



## **PRACTICE REACTIVATION PREPAREDNESS GUIDE**

It is of critical importance that patients are assured continued access to this essential health care during the COVID-19 pandemic. Doctors of Optometry have been safely delivering care for urgent and emergent cases since the beginning of the pandemic. Our practice continues to closely follow the guidance of the CDC, MN Department of Health, and American Optometric Association in providing care for our patients and customers.

### **GOALS AND OBJECTIVES:**

1. INFECTION PREVENTION
  2. IDENTIFICATION AND ISOLATION OF SICK PERSONS
  3. ADMIN CONTROLS FOR SOCIAL DISTANCING
  4. CLEANING AND DISINFECTION PROTOCOLS
    - a. OPENING PROTOCOL
    - b. CHECK-IN PROTOCOL
    - c. EXAM ROOMS PROTOCOL
    - d. OPTICAL PROTOCOL
    - e. PERIODIC OFFICE DISINFECTION PROTOCOL
    - f. "AFTER EACH USE" PROTOCOL
    - g. CLOSING PROTOCOL
  5. COMMUNICATION AND TRAINING PLAN
  6. ENFORCEMENT/ONGOING IMPLEMENTATION
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## 1. INFECTION PREVENTION MEASURES:

### B. STAFF MEASURES:

- a. All staff required to complete infection prevention training to include:
  - A. Read “A User’s Guide to Face Masks”  
<https://www.nytimes.com/2020/04/10/well/live/coronavirus-face-masks-guides-protection-personal-protective-equipment.html?auth=login-email&login=email#link-679a5b75>
  - B. Read “How NOT to Wear a Mask” -  
<https://www.nytimes.com/2020/04/08/well/live/coronavirus-face-mask-mistakes.html>
  - C. Read “Handwashing – Show Me the Science”  
<https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html>
  - D. Read “Why Soap Works”  
<https://www.nytimes.com/2020/03/13/health/soap-coronavirus-handwashing-germs.html>
  - E. Read “How to Stop Touching Your Face”  
<https://www.nytimes.com/2020/03/05/health/stop-touching-your-face-coronavirus.html>
  - F. Read “COVID-19 – Stress and Coping”  
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
  - G. Read “AOA Contact Lens Safety During COVID-19”  
<https://www.aoa.org/covid-19-patient-resources/contact-lens-wear-during-covid-19>
  - H. Read “When and How to Wash Your Hands,” “Key Times to Wash Hands,” and “Follow 5 Steps to Wash Your Hands the Right Way”  
<https://www.cdc.gov/handwashing/when-how-handwashing.html>
  - I. Read “How to Remove Gloves”  
saved in Shared Docs – COVID – poster displayed in work areas
- b. MASKS
  - A. Staff wearing a mask at all times upon entering the office.
    1. All staff will be provided with several reusable cloth masks to wear in the office. You are responsible for washing your mask after it is worn in the clinic and before it is worn in the clinic again.
  - B. Mask stays on except to eat. Masks cannot be removed in public areas and should not be removed throughout the day
- c. AVOID TOUCHING YOUR FACE. Touching face only while using a tissue. Wash hands immediately after touching face.
- d. GLOVES – disposable gloves are in short supply and priority for use is doctors who are touching patients, touching patients’ faces, and touching patients’ eyes; as well as for patient-facing staff who are working one-on-one with patients (dispensing, adjusting glasses, repairs). Staff who are not directly assisting patients should conserve gloves for use by staff assisting patients and practice regular handwashing (see below).
- e. HANDWASHING (for 20 sec) IS BETTER THAN HAND SANITIZER. If you have access to a sink (break room, exam rooms, restroom, contact lens area); WASH YOUR HANDS following instructions on new signage.

- A. **All staff must wash hands for at least 20 seconds with soap and water:**
  - 1. **upon arrival** in the office
  - 2. **before and after** each patient
  - 3. **before and after** eating
  - 4. **after** using the restroom.
- B. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

