



COVID-19 Reopening Recommendations

I. Screening staff and patients before they enter:

- Optometric practices should screen patients, visitors and staff members for symptoms of COVID-19 prior to and/or upon their arrival at the facility, including utilizing non-contact thermometers. (NOTE: Temperature alone does not assess or exclude disease.) The CDC defines a fever as a temperature at or above 100.4°F.
 - Ask if they have tested positive for COVID-19
 - Ask if they are coughing
 - Ask if they have shortness of breath
 - Ask if they have red eye(s) (conjunctivitis can be a presenting sign of COVID-19)
- If patients or staff report or appear ill, do not permit the access to the office and recommend that they consult and/or seek medical care from their primary care physician (PCP) the same day.
- Patients or staff should consult their PCP first unless they are experiencing emergency warning signs. If they develop any emergency warning signs for COVID-19 they should seek medical attention immediately.
 - Trouble breathing/shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
- Any staff member showing signs of being sick should not be permitted to work.
- Patients and visitors exhibiting signs of being sick should be rescheduled, unless an emergency dictates otherwise, and referred to their PCP.

II. Physical distancing guidelines

- Identify strategies for your office that manage patient flow and ensure appropriate physical distancing, including, but not limited to:
 - Re-evaluate office flow and waiting area capacity
 - Request patients call or text the office upon arrival so entrance to and movement through the facility can be coordinated by staff
 - Instruct patients that companions should remain outside of the facility and not accompany the patient into the facility unless they are a parent/guardian of the patient or if they are a true caregiver and need to assist the patient
 - Establish a longer timeframe in between patient appointments

- All patients and companions in the building must wear cloth or disposable mask at all times
- Determine if door is to be locked to limit entrants, or propped open to reduce handle being touched and exchange fresh air, or another alternative

III. Two phase approach to Opening

- Preparing to open
- Seeing patients

Phase 1 – Preparing to open

- Obtain supplies:
 - PPE (gloves, masks, face shields)
 - Disinfectants:
 - hand sanitizer
 - cleaning wipes
 - at least 70% alcohol
 - bleach solution 1/3 cup bleach/gallon of water
 - Hydrogen Peroxide
 - Cavicide for instruments
 - Autoclave/heat sterilization equipment
 - UV lights/boxes
 - paper towels, etc
 - Non-contact thermometer
- Create guidelines for staff and patients:
 - Screen temperature and symptoms and exposure to Covid-19+ pts
 - Require facemasks
 - Develop policies for when pts and staff do not pass screening
 - Temperature – CDC recommends fever does not begin until 100.4, but it does not specify oral, rectal, or non-contact. Consider 99.5 as a cutoff
- Create policy for when patients/staff test positive for Covid-19 after visiting office:
 - Office closure and sanitizing policy
 - Quarantine Covid-19+ staff for 14 days
 - Communicate with other staff and patients of exposure risk
 - Recommend testing and self-quarantine until results are known
 - Document that staff has received training on policies
- Prepare office for social distancing guidelines:
 - Fewer patients on schedule
 - Consider staggered scheduling
 - Do telemedicine whenever possible
 - Remove seating to create appropriate spacing
 - Have patients wait in their cars and call/text them to come in
 - Consider case history by phone while they are in car to limit face time
 - Develop electronic history form and have patients fill that out ahead of time, if possible
 - Limit guests and consider locking front door (or keeping it open to improve air exchange and limit touching)
 - Consider floor markings
 - Remove magazines, paper forms and all papers

- Separate cups for 'disinfected' pens and 'used' pens
- Consider removing occluders, pupillometers, etc to reduce cleaning time.
- Prepare staff for opening:
 - Inform them of new policies and document, including screening protocols, cleaning protocols, patient flow, etc
 - Suggest that they may want to bring a change of clothes and a bag to put their work clothes in before going home
- Communicate with patients:
 - When opening, how we are scheduling, etc
 - Inform them of new policies regarding opening
 - prescreening questions
 - temperature monitoring
 - mask requirement
 - limiting guests
 - social distancing guidelines
 - call/text office from their car upon arrival, etc
 - Encourage electronic payments or install self-service credit card machines for them to use

