



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>
- 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. 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.

- e. COVER YOUR COUGH/SNEEZE: Cough or sneeze into elbow, not hand.
- f. LONG HAIR – you are encouraged to wear your hair back to minimize hand-to-face contact
- g. AN END TO HANDSHAKING (NO SHAKING HANDS, NO ELBOW BUMPS, NO HIGH FIVES)
- h. MAINTAIN SOCIAL DISTANCE between ourselves whenever possible; maintain social distance between us and patients with the exception of when required to provide care.)
- i. 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)
- j. 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. Upgraded air filters throughout the clinic and optical to MERV 13 per ASHRAE recommendations¹.
- D. HEPA air purifiers in every exam room where social distance cannot be consistently maintained.
- E. Markers to maintain social distancing at front desk and dispense
- F. Table barrier(s) in front of entry way(s) to ensure patient(s) will fill out COVID-19 screening questionnaire before any service.
- G. Encouragement of contactless payment methods via Square reader
- H. 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. Information regarding Families First Coronavirus Response Act – Paid Leave has been distributed to all employees.
- e. 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. 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.
- b. Notice to every patient in advance of their appointment re: virtual check in, and do not arrive at your appointment if you are sick.
- c. Table barrier(s) are set up in front of entry way(s) to ensure that patients are completing COVID-19 screening questionnaire before any services are fulfilled.
- d. 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.
 - 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;

3. ADMIN CONTROLS FOR SOCIAL DISTANCING

- A. Staff to maintain social distancing from each other at all times while at work.
 - i. Remain at least 6 feet apart whenever possible.
 - ii. 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.
- B. 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.
- C. SPACING OF APPOINTMENTS
 - i. Spacing of appointments to accommodate, spacing of appointments to slow flow of patients through the practice.
 - ii. Appointments to be scheduled every 40 minutes –and ample time for exam room disinfection before and after each patient encounter.
 - iii. Continued offering of telehealth consultation for determination of necessity of in-person visit
- D. CONTROL of patient flow throughout the office.
 - i. Patient remains in same exam room through exam and dilation.
 - ii. Patient hand off from doctor to optical staff at completion of exam at exam room.
 - iii. Opticians to assist with pulling/entering contact lenses and bringing into exam room.
 - iv. Continue to offer curbside pickup and shipping of contact lenses, glasses, and accessories to minimize number of people entering office.

- v. No appointment needed for curbside pickup.

E. 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.

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 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.
3. “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.
4. 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
5. 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.”
6. 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. All opticians are required to wash their hands for 20 seconds between each patient or customer that they help, or use hand sanitizer. This includes taking a payment, adjustments, measurements, or any other interactions.
 - d. All frames that are touched or tried on by patients must be sanitized prior to return to display.
 - e. 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 Dawn dish soap solution for no less than 30 minutes.
 - f. 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.

LAB MEASURES:

- f. Only 1 person is to be in the lab at a time.
 - i. 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 lensometers
 - vi. OCT
 - vii. DRS
 - viii. Autorefractor

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

- a. Tonometer tips (iCare and Goldmann)
- b. All chin rests/forehead rests
- 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. Each individual will be responsible for cleaning and disinfecting the area they are working in, and cleaning up after any patient(s) they may work with.

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.
- Lysol disinfecting spray
- 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.



Mix ¼ cup of Pine-Sol® for each gallon of water.



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



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

1. *Q: What is the size of the SARS-CoV-2 virus, and can it be captured by ventilation filters?*

A: Research has shown that the particle size of the SARS-CoV-2 virus is around 0.1 µm (micrometer). However, the virus does not travel through the air by itself. Since it is human generated, the virus is trapped in respiratory droplets and droplet nuclei (dried respiratory droplets) that are predominantly 1 µm in size and larger.

ASHRAE currently recommends using a minimum MERV 13 filter, which is at least 85% efficient at capturing particles in 1 μm to 3 μm size range.

1.