**Handwashing protocol for your safety and patients' safety:**

- a. **Before** and **after** touching your face
  - b. **After** blowing your nose, coughing, or sneezing
  - c. **Before** and **after** touching objects others will/have touched
  - d. **Before, during, and after** preparing food
  - e. **Before** eating food
  - f. **After** using the toilet
  - g. **After** touching garbage
- C. CDC **"How to Properly Wash your Hands"** notice posted at all clinic sinks.
- f. COVER YOUR COUGH/SNEEZE: Cough or sneeze into elbow, not hand.
  - g. LONG HAIR – you are encouraged to wear your hair back to minimize hand-to-face contact
  - h. AN END TO HANDSHAKING (NO SHAKING HANDS, NO ELBOW BUMPS, NO HIGH FIVES)
  - i. MAINTAIN SOCIAL DISTANCE between ourselves whenever possible; maintain social distance between us and patients with the exception of when required to provide care.)
  - j. NO FOOD OR DRINK OUTSIDE OF DESIGNATED AREAS. Eating happens in a designated and separate break areas only. (Break room and conference room – one person at a time in each area and signs posted to note they are occupied)
  - k. CLEAN UNIFORM AND MASK EACH DAY. All uniforms must be freshly laundered and no uniform items are to be re-worn more than one day in a row without being washed first. This includes tops and bottoms, socks, etc. All articles of clothing should be immediately removed upon returning home and washed in hot water with detergent.

C. PHYSICAL MODIFICATIONS

- A. 4 large breath shields installed on Haag Streit slit lamps (patient/doctor protection)
- B. 2 large sneeze guards installed at front desk/check in/payment (patient/staff protection)
- C. Markers to maintain social distancing at front desk and dispense
- D. Doors locked while open to allow entry by appointment only
- E. Computer workstations assigned to one staff person per day and clearly marked with name tag (limit sharing of phones and computers throughout the day)
- F. Encouragement of contactless payment methods via Square reader
- G. Removal communal items/shared items touched by many:
  - 1. Magazines/books
  - 2. Toys from kids area
  - 3. Disinfected pens only in brush holder (2 – clearly marked "clean pens") for patient use
  - 4. Scissors, used pens, other shared tools such as PD rulers, wet pens, lab pens
    - a. in "clean" and "used" bins that are distinctly different and not available to be used by the public (stored away from common countertops)
  - 5. Reduce the clutter! The less there is stored on countertops, the less you will have to wipe down and clean. Minimize boxes/trays/folders sitting on countertops.

1. IDENTIFICATION AND ISOLATION OF SICK PERSONS:

A. STAFF

- a. Refer to Look + See Document [GUIDANCE FOR DAILY COVID-19 SCREENING FOR EMPLOYEES](#) for detailed protocols.
- b. Staff who are exhibiting symptoms will immediately leave the premises; supervisor to provide information regarding how to be tested and how to seek care.
- c. Any staff with known, prolonged exposure (more than 15 minutes) in close contact (less than 6 feet) to someone with COVID-19 will be required to self-quarantine for 14 days or until the sick person has been symptom free for 3 consecutive days.
- d. [Signs from the MN Department of Health](#) are on display on front door and back entrance door.
- e. Information regarding Families First Coronavirus Response Act – Paid Leave has been distributed to all employees.
- f. If an employee has tested positive for COVID-19, it is our obligation to immediately notify all staff. Employers must not disclose the identity of an employee who has tested positive for COVID-19 or reveal their medical conditions, if known. An employee who tested positive will be asked to provide a list of individuals (employees, patients, vendors) with whom they have come in contact in the last 14 days in connection with their employment.

B. VISITORS

- a. All patients to be called/texted on the morning of their appointment to complete current [COVID-19 screening questions](#). Answers documented; scan to EHR.
- b. Asking patients who are sick to stay home. Maintain signage that says “if you have symptoms, we will reschedule your appointment. We advise you to call your primary care physician by phone before going to their office.” Signs are posted.
- c. Notice to every patient in advance of their appointment re: virtual check in, and do not arrive at your appointment if you are sick.
- d. Locked doors with visitors to call upon arrival for entry (See [Notice to Patients](#) for document sent to all patients one day before their appointment (same day if scheduled same day)
- e. Ensure each visitor is wearing a mask prior to entry (visible at front door; over the phone entering back door). Signs indicating a mask is required are posted.
  - a. Visitor not wearing mask will be asked to retrieve mask or will be provided a single-use mask.
  - b. Visitors who refuse to wear a mask; must leave premises at once and any further discussion will happen over the phone.
- d. Technician to screen each visitor for fever with forehead thermometer.
  - a. Sterilize with new alcohol wipe – wipe for 15 seconds, air dry for 15 second
  - b. Temp greater than 100.4° F to leave and seek care via phone with primary health care provider; add to recall for RESCHEDULING when 3+ days symptoms free.
  - c. If temp is normal, guide visitor to rear hallway restroom to wash hands for 20 seconds prior to entering.
  - d. Disinfecting spray and paper towels in back hallway for disinfection of doorknobs.
  - e. Rear restroom to serve as primary entrance handwashing station; staff restroom inside to be used as staff and visitor restroom.
  - f. Staff escort patients with doctor appointments directly to a disinfected exam room (no waiting in common areas)
    1. Signs to indicate room has been disinfected or needs disinfection on each door
- e. Maintain documentation of every person who enters the clinic each day; appointment scheduler must be kept accurately per usual for doctor appointments; now maintaining an appointment schedule for frame selection, adjustment, repair, etc; add names of vendor visitors to scheduler as they arrive after the end of day on the scheduler (UPS, USPS, Fed Ex, etc – name of individual; if you don’t know, ASK!)

