Royal Cornwall Hospitals
NHS Trust

Nurse-Led Emergency Eye Casualty (EEC) Service at RCH Standard Operating Procedure

V1.0

March 2025

Table of Contents

1. Introduction 3
2. Purpose of this Standard Operating Procedure 3
3. Ownership and Responsibilities 4
3.2. Role of the Ophthalmology Responsible clinician 4
3.3. Role of the Responsible CNS 4
3.4. Role of the Eye Unit Sister/Charge Nurse 5
3.5. Role of Eye Unit Triage Nurse 5
3.6. Role of Ophthalmology Admin staff 6
4. Standards and Practice 6
5. Dissemination and Implementation 8
6. Monitoring compliance and effectiveness 9
7. Updating and Review 9
8. Equality and Diversity 9
8.2. Equality Impact Assessment. 9
Appendix 1. Governance Information 10
Appendix 2. Equality Impact Assessment 12
Appendix 3 – Emergency Eye Clinic Referral Form 15

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Ophthalmology Registered nurses at RCHT undertake enhanced roles and carry out nurse led clinics and procedures to help meet the increasing demand on the Ophthalmology service.

1.2. This procedure should be read in conjunction with the following Trust documentation:

- Policy for Consent to Examination or Treatment. Link to Policy for Consent.
- Policy to Manage Information and Records. Link to Policy re Manage Information and Records.
- Infection prevention and control - roles and responsibilities policy. Link to Infection Prevention and control.
- Aseptic non touch technique (ANTT) policy. Link to Aseptic non touch Technique (ANTT) Policy.
- Medical Devices Training Policy. Link to Medical Devices Training Policy.
- Needlestick Injuries and Body Fluid Exposure Incidents - Policy for the Management of. Link to Needlestick Injuries and Body Fluid Exposure.
- Sharps Safety Policy. Link to Sharps Safety Policy.

2. Purpose of this Standard Operating Procedure

The aim of this standard operating procedure (SOP) is to ensure the standards for safe, efficient, and effective practice for the EEC service are defined.

3. Ownership and Responsibilities

3.1. The Emergency Eye Casualty service is shared care between the Responsible Clinician, the CNS who leads the nurse-led service, the Eye Unit Sister, the registered nurse assigned to the EEC triage and the associated ophthalmic administration staff, each having their own distinct responsibilities to ensure the best outcome for the patient.

3.2. Role of the Ophthalmology Responsible clinician

- To be familiar with this SOP.
- To ensure there is a responsible clinician present in the department or readily available on the telephone should the EEC nurse require support / advice or urgent patient assessment.
- To complete all relevant documentation in the patients, record on Medisight.
- To investigate/support the investigation for all incidents relating to the EEC service.

3.3. Role of the Responsible CNS

- To be familiar with this SOP.
- To ensure that nursing staff supporting the EEC clinic, having undertaken appropriate training and competencies to support the service.
- Where staffing cannot be provided then alternative options are explored with the support of the department sister (as appropriate) and then escalated to the Matron or service manager dependent on the backfill requirements.
- To ensure referred patients are suitable for the nurse-led EEC clinic.
- To ensure the appropriate new referral triage proforma completed by GP/Opticians and EEC internal proforma is utilised for all patients (see Appendix 3.
- To carry out patient eye examinations and treatment as per scope of practice and competency.
- To complete all relevant documentation in the patients, record on Medisight.
- To investigate/support the investigation for all incidents relating to the EEC service.
- To always adhere to Trust policies and procedures.
- To ensure knowledge and competence is maintained.
- To ensure patient is fully informed of appropriate plan of care and advice.

3.4. Role of the Eye Unit Sister/Charge Nurse

- To be familiar with this SOP.
- To have oversight of this Ophthalmic sub-specialty.
- To ensure referred patients are suitable for the nurse-led EEC clinic.
- Where patients have incorrectly being assigned to the EEC clinic, they are triaged to appropriate alternative service eg Minor Eye Care Service (ECS), primary care provider.
- To ensure that all eye unit staff carrying out the triage for EEC utilise the EEC proforma for all triage assessment documentation, completing it accurately and fully.
- To be competent and confident to carry out EEC triage, having completed the appropriate training.
- To be accountable for their own practice in line with the Nursing Medical Council (NMC) code of conduct.
- To ensure that they refer to the responsible clinician or EEC CNS if they have any concerns.
- To always adhere to Trust policies and procedures.
- To ensure knowledge and competence is maintained.
- To ensure patient is fully informed of appropriate plan of care and advice.

