Minnesota's Optometrists

COVID-19 Guidance for Doctors of Optometry

Doctors of optometry are essential Frontline Healthcare Professionals that reduce the amount 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.

Urgent ophthalmic care is defined as care provided for illnesses or injuries which require prompt attention but are typically not of such seriousness as to require the services of an emergency department. **Emergent ophthalmic care** is defined as care for conditions requiring prompt medical attention due to a sudden change in the eye or visual health. If not treated, both urgent or emergent conditions can potentially lead to permanent partial or total loss of vision or death. Based on the immediate health needs of a patient, doctors of optometry should use their professional judgment to determine the timing and course of care, including assessing patient expressed urgency, necessary treatment, referral or preventative care and the monitoring and refilling of prescriptions. 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 and the State of Minnesota Department of Health Guidance for Providers and Facilities.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html

Guidance for Addressing Urgent and Emergent Eye Care

- **Must Be Seen: Examples of Urgent/Emergent Ocular Conditions**
  - Sudden loss or decrease of vision
  - New onset of flashes and floaters
  - Hypopyon/Hyphema
  - Suspected open globe
  - Ocular trauma including corneal abrasions, foreign bodies and lacerations.
  - Eye pain with decrease or loss of vision
  - Extensive eye pain that does match milder clinical appearance
  - Transient vision loss
  - Suspected angle closure glaucoma
  - Post-op pain or decreased vision following ocular surgery (also contact surgeon immediately)
  - Sudden onset or worsening double vision
  - Red eye: If associated with (pain, decreased or poor vision, photophobia, pus/discharge, pupil abnormality.) Red eyes not associated with the aforementioned symptoms may be less urgent and could possibly be managed by triage or telehealth.
  - Suspected Orbital Cellulitis (some or all signs/symptoms may or may not be present)
    - Pain on eye movement
    - Fever
    - Decreased vision
    - Swelling of the periorbital area

- Chemical/Acid/Alkali splash in or around the eye

- **Can/Should Be Seen: Examples of Non-Routine Patients**
  - Post-operative corneal transplant examinations (within the past 6 months)
  - Suspected corneal infections (bacterial, viral and/or fungal)
  - Acute corneal ulcers follow up examinations
  - Glaucoma patients with unstable or with advanced disease
  - Glaucoma patients who have required changes in their treatment regimen over the past 6 months.
  - Patients who have had selective laser trabeculoplasty (SLT) or incisional glaucoma surgery within the past year 6 months
  - Glaucoma patients who have been lost to follow up for greater than one year
  - Age related macular degeneration (AMD) (active treatment)
  - Vein occlusion (active treatment)
  - Uveitis (active treatment)
  - Individuals with diabetes mellitus currently treated for diabetic macular edema (DME) or proliferative diabetic retinopathy (PDR)
  - Active vasculitis
  - Papilledema
  - Vision loss

- **Reschedule for a Later Date**
  - Routine examination for glasses and/or contact lenses
  - Annual routine eye care
  - Dry eye follow up examinations
  - Elective treatments
  - Annual examination to rule out diabetic eye disease without pre-existing retinopathy (unless patient complains of decrease or loss of vision or new fluctuations in vision (consider changes in systemic health, HA1C changes and/or new medications)
  - Patients with diagnoses of floaters/posterior vitreous detachment (PVD) and/or cataracts without symptom or quality of vision change
  - Glaucoma (severity and progression of disease based on doctor clinical judgement)
    - Suspects with normal non-progression on optical coherence tomography (OCT)/Humphrey visual field (HVF) testing
    - Suspects with low risk of quick progression
    - Stable disease with low risk factors and/or risk of quick progression
    - Stable OCT/HVF testing
  - AMD patients with asymptomatic drusen or geographic atrophy
  - Patients with history of vascular occlusive disease no history of treatment and asymptomatic.
  - Stable ocular nevus without malignant features

- Doctors of optometry have a responsibility to protect the public health, public healthcare interest and serve as layer of protection against an overburdening of the emergency departments in the State of Minnesota.
- Patients should be screened by trained triage personnel or a doctor of optometry to determine the potential of urgency or emergency. The doctor of optometry must use their best judgment and consider individual patient medical needs and social circumstances.
- Explore possible alternatives to face-to-face triage and visits. Telehealth services are a complex area and we recommend doctors review American Optometric Association (AOA) resources prior to implementing it into practice. Telehealth example, consider telehealth

visits for check in visits with dry eye patients to provide continuity of care without a face to face exam.

https://ww.aoa.org/coronavirus
https://www.aoa.org/coronavirus/aoa-guide-to-telehealth-based-care-during-covid-19

ANY PATIENT WITH SUSPICION OF CARDIOVASCULAR EVENT (e.g. HEART ATTACK, etc.) OR NEUROLOGICAL EVENT (e.g. STROKE, etc.) WITH OR WITHOUT VISUAL SYMPTOMS SHOULD BE REFERRED TO THE EMERGENCY DEPARTMENT IMMEDIATELY

CDC Infection Control Guidance for the Clinic

The following protocol guidelines are adapted from the CDC recommendations. Prior to implementing protocol in your practice, we recommend all providers review CDC recommendations.