### 3. ADMIN CONTROLS FOR SOCIAL DISTANCING

- A. Staff to maintain social distancing from each other at all times while at work.
  - i. Reduced staff in office at any one time – max 5 staff; 2 teams of 5 staff max per day
  - ii. Temporary hiatus of Optometric Technician assisting doctors in exam room.
  - iii. Remain at least 6 feet apart whenever possible.
  - iv. Do not congregate or gather with other team members. **Consider how to maintain patient confidentiality while also maintaining social distance.** Conversations had in private areas which allow for >6 feet distance between parties, over the phone, or via email with normal HIPAA practices to protect identities in place.
  - v. Doctors seeing patients without a tech or scribe to minimize # of people in room.
    - 1. Role of Tech/Scribe changes from constant direct patient interaction to assisting with check in/prep/cleaning exam rooms before and after patient care.
    - 2. Tech/Scribe available to take scans/visual fields – doctors will need your continued help with scans and visual fields
- B. LOCKED FRONT DOOR TO CONTROL ACCESS during business hours.
  - i. Front door may be used as an exit or to allow patients in who have appointments.
  - ii. Sign on front door – “We are open by appointment only; please call 612-379-1555 if you have an appointment or would like to schedule”
  - iii. See Notice to Patients for Check in procedure.
- C. Only the patient and one guest from the same household may enter the clinic for their appointment with the following exceptions:
  - i. Only one parent or guardian allowed to be present at a minor child’s exam. No additional children or parents or guests are allowed.
  - ii. Dedicated exam times for elderly or at-risk patients (first exam appointment each day)
    - 1. At-risk patients can schedule anywhere else, but priority will be given to elderly/at-risk for the first appointment of each day.
    - 2. Who is “at-risk”?
      - a. Patients over 60 years of age.
      - b. Pregnant women.
      - c. People who are at higher risk for COVID (respiratory disease, diabetes, cancer)
- D. SPACING OF APPOINTMENTS
  - i. Spacing of appointments to accommodate one doctor schedule per day; spacing of appointments to slow flow of patients through the practice.
  - ii. Appointments to be scheduled every 40 minutes – allows for one patient in clinic space at a time and ample time for exam room disinfection before and after each patient encounter.
  - iii. Contact lens follow ups by telehealth unless specifically indicated by doctors.
  - iv. Continued offering of telehealth consultation for determination of necessity of in-person visit
- E. NEW – APPOINTMENTS FOR OPTICAL SERVICES
  - i. To ensure we have control over the number of people in the office at any one time, we are scheduling appointments to shop for eyewear, appointments to dispense eyewear, and appointments to troubleshoot
  - ii. Time allowance for frame selection: 60 min
  - iii. Time allowance for adjustment and repair: 20 – 40 minutes
- F. CONTROL of patient flow throughout the office.
  - i. Patient enters the office and is escorted directly to a sanitized exam room.
  - ii. No patients here for exams waiting in common areas.
  - iii. Patient remains in same exam room through exam and dilation.
  - iv. Patient hand off from doctor to optical staff at completion of exam at exam room.
  - v. Opticians to assist with pulling/entering contact lenses and bringing into exam room.
  - vi. Continue to offer curbside pickup and shipping of contact lenses, glasses, and accessories to minimize number of people entering office.
  - vii. No appointment needed for curbside pickup.

## G. PAYMENTS

- i. The Square reader no longer requires a patient signature.
- ii. If a patient requests a receipt, please ask them to tell you their phone number for texts or email and enter it for them. Avoid having the patient touch the Square reader.
- iii. No cash payments, no checks. Credit card only.

