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BIOS BRITISH AND IRISH ORTHOPTIC SOCIETY

Recovery Phase Guidance

Advice on the management of orthoptic patients during the recovery phase

The British and Irish Orthoptic Society (BIOS) have produced this guidance to support orthoptists managing patients in the recovery phase following the COVID-19 pandemic. This guide is also for service managers, heads of service and professional leads for orthoptics to support them in managing their services during the recovery phase and informing them of the professional body advice.

Managing orthoptic patients in the recovery phase

Whilst many services have resumed some clinical activity, seeing the medium risk patients and those who have been delayed, there is still large variation across services.

It is expected that, where possible, low risk patients remain on virtual and remote consultations (See: https://www.rcophth.ac.uk/wp-content/uploads/2020/04/Reopening-and-redeveloping-ophthalmology-services-during-Covid-recovery-Interim-guidance-1.pdf). However, patients in the medium risk categories who have been delayed may have moved into the high risk category and should be seen face to face during the recovery phase:

- The guidance for amblyopia remains in place, as per the RCOphth's paediatric management guidance, however many of these children will be invited to attend during the recovery phase. It is crucial that you audit the outcomes of these children carefully. Where services are able to offer a review to amblyopic patients, and can ensure appropriate follow up appointments, they could resume atropine and occlusion treatment, in line with evidence-based practice.

- New patients, especially those at risk of amblyopia where the vision is reported to be very reduced on referral, could be triaged for a face to face appointment if refraction and fundus can also be offered.

- In-patients on stroke and neurological wards may be seen face to face, to assess and manage troublesome diplopia or unexplained visual disorders. Examinations

should be as brief as possible, using the minimum tests that are required for a safe clinical decision to be made, and correct PPE should be worn. Strategies such as tracking and compensatory advice should continue to be provided remotely or via ward staff.

- Those patients supported by early supported discharge may benefit from phone consultation and liaison with the community AHP teams.

- Patients with troublesome, symptomatic or unstable diplopia, where the risk of not seeing them will be significant to their care, may be invited for a face to face appointment. Patients with controlled diplopia will continue to have remote consultation.

- These who attend for conditions requiring diagnostic monitoring (e.g. IIH, swollen disc, NF1) could be managed by remote consultation using relevant proformas to check symptoms and stratified accordingly for a face to face appointment. It is important to continue to liaise with the relevant medical staff (neurologists/endocrinologists/neurosurgeons) to inform them of the outcome of these consultations and escalate where necessary. Where a face to face diagnostic appointment can be arranged, these should follow the guidance on brief clinical interactions and the results and treatment plans may be delivered by remote consultation.

- Orthoptic patients that are being monitored will continued to be reviewed and, where their deferred appointment is now going to be exceeded, make contact via remote consultation to ensure no new symptoms are experienced or reported.

Risk assessments

If services for patients who were categorised in the high and medium risk groups have not yet resumed then a formal risk assessment should be undertaken and added to the Trust or organisational risk register. You can find a template risk assessment for amblyopia here.

It is important that, when services are resumed, an audit and robust tracking of these patients is carried out to ensure no harm has come to them due to the delay

If you submit a risk assessment due to significant delays or barriers, this should be escalated through the governance structure and placed on the departmental or speciality risk register with an appropriate action plan so that the organisation is aware of the issue.

Keeping interactions with patients to a minimum

Please consider the following for all your clinical interactions with patients

1. Keep the examination as brief as possible and pertinent to the decision making required. Perform the necessary tests, which can be repeated on subsequent appointments in order to reach a diagnosis or a clinical impression. Where appointments are held jointly with another professional, consider jointly the minimum

tests that are required for a safe clinical decision to be made and document this in the notes.
2. Consider creating a COVID-19 temporary clinics standard operating procedure (SOP)
3. Keep history taking for both medical and ophthalmic history to a minimum and don't repeat it if it has already been taken in emergency eye clinic (for example)
4. Consider a pre-appointment telephone call or a video consultation with the patient to ascertain as much information as you can (e.g. current treatment, concerns, history of a new patient), and explain the changes to the clinical environment that you have in place to ensure the face to face consultation is safe e.g. social distancing, reduced footfall, PPE, face masks for patients and carers if applicable
5. Keep more than 2 metres away from patients, except where the clinical examination requires it
6. Limit the number of accompanying adults or siblings attending with the patient. Patients and carers should be advised of this prior to the appointment via pre appointment call, text or letter.
7. Avoid touching the patient wherever possible
8. Allow sufficient time between each appointment to maintain standards of hygiene and cleanliness including hand washing, cleaning of all equipment and clinical room used before and after patients, wiping all surfaces between consultations and of course bare below the elbow. Ensure that you follow the national recommendations on the use of PPE and that you are also familiar with your organisational guidelines, the manufacturers guidelines for cleaning specialist equipment, and local infection control guidelines.

Remote consultations

The use of remote platforms (such as Attend Anywhere or Near Me) are being widely promoted as alternatives to face to face interactions. Orthoptists diagnose and manage patients based on scientific and accurate measurements and work alongside other clinical subspecialties that rely on the accuracy of such tests. Orthoptists also manage many diagnostic services that require physical assessment in order to make clinical decisions virtually following a face to face attendance. Replacing face to face clinical interactions is therefore particularly challenging.

When reviewing the case load of a service, Heads and Leads should identify patients where a physical face to face consultation can be safely converted to a remote consultation. The professional diversity of core, extended and advanced roles within services across the UK and ROI make it difficult to provide standardised guidance for all patient types but these could include:

- Prism check post fitting
- Review of symptoms in some neuro ophthalmic cases (e.g. IIH)
- Review of orthoptic exercises – alternate a remote consultation with face to face
- Strabismus review where amblyogenic factors are mitigated eg intermittent exotropia with NCS done with the parent, an assessment of symptoms with the child to make decision regarding an appropriate face to face visit
- Post strabismus surgery cases where the surgery was performed pre-COVID and no amblyogenic factors are present
- NLD obstruction or chalazia review

The principles of governance and confidentiality for remote consultations can be found here.

Technological advances

BIOS have developed advice alongside the Royal College of Ophthalmologists in response to interest in the use of vision testing apps.

The reliability of apps when used by a parent or guardian in the home setting to test visual acuity in children is not yet proven. Active research in the use of apps is taking place at present and results of clinical trials and validation exercises should be available soon to provide evidence-based guidance on their use.

The RCOphth Paediatric Subcommittee and BIOS recommend a cautious approach to the use of these apps to manage amblyopia or to monitor vision in children. Please refer to our full advice, available here.

Adapting to this 'new normal' way of operating will require a great deal of flexibility and innovation within orthoptic services. What works for you will be very much dependent upon the nature and context of your service. However, BIOS have a guidance of templates highlighting how departments are currently adapting their services, available here.

We encourage members to share their experiences and anything they have found useful in the COVID-19 Forum.