

A Path Forward for Optometry in Minnesota

COVID-19 Preparedness Plan

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

Contents

Introduction	2
Core Principle 1: Infection Prevention Measures	3
Core Principle 2: Identification and Isolation of Sick Persons	5
Core Principle 3: Administrative Controls for Social Distancing	7
Core Principle 4: Cleaning, Disinfection, and Decontamination	9
Opening Protocol	9
Exam Room Protocol	10
Periodic Protocol	10
After Each Use	10
Closing Cleaning Protocol	10
Core Principle 5: Communication and Training for Plan Implementation	11
Core Principle 6: Enforcement to Ensure Effective Ongoing Implementation of the Plan	12
Closing Summary	13
Appendix A: Preparedness Checklist	14
Appendix B: Compiled Website Resources	15

Introduction

As outlined in Minnesota's Stay at Home orders, the provision of eye care services is essential for the state's residents. Doctors of optometry are essential frontline healthcare professionals who reduce the number of individuals presenting to an emergency department for ophthalmic urgent or emergent care. It is of critical importance that patients are assured continued access to this essential health care and Doctors of Optometry have been safely delivering care for urgent and emergent cases since the beginning of the pandemic.

The State of Minnesota is beginning to loosen restrictions by safely adjusting the dials. This 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 urgent and emergency care and also address the six core principles outlined in this guidance to maintain a safe environment for patients and employees in their facilities.

In accordance with the continued guidance issued by Governor Tim Walz, the American Optometric Association (AOA), the Centers for Disease Control and Prevention (CDC), Minnesota Department of Health (MDH) guidelines, federal Occupational Safety and Health Administration (OSHA) and the Centers for Medicare and Medicaid Services; the Minnesota Optometric Association, in cooperation with the Minnesota Board of Optometry, has established this preparedness plan for optometric practices in Minnesota.

Each office should know how to contact state and local health departments and stay connected with them to know about COVID-19 in their community. Precautions should be increased when the virus is spreading in your community.

It is of the utmost importance that practices communicate their preparedness plan to their employees and patients. Practices should inform all employees of the steps being taken to ensure safety and health of both the staff and patients. It is recommended that practices provide written and verbal communication of the plan. Practices should request either written or verbal feedback from employees regarding their preparedness plan to ensure all members of the team are safe in their respective work environment. If a change to the preparedness plan is indicated, practices should update their plan and update all staff on the pertinent changes. Practices should update their office communications, including websites and social media to inform patients that their practice is complying with the recommendations of the CDC, MDH, and this plan to ensure their health and safety.

The COVID-19 Preparedness Plan is recommended for all facilities where optometric care is being provided during the COVID-19 pandemic. This guidance is designed to ensure the health and safety of doctors, employees, and patients.

Core Principle 1: Infection Prevention Measures

Doctors of optometry and their essential professional staff have a responsibility to ensure that all fully appropriate care preparation guidelines and requirements are strictly observed and adhered to. This includes, but is not limited to, the US Centers for Disease Control and Prevention (CDC) Guidance for Healthcare Professionals during the COVID-19 pandemic, the State of Minnesota Department of Health Guidance for Providers and Facilities, and the federal Occupational Safety and Health Administration (OSHA) standards (see Appendix B for links).

Optometric practices should begin by emphasizing basic infection prevention measures. All practices should promote frequent and thorough hand washing, including providing employees, patients, and visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% ethyl alcohol or 70% isopropyl alcohol. Hand sanitizer and other sanitary products should be readily available for all employees and patients throughout the facility. Optometric practices should post signs at entrances and in strategic locations with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene at multiple locations.

