



GUIDELINES FOR RESUMING ROUTINE OPTOMETRIC PATIENT CARE*

I. Patients to Initially Schedule

- A. Use “intelligent scheduling’ to give highest priority to those in greatest need to include urgent patients, glaucoma and other disease patients in need of follow-up
- B. Medically necessary patients who either have not completed the fitting process or are due or overdue to be evaluated
- C. Conventional contact lens patients who are overdue to be evaluated for their annual primary care examination

II. Office Disinfection

- A. Written protocols for COVID-19 guidelines should be present in the office. This would include disinfection/sanitation guidelines, social distancing, protocols for doctor, staff, or patient illness as well as when they would be allowed to return to work.
- B. Doctors and staff members to wear personal protection equipment (i.e., KN95 or surgical mask and gloves); patients should also wear masks
- C. Handwashing - per the following Centers for Disease Control (CDC) guidelines:
 - 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap
 - 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 - 3. Scrub your hands for at least 20 seconds.
 - 4. Rinse your hands well under clean, running water.
 - 5. Dry your hands using a clean towel or air dry them.

Whenever possible, handwashing by doctors and staff should occur in the presence of the patient. Hand sanitizers should be available

for the patient as they enter the office or at the front desk and they should be used initially and upon leaving the office. Patients should also wash hands prior to handling contact lenses. Team members are advised on thorough hand washing at a minimum upon entering the clinic and before leaving the clinic, after handling any patient materials, prior to any mealtimes and after using the restroom.

- D. Prior to an evaluation disinfecting wipes or solutions should be applied to all surfaces patients come in contact with including counters, chairs and all equipment used in the evaluation. In addition, any office area frequented by patients should be disinfected between patients. Consideration should be given to developing a sign (professionally made or laminated) that will read: “Room Sanitized” on one side and “Room to be Cleaned” on the other side.
- E. Every effort should be made for doctors and staff not to touch their nose, face or eyes; if this occurs, this should be followed immediately by handwashing.
- F. Scrubs should be recommended for staff and doctors such that they can be clean on a daily basis. All team members’ work attire should be freshly laundered daily, including sweaters, lab coats, etc. Items which are difficult to launder (neckties, scarves, etc.) should be eliminated. Team members are encouraged to tie long hair back to minimize hand-to-face contact and men to shave their beards for wearing masks.
- G. Minimal paper use is recommended. A verbal authorization with CC as opposed to a signature should be performed or patients can insert their credit card into the machine and remove without physically touching the machine.
- H. When administering eye drops, gloves should be worn and the bottle tip should not touch the eyelashes or lids. If this occurs the bottle should be discarded.
- I. When tonometry is performed, the tip should then be cleaned with rubbing alcohol or hydrogen peroxide or – if disposable – discarded after each use.
- J. Every effort should be made to eliminated materials – such as clipboards - that are traditionally shared by others. Pens used by patients should either be disposed of after use or disinfected. Any

- magazines, treasure boxes for kids, or other reading material prone to be shared by others should be removed from the reception area.
- K. Contact lenses that could be reused (i.e., scleral, corneal, GP, hybrid, and custom soft diagnostic lenses) should be disinfected as per the guidelines recommended by the American Optometric Association (AOA), American Academy of Optometry (AAO), GP lens Institute (GPLI), and the Contact Lens Manufacturers Association (CLMA). They can be accessed at: <https://www.gpli.info/wp-content/uploads/2020/03/2020-01-15-in-office-disinfecting-of-diagnostic-lenses.pdf>

III. Social Distancing

- A. Patient appointments – to the extent possible – should be spread out to minimize the risk of interaction with others at a lesser than desired distance. Other similar strategies could include reducing staff and doctors (if appropriate) in the office at any one time, having the examination room empty next to where the patient is being evaluated, and never using the same room with consecutive patients to allow for disinfection of the room. Consideration should also be given to having special hours (i.e., early morning) – with fewer patients scheduled – when seeing older (≥ 65 years of age) patients.
- B. Chairs in the reception area, optical, and all areas in which individuals will be waiting to be seen should be, at minimum, six feet apart.
- C. If the patient volume is such that it is deemed difficult to maintain social distancing in the reception area, patients can remain in their car and be called or texted when it is time for them to be evaluated. The staff member can then meet them at the door and take their temperature, questions them about any recent health issues to include COVID-19 symptoms, provide a hand sanitizer, and escort them to the pre-testing room.
- D. A plexiglass screen can be placed at the front desk to shield staff from patient or, at minimum, tape or similar barrier can be used to ensure that social distance is established at the front desk.
- E. A breath guard or shield should be available at the slit lamp biomicroscope during testing.

