



# International Keratoconus Academy

## Of Eye Care Professionals

### 1. Staff Personal Protective Equipment (PPE), Clothing and Protection Measures

#### a. Staff PPE

- i. Face masks/respirators (not surgical masks) are required for those in close contact with patients. All doctors and staff working directly in closer contact with patients (performing up close testing) it is strongly recommended to wear N95 masks if available. For those interacting with patients within a 6-foot distance (including administrative staff), surgical masks are required.
- ii. Disposable gloves are available, however keep in mind that proper hand washing (see attached instructions) is likely the most effective method to prevent transmission as glove contamination during use and improper removal can increase viral transmission.
- iii. Doctors and staff are instructed that if they must touch their face or adjust their face covering, they should perform hand hygiene immediately before and after.
- iv. For all Doctors and staff who come in relatively closer patient contact, we suggest providing “scrubs” that can be washed each day after use. Administrative staff can wear scrubs optionally.
- v. Patients and their visitors must wear masks upon entry into the office.

#### b. Staff Symptom Check Prior to Patient Care

- i. Non-contact thermometer should be readily available to assess temperature daily when doctors and staff enter the practice. (NOTE: Temperature alone does not assess or exclude disease.). We suggest to also have a blood oxygen finger measure, which may be even more sensitive for COVID-19 or other respiratory disease. Results must be recorded for each doctor, staff member, patient and visitor into the practice.
- ii. If doctors or staff report or appear ill, they may not enter the practice. It is recommended to seek medical advice/care from their primary care physician that day. If indicated and available a COVID-19 test should be performed. If a

test is performed or suspicion of COVID-19 infection, CDC positive appropriate quarantine procedures and contact tracing should be performed as per the Centers for Disease Control and Prevention (CDC) instructions.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

3. Any staff who are symptomatic or have been in contact with a COVID-19 positive individual should stay home and notify the practice immediately. If a staff member comes in and the practice feels that they are at risk or have a fever they will be asked to go home and contact their primary care physician. If confirmed COVID-19 positive they and their team will need to be quarantined and contact traced.

## **2. Personal and Environmental Disinfection**

- a. Wash hands properly (at least 20 seconds with soap and water) and frequently.
  - i. Any patient interaction by any 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.
- b. Use of provided gloves
  - i. Hand washing is preferred and most effective, gloves should be properly removed and disposed (see attached document re-instructions) as soon as task is completed .
- c. Hand sanitizers should be available throughout the office
  - i. Use as indicated prior to and following any patient interaction. Hand washing is best practice but use of sanitizers can be used as well. Use of a very small amount is all that is needed and will help us maintain supply.
- d. Administrative staff and personal workspace disinfection:
  - i. Personal workspace should be disinfected at the start and end of each day using provided spray disinfectants.
- e. Exam room and testing/procedure room disinfection
  - i. Areas must be disinfected using provided spray disinfectants and alcohol pads. This should include desktops, chair headrests/armrests, any areas where instruments come in contact with examiner or patient. This should be done prior to each patient care experience and following. It is encouraged to do as much in front of patients for patient awareness purposes if possible. Efficiency and effectiveness both must be maintained in order to keep proper patient flow. Indication signs of "CLEAN ROOM" can be displayed outside of each room after cleaning and disinfection.

- f. General office cleaning
  - i. Regular cleaning of practices should be maintained and possibly performed more frequently with special attention to appropriate disinfection.

**3. Other protective measures:**

- a. Plexiglass barriers should be placed at key positions at check-in and check-out areas, optical areas and contact lens dispensing/I&R areas.
- b. Use of touchless soap dispensers and trash cans are preferred options at these high traffic points as well.

**4. Initial scheduling:**

- a. Begin with limited hours and limited number of patients scheduled per hour. If there are multiple doctors, consideration should be given to creation of “teams” (doctor/technicians/opticians/administrative staff) so that should 1 individual contract COVID only that team would need to go under quarantine and full closure of the practice can be avoided.
- b. The clinic schedule will be modified and updated as the practice moves forward based on experience as well as directives from the CDC, state and local governments and professional organizations.

