HSC Health and Social Care Board

Re-establishment of General Ophthalmic Services/Primary Eyecare Services

Operational Guidance

16th December 2020

Contents

1.0 Introduction and Background

COVID-19 is a highly infectious severe acute respiratory syndrome caused by SARS-CoV-2. Due to the nature of optometry examinations optometry practice team members are at particular risk of developing COVID-19. As such primary care optometrists were informed by the Health and Social Care Board to suspend all routine General Ophthalmic Services (including domiciliary services) and enhanced service examinations on 24 March 2020, and to cease the provision of aerosol generating procedures (AGPs), including non-contact tonometry and the use of Alger brushes on 7 April 2020.

Since that date the provision of face-to-face treatment within general optometry practice has been restricted to urgent and emergency eye conditions that cannot be managed 'remotely' and in which a non-AGP can address the patient's optometry need.

This guidance document has been developed by the Ophthalmic Services Team and contains operational guidance to assist practices in their preparations for a phased return to practice. **This guidance is current at the time of issue but it is the responsibility of Contractors to continually review <u>all</u> sources of information and guidance (noted below) on an ongoing and regular basis to ensure that clinical care and business arraignments are appropriate.**

This HSCB guidance focuses on the implementation of social distancing within optometry practices, preparation of staff, and the implementation of enhanced cross-infection control procedures. The measures to facilitate social distancing of staff and patients in optometry practices will be influenced by the size, layout and location of the practice and as such each practice will need to develop their own policies and procedures following review of this guidance. As the situation is continually progressing, and specific measures may change, it is recommended that the following webpages* be reviewed regularly (*_list not exclusive_):

- o [Coronavirus Information for Optometry](#) (HSCNI)

- o PHA COVID-19 Information Webpage:
  https://www.publichealth.hscni.net/covid-19-coronavirus

- o NI Direct COVID Webpage:
  https://www.nidirect.gov.uk/campaigns/coronavirus- covid-19

- o PHE Advice for Health Professionals:
  https://www.gov.uk/government/collections/wuhan-novel-coronavirus
- o College of Optometrists: [The College of Optometrists primary eye care COVID-19 guidance: Amber phase](#)

- [Back to Work Guidance for Members of the Association of Optometrists](#)

- [COVID-19: infection prevention and control guidance](#) (Issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland, Public Health Scotland, Public Health England and NHS England as official guidance.)

- [COVID-19: personal protective equipment use for aerosol generating procedures](#) (Public Health England)

- [COVID-19: personal protective equipment use for non-aerosol generating procedures](#) (Public Health England)

- [COVID-19: Working Through This Together - A Practical Guide to Making Workplaces Safer](#) (NI Department for the Economy)

- [Managing risks and risk assessment at work](#) (Health and Safety Executive)

- [Working safely during the coronavirus outbreak](#) (Health and Safety Executive)

2.0 Practice Preparation

The development and implementation of new policies and procedures will help ensure professional and public confidence that optometry practices are as safe an environment as before the COVID-19 pandemic. As such practices could consider the following actions to facilitate social distancing within optometry practices.

2.1 Access to the Optometry Practice

- Access to the practice could be restricted to patients with pre-booked appointments
- Patients could be advised to attend alone and to minimise any personal belongings brought into the practice
- Patients could be advised to attend close to their appointment time
- Paediatric and vulnerable patients could be accompanied by one person with parental or caring responsibility. If additional carers are required this may be agreed prior to the appointment
- If car parking facilities are available patients may be advised to wait in their car prior to being invited in for their appointment
- A one-way system within the practice could be considered with separate entrance and exits
- Separate entrances for staff and patients could be considered
- Patients could be met at the door and guided through the practice. This guide should wear PPE if your risk assessment has determined this

- o Interpreting services can be provided through 'The Big Word' telephone interpretation service. Further information is available at http://www.hscbusiness.hscni.net/services/2730.htm
- o Provide hand hygiene facility for patients as they enter and exit the practice
- o Information posters in relation to COVID diagnosis, social distancing, cough etiquette and hand hygiene should be on display outside, or at the entrance to the practice, and in the waiting area (please refer to section 4.4)