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

- Patient-facing employees: any staff member who interacts with patients or their materials must wear gloves, face mask and eye protection if available. This includes:
    - Front desk, optical staff, para-optometrists, contact lens technicians, ophthalmic technicians, scribes, doctors of optometry and/or other essential staff
- Post signs at entrance to provide patients 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.
- All patients need to be screened for COVID-19 signs and symptoms
    - Call patients prior to their appointment and ask about the presence of symptoms of a respiratory infection, history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients. Patients should also be screened upon arrival to the clinic.
    - Do not allow “guests” unless the patient needs a translator, power of attorney, or has cognitive or mobility issues. All other “guests” will be asked to wait in the car. Minor patients should be allowed one guardian to accompany them (avoid additional children in the office).
    - Any patient who is suspected to have COVID-19 must be asked to mask or reschedule
- Patient-facing staff and providers should use gloves when handling materials touched by the patient or when touching the patient.
- Consider installing physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients
- Patients should be kept a **minimum** of 6 feet apart from each other and staff
    - Schedule at appropriate intervals to avoid having patients waiting in any waiting rooms or common areas
- Providers should wear personal protective equipment (PPE) as recommended by the CDC including face masks and protective eyewear while examining each patient.
    - Masks can and should be re-used if necessary
    - The lifespan of (latex and nitrile) gloves can be extended by using alcohol-based (minimum 60% alcohol) sanitizer on them between tasks and if/when you touch your face, door handles, keyboards, etc.

        - If re-using gloves, be sure to sanitize your gloves before taking them off and wash your hands for at least 20 seconds after removing your gloves

Clinic Disinfection

- **ALL** surfaces in a room need to be wiped down between each patient. This includes:
    - Slit lamp shield, table, chin and forehead rests
    - Arms, headrest, and seat of the exam chair
    - Side table, keyboard, and stools
    - Guest chairs
    - Doorknobs/handles both inside and out
    - Any surface touched by the patient (occluders, etc.)

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean soiled surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- For disinfection, most common EPA-registered household disinfectants should be effective.
    - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available below:

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

    - Additionally, diluted household bleach solutions 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.
- Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water
- Room patient in one room for duration of visit while provider moves between rooms
- Keep door closed at all times, other than entering and exiting
- Proper glove removal.

https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

    - Grasp the outside of one glove at the wrist. Do not touch your bare skin.
    - Peel the glove away your body, pulling it inside out.
    - Hold the glove you just removed in your gloved hand.
    - Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
    - Turn the second glove inside while pulling it away from your body, leaving the first glove inside the second glove.
    - Dispose of the gloves safely.
    - Clean your hands immediately after removing gloves.

Clinical Staff Healthcare Guidance

- If you feel sick, stay home.
- Ensure staff is symptom and fever free each day

- Maintain minimum of six feet social distancing protocol at all times. This included break rooms and other common spaces.
- If handing things to each other, use gloves and follow sterile techniques.
- All patient facing employees should wear proper PPE when working with patients or patient materials (gloves, face mask and eye protection if available)
- Trash must be disposed of every day
- If a staff member is sick with confirmed or suspected to be COVID-19 positive or exposed to someone COVID-19 positive, please follow the recommended guidance of the CDC. Providers and employers should reference these guidelines routinely as they may change

Contact Lens Guidance
The Minnesota Optometric Association recommends following the guidance of the American Optometric Association (AOA). The AOA provides the following advice to ensure proper wear and care for contact lenses.

Exercise Proper Hand Washing
When using contact lenses or spectacles, one should wash their hands carefully and thoroughly with soap and water for at least 20 seconds, followed by hand drying with unused paper towels. This should occur before and after every contact lens insertion and removal. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. People should avoid touching their face, including their eyes, nose and mouth, with unwashed hands.

Disinfect Contact Lenses
Contact lens wearers should either dispose of their daily disposable lenses each evening, or regularly disinfect their monthly and two-week lenses according to instructions from the manufacturer and one's doctor of optometry.

Discontinue Lens Wear if Sick
Consistent with recommendations for other types of illness, those who feel ill with cold or flu-like symptoms should cease contact lens wear.

Glasses are Not Proven to Offer Protection
There is no scientific evidence that wearing spectacles or glasses provides protection against COVID-19 or other viral transmissions. Patients should also be encouraged to sanitize their spectacles regularly. Healthy individuals can continue to wear and care for their contact lenses **as prescribed** by their doctor of optometry.

Contact Lens Education Resource

https://www.aoa.org/patients-and-public/caring-for-your-vision/contact-lenses

Optical Guidance

The CDC and the Minnesota Optometric Association recommend delaying all optical visits as you would routine eye care at this time, unless the patient is in urgent need of new eyewear. For example, broken eyewear or recent surgery requiring updating eyewear.

- Ensure all patient interactions adhere to minimum of 6 feet social distancing protocols

- Do not let patients wander around the optical and touch frames
- Have the patient sit in a designated location
- The optician should pick out a set number of frames, bring the frames to the patient and wipe down each frame in front of the patient before and after trying them on
    - Have a system to collect frames that have been tried on by the patient so they 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.
- Some cleaning solutions may damage frames and lens coatings. Frames may require being rinsed with warm water, cleaned with warm soapy water, rinsed and dried.

Doctors of Optometry should be aware of local available referral locations for ophthalmology emergencies as well as COVID-19 testing, treatment locations and protocols. Be aware that this may change daily to patient capacity limits.

Pre-printed documents for these locations should be readily available at all times for patient distribution

The Minnesota Optometric Association recommends following CDC guidelines to optimize the use of PPE in clinical practice.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Additional Resources

- https://www.aoa.org/covid-19-guidance-for-optometric-practices
- https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html#healthcare
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fcleaning-disinfection.html
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

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