

KENTUCKY HEALTHY AT WORK: REOPENING GUIDELINES FOR DOCTORS OF OPTOMETRY

Eye care services are recognized as essential healthcare in Kentucky, and Kentucky doctors of optometry have safely delivered eye care services for patients with emergency and essential needs throughout the COVID-19 pandemic. As Kentucky plans to reopen its economy through the “Healthy at Work” phased approach, doctors of optometry will be needed to immediately provide deferred care and additional in-person care for citizens. Doctors of optometry are trusted partners throughout Kentucky in the healthcare system, and their return to full service will help alleviate the demands on other health care providers and facilities during COVID-19.

It is imperative that as Kentucky’s optometric offices and dispensing labs reopen for business, these services are delivered safely. The following guidelines outline the steps all Kentucky doctors of optometry should implement to the extent possible. Many of these measures have already been put into place as emergent and essential care was delivered.

In addition to following state-issued directives, and reviewing and implementing guidelines from the Center for Disease Controls and Prevention (CDC) and American Optometric Association (AOA) when appropriate, it is strongly encouraged that each optometric practice develop an internal, documented plan to address the recommendations outlined below. This plan should be based on the availability of information and materials at the time and should be reviewed and amended appropriately as circumstances change.

PHYSICAL DISTANCING

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. Consistent with CDC guidelines, it is recommended that individuals maintain six feet of distance between each other when practical.

Maintain Physical Distancing in Office:

Optometric practices should engage strategies to manage patient flow and maintain physical distancing. Examples of strategies which could be employed include, but are not limited to:

- Considering the use of signage, tape, or roping lines to direct patients to appropriate locations;
- Avoiding the use of the waiting room if possible - if a waiting room must be utilized, all seats should be configured appropriately and all magazines should be removed;
- Requesting patients call or text the office upon arrival so entrance to and movement through the facility can be coordinated by staff to minimize surface contacts;
- Instructing patients that companions should remain outside of the facility and not accompany the patient unless they are a parent/guardian of the patient or if they are a true care giver and need to assist the patient;
- Patient (and companion) are sent directly to pre-testing area or exam room for the evaluation;
- Establishing an appropriate timeframe in between patient appointments;
- Implementing curbside dispensing when possible;

- Limiting the number of patients and staff members within the optical dispensary area at any one time and/or limiting the amount of time patients may be in the optical dispensary;
- Limiting “walk-ins” for the optical dispensary to prevent overcrowding;
- Allowing as many staff members as possible to work from home; and
- Continuing to offer telehealth services when appropriate.

Considerations for At-Risk Patients:

Special consideration should be given to patients more likely to contract COVID-19, or those patients included in the “at risk” population. According to the CDC, this includes: people age 65 and older, people who are living in a nursing home or long-term facility, people who are immunocompromised, and people of all ages with underlying medical conditions (particularly if not well-controlled) such as chronic lung disease, moderate to severe asthma, diabetes, serious heart conditions, severe obesity, chronic kidney disease, and liver disease.

- Offices should consider whether special hours of operation could be in place for patients who are higher at-risk; and
- Offices should consider other special accommodations that can be made for this population, particularly if this represents a high population of patients.

Limit Patient Time in Office:

To try and limit the amount of time a patient is in the facility, clerical staff and patients should be prepared to conduct administrative work via alternate methods:

- It is recommended that all paperwork, including patient history forms, be made accessible to patients prior to appointments for completion.
- Offices may consider mailing the forms to patients, providing a link on their website with a fillable or printable PDF, or obtaining information over the phone.
- Offices may utilize mobile apps that can scan documents provided the information shared via smartphones and other devices are transferred securely in compliance with state and federal regulations.
- For payments, offices should consider the use of an online payment portal, using traditional mail, over the phone or through an app on a mobile device.

SCREENING OF PATIENTS, VISITORS & STAFF

Offices should take appropriate steps to make sure all occupants – patients, visitors and staff – are appropriately screened. This takes place through guidance when appointments are scheduled, as well as screenings conducted every day in the office.

Scheduling Protocol:

- Offices should schedule patients to avoid simultaneous arrivals.
- Patients should be advised to travel to the office with a minimum number of companions.
- Offices should discuss with patients the need to reschedule their appointment if they develop fever or symptoms of COVID-19 leading up to the time of their appointment.
- Patients and visitors to the office should be informed in advance of the expectation that they wear their own mask or cloth face covering upon arrival to the facility. If not, they

should be offered a mask or cloth face covering as supplies allow, which should be worn while they are in the facility if the patient is physically able to do so.

- They should also be instructed that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after.

