

Canadian Glaucoma Society Recommendations for Providing Eye Care to Glaucoma Patients During COVID-19 Pandemic

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The COVID-19 Pandemic has led to widespread implementation of physical distancing measures and cessation of non-urgent medical visits and procedures. Many provinces and health authorities are now implementing relaxation of these measures. This document is to provide guidance to physicians caring for glaucoma patients to help mitigate the risk to patients and care providers while balancing the need for treatment to preserve vision. It is appropriate to resume seeing non-urgent and routine cases in areas where health authorities have relaxed isolation policies. As this is a rapidly evolving healthcare crisis, these recommendations may be modified, and we urge all clinicians to use their own best judgement to individually manage patient care with best practices in mind. These recommendations are based upon and supplemental to the [March 20, 2020 COS and ACUPO Guidelines for Ophthalmic Care during COVID-19 Pandemic](#), the [April 16 2020 CGS Recommendations for Providing Eye Care to Glaucoma Patients During the COVID-19 Pandemic](#), the [May 12 2020 COS Ophthalmic Clinic Reopening During COVI-19 Checklist](#), guidelines from the [American Academy of Ophthalmology](#), and the [United Kingdom National Health Society guidelines](#).

Office Visit Considerations (For general recommendations regarding any ophthalmic examination please refer to March 20, 2020 COS and ACUPO Guidelines for Ophthalmic Care during COVID-19 Pandemic)

1. Routine patient office or clinic visits may be scheduled assuming that infection precautions and physical distancing are maintained throughout the patient visit
2. Consider for non-urgent appointments or prescription refills whether virtual appointments may be more appropriate than an in-person appointment, particularly for patients who are immunosuppressed, elderly, or have multiple comorbidities. The limitations of virtual appointments in determining glaucoma stability should be recognized and they should not be considered a substitute for full glaucoma assessments
 - a. Prescription refills should continue to be faxed to pharmacies to avoid a patient visit
 - b. Telephone or virtual consults should consider assessing:
 - i. Medication tolerance and side effects
 1. Medication switches for side effects, or due to lack of availability of the original prescription, can be done virtually and follow-up can be increased to 4-8 weeks following the switch if the patient is tolerating the new medication
 - ii. Triage need for in-person assessment

Tonometers and other Diagnostic Equipment

1. Diagnostic testing can resume using appropriate disinfection protocols

- a. Approved disinfectants for COVID-19 can be found here:
<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>
- b. All staff performing diagnostic testing must be provided with appropriate personal protective equipment
- c. Tonometers and diagnostic contact lenses should be cleaned with 3% or accelerated hydrogen peroxide, diluted bleach followed with a thorough water rinse and air dry, or 70% alcohol wipes and allowed to air dry
 - i. Single-use disposable tonometer tips should be used when available
 - ii. Alternate methods of handheld tonometry such as tonopen or iCare tonometers with disposable tips that allow for greater spacing between face of patient and examiner may be considered
 - iii. Air puff tonometry is not recommended due to greater risk of aerosolizing the tear film
- d. Visual field testing should be resumed in cases where the physician deems there is risk of glaucomatous progression.
 - i. Effort should be made to optimize ventilation in rooms where visual fields are being performed, and all testing should maintain physical distancing and infection precautions.
 - ii. Masks for patients are recommended, but not mandatory. Operators should be aware that masks can create fogging on the trial lens which may result in an artifact that mimics progression. Taping the top of the mask with paper tape may be required.
 - iii. Perimetry cleaning instructions can be found here:
https://mcusercontent.com/3823d4d7fbb829009d81dc095/files/76c9ffe7-d13b-4ad3-8213-184dcde34c8d/hfa_covid_guidance.pdf

Surgical Considerations

1. Elective and non-urgent cases can resume in areas where elective cases are allowed to proceed; refer to local facility guidelines for COVID-19 precautions. Physical distancing and infection precautions should be maintained between both healthcare workers and patients throughout the patient visit

<https://www.cosprc.ca/resource/guidelines-for-ophthalmic-care/>
<https://www.aao.org/headline/new-recommendations-urgent-nonurgent-patient-care>
<https://www.aao.org/headline/list-of-urgent-emergent-ophthalmic-procedures>
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
<https://www.eugs.org/newsletter/newsletter-2020-04-covid19.asp>

The Canadian Glaucoma Society Recommendations for Providing Eye Care to Glaucoma Patients During COVID-19 Pandemic was endorsed by the Canadian Ophthalmological Society (COS) and the Association of Canadian University Professors of Ophthalmology (ACUPO) on June 9, 2020