3.5. Role of Eye Unit Triage Nurse

- To be familiar with this SOP.
- To ensure the referred patient is suitable for the nurse-led EEC clinic, where not appropriate they are they are triaged to appropriate alternative service e.g. MECS, EEC, primary care provider.
- That they utilise the EEC proforma for all triage assessment, completing it accurately and fully.
- To be competent and confident to carry out EEC triage, having completed the appropriate training.
- To be accountable for their own practice in line with the NMC code of conduct.
- To ensure that they refer to the responsible clinician or EEC CNS or department sister/charge nurse or deputy, if they have any concerns.
- To always adhere to Trust policies and procedures.
- To ensure knowledge and competence is maintained.

- To ensure patient is fully informed of appropriate plan of care and advice.

3.6. Role of Ophthalmology Admin staff

- To be familiar with this SOP.
- To ensure that only appropriate patients are referred to the nurse-led EEC clinics.
- To book EEC patients onto PAS as per the EEC triage outcome.

4. Standards and Practice

4.1. Standard operating

4.1.1. The Emergency Eye Casualty (EEC) Service is clinically lead by an individual Ophthalmology consultant lead and is supported by a group of trained registered nurses.

4.1.2. The Eye Unit eye EEC service provides both doctor and nurse-led clinics, dependent on the patients presenting complaint.

4.1.3. Referrals are received by email, Maxims and telephone calls from Opticians, Doctors, Patients, other hospitals, GP's, MIU's and secretaries. Both for inpatients and outpatients.

4.1.4. The EEC nurse-led clinic is for out-patient referrals only. In-patients are seen by the On-call Eye unit Doctor.

4.1.5. Nurse-led EEC can only proceed if a responsible EEC Doctor is present in the department or readily accessible on the telephone for advice.

4.1.6. The nurse will seek advice of an appropriate clinician if they have any concerns, require their input/opinion.

4.1.7. Ultimate responsibility for the oversight of the Nurse-led EEC clinics will be the EEC Doctor first on call and second on call.

4.1.8. The nurse may ask the responsible clinician to assess the patient if she/he feels it is in the best interest of the patient.

4.1.9. Nurse-led EEC clinics are available routinely 4 days per week. 0830 - 11:30 (7 patient slots) and 13:30 to 16:00 (6 patient slots). This is subject to change and unavailability of staff member.

4.1.10. Where the nurse-led clinics are not able to be provided then the clinics will revert to being Doctor-led clinics only.

4.1.11. Only patients over 18 years to be seen in the nurse-led EEC unless previously discussed and agreed with the individual nurse, and they are happy and competent to examine, assess and treat ophthalmic emergencies for patients under 18 years of age. Any examination and treatment offered to the patient will be explained to the patient at their level of understanding and consent obtained.

4.1.12. The EEC nurse will document the patient assessment, diagnosis, treatment and outcome of appointment on the patient's record on Medisight.

4.1.13. Any problems encountered by the EEC nurse, whilst performing the assessment and treatment must be reported to the responsible clinician.

