

HEAD & NECK SERVICES
OPHTHALMOLOGY DEPARTMENT
COVID-19 PROTOCOL FOR ED

Any patient presenting to ED with ONLY Ophthalmic symptoms should be referred directly by the ED triage team to Ophthalmology:

- a. Between 08:30 – 17:30 Mon-Fri, and 09:00 – 12:00 Sat all referrals are to be made directly by phone to a dedicated number. Specific numbers for CRH and HRI to be confirmed prior to going live.
 - i. Ophthalmology staff to log referrals using Community Ophthalmology Referral Portal (CORP).
 - ii. Minimum dataset:
 - 1) Referrer name + grade + location.
 - 2) Patient details – 3 points of ID (name + D.O.B. + NHS / hospital number).
 - 3) Best contact number for patient.
 - 4) COVID-19 status of patient.
 - 5) Ophthalmic symptoms / signs on presentation.
 - iii. COVID-19 status to be documented within referral on CORP to guide Ophthalmology regarding PPE:
 - 1) Asymptomatic, COVID-19 NOT suspected.
 - 2) Symptomatic, COVID-19 SUSPECTED.
 - 3) Symptomatic, COVID-19 CONFIRMED.
- b. Outside of the times specified in 1-a above, referrals are to be made directly to the Ophthalmologist on-call via switchboard:

- i. Person taking referral to document onto CORP at first available opportunity, using minimum dataset as per 1-a-ii and 1-a-iii.
2. Any patient presenting to ED with Ophthalmic symptoms/signs IN ADDITION TO other systemic issues should continue to be assessed and managed by ED as normal:
 - a. When these patients are deemed stable/treated from a systemic point of view, they should be referred directly by the ED triage team to Ophthalmology if the patient is still under ED (as per 1-a and 1-b above).
 - b. If the patient has been transferred to the care of another speciality, it is ED's responsibility to ensure that this speciality is clearly informed (verbally, and in handover documentation) that referral to Ophthalmology for assessment is still outstanding. Referral to Ophthalmology then becomes the responsibility of the speciality that has taken over care and should take place when the patient is systemically stable to allow this.
3. It is important that a discussion with Ophthalmology takes place PRIOR to informing the patient of a management plan (inc. where/when/who will see/treat, or alternative advice). This is to set and meet patient expectations from the outset.
4. Patients referred to Ophthalmology will be managed in one of the following ways (unless a management plan can be given directly over the phone to the referrer):
 - a. Contacted directly by Ophthalmology and asked to attend CRH/HRI Eye Clinic (or between 17:30 – 08:30 CRH Ward 8C Eye Room) immediately for further assessment.
 - b. Contacted directly by Ophthalmology and asked to attend CRH/HRI Eye Clinic (or between 17:30 – 08:30 CRH Ward 8C Eye Room) at a specific date/time (within 24 hours of the point of referral) for further assessment.
 - c. Contacted directly by Ophthalmology and asked to attend the Primary Eye Acute Referral Service (PEARS) scheme at a community Optometric practice for further assessment +/- management.
5. Due to on-going changes in Ophthalmology with respect to workforce, timetables, and capacity compared to pre-COVID-19 systems, irrespective of the site the referral originates from, patients that are accepted by Ophthalmology for review may need to travel cross-site:
 - a. Where available and clinically appropriate, patients will be offered a choice of location.

- b. Between 17:30 – 08:30, non-elective Ophthalmology referrals will usually be seen at CRH, in the Ward 8C Eye Room.
- c. Cases that sound like they may require admission, specialist investigation/assessment, or surgery will usually be diverted to CRH.

6. It is important to be aware of the following points:

- a. The Ophthalmology on-call service is NON-resident. This means that staff are expected to work the next day, and are not expected to come in overnight unless there is a strong likelihood of sight threatening emergency (as determined by them as the specialist, not the referrer).
- b. There is no Ophthalmology on-call service between 08:30 – 17:30. Emergency cover is via Eye Clinic alone.

Note:

As of 25/3/20, the aim is to continue providing an emergency Ophthalmology service between Mon - Fri 08:30 – 12:30 on both the CRH and HRI sites.

However, as time goes on and staff are retrained and redeployed, we may require to centralise the emergency Ophthalmology service completely at CRH, as this is where acute surgery and admissions for the speciality occur. We will inform ED if/when this occurs.