
Information

Guidance to national associations: Preparation of the optical/optometric facility in the context of gradual lifts of the state of emergency and restrictive measures at national level

18 May 2020

The World Health Organization (WHO) declared the outbreak of COVID-19, a disease caused by a novel strain of coronavirus, a pandemic on 11 March 2020. ECOO is closely monitoring developments, recognising that responses to the pandemic vary between countries.

In most of European countries optometric/optical practices reduced their activities to some extent during the pandemic. In light of a gradual return to practice, with lock-down measures being lifted partially or fully in many countries, this paper provides pointers to members who want to issue guidance or updated guidance for opticians and optometrists in their own countries (if not already in place), taking all national specificities and developments into account.

This paper follows on from [previous information](#) issued by ECOO on this topic and takes as its starting position that the pandemic will change the way optometrists/opticians carry out their work in the near future, at least until a sustainable solution to this pandemic has been found.

The underlying recommendation is that practitioners need to prepare themselves to return to their practices and work with patients in ways that are as safe as possible for all parties. As the epidemiological situation and legal requirements may vary from country to country, local regulations and recommendations need to be followed first, taking into account also any WHO guidance. It is possible that in some countries recommendations will be more stringent than the pointers in this guidance.

Points for national associations to consider when issuing guidance:

1. Before the patient/customer/person comes to the facility:

The staff:

- Education of all staff (including cleaning staff) on personal hygiene (washing, hand disinfection), surface disinfection, infection protection procedures, self-monitoring (health status and informing superiors) [1]

- Have in place a procedure for risk assessment and management of staff exposure [2]
- Ensure the appropriate physical distancing of at least 2 m is practiced.
- Work organization – put in place a rotation system for workers so that 2 teams do not have close contact with each other - high-risk exposure (distance less than 2 m or time more than 15 minutes) [3]
- Protective measures - ensure the availability of hand-washing and hand disinfection preparations, protective masks (nose & mouth), disposable gloves

The facility:

- Information at the entrance for customers on the rules of the facility e.g. distance between customers (>1 to 2 meters), no accompanying persons (except for those in need of care), the number of people who can be in the facility at one time
- Plexiglas (or similar) protection (reception desk)
- Remove all unnecessary items from the waiting room e.g. leaflets, newspapers, toys
- Arrangement of waiting room seating - keep chairs 2 m apart
- Instructions on hand-washing and disinfection, (wearing disposable gloves if needed)
- Instructions on the breathing etiquette (wearing a mask if needed)

Eye Care Practitioner/Professional:

- Education on infection protection and infection control in a health care facility from <https://open-who.org/courses> or any other local recommended education source (e.g. National Health System)
- Monitoring and compliance with official recommendations and industry organizations <https://www.ecdc.europa.eu/en>
- Risk assessment - patient/customer appointment, including remote epidemiological (questions about body temperature and flu like symptoms) + standard specialist interview, age group, risk group
- Work organization – ensure an interval between appointments with clients/patients, reduce each patient's time in the office to 15 minutes (low-risk exposure) [3], where possible conduct an interview, provide the results of the examination, prescribe and provide education to the patient remotely (e-visit)
- Personal Protective Equipment (PPE) - the specialist should have access to PPE [1]: disinfectants, disposable gloves, protective goggles, guards/shields (for slit-lamp), protective mask (surgical, FFP2 or FFP3 adequate for the situation) [1]. However, PPE should be used sparingly and according to the WHO guideline when in short supply [4]
- Follow guidance on self-isolation if symptomatic

Patient/customer:

- The patient should come to the facility alone (i.e. without accompanying persons, except for those requiring care e.g. children or vulnerable adults)
- The patient should come to the facility at the time specified, not earlier than the interval between visits.
- The patient should maintain a distance of 2 m from other people
- The patient should not approach the reception desk if they are not called
- The patient should be able to provide information on their correctional/eye/general health history before the visit in a safe way
- The patient should wash hands and disinfect before entering the office and after leaving (additionally in some states wearing a face mask and disposable gloves might be recommended by local authorities) [5]

2. Patient/customer/person in the facility

Eye Care Practitioner

- Wash hands before and after each test procedure, disinfect hands, use disposable gloves, a mouth and nose mask, and other protective clothing if needed.
- Use a slit lamp shield and disinfect it after each patient [6]
- Be aware that in some patients COVID-19 disease can give signs of conjunctivitis [7] and tear film may contain the SARS-CoV-2 virus [8]
- Disinfect all surfaces the patient was in contact with
- Procedures such as non-contact (air-puff) tonometry should be converted to procedures which do not generate micro-aerosol [9]
- Do not touch your eyes, nose or mouth. Long hair should be tied up
- Reusable contact lenses should be cleaned in peroxide solution without neutralization and then with neutralization [10]
- Perform test procedures to fit in with low-risk exposure (15 minutes), if there is a need to perform additional procedures, either postpone it to a second visit or ask someone else from the staff to carry them out

