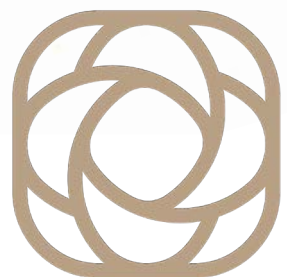
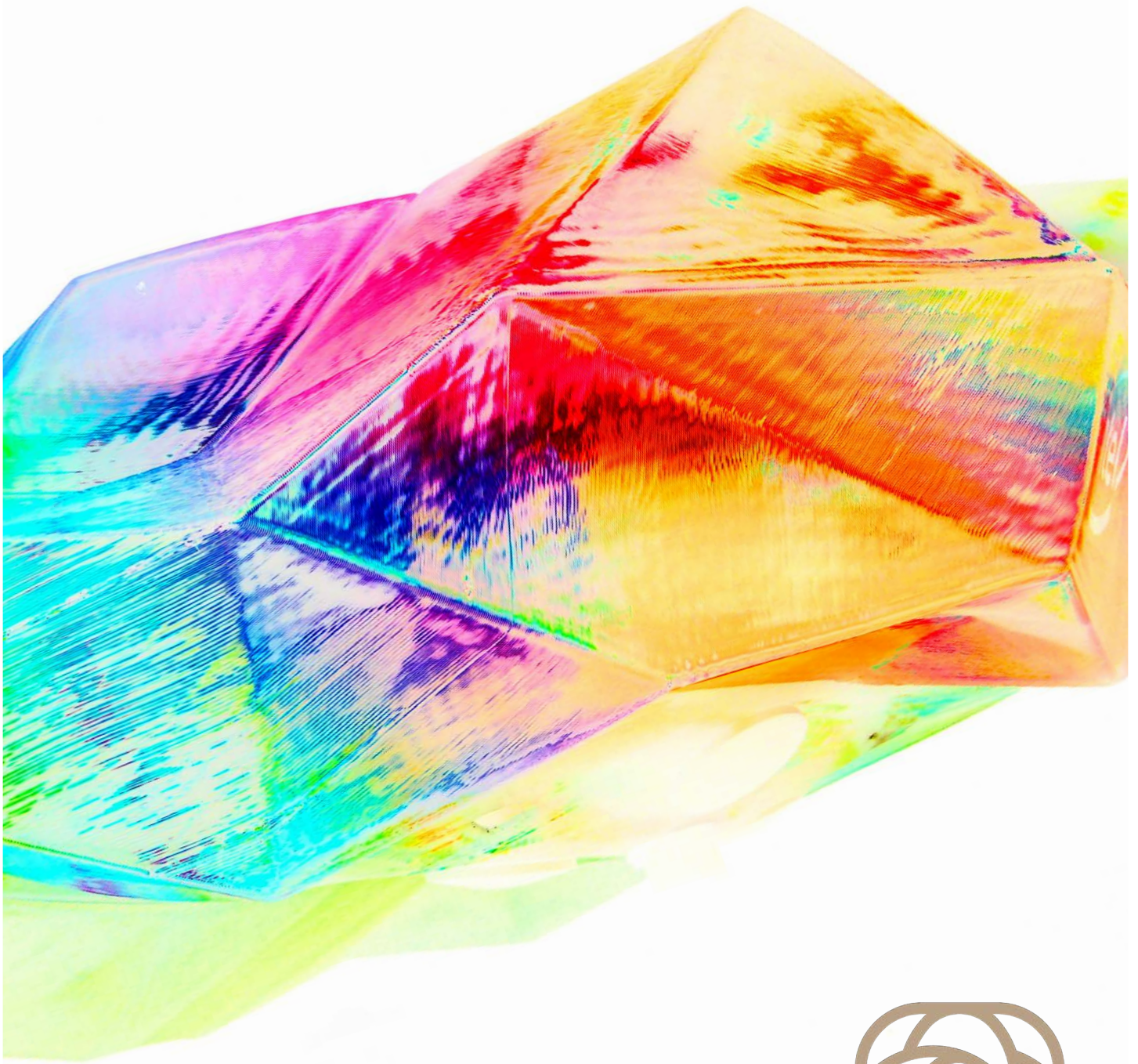

