

Adaptation Guidelines for Mission Disha (outreach camp screening)

Ensuring safety & precautions during and post COVID-19 pandemic

Coronavirus can spread through the eyes, nose and mouth and cause mild to severe respiratory illness symptoms such as fever, cough and shortness of breath which can show up 2 to 14 days after a person is exposed. People with severe infections can develop pneumonia and die from complications of the illness. Limiting nose, mouth and eye exposure can help. Here's why:

- When a sick person coughs or talks, virus particles can spray from their mouth or nose into another person's face. One is most likely to inhale these droplets through mouth or nose, but they can also enter through eyes.
- One can also become infected by touching something that has the virus on it like a table or doorknob, and then touching his/her face, nose, mouth and eyes.

Scope: In view of the ongoing COVID-19 pandemic, it is important for Community Health Workers/ Outreach Team members to follow certain guidelines as precautionary measures to protect their staff, patients and participants in the camp with any possibility of infection.

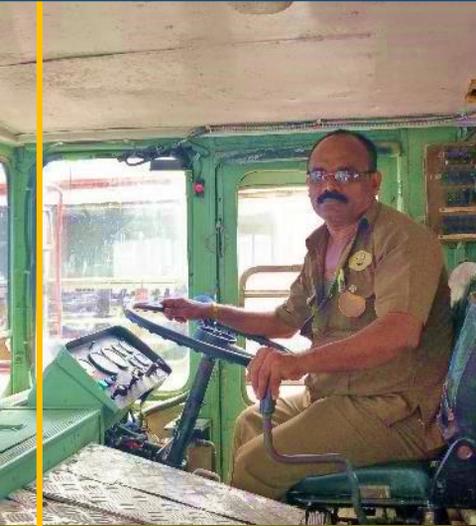
Initiation of camp activities will be dependant of permission of government authorities and other relevant key stakeholders.

Stakeholders:

- Service providers – Optometrists, vision technicians, CHWs
- Beneficiaries – Community members, Truckers, Carpenters
- Others – Coordinators, local organisers, monitors

A basic guideline for conducting camps could include (but not limited to) the following points:

- Identify zones with the help of government sources that are not in pandemic spreads.
- Seek and obtain prior permission from authorities before planning for the camp.
- Select particular villages for conducting eye camps and schedule activities there only.



Training on self-care and personal protection: The outreach team should receive rigorous training before outreach activities commence and then continuous training at least once a week (for at least one month) about the standard protocols and the periodical update of them should be brought to the knowledge of the staff.

Outreach team could be asked to remember the basic questions to ask and symptoms to watch out for by remembering **PQrST** (Positive, Quarantine, Symptoms, Travel) and **Fools** (Fever, Cold, Cough, Loss of Smell)

- *In the last 4 weeks have they or any of the patient at camp travelled to a hot spot or a non-green zone?*
- *Are the patients at the camp in the quarantine period? (Look for a stamp on hand or arm – applicable in some states)*
- *In isolation - has or is someone in the family COVID-19 positive presently or did they have contact with COVID-19 positive patient?*
- *Do they have fever (more than 99° F (37.2°C), cough, cold, loss of smell)?*

If the answer is 'Yes' to any of these 4, the patient must not be allowed to enter and screening should not be performed. The patient should be referred/directed to the nearest COVID-19 designated centre for evaluation as per government guidelines. These are applicable to the screening team, patients and any visitor and hospital staff as well.

Village Publicity Visit:



- House to house visit will be depending on the zones and as per the health advisory. But in any case minimum distance should be maintained from the member of the household. Vision screening can be allowed upto 6/60 without pin hole.
- Public announcement through public address system, announcement using auto rickshaw, banners can be done but these are optional, since more gathering for camp is prohibited.
- Avoid distributing leaflets and pamphlets.
- Plan activities in villages so that 100 (maximum patients) can attend in the camp, however as per Ministry of Home Affairs guideline, avoid gathering of more than 20 people at any one time. Here the partner has to communicate with the local administration for seeking the permission.
- If two or more villages are included, the separate camp timing need to be publicised.
- Wearing mask, carrying hand sanitisers are mandatory for all staff member at the camp.
- Vision screening with 6/60 at the distance of 6 metres can be carried out. Torch light examination, getting closer to patients to check eyes can be avoided.
- Physical distance with / for all members of community to be maintained with at least 1 metres.
- During village visit time, it is important to avoid interaction with people who do not wear mask/ or not covering the face with cloths, patients with symptoms like cough, cold, fever can be advised not to attend the camp.
- During household visit, suggest family members (attendants) not to accompany patients, since it will reduce unwanted crowd – Consideration for old and disabled patients can be done.
- Informing patients to wear mask (ones that readily available or using homemade masks) is mandatory to attend the camp.



