

Thinking Through Your Re-Open Process

Reopen Offices Considerations: The purpose of this document is to share some helpful resources and share what other practices are doing with regard to their re-open planning process, educating yourself with the recommendations from the AOA, CDC, CMS, and OSHA as you start to think about your re-open strategy and timing. **This is not to advise practices on what to do**, but to share what others are doing to help you think through the process.

As a Health Care Professional, it is important for you to determine how and when you re-open in keeping with the guidance of AOA, CDC, CMS, OSHA as well as your state association, as well as your states and local authorities.

Consider educating yourself on recommendations given by the CDC, CMS and the AOA, and OSHA, as well as your state local Health Departments. Here are several links to help you get started.

1. AOA's Optometry practice reactivation preparedness guide: <https://www.aoa.org/optometry-practice-reactivation-preparedness-guide>
2. CDC Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I. <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
3. The Guidelines for Opening Up America Again: <https://www.whitehouse.gov/openingamerica/#criteria>
4. CMS's specific guidance on re-opening facilities to provide non-emergent and non-Covid-19 health care is in force: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
5. Coronavirus—COVID-19 updates and collaborative recommendations: <https://www.aoa.org/coronavirus>
6. CDC Clinic Preparedness Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
7. OSHA Guidance on Preparing Workplaces for COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>
8. US Food and Drug Administration Non-contact Infrared Thermometers: https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers?utm_campaign=2020-04-23%20Non-contact%20Infrared%20Thermometers&utm_medium=email&utm_source=Eloqua
9. CDC Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Consider Staff Communication: This is what we are hearing from practices and how they are approaching staff communication:

- Email or phone contact, at least weekly prior to reopening to give staff honest feedback on where the practice is in their thinking of reopening. Assure staff the criteria to reopen is driven first and foremost by their safety, the safety of their families and the safety of the practices patients. Reassert what an unprecedented time this is and that you plan on reopening when it's safe to do so and thank them for their continued support. Wish your staff and their loved ones health and safety. When appropriate indicate you're thinking on a time frame to reopen and acknowledge that this too is fluid and can change, and you will keep them updated.
- It's important that you are communicating with staff on a regular basis; you don't want your first communication to be the reopen communication.

Developing your practice protocols: Below is a list of considerations that practices are looking to include in their protocols as you plan your reopen strategy.

General info protocols to consider:

- CDC guidance re: Acceptable cleaning disinfecting / sanitization chemicals List developed and use based on manufactures instructions
- Daily pre and post open hours cleaning and disinfecting instructions for staff to follow
- Policy: Cleaning and disinfecting needs to be documented and inventoried by management
- List of human touch surfaces in the office and frequency of sanitizing: for example After each use; once an hour; daily; etc

Resources that may be helpful:

CDC When and How to Wash Your Hand: <https://www.cdc.gov/handwashing/when-how-handwashing.html>

CDC Cleaning and Disinfection for Community Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

EPA List N: Disinfectants for Use Against SARS-CoV-2 : <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html

FDA Coronavirus (COVID-19) Update: FDA provides guidance on production of alcohol-based hand sanitizer to help boost supply, protect public health:

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-provides-guidance-production-alcohol-based-hand-sanitizer-help-boost?utm_campaign=032020_PR_FDA%20provides%20guidance%20on%20production%20of%20alcohol-based%20hand%20sanitizer&utm_medium=email&utm_source=Eloqua

Department of labor Healthcare Workers and Employers: <https://www.osha.gov/SLTC/covid-19/healthcare-workers.html>

- Employee attendance statement - when to stay home based on symptoms, Test Based strategy / Non-test based strategy according to CDC & who to report illness to in the practice
- Employee attendance statement - when to return to work and PPE protocol for HCP until all symptoms are resolved or X number of days after symptoms last occurred
- Employee policy for employees who have a sick family member in their house Covid-19 and Non-covid-19
- Employee policy for employees who show up to work symptomatic or symptoms occur during the work day (Separated and sent home immediately for example and who the practice that needs to be reported to
- Employee policy if an employee has been diagnosed with Covid-19 protocol
- Checking staff for symptoms each day; Questionnaire, Temperature as staff enter the Health Care facility

Following the patient journey through your office is a good way to help you think about protocols in each area of the practice as well as including PPE requirements, disinfecting procedures, sanitizing protocols and social spacing.