**5. Initial staffing plans:**

- a. Similar to scheduling, staffing plans will be modified accordingly. Based on available space, a practice may consider limiting to one doctor per session along with an assigned team of techs/interns/optician/administrative support.
- b. Staggered schedules for staff teams should be encouraged. The teams of doctors and staff will stay independent of other teams so that should any member of the team become sick or suspected to be COVID-19 positive, that team will all be quarantined without affecting the other team schedules.

**6. Contact Lens (CLs) Specifics**

- a. Patients who are currently wearing CLs will be asked to insert and remove CLs on their own unless required (i.e. fitting into a new modality that would require different insertion and removal (I&R) 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 (no cleaning/disinfection of our cases until further notice).
- b. Diagnostic CLs: ECPs should attempt to avoid the use of re-usable diagnostic CLs as much as possible. Virtual software assisted specialty CL design will be encouraged using topography/tomography measurements.

- c. Impression technologies (EyePrint/EyeFit) will be discouraged other than for the most advanced cases. When diagnostic re-usable CLs are required, disinfection must occur after use of the lenses. These CLs must be disinfected in hydrogen peroxide (ClearCare) WITHOUT the neutralizing disc for a minimum of 3 hours and then placed in with a neutralizing disc for over 4 hours and stored in a multi-purpose solution (MPS). Rigid diagnostic lenses should be sterilized and stored dry..
- d. Disposable CLs: Diagnostic disposables are strongly encouraged. Patients who are able to be treated with single use disposable CLs should be encouraged to do so until further notice.
- e. 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.
- f. Those patients who are stable in their disposable and/or non-medically necessary CLs and who are not comfortable in coming in for their due exams may have their CLs shipped to their home and granted an extension of their CL prescription. They should be scheduled however for their annual comprehensive examination at a later date.
- g. Medically necessary CL patients, continuous wear CL patients and corneal reshaping/orthokeratology patients should be encouraged to be seen at their regularly scheduled examination timeframe and advised that all precautions will be taken to ensure their safety.

## **7. Optical Dispensary Specifics**

- a. Limit patient presence in optical for frame selection and dispensing and/or adjustments. Must maintain 6 foot or greater separation of patients in the optical. Patients must wear mask. Opticians also will be wear facemasks.
- b. Use of a plexiglass barrier(s) in the frame selection area and a section open for direct measurements (PD/Seg heights, etc.).
  - i. The plexiglass section should be used for frame selection. Frames are passed back and forth through the opening in the plexiglass barrier.
  - ii. Gloves are optional and if not used, hands must be washed and/or the use of hand sanitizer prior to and immediately following any direct contact with frames, instruments and of course patients. When in open sections opticians should be face masked.
  - iii. There should also be a plexiglass barrier at the dispensing table(s). A frame can be placed back and forth under the barrier through the opening. Use of gloves and/or hand washing/hand sanitizers should follow instructions above.
- c. Frame selection and disinfection:
  - i. During this time a patient may browse the frame boards but they are NOT to touch or remove frames from the boards. They must be accompanied by an

optician. The optician will remove any frames from the boards selected by either the patient or the optician (we recommend that optician frame selection should be encouraged vs. patient browsing).

- ii. Anytime a frame is removed from the board it **MUST BE DISINFECTED**. Have a bin for touched frames and then have them cleaned and disinfected with a bath of warm/soapy water (per instructions from frame manufacturers and labs). They then will be dried and replaced on the boards. Opticians cleaning and disinfecting frames should wear gloves and dispose of afterwards. Soapy water must be discarded at regular intervals throughout the day.
- d. Appointments for frame dispensing should be encouraged. The same holds true for patients wanting to come in specifically for frame selection. Opticians should create such a schedule and space out accordingly to avoid more than 2 patients in the optical area at one time. Patients who have a dispensing appointment or frame selection appointment should call the office from their car and an optician or admin. staff can text them to come in (again, alone unless a minor with one parent) and go directly to the appropriate space in the optical.
- e. Curbside dispensing is also encouraged. Walk-ins to optical should be avoided.

