Guidance for Optometrists Regarding In-Person Vision Care During COVID-19 Pandemic

Core Principles: Screening, Physical Distancing, Infection Control Practices, Protective Measures

As outlined in Ohio's Stay at Home orders, the provision of eye care services is essential for the state's residents and has been delivered safely for patients with emergency and essential needs by Doctors of Optometry since the beginning of the pandemic. The State of Ohio is beginning *The Path Forward to Restart* which balances Public Health Measures and Compliance, Businesses Operating Safely with Safeguards, and Protecting the Most Vulnerable. As patients begin seeking deferred care and additional in-person eye care services as part of the path forward, it is recommended that Doctors of Optometry formalize protocols which have been utilized in their facilities for essential and emergency care and also address the four core principles outlined in this guidance to maintain a safe environment for patients and employees in their facilities.

In addition to following state-issued directives, and reviewing and implementing CDC and AOA guidelines when appropriate, <u>it is strongly encouraged that each optometric practice develop an internal, documented plan to address the core principles outlined below and other issues related to the office's return to providing deferred and other in-person eye care</u>. This plan should be based on the availability of information and materials at the time and should be reviewed and amended appropriately as circumstances change.

Core Principle 1: Patient and Visitor Screening

Optometric practices should screen patients, visitors and staff members for symptoms of COVID-19 upon their arrival at the facility, including utilizing non-contact temperature readers when available. If taken, patient temperatures should be documented as part of their record. Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider. Patients and visitors exhibiting signs of COVID-19 should be rescheduled, unless an emergency dictates otherwise, and referred to an appropriate healthcare provider.

When scheduling appointments, offices should discuss with patients the need to reschedule their appointment if they develop fever or symptoms of COVID-19 leading up to the time of their appointment.

Patients and visitors to the office should be informed in advance of the expectation that they wear their own mask or cloth face covering upon arrival to the facility. If not, they should be offered a mask or cloth face covering as supplies allow, which should be worn while they are in the facility if the patient is physically able to do so. They should also be instructed that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after. Masks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Offices should consider registering patients and any visitors entering the facility, including contact information, to track who is in the building and during what time. This can be done electronically or recorded by a staff member to minimize contact between patients. This information can also be used for contact tracing in the event of a COVID-19 flare-up.

Core Principle 2: Physical Distancing Measures

Offices should implement physical distancing measures to limit close contact between individuals inside the facility. These measures could take different forms depending on the size and configuration of the facility, patient population, and other factors.

It is recommended that individuals maintain six feet of distance between each other when practical. This could be accomplished through the use of signage, tape, or roping lines to direct patients to appropriate locations. Additionally, the reconfiguration or removal of some waiting room and exam room seating may be appropriate.

Optometric practices should engage strategies to manage patient flow and maintain physical distancing. Examples of strategies which could be employed include, but are not limited to:

- Requesting patients call or text the office upon arrival so entrance to and movement through the facility can be coordinated by staff,

- Instructing patients that companions should remain outside of the facility and not accompany the patient unless they are a parent/guardian of the patient or if they are a true care giver and need to assist the patient,

- Considering separate operating hours for vulnerable populations,

- Triaging and categorizing patient visits to address urgent patient needs first, and to facilitate patient flow to prevent too many patients in the office at a given time,

- Establishing an appropriate timeframe in between patient appointments,

- Implementing curbside dispensing when possible,

- Limiting the number of patients and staff members within the optical dispensary area at any one time and/or limiting the amount of time patients may be in the optical dispensary,

- Considering limiting "walk-ins" for the optical dispensary to prevent overcrowding,

- Allowing as many staff members as possible to work from home, and

- Continuing to offer telehealth services when appropriate.

Clerical staff and patients should be prepared to conduct administrative work via remote methods to limit the amount of time the patient is in the facility. This could be accomplished through an online payment portal, using traditional mail, over the phone or through an app on a mobile device. Additionally, it is recommended that all paperwork, including patient history forms, be made accessible to patients prior to appointments for completion. Offices may consider mailing the forms to patients, providing a link on their website with a fillable or printable PDF, or obtaining information over the phone. Offices may utilize mobile apps that can scan documents provided the information shared via smartphones and other devices are transferred securely in compliance with state and federal regulations.

