

Question/Answer from 05/01/2020 Webinar “Pathway Forward for Optometry”

Is there research (I didn't see any) that UVC disinfecting devices are effective and can be used?

Here is a CDC article from 2008, updated in 2019. UV-C is effective against airborne agents and surfaces but not for use on skin.

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>

Contact Lens Rx at end of examination. Can that be electronically now?

It is acceptable to email the patient or provide the patient an electronic copy of their contact lens and eyeglass prescription. It is important that optometrists continue to comply with state law and provide a written or electronic copy of finalized glasses or contact lens rx.

We are required to give the patient of copy of their glasses and contact lens prescriptions at the end of their visit. Suggestions on how to do that without paper???

An EHR, emailed or paper copy needs to be provided. Hand washing or hand sanitizing should be performed prior to handing a paper copy to the patient

Are there suggestions for using the bleach solution ‘with good ventilation’? I was using this solution prior to closing my office. We were all getting headaches from the smell. Just thinking long-term for potential side effects to all of the bleach use.

Recommend using a fan or opening windows when possible to provide proper ventilation.

How often do you recommend "periodic cleaning"?

Frequently, especially for commonly touched surfaces.

Does the staff need to wipe/disinfect the patient rest room after each patient uses it?

It is recommended that patient restrooms be disinfected frequently during the day, ideally after each use.

Are surgical gloves not necessarily recommended? (especially if we are hand washing properly)

Gloves are not required; proper hand washing is required but gloves are recommended for certain procedures, ie a foreign body removal.

Is it recommended, if staff, doctor, and patients are all wearing masks, is it necessary to double up with breath shields, etc.?

Consider doubling up when performing certain procedures like using an alger brush for rust ring removal.

What is the research or recommendation regarding gloves and eye protection/face shields?

Provider and patient facing employees (technicians and doctors) are required to wear surgical masks at minimum. It is acceptable for patients to wear a cotton mask.

Protective shields provide an extra barrier but there is no known research on additional barriers such as slit lamp shields.

If you are low on surgical masks, is it appropriate to use a cloth mask with a filter in a pocket in the mask with a face shield over it?

The CDC is clear that direct care healthcare providers (technicians and doctors) are required to wear surgical masks at a minimum.

Do you have recommendations about how to prioritize patients once we re-open to routine exams?

Recommend prioritizing patients that were required to cancel since March 17th. Reference the MOA Taskforce Guidelines for Emergent and Urgent care to help prioritize.

https://www.aoa.org/Documents/MN/Minnesota%20OA_COVID%20Guidance%20Document_hpi%20reviewed.pdf

What is the best method of disinfecting the bowl of your VF unit without damaging the coating of the analyzer?

Zeiss doesn't have any updated cleaning instructions at this time.

Contact the manufacturer for cleaning, disinfecting of devices.

Zeiss recently updated their website with disinfecting procedures for OCT's and Visual Fields.

https://www.zeiss.com/meditec/int/med-support-now.html?mkt_tok=eyJpIjoiT0dJM1pEYzVNVEExTnpaailsInQiOiJ4XC9tK0lOMIV6VVlxangwRFJuVlICWGVudW83SUVXSWI

We do not have a contingency plan in writing for when a person, who has been in our office, contacts us to say they are COVID positive. Do you have that being made?

The CDC has a document called "Strategies to Mitigate Healthcare Personnel Staffing Shortages"

In this document, it does specify that asymptomatic HCPs who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected may continue to work.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Has the Governor's office given any directive or when they will communicate the ability for optometrist/ophthalmologists to resume care?

Executive order 20-51 allows elective procedures and preventative/ routine care to resume include routine eye exams if the facility completes a written plan and complies with all provision in executive order 20-51.

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

The MOA created "Best Practices" Guidelines for safely providing patient care during this time.

<https://www.aoa.org/Documents/MN/Path%20Forward%20-%20best%20practices.pdf>

Are some procedures such as direct ophthalmoscopy not recommended or highly discouraged?

Proper assessment of the posterior pole is required. The standards of care still stand during the COVID-19 pandemic.

What is the recommendation for taking eye pressures, NCT vs Goldman?

There is some concern about NCT causing possible release of the virus per AOA webinar.

NCT -possible risk due to aerosol risk of virus -common discussion on this topic but there is no evidence supporting this at this time, consider using other methods.

I Care or Tonopen are preferred methods with disposable tips and covers.

Goldman probes need to be properly disinfected. Several AAO studies support 10% bleach soak for 10 minutes.

Keeler states that "Two separate reports have noted that while alcohol is effective for virus removal, it may cause damage in the process of Goldmann tonometer sterilization. Instead, the manufacturers suggest removing the prism and cleaning it with cold water and mild soap. Afterwards, the instruments should be soaked in a solution of 3% hydrogen peroxide for 10 minutes." (see

<https://blog.keelerusa.com/tonometer-prism-disinfection/>)

Haag-Streit includes the following recommended disinfectants:

Sodium Hypochlorite, Sodium Hydroxide Hydrogen Peroxide, Acrylan, Almyrol[®], Cidex[®] plus Dakin's Solution, Deconex 53 Instrument, Deconex 53 Plus, Endo Septol FF, Gigasept[®] AF, Gigasept[®] AF forte, Gigasept[®] FF NEW, Hibitane[®], Jiaen 6% "Yoshida", Mucocit[®]-T, NU-CIDEX[®], PeraSafe[®], Peraxylens[®], Perfektan[®] TB, Sekusept[®] Activ, Sekusept[®] Activ NEW, Sekusept[®] forte S, Sekusept[®] PLUS, Stabimed[®], Sterihyde[®] L (see

https://www.haag-streit.com/fileadmin/Haag-Streit_USA/Diagnostics/tonometry/download/Tonoprism-Disinfection.pdf

Other studies have shown (and it's on the EPA list) that both isopropyl alcohol and ethyl alcohol are effective against SARS-CoV-2. BUT, the prism manufacturers really discourage it. So... does it kill the virus? Yes
Does it damage your prism? Yes.

Any advice on dealing with patients who are resistant to following COVID-related office protocols?

Ask the patient if they would like to postpone their appointment until CDC and MDH guidelines are modified.

If a patient refuses to wear a mask, consider asking the patient to return to their vehicle and a technician or doctor will call them on their cell phone to "triage from the car".