

SOP for Safety from Transmission during Covid Era in OPD

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General Guidelines:

1. Keep 1 meter distance from any person in general, even your co-workers
2. Do not touch your face unnecessarily
3. Wash Hands every time you touch the skin of the patient, if you use gloves, immediately discard in red BMW bin after use; remember gloves are like dirty hands after you have used them for one patient, you will be now contaminating all surfaces you touch.
4. Wash hands on entry, exit and every 1 hour for 20 seconds
5. Wear masks at all times when in clinic
6. All doors, windows in OPD to be kept open, unless needed otherwise

Standard Operating Procedures

Telephone Appointments

- Greet caller. Inform caller that we will be seeing only patients with eye emergencies till the lockdown is lifted.
- Note down details of non-emergency patients for later use.
- Take down patient demographic details.
- Confirm appointment time and doctor who will be seeing patient.
- Space appointments as per plan of 4 patients per hour
- Gently ask patient whether they are in good health or are having any symptoms like cough, fever. If they are, then inform them that a doctor will talk to them before the appointment is confirmed.
- Connect available doctor to such a patient to determine if there is an eye emergency.
- Request patient to go through our whatsapp message which clearly informs them of our OPD etiquette, which will be sent on their registered mobile number before coming to the centre.
- Send whatsapp message to registered mobile number.

OPD Etiquette (message sent to patients with appointments)

Dear Sir /Madam,

Thank you for taking appointment at Zamindar. We look forward to seeing you soon.

Kindly go through the points before visit our centre

- Kindly note only one attendant is allowed
- Kindly avoid bringing children to the hospital unless they are the patients
- The patients and the attendant should wear mask or buy one from our centre
- Please do not bring your old file
- Avoid cash payments
- Please bring a pen with you to fill out the form
- Kindly bring minimum personal things like bag etc

Standard Operating Procedures at Screening Desk

- Screening desk is cordoned off from waiting area by a barrier
- When patient and attendant approach screening desk, staff manning the desk will give them a disposable mask from the clinic which they have to use. They are requested to leave their own mask outside if there are using one already.
- Make sure they wear a mask.
- Confirm their appointment time.
- If it is a walk-in patient, seat him/her on chair placed outside clinic and inform that they will be attended to after the appointment patients who are already waiting.
- Check body temperature of patient and attendant with non-contact thermometer

- Note the temperature on COVID questionnaire. Give them the same questionnaire on which their body temperature is noted and also the declaration form. Ask them to fill them out preferably with their own pen.
- Drop into tray kept at desk.
- Again confirm that all the responses in questionnaire are 'No'.
- Check forms for completeness. Staff should counter sign the form.



DECLARATION/SCREENING FORM FOR COVID-19 INFECTION

To ensure your safety and the safety of the doctors and hospital staff who are trying to help you with your eye condition and for the safety of the other patients visiting the hospital, as per the guidelines issued by Govt of India and WHO, we need the following particulars before we take you up for consultation. Please note that in case of any event in the future, if any of the below given details are found to be false and not correct, strict action may be initiated against you and your family members as per law

Name of patient _____ Age / sex: _____

Address: _____

Mobile no (Verified Y / N)

Alt Mobile No: (Verified Y / N) _____ E mail _____

COVID- 19 QUESTIONNAIRE		YES	NO
1	Do you or your accompanying relative have symptoms of 1. Fever, 2. Cough, 3. Sneezing, 4. Sore throat, 5. Extreme tiredness/body ache, 6. Difficulty in breathing, 7. Loss of smell and taste(mention number if Yes)		
2	Do you have any of the following? 1. Diabetes 2. Hypertension 3. Asthma 4. Lung Disease 5. Heart diseases 6. Epilepsy (mention number if Yes)		
3	Have you travelled outside Bangalore to any other city/town/place in past 15 days? If Yes, mention the name		
3	Are you a health care worker?		
4	Any exposure to a confirmed COVID-19 case or to suspicious patient in last 15 days		
5	Have you visited a health care facility in the past two weeks?		
6	Do you have a red eye?		

