PART 2: Doctors of Optometry and Patient Care During the COVID-19 Pandemic

April 21, 2020

The American Optometric Association (AOA) Health Policy Institute (HPI) is providing information relevant to the eye health and vision care community to ensure continued ability to care for patients during the COVID-19 pandemic.

Pertinent Information for Optometry

With physical distance measures, necessary social isolation and data confirming a burgeoning strain on hospitals and other health care resources from COVID-19, the CDC on March 17, 2020 offered COVID-19 guidance that all health care facilities and clinicians should prioritize urgent and emergency visits and procedures.

The CDC noted "the following actions can preserve staff, personal protective equipment (PPE), and patient care supplies; ensure staff and patient safety; and expand available hospital capacity during the COVID-19 pandemic:

- Delay all elective ambulatory provider visits.
- Reschedule elective and non-urgent admissions.
- Delay inpatient and outpatient elective surgical and procedural cases.
- Postpone routine dental and eyecare visits.

On March 18, the Centers for Medicare & Medicaid Services (CMS) announced that all elective surgeries, non-essential medical, surgical (including cataract surgery) and dental procedures be delayed, to conserve critical resources such as ventilators and PPE, as well as limiting exposure of patients and staff to the COVID-19 virus.

On March 30, 2020 the AOA HPI released doctors of optometry essential care guidelines for COVID-19 pandemic. Essential visits may include medical visits related to systemic and ocular disease or injury where there is significant risk of permanent vision loss because of any postponement of care, as determined by the treating doctor of optometry.

Although routine eye care has been suspended in accordance with CDC guidance, it is imperative during this health crisis that patients and hospital systems are aware that eye care providers are still available and most appropriate to address emergency, essential and urgent eye and vision concerns during the
COVID-19 outbreak. The CDC reports a national rate of 43.3 per 100 U.S. persons encountering an emergency department in 2017.

HPI analysis of 2016 Healthcare Cost and Utilization Project (HCUP) data showed that 1 percent of all U.S. visits to emergency departments were for eye-related encounters and that 98.9 percent of these were treat and release (could be taken care of by doctors of optometry in their offices). Treating eye emergencies at eye doctors' offices has the combined potential to divert up to 8-10 patients per 100 per year away from emergency departments by remaining accountable to emergency care and encouraging hospitals to defer eye care to optometry offices, most especially at this critical time when the U.S. needs to reserve emergency departments for COVID-19.

Through direct communications HPI found doctors of optometry are currently widely available to: 1) minimize disease transmission to patients, health care personnel 2) identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care; 3) reduce negative impacts on emergency department and hospital bed capacity; and 4) maximize the efficiency of personal protective equipment (PPE) utilization across the community health system while protecting healthcare personnel. On March 17, 2020, a recorded webinar entitled "COVID-19 and Medicare Telehealth Services" discussed non-face-to-face services, including virtual check-in, e-visits, telephone services and telehealth services billed under a 1135 waiver; CMS relaxed rules that doctors of optometry can use to extend their practice to patients virtually. This can assist doctors of optometry in evaluating patients' chronic and acute medical conditions and in triaging the need for urgent or emergency treatment provided in the optometry clinic.

All health care providers, including doctors of optometry, should be on the lookout for COVID-19 symptoms.

For any patient meeting criteria for evaluation for COVID-19, clinicians are encouraged to obtain a detailed travel history to establish a medical risk profile and to contact and collaborate with their state or local health department. Guidance for health care professionals can be found at cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

Interim guidance for clinicians caring for patients with confirmed COVID-19 infection has been issued by the CDC. This update includes interim guidance for discontinuation of transmission-based precautions and in home isolation.

