

Phase 3 Recommendations for us ophthalmologists (as of March 15, 2020)

- **Based on national recommendations**

- Limiting traffic as much as possible and population gatherings
- Protecting the most vulnerable
- Promote social distancing
- Protection ...taking into account healthy carriers and slow incubations

It's not about shutting down practices...
But to work in minimum activity

Although there is no requirement to stop ophthalmological activity...

According to ministry, depend on regional, Private-public

Ophthalmology:

- Patient Concentration
- Often elderly population
- Examination proximity <1 m
- Conjunctival transmission

Practice only if:

- Masks (for the whole team)
- Repeated disinfection
- Distance between patients
- Fluid waiting rooms

- **Appeals to your medical duty**

- Duty to assist patients
- Commitment to health protection and education actions
- Management of emergencies

In your soul and conscience:
select what must decently be maintained

- Consultations
- IV injections
- Surgeries

- Encourage cancellation if not emergency
- Maintain if :
vision loss +/- pain +/- redness

- Postpone the non-urgent if possible
- Maintain urgency: RD, trauma, infectious
- Make sure that respirators and recovery room beds are available.

- Accompanying person stays outside
- Appointment spacing and inter-patient distance
- Caregiver mask
- Patient mask if at risk

- **Appeals to your civic-mindedness**

- Objective: to limit the spread of the virus at all costs
- No age limit
- Supporting the health crisis

Containment: the only useful means
To: attenuate and spread the peak
Increasing the chances of severe cases being treated

- By phone or in a secure meeting
- Reassure, advise, guide
- Support for general practitioners
- Private-Public Collaboration for Flow Management

The next 2 weeks will be decisive
And will lead to adaptation of strategy and duration