Signature of patient :.....()

Accompanying Relative :.....()

Verified by Staff sign _____ Time.....Date.....



COVID-19 PANDEMIC OPHTHALMIC TREATMENT CONSENT FORM

I understand the novel corona virus causes the disease known as COVID-19. I understand the novel corona virus has unknown and long incubation period during which carriers of the virus may not show symptoms and still be contagious.

Even though lockdown is lifted, in the wake of the current Corona virus threat pandemic (present all over the world), I have come to Zamindar Microsurgical Eye Centre by myself or referred by somebody else for my Eye Treatment.

If I am an asymptomatic carrier (with no discomfort or symptoms present, but virus still present hidden in my body) or an undiagnosed patient with COVID 19, I suspect it may endanger doctors and hospital staff. It is my responsibility to take appropriate precautions and to follow the protocols prescribed by the hospital staff.

I am aware that I may get an infection from the hospital or from a doctor, or other patients in the hospital, and I will take every precaution to prevent this from happening, but I will not at all hold doctors and hospital staff accountable if such infection occurs to me or my accompanying persons.

In case I or my attendant gets the COVID-19 infection after the visit to the hospital, I will inform the hospital authorities at the earliest, so that appropriate tracking of the patients / attendants and hospital staff present on the day of my visit can be done.

I verify the information I have provided on this form and in the questionnaire overleaf is truthful and accurate. I knowingly and willingly consent to necessary investigations and treatment completed during the COVID-19 pandemic. If I hide my facts and relevant details and because of my knowing or unknowing behavior or action the hospital staff gets infected, I may be held responsible and legal action may be initiated against me and my family members and I may be responsible for appropriate compensation in the court of law.

SIGNATURE/THUMB IMPRESSION OF PATIENT _____

Signature of Attendant: _____

Verified by Staff sign _____ Time.....Date.....

Zamindar Microsurgical Eye Centre
1013, 1st Block, 3rd Cross HRBR Layout
100 feet Banaswadi Road
Kalyan Nagar, Bangalore-560043
Phone No.: 2545 3655/4090 0562
Mobile: 97418 11667

Standard Operating Procedures at Registration Desk

- If answer to any of the questions in the COVID questionnaire is 'Yes' or patient is febrile as per recorded temperature or has red eyes, fast-track patient into consultation ASAP.
- If patients can complete registration and payment on their own, attendants can be requested to wait outside, preferably in their own vehicles.
- Only attendants of vulnerable patients need to be allowed inside.
- Patient +/- attendant has to proceed first for hand wash with soap and water.
- Instruct them to avoid touching any surface as far as possible.
- Staff moves tray to registration desk
- Patient then heads to registration desk. Complete registration formalities with staff entering all details as perform already filled out.
- Patients instructed to stay away from desk (which will be cordoned off by a barrier).
- All papers in this tray to be filed only after 72 hours.
- To try and make payment through mobile apps. Currency to be avoided as far as possible, use ear buds to enter password in credit card machine. Discard bud in appropriate bin.
- Write down token number on file and direct patient to designated/numbered chair in waiting area.
- If the patient already has visited us before, just enter name and token number on a paper and give to patient co-coordinators.
- Attendant to wait outside and can come in, if necessary when patient's turn comes.
- If it is a high risk patient (febrile or COVID symptoms+), attendant to complete registration formalities and patient to be taken directly designated room.

Standard Operating Procedure for Waiting Area

- Keep it as empty as possible.
- Reduce waiting time.
- Place single chairs with a 1 meter spacing between them. Mark out these on the floor with bright tape to remain as semi-permanent slots.
- Put stickers on chairs with token numbers in large font.
- No reading material to be kept here.
- Display patient/staff education posters here.

