AOA Guidance for Optometry Practices - Coronavirus/COVID-19

March 17, 2020

Prior to and after patient care

1. Make sure that staff are symptom free each day.
   a. Have a non-contact thermometer available to assess temperature, as needed.
      (NOTE: Temperature alone does not assess or exclude disease.)
      i. The CDC defines a fever as a temperature at or above 100.4°F.
   b. Ask if they are coughing.
   c. Ask if they have shortness of breath.
   d. Ask if they have red eye or eyes (conjunctivitis can be a presenting sign of COVID-19).
   e. If staff report or appear ill, recommend that they seek medical care from their primary care physician.
      1. Advise staff to NOT simply travel to the emergency room if they are at risk for COVID-19.

2. Clean all equipment with best available disinfectant (best is diluted bleach solution or alcohol solutions with at least 70% alcohol).
   a. To create a bleach solution:
      1. Purchase spray bottle and fill with diluted bleach solution.
      i. Prepare a bleach solution by mixing:
         1. 5 tablespoons (1/3 cup) bleach per gallon of water; or
         2. 4 teaspoons bleach per quart of water.
   3. Have staff thoroughly wash hands for at least 20 seconds when they arrive, before and after each patient, before eating and after using the bathroom.
   4. Instruct staff to wash hands in bathroom upon entering or use an alcohol-based hand sanitizer.
      a. CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in health care settings, based upon greater access to hand sanitizer.
   5. Staff should use one phone and computer and maintain social distancing between themselves. Should they need to change phones or computers, have them disinfect in between uses.

During provision of patient care

1. Share via email and post on office website and social media guidance on coming to the office.
   a. If experiencing cold or flu-like symptoms, do not come to the office.
   b. Recommend individuals who are concerned they have symptoms or came into contact with an individual who has COVID-19 to contact their primary care physician via phone as a first step.
c. Instruct individuals that if they do develop emergency warning signs for COVID-19 to get medical attention immediately. Emergency warning signs include, but are not limited to:
   1. Difficulty breathing or shortness of breath.
   2. Persistent pain or pressure in the chest.
   3. New confusion or inability to arouse.
   4. Bluish lips or face.

2. Post a notice on your office door advising patients not to enter if they are ill, were exposed to someone with the coronavirus, or have recently traveled to one of the affected countries.

3. Assess if patient is ill, has been exposed to someone who is ill, or has traveled to one of the countries with active coronavirus as soon as they arrive. If they are at risk, isolate them and call your local health department for instructions. This should preferably be done prior to arrival.

4. Instruct patients to call ahead if they feel sick, have red eyes (conjunctivitis) or have any concerns.

5. Instruct patients to limit the number of people who accompany them to the visit.

6. Offer to reschedule non-emergent patients 60 years and older, patients with comorbidities or pre-existing conditions with decreased immunity.
   a. Consider setting aside blocks of time (e.g., the first two office operating hours) for older/at risk patients to better protect their health and safety.

7. Limit points of entry into the office.

8. Have a non-contact thermometer available to assess temperature, as needed. (NOTE: temperature alone does not assess or exclude disease.)
   a. The CDC defines a fever as a temperature at or above 100.4°F.

9. Limit number of patients in waiting room.
   a. Remove chairs/space out chairs (social distancing).
   b. If sufficient room is not available, ask patients to wait in car/outdoors until doctor is ready.
      1. If the patient has a cell phone, text patient to come in when ready. If not, ask staff to alert them to come into the office.

6. Utilize Personal Protective Equipment, as available and in accordance with recommendations from the CDC.

7. Maintain and practice social distancing as possible so as not to physically contact the patient outside of clinical necessity, including with regard to handshakes.

8. Instruct patients to wash hands in bathroom upon entering for at least 20 seconds or use alcohol-based hand sanitizer.
   1. CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in health care settings, based upon greater access to hand sanitizer.

Clinic/exam rooms

1. Clean exam room/patient rooms with best disinfectant (see above) in between each patient (with gloves).

2. Utilize as much disposable equipment as possible.
3. Utilize a slit lamp “breath” shield/barrier (whether purchased or fashioned).
   a. Size should be as large as possible while not interfering with clinical care.

Recommendations
1. Doctors and staff should wash hands as frequently and thoroughly as possible and utilize hand sanitizer.
   1. CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer.
2. Dry hands with disposable paper towels as opposed to air dryer machines or cloth towels.
3. Disinfect high-touch areas as much as possible (doorknobs, door handles, etc.).
4. Minimize use of front-desk pens. Use verbal communication as much as possible at a safe distance. Disinfect pens after each use by spraying with alcohol and allowing to air dry.
5. Utilize disposable equipment as much as possible.
6. Preferably use a non-contact thermometer or disposable covers for your probe and have backups available for use.
7. Disinfect your tonometer probe thoroughly. Follow CDC guidelines. A bleach solution or hydrogen peroxide soak can be used, but the probe should only be soaked for 5 minutes to limit probe damage.
8. Buy multiple spray bottles for office diluted bleach disinfectant.
9. Create an emergency contact list of staff members for everyone to have at home.
10. Keep a daily log of patients, phone numbers and emails on pen to paper. Have a staff member bring home every night just in case the office needs to close due to exposure or if patients need to be contacted due to an exposure.
11. Consider remote care options for patients.
12. Know your local COVID-19 testing locations (in hospital and drive up). Have them printed out so you can hand them to patients in case they present with positive risk factors.
13. Monitor CDC guidance as well as statements of federal and state officials. Also, regularly check on all directives and patient care guidance specific to your state and/or locality issued by your state board of optometry. Check aoa.org/coronavirus for official updates from the AOA.
14. Caring for your patients during difficult times will always be remembered. Here are a few best practice tips:
   1. Call your patients after hours to check up on them if you may be concerned about their ocular or systemic health. It is times like these that can also build a practice.
   2. Consider making staff available to go outside to pre-screen or answer patient questions, if necessary, for anyone who feels they are at risk.