AONA

VISION

NATIONAL NEWSLETTER

SEPTEMBER 2020



AONANC

September 2020

Welcome to the September edition of The Australian
Ophthalmic Nurses Association National Newsletter

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AONA NSW

President's Report Joanna McCulloch

It was an honour to become President of AONA NSW in July 2019 and to have the privilege to work with the AONA NSW committee members during this last year. I can't thank them enough for all their hard work and dedication to the ophthalmic nursing profession and this association. I also wish to thank you the AONA NSW members, as without you there would be no AONA. The fact that you desire to be engaged in networking and continuous learning by your continued involvement with this association, is rewarding for the profession and your patients.

2020 was named the International Year of the Nurse and Midwife by the WHO. Unfortunately, nothing went as planned, COVID -19 pandemic quickly arose on the horizon. The provision of education had to sharply change in nature. COVID -19 saw the cancellation of clinicals and the annual conferences due to personal safety reasons. To compensate AONA NSW meet the challenge by facilitating monthly Eye Tele C educational sessions. AONA NSW invited AONA members from other states to participate in the Eye Tele C events. WA and VIC AONA members have been dialling in to the Eye Tele C for the last few months, the feedback has been extremely positive. The aim will be to have one clinical later this year for those who did not partake in the Eye Tele C. On average 30 – 40 people have been involved in the monthly events which is outstanding.

On a National front, Australian Ophthalmic Nurses Association National Council (AONANC) is progressing to become a part of the newly set up Global/International Ophthalmic Nurses Network. The aim of this network is to "Enhance the role and scope of services provided by ophthalmic nurses, through global and collegial sharing of knowledge, evidence-based practice, for

the betterment of those with vision impairment whom we serve, and other healthcare providers, with whom we partner." Being a part of this network will allow for the flow of new and innovative clinical practices and research for all ophthalmic members. The Vision newsletter will keep all members up to date with any new information from this group.

How the rest of 2020 pans out is yet to be seen. AONA NSW has been in negotiation with AONA VIC/SA/TAS/NT since early this year, as they took the tough decision to cease being an association. AONA NSW was honoured that AONA VIC and its' associates felt that NSW had the same vision and sought to join our association. In doing this we become one stronger ophthalmic nursing association moving forward under the banner of Australian Ophthalmic Nurses Association Inc. AONA VIC and its' members have voted for the merge, and currently NSW is voting, all very positive at this time. Merging of these states will ensure AONA becomes a larger unified group of ophthalmic nursing professionals sharing experience and ideals.

AONAWA

President's Report Andrea Montague

Hello to all. I genuinely hope that you are all well and coping in this very challenging time. Here in WA we are very fortunate at this stage to be in Phase 4 (of 5 phases) of easing of Covid-19 restrictions, and life feels almost normal. Professionally for most of us here, work has now returned to an almost pre pandemic state in terms of patient numbers, albeit with our "new normal" social distancing and screening in place. We send our love and best wishes to our colleagues in areas currently facing the second wave of the virus and watch with bated breath hoping things will return to normal for them as soon as possible.

Whilst I say we are fortunate and things are almost normal, I am sure I am not alone sometimes being obsessed with watching international news and looking at statistics which I would not normally concern myself with. The threat is still there and looks like it will be for some time. Despite the easing of restrictions here, I am still reluctant to go out. Just today I turned down the offer of tickets to the football (Go Eagles!) I find myself distracted, and coupled with the usual personal/family issues, I must admit AONA has been low on my list of priorities. As a committee we have had several virtual meetings and are constantly trying to come up with ways to give our members opportunities for education and engagement. We think that we will be able to have a seminar in September and are planning for a half day

session on the Cornea. We are also in the process of producing a new AONA WA website which is now in the planning stages. We thank our WA members for their understanding that this year is an anomaly. We as a committee have decided that as a gesture of goodwill, any memberships taken out for 2020 will carry over to 2021.