4.1.14. The EEC nurse will provide the patient with verbal and written information as appropriate.

4.2. Staffing

4.2.1. The nurse-led clinic will be staffed by the EEC CNS or a suitably trained Registered nurse (Minimum Band 6).

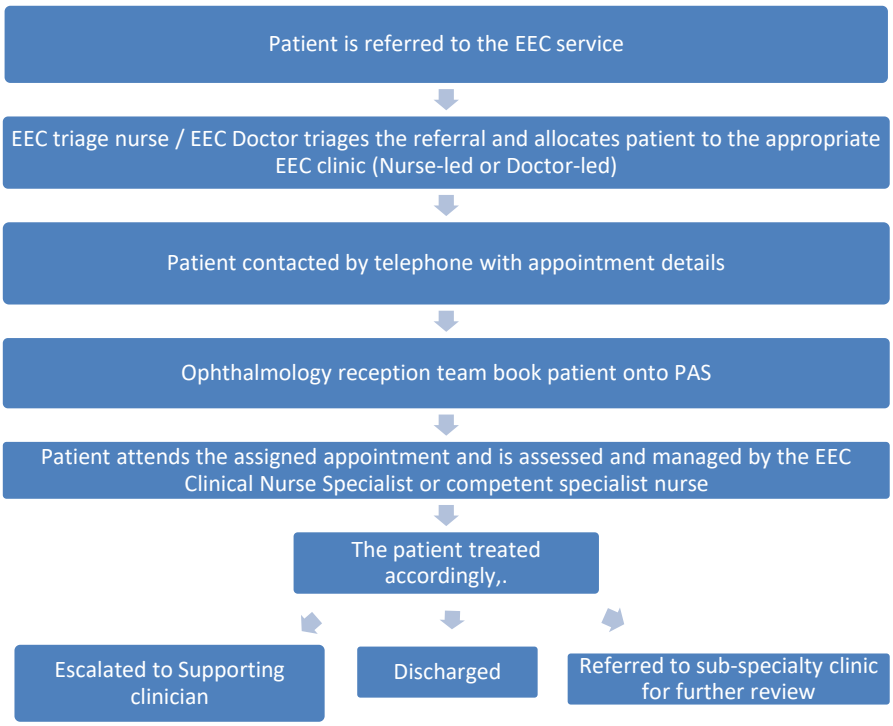
4.2.2. The nurse-led EEC clinic is supported by an EEC triage nurse and a HCA.

4.3. Training

The Registered nurse in the nurse-led clinic will have completed appropriate training and be signed-off as competent to see and treat patients in the nurse-led EEC clinics as agreed within specialty.

4.4. Accessing the Nurse-led EEC service

Standard process for accessing and processing through the nurse-led EEC clinic:



4.5. EEC Triage

4.5.1. The standardised EEC triage form must be completed fully and concisely by the triage nurse.

4.5.2. The triage form is a paper document / document within Medisoft. On completion, the form will be available for review on Medisoft.

4.6. Patients appropriate for Nurse-led EEC clinics

The nurse-led EEC service is only suitable for patients with following complaints:

- **Anterior segment complaints to include:**
  - Moderate pain and redness +/- photophobia for > 2 weeks.
  - Known recurrent anterior uveitis with symptoms of new recurrence (Photophobia, pain and or redness).
  - Residual corneal rust ring.
  - Corneal Foreign body.
  - Traumatic corneal abrasion.
  - Chemical injury with clear cornea and no blurring of vision (pH neutralized in ED).
  - Diffuse redness and/or discharge for > 2 weeks, not responding to GP treatment.
  - Blepharitis.
  - Dry eye.
  - Corneal abrasions.
  - Foreign bodies.
  - Conjunctivitis.
- **Differentiate acute anterior uveitis.**
- **Goldmann intraocular pressure (OP).**

5. Dissemination and Implementation

5.1. This policy will be available on the RCHT Ophthalmology shared folder. There will also be a hard copy available to view within Eye unit.

5.2. The Departmental Sister and the CNS leading the EEC nurse-led service, will be responsible for ensuring triage and EEC nursing staff are suitably trained before delegating this task.

5.3. The theoretical knowledge and practical skills required to assess and treat patients in the nurse-led EEC patients will be achieved through an appropriate competency pathway, reading and experientially working under supervision by a competent, skilled person and then being signed off as competent.

5.4. Records of staff competency will be available within the Eye unit.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored.	All the policy to be monitored.
Lead.	Eye unit Sister and the CNS lead for Emergency Eye Casualty (EEC).
Tool.	N/A.
Frequency.	Monitoring will be an ongoing practice within the department.
Reporting. Arrangements.	Any concerns regarding the ongoing implementation of this procedure should be reported to the CNS Lead for EEC or the department sister who will investigate and report back to consultants/staff.
Acting on recommendations and Lead(s).	Any recommendations/changes to this procedure will be reported at the departmental and nurses' meetings and changes implemented.
Change in practice and lessons to be shared.	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This procedure will be reviewed every 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