On March 2, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for release of all disposable filtering N95 facepiece respirators from the Strategic National Stockpile to be distributed to HCPs. On March 4, 2020, it was reported that U.S. medical workers will need 3.5 billion face masks and that the country only has 1 percent of that number. On April 9, 2020 HPI was informed by doctors in Madison, Wisconsin that they were unable to purchase N95 masks needed to provide emergency services at their clinics during the COVID-19 pandemic. The doctors reported that this was unusual since a major manufacturing facility NASSCO, a recognized leader in the distribution of safety supplies, was headquartered in Wisconsin with a major distribution center in Madison, Wisconsin. On April 9, 2020 HPI spoke with representatives of NASSCO and was informed that NASSCO is only releasing their complete inventory to the U.S. federal government, adding that they were sorry that there were no N95 masks in the area for any other type of consumer, including, health care professionals.
Frontline health care personnel in the U.S. should be prepared to evaluate patients for COVID-19

Frontline health care personnel have an increased risk of infection. State and county health and emergency management officials are coordinating efforts across agencies and health care providers to ensure preparations for the situation as it evolves. Doctors of optometry are encouraged to monitor and become involved with this process. Strengthening the resilience of the U.S. to COVID-19 through systematic preparation and response is a necessary and laudable goal and one that doctors of optometry with their expertise and training can assist, as outlined by HPI.

As of Feb. 10, 2020, information emerged identifying the conjunctiva as an alleged route of exposure. COVID-19 may enter the body through the eyes and then spread to the whole body through the superficial blood vessels within the conjunctiva. All front-line medical staff should pay attention to eye protection. While a properly fitted N95 face mask may protect against the virus, it might not be effective without concurrent eye protection. CDC guidance now states that standard and transmission-based precautions (i.e., contact and airborne precautions with eye protection) should be used for persons with laboratory-confirmed 2019-nCoV infection. This guidance applies to patients being managed in a hospital in an airborne infection isolation room (AIIR) and to patients being cared for in home isolation.

What additional information doctors of optometry need to know

- Although viral conjunctival infection is usually caused by adenovirus, COVID-19 may cause ocular signs and symptoms, including photophobia, irritation, conjunctival injection and watery discharge. These are predominantly self-limited but may require supportive care. Ocular discharge and tears are a potential source of contamination and the eye is also a route of exposure, so personal protection is required for the patient and care team.

- CDC has created a checklist to highlight key steps for healthcare personnel in preparation for transport and arrival of patients potentially infected with COVID-19.

When evaluating a patient with an infectious virus, doctors of optometry need to have a clear understanding of the proper protocols to prevent the spread of infection. Vigilance and good hygiene—thorough handwashing, using gloves, eye protection, appropriate face mask, disinfecting equipment and other recommendations provided by the CDC—in the office when in contact with bodily fluids, such as tears, can help prevent infection. It is important to proactively reinforce such infection mitigation techniques with doctors and staff, no matter the size of the office setting.

Be mindful of potential coronavirus activity in the state, community or region. The CDC has established a new website for this purpose: Cases, Surveillance and Data.

While testing people is the key to understanding how widely the novel coronavirus has spread and gauging its severity even private labs are slow with 40 percent of doctors saying the results are taking 7 or more days. On March 31, the country announced that it has only collectively tested a million people with access varied from state to state. On April 18, 2020 that number has now increased to 3.7 million tests. Information on specimen collection, handling and storage is available by visiting the CDC’s Real-Time RT-PCR Panel for Detection 2019-Novel Coronavirus page. On April 21, 2020 LabCorp’s at-home COVID-19 test, which is called 'Pixel,' has received the first Emergency Use Authorization (EUA) for an at-home self-administered test by the U.S. Food and Drug Administration (FDA). The test is an at-home collection kit,
which provides sample collection materials including a nasal swab to the user, who then uses the included shipping package to return the sample to a lab for testing. This at-home test circumvents clinic or drive through testing and reduces exposure risk among health care workers.

Information on office disinfection can be found here:

OSHA: [https://www.osha.gov/SLTC/covid-19/controlprevention.html#health](https://www.osha.gov/SLTC/covid-19/controlprevention.html#health)


In addition, the WHO has advice on how individuals can protect themselves and those around them from contracting the virus. Information can be found here by visiting [who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public)