Offices should post signage from the CDC and/or the Minnesota Department of Health:

- https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
- <https://www.health.state.mn.us/diseases/coronavirus/materials/index.html#poster>

In accordance with basic infection prevention measures the following handwashing protocol is recommended. Doctors of optometry should continue to follow standard handwashing practices between and during every patient encounter. Employees should be advised on thorough hand washing at a minimum upon entering the clinic, after handling any patient materials, prior to any mealtimes and after using the restroom. Patients should be required to wash their hands immediately upon entering the practice. Hand sanitizer and other sanitizing products should be readily available for all employees and patients throughout the facility. Signage from either the CDC or MDH should be posted in strategic areas to remind employees and patients of hand washing protocols. At the beginning and end of each day, an employee should be designated to ensure that all CDC compliant resources for handwashing are full, visible and easily accessible. Weekly inventory of handwashing supplies should be taken to ensure the supply will meet the next week's demand. Practices should continue to utilize current suppliers, and available retail stores to maintain adequate supply.

Handwashing signage from the CDC and the Minnesota Department of Health:

- <https://www.cdc.gov/handwashing/posters.html>
- <https://www.health.state.mn.us/people/handhygiene/materials.html>

Employees should be discouraged from using each other's phones, desks, offices, or other work tools and equipment when possible.

Consistent with CDC recommendations for universal source control, healthcare providers and direct contact staff should wear surgical face masks at all times. Non-contact (i.e. clerical) staff may wear cloth face masks if surgical masks are unavailable. Patients should wear a cloth face covering during the entire encounter in the facility that can be bought or made at home if they do not already possess surgical face masks. If the patient does not have a mask, a mask should be provided. Every effort should be made to conserve personal protective equipment.

All employee work attire should be freshly laundered daily, including sweaters, lab coats, etc. Items which are difficult to launder (neckties, scarves, etc.) should be eliminated. Employees should be encouraged to tie long hair back to minimize hand-to-face contact.

Care should also be taken in the handling of eyeglass frames and other products to limit opportunities for the transfer of the virus. Patients should be limited from "browsing" through the optical area and instead a staff member should assist them with frame selection, limiting the number of frames handled. It is recommended they wipe down each frame in front of the patient before and after trying them on. Furthermore, a system should be instituted in which frames which have been tried on by the patient can be cleaned before placing them back on display. For example, have one tray for clean frames and one tray for used frames prior to cleaning. 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.

All equipment used for examination or treatment should also be properly disinfected between patients.

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 for Multi-Patient Use Diagnostic Contact Lenses 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 resources from the AOA, the AAO, and/or the CDC or best practices regarding hygiene and safety.

Core Principle 2: Identification and Isolation of Sick Persons

Optometric practices will implement a screening protocol to assess both patients and staff prior to arrival to the practice. Patients and visitors should be screened via questionnaire or telephone prior to arrival at the clinic and recommended to reschedule if they are experiencing symptoms. (See screening questionnaire below). It is further recommended that upon arrival to the clinic, patients and staff be screened with an appropriate temperature reader and be verbally screened for other symptoms.

COVID-19 Screening protocol

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Contact with possible COVID-19 patients?
- History of travel?
- Temperature upon arrival to the clinic. (CDC defines a fever as a temperature at or above 100.4°F).

Clinical staff and employees should be screened daily prior to entering the office with the same screening protocol used for patients. If an employee or patient is exhibiting symptoms of COVID-19, they should notify their supervisor and be immediately asked to leave the clinic or isolated in an empty room. They should then be referred for testing and possible quarantine. Any staff member with known or suspected exposure should be required to quarantine for the required amount of time. Appropriate signage (example from the MDH) should be placed strategically at facility entrances.

<https://www.health.state.mn.us/diseases/coronavirus/materials/clinicdoor.pdf>

Each optometric office is encouraged to implement leave policies that promote employees staying at home when they are sick, when household members are sick, or when required by a healthcare provider to isolate or quarantine themselves or members of their household. Offices are encouraged to reference the FMLA and eFMLA policies. Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions should be implemented.

An employer should disclose to staff if another employee (or patient or visitor to the office) has tested positive for COVID-19 without discussing any identities. Employers must not disclose the identity of an employee who tested positive for COVID-19 or their medical condition. An employer should ask an employee who tested positive to provide a list of individuals (employees, patients, vendors) with whom the employee came in contact with in the last 14 days in connection with their employment. It is recommended that offices keep a list of all patients and visitors to the office environment for contact tracing should it become necessary. This information may be requested by Public Health officials conducting a follow up contact tracing survey.

