

**OPHTHALMOLOGY**

**STANDARD OPERATING PROCEDURES**

**500 BED FLEET HOSPITAL**

## TABLE OF CONTENTS

A.	MISSION	3
B.	FUNCTION	3
C.	PHYSICAL DESCRIPTION	3
D.	SPECIAL CONSIDERATIONS	4
E.	DEPARTMENT ORGANIZATION	4
F.	JOB DESCRIPTIONS	4
G.	WORKLOAD	8
H.	UNIQUE TASKS	8
I.	RESPONSE TO DEPLOYMENT HAZARDS	10

**500 BED FLEET HOSPITAL**  
**OPHTHALMOLOGY DEPARTMENT**  
**STANDARD OPERATING PROCEDURES**

**A. MISSION:** To provide ophthalmologic and optometry services to the deployed fleet hospital.

**B. FUNCTIONS:**

1. Evaluate and treat ophthalmologic disorders.
2. Perform ophthalmologic treatment and surgical procedures.
3. Provide optometry services.
4. Consult with healthcare providers of other clinical services concerning ophthalmologic problems.

**C. PHYSICAL DESCRIPTION:**

1. Locations within complex:

Ophthalmology/Optometry clinics: Specialty Treatment Functional Area

Minor ophthalmologic surgery: Specialty Treatment Functional Area

Major ophthalmologic surgery: Surgical Suite Functional Area.

2. Sheltering:

type: Temper tents.

quantity: variable.

**D. SPECIAL CONSIDERATIONS:**

1. The ophthalmologic surgeon must be prepared to respond to any major ophthalmologic injury or condition within the hospital and to render immediate consultation and treatment.
2. Minor ophthalmologic surgical procedures may be performed in the Specialty Treatment functional area. The main OR should be reserved for appropriate major surgical cases.

**E. DEPARTMENT ORGANIZATION:**

DIRECTOR, SURGICAL SERVICES

HEAD, OPHTHALMOLOGY DEPARTMENT

OPHTHALMOLOGIST

OPTOMETRIST

OCULAR TECH

OPTICIAN TECH

**F. JOB DESCRIPTIONS:**

HEAD, OPHTHALMOLOGY DEPARTMENT: (2100)

1. The Head, Ophthalmology Department is responsible to the Director of Surgical Services for all ophthalmologic and optometry care and management issues within the Fleet Hospital.

2. The Head, Ophthalmologic Department will, in addition to fulfilling the role of an ophthalmologic surgeon:

- a. Establish policies and procedures for ophthalmologic and optometry care provided by the hospital as dictated by the local circumstances.
- b. Oversee orientation and training programs.
- c. Approve all communications both within and external to the department.
- d. Approve all performance evaluations prepared for assigned personnel.
- e. Prepare and submit required reports in final form.

#### OPHTHALMOLOGIST: (2100)

1. The ophthalmologist will assist the department head in providing ophthalmologic care to patients within the Fleet Hospital:

- a. Perform ophthalmologic evaluation and treatment.
- b. Perform ophthalmologic surgery.
- c. Ensure completion of Short Form History and Physical (SF 539) for each and all ophthalmologic admissions within 24 hours of admission.
- d. Assign a primary diagnosis for ophthalmologic disorders.
- e. Formulate treatment plans to be implemented by other health care providers.

#### OPTOMETRIST: (2300)

1. Perform optometry evaluation and treatment procedures.

- a. Assign a primary diagnosis for optometric disorders.
- b. Be on call to the Specialty Treatment Unit for

optometric consultations.

- c. Participate in orientation and training programs.
- d. Provide in-service training to other hospital staff regarding the practice of optometry.
- e. Serve as acting department head as required.

