THE COLLEGE OF OPTOMETRISTS

Supplementary guidance update

Managing patients attending optometry practices with symptoms of respiratory infection

Introduction

Across the UK, public health bodies publish national infection prevention and control (IPC) guidance to help ensure the safety of staff and patients within primary and secondary care, including optometry practices. This has been used to inform our Guidance for Professional Practice (GfPP) infection control guidance and our more recent COVID-19 guidance, which includes additional IPC recommendations within optometry practice settings.

Even outside of a pandemic, patients who are also unwell due to a transmissible respiratory infection may continue to present to optometry practices for eye care. This guidance should be used to assess and triage patients before they attend the practice, to protect staff and other patients from the risk of respiratory infection. It will also help to ensure that the patient is able to receive the eye care they need, at the appropriate time and setting.

Screening

All people who are booking an eye examination should be asked whether they are well. This may be online, by telephone or in person for a walk-in appointment. If they are not well, they should be screened for symptoms of respiratory infection, prior to attending the practice where possible. This should be undertaken by suitably trained support staff competent in the application of the clinical case definitions.

- An example screening question is below:
    - Do you have any of the following symptoms?
- High temperature or fever
- New, continuous cough
- A loss or alteration to taste or smell
- Runny nose
- Sore throat
- Difficulty breathing or shortness of breath

Where people have a single symptom of respiratory infection, other than a high temperature or fever, you should use your professional judgment to ensure you act in your patients' best interests and not unnecessarily defer appointments or refer to other pathways. If a person is affected by chronic respiratory conditions such as COPD, asthma, or allergies, you should deliver face to face care as normal in line with your practice's standard infection control precautions (SICPs). They should be advised to inform the practice if they develop any new respiratory symptoms prior to the appointment.

Where people have a fever or two or more recent onset (acute) symptoms of respiratory infection, you should offer remote consultation if clinically appropriate or deferral of routine eye care until they are well.

However, if these patients require urgent/emergency face to face eye care, you should apply the relevant transmission-based precautions (TBPs) detailed in the next section. If this is not possible, they should be referred to an appropriate local service, or you should contact your local hospital eye service for advice.

Transmission based precautions (TBPs)

TBPs are additional precautions when providing care to a patient with suspect or confirmed infection, as SICPs alone are insufficient in these cases to prevent transmission. Where a patient exhibits a fever or two or more recent onset (acute) symptoms of respiratory infection and requires face to face eye care, the following droplet and airborne TBPs are required:

- Attending the practice
    - Where practical and clinically appropriate, patients should be allocated to appointments at quieter times of the day to minimise contact with others and make decontamination easier
    - Patients should attend alone where possible
    - Patients should wear face coverings within the practice
    - Patients should be encouraged to use suitable alcohol-based hand-rub and/or handwashing facilities on entering and leaving the practice

- Placement in the practice
    - Patients and those accompanying them should be segregated to a separate waiting area with a physical distancing of at least 2m. If this is not possible due to practice size limitations, a partition should be used to divide the waiting area or patients should be asked to remain outside, if possible, until called
    - Clear signage should be used to indicate any separate area
    - Patients and those accompanying them should be directed to the separate waiting area and advised to remain there until called
    - Patients should maintain a physical distance of at least 2m within the practice

- In the consulting room
    - Ensure adequate ventilation within the consulting room, such as open window, mechanical ventilation or air filtration equipment
    - The largest, and ideally separate, consulting room available should be allocated
    - Clinicians should wear an appropriate face mask (i.e. FRSM) and eye or face protection – single or sessional use
    - Where an unacceptable risk of transmission in the consulting room remains following a risk assessment, the use of respiratory protective equipment may be necessary (i.e. FFP3 or equivalent)

        - Clinicians should risk assess whether they need to wear disposable gloves and apron (or gown where extensive spray/splashing anticipated) – single-use

- Cleaning the practice
    - All reusable non-invasive patient equipment used and touchpoints/surfaces during the consultation must be decontaminated using either:
        - General purpose neutral detergent in a solution of warm water followed by disinfectant solution of 0.1% sodium hypochlorite
        - Combined detergent and disinfectant solution of 0.1% sodium hypochlorite

If these solutions are not compatible with the equipment, suitable alternatives should be used according to the manufacturer's instructions

- All reusable non-invasive patient equipment and touch points/surfaces must be decontaminated:
    - Between each patient after use
    - After contamination with any blood or bodily fluids
    - At regular intervals as part of normal scheduled routine
- All rooms/areas of the practice should be decontaminated at least twice daily, with at least one first full clean and disinfection of the environment (including all non-invasive patient care equipment and all touchpoints/surfaces) followed by a second clean involving disinfection of touchpoints/surfaces
    - Minimum of 4 hours between first and second decontamination procedure
    - Rooms/areas that have not been occupied by any staff or patient since the first decontamination procedure do not require the second decontamination procedure

All members of the practice team should be familiar with both SICPs and TBPs, with appropriate responsibility assigned to ensure implementation and safe environment for staff and their patients.