears, sweat and other body fluids may be media for viral transmission

##### ***Examining the patient***

1. Protective equipment - Maintaining the health of medical staff and providing them with personal protective equipment (PPE) is a priority. These include appropriate use of face masks, gloves, goggles and gowns.

Comment: This is a big challenge that health care professionals and their associations should press on employers to provide PPE at the work place. The health care professionals should also imbibe culture of use of protective devices ensuring barrier nursing.

2. Replacing gloves after each examination, hand-washing for at least 20 seconds; (refer #SafeHands at <https://www.youtube.com/watch?v=y7e8nMOJAz0&feature=youtu.be>) and wearing a proper face mask are recommended. Where water is not available (such as community outreach) the use of alcohol-based hand sanitizers is advised.
3. It is important to keep a distance while examining the patient. Although most slit-lamps have a *slit-lamp breath shield*, it is not enough in the case of viral outbreaks. An additional plastic shield could be applied vertically around the binocular microscope to prevent exposure to droplets.
4. Measurement of intraocular pressure (IOP) is recommended by non-contact methods (if available) as tears may be a source of microorganisms and viruses.
5. If contact IOP measurement is done, after each examination, the equipment used should be disinfected by a trained staff. These include the tonometer head and the patient's contact point such as chin rest and forehead band.
6. In the clinic environment, all instruments such as occluders, prisms, trial frame, trial lenses, as well as gonioscopes should be disinfected properly based on official recommendations and protocols.  

Comment: Basic ophthalmic instrument disinfectants such as hypochlorite (bleach) and hydrogen peroxide (for contact instruments) and methylated spirit (for metallic noncontact surfaces/equipment) together with clean water for dilution should be made available in the clinics at all times.
7. Encourage sick employees to get checked first and then stay at home if they feel unwell.

### ***The work environment***

1. Ensure good airflow at the examination sites.
2. Prevent overcrowding and restrict entry to the examination room/site by accompanying persons.

Comment: We are aware of accompanying persons for the vision impaired and children, as well as interpreters; but these should be at the barest minimum number of persons.

3. Ensure routine cleaning and disinfection of high contact areas and surfaces such as toilets, door handles, waiting chairs, etc.

Comment: Hospital cleaners should be trained and/or retrained and be mindful of this.

4. Provide facilities and emphasize on the importance of for handwashing and/or hand-sanitising by patients.
5. In endemic areas, only selected emergency cases should be attended to, and patients advised accordingly.

Comment: At the last meeting (Friday 20 March 2020) the Ophthalmology department put the number of cases to be seen to be 10 new, 10 follow-up and all emergency; though these could change in the light of changing information from the NCDC advisory.

6. There is no need to be overzealous - eye examinations in all suspicious cases should be deferred until it is safe to do so.

### ***Maintain a high index of suspicion***

1. Patients should be triaged before they enter the examination clinics. Useful information at this point include their presenting complaints and a question about the presence of a fever. Triage health personnel should be trained on barrier nursing towards preventing infection and transmission.
2. Be more cautious with patients who have conjunctivitis and respiratory symptoms. Ask for a history of traveling to infected areas or contact with infected people and/or people with symptoms such as dry cough. COVID-19 has a likelihood of community spread.
3. Check updates on the NCDC the national advisory (<https://ncnd.gov.ng> has a daily situation report) and know the national case definition so that for patients suspected to have COVID-19, notify and refer immediately to the designated referral centers.

## **Health education messages: ADVISE to patients and accompanying persons in the eye clinics**

All persons attending the eye clinics/hospitals are advised to take precautions to prevent spread of infection from communicable diseases. The following messages are to be incorporated into the nurses' health talks to patients and accompanying persons:

### ***General information***

1. Take seriously all public recommendations issued by health officials through the NCDC national advisory and reliable resources.
2. Suspend non-essential travel especially to countries/areas with confirmed cases.
3. Be aware that mobile/handset phones, keyboards, and face masks that are frequently used are among the most contaminated surfaces. Therefore, use them appropriately and clean frequently.

Comment: The hospital cleaners should also be educated on this so as to prevent contamination/spread of infection. Sometimes contaminated gloved hands are being used to touch clean surfaces. This should be avoided.

### ***Visits to hospitals and eye clinics***

1. Listen to the health care providers, work with them and be kind.
2. Do not stop at any clinic or hospital for a long duration. Avoid going to the hospital with many family members, especially healthy children.
3. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
4. Elderly, immunocompromised or patients with diabetes and cardiovascular diseases, and pregnant women should be more careful.

### ***Self-care and personal hygiene***

1. Wash your hands regularly or use alcohol-based hand-sanitisers (if water is not available), especially after touching public surfaces.
2. Use the alcohol-based disinfectant sprays or wipes provided at the healthcare facilities.
3. Cover your mouth and nose properly with a tissue paper when sneezing and/or coughing. Dispose of the tissue properly immediately after use. You may also cough into your clothed elbow if a tissue is not available.
4. As much as possible, use only your personal belongings.
5. Do not share your medications, eye drops or ointment.
6. Rinse your face with water and/or soap before applying your eye medication.

### ***Be your brother's keeper***

1. Do not deliberately contaminate surfaces (door handle, lift buttons, phone etc) to infect the next person.
2. Volunteer or give correct information to health care professionals during consultations to be able to assist you better.
3. Encourage others to seek medical consult whenever you suspect they are infected.

# CORONAVIRUS DISEASE (COVID-19) **PREVENTION**



Regularly and thoroughly wash hands with soap under running water or use alcohol-based sanitiser if water is not available



Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Dispose of the used tissue immediately



Avoid touching your eyes, nose, and mouth with unwashed hands



Maintain at least 1 and half metres (5 feet) distance between yourself and anyone who is coughing or sneezing



If you have travelled recently to a country with COVID-19 outbreak in the last 14 days and you have a fever, cough, or breathing difficulty call NCDC



Avoid contact with people if you have travelled recently to a country with COVID-19 outbreak in the last 14 days

SMS: 08099555577 / Whatsapp: 0708711083 / Mobile: 07036708970

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