At campsite – pre arrangement in the campsite limiting the number to 100 for a camp or choosing the limited number of villages where the different timing can be communicated.

- Give a notice about COVID-19 measures in front of the camp.
- Space provider/ local supporter/ CHW can be requested to disinfect the waiting area and testing area before medical team reaches camp site so that it saves their time spent on cleaning and can be utilised for examining more patients.
- Mostly select the place comparatively cool and airy environment.
- Camp organiser should manage the patient's gathering and it should not be more than 20 people at any point of time at the camp premises.
- As stated earlier, permission from local administration is mandatory.
- It is mandatory that the camp site should have sufficient space where people can stand / sit comfortably at a distance of 1 metre, even maintain 1-metre physical distancing everywhere inside the camp.
- By using chalk or other marker, the standing / sitting positions (physical distancing marking) can be designated so that the patient can stay there.
- Patients on entering to the campsite should be checked if they are wearing mask or covering face with cloths. If they are not founding any sort of face mask – they need to be instructed to do so using available cloth like handkerchief or towel / drape or any other piece of clothing. If the patient is poor or has come from far and it is difficult for him / her to travel back to collect the same, provision of masks could be made.
- Guide and ensure hand-washing for every patient by soap and water and / or sanitiser (whichever is readily available) and should be done at the entrance of camp site only.
- Patients with symptoms like cough, cold, fever, history of travel from risk areas should be politely sent back informing them to come to the next camp. Staff need to be very careful that many of the cases could also be asymptomatic in nature.
- For temporary tent arrangements, it is mandatory to keep 1.5 to 2 feet gap between the setting of the tent and wall for proper air circulation.
- Avoid metal chairs in the camp. Patients and others to be instructed not to touch any surface.



Registration



- CHW need to wear mask, gloves and face cover.
- Use sanitiser every 15 minutes' interval.
- Patients with face mask or cover with cloth will only be attended to.
- Sanitation of patient's hand to be repeated (once also at the entrance) before registration.
- Ask patient basic history cough, cold, fever. Any contact with COVID-19 patient or care taker, history of travel from COVID-19 affected area to be rechecked.
- Personnel doing registration and each patient at the counter should be seated or standing diagonally to reduce droplet dispersal directly during speaking.
- There need to be at least 1-metre distance between patients; CHWs should draw a circle at each 1-metre distance from registration table in which patients to stand and share information.
- Avoid blood sugar and blood pressure test in the camp site.
- Temperature need to be noted on "COVID-19 Declaration form", same shall be maintained as per medical record.
- Complete registration details including full address and phone numbers to be noted for all patients, without fail.
- All referral shall be noted in register, and will have to be maintained for future reference.

During screening

Eye examination by the optometrist - Maintain physical distance between waiting patient and examining eye staff

Screening by **Optometrist**:

- Wear suggested PPE.
- Avoid going close to the patient.
- Recheck COVID-19 related history.
- Limit examination like digit tonometry with figures.
- Do vision test and torchlight examination only (Retinoscopy - to be avoided at campsite as needs close examination).
- Refraction for near Vision (avoid going near to the patient), counselling.
- Try to refer patients to VC for distance refraction.
- Ideal to keep multiple trial frame and sets so that proper disinfection between patients can be done without disrupting the patient flow too much.
- Disinfect hands with sanitiser after each patient.
- Retinal images through fundus camera also avoided.
- Clean surfaces and instruments after each patient screening.
- Wherever possible Optometrist/Vision technician/team member and the patient should engage in dialogue sitting in a diagonal position.





Spectacle dispensing

- Use proper PPE as recommended.
- Maintain a safe distance and try to talk less.
- Provide ready readers (Optional, depending on hospital's instructions).
- For detail refraction refer patients to vision centre.
- Keep two trays (red and green). The frames demonstrated to a patient should keep in a red tray. Clean the frames and PD ruler after that keep in the green tray for drying. Once dried keep the frames in stock. Also clean the mirror after every use by recommended solution.



- Carefully maintain cash and coins. Keep plenty of changes prior to start the camp and avoid to keep in own pockets.
- Consider using digital payment options at the camp site.

Awareness

Patients should be made aware about changed camp protocols at the beginning of the camp.

All patients should be counselled on cleanliness and general hygiene maintenance.

