Engineers & Scientists of California
Local 20 IFPTE

ESC L-20 Optometry—Reactivation Summary

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This is ESC L-20's recommendations for an initial in-person eye exam protocol for the return to patient care post-COVID19 wave #1 with the anticipation of surge and includes best practices that ESC- L20 has gathered for their members. Some of these guidelines have been gathered from CAL-OSHA, CDC, Kaiser Permanente of Northern California, American Academy of Ophthalmology, California State Board of Optometry and California Optometric Association for protocols in eye care in the COVID-19 environment and may be used telephone and video appointment visits. ESC L20 encourages the sharing of these suggestions for the safety of their members, patients, work-colleagues in the effort to do their part to decrease the spread of disease and despair of COVID19. ESC L20 recognizes the ever changing state of this pandemic and encourages feedback and exchange of knowledge as more is learned about this disease.

Key factors and consideration

Overall:

1. Patient and staff safety and still allow for best service and quality to our patients
2. Risk management and mitigation for potential resurgence
3. Compliance to all guidelines set by the local and state health authorities including the Joint Commission, CMS, CDC, and all mandatory requirements of Cal OSHA, including the Aerosol Transmissible Disease Standard, etc.
4. Patient prioritization and scheduling

Organizational and MOB Level (subject to Agreement between TPMG and CKPU):

1. Facilities should have and maintain a critical distancing policy for all staff, patients, and patient-companion to create a safe environment that meets current local and state guidelines for community isolation practices i.e. policy for level of restricted access, movement, etc.
2. Facilities should maintain visitor guidelines to secure points of entry (including the continuation of hand sanitizing, taking temperatures, and screening patients at point of entry), perform proper screening for PUIs, those accompanying patients with certain disabilities/impairments, and/or need of assistance with transportation/movement, and limit entry to non-patient visitors under 18 years of age.

Department Level:

1. Departments strive for best available PPE (minimum isolation/procedure mask, preferred surgical or N95 mask,) medical, and cleaning supplies to ensure patient and employee safety, including PPE required for potential second wave of COVID-19 cases.
2. Protocol and policy for environmental cleaning, both end of day and in between patients, with extra appropriate time allotted for recommended EPA-approved sanitizing and disinfecting process to take effect (e.g. Cavicide wipes or equivalent: 3 mins) and new hand hygiene protocol (20 seconds), etc. plus a compilation of identified high touch points and surfaces to help facilitate consistency.
3. Patient prioritization—providers to determine those in need of more urgent care along with proper appointment types (i.e. 6L, 6R, VCON/TCON, etc.) to ensure sufficient time for provision of safe and appropriate care for those identified by department staff. Recommend working in LPPC (Local Professional Practices Committee) to determine best practices for specialty care (Low Vision, Specialty Contact Lenses, Pediatrics, etc).
4. Recommend working in partnership in LPPC to decide appropriate number of appointment types (i.e. 6M/6R/6C/6) for each day to ensure safe clinical flow for providers, staff, patients, and patient companion alike in the exam room, shared care area(s), ingress and egress pathways, waiting area, etc.
5. Problem-focused exams for patients with multiple conditions/needs/comorbidities
6. Recommend discussion in LPPC about Saturday schedules due to limited resources available for Saturdays. Work with the Chief/Manager to ensure adherence to a consistent screening process, similar to normal work week.
7. Strong recommendation to continue booking appointments inhouse and not through web booking or general call center (ACC).

Equipment Recommendations for In-Person Eye Exams and Telemedicine Visits:

- Cap (for those with long hair or as needed for reassurance)
- Masks: CAL-OSHA standards are preferred.
    - Lacking N-95 recommended protection, we suggest avoiding NCT and use of Alger Brush due to aerosolization. A procedure/isolation mask (minimally) is required for the provider in all other situations (if possible, surgical masks with built-in shield).
    - Recommend discussing in LPPC quantity of masks used per day.
- Examination gloves (2 pairs per patient)
- Gowns or Scrubs, or increase in lab coats/laundering
- Biohazard bins for all rooms

