

About this issue

Ophthalmic nurses, ophthalmic clinical officers and other allied ophthalmic personnel are at the forefront of the eye health workforce, particularly in low-resource settings where there is a shortage of ophthalmologists. This issue celebrates the vital contributions of ophthalmic

nurses and ophthalmic clinical officers in delivering integrated, peoplecentred eye care, in line with the recommendations of the World Health Organization's World Report on Vision.

Contents

41 Recognising the role of ophthalmic nurses and allied health personnel in eye care

Elmien Wolvaardt and Michelle Hennelly

42 Ophthalmic nurses: vital team members in the push for better eye health

Stella Antwi-Boasiako and Heather Machin

- 44 The importance of the perioperative nurse Ciku Mathenge
- 46 The many roles of an ophthalmic nurse in a tertiary eye institution

Timothy Adeyemo, Aminatu AbdulRahman and Fatima Kyari

48 Eye care where there are no ophthalmologists: the Uganda experience

Joseph Magyezi and Simon Arunga

- 51 Running a mobile diabetes screening service in Dominica Nanda Matthew
- 52 Postoperative eye care in Botswana: the role of ophthalmic nurses Chatawana Molao

and Tatowela Mmoloki

- 54 Eye nurse training in the Pacific for sustainable eye care Pawan Baral
- 55 The importance of ophthalmic nurses: an ophthalmologist's view Hillary Rono and Michelle Hennelly

end trachoma Amir Bedri Kello and Caleb Mpyet

56 Ophthalmic nurses: meeting the

need for human resources to

57 Herpes simplex infection of the eye: an introduction

Bhupesh Bagga, Anahita Kate, Joveeta Joseph and Vivek Pravin Dave

60 How to manage herpes zoster ophthalmicus

Stephen Tuft

- 62 HIV and the eye Stephen Gichuhi and Simon Arunga
- 65 Cytomegalovirus: clinical features and management Jonel Steffen and James Rice
- 66 Adenovirus: ocular manifestations Jeremy Hoffman
- 69 Overview of antiviral medications used in ophthalmology Jeremy Hoffman
- 73 Why disability inclusion is essential for trachoma elimination

KH Martin Kollmann, Sofia Abrahamsson and Tim Jesudason

- 74 Ouestions and answers on viral diseases of the eye
- 75 Picture quiz
- 75 Announcements and resources

76 KEY MESSAGES

Ophthalmic nurses: vital team members in the push for better eye health

Ophthalmic nurses improve local and global eye health and contribute to people-centred eye care.



Antwi-Boasiako Principal: Ophthalmic Nursing School, Korle-Bu, Ghana.



Heather Machin Consultant: Fred Hollows Foundation NZ and Project Officer: Centre for Eye Research Australia, University of Melbourne, Australia.

phthalmic nurses are qualified nurses who have received additional training in eye care. They can provide advice during eye health emergencies and provide vision screening, refraction, and optical dispensing. Ophthalmic nurses also play a central role in the planning and delivery of people-centred eye care services, including the delivery of comprehensive eye care programmes, systems and policy development, and integration with other health specialties. This supports the collective goal of ensuring universal health coverage – including eye health – for all. The World Health Organization (WHO) defines universal health coverage as: "... ensuring that all people have access to the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services."

Landmark year for nursing

2020 was the World Health Organization (WHO) Year of the Nurse and Midwife; it was also the 200th anniversary of the birth of Florence Nightingale, who is widely revered as the founder of modern nursing.

Community Eye Health *Journal* VOLUME 33 • NUMBER 110 • 2020









Editor

Elmien Wolvaardt editor@cehjournal.org

Medical editor

Victor Hu

Consulting editor for Issue 110 Michelle Hennelly

Editorial administrator

Anita Shah admin@cehjournal.org

Editorial committee

Simon Arunga (Uganda) João M Furtado (Brazil) Clare Gilbert (UK) Esmael Habtamu (Ethiopia) Fatima Kyari (Nigeria) Ciku Mathenge (Rwanda) Nyawira Mwange (Kenya) GVS Murthy (India) Heiko Philippin (Germany) Thulsiraj Ravilla (India) Serge Resnikoff (Geneva) Jude Stern (Australia)

Sumrana Yasmin (Pakistan) David Yorston (UK)

Editorial advisors

Nick Astbury (Partnerships) John Buchan (Ophthalmology) Jenny Evans (Systematic reviews) Michelle Hennelly (Ophthalmic nursing) Islay Mactaggart (Disability) Priya Marjoria (Optometry) Daksha Patel (Education)

Regional consultants

Hannah Faal (AFR) Kovin Naidoo (AFR) Van Lansingh (AMR) Andrea Zin (AMR) Ian Murdoch (EUR) Janos Nemeth (EUR) GVS Murthy (SEAR) R Thulsiraj (SEAR) Babar Qureshi (EMR) Mansur Rabiu (EMR) Leshan Tan (WPR) Hugh Taylor (WPR)

Design

Lance Bellers

Printing

Newman Thomson

Download our app

Download the free Community Eye Health Journal app today: bit.ly/CEHJ-app

Visit us online www.cehjournal.org

Visit: www.cehjournal.org/subscribe Email: web@cehjournal.org

Readers in low- and middle-income countries receive print copies free of charge. To subscribe, send your name, occupation, and postal address to:

Anita Shah, International Centre for Eye Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK.

