Revised: December 2021

RETURN TO WORK: INFECTION PREVENTION AND CONTROL FOR OPTOMETRIC PRACTICE

The following document presents guidance for optometrists returning to work during the ongoing COVID-19 pandemic. This information was developed through consultation with Infection Prevention and Control for Clinical Office Practice,[1] public health information specific to COVID-19,[2] and profession-specific guidelines, and will be modified in the event of additional directives by the Ministry of Health (MOH) and as the COVID-19 pandemic evolves**. The contents of this guidance will be reviewed and updated as Ontario progresses through each phase of its recovery.**

Optometry practices must comply with both the College's Return to Work guidance and the Ministry of Health guidance *COVID-19 Operational Requirements: Health Sector Restart* when providing care.

Contents

Revised: December 2021

Summary of Requirements

- Do not schedule appointments for any person who fails COVID-19 screening as per the Ministry of Health document/tool.
- Hands must be cleaned before and after every patient interaction.
- Hand sanitizing stations must be available at clinic entrances and must be used by anyone entering the clinic.
- Optometrists and staff must wear personal protective equipment (PPE) covering their mouth, and nose, when interacting with patients.
- Eye protection may be used based on clinical discretion.
- Anyone entering the office, including patients, must wear a mask.
- Health Canada guidelines must be followed if reprocessing PPE.[5]
- Optometrists must consider how physical distancing can be maintained in the office (> 2 m).
- Slit lamp shields must be installed.
- Optometrists must update and document their standard operating procedures (SOPs) related to infection control.
- Every device or appliance (including eyeglass frames) that patients contact must be cleaned and disinfected before use with the next patient.
- Optometrists and their staff must not present to work if they fail the COVID-19 screening as per Ministry of Health guidelines.
- Automated visual field assessment must only occur when necessary, and with patients wearing a properly secured mask covering their mouth and nose.

Revised: December 2021

Summary of Recommendations

- Telehealth/virtual consultations[6] are recommended if in-person care is not required.[7]

- It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.

- It is strongly recommended that optometrists provide dispensing services (spectacles & contact lenses) by appointment only, and direct delivery should be used when optometrists consider it is appropriate.

Risk Assessment and Screening

A risk assessment and screening[8] must be performed before every interaction with a patient, including at the time of scheduling an appointment and upon arrival at the office. When scheduling appointments, optometrists must screen patients using the COVID-19 screening tool as per Ministry of Health, and reason for visit. Optometrists must not schedule an appointment for any person with a positive screening result for COVID-19. Patients with a positive screening result for COVID-19 should be referred to their local Public Health Unit. If a patient has a positive COVID-19 screening, and urgent eye care may be required, optometrists should consult an ophthalmologist or access the ophthalmologist on-call, depending on the arrangements in their local communities. If no other options are available, patients with symptoms of COVID-19 who require urgent eye care can be referred to the emergency room.

Optometrists are recommended to implement a system for virtual and/or telephone consultations. When screening the reason for a visit, optometrists should consider whether in-person care is required or whether care could be provided using virtual consultation to support ongoing physical distancing in the community.

Conjunctivitis (pink eye) is an atypical symptom of COVID-19. [4] The Ministry of Health has re-classified conjunctivitis from being a positive screening question to being a possible symptom for management of high-risk individuals by local Public Health Units. Optometrists screening patients with complaints of pink eye (conjunctivitis), may manage these patients using virtual or in person consultation, using their professional judgement.

Optometrists should consider scheduling appointments only by telephone, email, and/or website application.

Optometrists should consider whether a temperature assessment, using an infrared thermometer, is appropriate as part of their risk assessment protocol for when patients arrive at the office.

Revised: December 2021

Hand Hygiene

Hand hygiene[9] is considered the most important and effective infection prevention and control (IPAC) measure to prevent the spread of COVID-19. Optometrists and their staff must clean their hands before and after every patient interaction. In addition, optometrists must clean their hands before and after any contact with a patient's eye/tears, and upon the insertion and removal of gloves. Cleaning hands with soap and water for at least 20 seconds is recommended. In order for hands to be cleaned at the right time, it is necessary to be able to clean hands at the point-of-care. Where optometrists do not have a sink in their exam room, alcohol-based hand rub (ABHR) may also be used (a minimum of 70 per cent alcohol).

Optometrists must have a hand sanitizing station available at their office's entrance/reception, and elsewhere in their office, for use by patients. Optometrists must require that all persons sanitize their hands upon first entering the office. Optometrists should not use homemade hand sanitizers.[10]

Personal Protective Equipment (PPE)

PPE is worn to prevent the transmission of microorganisms from patient to staff and from staff to patient. Optometrists and staff must wear PPE covering their mouth and nose when interacting with patients (i.e., whenever they are within 2 m of one another). If a patient is unmasked, eye protection is required. If a patient is masked, eye protection may be used based on clinical discretion.

