Re-Opening Optometry in North Carolina

The provision of North Carolina’s Stay at Home orders making eye care services essential for the health and safety of the state’s residents proved to be very important.

Under this provision, Doctors of Optometry were able to deliver important urgent and emergent eye care services in a safe and effective manner since the beginning of the pandemic. Many of these services were delivered to first responders and other health care providers, providing them with the vision they needed to continue helping other people.

The State of North Carolina is beginning to restart while giving consideration to balancing public health measures and compliance, businesses operating safely with safeguards, and protecting the most vulnerable. As patients begin seeking deferred care and additional in-person eye care services as part of the path forward, it is recommended that Doctors of Optometry standardize various protocols which have been utilized in their facilities for essential and emergency.

In addition to following state-issued directives and reviewing and implementing CDC and other state and federal health care guidelines when appropriate, this plan should be based on the availability of information and materials at the time and should be reviewed and amended appropriately as circumstances change.

Patient and Visitor Screening
Optometric practices should screen patients, visitors and staff members for symptoms of COVID-19 upon their arrival at the facility, including utilizing non-contact temperature readers when available. If taken, patient temperatures should be documented as part of the record. Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider. Staff and patients should also be screened for contact with COVID-19 positive patients. Patients and visitors exhibiting signs of COVID-19 should be rescheduled, unless an emergency dictates otherwise, and referred to an appropriate healthcare provider.

When scheduling appointments, offices should discuss with patients the need to reschedule their appointment if they develop fever or symptoms of COVID-19 leading up to the time of their appointment.

Signs should be posted on the front door/window stating that any patient who has a fever or cough must reschedule the appointment.

When patients present to the office for their appointment, they will be asked to wear a cloth face covering or mask at all times while inside the facility. Masks and cloth
face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

**Physical Distancing Measures**
Offices should implement physical distancing measures to limit close contact between individuals inside the facility. These measures could take different forms depending on the size and configuration of the facility, patient population, and other factors.

It is recommended that individuals maintain six feet of distance between each other when practical. This could be accomplished through the use of signage, tape, or roping lines to direct patients to appropriate locations. Additionally, the reconfiguration or removal of some waiting room and exam room seating may be appropriate.

Optometric practices should create or define policies to manage patient flow and maintain physical distancing. Examples of policies which could be employed include, but are not limited to:

- Screen all patients via phone before appointment and ask all patients with symptoms to reschedule.
- Requesting patients call or text the office upon arrival so entrance to and movement through the facility can be coordinated by staff,
- Instructing patients that companions should remain outside of the facility and not accompany the patient unless they are a parent/guardian of the patient or if they are a caregiver and need to assist the patient,
- Considering separate operating hours for vulnerable populations,
- Triaging and categorizing patient visits to address urgent patient needs first, and to facilitate patient flow to prevent too many patients in the office at a given time,
- Establishing an appropriate timeframe in between patient appointments,
- Implementing curbside dispensing when possible,
- Limiting the number of patients and staff members within the optical dispensary area at any one time and/or limiting the amount of time patients may be in the optical dispensary,
- Considering limiting “walk-ins” for the office or optical dispensary to prevent overcrowding,
- Allowing as many staff members as possible to work from home, and
- Continuing to offer telehealth services when appropriate.

**Infection Control and Disinfection Practices**
Optometric practices must take steps to help prevent the spread of the virus through infection control measures and disinfection practices. Hand sanitizer and other sanitary products should be readily available for employees and patients upon entering the facility.

Offices should ensure proper ventilation. They should ensure HVAC filters are high-quality, pathogen-attractive, fresh and exchanged regularly. Make air exchange rate higher if possible.
Offices should continue to use germicidal wipes to clean exam chairs and all equipment after every patient encounter. Additionally, facilities should regularly perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, counters, railings, door handles, clipboards, pens, chairs and other public area surfaces.

Care should also be taken in the handling of eyeglass frames and other products to limit opportunities for the transfer of the virus. For example, a staff member wearing gloves and a mask can assist a patient in obtaining frames from the selection available and transport them with a tray or other receptacle to the fitting area. Once a patient has completed their selection process, the staff member can disinfect each pair of frames before replacing them on display. Offices should consult with frame representatives regarding proper care of frames so as not to cause damage, and follow CDC guidance on disinfection methods for these items.

For patients engaged in vision therapy, providing a plastic bag for storage of the patient’s therapy equipment may be considered.

Early research indicates that it is still safe for patients to wear contact lenses. However, it is recommended that patients consider discontinuing contact lens use while they are sick. To ensure patient safety, offices should follow strict contact lens hygiene within the office as outlined by the American Optometric Association Contact Lens and Cornea Section, and the American Academy of Optometry. These hygiene guidelines may be found here: https://files.constantcontact.com/fd2dfe10101/245857f9-caeb-4d9c-ad18-7fb256518562.pdf. Before a new contact lens fitting, offices should consult with the AOA and/or AAO for best practices regarding hygiene and safety.

**Protective Measures**

It is strongly recommended that all practices develop a short and long-term plan for obtaining and utilizing protective equipment for the office.

All doctors and staff members that physically interact with patients are required to wear a surgical mask, medical gloves, and protective eyewear when interacting with patients. All doctors and staff should be properly trained on the use of mask and gloves.

Doctors and staff members should wash hands before and after each patient encounter. Any gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter.

A barrier shield may also be used around testing equipment and administrative areas due to the potential for close contact. Use of commercially available slit-lamp barriers or breath shields is encouraged.

Staff members should also have access to disinfectants, hand sanitizer, and soap and water. Staff members should receive job-specific training on utilizing these resources, including instruction on how to safely touch or adjust their mask or cloth face covering and performing hand hygiene immediately before and after.
Offices should regularly reinforce key messages – stay at home when ill, use cough and sneeze etiquette, and practice regular hand hygiene – to all staff members and consider placing posters reiterating these issues in areas where they are most likely to be seen.

The office will not provide books, toys, magazines, or any reading material, for patients.