Dilatation Guidelines

- Avoid touching patient while instilling dilating drops.
- Instruct patients to pull lower lid down by themselves while drop is being instilled.
- If you have to touch patient, use a bud to pull lower lid down.
- Or use disposable gloves

Standard Operating Procedure for Staff & Doctors Entry to Hospital

- If you are suffering from any COVID related symptoms, please inform Manager and do not attend work. Take appropriate precautions and treatment.
- Avoid bringing handbags and wearing watches, rings, bangles to clinic. Keep your personal belongings locked in your vehicle.
- Long hair to be kept neatly tied up.
- Mobile phones may be brought in a zip lock cover.
- Go to new extension, remove footwear, wash hands, change to hospital outfit.
- Check body temperature, Enter in register maintained along with attendance
- Wear footwear. Enter main clinic. Remove footwear. Change to clinic footwear.
- Wash hands with soap and water for 20 seconds
- Wear cloth cap, surgical mask and goggles.
- Everyone to wash hands with soap and water every hour. We could have a bell for this.

Standard Operating Procedure for Optometrist (Needed only if patient has reduced vision of recent origin)

- Take very brief history to reduce exposure time, no need to note down in software.
- Check vision and vision with pin hole. Do AR and acceptance only if instructed by doctor.
- Clean trial frame with spirit.
- Avoid NCT. Avoid CL trial.

Standard Operating Procedure for Consultation Room

- Wear face shield when patient enters room.
- Doctor is ready with cap, mask and goggles/shield.
- Patient welcomed and made to sit at slit-lamp. Gently instruct them to avoid touching the slit-lamp.
- Take history with patient seated at slit-lamp and attendant standing at door. Doctor to sit on desk chair and not at slit-lamp during history taking. No chair to be kept adjacent to desk.
- Move to slit-lamp chair. Examine patient. Keep conversation to the minimum at slit-lamp. Avoid touching patient. Use disposable non-sterile gloves if you expect any physical contact with patient. Try not to touch any part of slit-lamp with the same hand used to touch patient.
- Avoid dilatation as far as possible.
- Return to desk chair. Type out case details/findings in software.
- Print prescription and explain to patient.
- Instruct patient to go outside and wait at optical counter area.
- Encourage them to take appointments prior to any follow up visit, preferably telemedicine consultation where feasible.
- Give file to staff outside.
- Assistant with gloved hands to clean slit-lamp chin and forehead rest with spirit.
- Remove face shield and hang on wall hook. Separate hooks to be placed on wall for each doctor.
- Clean keyboard, mouse and breath shield on slit-lamp (doctor side first) every 2 hours.
- Avoid sac syringing or any lengthy procedure like Dry eye evaluation.

Standard Operating Procedure for Consultation Room 2

- Designated room to be used for examining all patients with red eyes or having COVID like symptoms.
- Doctors to wear gown, disposable gloves while seeing such patients.
- All instructions to such patients to be given outside this room.

Standard Operating Procedure for using Instruments

- If any instrument like Lenstar, OCT or DRS is being used, staff to wear face shield kept in OCT room on wall hook. Wipe with alcohol wipes after use, inner side first.
- Clean chin and head rest with spirit.

Protocol for Exit from Hospital for Doctors & Staff

- Remove clinic footwear. Change to your own.
- Go to new extension. Remove cap and put in wash bin for clothes.
- Remove goggles and clean with soap and water and keep it in a separate tray for each individual. Remove mask and dispose in appropriate bin.
- Mask should be removed last
- Change from hospital outfit.
- Wash hands with soap and water. Wash your face and neck before you leave.
- Collect all personal items.
- Check temperature again and enter in the log
- Leave clinic.
- Take hot water bath immediately after reaching home.

Housekeeping Protocol for Cleaning

- All metals and delicate instruments to be cleaned with 70% ethyl alcohol, 1% freshly prepared sodium hypochlorite for non-metals.
- Clean floors with 1% Sodium hypochlorite 2 hourly. Start from corners and proceed towards door. (Appendix A)
- Deep cleaning to be done if there is any contamination.
- High-touch areas identified as help desk, entry door, locker, door knobs/handles, cupboards, light switches, railings to be cleaned with 1% Sodium hypochlorite 4 times/day.
- Chairs in waiting area (including head and arm rest) to be cleaned with 70% alcohol 2 hourly.
- Clean wheelchair with 1% Sodium hypochlorite.
- Do fogging of entire hospital on weekly basis.