## 4. CLEANING AND DISINFECTION PROTOCOLS

### a. OPENING PROTOCOLS

Added to Opening Duties Checklist:

Before initiating patient care, all surfaces in the office need to be disinfected with appropriate cleaning supplies. This includes (but is not limited to, and list may be expanded at any time):

- i. doorknobs (both sides – all entrance/exits, exam rooms, and offices, lab, VF)
- ii. cabinet and drawer handles (optical, FD, exam rooms)
- iii. desk tops/countertops (optical, FD, exam rooms, break room, conference room)
- iv. sinks/sink handles (both bathrooms, all exam rooms, exam 5, lab, CLs area)
- v. toilet flushing mechanism, seats, and all bathroom surfaces
- vi. hardback chairs/chair arms (all desks, patient chairs, all exam chairs)
- vii. computer mice and keyboards
- viii. tablets
- ix. phones
- x. light switches and switch box
- xi. mirrors

Shared items to be disinfected and restocked at close:

- i. pens (brush stand for disinfected pens only), bin for used pens to be disinfected
- ii. scissors/markers/pd rulers

### b. EXAM ROOM PROTOCOLS:

In between each patient everything needs to be disinfected with appropriate cleaning supplies between each patient. This includes but is not limited to:

- i. slit lamp shield, table base, joystick, power buttons, chin/forehead rests, levers on stand arm
- ii. arms, headrest, and seat of the exam chair
- iii. countertop, keyboard, mouse
- iv. VRx keypad and dials
- v. doctor chair and height adjustment lever
- vi. guest chairs
- vii. doorknobs/handles both inside and out
- viii. phoropter head rest, facial area, and knobs (ensure lenses are clear before leaving!)
- ix. any surface touched by the patient including but not limited to occluders, near point cards, etc.
- x. any surface touched by the doctor or technician including but not limited to condensing lenses, pens, penlights, handheld equipment, binocular indirect ophthalmoscope, eye drop bottles, tonometer tips, etc.

### c. PERIODIC PROTOCOL

On a regular schedule throughout the day, disinfection of:

- i. doorknobs and handles
- ii. mirrors
- iii. chairs and armrests
- iv. phones
- v. keyboards and computer mice

d. BEFORE AND AFTER EACH USE:

Employee who uses the following will disinfect surfaces before and after each use:

i. breakroom (or conference room used for break)

1. all surfaces in break room, including but not limited to microwave oven buttons, refrigerator door handles, table tops, cabinet and drawer handles, and chairs

ii. restroom (sink, sink handles, light switch, doorknobs, flushing mechanism, seat)

e. CLOSING PROTOCOL

Disinfection of all surfaces listed in Opening and Exam Room protocol

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OTHER CONSIDERATIONS:

1. Signs to mark that someone is in the break room; boundaries when someone is in the breakroom or conference room; employees maintaining social distance
2. No shareable or common food items in the breakroom (We cannot have cookies/donuts/etc that can be touched by many people. If we are bringing something to share, each serving must be individually packaged)
3. No eating or drinking on the floor. To do so means removing your mask, which is not permitted. Eating and drinking can only happen in designated areas where your mask can be removed – NO EXCEPTIONS.
4. “Everything in its place.” – After using an item, put it in the “to be disinfected” bin; after disinfection, put it away. Leaving items on counters means they will need to be disinfected again, and the surface they are on will need to be disinfected again.
5. Regular disinfection of the following items after each use:
  - iii. pens (brush stand on order for clean pens), bin for used pens to be disinfected
  - iv. scissors/markers/pd rulers
  - v. tablets
  - vi. keyboards
  - vii. phones
  - viii. light switches
  - ix. doorknobs
  - x. cabinet handles
  - xi. desk tops/countertops
  - xii. sinks/sink handles
  - xiii. hardback chairs/chair arms
  - xiv. computer mice
6. Dedicated use of devices by one staff person per shift. Each staff person will be assigned a computer. They are only to use that computer each day. A nametag will be attached to each computer at the beginning of the day. Only the person whose name is listed may use that computer. The same will be true for the phones. We cannot be sharing phones and computers. If you must change computers, you are responsible for disinfecting both computers (the one assigned to you and the one you choose to use) before and immediately after use to prevent another person from using your used computer.
7. Asking patients who are sick to stay home. Maintain signage that says “if you have symptoms, we will reschedule your appointment. We advise you to call your primary care physician by phone before going to their office.”
8. Notice to every patient in advance of their appointment re: virtual check in, and do not arrive at your appointment if you are sick.