I am really looking forward to reading the other states reports and once again send warm wishes to everyone involved in AONA.

AONAQ

President's Report Pene Gill

Well a lot has happened since our last report! The announcement of the COVID 19 Pandemic has definitely brought with it many challenges to us personally and in the workforce. I was on sick leave in March; however, I know my colleagues had a huge job moving non urgent appointments. The anxiety felt each day going to work not knowing what would behold. I know too that some Qld colleagues were out of work over some of this period.

What challenges has your workplaces endured during the last four months? It would be great to hear from you and put in the next edition of the national newsletter. If you're interested in sharing your experience, please email us at admin@aona.org.au As you were aware, we have waived the membership renewal fee for 2020-21 for existing financial members. A big welcome to our

new members. We look forward to meeting you soon.

Sadly, due to COVID restrictions, we have been unable to provide you with the usual education via Clinical Meetings. The committee continue to meet via Zoom and will let you know once we are able to get these up and running. We are all missing our regular face to face networking.

Lastly, our thoughts go out to our Southern colleagues. We wish you well and hope that this recent outbreak will be in control soon. Stay safe everyone!



SPECIAL CONSIDERATIONS DURING CATARACT SURGERY IN THE TIMES OF COVID-19

Amanda Wylie
AONA QLD, Member

Many ophthalmic nurses work in roles where they are involved in the delivery of surgical services for the removal of cataract by phacoemulsification. Even prior to Covid-19, there were many infection control considerations for this type of surgery. Recently, aerosolisation during cataract surgery, and the infection control considerations that go along with it, has been a topic of investigation in the literature.

According to the Australian Institute of Health and Welfare, cataract surgery is the most commonly performed elective surgical procedure in Australia today. While there are many infection control considerations for this important surgery, these have traditionally revolved around prevention of infection (in particular endophthalmitis). The risk to health care practitioners, especially nurses, has always seemed quite low.

In recent times, with the emergence of Covid-19 assessment of risk to the patient, the facility and its staff has changed dramatically. With patients undergoing specific screening prior to admission to reduce the risk of transmitting the disease. Many experts suggest that the risk of transmission is highest with aerosolisation of the virus particles, hence the public health focus on covering coughs and sneezes, wearing masks and the need for appropriate physical distancing.

A study investigating potential aerosol generation during phacoemulsification (cataract surgery) has recently been undertaken in Bristol, in the United Kingdom. This is an interesting idea, and one that had not been previously considered a risk. The objective of this study was to assess potential methods of reducing visible aerosol generation during clear corneal phacoemulsification surgery.

The study assessed aerosol generation using an artificial anterior chamber, with a cadaveric corneoscleral rim mounted to it. Aerosolisation was evaluated using a high speed 4K camera. A variety of phaco tip sizes were used, along with various methods

of aerosol reduction; including varying levels of corneal moisture, use of suction and blowing air on the surgical field, and use of hydroxypropyl methylcellulose (HPMC) coating the cornea.

The study found that aerosol generation during phacoemulsification was present with a larger (2.75mm) tip but not with a smaller (2.2mm) one. While corneal wetting and suction had no effect on aerosolisation. Blowing air onto the surgical site redirected the aerosol plume toward the ocular surface, however the use of HPMC on the ocular surface eliminated aerosol generation for just over a minute.

Based on the findings of this study, the researchers concluded that the use of a small phaco tip (2.2mm) combined with the use of HPMC on the cornea (reapplied every minute) during phacoemulsification can abolish aerosol plume. In addition to these findings, the same paper suggests that povidone iodine antiseptic be used during sterile preparation (this kills SARS-CoV-2 on the conjunctival surface) and the performance of irrigation and aspiration for six seconds before starting phacoemulsification (to clear the anterior chamber of any virus).