<https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Core Principle 3: Administrative Controls for Social Distancing

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. Patient flow should be structured such that patients interact with as few staff members and other patients as possible.

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 caregiver and need to assist the patient.
- Triageing 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 to reduce patient to patient interaction and allow for disinfection between patients.
- Modify the process for “walk-ins” for the optical dispensary.
- 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.
- 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 portal, using traditional mail, over the phone or through an app on a mobile device. To limit patient exposure time in the clinic, 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.

Employees and patients are prohibited from gathering in groups and confined areas, including elevators, and from using other employee's personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices, or other personal work tools and equipment.

If the office has sufficient staffing, staggering of work shifts should be considered. Care should be taken to avoid crossover of clinical staff and managerial staff to reduce risk of exposure. Consider scheduling changes such that managerial or clerical staff arrive and have break times at a separate time from clinical staff. Social distancing should be maintained in break rooms as well as other office spaces.

Core Principle 4: Cleaning, Disinfection, and Decontamination

Offices should continue to use disinfectants that meet the EPA's criteria for use against SARS-CoV-2 (see link in Appendix B) in a method appropriate for effective disinfection of 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. Diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:

- 5 tablespoons (1/3 cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water.

Staff should be trained on proper disinfection techniques prior to resuming care. It is recommended that a visible checklist be present in each exam room for verification of disinfection protocol. It is recommended practices implement a system to identify when a room has been disinfected and is ready for a new patient to be roomed.

Offices should be thoroughly cleaned each day before the initiation of patient care. This protocol should be clearly outlined and a checklist is recommended.

The following are examples of protocols for offices to use:

Opening Protocol

Before initiating patient care, all surfaces in the office need to be disinfected with appropriate cleaning supplies. This includes:

- Door entrance
- Front desk area (both patient and staff areas)
- Waiting room chairs and tables - all magazines, flyers, and handouts should be removed
- All surfaces and chairs in optical area
- All equipment, chairs, and computers and peripherals throughout office
- All door knobs and light switches
- All mirrors
- All surfaces in bathroom

- All surfaces in break room, including but not limited to microwave oven buttons, refrigerator door handles, table tops, cabinet and drawer handles, and chairs.

Exam Room Protocol

In between each patient everything needs to be disinfected with appropriate cleaning supplies between each patient. This includes but is not limited to:

- Slit lamp shield, table, joystick, power buttons, chin and forehead rests
- Arms, headrest, and seat of the exam chair
- Side table, keyboard, mouse, and stools
- Guest chairs
- Door Knobs/handles both inside and out
- Phoropter head rest, facial area, and knobs
- Any surface touched by the patient including but not limited to occluders, near point cards, etc.
- Any surface touched by the doctor or technician including but not limited to condensing lenses, pens, penlights, handheld equipment, binocular indirect ophthalmoscope, eye drop bottles, tonometer tips, etc.

Periodic Protocol

On a regular schedule throughout the day particular attention should be paid to disinfecting the following:

- Door Knobs
- Mirrors
- Chair Armrests
- Phones
- Keyboard and mouse

After Each Use

Employees should be instructed to properly disinfect the following after each use:

- Break room (including microwave buttons, refrigerator handle, etc.)
- Bathroom (including sink and other surfaces, etc.)

Closing Cleaning Protocol

At the end of the work day, all areas and items listed in the opening cleaning protocol and exam room protocol should be disinfected. All employees should thoroughly wash hands before leaving the office.

Core Principle 5: Communication and Training for Plan Implementation

The Minnesota Optometric Association will hold a webinar for all doctors of optometry. This webinar will be recorded and will be accessible to all doctors of optometry in Minnesota. The webinar will review the contents of this Plan with special emphasis placed on the importance of adherence to the Plan. It is especially important that doctors of optometry do NOT provide care without appropriate PPE and disinfection protocols.