8.2. Equality Impact Assessment.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Nurse-Led Emergency Eye Casualty (EEC) Service at RCH Standard Operating Procedures V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued / Approved:	January 2025.
Date Valid From:	March 2025.
Date Valid To:	March 2028.
Author / Owner:	Louisa Hooper – Eye Unit. Paulette Hunkin, Clinical Matron.
Contact details:	01872 253416.
Brief summary of contents:	The standards expected for the nurse-led EEC service and the individual responsibilities for all staff involved in this service.
Suggested Keywords:	Eye unit, Ophthalmology, Emergency Eye Casualty clinic, EEC, nurse led.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Speciality, SSS Senior Management Team Governance meeting, SSS Care Board.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HON), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.
Related Documents:	As listed in section 1.
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Ophthalmology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025	V1.0	Initial issue.	Paulette Hunkin, Clinical Matron.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Nurse-Led Emergency Eye Casualty (EEC) Service at RCH Standard Operating Procedure V1.0.
Department and Service Area:	Ophthalmology, Specialist Services and Surgery.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Paulette Hunkin, Clinical Matron.
Contact details:	01872 253416.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed).	Responsible clinicians and nursing staff who are part of the nurse led Emergency Eye casualty service.
2. Policy Objectives.	The nurse EEC clinic is shared care between the Responsible Clinician, lead nurse for EEC, and the Departmental Sister, each having their own distinct responsibilities to ensure the best outcome for the patient.
3. Policy Intended Outcomes.	The aim of this standard operating procedure (SOP) is to ensure safe, efficient, and effective practice for Ophthalmology services. Also to ensure all staff in the Eye unit are carrying out the same practice standards.
4. How will you measure each outcome?	Monitoring will be an ongoing practice within the department.
5. Who is intended to benefit from the policy?	Staff involved in any part of a patient's pathway for the nurse-led Emergency eye service.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Specialty – Clinicians, nursing staff, clinical matron.
6c. What was the outcome of the consultation?	Policy written and approved.
6d. Have you used any of the following to assist your assessment?	No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Paulette Hunkin, Clinical Matron.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3 – Emergency Eye Clinic Referral Form – CHA4971

Emergency Eye Clinic Referral Form

To be Completed by Community Optometrist / GP

Please note all fields are mandatory and should be completed electronically. Incomplete forms will be returned and may result in delays.

Please ensure Eye Casualty Referral is appropriate. See here for guidance

(http://rms.kernowccg.nhs.uk/primary_care_clinical_referral_criteria/ophthalmology)

Patient Details	
Name:	Date of birth:
Address:	Phone number:
Post code:	NHS (if known):
GP and Optometrist Details	
GP Name:	Surgery address: Lander Medical Practice
Optometrist Name:	Practice address:
Referrer Details	
Referrer Name:	Referrer contact:
Date of Referral:	Time of Referral:

History of Presenting Complaint

Ocular history

Please include prior surgery and other eye history: None

Medical History

Please insert text or attach a patient profile (patient to bring a list of medications): None

Symptoms

Right ☐			Left ☐			Both ☐				
How long has the patient had symptoms for? For days **OR** months N/A										
Pain score (0 = none, 10 = worst imaginable) N/A										
0☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐	10☐

Photophobia	None	Mild ☐	Moderate ☐	Severe ☐
Redness	None	Mild ☐	Moderate ☐	Severe ☐
Loss of vision	None	Blurred ☐	Partial ☐	Total ☐

Visual Acuity unaided (if no glasses)	R ☐		L ☐
Visual Acuity with glasses	R ☐		L ☐
Visual Acuity with pinhole	R ☐		L ☐
Gross fields intact?	Y ☐	N ☐	Specify Defect not known
Contact lens wearer.	Y☐	N	
Double vision	Y ☐	N	Monocular or Binocular (disappears when one eye closes) delete as appropriate

Flashers, Floaters, Dark veil	None	Sudden ☐	Recent ☐	Old ☐
Discharge	None	Watery ☐	Purulent ☐	
Trauma	None	Mechanical ☐	Chemical ☐	

Symptoms of Giant Cell arteritis? (If no visual symptoms referral is via Rheumatology)	Y ☐	N ☒
FBC ESR CRP bloods taken?	Y ☐	N ☒

Royal Cornwall Hospital Trust

The Eye Unit, Ground Floor, Tower Block, Treliske Hospital, Truro, TR1 3LJ

Telephone Number between - 08:00-17:45 - 01872 253788.

Treliske Switchboard - out of hours - 01872 250000.

Referrer – Please now send this referral to rch-tr.EmergencyEyeClinic@nhs.net **If you are not referring from a GP surgery please send a copy of this form to the patient's GP for their information. Thank you.**