Core Principle 3: Infection Control and Disinfection Practices

Optometric practices must take steps to help prevent the spread of the virus through infection control measures and disinfection practices. Hand sanitizer and other sanitary products should be readily available for employees and patients throughout the facility.

Offices should continue to use germicidal wipes to clean exam chairs and all equipment after every patient encounter. Additionally, facilities should regularly perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, counters, railings, door handles, clipboards, pens, chairs and other public area surfaces.

Care should also be taken in the handling of eyeglass frames and other products to limit opportunities for the transfer of the virus. For example, a staff member wearing gloves and a mask can assist a patient in obtaining frames from the selection available and transport them with a tray or other receptacle to the fitting area. Once a patient has completed their selection process, the staff member can disinfect each pair of frames before replacing them on display. Offices should consult with frame representatives regarding proper care of frames so as not to cause damage, and follow CDC guidance on disinfection methods for these items. A link to CDC disinfection guidelines can be found in the resource section below.

For patients engaged in vision therapy, providing a plastic bag for storage of the patient's therapy equipment may be considered.

Early research indicates that it is still safe for patients to wear contact lenses. However, it is recommended that patients consider discontinuing contact lens use while they are sick.

To ensure patient safety, offices should follow strict contact lens hygiene within the office as outlined by the American Optometric Association Contact Lens and Cornea Section, and the American Academy of Optometry. These hygiene guidelines may be found here: https://files.constantcontact.com/fd2dfe10101/245857f9-caeb-4d9c-ad18-7fb256518562.pdf

Before a new contact lens fitting, offices should consult with the AOA and/or AAO for best practices regarding hygiene and safety.

Offices should consider posting signage from the CDC and/or the Ohio Department of Health on office doors with information for patients about best practices, such as: https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

Core Principle 4: Protective Measures

It is strongly recommended that all practices develop a short and long-term plan for obtaining and utilizing protective equipment for the office.

All doctors and staff members are strongly encouraged to wear masks and should consider wearing gloves and protective eyewear when interacting with patients. Some equipment may be unavailable due to shortages and offices are encouraged to review CDC guidelines and utilize the best methods available to provide protection for patients and staff members. Updated CDC guidelines on this topic can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

As noted above, patients should also be asked to wear cloth face coverings or masks at all times while inside the facility. In accordance with CDC guidelines, staff members who do not interact with patients may be able use other methods of protection, such as cloth face coverings, if masks are not available in an adequate supply.

Doctors and staff members should wash hands before and after each patient encounter. Any gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter.

A barrier shield may also be used around testing equipment and administrative areas due to the potential for close contact. Use of commercially available slit-lamp barriers or breath shields is encouraged.

Staff members should also have access to disinfectants, hand sanitizer, and soap and water. Staff members should receive job-specific training on utilizing these resources, including instruction on how to safely touch or adjust their mask or cloth face covering and performing hand hygiene immediately before and after.

Offices should regularly reinforce key messages – stay at home when ill, use cough and sneeze etiquette, and practicing regular hand hygiene – to all staff members and consider placing posters reiterating these issues in areas where they are most likely to be seen.

Resources for Optometrists:

Ohio Department of Health's Stay at Home Order: https://content.govdelivery.com/attachments/OHOOD/2020/04/02/file_attachments/1418062/Signed%20Amended%20Director%27s%20Stay%20At%20Home%20Order.pdf

State of Ohio COVID-19 Resources: https://coronavirus.ohio.gov/wps/portal/gov/covid-19/home

CDC Guidelines for Infection Control COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

CDC Guidelines for Disinfection Methods: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC Guidelines for Cloth Face Coverings for the General Public: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

FDA Masks Guidelines: https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks

Ohio Optometric Association: https://www.ooa.org

American Optometric Association COVID-19 Resource Page: https://www.aoa.org/coronavirus