Phase 2 – Seeing patients

- Personal Protective Equipment (PPE):
 - Face masks: N95/KN95 (if available) or surgical masks should be required for those in close contact with patients. Doctors, opticians and staff may choose to wear protective face shields in addition face masks.
 - Disposable gloves should be available, however proper hand washing is likely the most effective method to prevent transmission as glove contamination during use and improper removal can increase viral transmission.
 - For all Doctors and staff who come in close patient contact, consider requiring and possibly providing scrubs that can be washed each day after use.
 - Patients and their visitors must wear masks upon entry into the office.
- Office sterilization and cleaning procedures:
 - Any patient interaction by a doctor or staff member should have hand washing done prior to and following the interaction. This should be done in front of the patients if possible and for at least 20 seconds with soap and warm water.
 - Provide hand sanitizer throughout the office.
 - Administrative staff and personal workspace disinfection:
 - Personal workspace should be disinfected at the start and end of each day using disinfecting wipes and/or solutions containing H₂O₂, bleach or alcohol.
 - General office cleaning:
 - Office should be disinfected at the start and end of each day and before and after patients enter and leave the office using disinfecting wipes and/or solutions containing H₂O₂, bleach or alcohol. All surfaces contacted by patients should be cleaned including desks, door handles, pens, clipboards, etc.
 - Exam room and testing/procedure room disinfection:
 - Areas must be disinfected using above described disinfectants and alcohol pads. This should include desktops, chair headrests/armrests and any areas where instruments come in contact with examiner or patient. This

should be done prior to and after each patient encounter. It is encouraged to do as much in front of patients for patient awareness purposes if possible. Consider UV lamps for whole room disinfection as well.

- Other Considerations:
 - Polycarbonate or acrylic barriers should be placed at key positions at check-in and check-out areas, optical areas and contact lens dispensing/I&R areas.
 - Use of touchless soap/hand sanitizer dispensers and trash cans are preferred options at these high traffic points.
- Contact lens specific considerations:
 - Contact lens wearers should be asked to insert and remove their lenses on their own unless unable to do so (i.e. fitting into a new modality that would require different insertion and removal methods). They will be instructed to properly wash their hands prior to and following I&R. If a CL case is provided by the practice it will be disposed of after use. If multipurpose solution is needed, open new sample bottle and give to patient to keep, do not reuse.
 - Consider postponing new fits for the immediate future as there will be considerable touching and close contact of patients and doctors/staff.
 - Diagnostic CLs: Avoid the use of re-usable diagnostic CLs as much as possible.
 - Impression technologies (EyePrint/EyeFit) will be discouraged other than for the most advanced cases.
 - Rigid diagnostic lenses, when required, must be disinfected by soaking in 3% hydrogen peroxide without the use of a neutralizing disc for at least 3 hours, then rinsed with sterile saline solution and stored dry.
 - DMV inserters/removers should either be used and given to the patient or soaked in 3% H₂O₂ without neutralization disc for minimum 3 hours.
 - Single-use saline vials should be used whenever practical for in-office insertion/removal/rinsing.
 - Doctor and staff CL handling: Properly wash hands prior to and following handling of CLs and your insertion or removal of CLs from a patient's eye. Use of hand sanitizer following is also suggested.
 - Cosmetic contact lens wearers who are uncomfortable coming in for their annual exams should be allowed an Rx expiration extension. They should be scheduled for their annual comprehensive examination at a later date.
 - Medically necessary CL patients, continuous wear CL patients and corneal reshaping/orthokeratology patients should be encouraged to be seen at their regularly scheduled examinations and advised that all precautions will be taken to ensure their safety.
- Patient scheduling:
 - Patient scheduling should take social distancing into account. As such, not more than one patient should be scheduled at a time for the foreseeable future.
 - Multi-doctor practices will need to stagger patient appointments or only have one doctor seeing patients at a time.
 - Encourage patients to enter the office alone. Only permit one caregiver for those patients in need when practical.
 - Consider limiting the amount of staff members in the office at any one time.
 - Patients should not be permitted to bring food or drink into the office.
 - Contact lens and/or eyeglass dispensing should be scheduled.
 - Eyeglass purchasing should take place by scheduled appointment or immediately following examination provided there are no other patients present in the facility.

- Optical Dispensary:
 - One patient and one optician. Avoid multiple “opinions”. Consider texting photos to patient friends and family members.
 - Have patients wash hands before and after handling frames.
 - Once a frame is touched, do not place back on boards, hold in designated tray for cleaning and disinfection.
 - Disinfect frames with warm soapy water or follow specific manufacturer recommendations.
 - Polycarbonate/acrylic barriers where practical.
 - Opticians to wear face mask, face shield and new disposable gloves.
 - Patients to wear face masks, discourage removal.
 - Affix barrier shield to pupillometer .