Optical Assistant

- Wash hands and disinfect them before and after each customer contact
- Close contact with any customer should be limited to 15 minutes
- Use gloves (and other PPE if needed) when helping/serving the customer to choose and try on spectacles frames
- Any frames that have been picked up or tried on should be cleaned with manufacturer recommended solution
- When taking measurements (e.g. PD) use cleaned/disinfected equipment. If possible use tools which allow measurement from a distance (video centration systems)
- Educate the customer about the importance of spectacle cleaning (with soap and water and then dried) [11]
- Do not touch your eyes, nose or mouth. Long hair should be tied up
- Disinfect all surfaces the patient was in contact with (e.g. table, mirror, pin-pad)

Patient/customer

- Wash hands before inserting and removing contact lenses, taking off and putting on glasses
- Do not touch your eyes (except for the insertion/removal of lenses after washing hands), mouth and nose
- Advised not to talk or open mouth when procedures are being performed at close range
- Follow the instructions of the specialist

3. After the patient/customer/person leaves the facility

Eye Care Practitioner

- Disinfect all surfaces the patient was in contact with
- Take off protective gloves, wash and disinfect hands [12]
- Air the office regularly if possible
- Remotely communicate the results, education, and recommendations to the patient(s)

- Enable the patient to consult remotely
- Dispense any CLs or glasses directly or to person home if possible.

Patient/customer

- Wash hands before inserting and removing contact lenses, taking off and putting on glasses
- Do not touch lips, nose, eyes (except for wearing/removing lenses after washing hands)
- Regularly clean glasses
- Follow the recommendations of the practitioner and manufacturer regarding care, wearing and replacement of contact lenses and follow-up visits; hydrogen-peroxide based contact lens solutions should be effective against SARS-CoV-2 virus [13]
- Do not use contact lenses if symptomatic [11]

Important:

- Washing and disinfecting hands procedures: recommended times for healthcare settings are longer (washing with soap and water- 40-60 seconds, rubbing with a disinfecting solution - 20-30 seconds), hand drying should be done only with single-use paper towels
https://www.who.int/gpsc/5may/tools/who_guidelines-handhygiene_summary.pdf
- Low-risk exposure time (up to 15 minutes) and distance (2m) is recommended by European Centre for Disease Prevention and Control in *Infection prevention and control and preparedness for COVID-19 in healthcare settings - second update (31 of March 2020)* <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-and-preparedness-covid-19-healthcare-settings>

Generally: payments, invoices, information on the results of the examination to the patient to be conducted remotely

Useful links:

<https://worldcouncilofoptometry.info/covid-19-news/>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.ecdc.europa.eu/en>

<https://www.aoa.org/coronavirus>

<https://www.aaopt.org/my-covid-hub>

<https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html>

Bibliography

1. *Infection prevention and control for COVID-19 in healthcare settings*. 31 March 2020, European Centre for Disease Prevention and Control: Stockholm; 2020.: <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-and-preparedness-covid-19-healthcare-settings#no-link>.
2. World Health, O., Health workers exposure risk assessment and management in the context of COVID-19 virus: interim guidance, 4 March 2020. 2020, World Health Organization: Geneva.
3. *Contact tracing: public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update*, E.C.f.D.P.a.C. 2020., Editor. 8 April 2020. Stockholm, ECDC: https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%20%80%93second-update_0.pdf.
4. Organization, W.H., Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. 2020: https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf.
5. Olivia Li, J.-P., et al., Preparedness among Ophthalmologists: During and Beyond the COVID-19 Pandemic. *Ophthalmology*, 2020. **127**(5): p. 569-572.
6. Zeri, F. and S.A. Naroo, Contact lens practice in the time of COVID-19. *Cont Lens Anterior Eye*, 2020.
7. Wu, P., et al., Characteristics of Ocular Findings of Patients With Coronavirus Disease 2019 (COVID-19) in Hubei Province, China. *JAMA Ophthalmology*, 2020.
8. Xia, J., et al., Evaluation of coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection. *J Med Virol*, 2020.
9. Lai, T.H.T., et al., Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. *Graefes Arch Clin Exp Ophthalmol*, 2020. **258**(5): p. 1049-1055.
10. American Academy of Optometry Section on Cornea, C.L., et al. 2020, American Academy of Optometry: https://www.aaopt.org/docs/covid-19/aao-008-disinfection-of-contact-lenses-chart.pdf?sfvrsn=a7f2a31_2.
11. Jones, L., et al., The COVID-19 pandemic: Important considerations for contact lens practitioners. *Cont Lens Anterior Eye*, 2020.
12. Organization, W.H., *Glove Use Information Leaflet*. 2009: https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.
13. <https://www.cdc.gov/contactlenses/care-systems.html>. *Healthy contact lens wear and care*. 2020.