**OPTICAL MEASURES (SEE OPTICAL DOCUMENT FOR MORE DETAILS – “COVID 19 OPTICAL SAFETY AND SANITATION PROCEDURES”):**

**1. PATIENT CARE**

- a. Handoffs will be done at the end of a patient’s appointment, after their dilation has already been checked (if applicable). This will allow for less face to face contact.
- b. A patient who is here for optical assistance may come accompanied by one person living in the same household.
- c. Adjustments, Frame Selections, and Dispenses will be by Appointment Only until further notice. These appointments will be scheduled on the “Temp Doctor” scheduler column. Please make an appointment and put the patient’s name and what they are coming in for in the notes. If a patient requests walk- in service for optical assistance at a time when the optical team is available, we will need to complete COVID screening prior to allowing entrance. You may need to ask the patient to schedule a time to come back if it is not appropriate for them to enter at the time they arrive (other patients are scheduled and office is at capacity to allow for safe distancing during interaction). One patient per optician at a time.
- d. All opticians are required to wash their hands for 20 seconds between each patient or customer that they help, this includes taking a payment, adjustments, measurements, or any other interactions.
- e. All frames that are touched or tried on by patients must be sanitized prior to return to display.
- f. All frames that need to be sanitized belong in a TO BE DISINFECTED bin. They will need to either be placed in the UV box for no less than 1 hour or placed in a Barbicide solution for no less than 10 minutes.
- g. Measurements should be taken using the SpecTech measuring devices unless manual measurements are deemed absolutely necessary.
- h. Neutralizing glasses – glasses to be disinfected in ultrasonic cleaner following handling by optician.

**2. STAFF PROCEDURES - OPTICAL**

- a. All optical tools (including pens, scissors, tape dispenser, pliers, screwdrivers, etc) must be disinfected prior to returning to the drawer.
- b. Opticians will be assigned a computer/station to work at each day. It is expected that your work station will be disinfected between patients and you will stay at your assigned station each day.

**LAB MEASURES:**

- f. Only 1 person is to be in the lab at a time. Whoever is working in the lab each day is to be the only person in the lab.
  - i. The door is to be closed when anyone is working in the lab.
  - ii. Whoever is working in the lab is required to disinfect all surfaces when closing the lab at night. This includes the blocker, edger, sonic cleaner, sink, countertops, and any other tools used.

**DISINFECTION:**

The following surfaces will be disinfected before and after every patient encounter:

- a. Exam room countertops
- b. Arms and chair back/seat of patient exam chair
- c. Patient handles on slit lamp
- d. Computer mouse
- e. Door handle (both sides of door)
- f. Light switch
- g. Sink and sink handles
- h. All pens and exam tools (PD ruler, fixation targets, everything stored in the cup)
- i. Phoropter – turn it around and wipe the patient side while looking at the patient side



- i. Ensure the lenses are clear before leaving the room. If not, wipe the lenses with lens cleaner and dry with a cotton towel.

TAKE CARE when disinfecting surfaces near medical equipment.

- a. DO use CLOROX WIPES to protect medical equipment from spray products and overspray.
- b. DON'T spray cleaner on or near:
  - i. The slit lamp
  - ii. The phoropters
  - iii. The phoropter control panel (on the countertop)
  - iv. The headlamp (BIO)
  - v. The lensmeters
  - vi. OCT
  - vii. Nidek
  - viii. Autorefractor

In addition to the standard cleaning protocol WITH ISOPROPYL ALCOHOL WIPE in front of the patient:

- a. All chin rests/forehead rests
- b. Tonometer tips (iCare and Goldmann)
- c. Phoropter – wipe the patient side again in front of the patient. The majority of the cleaning should be done after the visit; ensure lens windows remain clear for proper viewing during refraction.
- d. All occluders (pinhole and regular)

DISINFECT all equipment with the best available disinfectant BEFORE and AFTER patient care (see separate section on disinfection below).

#### USE OF DISINFECTANTS:

Cleaning and disinfection will be a team effort. We will have one person a day dedicated to cleaning and disinfection. In many ways, this will be the most important role in the office.

The following is a list of disinfectants approved for use in the office:

- Seventh Generation Disinfecting Bathroom Cleaner – approved for hard surfaces (countertops) – do not use on wood desks or wood surfaces – contact time 10 minutes
- PineSol diluted spray for use on WOOD desks and wood cabinets.
- Clorox or Up & Up Disinfecting Wipes for use on medical equipment only.

FOR WOOD CABINETS/CABINET HARDWARE/WOOD DESKTOPS – Use PineSol Spray as directed

We have custom wood cabinets in our office These are natural wood surfaces. Using unapproved disinfectants will damage the wood. It is possible to clean and disinfect without ruining the wood surfaces. To do so, you must use the correct cleaning products.

*Steps For*

## **AN EXPERT CLEAN**

Learn how to clean wood furniture and how to disinfect wood furniture with Pine-Sol multi-surface disinfectant.

step

**1**

Mix  $\frac{1}{4}$  cup of Pine-Sol<sup>®</sup> for each gallon of water.

step

**2**

Dampen a soft sponge, cloth or mop with the mixture to wipe down the surface.

step

**3**

Scrub stubborn spots with a gentle scrub brush or mop. Use Pine-Sol<sup>®</sup> full-strength if needed, following up with a water rinse.