

Additional considerations for face-to-face care

You will have to follow local guidance on face-to-face care. This Annexe provides example materials only.

Guidance on face-to-face care is constantly being updated.

At the time of publication, the most helpful and comprehensive official guidance can be found in [Novel coronavirus \(Covid-19\) standard operating procedure: Community health services](#) (SOP) published 15 April 2020, last updated 17 April.

You should check the link above for the latest version. In summary the SOP recommends:

- "Essential face-to-face services and home visits should be managed through designating teams, facilities/premises to segregate Covid-19 positive (including those individuals and households with symptoms) and non Covid-19 services and patients to minimise the spread of infection, particularly to those most at risk."
- "Face-to-face treatment and consultations need to be carefully managed either in a designated way on premises set up to deliver these services or by home visit, always with appropriate infection control precautions and PPE."

Key considerations for different settings are set out in Table 1 of the NHS SOP ([accessible here](#))ⁱ and covers:

1. Home visits – e.g. domiciliary care
2. Zoning within facilities – e.g. the norm in hospital eye services (HES). 'Zoning' refers to using specific areas for Covid-19 patients (hot) and different areas for non-Covid-19 (cold). Note, that in some cases, a local HES might struggle to manage the risk of cross contamination using zoning techniques – e.g. they might not have separate entry/exit points to help maintain this kind of separation.
3. Site designation – e.g. the norm in primary eye care. Where it is easier to separate Covid-19 and non-Covid-19 patients. For example, primary eye care sites are all "cold" sites because they do not see Covid-19 patients. This provides a more effective way to minimise the risk of cross-contamination.

In some regions primary eye care sites might therefore be able to better mitigate the risk of Covid-19 transmission. It is important to work in collaboration with local hospital eye departments, especially if they do not have separate entry/exit points for suspect Covid-19 patients and those without Covid-19, to best manage patients locally.

ⁱ NHSEI, [Novel coronavirus \(Covid-19\) standard operating procedure: Community health services](#) (SOP) published 15 April 2020, last updated 17 April