

Ophthalmic Practice in the Second Year of COVID-19 Pandemic

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Since it was first reported in December 2019 [1] SARS-CoV-2, the causative virus of COVID-19, has spread dramatically around the world. A few months later, the World Health Organization (WHO) declared it as a pandemic on 11 March 2020.

It is transmitted through droplets of saliva or nasal discharge and by touching a contaminated surface and then touching the mouth, nose or eyes [2,3].

Because of the close proximity of ophthalmologists to their patients during the routine eye exam and because of the increasing number of infected people, it has been a must to adopt strict measures and protocols to keep both patients and healthcare workers safe; furthermore, to keep ophthalmic clinics away from being a source of spread of the infection [4].

During the second year of facing the pandemic while keeping working regularly in the ophthalmic practices, we have cumulative experience since last year about how to keep our ophthalmic clinics safer [5]. Among these measures that proved effectiveness and should be followed and improved are the following:

1. **General infection control measures:** The use of personal protective equipment (PPE) must be done in the ophthalmic practice for both patients and healthcare providers. The PPE has to be fitted well to give the best possible protection. Increase social distancing and avoiding crowds in the ophthalmic practice are mandatory. Alcohol based sanitizers should be kept accessible everywhere in the ophthalmic practice.

2. **Control of elective procedures and elimination of unnecessary visits:** The ophthalmic practice should modify the regular protocol of seeing patients particularly the routine postoperative follow-up visits to decrease the number of visits. Patients also could be referred to another ophthalmic clinic in the same location of patient's residence to decrease mobility and contact with others. During the waves of increasing infection rates, it is very advisable to stop providing all the unnecessary and non urgent procedures including routine cataract surgery and perform only the emergency operations such as repairing eye trauma and management of acute glaucoma. Direct ophthalmoscopy should be replaced with indirect ophthalmoscopy to examine the fundus. Patients who are suspect of having Covid-19; including any case of fever or red eye should be seen in a separate room with strict infection control measures.

3. **Administration arrangements:** The number of patient visits should be managed according to the capacity of the ophthalmic practice. Number of companions should be limited to the minimum. Appointments should be taken by phone calls or online to prevent unnecessary visits to book an appointment. Electronic payments should also be encouraged.

4. **Adopting and improving telemedicine:** Many routine visits could be converted to phone or video call consultations. Referrals could also be done from center to center to take a second opinion by revising patient's records without the need to see the patient physically whenever possible. A virtual clinic could be done by revising patient's fundus and anterior segment

images or visual fields without the need to see the patient in many follow-up visits in cases like diabetic retinopathy and glaucoma. Drug prescription could be done and arranged with the pharmacy to send the medications to the patient's home.

5. **Screening methods:** Control of the entry points and measurement of body temperature routinely to all people entering the ophthalmic practice is very important to have a safe internal environment. Workers at the entry points should provide masks to those who do not wear their own masks.
6. **Human resources and manpower:** Employees have to be protected with sufficient PPEs and healthy environment. Working from home should be encouraged whenever possible. The ophthalmic practice should be ready for long times of unexpected loss of workers because of infection. Workers should be advised not to travel abroad particularly to the risky areas according to the updates of the WHO reports. Financial and psychological status of the employees should be taken seriously into consideration and they should be assured that any sick leave because of the Covid-19 will not affect their salary or annual vacation. All the staff should be encouraged to take the available vaccine.
7. **Patients' education:** Patients should know that any kind of restriction is done to keep them safe and healthy and they are our partners in fighting against the pandemic. The ophthalmic practice should not depend only on the public media and should have its own protocol of patients' education through its official website or through audio and video messages presented in the waiting area.

In conclusion, we are still fighting against Covid-19 for the second year. As we are not expecting the pandemic to have an end in the near future, we have to follow and improve our protocols to have a safe ophthalmic practice in the era of Covid-19.

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