The study was undertaken in Bristol in the United Kingdom where there are very different levels of infection than here in Australia. The adoption of these practices is obviously at the discretion of the practitioner, and is dependent on the local level of Covid-19 risk. While this is an interesting paper, thankfully the risk in Australia remains relatively low compared to other parts of the world.

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Photograph showing the corneoscleral rim mounted on the anterior artificial chamber

From: Darcy, K., Elhaddad, O., Achiron, A. et al. 2020 Reducing visible aerosol generation during phacoemulsification in the era of Covid-19. Eye.

AONAVIC

President's Report Robyn Johnston

What a challenge 2020 has been for nurses and their families. This is especially so for those of us in Victoria who are the first State to enter the COVID-19 second wave, and experience State-wide "Mask-Up" orders. As we write, nurses - including ophthalmic nurses, are being deployed to other areas of health care (e.g. aged care) as part of our State's COVID-19 response effort. We do not know where or when this will end or the long-term impact on our ophthalmic wait lists, but we do know that we are proud of the commitment and conduct of Victorian Nurses. We are also grateful for the interstate nurses flying into Victoria to help our profession and our people.

The Committee hopes you are staying safe no matter where you are or what role you have. You are all important to us.

Our up-dates are:

Complimentary Membership: As there has not been any face-to-face events this year and there is unlikely to be any for some time, we have waived the membership renewal fee. This means any member in the 2019-2020 financial year has been automatically granted membership for the 2020-2021 financial year, complimentary. We hope this offers a small financial relief to those members whose family is experiencing financial difficulties during this time.

Amalgamation with AONA(NSW): For those who are now aware, AONAVIC Members overwhelmingly voted in favour of taking a bold future-focused move, to wind-down AONAVIC and amalgamate into AONA(NSW). We have commenced communication with AONA(NSW) to plan the amalgamation. As you would appreciate this will take some time as there are legal and financial regulations we must abide with to complete this process. The move has been welcomed by AONA(NSW) members which is wonderful to hear. We cannot wait to formally work together as one association, with a shared vision. For now, it is business as usual. We will keep members abreast of the changes as they occur.

Education/Events: While we are unable to host face-to-face meetings, there will be virtual meeting taking place, hosted by AONAVIC or AONA(NSW). Members will be notified when these are scheduled. As we are becoming increasingly isolated, we highly recommend your attendance because these not only offer education opportunities but also an opportunity to remain connected with your ophthalmic nursing network.

Take Care of You: We close, with a pearl of wisdom, asking you to please look after your own mental and physical health during these times - and especially your vision. Remember to make sure your vision is tested with an Optometrist at least every two years. Don't let isolation get in the way of your general and visual health.

Take care and stay safe.

AUSTRALIA IS NOW A PARTNER ON THE NEW GLOBAL IONA

We are pleased to report that Australia has joined 11 other national/regional ophthalmic nursing associations to form a new global International Ophthalmic Nurses Association (IONA) - which was the former name of a British based association. The British nurses have gifted the name to the international community and will re-brand their association for their British members.

All 12 partners having signed a formal Memorandum of Understanding. This allows the team to register the new group in the UK. The legal registration is currently underway. Once registered, with the terms agreed to, this will mean that all AONA(VIC/QLD/WA) members will automatically be members of the new IONA. It means you only need to keep up your registration here in Australia. This will allow our country to work directly with

our peers in other countries in a formal and systematic process, share resources and work collaboratively on key issues that impact the wider ophthalmic nursing community. The initiative also ensures that we have ophthalmic nurse representation at the global level alongside other health care peer global groups. We will keep you posted on when the new IONA is formally registered.

IONA's foundation partners are the ophthalmic nursing associations of: Australia, Cameroon, Canada, Cape Town, Ghana, Indonesia, Pacific Islands - (PacEyes), Peru, The Philippines, Spain, UK and USA. Nations/regions not already partnered will have the opportunity to do so in time.