2.2 Reception Area & Administration

- o Re-organise reception area to allow social distancing of staff and patients
- o Perspex screens to be considered if necessary
- o Receptionist to wear PPE following risk assessment as determined
- o Minimise the time patients stay in reception
    - Appointments could be made over the phone and not in person
    - Consider contactless payments or payment over the phone
    - Paperwork could be emailed to the practice or to the patient if possible
    - OCSPR/LESPR and the other ophthalmic claim forms (i.e. Level 1 and Level II Enhanced Service) do not need signed by the patient until further notice (patient consent should be recorded in the clinical records and signatures replace with "COVID-19")
- o Reception area and equipment to be disinfected regularly
- o Provide hand hygiene facilities for reception staff
- o If paperwork is required consider asking patients to bring their own pen

2.3 Waiting Area

- o Avoid the use of the waiting area if possible by taking patients directly to the consulting room
- o Reorganise waiting area with appropriate distancing between chairs
- o Use floor markings to indicate the necessary distancing requirements
- o Remove all unnecessary fixtures e.g. magazines, toys, drinks dispensers
- o Frequent cleaning throughout the day. It is recommended that tissues and a foot-pedal operated bin are available

2.4 Toilet Facilities

- o Use of toilets to be restricted as far as possible with disinfection/cleaning after use
- o Display signage on handwashing techniques (please refer to section 4.5)
- o Hand dryers if possible or provide disposable towels and a foot-pedal operated bin
- o Information posters in relation to cough etiquette and hand hygiene should be on display (please refer to section 4.5)

2.5 Staff Areas
Consider social distancing of staff in communal areas (e.g. rota, room reorganistion)

2.6 Equipment
It is advised that practices review the [COVID-19: infection prevention and control guidance](#) - issued jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland, Public Health Scotland, Public Health England and NHS England as official guidance - prior to an increase in the number of patients attending the practice.

3. Staff Preparation

3.1 Staff Leadership

Each practice should have nominated a COVID-19 lead as part of their COVID-19 Business Continuity Plan. The COVID-19 lead should:
- Review updated and newly published guidance
- Disseminate information to members of the optometry team
- Consider the impact on existing practice policies and procedures
- Develop new practice policies and procedures if necessary
- Review and update the Business Continuity Plan as necessary including plans for patients to access care in the event of the practice having to close
- Consider necessary staff training

3.2 Staff Training
Staff training could be considered in regards to:
- The COVID-19 case definition
- COVID-19 guidance (e.g. social distancing of patients and staff)
- Management of a possible COVID positive patient
- Practice policies and procedures to facilitate social distancing
- Enhanced Cross-Infection Control measures
- Environmental cleaning
- Use of PPE
- Management of medical emergencies/First Aid

3.3 Staff Screening

Procedures should be developed to ensure staff inform the practice of any COVID-19 symptoms or if a member of their household develops symptoms and to follow self-isolation advice. Please refer to section 4 for further details.
- Further information in regards to the diagnosis of COVID-19 is available at: https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19- information-public, and https://check.covid-19.hscni.net/

- o The process for the testing of symptomatic healthcare workers is outlined at: https://www.publichealth.hscni.net/covid-19-coronavirus/coronavirus- national-testing-programme-essential-or-key-workers
- o Requests for a test can be made via at https://www.nhs.uk/ask-for-a-coronavirus-test
- o Information in relation to the Test Trace and Protect Strategy is available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/Test-Trace-Protect-Support-Strategy.pdf
- o Staff should follow any personal medical advice given to them
- o Further advice for health care workers with underlying medical conditions is available at https://www.health- ni.gov.uk/publications/guidance-health-care-workers-underlying-health- conditions
- o Further advice for pregnant health care workers is available at https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/
- o Further advice for the employers of pregnant healthcare workers is available at https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05- 22-occupational-health-advice-for-employers-and-pregnant-women- during-the-covid-19-pandemic.pdf

3.3.1 COVID Positive staff

- o Staff with possible COVID symptoms and/or a positive COVID test should self-isolate, not attend work and book a COVID test
- o Symptomatic staff who then receive a negative COVID test can return to work when they are well
- o Symptomatic staff who receive a positive test should self-isolate for 10 days from the onset of symptoms and not return to work until after the period of self-isolation and the clinical symptoms have improved with no fever for 48 hours
- o Asymptomatic staff who receive a positive test should self-isolate for 10 days from the date of the positive test and can return to work after the period of self-isolation
- o Should they then develop symptoms they should self-isolate for 10 days from the onset of symptoms and not return to work until after the period of self-isolation and the clinical symptoms have improved with no fever for 48 hours
- o Return to work flow charts are available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905673/Flowchart_for_return_to_work_symptomatic_30_july.pdf
  and
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905674/Flowchart_for_return_to_work_asymptomatic_30_July.pdf