#### OCULAR TECHNICIAN:

(2) E-5 , E-4 (8445)

- 1. Assist the ophthalmologist in performing ophthalmologic procedures.
- 2. Serve as scrub technician in the Operating Room. As such, the tech will:
  - a. Check room for necessary equipment, i.e. suction, electrocautery, prep supplies.
  - b. Check all sterile equipment required by case for expiration dates, damaged packaging, lot numbers, and completeness.
  - c. Open all sterile gear correctly and maintain a sterile field.
  - d. Assemble any additional equipment and flash sterilize as needed.
  - e. Gown and glove using aseptic technique. Perform surgical scrub as required by the procedure.
  - f. Assemble instrument sets, drapes, gloves, and gowns maintaining sterility throughout.
  - g. Receive sterile/flashed and dressing supplies from circulator.
  - h. Assist surgeon.

- i. Monitor surgeon's sterile technique.
  - j. Break down sterile equipment and clean instruments used for procedure separating augmentation equipment from equipment contained in the basin instrument set.
  - k. Clean all instruments.
  - l. Assist circulating technician in cleaning room and setting up for subsequent case(s).
  - m. Log all surgical procedures.
3. Maintain all departmental material in good working condition.
  4. Monitor the safety and function of all equipment and submit corrective maintenance requests as required.
  5. Track progress of required repairs, maintenance and/or resupply.
  6. Monitor and maintain adequate levels of administrative and clinical supplies.
  7. Ensure proper disposition of contaminated instruments, equipment, and other material.
  8. Ensure that departmental logs are maintained IAW provided guidance.
  9. Maintain departmental files.
  10. Ensure that adequate sanitation standards are maintained in all areas assigned to the Ophthalmology Department.
  11. Perform other duties as assigned.

OPTICIAN TECH:

(1) E-4 (8463)

1. Assist the optometrist in performing optometric procedures.
2. Maintain all divisional material in good working order.

3. Monitor the safety and function of all equipment and submit corrective maintenance requests as required.
4. Track the progress of requested repairs, maintenance, and/or resupply.
5. Monitor and maintain adequate levels of administrative and clinical supplies.
6. Ensure that divisional logs are maintained IAW provided guidance.
7. Maintain divisional files.
8. Ensure that adequate sanitation standards are maintained in all areas assigned to the Ophthalmology Dept.
9. Perform other duties as assigned.

#### **G. WORKLOAD:**

Overall daily admissions for a 500-bed Fleet Hospital:

- a. steady state = 80 admissions/day  
54 surgical, 26 medical
- b. peak state = 120 admissions/day  
80 surgical, 40 medical

Over a 30-day period approximately 3 – 9% of all admissions will have a primary ophthalmology diagnosis.

#### **H. UNIQUE TASKS:**

1. Ophthalmologic procedures in the theater will be performed to expedite return to duty or to save the globe.
2. Open eye injuries will be closed at Echelon 3 facilities utilizing loupe magnification and evacuated to Echelon 4 where vitrectomy capability exists.

3. Embedded corneal foreign bodies will be removed as far forward in the medical evacuation system as possible.
4. All suspected cases of epidemic kerato-conjunctivitis should be removed and isolated from other active duty members to prevent an epidemic.
5. More extensive ophthalmologic procedures will be performed at Echelon 4 where the operating microscope will be located.
6. A microsurgical augmentation set will be included for vitreous and retinal surgery at Echelon 4.
7. Patients presenting with intraocular or corneal involvement with herpes zoster ophthalmicus should be projected as a loss to the battle commander.
8. Patients requiring posterior vitreous surgery to include all penetrating eye wounds and cases of retained intraocular foreign bodies should be evacuated beyond the communication zone. These patients are non-returnable to duty and will be evacuated to CONUS in 7 – 14 days.
9. Vitro-retinal surgery will be performed within a 7 – 14 day window. If this would have to be delayed beyond 14 days, it would not significantly alter the morbidity up to 21 days.

## I. RESPONSE TO DEPLOYMENT HAZARDS

### 1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before re-entering the FA and returning to duty.

### 2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**

- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

### 3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.

### 4. MISCELLANEOUS ITEMS

- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.