Spectacles dispensing should also be managed keeping all guidelines in place – either during the time of the camp or later.

Counselling

Patients need to be counselled individually by the optometrist / outreach team member on the further steps.

Those requiring surgical intervention should be counselled individually (with counsellor and patient talking while standing / seated diagonally).

If counselling is in a group setting - Patients should be seated at a distance of 1 metre while being counselled.

Surgery of patients:

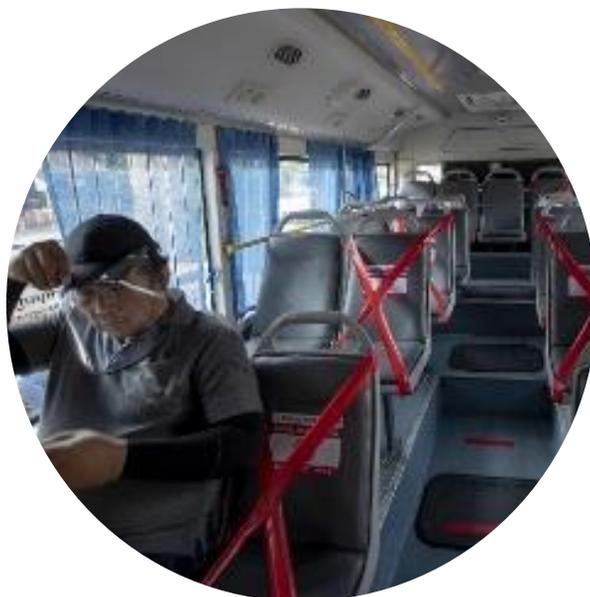
To be decided based on local government restrictions and rules.

If it is decided to transport patients for surgeries, provision of private or subsidised private rooms for patients to be made available irrespective of paying, subsidised or outreach patient could be considered.

If not possible, ensuring sufficient gaps between ward beds need to be strictly followed.

If transportation approved in that case

- Personnel engaged for counselling to wear mandated PPE.
- Services only for community members wearing a face mask.
- Every community member to sanitise hands before boarding the bus.
- Community members should stand in a queue at a distance of 1 metre from each other while boarding the bus (circles may be drawn on the floor).
- Patients should be seated at a distance of 1 metre in the bus.



Cataract and other surgery patient transport: As per hospital guideline keeping in mind social distance with big transport vehicle with limited patients (the numbers should be as per hospital's instructions).

Follow up: The patients require post-operative follow up can be carried out through keeping above said protocols as at present time-schedule followed by the hospital. Alternatively patients could be asked to schedule a visit to the local vision centre, wherever available.

Note: The camps organised for truckers, carpenters and at old age homes and other groups can follow above said protocol in available but spacious place.