- Staff who have tested positive will be contacted by the PHA Test and Trace team following a COVID positive test
- Further advice should be sought from the PHA if two or more cases are identified. The PHA Duty Room can be contacted at 0300 5550119
- If appropriate PPE has been worn then patients will not be considered as close contacts and will not be required to self-isolate
- If PPE has not been worn or, has been significantly breached, then close contacts should self-isolate for 10 days* (*or as subsequently may be advised by the PHA. Please click here for up to date information on self-isolation time periods)
- A negative COVID test, in this circumstance, will not remove the need to self-isolate
- Particular care should be taken in staff areas to ensure social distancing is maintained and face coverings are worn as per section 2.5 of this guidance
- Further information in regards to management of exposed healthcare workers is available at:
  https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing/covid-19-business-setting-quick
  and
  https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings
- Frequent cleaning of non-clinical areas and compliance with section 5 of the June 2020 guidance minimises the risk to staff and patients and should minimise the need for practices to close following a staff member receiving a COVID positive test
- It is advised that members of the optometry team should deactivate Bluetooth or disable the StopCOVID NI app while providing care and treatment. Further information is available at https://www.nidirect.gov.uk/articles/coronavirus-covid-19-stopcovid-ni-proximity-app
- Practice policies in regards to the management of staff absence may require review

3.4 Staff Wellbeing

Optometrists and their staff have had to make dramatic changes to their professional and personal lives during the COVID-19 pandemic with resulting stress and anxiety. Practices should be mindful of the wellbeing of everyone who works in the practice.

- Resources available to Optometry practice staff include:
    - "Take 5 Against Covid" available at
    https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff- healthcare-workers-and-care-providers/staff-health-and
- Resources available to the general public include:
    - PHA stress control classes available at https://stresscontrol.org/
    - Helplines NI: https://helplinesni.com/

- Health Care Apps: https://apps4healthcareni.hscni.net/
- Lifeline Crisis Response: 0808 808 8000
- Samaritans: 116 123

4. Patient Pathway

4.1 Patient COVID Screening

Patients who are confirmed or possible COVID-19 positive should not be examined within general optometry practice. As such it is suggested that the following questions be asked for all patients prior to booking an appointment and prior to their attendance:

	Question	YES	NO
1	Have you tested positive for COVID-19 in the last 10 days?		
2	Are you waiting for a COVID–19 test or a test result?		
3	Have you been notified by NHS Test and Trace that you are a contact of a person (with whom you do not live) who has tested positive with COVID-19 and hence advised to self-isolate as part of the "Test, Trace and Protect" strategy?		
4	Do you have a high temperature or a fever or have had this symptom in the last 14 days?		
5	Do you have a new continuous cough or have had this symptom in the last 14 days?		
6	Do you have any change or loss of smell or taste from normal or have had this symptom in the last 14 days?		
7	Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID–19 in the last 14 days?		
8	Have you returned to the UK from abroad (non-exempt country) in the past 14 days?		

Patients who answer "Yes" to any of the above patient screening questions the patient should not attend or enter the practice and be advised to either defer their appointment, or in the case of an urgent problem, the practice should seek advice from emergency eye services.

Patients should be advised to follow any personal medical advice they receive. A patient is deemed to be "recovered" following their period of self-isolation as long as it has been seven days since the onset of symptoms and they no longer have a high temperature. The cough and altered sense of small or taste may persist in some patients despite being "recovered" and COVID free.

Further information in regards to the case definition of COVID-19 is available at https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19-information-public and https://check.covid-19.hscni.net/

4.2 Patient Medical Screening

- o Consideration should be given to updating medical histories and taking history and symptoms by telephone prior to attending for an appointment
- o For patients who are shielding or vulnerable consideration should be given to treating remotely or, deferring eye examinations were clinically appropriate
- o Where an appointment is necessary consideration should be given to scheduling the appointment at the start of a session
- o Further information in regards to shielding and vulnerable people is available at https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable- people