Training & Monitoring

Training:

Train the housekeeping staff on

- Cleaning
- Social Distancing
- Wearing PPE at all times

Supervisor/ Monitoring

- At screening area
- Ensuring patients wash hands and don't touch surfaces.
- Ensure Doctors & Staff wear PPE
- Supervise cleaning at appropriate times by housekeeping staff, Mix the solution (Right quantity at right times)

Standard Operating Procedures for Hospital Infection Prevention and Control

Good Infection Prevention & Control practices should be adhered by all categories of Healthcare workers (HCWs) at all times of patient care as we are at a higher risk of infection.

The standard recommendations to prevent infection spread include:

- Standard Precautions
- Contact Precautions
- Respiratory Precautions
- Airborne precautions (certain high-risk procedures)

Standard infection control precautions that all HCW need to follow is:

- Hand hygiene
- Use of appropriate personal protective equipment(PPE) Respiratory etiquettes
- Environmental disinfection
- Linen handling
- Sharps disposal
- Waste management

HAND HYGIENE (HH):

- Effective hand washing / hand hygiene is the MOST IMPORTANT MEASURE during direct patient care.
- Know the HH moments & steps & perform at all opportunity.
- Choose either alcohol-based hand rub (20-30 seconds) or hand wash with soap & water (40-60 seconds).
- Avoid touching possibly contaminated areas/ objects.
- Ensure availability of alcohol-based hand rubs & hand wash facilities (preferably elbow operated taps in clinical areas).

PERSONAL PROTECTIVE EQUIPMENT (PPE):

- Please change into Hospital dress as soon as you reach hospital, ensuring that you have not touched any surfaces, keep your home dress carefully, safe for reuse when you are ready to leave work.
- Wear a triple layered surgical mask while handling all patients.
- Wear N-95 mask for examining high risk patients
- Surgical masks can be worn for 4-6 hours & N-95 masks for 6-8 hours.
- Used N-95 mask while caring for multiple patients, should be carefully handled & ideally discarded in yellow bin after use especially if you have had a suspected Covid patient ,if not store your mask safely and reuse it after 4 days as recommended as per AIIMS Guidelines
- Wear PPE before patient contact & remove after coming out of patient care area.
- Do not touch your face while wearing PPE.
- Wash hands before & after PPE wear.
- Disinfect Reusable PPE between patient use

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- ### 1. GOWN

 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- ### 2. MASK OR RESPIRATOR

 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- ### 3. GOGGLES OR FACE SHIELD

 - Place over face and eyes and adjust to fit
- ### 4. GLOVES

 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Environmental surface cleaning & disinfection:

- Have a scheduled cleaning plan based on the risk – considering the type of area & clinical activity.
- Clean environmental surfaces with detergent & water & disinfect using 70% alcohol (metallic) (contact time 5 minutes) & 1% sodium hypochlorite (nonmetallic) (contact time 1 minute). (1% sodium hypochlorite should be freshly prepared everyday & used).
- Floor & railing cleaning by three bucket system, one with plain water & one with detergent solution & one bucket for 1% sodium hypochlorite. (*Appendix A*)
 - First mop the area with the water & detergent solution After mopping clean the mop in plain water & squeeze it
 - Mop area again using 1% sodium hypochlorite after drying the area. (mop the floor starting at the far corner of the room & work towards the door)

Frequency of cleaning:

- High touch surfaces: disinfection of high touch surfaces like doorknobs, telephone, stair rails, light switches, wall areas around toilet should be done every 3-4 hours (if a suspect patient visited the centre, then cleaned immediately)
- Low touch surfaces: for low touch surfaces (walls, mirrors etc.) mopping / wiping should be done at least once daily.
- Cleaning staff should be attired in suitable PPE. Disposable gloves should be removed & discarded if they become soiled or damaged & a new pair worn.
- Cleaning staff should wash their hands with soap & water immediately after removing the PPE.