Patient Journey:

Check In protocols:

- Check-in / arrival protocol: At the front door triage screening checklist; pass - enter; fail - statement for triage staff member to communicate to the patient.
- Instrument's and protocols for taking temperature, and screening questions to identify if Patient has been around other COVID positive patients, has any symptoms, etc. and how to handle.
- Where does patient wait if doctor is not available waiting room with social spacing / their car?
- Check in location once entered the office if using writing instruments sanitization protocol developed
- What PPE is required for Staff member and what PPE is needed by Patient

Examination and testing protocols:

- Examination & Testing protocol: Considerations PPE protocol of both staff, doctor and patient
- Sanitization in front of patient or before patient enters, exam lane, pretesting rooms and includes all testing equipment with specified sanitizing supplies before and after patient contact
- Address any instruments that need to be sterilized e.g. Durable medical equipment (wiped down with alcohol, inserter in a transport vehicle (plastic bag or other) and sterilized)
- Address proper disposal of disposable medical testing supplies (specifying either medical waste or regular trash based on supply)

Retail / Frame dispensary Protocols:

- Handoff by doctor; where does this happen at the Doctors exam room or sat dispensing desk where patient is seated - define
- Doctors instructions and findings with optician Social spacing considerations doctor, Optician and Patient
- Frame selection process define: patient and optician approach frame displays / optician only selects frames to be tried on at dispensing table include details on use of trays to hold selected frames for example who touches frame optician or patient and address hand sanitization protocol before frames are touched
- Frame sanitization for selected frames and frames not selected before returning to the frame display (frames non selected but touched / tried on)
- PD, fitting height, position of wear: define decision tree if you have PD and protocol for device use (spotting pupil in demo lens, pupilometer, digital measurements (smart mirror etc.) and address social spacing PPE, and post us sanitization protocol
- Patients own frame - decide if you are allowing that if not sign notification protocol and development
- Payment protocol - credit card / cash / Check. Hand to optician, put on the counter, PPE, and sanitization implications
- After patient leaves - disinfecting protocol for dispensing table, equipment used, frames tried on not selected, or selected frame, chair etc..

Product pick-up Protocols

- Contact lenses Non I&R pickup: define (curbside, in the office and if in the office sanitization protocol and collection of balance process including sanitization)
- Eyeglass pick-up: detail out the process detailing out the process. Optician washes hands, do they wear a clean pair of gloves for each dispense, use of mask, optician puts case and eyewear in a tray patient opens and tries on to minimize hand to hand passing of frame, adjustments process, balance collection process and associated sanitization of credit card etc.. Post-delivery sanitization protocol after patient leaves

Contact Lens Insertion and Removal training Protocols:

- Staff preparations Wash hands thoroughly; PPE gloves and or mask; disinfect immediate area where training will be performed including disinfecting and sanitizing defined area
- Space requirements with social spacing considerations
- Patient training - only patient unless minor then in an area guardian can observe while keeping social distance; Patient prep- wash hands thoroughly; use paper towels and discard PPE considerations for patient
- Patient instructions - describe steps address staff to not touch patient unless emergency describe staff behavior as it relates to touching patient s Cl's demonstrating insertion on themselves while touching patient contact lens
- Describe how long the session should take at a maximum and if reach that time limit set up another appointment until patient successfully accomplishes X number of insertions and removals
- Review Standard CL hygiene procedures and provide any take home instructions
- After patient has exited the I& r area describe proper sanitizing and disinfecting protocol; discarding of PPE if applicable, staff to wash hands again etc..