Email: admin@cehjournal.org

Nurses work across different communities and settings, both urban and rural, and can therefore offer patientcentred care close to where people live. We therefore call on eye care leaders worldwide to recognise the vital role of ophthalmic nurses and other allied health personnel in supporting the push for universal health coverage.

There are many areas in which nurses can contribute to people-centred eye care and improve local and global eye health. We propose that policy makers, programme managers, hospital managers, nurses, other allied health personnel, and the rest of the eye team work together to implement the following suggestions.

Leadership and advocacy

- Promote people-centred care. Work with policy makers and decision makers to ensure that patients can move across the whole patient pathway: from the community, to secondary and tertiary services, to low vision and rehabilitation services (where nurses are also involved). Integrate eye health into other health areas and improve referral between services.
- Recognise ophthalmic nursing in the human resources framework, set their payscale to match that of other nursing specialties, and include nurses in leadership teams.

Prevention and health promotion

- Participate in the development and implementation of education and community awareness campaigns.
- Educate the public, e.g., on radio and television talk shows or at local community centres (provided this is allowed by current social distancing guidelines to protect against COVID-19.
- Participate in national and global awareness campaigns.
- Ensure equity in access to eye health by training community health nurses and volunteers to identify and manage simple eye conditions in the community. The WHO Africa Primary Eye Care Training Manual is a useful resource (www.afro.who.int/publications/ primary-eye-care-training-manual).
- Organise eye screening in schools, markets, organisations, and churches, even at various organisations' annual general meetings, if COVID-19 guidelines permit this.
- Develop educational materials and tools to raise awareness about eye health.

Direct patient care

- Put patients at the centre of the care nurses provide - consider their needs and experiences, e.g., by developing and implementing patient focus groups and providing opportunities for patient feedback (see 'Putting patients at the centre of eye care', bit.ly/CEHJ78). Good communication with patients and their family members or carers is vital.
- Focus on safety and risk prevention. For example, implement the safe site surgical checklist (WHO, 2009).2
- Explore skills exchange (also known as task sharing/ task shifting). This may include learning new skills that may be traditionally considered another professional's job. For example, ophthalmic nurses and other allied health personnel can support ophthalmologists in screening, preoperative and postoperative care of cataract, and surgical assisting; this ultimately

Continues overleaf ➤

From the editor

The roles and responsibilities of eve care personnel, and the terminology used to describe them, vary significantly from one country to another. The responsibilities described in this article and in this issue of the Community Eye Health Journal may also fit the role descriptions of clinical officers, ophthalmic clinical officers, ophthalmic assistants, or other roles included in the term 'allied ophthalmic personnel.'

WHO key facts on nurses and midwives1

- 1 Globally, nurses are the largest group of health care providers, representing almost 50% of the health workforce at all levels.1
- 2 There is a global shortage of health workers. Nurses and midwives are the group with the greatest shortages – together they represent more than half of the global shortage in health workers. The problem is greatest in South East Asia and Africa.
- 3 For all countries to reach the United Nations Sustainable Development Goal 3 on health and wellbeing, WHO estimates that the world will need an additional 9 million nurses and midwives by the year 2030.
- 4 Nurses play a critical role in health promotion, disease prevention and the delivery of primary and community care. They provide care in emergency settings and will be key to the achievement of Universal Health Coverage.
- 5 Achieving health for all will depend on there being sufficient numbers of well-trained and educated, regulated, and well-supported nurses and midwives, who receive pay and recognition commensurate with the services and quality of care that they provide.
- 6 Investing in nurses and midwives is good value for money. The report of the UN High Level Commission on Health Employment and Economic Growth concluded that investment in education and job creation in the health and social sectors result in a triple return of improved health outcomes, global health security, and inclusive economic growth.
- 7 Globally, 70% of the health and social workforce are women, compared to 41% in all employment sectors. Nursing and midwifery occupations represent a significant share of the female workforce.

Support our work

We rely on subscriptions and donations from charities and generous individuals to carry out our work.

To support us, visit: www.cehjournal.org/donate or contact Anita Shah: admin@cehjournal.org

Published by the International Centre for Eye Health, London School of Hygiene & Tropical Medicine.

Unless otherwise stated, authors share copyright for articles with the Community Eye Health Journal. Illustrators and photographers retain copyright for images published in the journal.

Please note that some articles are published online first and may have been shortened to fit the available space in this printed edition.

Unless otherwise stated, journal content is licensed under a Creative Commons Attribution-NonCommercial (CC BY-NC) license which permits unrestricted use,

distribution, and reproduction in any medium for non-commercial purposes, provided that the copyright holders are acknowledged.