- Face shields for cleaning
- Extra large slit lamp shields
- BIO shields
- Safety glasses/goggles
- Ample hospital grade antimicrobial/antibacterial wipes (e.g. Cavicide or Sani-wipe or equivalent). Reminder: please read instructions on cleaning wipes for information on drying time and proper usage.
- Hand sanitizer for exam room for provider and patient
- Additional Goldmann Tonometer tips, disposable Tonometer tips or ideally iCare for every exam room
    - Cleaning solution for Tonometer tips: 3% Hydrogen peroxide
    - Tonowash Device: takes 2 runs at 5 mins each (or choose 10 minute setting https://tonowash.com/pages/faqs. Per Tonowash recommendations, it is recommended that all of the solutions be changed at least once daily. At the end of the day, empty and rinse the baths, letting them dry overnight. The baths are dishwasher safe, and can be washed on a regular basis.
- Recommend working in LPPC to devise scripts for expectations of upcoming appointments for new normal:
    - Including visitor guidelines
    - What to bring/not to bring to appointment
    - Reducing exposure by minimizing talking
    - Exam flow
- Recommend appropriate signage and "COVID-19 Safety Procedures and Guidelines" to be placed in the Optometry Clinic Facilities and in the Exam Rooms
- Electronic copies of handouts and prescriptions recommended.
- Important to discuss FDT/Matrix/additional field testing cleaning protocol between patients.

Workflow

Patient eye exam scheduling and patient arrival:

- If possible Optometrists are advised to perform detailed screenings of their scheduled patients in advance, to confirm the necessary type of optometric eye exam and to set expectations for the eye exam. Possible topics include:
    - COVID-19 Screening Questions (including but not limited to: FEVER, COUGH, DIFFICULTY BREATHING, LOSS OF TASTE OR SMELL, CONTACT WITH A COVID-19 POSITIVE PERSON) up to 24 hrs. before an in-person appointment. Remind patients to wear their own mask if possible, that only the patient will be allowed into the exam room, unless a caregiver/support person is needed (as in the case of a child eye exam), and to adhere to the CDC 6' social distancing guidelines. If the patient is active on kp.org, send an email in advance of the exam with new safety procedures and guidelines. (Dot phrase needed.) This time can also be

utilized to introduce the patient to new exam norms to set proper expectations for what excellent service looks like in post-covid care (i.e. limit in-person conversations, distance when possible in the exam room, areas clearly set aside for patient belongings, etc). It is important they understand why we are making the changes.
    - Review the patient's expectations for the exam, chief complaint, and concerns. Information will be used to triage what care is needed. This can help with coordination of additional appointments for auxiliary testing.
- The exam room is wiped down and disinfected. (Cavicide/Sani-cloth or equivalent used and disposed of in the proper disposal container. All equipment is cleaned as per manufacturer's guidelines for COVID-19) before the patient is seated in the room.
- **If a patient has been diagnosed positive with COVID-19, recommend they reschedule their eye exam at least 4 weeks after their date of diagnosis, to reduce the risk of spread of the disease.**

Before the doctor sees the patient:

- Wash hands for 20 seconds, use touchless paper towel dispensers, apply gloves, appropriate mask, safety glasses, goggles or face shield; have cotton swabs at hand for use in examining the ocular surface to avoid touching the eye secretions directly.
- All exam equipment has been disinfected per manufacturer's guidelines**.
- All chin and forehead paper-slips shall be removed from the exam equipment as per the American Academy of Ophthalmology.
- All exam room displays, models, flyers, brochures, etc. should be removed or stored.

During the face to face exam with the patient:

- Speaking is kept to a minimum to reduce risk of aerosolization or production of droplets; additional follow up telemedicine visit may be needed to counsel the patient on test results, referrals, etc. The patient is examined and procedures are performed, efficiently; use reading cards or charts that can be wiped clean/disinfected.
- Exam room equipment shall be placed and fitted in a way to maximize distance between the patient and provider when possible.
- All auxiliary tests should be performed in the way that will minimize aerosolization, minimize touch, and must maximize distance between provider and patient. If possible, work with LPPC to find proper equipment to help with this (e.g. Stereopsis and color testing books are placed on a stand and not held by the patient. Minimize equipment contact if possible. Rather than using a cover paddle, put glasses' Rx in the phoropter and check acuities from there).
- iCare or Goldmann applanation tonometry is preferred.