4.3 Appointment Planning

- o Appointment lengths should be sufficiently long to allow for enhanced cleaning between appointments
- o Staggering of appointments could be considered to facilitate social distancing of patients. This may be supported by flexible working arrangements for staff
- o As per section 4.2 consideration should be given to scheduling appointments for shielding or vulnerable patients at the start of a session
- o As per section 5.2 sufficient time should be allowed for enhanced environmental cleaning including the application, "contact time" and "drying time" of the disinfectant

4.4 Patient Communications

- o Practices should consider updating practice communications to inform patients of the changes to the delivery of optometry services
- o Patients should be given relevant instructions prior to attendance
- o Information posters are available in relation to COVID diagnosis, social distancing, cough etiquette and hand hygiene should be on display
    - ▪ PHA posters are available at https://www.publichealth.hscni.net/publications?keys=coronavirus&page=0

- COVID Diagnosis posters:
  https://www.publichealth.hscni.net/publications/isolate-your-household-campaign-poster-and-translations
- Social Distancing posters:
  https://www.publichealth.hscni.net/publications/social-distancing-poster
  https://www.publichealth.hscni.net/sites/default/files/2020-04/Covid19_KeepDistance_A3_Poster_PHA_04_20.pdf
- Cough Etiquette poster:
  https://www.publichealth.hscni.net/sites/default/files/2020-02/Catch%20it%20bin%20it%20kill%20it%20SQUARE.png
- Hand Hygiene posters:
  https://www.publichealth.hscni.net/publications/covid-19-posters-pharmacies-and-gp-surgeries
  https://www.publichealth.hscni.net/publications/coronavirus-wash-your-hands-poster
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf

Please also note that the College of Optometrists and Association of Optometrists have also both developed very useful practice materials.

5. Enhanced Cross-Infection Control Procedures

5.1 Consulting Room

- All unnecessary objects and equipment should be removed from consulting rooms
- Barriers should be considered where possible
- All necessary equipment and materials should be prepared prior to the appointment
- Doors should be closed during consultations
- Windows may be opened
- PPE should be donned prior to the patient entering the consulting room
- Ideally only the optometrist and the patient (a guardian or carer where required/indicated) should be present during examination
- Particular attention should be given to hand hygiene throughout
- Open examination rooms to facilitate multiple patients in a shared space should be arranged to ensure social distancing is maintained
- Decontamination of re-useable optometric instruments should follow existing practice policies and procedures as per HTM 01-05

o Optometrists should wear PPE as per section 5.4

5.2 Environmental Cleaning

o Further COVID specific Cross-Infection Control advice is available at
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- This guidance recommends cleaning all hard surfaces which may have become contaminated with a combined detergent/disinfectant solution at a dilution of 1000 parts per million available chlorine or a general purpose neutral detergent in warm water followed by a disinfectant solution of 1000 parts per million available chlorine
- Products must be used according to manufacturer's instructions and recommended "contact times" and "drying times" must be followed
- Disposable cloths, wipes, or paper towels are advised
- Reusable equipment should be disinfected after use and stored in an enclosed container
o PPE should be worn as per section 5.4

5.3 Clinical Waste Management

The management of clinical waste should follow existing/revised practice policies and procedures. Practices should consider a potential increase in the volume of clinical waste due to increased PPE requirements and enhanced cross-infection control procedures.

5.4 Personal Protection Equipment (PPE)

o The necessary personal protection equipment for 'non-Aerosol Generating Procedures', environmental decontamination, and the decontamination of reusable ophthalmic instruments includes (*but not exclusively*):
- Disposable gloves
- Disposable plastic apron
- Fluid resistant surgical face mask
- Eye/face protection (visors, shields, or glasses/goggles)
- Sessional use of fluid resistant surgical face masks and eye/face protection may be appropriate following risk assessment
o Re-useable eye protection should be cleaned and decontaminated as per manufacturer's instructions
o Further information in relation to necessary PPE for non-AGPS is available at
- https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- Advice in regards to the donning and doffing of PPE is available at:
https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

- Receptionists should wear appropriate PPE following risk assessment
  - Personal Items/Attire
    - Staff may wish to consider attending work in casual clothes and then change into work uniform/clothes (*if possible and provided*) before commencing work. Regular daily washing of work clothes at high temperatures is recommended, (ideally 60 degree wash). Leave bags/handbags and coats worn into work in a separate area.

6.0 Acknowledgement

The HSCB Ophthalmic Services team would like to thank the General Dental Services Team for the development of this guidance.