#### **8. Considerations for At-Risk Patients:**

Special consideration will be given to patients more likely to contract COVID-19, or those patients included in the “at risk” population. According to the CDC, this includes: people 65 and older, especially if in less than optimal health. People who are immunocompromised, and people of all ages with underlying medical conditions (particularly if not well-controlled) such as chronic lung disease, moderate to severe asthma, hypertension, diabetes, serious heart conditions, severe obesity, chronic kidney disease, and liver disease. We all must be aware of this when scheduling and caring for such patients. Likely that we will only see these at-risk patients if they are in significant need of our services since they hopefully will avoid unnecessary activities. If we do see an at-risk patient, then pay even closer attention to their safety. Scheduling them in the first and last slots of the day and trying to physically separate them even more may be helpful.

#### **9. General Office Safety Protocol:**

- a. Office Screening for patients, visitors and staff members for symptoms of COVID-19 upon their arrival at the facility, including utilizing non-contact temperature readers and/or blood oxygen level measurements
- b. If suspected of illness they should be referred to their primary care physician (PCP) and not permitted in the office.
- c. Any patients and visitors exhibiting signs of COVID-19 and seeking routine eye care should be rescheduled and referred to an appropriate healthcare provider.

- d. Any patients and visitors exhibiting signs of COVID-19 with urgent, emergent ophthalmic conditions should be treated if possible in the safest way possible and then referred to an appropriate healthcare provider. If possible, referral of these patients to an eye care department at local health care facilities that are set up to deal with COVID-19 patients should be encouraged.
- e. Any staff member with a fever or reduced blood oxygen levels should not be permitted to work. Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider.
- f. "Contact Tracing": administrative staff will register 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 be used for contact tracing in the event of a COVID-19 event.

#### **10. Patient Instructions for Health and Safety:**

- a. Patients should be advised to travel to the office with a minimum number of companions. Only the patient can enter unless they are a minor (can have 1 parent/guardian with them) or an adult with special needs (again only 1 person to help them).
- b. Administrative staff 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.
- c. 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

will be offered a mask as supplies allow, which should be worn while they are in the facility if the patient is physically able to do so. Patients and visitors must be made aware (via phone call and sign on front of office) prior to the appointment that if a patient refuses to wear a face mask, they should be rescheduled and not permitted to enter the office

- d. 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.

#### **11. Limit Patient Time in Office:**

To try and limit the amount of time a patient is in the facility, clerical staff and patients should be prepared to conduct administrative work via alternate methods:

- Schedulers should get all patient demographic, insurance and desired payment methods in advance if at all possible.
- Have patients take photo of ID and insurance cards and e mail to administration in advance or other methods to obtain this required information.

- Try to limit time at check out: develop systems for payments to address this.

## **12. Reporting**

If the practice is aware of a patient, visitor or staff with a diagnosis of COVID-19, the office will immediately report this information to the local health department for additional handling. The practice will assist the local health department when possible in identifying potential contacts of a determined infected patient, visitor or staff member.



### **CDC Recommended Hand Washing Method**

**Follow these five steps every time.**

**Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.**

**Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.**

**Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.**

**Rinse your hands well under clean, running water.**

**Dry your hands using a disposable towel or air dry them.**

### **CDC Recommended use of Hand Sanitizers**



#### **How to use hand sanitizer**

**Apply the gel product to the palm of one hand (read the label to learn the correct amount).**

**Rub your hands together.**

**Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds**

**Note: Sanitizers can quickly reduce the number of germs on hands in many situations. However, Sanitizers do not get rid of all types of germs.**

**Hand sanitizers may not be as effective when hands are visibly dirty or greasy.**

#### **REQUIRED TRAINING RESOURCES:**

1. **CDC hand hygiene course:**  
<https://www.cdc.gov/handhygiene/training/interactiveEducation/>
2. **How to don and doff a surgical mask:** <https://youtu.be/9VbojLOQe94>
3. **CDC video on putting on N95:**  
<https://youtu.be/zNV6dK6Y-Ek> and removing N95: <https://youtu.be/Z9Pk-YqUqjc>
4. **CDC How to remove gloves:** <https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>
5. **NY Times article on mask wearing:**  
<https://www.nytimes.com/2020/04/08/well/live/coronavirus-facemask-mistakes.html>

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