It is recommended that each office have an appropriately socially-distanced meeting/training with all employees to review all procedures with special emphasis placed on task-specific procedures. Cross-training is encouraged. Special emphasis should be placed on proper procedures for donning and doffing PPE, proper handwashing, and social distancing protocols. These topics should be reviewed frequently and on a regular basis.

As guidance from the CDC and MDH is updated, practices should provide continued communication to their staff about any pertinent changes.

Core Principle 6: Enforcement to Ensure Effective Ongoing Implementation of the Plan

Practices should emphasize that every employee has a responsibility to maintain the health and safety of staff and patients. Practices should further designate one or two individuals to serve as the COVID-19 protocol supervisor. This individual will be responsible for monitoring daily completion of checklists and maintenance of other protocols. Practices should consider weekly updates to all employees regarding the implementation of the Plan as well as the status of COVID-19 in their community and request weekly feedback from their employees.

Closing Summary

In closing this COVID-19 Preparedness Plan is recommended for all optometric practices providing patient care during the COVID-19 pandemic. This guidance is designed to ensure the health and safety of doctors, employees, and patients. Each practice is responsible for reviewing all CDC, CMS, OSHA and MDH recommendations and staying up to date with any changes that may require practices to alter their protocol. Doctors of optometry are essential Frontline Healthcare Professionals, it is of critical importance that patients are assured continued access to this essential health care. It is the responsibility of Doctors of optometry and their essential professional staff to ensure that all fully appropriate care preparation guidelines and requirements are strictly observed and adhered to.

Appendix A: Preparedness Checklist

Prior to implementing the COVID-19 Preparedness Plan to resume routine care and continue urgent and emergent care each practice should complete the following checklist.

- Determine priorities for preparing office space and clinical areas based on the suggested guidelines for cleaning and sanitizing the medical office and dispensary, and how long this process may take.
- Ensure that HVAC filters are high-quality, pathogen-attractive, fresh and exchanged regularly.
- Review daily schedules and prioritize patients who require urgent or emergent care, those with original appointments, and those who need to be rescheduled.
- Take stock of existing supplies and work to anticipate adequate needs moving forward to maintain recommended levels of cleanliness and sanitation.
- Ensure clinical and non-clinical staff have appropriate personal protective equipment (PPE) including facemasks, gloves, and eye protection; have access to germicidal wipes or other appropriate disinfectant; and have ample supply of hand sanitizer and soap and water.
 - Staff should receive job-specific training on PPE and demonstrate competency with selection and proper use of PPE.
- Communicate basic infection prevention measures to all staff.
- Communicate screening protocol for screening staff and patients to all employees.
- Outline workload plans for staff so as to prepare for cleaning and sanitizing, while safely keeping up with patient flow.

Appendix B: Compiled Website Resources

American Optometric Association COVID-19 Resource Page

<https://www.aoa.org/coronavirus>

CDC Guidelines for Cloth Face Coverings for the General Public

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

CDC Guidelines for Disinfection Methods

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CDC Guidelines for Infection Control COVID-19

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

CDC Guidelines for Hand Hygiene

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

CMS “Opening Up America Again”

<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

EPA List N: Disinfectants for Use Against SARS-CoV-2

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

FDA masks guidelines

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

Minnesota Board of Optometry

<https://mn.gov/boards/optometry>

Minnesota Department of Health “About Coronavirus Disease 2019 (COVID-19)”

<https://www.health.state.mn.us/diseases/coronavirus/index.html>

Minnesota Department of Health “Health Care: Coronavirus Disease 2019 (COVID-19)”

<https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html>

Minnesota Department of Health “Infection Prevention and Control: Coronavirus Disease 2019 (COVID-19)”

<https://www.health.state.mn.us/diseases/coronavirus/hcp/infectioncontrol.html>

Minnesota Optometric Association

<https://minnesota.aoa.org/>

OSHA “Guidance on Preparing Workplaces for COVID-19”

<https://www.osha.gov/Publications/OSHA3990.pdf>