Medical equipment disinfection:

- Use dedicated non critical medical equipment for patients- stethoscope, BP cuff etc.
- Based on the equipment – 70% alcohol (metallic) & 1% sodium hypochlorite (nonmetallic) or follow manufacturer's instruction.

CLEANING IN CLINICAL AREAS		
AREA / ITEM	PROCESS FOR DISINFECTION	METHOD
Floors	Detergent & 1% sodium hypochlorite? Or an approved disinfectant routinely used (Lysol)	Three buckets, one with plain water & detergent solution, one for Lysol - • first mop the area with water & detergent solution • after mopping clean the mop in plain water & squeeze it- mop area again using Lysol after drying the area
Ceiling & walls	detergent / 1% sodium hypochlorite	• Damp dusting (should be done in straight lines overlap one another)
Doors & door knobs		All doors to be washed with a brush
Refrigerators		• Empty the fridge & store things appropriately • Defrost, decontaminate & clean with detergent • Dry it properly & replace things
Equipment (equipment need to be disinfected after every contact with suspected patient)	All areas & surfaces of equipment: 1% sodium hypochlorite (as per manufacturer's instructions)	

CLEANING IN NON CLINICAL AREAS		
General cleaning	detergent & water (1% sodium hypochlorite can be used)	<ul style="list-style-type: none"> • Scrub floors with water & detergent • Clean with plain water • Allow to dry • 1% sodium hypochlorite mopping can be done
Lockers/ tables/ cupboards/ wardrobes/ benches/ shelves	detergent & water	damp dusting
Mirrors & glass	detergent & water	<ul style="list-style-type: none"> • Using water & a small quantity of detergent & a damp cloth • Wipe over the mirror & surroundings
Stainless steel / any other sink	detergent & water	
Furniture, telephone, chairs, privacy curtains	detergent & water	Damp dusting with detergent
Lifts	<ul style="list-style-type: none"> • Detergent & water • High touch points 	<ul style="list-style-type: none"> • 3-4 times a day • Every 1-2 hours
Light switches	detergent & water	Damp dust (never wet) with detergent
Railings	Detergent & 1% sodium hypochlorite. Three small bucket system as mentioned above	Damp dust with water & detergent followed by disinfection with hypochlorite

INFECTION PREVENTION & CONTROL (IPC) ACTIVITY AREA WISE	
AREA	IPC ACTIVITY
OPD/ Clinic	<ul style="list-style-type: none"> • Routine visits avoided • Post Op visits can be avoided and patients guided over the phone • Telemedicine guidelines to be followed for suitable patients (organization can have guidelines for the same) • Patient placement 1 meter apart in waiting area • Fast-track vulnerable patient • Prioritize red eye patients (? Viral conjunctivitis), guide them to the designated consultation room. • Doctor & assisting HCW should wear three layered surgical mask • Cleaning/ house-keeping staff – three layered surgical mask, heavy duty gloves (cleaning) - IDEAL. • Organize the area with minimal equipment for easy decontamination with alcohol / 1% sodium hypochlorite depending upon the material. • Floor cleaned with 1% sodium hypochlorite 2-3 times a day • Clean high touch points once every 3-4 hours • Hand wash/hand rub between patients & before & after PPE use. • Restrict attendant for patients who don't require assistance • Follow waste disposal as per BMW rules
OT	Elective Surgeries to be postponed for at least 4 weeks.

Linen Handling:

- All used linen should be handled by HCWs with standard precautions.
- Curtains / fabrics preferably washed using hot water cycle. (Wash with detergent at 70 deg C for at least 25 minutes.)

Biomedical waste management:

Zamindar Microsurgical Eye Centre
1013, 1st Block, 3rd Cross HRBR Layout
100 feet Banaswadi Road
Kalyan Nagar, Bangalore-560043
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Mobile: 97418 11667



Bio-medical waste (BMW) shall be segregated as per the BMW rules which are already in place.