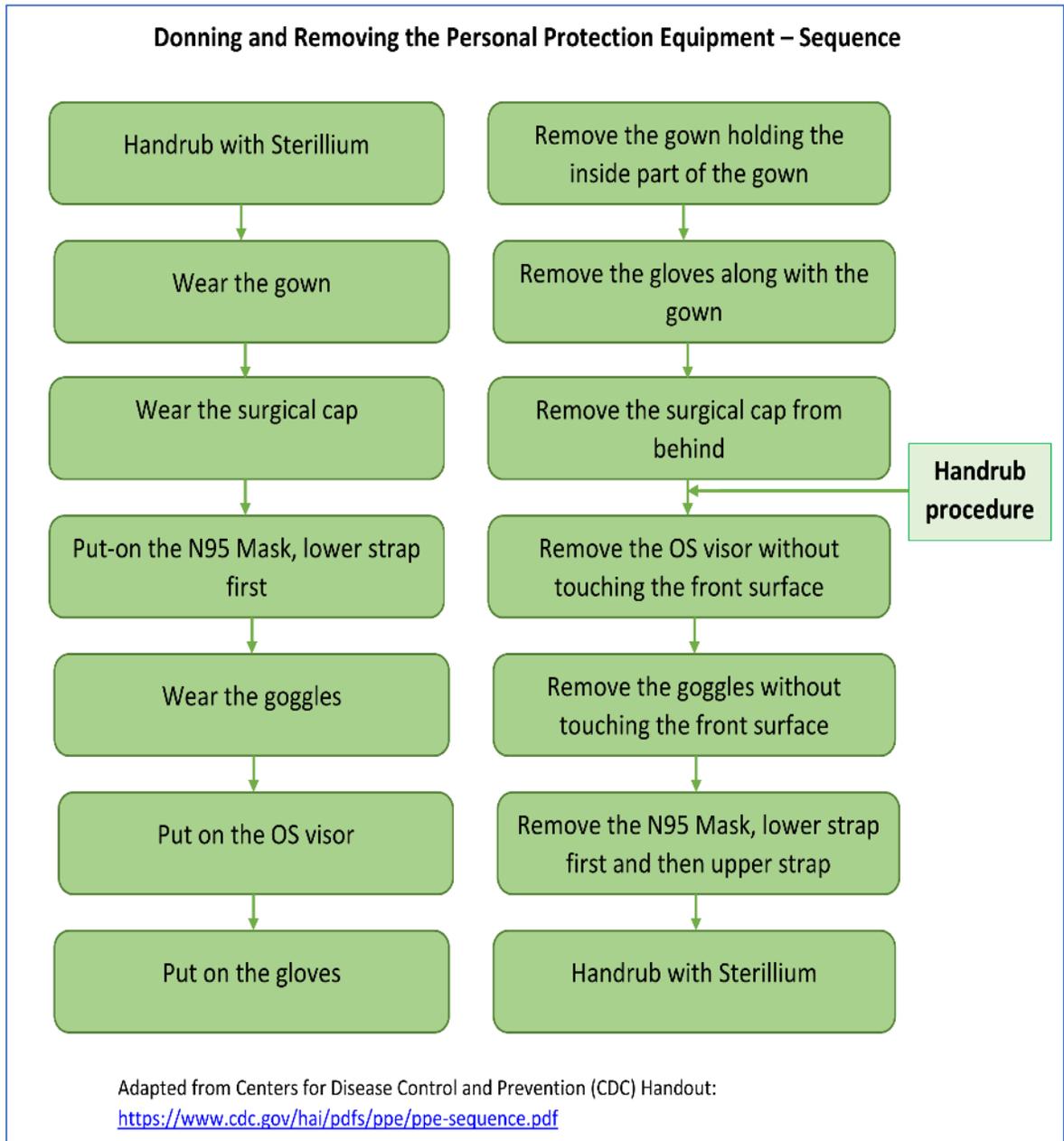


Personal Protective Equipment (PPE):

Wear appropriate PPE that must include hand gloves, mask, face shield/visors. Hand sanitiser – Personal uses.

- Clinical staff (Vision Technician / Optometrist) – N 95 Mask with side sealed with tape, protective eye wear / visor, gown, cap, gloves.
- Non clinical staff / health workers: Mask, face shield / visor (prevent aerosol during interaction), gloves.

PPE donning / wearing & Doffing / removing Sequence



PPE discarding process:

- Used linen (cap, gown) will be treated as infected linen; same policy will be applicable for collection and washing.
- After doffing linen MUST be dipped in 1% Sodium Hypochlorite solution. It needs to be taken out after 20-25 minutes and then washed with soap and clean water and then dried thoroughly before re-use.
- Provision of dipping to be made in advance.
- Outreach camp members to follow biomedical usage policy as per the hospital policies.
- Hand washing with soap and water for a minimum of 30 seconds needs to be done after the same.

General precautions

- If one has a refractive error, avoid wearing contact lenses as that leads to touching eyes more often than the average person. If possible wear glasses as it minimises the frequency of hand-to-eye contact.
- If an urge to itch or rub the eye is felt or even to adjust the glasses, use a tissue instead of fingers. Dry eyes can lead to more rubbing, so consider adding moisturising drops to the eye routine.
- Do wash hands before eating, after using the restroom, sneezing, coughing or blowing nose as per the steps and instructions laid down by WHO.
- The team members must be cautious and not to touch any articles once they go back to home. Remove shoes outside and keep all the belongings separately in a tray outside and directly go to the wash room. Take a bath and clean the cloths using detergent. Also clean the personal belongings like phone, money bag, watch etc with a tissue and Sanitisers.
- If symptoms of cough or fever are present or have been in close contact with someone who has these symptoms, visit hospital.
- Stay home when sick.
- There could be tendency to relax the protocol due to time as well as cost considerations. MFV will keep a strong eye on the same and keep on emphasising on 'staff / self safety over other aspects' to all members of the outreach team repeatedly.
- Staff and management of hospital partners would be informed time and again to follow safety guidelines. The messages would be reinforced from time to time.
- Partner can introduce hygiene allowance to motivate the staff for maintaining proper cleanliness.

The above guidelines are prepared by Mission for Vision and in case of any queries or more information please feel free to contact Mission for Vision at info@missionforvision.org.in

Prepared as on 25th June and may need to be revised according to changes in protocols and guidelines as applicable from State/Central or expert bodies.