- Reminder that Alger Brush and NCT may aerosolize the virus if present in the tear film or on the ocular surface; use another form of tonometry when possible.
- Spectacle or medication prescriptions are provided electronically when possible.
- Recommend, if possible, follow-up telemedicine visits to see how the patient is doing with a new medication Rx(s) or a glasses Rx(s), or to discuss test results, needed referral(s), or other ocular testing appointments.
- The patient is directed out of the exam room.
- Remove gloves and wash hands for 20 seconds.
- Consider aeration/exit of the room for 15 minutes or longer, as aerosol droplets can remain in the air for a period of time.
- Re-glove, wipe down, and disinfect the exam room surfaces, all equipment**, chairs, occluders, and bottles of drops and solutions used. Please see cleaning considerations below.
- All PPE used may be cleaned/disinfected for reuse to preserve PPE & disposable items used, are disposed of properly in a biohazard bin/proper trash receptacle.

Schedule profile considerations:

- Staggered schedule for ODs to minimize traffic and allow for a minimum 6ft physical distancing.
- Bundling face to face appointments with TCONS for HPI.
- Varied schedules may be considered locally to help stagger patients in clinic.

Manufacturer's Equipment Disinfection Guidelines needed for at minimum and not all-inclusive:

- Slit lamp
- Phoropter and console, near point rod/card
- Tonometry device: iCare, Goldmann, etc
- Patient chair
- Provider Chair
- Keyboard
- Computer
- Laptop
- All equipment used in exam
- FDT Machine

Cleaning and Time considerations:

- Door handles, light switches, phone, high touch areas, etc
- Counters tops, including area reserved for patient's belongings
- Keyboard
- Sink and water control sources

- Chair for provider/patient/extra chair
- Face shield
- Indications for mask replacement
- Writing instruments
- Instrument panels
- Lensometer/data transfer cards
- Slit lamp buttons/knobs/oculars
- Slit lamp breath shields x 2 (front and back)
- Auto refractor/table/control panel/data transfer cards (do not use NCT)
- Phoropter/control console/data transfer cards/adjustment knobs
- Tonometer and associated equipment
- BIO and indirect/non-contact lenses and cases
- All auxiliary testing/equipment (e.g: cover paddles/occluders, near cards, near point target, prism sets, loose lenses, trial frame, Ishihara/other color vision test, Stereotest, penlights/light sources, retinoscope, etc.)
- Contact lens solution bottles and any other eye drops used during exam
- Specialty clinic equipment and considerations
- Lab coats
- Personal items: cellphone, water bottle, coffee mug, etc

Considerations for End of Day Personal Care:

- Wash hands well at end of day in exam room
- Use hand sanitizer once you enter your car, before touching steering wheel, controls
- Once home, leave shoes by door or outside door
- Change out of work clothes immediately and shower, paying close attention to washing areas exposed during the day.
- Clean/sanitize glasses, watches, bracelets, etc

Will need:

- **Appendix of Manufacturers Equipment Disinfection Guidelines from KP.
- Consider morning huddles/weekly meetings as conditions change, especially for the worse.
- Strong recommendation to work closely with ESC L20 Reps on changes in workflow, scheduling, work conditions, safety, etc.

We're all in this together. Let's help each other out!

Questions or want to share best practices? Please contact your local ESC L20 Steward or Representative.

References:

COA: Practice Reactivation: https://sites.google.com/coaboard.org/coa2020/practice-resources/practice-reactivation?authuser=0#h.p_VxFgBB9UC2XD
American Academy of Ophthalmology: https://www.aao.org/coronavirus
CMS: https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf
CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
Cal/OSHA: https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html
ATD Standard: California Workplace Guide to Aerosol Transmissible Diseases
California State Board of Optometry: https://www.optometry.ca.gov/