**BOWMANVILLE EYE CARE**

**STANDARD OF OPTOMETRIC PRACTICE FOR INFECTION CONTROL**

**Purpose**: This document defines the measures that all optometrists and staff shall follow for the prevention of in-office disease transmission. All optometrists and staff shall follow the procedures outlined in this SOP. The supervisor or designate shall verify that all employees are trained and follow this SOP.

**Daily protocol for all staff**

1. Make sure all optometrists and staff are symptom free each day at the beginning of each shift.
	1. Have a non-contact thermometer available to assess temperature, as needed.
	(NOTE: Temperature alone does not assess or exclude disease. The CDC defines a fever as a temperature at or above 38°C or 100.4°F.)
	2. Ask if they are coughing.
	3. Ask if they have shortness of breath.
	4. Ask if they have red eye or eyes (conjunctivitis can be a presenting sign of COVID-19).
	5. If optometrist/staff report or appear ill, recommend that they seek medical care from their primary care physician.
2. Utilize Personal Protective Equipment, as available and in accordance with recommendations from the CDC.
	1. All staff must wear a mask to cover nose and mouth during clinic hours.
	2. All staff must wear a face shield when seated at the reception desk.
	3. All doctors must wear safety googles and a mask during patient care; gloves are strongly recommended during any direct contact to patients’ eyes or eyelids.
3. All optometrists and staff must thoroughly wash hands for at least 20 seconds or use hand sanitizer when they arrive at work, before and after each patient, before eating and after using the bathroom.

Hand sanitizer must be used during pretest as there is no sink in the pretest room.

1. All staff must wear clean scrubs attire in the office. All optometrists may wear clean scrubs or a lab coat.
	1. All staff and optometrists are expected to wash any worn gowns or clothing and use clean attire at the beginning of every shift.
2. No food should be consumed in the front desk reception area or exam room.
3. 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.
4. Reception and waiting room general surface areas must be cleaned with disinfectant every hour on the hour.
5. Clean all optometric equipment (pre-testing equipment) with disinfectant before using on a patient (in front of the patient).
6. Clean all non-optometric devices (ie. Debit machine) with disinfectant (diluted bleach solution or alcohol solutions with at least 70% alcohol).

**When scheduling an appointment**

1. You must screen patients for COVID on the phone:

*Q0: What is the purpose of your eye exam, is there a specific problem you're having?* *(ex. blurry vision, dry eyes, itchy eyes, flashes or floaters, eye pain)*

*Q1: Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?*

*Q2: Have you had close contact with anyone with acute respiratory illness or traveled outside of Ontario in the past 14 days?*

*Q3: Do you have any of the following symptoms: •Pink eye (conjunctivitis) •Fever •New onset of cough •Worsening chronic cough •Shortness of breath •Difficulty breathing •Sore throat •Difficulty swallowing •Decrease or loss of sense of taste or smell •Chills •Headaches •Unexplained fatigue/malaise/muscle aches (myalgias) •Nausea/vomiting, diarrhea, abdominal pain •Runny nose/nasal congestion without other known cause*

*Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?*

*If response to ALL of the screening questions is NO, then patients pass the screening and are permitted to make an appointment.*

*If response to ANY of the screening questions is YES, then patients do not pass the screening, should not be seen at our office and should be directed to their primary care provider or Telehealth Ontario at 1-866-797-0000. For patients who may require urgent eye care AND fail the screening, please take down patient's phone number and inform him/her you will consult the doctor and get back to them. Please inform the doctor with case details immediately (via office chat/phone) so the doctor can make a direct referral to the ophthalmologist on call or direct the patient to the hospital ER. Examples of symptoms requiring urgent eye care include but are not limited to: sudden loss of vision, seeing flashes or floaters, seeing veil/curtain, sudden eye pain, new eye turn.*

2. When communicating with the patient by phone or email, obtain their registration information, OHIP card/private insurance

 information, and changes to their contact information.

3. Clearly state to the patient they must be wearing a mask when they enter your office. Advise patient that care will not be provided

 if a mask if not worn in the office. Clean/washed reusable masks will be available for patients who arrive without a mask.

 Exceptions are made to any patients under the age of 2 years old.

4. Inform the patient they must come to their appointment alone unless another person is necessary (translator, parent of

 child, caretaker)

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

6. Offer to reschedule non-emergent patients 60 years and older, patients with comorbidities or pre-existing conditions with

 decreased immunity.

7. For patients with an extended health history or they tell you they are immunocompromised, please book time slot accordingly and

 advised the patient to email us their health history if possible

**During provision of patient care**

1. All patients must wear a mask when entering the office and keep it on for the entire duration he/she is in the office.

2. All patients must be screened again when they enter the office

* 1. If patient appears to be experiencing cold or flu-like symptoms, advise patient to leave and reschedule
	2. 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.
	3. 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.

3. Have a non-contact thermometer available to assess temperature, as needed.

4. Limit number of patients in waiting room to maximum of 2 people (separated by 2 meters) to maintain social distancing.

1. If sufficient room is not available, ask patients to wait in car/outdoors until doctor is ready.
2. If the patient has a cell phone, call patient to come in when ready. If not, ask staff to alert them to come into the office.

5. Maintain and practice social distancing as possible so as not to physically contact the patient outside of clinical necessity,

including with regard to handshakes.

6. Instruct patients to use alcohol-based hand sanitizer when they enter the clinic.

7. Automated visual field assessment must only occur when necessary, and with patients wearing a properly secured mask covering their mouth and nose.

**Clinic/exam rooms**

1. Clean exam room with disinfectant in between each patient. All surfaces that will be in direct with patient must be disinfected in front of patient.
2. Hands must be washed for at least 20 seconds at the beginning of each appointment.
3. Utilize as much disposable equipment as possible.
4. Keep desk clean and clutter-free to allow for easy cleaning.
5. Ask patients to not speak while having diagnostic testing performed
6. Utilize a slit lamp "breath" shield/barrier
7. Examine for conjunctivitis. Conjunctivitis can be a presenting sign of COVID-19
8. 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.
	1. Optometrists should use their professional judgement regarding when the measurement of intraocular pressure may be necessary. When performing tonometry, optometrists should consider which equipment to use, which PPE should be worn, the risk of aerosol generation, barriers that may be appropriate, and how to disinfect the equipment and immediate surrounding environment.
9. Gloves or cotton swabs are strongly recommended during any direct contact to patients’ eyes or eyelids. Gloves are not a substitute for handwashing. Gloves must be discarded after each patient use. Hands must be washed before *and* after gloves are removed.
10. Anterior and posterior segment imaging may be used in conjunction with other fundoscopy techniques in order to minimize examination time and exposure – direct ophthalmoscopy should be avoided if possible

**Other Recommendations**

1. Optometrists and staff should wash hands as frequently and thoroughly as possible and utilize hand sanitizer.

Dry hands with disposable paper towels as opposed to air dryer machines or cloth towels.

1. Disinfect high-touch areas as much as possible (doorknobs, door handles, etc.).
2. Minimize use of front-desk pens. Use verbal communication as much as possible at a safe distance.
3. Disinfect pens after each use by spraying with alcohol and allowing to air dry.
4. Staff should keep a record of the date and time of anyone entering the practice.
5. Telehealth is recommended if in-person care is not required.