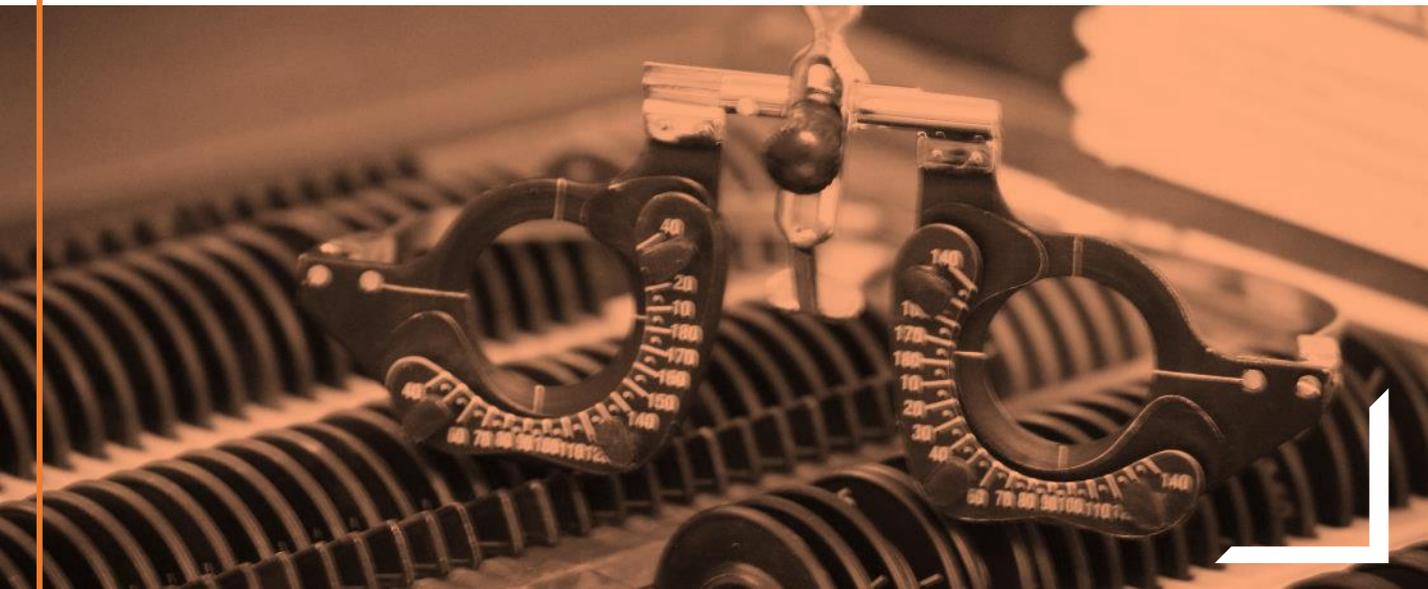
Annexure

Questionnaire for Staff

1. Did you have fever, cough, loss of smell & breathlessness recently?
 - I. Yes
 - II. No
2. Did any of your relative suffer from COVID-19 recently?
 - I. Yes
 - II. No
3. Did you or your relative (with whom you have had contact) travel to any COVID-19 affected areas / countries recently?
 - I. Yes
 - II. No
4. Was your family was quarantined for 14 days by the District health department recently?
 - I. Yes
 - II. No
5. Did you sterilise all the equipment which will be used for screening?
 - I. Yes
 - II. No

Questionnaire for patient

1. Did you have fever, cough, loss of smell & breathlessness recently
 - I. Yes
 - II. No
2. Did any of your relative suffer from COVID-19 recently?
 - I. Yes
 - II. No
3. Did you or your relative (with whom you have had contact) travel to any COVID-19 affected areas / countries recently?
 - I. Yes
 - II. No
4. Was your family quarantined for 14 days by the District health department recently?
 - I. Yes
 - II. No



PPE for Various Staff

Staff	PPE
Community Health Worker	Cloth Mask, Visor, Disposable Gloves
Registration Desk	Triple Layer Mask, Visor, Disposable Gloves
Optometrist / VT	N95 Mask, Visor, Disposable Gloves, Gown, Cap
Spectacle Dispensing Counter	Triple Layer Mask, Visor, Disposable Gloves
Counsellor	Triple Layer Mask, Visor, Disposable Gloves
Driver	Cloth mask, Visor
Outreach Coordinator / Manager	Cloth mask, Visor





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