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Appendix A:

Guidelines for preparation of 1% Sodium Hypochlorite Solution

Product	Available Chlorine	1%
Sodium Hypochlorite-Liquid Bleach	3.5%	1 part bleach to 2.5 parts water
Sodium Hypochlorite-Liquid	5%	1 part bleach to 4 parts water
NaDCC (Sodium Dichloroisocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5g/ tablet)- tablets	60%	11 tablets to 1 litre water
Chloramine Powder	25%	80g to 1 litre water
Bleaching Powder	70%	7g to 1 litre water
Any other	As per Manufacturers Instructions	

Human Resources Task

- Staff roster to be maintained to trace back, in case of suspected Covid in patients, attendants staff
- Separate teams on each day
- Staff consent
- Registers in OPD
- Telemedicine follow up appointments
- Tracing suspected patients



Consent & Undertaking Form by Staff of Zamindar Microsurgical Eye Centre

Name: _____ Age _____ Sex _____

Designation _____ Mobile Number: _____

Address: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has unknown and long incubation period during which carriers of the virus may not show symptoms and still be contagious.

During the lockdown due the Covid-19 pandemic, I have come to work to the hospital by my free will.

If I am an asymptomatic carrier or an undiagnosed patient with COVID 19, I suspect it may endanger patients, doctors and hospital staff. It is my responsibility to take appropriate precautions and to follow the protocols prescribed by the hospital to prevent transmission

I am aware that I may get an infection from the hospital, or from a doctor and staff, or other patients in the hospital, and I will take every precaution to prevent this from happening, but I will not at all hold hospital, doctors and staff accountable if such infection occurs to me or to one of my family members.

In case I or my family members get the COVID-19 infection after the visit to the hospital, I will inform the hospital administration at the earliest, so that appropriate tracking of the patients / attendants and hospital staff present on the day of my visit can be done.

I confirm that the information I have provided on this form and in the questionnaire overleaf is truthful and accurate. I knowingly and willingly consent to work during Covid-19 pandemic. I understand that by my hiding any facts or by not following protocols, if I become the source of transmission, I may be held responsible in the court of law.

SIGNATURE OF THE STAFF

Zamindar Microsurgical Eye Centre
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Mobile: 97418 11667

Covid-19 Questionnaire for Staff

COVID- 19 QUESTIONNAIRE		YES	NO
1	Do you or your family members have symptoms of 1. Fever, 2. Cough, 3. Sneezing, 4. Sore 5. Throat, 6. Fatigue, 7 Myalgia (mention number if Yes)Will you self declare ,if your status changes		
2	Do you have difficulty in breathing?		
3	Do you have any of the following? 1. Diabetes 2. Hypertension 3. Asthma 4. Lung Disease 5. Cardiac 6. Epilepsy (mention number if Yes)		
3	Have you travelled outside county in past 30 days?		
4	If yes mention the country name		
5	Have you travelled Inside India to other cities in past 15 days?		
6	If Yes, mention the city name		
7	Exposure to a confirmed COVID-19 case or to suspicious patient in last 15 days		
8	Have you visited a health care facility in the past two weeks?		

Name of Staff: _____ Signature of Staff: _____

References-

1. NABH entry level guidebook
2. Webinar on SOP by Dr Zamindar-[https://youtu.be/ B4IVPjX1ONw](https://youtu.be/B4IVPjX1ONw)
3. ISO 9001-2015 guidelines
4. AIOS COVID guidelines
5. SOP Manual from our hospital
6. World health organization Centre for disease control
7. AIIMS HICC-IPC guidelines for COVID-19, version 1.2 AIOS COVID guidelines
8. IPC practices for Hospitals and Clinics- IMA Tamil Nadu, Dr J. Jayalaxmi, Microbiologist

Authors:

- Dr. Samina Zamindar, M.S, DO (Ophth)
- Dr. Suma Krishnan, MBBS, DO, DNB (Ophth)
- Dr. Karthiyayini, MBBS, DOMS, (Ophth)

Consultants at Zamindar Microsurgical Eye Centre, Bangalore



ZAMINDAR
MICROSURGICAL EYE CENTRE
EST. 1995