Eye protection includes safety glasses, safety goggles, face shields and visors attached to masks. Eye protection should provide both front and side coverage. Prescription glasses, without a side shield, are not acceptable as eye protection.

Optometrists should not compete with front-line workers for PPE that may be in short supply, such as N95 respirators. Surgical masks are considered an appropriate alternative to N-95 respirators as long as optometrists are not performing aerosol-generating procedures. If N-95 respirators are not available, the risk of droplet dispersal is further reduced by the patient also wearing a mask. Optometrists should use their judgment regarding masks that may be appropriate (e.g., surgical masks, N-95 respirators, or other comparable alternatives).

Optometrists should consider wearing gloves and/or using disposable cotton tip applicators whenever they are touching patients' eyes or eyelids. Optometrists should consider the types of gloves that suit their care activities. Latex gloves are generally not recommended because of the risk of allergic reaction. Wearing gloves is not a substitute for hand hygiene.[1]

Optometrists and their staff are expected to wash any worn gowns or clothing at the end of each day.

Optometrists must not allow any person (> 2 years of age) into their office who is not wearing a mask (disposable/reusable). When scheduling appointments, patients should be advised to arrive to the office wearing a mask. Ideally, optometry offices should have inventory to sustain recommended PPE use for

its workforce and patients for two weeks without the need for emergency conservation effort. Optometrists must follow Health Canada guidelines if reprocessing PPE.[6]

Optometrists are responsible for educating themselves and staff on how to safely fit, put on, take off, replace and reprocess (if appropriate) PPE.

Precautions to Maintain Physical Distancing

Physical distancing (> 2 m) – Optometrists must consider how physical distancing can be maintained in their office including, but not limited to, the frequency and interval of appointments scheduled; emphasizing punctual arrival for appointments; only admitting patients to the office by appointment and at the time of their appointment; dispensing spectacles and contact lenses by appointment only; repositioning chairs in the reception/waiting area; using ground markings; limiting the number of people allowed in the office and exam room(s) at any time; recommending to patients that they attend their appointment alone or with as few other people as possible (e.g., one parent/support-person/substitute decision maker).

Contact-less procedures – Optometrists are encouraged to adopt contact-less procedures where possible, including but not limited to, contact-less payment systems, when collecting patient information, and the electronic delivery of prescriptions and receipts (e.g., by email).

Protective barriers – Optometrists must install slit lamp shields. Other protective barriers, e.g., plexiglass barriers in the frequented areas of reception and pre-test, should be considered depending on the office layout, where possible.

Control of the Environment

Optometrists must document and update their SOPs regarding infection control of the office environment (an example is provided in Appendix 1). Every person working at an optometric clinic (optometrists, staff, and student interns) must review SOPs related to infection control.

Optometric office settings will usually feature two components:

> ***Public component*** is the public areas of the clinical office that are not involved in patient care. This includes waiting rooms, offices, corridors and service areas. Areas designated in the public component are cleaned with a detergent.
>
> ***Clinical component*** is the area involved in patient care. This comprises the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital grade disinfectant. ‘High-touch’ surfaces may require more frequent cleaning.

Every device or appliance (including eyeglass frames) that patients come into contact with must be cleaned and disinfected before use with the next patient. Follow the manufacturer's instructions regarding appropriate contact time and the use of agents, in order to provide appropriate cleaning and disinfection and avoid damaging equipment or appliances.

Optometrists should refer to Health Canada's website for a list of disinfectants with evidence for use against COIVD-19.[11]
Equipment cleaning, disinfection and hand washing should be performed in front of patients, where possible.
It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.

Optometrists should consider ways to improve ventilation to maximize airflow in their offices by reviewing Public Health Ontario's document on Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19.[12]

Administrative Controls

Optometrists and their staff must not present to work when ill with symptoms of infection. Any person with symptoms of COVID-19 should stay home, contact their primary care provider or local Public Health Unit, and should not return to work until they are asymptomatic or have been cleared by their primary care provider or local Public Health Unit of any concern of COVID-19.

Any confirmed case of COVID-19 in an optometrist, staff member or visitor to the office should be reported to the local Public Health Unit. Optometrists should follow the subsequent directions of their local Public Health Unit. In order to facilitate contact tracing, optometrists must maintain a log of every person who visits their office, including date and time.

Optometrists and staff should plan their work schedules so to minimize the number of people in contact with patients/visitors, and one another. Optometrists should also consider whether it is appropriate to continue to practice at multiple locations.

Optometrists and staff must complete a COVID-19 screening assessment daily.

Optometrists and their staff should adhere to the recommended Infection Prevention and Control for Clinical Office Practice document[1] and local Public Health Unit recommendations.