- F. There should be no companions to the patient in the examination room or the office unless absolutely necessary (i.e., child or caregiver).
- G. Staff members should social distance while in the office, to include a minimum number present at any one time on the staff lounge. The use of each other's phones, desks, offices, or other work tools and equipment should be discouraged when possible.

IV. Other Measures to Minimize Risk of Disease Spread

- A. Continual assessment of all personnel.
 - 1. Taking the temperature of doctors, staff, and patients upon entrance to the office. If a positive finding is present, they will not be allowed to continue.
 - 2. Likewise, if a cough, or any other form of illness is present they will not be allowed to continue.
 - 3. A brief history form to be completed by the patients can assist in determining whether they should continue to be seen that day. A second option would be to have all patients contacted by a staff member the day before their appointment, and asked the following questions:
 - a. Do you have a FEVER, COUGH, SHORTNESS of BREATH, SORE THROAT, or RECENT RED EYES?
 - b. Have you tested positive for COVID19 in the last two weeks?
 - c. Any recent changes to your medical history? (such as diabetes)
 - d. Have you traveled overseas, especially to China, within the last six months?Note, these questions must be listed in the HPI section, with patient answer of Yes or No. Any positive response requires the patient be re-scheduled
- B. Staff considerations.
 - 1. Staff should be on a high hygiene alert, wearing PPE and also not touching patients, and making sure to carefully observe the patient's hygiene and health.
- C. Pre-Testing
 - 1. Consideration should be given to condensing the rooms that the patient will need to be evaluated at

2. If there are tests that are considered non-essential, consideration should be given to eliminating them. Likewise, if there is a non-contact equivalent test (i.e., use of a PD stick as opposed to a pupillometer), that would be preferable to use.
3. If at all possible social distancing should continue to be established; for tests in which this is not possible, PPE should be worn by both parties and consideration should be given to having female patients wear a hairnet if their hair is in contact with an instrument.

D. GP Fitting

1. GP lenses should be fit empirically – when possible - to minimize lens handling and potential contamination. Typically this would pertain to certain corneal designs including spherical, toric, aspheric multifocal, and orthokeratology.

V. Patient Education

1. Contact lens application and removal training. As there is physical proximity required, if this is deemed necessary with a given contact lens patient, the less contact the better. If the patient can watch a video on application and removal first – either in the office or emailed to them beforehand and practice holding their eyelids open - this may accelerate the time required for proficiency to be obtained. Appropriate PPE (face mask and gloves) should be worn by the individual performing the training. Both the individual performing the training and the patient should initially wash their hands and the patients should be told that, although they will be in close proximity, good hygienic practice will be exercised. In addition, it would be desirable if the training can be held without the patient being moved to multiple rooms.
2. Solutions and supplies. Small, disposable vials of non-reserved saline should be used with scleral lenses. Cases and DMV/plungers should be disinfected after use.
3. Spectacle hygiene. Patients should be told that their glasses can easily be contaminated; therefore, they should clean and disinfect them after each time they are worn.

4. Communication with all contact lens patients. It is important that all contact lens patients have been communicated with to ensure they will return to your office for their contact lens care. During the pandemic, it is easy for patients to access new contact lenses from alternative sources, not uncommonly through an illegal source, and provided without follow-up care.

VI. The Role of Your Contact Lens Laboratory

It is important that the independent laboratories assist you during this transition. This can occur in the following ways:

- A. Extend lens warranties on GP lenses.
- B. Direct ship GP lenses to patients. The need for this should lessen and ultimately be eliminated as offices return to a normal schedule and have been able to evaluate all of the patients who were not seen during the time of office closure or limited care. However, in the interim, it still may be necessary to direct ship lenses to a limited number of patients in need. The attached insert from the GPLI/CLMA is being used by almost every laboratory to advise the patient on proper care, the need to see their eye care professional (ECP) and the fact that this represents a special circumstance.
- C. Laboratory Cleanliness. Laboratories are committed to providing a safe work environment for their employees, including following the CDC and Occupational Health and Safety Administration (OSHA) guidances. This includes using social distancing and good hygienic practice with employees, continually disinfecting all work areas, and wearing proper PPE at all times.

VII. Contact Lens Safety

Contact lenses are safe to wear during the pandemic as long as normal wear and care guidelines are followed. Guidelines have been established by the AAO Section on Cornea, Contact Lenses & Refractive Technologies and the AOA Contact Lens and Cornea Section. There is also a sourced document available for patients pertaining to contact lens safety during the pandemic available from the GP Lens Institute at: <https://www.gpli.info/pdf/gpli-covid19.pdf>

There is also an excellent youtube video for patients on contact lens safety available at: <https://youtu.be/BuZaAbtonKE>

*If any of these guidelines differ from the CDC and AOA recommendations, please defer to their recommendations.