Office Protocol:

- Optometric practices should screen patients, visitors and staff members for symptoms of COVID-19 upon their arrival at the facility, including utilizing non-contact temperature readers when available.
- If a temperature is taken, patient temperatures should be documented in their patient record. If a patient has a fever (100°F or higher, per CDC), they should be referred to their primary care physician (PCP) and not permitted in the office.
- Any patients and visitors exhibiting signs of COVID-19 and seeking routine eye care should be rescheduled and referred to an appropriate healthcare provider.
- Any patients and visitors exhibiting signs of COVID-19 with urgent, emergent ophthalmic conditions should be treated if possible and then referred to an appropriate healthcare provider.
- Any staff member with a fever should not be permitted to work. Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider.
- Offices should consider registering patients and any visitors entering the facility, including contact information, to track who is in the building and during what time. This can be done electronically or recorded by a staff member to minimize contact between patients. This information can also be used for contact tracing in the event of a COVID-19 flare-up.

Employee Sick Leave:

Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider. All offices are encouraged to offer paid sick leave if possible, consistent with Governor Beshear's recommendation. All offices should otherwise comply with federal and state laws regarding any expanded COVID-19 paid sick leave to which an employee is entitled.

Reporting:

If an office is aware of a patient, visitor or staff with a diagnosis of COVID-19, the office will immediately report this information to the local health department for additional handling. All offices will assist the local health department when possible in identifying potential contacts of a determined infected patient, visitor or staff member. All offices should have a designated safety officer who oversees compliance with all COVID-19 safety requirements and is responsible for any reporting requirements.

PERSONAL PROTECTIVE EQUIPMENT & PROTECTIVE MEASURES

The guidelines set forth below are consistent with current CDC guidelines. It is strongly recommended that all practices develop a short and long-term plan for obtaining and utilizing protective equipment for the office.

- All doctors and staff members should wear masks, protective eyewear, and gloves when interacting with patients¹. When performing procedures requiring prolonged, close contact with patients, staff should use appropriate respiratory equipment and face shields consistent with CMS guidelines.
- Staff members who do not interact with patients may be able to use other methods of protection, such as cloth face coverings, if masks are not available in an adequate supply.
- As noted above, patients should also be asked to wear cloth face coverings or masks at all times while inside the facility. 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.
- Doctors and staff members should wash hands before and after each patient encounter. Any gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter.
- A barrier shield may also 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 members should also have access to disinfectants, hand sanitizer, and soap and water. Staff members 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 performing hand hygiene immediately before and after.
- Staff members should receive instruction on office uniform policies or other requirements for clean clothing to help prevent the spread of infection.
- Offices should differentiate clean areas (where PPE is put on) from potentially contaminated area (where PPE is removed), and offices should clean, disinfect and properly maintain reusable equipment and PPE.

The CDC has provided the following resource for health care facilities in light of reduced access to PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/>. Every effort should be made to conserve PPE. The Kentucky Optometric Association and AOA will continue to provide information and resources on available PPE to optometrists.

INFECTION CONTROL

Optometric practices must take steps to help 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.

¹ The use of protective eyewear and gloves when “interacting with patients” is interpreted as “direct person-person contact with patients.” This clarification is consistent with Governor Beshear’s Healthcare Facilities Phase 1 Reopening, see Order [HERE](#).

- Offices should continue to use germicidal wipes or spray to clean exam chairs and all equipment after every patient encounter.
- Offices should regularly clean commonly touched surfaces, such as workstations, counters, railings, door handles, clipboards, pens, chairs and other public area surfaces.
- After examination, all instruments should be sanitized, gloves disposed and hands washed.

Dispensaries:

- Optician/staff wears mask and disposable gloves. Patients should wear disposable gloves if available.
- Frames should be handled minimally, and those handled are separated for sanitization.
- All shared surfaces are sanitized after patient leaves.

Notices:

Offices should post all mandated signs by the Kentucky Department of Public Health. This includes the “Do Not Enter If Sick” notice:

- <https://chfs.ky.gov/agencies/dph/covid19/donotentersign.pdf>

Offices should consider posting other available materials, such as the CDC notice here:

- https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

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Resources:

State of Kentucky COVID-19 Resources:
<https://govstatus.egov.com/kycovid19>

CDC Guidelines for Social Distancing:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

CDC Guidelines for Infection Control:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC Guidelines for COVID-19 Symptoms:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

CDC Guidelines for Disinfection Methods:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CMS Recommendations for Re-Opening Healthcare Facilities:
<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

FDA masks guidelines
<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>

Kentucky Optometric Association COVID-19 Resource Page:
<https://kyeyes.org/covid-19/>

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