The provision of eye care services is essential. As each practice chooses the appropriate time to restart normal operations, Doctors of Optometry should be prepared with well thought-out protocols to prevent infection, minimize risk, and encourage the rebuilding of trust between patients, staff, and clinicians.

In addition to following both state and locally issued directives, and reviewing and implementing CDC and AOA guidelines, each optometric practice should develop an internal, documented plan to address the core principles outlined by the AOA. This plan should be based on the currently available research and should be reviewed and amended appropriately as circumstances change.

Core Principles: Screening, Physical Distancing, Infection Control Practices, Protective Measures

Core Principle 1: Patient and Visitor Screening
Optometric practices should screen patients, visitors, and staff members for symptoms of COVID-19 to protect themselves, their employees, and their patients. Optometric practices can play a vital role in helping their local health department with screening patients and assist in contact tracing.

- If taken, temperatures and SpO2 should be documented as part of the patient record.
- Individuals (staff, doctors, and patients) showing signs of COVID-19 should not be permitted into the office and should be referred to an appropriate healthcare provider unless an ocular-related emergency dictates otherwise.
- All patients and staff should wear a mask or cloth face covering upon arrival to the facility. A mask should be provided for all individuals entering the office if they cannot provide their own. Masks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Offices should consider registering patients and any visitors entering the facility, and taking contact information, to track who is in the building and during what time. This information can be used for contact tracing in the event of a COVID-19 flare-up.

Core Principle 2: Physical Distancing Measures
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.

- Individuals should maintain a distance of six feet inside the office when practical.
- Reconfiguration or removal of some waiting room and exam room seating may be appropriate.
- Consider keeping the main entrance locked to prevent walk-ins.
- Patients should be asked to call or text the office upon arrival so that entrance to and movement through the facility can be coordinated by staff.
- Companions of patients should remain outside of the facility unless a parent, guardian, or true caregiver is needed to assist.
- Consider separate operating hours for vulnerable populations,
- Triage and categorize patient visits to address urgent patient needs first, and to facilitate patient flow to prevent crowding the facility.
● Establish an appropriate timeframe in between patient appointments to allow for adequate sanitation.
● Implement curbside dispensing when possible.
● Limit the number of patients and staff members within the optical dispensary at any one time and/or limit the amount of time patients spend in the dispensary,
● Allow staff members to work from home whenever possible.
● Continue to offer telehealth services when appropriate.
● If possible, add glass or plexiglass barriers between patients and staff.
● Utilize non-contact methods of payment, if possible.
● Offer patients the ability to receive and complete paperwork electronically or by mail before their appointment. Staff can collect information over the phone, before the appointment to decrease wait-times in common areas.

Core Principle 3: Infection Control and Disinfection Practices
Optometric practices must take steps to prevent the spread of the virus through infection control measures and disinfection practices. Hand sanitizer and other sanitary products should be readily available for employees and patients throughout the facility.

● Disinfect all equipment with appropriate cleaners after every patient encounter.
● Perform regular enhanced environmental cleaning of commonly touched surfaces, such as workstations, counters, railings, door handles, light switches, remote controls, keyboards, trackpads, clipboards, pens, chairs, and other public area surfaces.
● Consider assisting all patients in making frame selections instead of allowing free browsing, limiting patients’ ability to touch frames and replace them on displays without disinfection. Disinfect all frames before replacing into inventory. 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.
● Multidose eye drops - For diagnostic eye drops required for ophthalmic examinations, multidose eye drop containers should be kept in cabinets or other closed spaces away from anywhere that could become contaminated during a patient encounter. As should always be the case, care must be taken not to touch the eyelashes or ocular surface with the tip of the eye drop bottle, and the examiner’s hands should be disinfected immediately after touching the patient’s face.
● For patients engaged in vision therapy, consider providing a plastic bag for storage of the patient’s therapy equipment. As with all equipment in the office, vision therapy equipment should be disinfected between patients.
● Implement strict contact lens hygiene within the office as outlined by the American Optometric Association Contact Lens and Cornea Section, and the American Academy of Optometry. These hygiene guidelines may be found in the resources section.
● Advise patients to discontinue contact lens use if they are sick.
● Consider prominently posting signage from the CDC and/or the New York Department of Health with information for patients about best practices, such as: https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

Core Principle 4: Protective Measures
It is strongly recommended that all practices develop a short and long-term plan for obtaining and utilizing personal protective equipment for the office. Proper use of PPE will play a vital role in slowing pandemic spread by doctors, staff, and patients.
At this time, all doctors and staff members are mandated by NYS to wear masks. Consider wearing gloves and protective eyewear when interacting with patients. Some equipment may be unavailable due to shortages and offices are encouraged to review CDC guidelines and utilize the best methods available to provide protection for patients and staff members. Updated CDC guidelines on this topic can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

- Require patients to wear face coverings or masks at all times while inside the facility. In accordance with CDC guidelines, staff members who do not interact with patients may be able to use other methods of protection, such as cloth face coverings, if surgical masks are not available in adequate supply.
- Gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter. Hands should be washed between each patient using soap and warm water for 20 seconds.
- A barrier shield may be used around testing equipment and administrative areas due to the potential for close contact. Use of commercially available slit-lamp barriers or breath shields is encouraged.
- Staff should have access to disinfectants, hand sanitizer, soap, and water. Staff should receive job-specific training on utilizing these resources, including instruction on how to safely touch or adjust their mask or cloth face covering and perform hand hygiene immediately before and after.
- Regularly reinforce key messages to staff and patients – stay at home when ill, use cough and sneeze etiquette, and practice regular hand hygiene. Consider prominently displaying posters reiterating these rules.

Closing Comments:

1. When you are ready to open your offices or return to your workplace, patient and staff safety is paramount. The above recommendations are being documented to facilitate your safe return to the workplace, and do not replace your individual judgment and legal obligations as a healthcare professional and employer. Implementation should be specific to your individual clinical settings.
2. New information and guidelines emerge daily. We urge you to follow these carefully, and implement evidence-based changes.
3. Testing for active cases of COVID19 and subsequent antibody testing may be required or recommended, at some point, for many New Yorkers. The NYSOA will keep you informed of this and other developments as they unfold.

Resources for Optometrists:

State of New York COVID-19 Resources:
https://www.nysoa.org/covid-19-resources

New York State Department of Health’s COVID-19 Webpage
https://coronavirus.health.ny.gov/home

CDC Guidelines for Infection Control COVID-19:

CDC Guidelines for Disinfection Methods:
CDC Guidelines for Cloth Face Coverings for the General Public:

Contact Lens Hygiene Guidelines
https://files.constantcontact.com/fd2dfe10101/245857f9-caeb-4d9c-ad18-7fb256518562.pdf

FDA masks guidelines

“10 Simple steps to consider when re-opening optometric practice”
Link here

New York State Optometric Association
https://www.nysoa.org/covid-19

American Optometric Association COVID-19 Resource Page:
https://www.aoa.org/coronavirus