It is recommended that staff work at individual workstations, if possible. Efforts should be made to have patients interact with as few staff as possible.

Revised: December 2021

Clinical Guidance

Optometrists performing contact lens fittings should consider measures that would limit the amount of time spent in close proximity to patients in the office.

It is strongly recommended that optometrists provide spectacle and contact lens dispensing services (OPR 6.4, 6.5) [12] by appointment only, and direct delivery should be used when considered appropriate.

Automated visual field assessment (OPR 6.8)[12] must only occur with patients wearing a properly secured mask covering their mouth and nose.

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. There is no current evidenced-based consensus regarding the COVID-19 risk associated with non-contact tonometry (NCT).[13] However, risk is certainly reduced through patient screening, wearing PPE, and disinfection of the equipment and surrounding environment. Optometrists should consider using other equipment to measure IOP, if possible.

Optometrists should refer to industry standards regarding how to clean and disinfect specific devices[14] and appliances (including frames of different materials).

Optometrists may consider the use of minim diagnostic pharmaceutical agents (eye drops).

Revised: December 2021

References

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[3]COVID-19: Stop the spread. https://www.ontario.ca/page/covid-19-stop-spread

[4]COVID-19 Reference Document for Symptoms. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

[5]Conservation and Decontamination N95 Facemasks and PPE. Infection Prevention and Control Canada. https://ipac-canada.org/reprocessing-of-ppe.php

[6]Telehealth Policy for Optometrists. College of Optometrists of Ontario. https://www.collegeoptom.on.ca/wpcontent/uploads/2016/06/Telehealth_Policy_for_Optometrists.pdf

[7]Guidance for Primary Care Providers in a Community Setting. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

[8]COVID-19 Patient Screening Guidance Document. Ministry of Health. Ontario. http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

[9]Hand Hygiene. Public Health Ontario. https://www.publichealthontario.ca/en/healthtopics/infectionprevention-control/hand-hygiene.

[10]Homemade hand sanitizers may present health risks. Recalls and safety alerts. Canada. https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72687a-eng.php

[11]Hard-surface disinfectants and hand sanitizers (COVID-19): List of disinfectants with evidence for use against COVID-19. Health Canada. https://www.canada.ca/en/healthcanada/services/drugshealthproducts/disinfectants/covid-19/list.html

[12] https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en

[13]Optometric Practice Reference (OPR). College of Optometrists of Ontario. https://www.collegeoptom.on.ca/members/professional-practice/optometric-practice-reference-opr/

Revised: December 2021

[14]Use of non-contact tonometry to measure intra-ocular pressure during COVID-19. The College of Optometrists (UK). https://www.college-optometrists.org/the-college/mediahub/newslisting/noncontact-tonometry-covid-19.html

[15]How to clean and disinfect your instruments to lower the risk of COVID-19 transmission. Cleaning, Disinfection and Safety Protocols. Innova. https://innovamed.com/covid-19-cleaninganddisinfectionprotocol

Revised: December 2021

Appendix A: Sample Standard Operating Procedure

(If using this sample, it should be filled in/personalized)

Frequency legend:

1. Before direct patient contact
2. After direct patient contact
3. Before and after direct patient contact
4. End of every day
5. Weekly
6. Monthly

Who legend:

A. Optometrist
B. Staff

Disinfection Agent:

Areas for Disinfection	Area	Sub-Area	Device	Level of Disinfection	Freq.	Who	Disinfection Agent
			Spuds, Alger Brush, Lacrimal Dilators, Cannulas	High			
			Tonometer/Pachimeter probes	Follow Manufacturer Recommendations			
			Gonioscopy Lenses	Follow Manufacturer Recommendations			
			Contact Lenses	Follow Manufacturer Recommendations			
	Professional	Exam Room	Forehead/chin rests (phoropter, perimeter, OCT, camera, auto-tonometer/refractor	Low			
			Occluders, eye patches	Low			
			Diagnostic Equipment (i.e. perimeter, OCT)	Low			
			Sinks	Low			
			Exam Chair & Unit	Low			
			R/G Glasses	Low			
			Trial Frame	Low			
			Hand Held Instruments	Low			
		Lab/Dispensing Area	Contact Lens Cases	High			
			Frame warmer	Low			
			Frames on Display	Low			
			Frame Displays	Low			
			Lab hand tools	Low			
	Administrative		Desk Counters	Low			
			Computer Keyboards, Mouse & Telephone	Low			
			VISA Device	Low			
			Staplers, Tape Dispensers	Low			
			Pens, Pencils	Low			
			Fax Machines	Low			
	General Office		Waiting Area	Low			
			Toys	Low			
			Door Handles	Low			
			Washrooms	Low			
			Light Switches	Low			