# Recommendations Practices for the COVID-19 Pandemic

## March 17, 2020

## Introduction

The COVID-19 virus pandemic has raised several questions regarding recommended practices for outpatient care and ophthalmic surgery. This guidance is provided to members of the Refractive Surgery Alliance Society and is meant to supplement the guidance received from Federal, State, and Local Authorities. Regulatory and statutory requirements supersede any recommendations made here.

This guidance addresses concerns specific to office-based refractive surgery and is not intended to be a comprehensive guideline for management of COVID-19 in your practice. Please refer to the guidance provided by the World Health Organization ([WHO](https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6)), United States Center for Disease Control ([US-CDD](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html)), American Academy of Ophthalmology ([AAO](https://www.aao.org/headline/alert-important-coronavirus-context)), and your regional and country agencies for comprehensive guidance.

The Refractive Surgery Alliance Society is a global organization which makes universal recommendations difficult. Each member should evaluate these recommendations in the context of their own regulatory environment. Given that the COVID-19 virus pandemic is an evolving crisis, recommendations made here are current as of the publication date, and subject to change.

**NOTE: This document is provided as a peer-based recommendation. The recommendations provided are not legally binding on the members of the Refractive Surgery Alliance Society.**

## Background

The published guidance by the US Surgeon General and other organizations have advised that all elective surgery be canceled. Some state departments of health have specified the limitation to apply to “elective surgery performed in an Ambulatory Surgery Center (ASC).”

The term “elective” has not been clearly defined. Given that patients present to ophthalmology offices and schedule surgery for many reasons, the RSA believes that the designation of a visit or procedure as “elective” can only be done by the physician, in coordination with the patient. It is not the visit or procedure that determines the status, but the indication. Similar concerns have been raised by the American Hospital Association.

The Refractive Surgery Alliance Society (RSA) supports the public health measures to limit contagion and “flatten the curve” of infection spread. Main efforts include social distancing and hygienic practices. Many RSA practices have enforced measures to comply with these recommendations. Measures include spacing appointments to avoid contact among patients, restricting accompanying persons for office visits, avoiding use of the waiting room, etc.

The effort to flatten the curve of infection spread are aimed at avoiding demand for limited resources that exceed capacity, especially for emergency departments, intensive care units, ventilators, anesthesiologist, and other critical care resources. Office-based and private ophthalmic surgical facilities do not generally fall into this category, unless they happen to be shared with general purpose ASCs.

## Recommendations

The Refractive Surgery Alliance Society recommends that members take the following practices:

* Comply with all federal, state and local statutes and regulations. Stay alert for regulatory changes, as they may occur frequently and without warning.
* Employ the safe practices recommended by the WHO, US-CDC and AAO regarding social distancing, patient isolation, infection control and workplace maintenance.
* Minimize or avoid surgery in Ambulatory Surgery Centers that are used for multispecialty procedures, when possible.
* Consider dividing office staff into teams that work on alternate schedules to avoid risking office-wide exposure.
* Screen patients the day before office visits and on arrival for fever, cough, and other symptoms of COVID-19. Have symptomatic patients reschedule for at least two weeks in the future unless they are presenting for care of these symptoms.
* Encourage staff to stay home as much as possible during off-hours, and to practice infection control measures and social distancing at all times.
* Use telemedicine and telephonic support to manage patients who do not require office visits.
* Use surgeon discretion when scheduling ophthalmic procedures, such as lens procedures in an in-office or ophthalmic ASC, or laser vision correction surgery.

## Resources

* AAO Corona Virus Alert: <https://www.aao.org/headline/alert-important-coronavirus-context>
* US CDC Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
* World Health Organization (WHO) “Getting your workplace ready for COVID-19:: <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6>
* American Hospital Association letter to the US Surgeon General: <https://www.aha.org/system/files/media/file/2020/03/aha-to-surgeon-general-elective-surgeries-and-covid-19-3-15-2020.pdf>