ISSN 0953-6833.

Signed articles are the responsibility of the named authors alone and do not necessarily reflect the views of the London School of Hygiene & Tropical Medicine (the School). Although every effort is made to ensure accuracy, the School does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the School in preference to others of a similar nature that are not mentioned. The School does not endorse or recommend products or services for which you may view advertisements in this Journal. The Community Eye Health Journal is supported by:













contributes to improved output, productivity, and outcomes. The International Council of Ophthalmology has launched an initiative² to examine skills exchange through a formal, planned framework and training programme. Non-nurses can also be taught to carry out tasks that may traditionally be considered nursing tasks.

Quality improvement

- Foster a continuous quality improvement approach to service provision; for example, by welcoming, conducting, and acting on internal or external audits and patient feedback surveys, as well as your own professional development.
- Keep up to date with your own professional development, and new developments in the field, by:
 - Updating your qualifications
 - Taking part in professional development activities
 - Keeping abreast of what is happening in the care sector, and/or an area of specialty that is directly related to your work, by participating in local continuing professional development opportunities
 - Reading journals and articles (such as in the Community Eye Health Journal)
 - Taking part in webinars (see www.iapb.org), or by taking an online course. There are many free or low-cost courses available online, including from the International Centre for Eye Health (iceh. Ishtm.ac.uk/oer/), Cybersight (cybersight.org/ online-learning/), WHO (openwho.org/courses) and JCAHPO (eyecarece.jcahpo.org).
- Take responsibility for the conditions in your workplace; for example, by reporting malfunctions and hazards.
- Take responsibility for the resources in your workplace. Put the safe storage and use of equipment, instruments, and consumables at the forefront of your daily practice.
- Contribute to the Global Green and Healthy Hospitals scheme (www.greenhospitals.net); for example, by considering how your hospital can reduce the amount of waste it produces or by proposing an action plan to reduce your carbon emissions.

Building the eye care team

- Join, or build, a national or regional ophthalmic nursing special interest group/association.
- Welcome and encourage people into nursing, and then into the eye care subspecialty. Many countries need more ophthalmic nurses, so every nurse has a duty to promote the profession and welcome newcomers.
- Advocate for ophthalmic nurses to be included in the human resources framework and pay scales.
- Train nurses in departments such as endocrinology/ diabetes care, or in geriatric care (care for older people).
- Foster collaborative, open and proactive relationships among all members of the eye care and/or hospital team. Team members may include ophthalmologists, optometrists, orthoptists, technicians, pathologists, and so on. The more we communicate, and the more we break down outdated and unhelpful barriers, the greater the likelihood that we will achieve the goal of universal health care for all.
- Help to grow the body of evidence needed to assist in the prevention and treatment of vision impairment and blindness by conducting research and by presenting and sharing your knowledge.

References

- 1 WHO. Nursing and midwifery fact sheet. February 2018. bit.ly/3neJSdB
- 2 International Council of Ophthalmology. ICO Position on Training Teams to Meet Public Needs. June 2018. bit.ly/2JQK8kA Accessed 24 October 2019.
- 3 World Health Organization. Surgical Safety Checklist. Revision 1, 2009. bit.ly/2JV0KY8 Accessed 24 October 2019.

Further Resources

International Agency for the Prevention of Blindness: Environmental Sustainability Working Group home page. bit.ly/3qSajrq Accessed 24 October

Machin H (ed). Ophthalmic Operating Theatre Practice: A manual for lower-resource settings, edition 2. Community Eye Health Journal, 2016. bit.ly/3niXDle Accessed 24 October

World Health Organization. World Report on Vision. October 2019. bit.lv/383de88 Accessed 24 October

The importance of the perioperative nurse

Qualified nurses play an important role in the operation room before, during and after surgery.



Ciku Mathenge Professor of

Ophthalmology: University of Rwanda and **Director of Training** and Research: Rwanda International Institute of Ophthalmology, Rwanda.

he perioperative nurse is an essential member of the team when operating on patients with eye-related conditions. Indeed, whenever I'm required to operate in remote locations, my core request apart from a microscope and surgical instruments - is that I travel with a dedicated perioperative nurse.

Surgeons are the most visible members of the cluster of gowned figures gathered around operating tables all around the world. However, the surgeon is always a part of a

surgical team and is supported by a number of other highly trained professionals, each with a clearly defined role and serving a vital function. In many parts of the world, qualified nurses play multiple roles in the operating room.

As an eye surgeon, I consider the nurse to be one of the most important people in the perioperative space - before, during, and after surgery. These nurses are known by various names in different places: scrub nurses, operating room (OR) nurses, circulating nurses, surgical technicians, theatre nurses/assistants, or operating room technicians. I will use the term perioperative nurse to encompass all these roles.



The perioperative nurse helps an ophthalmologists to don his gloves. RWANDA